



## Paramedics sign up to help research project

Bristol paramedics are set to take part in a study to find the best way of resuscitating patients whose hearts have stopped.

Less than a fifth of patients who suffer a cardiac arrest out of hospital currently survive and a study is being held in the city to establish how paramedics might improve rates of survival after the heart has stopped.

It is already known that the best way of resuscitating a patient after a cardiac arrest is to give continuous chest compressions and a tube put down the windpipe to rescue their breathing, known as tracheal intubation. But inserting a tube into the windpipe can be difficult.

New devices have become available to rescue a patient's breathing after a cardiac arrest that tend to be easier to administer but it is not known if they can improve chances of survival.

The team at University of the West of England (UWE), Great Western Ambulance Service (GWAS) and University Hospitals Bristol NHS Foundation Trust (UH Bristol) is trying to establish the best way of doing this so that national and international guidelines can be drawn up.

The research project will start next month and 180 GWAS paramedics have been recruited to take part. In one of the biggest studies of its kind the NHS ambulance staff will use the three different devices on cardiac arrest patients and their survival will be followed up. If the initial pilot works it is likely that it will then be extended to other parts of the country to gather more evidence.

UWE professor Jonathan Benger, pictured above, a consultant in emergency medicine at Bristol Royal Infirmary, said there are currently paramedics using both techniques, usually depending on when they did their initial training.

"We don't know which method is the best so we've got the opportunity to do research in that area. If we can identify the technique that is most effective, given that cardiac arrest is quite common, we could save a lot of lives," Prof Benger said.

He said that stopping chest compressions to accurately place a tracheal tube for intubation is not a good thing to do, but the method tends to be better for patients who need to be transported to hospital.

While the new devices are easier and faster to put in place because they are not inserted so far into the windpipe, Prof Benger said they might move while a patient is being transported, an area which he said was quite important for pre-hospital care. The study will look at two of the new devices alongside the more traditional method and paramedics would fill in short logs about cardiac arrest patients involved in the study.

Prof Bengler said: "It is difficult to do research in pre-hospital care. It is difficult to do but with eight to 12 million people using ambulance services every year in the UK it is a huge patient population and an area that needs to be researched."

He said that paramedics would continue to do what they felt was in the best interest of patients throughout the project.

"If more patients get their hearts started, more make it into hospital alive, and that means more are discharged from hospital alive," he said. "The real thing we're interested in is long-term, high quality survival."

GWAS Paramedic Alison Sparke, who is taking part in the study, said: "I was keen to sign up. This is one of the biggest pre-hospital airway studies ever undertaken in the UK so it's exciting to be part of it."

"Although pre-hospital cardiac arrests are a rare occurrence it's a life-or-death scenario, so it's reassuring this important study is taking place, I'm pleased to be involved."



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