



**Prehospital Emergency Services  
Current Awareness Update  
Issue 98, September/October/November 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 98, Sep/Oct/Nov 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:

[Prehospital Practitioners – Professional Development](#)

[Prehospital Research – Methods and Discussion](#)

[Diagnosis &Triage](#)

[Patient Profile](#)

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[Airway Management, Resuscitation & CPR](#)

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### Young People

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## On-Scene Interventions

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## Airway Management, Resuscitation & CPR

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## Further Research Needed

Carroll, A. G., Peddle, M. R., & Malik, G. (2022). **Undergraduate paramedicine students' experiences of feedback during clinical placement on-road: a scoping review.** *Nursing & health sciences.*

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CONCLUSION: Feedback is valued by paramedicine students; however, it can be personal and destructive in nature. Paramedics are enthusiastic and supportive and provide clear feedback. Paramedics face challenges supervising students and may lack preparation to provide feedback. There is limited evidence on paramedicine students' experiences of feedback during clinical placement. **Further exploration is needed to gain further understanding.**



Hanna-Osborne, S., et al. (2022). **'You will never be as good as we are': a qualitative study of women paramedics' experiences of sex-based harassment in an Australian ambulance service.** *British paramedic journal*, 7(2).

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**CONCLUSION:** Sex-based harassment has a range of damaging consequences for victims and the organisations in which they work. This study is the first to explore how Australian women paramedics experience sex-based harassment in their work. The study has implications for policy and practice to improve gender equality within ambulance services and highlights the need for further research into the extent and nature of the problem across the paramedic profession.

Taylor, Josie & McClelland, Graham (2022). **A qualitative exploration of the views of paramedics regarding the identification of cardiovascular risk factors in the pre-hospital environment.** *British paramedic journal*, 7(1).

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**CONCLUSION:** The study explored the views of a small sample of paramedics on this topic. Patient education was felt to be part of a paramedic's role; however, barriers were identified that prevent paramedics from carrying out this role. **Further research is needed to explore these barriers further.**

Shekhar, A. C., et al. (2022). **Mechanical Cardiopulmonary Resuscitation's Role in Helicopter Air Ambulances: A Narrative Review.** *Air Medical Journal*, 41(6), 556-559.

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**SUMMARY:** Many aspects of the HEMS environment seem uniquely conducive to mCPR, and a growing body of research seems to suggest mCPR [mechanical CPR] holds promise for the treatment of cardiac arrest by HEMS clinicians. Simulation studies show that mCPR leads to improved CPR performance compared with manual CPR in HEMS. Case reports and the experience of several HEMS programs suggest that mCPR can be effectively integrated into HEMS care. **However, further research regarding the effectiveness of mCPR in the HEMS environment and in general cardiac arrest care is needed.**

Miles, J., et al. (2022). **The Safety INdEx of Prehospital On Scene Triage (SINEPOST) study: The development and validation of a risk prediction model to support ambulance clinical transport decisions on-scene.** *PloS one*, 17(11).

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SUMMARY: This study can conclude that it is possible, with good accuracy to predict an avoidable ambulance conveyance to the ED using prehospital clinical data. The XGBoost model developed here, known as the SINEPOST model, can discriminate between those with non-urgent needs and those without. It can also accurately provide what the probability of an avoidable conveyance is. The model does not bias different ages, ethnicities, genders, or Indices of Deprivation. It is robust to all different prehospital settings. If this Fig was applied to national level data in England, the predictive model could support 85,560 conveyance decisions per month to change to non-conveyance. This is based on the latest NHS England Ambulance Quality Indicators which identified 372,002 ambulance transports to the ED in November 2021 [43]. However, to maximise its potential if it was to be transformed into a computerised clinical decision support tool; there needs to be a more robust definition of what an avoidable conveyance should be. It is recommended to revise the taxonomy of prehospital patients according to the care setting they need, as opposed to the paradigm of describing patient acuity. This has shown success in Canada already, with a computer algorithm demonstrating it is possible to redirect nonemergent patients away from the ED towards sub-acute centres such as walk-in centres. This had both system and patient benefits (such as patient satisfaction).

**It would also be beneficial to undertake studies into the risk tolerance of policy makers, ambulance services and the public when it comes to transporting low- or mid-acuity patients to the ED.**

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- [Eureka: Physiology](#)
- [Gray's Basic Anatomy](#)
- [Hagberg and Benumof's airway management](#)
- [JRCALC clinical guidelines 2022](#)
- [Prehospital Emergency Medicine Secrets](#)
- [SAGES Manual of Quality, Outcomes and Patient Safety](#)
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