



**Prehospital Emergency Services
Current Awareness Update
Issue 90, April/May 2021**

The aim of this Current Awareness Update is to provide a digest of information supporting evidence based practice in prehospital emergency services.

The issue name relates to when the contained articles were published- the bulletin is published the following month once the national bulletin has been issued.

This is an edited version of
the update for SCAS staff

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Prehospital Emergency Services Current Awareness Update – Issue 90, April/May 2021

With thanks to Matt Holland, LKS ASE Librarian (on behalf of the National Ambulance Research Steering Group).

This Current Awareness Update was commissioned by the National Ambulance Research Steering Group comprising of research leads from ambulance trusts in England, Scotland and Wales and other experts and groups supporting prehospital research. The aim of the group is to support the strategic development of ambulance and prehospital research whether leading, collaborating in or using research.

The research papers have been arranged by the topic headings below:

[Prehospital Practitioners – Professional Development](#)

[Prehospital Research – Methods and Discussion](#)

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[Patient Profile](#)

[Helicopter Emergency Medical Services](#)

[On-Scene Interventions](#)

[Airway Management, Resuscitation & CPR](#)

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Patient Profile

Children

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Older People

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COVID 19

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Helicopter Emergency Medical Services

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On-Scene Interventions

****Thames Valley Air Ambulance Author**** Avery, P., Morton, S., Raitt, J., Lossius, H. M., & Lockey, D. (2021). Rapid sequence induction: where did the consensus go? *Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine*, 29(1), 1-9. Click [here](#) to access fulltext (open access as of 03/06/2021)

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Further Research Needed

Bonner, M., Capsey, M., & Batey, J. (2021). A paramedic's role in reducing number of falls and fall-related emergency service use by over 65s: a systematic review . *British Paramedic Journal*.

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Conclusions: The relationship between paramedics and local falls services has changed the pre-hospital management of these patients. Generally, access to a falls-specific care package has proved beneficial in supporting independence and reducing unnecessary transport to hospital. **Further research into the uptake of this care pathway by paramedics now it is more established may be useful, as would research into barriers to adherence of the elderly to such an intervention.**

Briggs, H., Clarke, S., & Rees, N. (2021). Mental health assessment and triage in an ambulance clinical contact centre . *Journal of Paramedic Practice*.

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Conclusions: Given the volume and complexity of mental health calls to ambulance services, more attention should be paid to the education and training of clinical desk professionals and the decision support tools available in WAST and other ambulance services. **Further research is required with a larger sample size over multiple ambulance services.**

Lipman, S., Gilkes, G., & Hanson, A. (2021). Staff wellbeing: a matter for quality indicators or a concern in its own right? . *Journal of Paramedic Practice*.

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Conclusion: Despite assurance measures being developed alongside expanding scopes of practice, poor NHS ambulance staff wellbeing means high-quality job performance and patient care are not guaranteed. The UK's service is struggling to cope with growing demand and is not fully adapting from its historical emergency response role to meet modern-day urgent care needs. This puts unnecessary pressures and risks of stress from exhausting, intense work on to its most valuable resource: staff. Detrimental workplace cultures exacerbate this, along with added target-driven strain from non-evidence-based ambulance quality indicators. With poor support, communication, leadership and mental wellbeing provision, staff are increasingly dissatisfied, demoralised and experiencing a myriad of health problems. Consequences include excessive staff sickness absences and turnover as well as an up to 75% higher suicide risk. Trusts should collaborate to identify and address the causes of demand that cannot be met, and chief executives and boards should work

with staff to prioritise structured wellbeing assessment and improvement. **Further research is also needed.**

Charlton, K., Limmer, M., & Moore, H. (2021). Incidence of emergency calls and out-of-hospital cardiac arrest deaths during the COVID-19 pandemic: findings from a cross-sectional study in a UK ambulance service.

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Conclusion: Incidence of emergency calls were reduced during the pandemic compared with 2019. There was a rise in incidence of OHCA and OHCA deaths during the same period; however, these changes appear transient. **Further research is required to understand patient behaviour towards seeking help during the pandemic and the long-term consequences of not doing so.**

New Ebooks and other resources

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- [The Nurse Mentor's Handbook : Supporting Students In Clinical Practice](#)
- [Supervising and Assessing Student Nurses and Midwives in Clinical Practice : A practical guide](#)
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- [Virtual Facilitation : Create More Engagement and Impact](#)

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