



**Prehospital Emergency Services
Current Awareness Update
Issue 108, August/September 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 108, Aug-Sep 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](#)

[Diagnosis & Triage](#)

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Patient Profile

Children and Young People

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Airway Management, Resuscitation & CPR

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Redlener, M., et al. (2024). Civilian Medical Responder Perspectives to a Federal Military Medical Deployment in New York City during the COVID-19 Pandemic [research-article]. *Prehospital Emergency Care*, 28(6).

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Steege, N., et al. (2024). Pandemic effect on ischaemic burden and prehospital time in acute coronary syndrome [research-article]. *International Paramedic Practice*, 14(1).

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Strum, RP., (2024). Post-Pandemic Growth in 9-1-1 Paramedic Calls and Emergency Department Transports Surpasses Pre-Pandemic Rates in the COVID-19 Era: Implications for Paramedic Resource Planning. *Prehospital emergency care*.

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Further Research Needed

Abdo., M, & Schlösser, A. (2024). A systematic review of post-traumatic growth in ambulance personnel: facilitators and prevalence rates. *British paramedic journal*, 9(1).

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Conclusions: Numerous facilitators contributed to the development of PTG, although these did not arise in all papers. The quality of research ranged from satisfactory to excellent. Evidence suggested that adaptive coping style, high levels of resilience, the absence of a personality trait (neuroticism) and being female may facilitate PTG. **Further research is needed to support the reliability of findings.**

Brennan, N., et al. (2024). How prepared are newly qualified allied health professionals for practice in the UK? A systematic review. *BMJ open*, 14(5).

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Conclusion: High-quality in-depth research is urgently needed across AHPs to elucidate the specific roles, their nuances and the areas of underpreparedness. **Further work is also needed to understand the transition into early clinical practice, ongoing learning opportunities through work, and the supervision and support structures in place.**

Han, MX., et al. (2024). Out-of-hospital paramedic interactions with people living with dementia: a scoping review. *Age and ageing*, 53(7).

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Conclusion: Emergency ambulance conveyance of people living with dementia is a surface reaction compounded by a lack of direction for paramedics in the provision of out-of-hospital care. **There is a pressing need for establishment of research and educational priorities to improve paramedic training in dementia-specific skillsets.**

Strudwick, T. (2024). Wristwatches in bare-below-the-elbows out-of-hospital policies: time for a review [research-article]. *Journal of Paramedic Practice*, 16(6).

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Conclusion: Four policy evidence-based recommendations are made in relation to this topic. **The National Institute for Health and Care Excellence (NICE) should review this topic as the evidence base underpinning its guidance is inadequate.**

Villani, M., et al. (2024). Outcomes of adult patients discharged at scene by emergency medical services. *Emergency Medical Journal*, 41(8).

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Conclusion The occurrence of hospital admission and adverse events is rare in those discharged at scene, suggesting generally safe decision-making. However, increased attention to elderly, multimorbid patients or patients with infection and pain is recommended, as **is further research examining the use of tools to aid paramedic recognition of potential for deterioration.**

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