



**Prehospital Emergency Services  
Current Awareness Update  
Issue 85, October 2020**

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

This is an edited version of  
the update for SWASFT staff

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*Prehospital Emergency Services Current Awareness Update – Issue 85, October 2020*

**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](#)

[Helicopter Emergency Medical Services](#)

[On-Scene Interventions](#)

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## Prehospital Research – Methods and Discussion

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## Helicopter Emergency Medical Services

Airflow Characteristics in Aeromedical Aircraft: Considerations During COVID-19. - *Air Medical Journal*.

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## Airway Management, Resuscitation & CPR

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## Further Research Needed

Tanguay, A., Lebon, J., Hébert, D., & Bégin, F. (2020). Intranasal Fentanyl versus Subcutaneous Fentanyl for Pain Management in Prehospital Patients with Acute Pain: A Retrospective Analysis . *Prehospital Emergency Care*

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**Conclusion:** This retrospective analysis of prehospital patients in the Chaudière-Appalaches EMS system demonstrates that both IN and SC are feasible, effective and safe routes for administering fentanyl. The observed effects of INF were found to be greater among patients  $\geq 70$  years. **Further research is required to compare these routes with more conventional methods of pain management.**

Hichisson, A. D., & Corkery, J. M. (2020). Alcohol/substance use and occupational/post-traumatic stress in paramedics . *Journal of Paramedic Practice*.

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**Conclusions:** The nature and extent of alcohol and substance use in relation to occupational and post-traumatic stress among paramedics need **further investigation to facilitate advice and support.**

Koon, W., et al. (2020). Studying outcome predictors of drowning at the scene: Why do we have so few answers? *The American Journal of Emergency Medicine*, 0(0).

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**Conclusions:** Gaps to be addressed in drowning outcomes research include data from low- and middle-income countries, standardized definition of factors to allow evaluation across studies, inclusive study populations that can be generalized beyond those receiving medical care, study rescue and resuscitation factors, use of more meaningful outcomes (survival with good neurologic status) and advanced analyses to identify which factors are true predictors versus confounding variables.



Jeppesen, E., & Wiig, S. (2020). Resilience in a prehospital setting - a new focus for future research? . *Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine*, 28(1), 1- [Click here to access fulltext](#) (open access as of 16/11/2020)

**Conclusions:** Empirical research is of crucial importance to build and support resilient systems and processes in a prehospital setting. We need a new framework and a new approach to how research on this topic is conducted and to support resilient performance. This should involve identifying factors that promote resilience, both on individual-, team- and system- levels.

Gravesteijn, B. Y., Sewalt, C. A., Stocchetti, N., Citerio, G., Ercole, A., Lingsma, H. F., Steinbüchel, N. v., Steyerberg, E. W., Wilson, L., Maas, A. I. R., Menon, D. K., Lecky, F. E., & collaborators, C.-T. (2020). Prehospital Management of Traumatic Brain Injury across Europe: A CENTER-TBI Study . *Prehospital Emergency Care*

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**Conclusions:** Across Europe, there are large variations in prehospital interventions for patients after TBI and in the associated on scene times. This variation is only partially explained by patient factors. Additional drivers of variation are likely to include EMS resource and organizational differences, and a low evidence base. While hypoxia and hypotension are less common than observed in past studies, they continue to occur in a substantial minority of patients after TBI, are particularly frequent following severe TBI or extracranial injury, and are associated with substantially worse outcomes. **These data make a strong case for further research to facilitate the development and implementation of guidelines that support best practice in the prehospital care of patients with TBI.**

## New Ebooks and other resources

### New ebooks

- [Artificial Ventilation : A Basic Clinical Guide](#)
- [Comprehensive Healthcare Simulation: Implementing Best Practices in Standardized Patient Methodology](#)

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