



**Prehospital Emergency Services
Current Awareness Update
Issue 105+106, Jan/Feb+Mar/Apr 2024**

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 105+106, Jan-Feb+Mar-Apr 2024

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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Diagnosis and Triage

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Covid-19 Papers

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Phillips, J. P., Anger, D. J., IV, M. C. R., Myers, L. A., & McCoy, R. G. (2024). Transitioning from Direct to Video Laryngoscopy during the COVID-19 Pandemic Was Associated with a Higher Endotracheal Intubation Success Rate [research-article]. *Prehospital Emergency Care*, 28.

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Levi, DB., et al., (2024). The i-gel® supraglottic airway device compared to endotracheal intubation as the initial prehospital advanced airway device: A natural experiment during the COVID-19 pandemic. *Journal of the American College of Emergency Physicians open*, 5(2).

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Further Research Needed

105 Jan-Feb 2024

Blake-Barnard, A., & Whitley, G. A. (2024). Factors that influence child conveyance decisions made by prehospital clinicians [research-article]. *Journal of Paramedic Practice*, 16(2).

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CONCLUSIONS: The findings of this review provide a basis for discussion and clinical practice improvement. **Research to determine the clinical and cost effectiveness of implementing prehospital specialist paediatric roles is required.**

Charlton., K., & Bate., A., (2024). Factors that influence paramedic decision-making about resuscitation for treatment of out of hospital cardiac arrest: Results of a discrete choice experiment in National Health Service ambulance trusts in England and Wales. *Resuscitation plus*, 17.

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CONCLUSION: During OHCA paramedics use objective and non-objective factors to make pragmatic decisions regarding an offer of resuscitation. **Future research should focus on how best to support paramedics to make decisions during OHCA, how variability in decision-making impacts patient outcomes and how this relates to patient and public expectations.**

Hill, MA., et al., (2024) Secondary traumatic stress in partners of paramedics: A scoping review - Australasian Emergency Care. *Australasian Emergency Care*, 27(1), 1-8.

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CONCLUSION: Further research is required to quantify secondary traumatic stress severity in paramedic partners and explore relationships between post-traumatic stress, secondary traumatic stress, and couple functioning. Further, evaluation of partner support needs and barriers to accessing support is warranted.

Munday., HB., & Whitley., G.A., (2024). Sex differences in the pre-hospital ambulance delay, assessment and treatment of patients with acute coronary syndrome: a rapid evidence review. *British paramedic journal*, 8(4).

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CONCLUSION: There are sex disparities in the pre-hospital ambulance delay, assessment and treatment of patients with ACS. **Future research is urgently needed to fully understand the reasons for these observations.**

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Bath., MF., et al., (2024). Trends in pre-hospital volume resuscitation of blunt trauma patients: a 15-year analysis of the British (TARN) and German (TraumaRegister DGU®) National Registries. *Critical care (London, England)*, 28(1).

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CONCLUSION: Considerable variability exists in pre-hospital fluid resuscitation strategies for blunt trauma patients. Our data suggest a trend towards reduced pre-hospital fluid administration over time. This trend appears to be associated with improved coagulation function and decreased mortality rates. However, we

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acknowledge that these outcomes are influenced by multiple factors, including other improvements in pre-hospital care over time. **Future research should aim to identify which trauma populations may benefit, be harmed, or remain unaffected by different pre-hospital fluid resuscitation strategies.**

Goodacre, S., et al. (2024). Prehospital early warning scores for adults with suspected sepsis: the PHEWS observational cohort and decision-analytic modelling study. *Health technology assessment (Winchester, England)*, 28(16).

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CONCLUSIONS: No strategy is ideal but using NEWS2, in patients with a paramedic diagnostic impression of infection or sepsis could identify one-third to half of sepsis cases without prioritising unmanageable numbers. No other score provided clearly superior accuracy to NEWS2. **Research is needed to develop better definition, diagnosis and treatments for sepsis.**

Holmes, E., et al. (2024). Developing an alternative care pathway for emergency ambulance responses for adults with epilepsy: A Discrete Choice Experiment to understand which configuration service users prefer. Part of the COLLABORATE project. *Seizure*, 118.

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DISCUSSION: Preferences differ to current practice but have minimal variation by seizure type or stakeholder. **Further work on feasibility of these pathways in England, and potentially beyond, is required.**

Webb, CT., et al., (2024). Validation of Air Medical Prehospital Triage Score in Determining Resource Utilization at Level 1 Trauma Centers. *Air medical journal*, 43(2).

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CONCLUSION: The AMPT score reduced the number of patients who were inappropriately transported to a trauma center. However, this appeared to be at the expense of undertriage. **Future studies should focus on developing a refined air medical-specific triage tool that has both low overtriage rates as well as lower undertriage rates.**

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