



**Prehospital Emergency Services
Current Awareness Update
Issue 97, July/August 2022**

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 SWASFT staff

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Prehospital Emergency Services Current Awareness Update – Issue 97, Jul-Aug 2022

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:

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Prehospital Practitioners – Roles, Professional Practice and Development

*** SWASFT author *** Johnston, S., et al., (2022). Why do ambulance employees (not) seek organisational help for mental health support? A mixed-methods systematic review protocol of organisational support available and barriers/facilitators to uptake. *BMJ open*, 12(10).

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Anderson, N.E., et al. (2022). 'Mum, I think we might ring the ambulance, okay?' A qualitative exploration of bereaved family members' experiences of emergency ambulance care at the end of life. *Palliative medicine*, 36(9).

Click [here](#) to access abstract, go to <https://discoverylibrary.org/illarticle/> to request fulltext

Brais, N., Setlack, J., Keough, M. T., & Johnson, E. A. (2022). Perceived Coworker Social Support: A Protective Factor against Workplace Violence and Psychopathologies in Paramedics and Firefighters [other]. *Journal of Aggression, Maltreatment & Trauma*

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Burnett, S. J., et al., (2022). A Qualitative Analysis of the Experiences of EMS Clinicians in Recognizing and Treating Witnessed Cardiac Arrests [research-article]. *Prehospital Emergency Care, Online First*.

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Burns, T. A., Kaufman, B., & Stone, R. M. (2022). An EMS Transport Destination Officer is Associated with Reductions in Simultaneous Emergency Department Arrivals [research-article]. *Prehospital Emergency Care, Online First*.

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Carter A, Jensen J L, Walker M, et al. (2022). Paramedic Endotracheal Intubation Success Rates Before and After an Intensive Airway Management Education Session. *Cureus*, 14(8).

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Carter, AJE, et al. (2022). Providing palliative care at home aligns with the professional identity of paramedics: a qualitative study of paramedics and palliative health care providers. *CJEM*.

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Fauvel, A. D., et al. (2022). Differences in Characteristics between EMS Clinicians with Patient Care and Non-Patient Care Roles. *Prehospital Emergency Care*.

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Kang, J.-H., Sakong, J., & Kim, J. H. (2022). Impact of violence on the burnout status of paramedics in the emergency department: A multicenter survey study. *Australasian Emergency Care*, 25(2), 147-153. Click [here](#) to access fulltext (open access as of 08/11/2022)

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Makrides, T., et al.,. (2022). Defining two novel sub models of the Anglo-American paramedic system: A Delphi study - Australasian Emergency Care. *Australasian Emergency Care, Online First*. Click [here](#) to access abstract, go to <https://discoverylibrary.org/illarticle/> to request fulltext

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Prehospital Research – Methods and Discussion

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Diagnosis and Triage

*** SWASFT Authors *** Goodwin, L., et al. (2022). Temperature measurement of babies born in the pre-hospital setting: analysis of ambulance service data and qualitative interviews with paramedics. *Emergency Medicine Journal, Online First*.

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Bond, R. (2022). Troponin testing in primary care: can it improve diagnosis and prevent admission? *Journal of Paramedic Practice*, 14(8).

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von Foerster, N., et al. (2022). Prehospital Ultrasound: A Narrative Review. *Prehospital emergency care*.

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Tsao, H. S., et al. (2022). Pediatric Emergency Care Coordination in EMS Agencies: Findings of a Multistate Learning Collaborative [research-article]. *Prehospital Emergency Care, Online First*.

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Waddell, J., et al. (2022). Take-home naloxone and paramedicine: An opportunity for harm minimisation. *Emergency medicine Australasia : EMA*.

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Welch, T. (2022). Gamma-hydroxybutyrate (GHB): a review for the prehospital clinician. *Journal of Paramedic Practice*

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Patient Profile

Older People

Joiner, A., et al. (2022). Predictors of non-transport for older adult EMS patients encountered for falls *Prehospital Emergency Care*.

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Sato, N., et al. (2022). Association between anticoagulants and mortality and functional outcomes in older patients with major trauma. *Emergency Medicine Journal*, 39(10).

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Slørdal, T. J., et al. (2022). Differences in characteristics between patients ≥ 65 and < 65 years of age with orthopaedic injuries after severe trauma [OriginalPaper]. *Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine*, 30(1), 1-9.

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Children

Downs, S., Mold, F., & Carey, N. (2022). 'Just little tricks': an exploration of treating children in pain [research-article]. *Journal of Paramedic Practice*, 14(8).

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People with Intellectual Disabilities

York, J., Wechuli, Y., & Karbach, U. (2022). Emergency Medical Care of People with Intellectual Disabilities: A Scoping Review. *Open Access Emergency Medicine*, 14, 441-456.

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Helicopter Emergency Medical Services

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Conclusions

It is important that ambulance services' palliative and end-of-life care guidelines are evidence-based and fit for purpose. Future research should explore the experiences and perspectives of key palliative paramedicine stakeholders. Future guidelines should consider emerging evidence and be methodologically guided by AGREE II criteria.

McDonald, N., et al. (2022). **Paramedic attitudes towards prehospital spinal care: a cross-sectional survey.** *BMC emergency medicine*, 22(1).

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Conclusions

Results of this survey show that EMS personnel are sceptical of many elements of Spinal Motion Restriction but use various strategies to balance protocol adherence with optimizing patient care. While identifying several areas for future research, these findings argue for incorporating provider feedback and judgement into future guideline revision.

Warren-James, M., et al.,. (2022). **How do paramedics cope? A scoping review - Australasian Emergency Care.** *Australasian Emergency Care*, 25(3), 191-196. <https://doi.org/10.1016/j.auec.2021.12.003>

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Conclusions

There is limited research describing how paramedics cope, and in particular, how female paramedics cope. Further research exploring the breadth of coping strategies used by paramedics is needed to understand the impact of the work paramedics undertake on coping and inform prevention and support activities.

Long, J., & Dippenaar, E. (2022). **To what extent is end-tidal carbon dioxide a predictor of sepsis?** [research-article]. *Journal of Paramedic Practice*, 14(10).

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Conclusion

This review suggests an EtCO₂ of ≤ 25 mmHg (3.3 kPa) in patients with a suspected infection is diagnostic of sepsis and therefore could be used to increase the speed and accuracy of diagnosis and potentially reduce sepsis mortality. It also identifies gaps in research around UK practice and in comparing EtCO₂ against UK sepsis guidelines and diagnostic tools such as the UK Sepsis Trust guidelines.

Joiner, A., et al. (2022). **Predictors of non-transport for older adult EMS patients encountered for falls** [research-article], *Prehospital Emergency Care*.

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Conclusion

Males, older age groups, and Hispanic/Latino patients had higher odds of non-transport among this population of community-dwelling adults age 60 or greater. These findings may inform development of future targeted falls-related mobile integrated health or community paramedic services and referrals to community intervention programs. Future work is needed to understand underlying patient and clinician perspectives driving non-transport decisions among these patients to better equip EMS clinicians with tools and information on tailored risk/benefit discussions.

York, J., Wechuli, Y., & Karbach, U. (2022). **Emergency Medical Care of People with Intellectual Disabilities: A Scoping Review**. *Open Access Emergency Medicine*, 14, 441-456.

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Conclusion

Most studies in our sample seek to quantify or predict emergency care overuse by people with intellectual disabilities. Like other care problems stated in the introduction, the overuse of emergency care is not specific to this patient population.²² Healthcare systems tackle this rather general problem by different measures, such as strengthening primary care or extending insurance coverage, impacting patients with intellectual disabilities more significantly than other patient groups.

Future studies should include poor health (or treatment) outcomes for this patient group, partly explained by a missing person-environment fit. However, the study designs in our sample cannot tackle missing accommodations, access barriers, or discrimination.

Lastly, future studies should include the perspectives of people with intellectual disabilities in their roles as patients. Different study types are needed, such as intervention studies, mixed-method studies, and participatory research. The inclusion of people with intellectual disabilities' perspectives is paramount. After all, this group has often been excluded from research assuming they are not viable research partners.

New Ebooks and other resources

- [ABC of Major Trauma](#)
- [ABC of Wound Healing](#)
- [Ambulance Mental Health Response : A compassion-focused workbook for mental health, alongside autism, dementia, and learning disabilities](#)
- [Major Incident Medical Management and Support : The Practical Approach at the Scene Strategic Debriefing for Advanced Simulation](#)
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