



**Prehospital Emergency Services
Current Awareness Update
Issue 109, October-December 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 109, October-December 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](#)

[Patient Profile](#)

[Helicopter Emergency Medical Services](#)

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Prehospital Research – Methods and Discussion

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Patient Profile

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Older People

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Homelessness

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Helicopter Emergency Medical Services

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Airway Management, Resuscitation & CPR

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Vincent, T., et al. (2024). Association Between Emergency Medical Services Intervention Volume and Out-of-Hospital Cardiac Arrest Survival: A Propensity Score Matching Analysis. *Journal of Emergency Medicine*, 67(6).

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Covid-19 papers

Barry, T., et al. (2024). Learning from COVID-19: Does personal protective equipment impair CPR quality in Out-of-Hospital Cardiac Arrest? *Resuscitation*, 205.

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Burholt, V., et al. (2024). Understanding the contribution of primary and community services to health system resilience during the COVID19 Pandemic in Aotearoa, New Zealand: a qualitative interview study. *BMC health services research*, 24(1).

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Further Research Needed

Bloomer, K., et al. (2024). "Paramedic perceptions of barriers and facilitators to the use of ambulance service appropriate care-referral pathways in Northern Ireland: a qualitative study." *British Paramedic Journal* 9(3): 13-20.

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Future research should investigate the link between the NHS 111 service and ambulance demand. In order to facilitate the complex decision making involved in referrals, relevant knowledge and skills should be embedded in paramedic education. Efforts should be made to improve inter-professional communication and awareness of the paramedic scope of practice and knowledge base. An intervention designed to reassure staff who have concerns regarding clinical risk may improve referral rates.

Betts, C., et al., (2024). Exploring paramedic personality profiles and the relationship with burnout and employment retention: A scoping review. *Australasian Emergency Care*, 27(4), 227-236.

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Further research should be completed into specific personality characteristics, including neuroticism, perfectionism, and excitability to facilitate the development of strategies aimed at improving the health and wellbeing of paramedics and EMT workers internationally.

Campling, N., et al. (2024). Paramedics providing end-of-life care: an online survey of practice and experiences. *BMC palliative care*, 23(1).

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Future research should investigate the benefits and outcomes associated with different ambulance service delivery models and the most effective ways to support the workforce to deliver end-of-life care.

Fuller, G., et al. (2024). "Endless variation on a theme: a document analysis of international and UK major trauma triage tools." *British Paramedic Journal* 9(3): 28-36.

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Conclusion: Many diverse major trauma triage tools were identified, with no consensus in format, structure or content. **Quantification of constituent variables and identification of distinct categories of triage tools may guide the design of future triage tools.**

Gage, C. B., et al. (2024). Factors Associated With Emergency Medical Clinicians Leaving EMS [research-article]. *Prehospital Emergency Care*, Online First.

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Although increased stress and pandemic-related factors are most common reasons reported for being likely to leave EMS, job dissatisfaction was the most impactful factor. **A better**

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understanding of factors that drive job satisfaction needs evaluation to develop strategies to enhance retention.

OLEary, KM., et al. (2024). Maintenance of normothermia in the out-of-hospital setting: A pilot comparative crossover study of a foil blanket versus self-warming blanket. *Australasian emergency care*.
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The combination of cotton and self-warming blankets did not exhibit superiority compared to cotton and foil blankets in out-of-hospital simulation. **Future research should explore alternative warming methodologies to optimise normothermia maintenance.**

Rittblat, M., et al. (2024). The cost of saving lives: Complications arising from prehospital tourniquet application. *Academic emergency medicine : official journal of the Society for Academic Emergency Medicine*.
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This study found that a significant trauma in prehospital settings requiring TQ application is associated with a high rate of complications. Early complications, including local infections and compartment syndrome, were more frequent, whereas late complications like thromboembolism and muscle atrophy were less common. The findings suggest that factors such as the MOI and wound contamination may contribute to these complications, yet after applying multivariate regression, LOS and falls were the only variables found to be significantly associated with the development of complications. **These findings underscore the need for further research comparing casualties with and without TQ application.**

Serfioti, D., Murphy, D., Greenberg, N., & Williamson, V. (2024). Effectiveness of treatments for symptoms of post-trauma related guilt, shame and anger in military and civilian populations: a systematic review. *BMJ Military Health*, 170(6).
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Conclusions The findings suggest the importance of confronting and discussing the traumatic event during therapy, rather than using less directive treatments (eg, supportive counselling). Nonetheless, while these results are promising, firm conclusions regarding the comparative effectiveness and long-term impact of these treatments could not be drawn due to insufficient evidence. **Further empirical research is needed to examine populations exposed to traumatic events and investigate which treatment approaches (or combination thereof) are more effective in the long-term.**

Strudwick, T. (2024). Wristwatches in bare-below-the-elbows out-of-hospital policies: time for a review [research-article]. *Journal of Paramedic Practice*, 14(2).
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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.**

Shekhar, AC., et al., (2024). Use of a large language model (LLM) for ambulance dispatch and triage. *The American journal of emergency medicine*, 89.

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Our preliminary analysis indicates LLMs may have the potential to become a useful tool for triage and resource allocation in emergency care settings, especially in cases where there is consensus among subject matter experts. **Further research is needed to better understand and clarify how they may best be of service.**

Silvestri, L., Soh, R., Newton, A., & Pearce, J. (2024). Out-of-hospital care of patients experiencing CPR-induced consciousness [research-article]. *International Emergency Practice*, 14(3).

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Conclusions: CPR-IC is an emerging phenomenon, and a deeper understanding of its management is essential due to its impact on resuscitation efforts. **Further research is required to increase knowledge of this complex phenomenon.**

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- [First responder care essentials](#)
- [How to Read a Paper : The Basics of Evidence-Based Healthcare](#)
- [Medicine for the Outdoors](#)
- [Pocket Guide to Teaching for Clinical Instructors](#)
- [Urgent Care Emergencies : Avoiding the Pitfalls and Improving the Outcomes](#)
- [The Wellbeing and Resilience Workbook for Ambulance Clinicians](#)

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