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Happy New Year

The Cochrane PEC team wishes you all the best for 2024.

The Cochrane PEC is involved in knowledge translation particularly by disseminating Cochrane reviews to enhance emergency care professionals' knowledge and decision making.

All year round, meet us in conferences, training sessions and on our website

Cochrane PEC Major Contributor

NEW COCHRANE THEMATIC GROUP TO ADVANCE COLLABORATION AND RESEARCH IN ACUTE AND EMERGENCY CARE

We are delighted to share that [Cochrane Pre-hospital and Emergency Care](#) is now part of the newly approved [Cochrane Acute and Emergency Care Thematic Group](#). Along with Cochrane Anaesthesia, Cochrane Emergency and Critical Care, Cochrane First Aid and Cochrane Injuries, this partnership is designed to advance collaboration and research across this broad range of specialised topic areas, improve the quality

and accessibility of evidence for healthcare providers in time-sensitive settings, and ultimately enhance patient outcomes.

Learn more about [Cochrane Acute and Emergency Care Thematic Group](#)



Recent Reviews

[Videolaryngoscopy versus direct laryngoscopy for tracheal intubation in neonates](#)

Krithika Lingappan, Nicole Neveln, Jennifer L Arnold, Caraciolo J Fernandes, Mohan Pammi

Videolaryngoscopy may be more effective and potentially reduce harm when compared to direct laryngoscopy for endotracheal intubation in neonates. Well-designed, adequately powered RCTS are necessary to confirm the efficacy and safety of videolaryngoscopy in neonatal intubation.

[Treatment of enteric fever \(typhoid and paratyphoid fever\) with cephalosporins](#)

Rebecca Kuehn, Nicole Stoesser, David Eyre, Thomas C Darton, Buddha Basnyat, Christopher Martin Parry

Based on very low- to low-certainty evidence, ceftriaxone is an effective treatment for adults and children with enteric fever, with few adverse effects. Trials suggest that there may be no difference in the performance of ceftriaxone compared with azithromycin, fluoroquinolones, or chloramphenicol. Cefixime can also be used for treatment of enteric fever but may not perform as well as fluoroquinolones.

Clinicians need to take into account current, local resistance patterns in addition to route of administration when choosing an antimicrobial.

[Proton pump inhibitor treatment initiated prior to endoscopic diagnosis in upper gastrointestinal bleeding](#)

Takeshi Kanno, Yuhong Yuan, Frances Tse, Colin W Howden, Paul Moayyedi, Grigorios I Leontiadis

There is moderate-certainty evidence that proton pump inhibitor (PPI) treatment initiated before endoscopy for upper gastro intestinal bleeding likely reduces the requirement for endoscopic haemostatic treatment at index endoscopy. However, there is insufficient evidence to conclude whether pre-endoscopic PPI treatment increases, reduces or has no effect on other clinical outcomes, including mortality, rebleeding and need for surgery.

[Erythromycin prior to endoscopy for acute upper gastrointestinal haemorrhage \(UGIH\)](#)

Diego Adão, Aecio FT Goisa, Rafael L Pacheco, Carolina FMG Pimentel, Rachel Riera

We are unsure if erythromycin before endoscopy in people with UGIH has any clinical benefits or harms. However, erythromycin compared with placebo may improve gastric mucosa visualisation and result in a slight reduction in blood transfusion.

[Oral direct thrombin inhibitors or oral factor Xa inhibitors versus conventional anticoagulants for the treatment of deep vein thrombosis](#)

Xiaoqin Wang, Yanfang Maa, Xu Hui, Meixuan Li, Jing Li, Jinhui Tian, Qi Wang, Peijing Yan, Jianfeng Li, Ping Xie, Kehu Yang, Liang Yao

Direct oral anti coagulants (DOACs) may be superior to conventional therapy in terms of safety (major bleeding), and are probably equivalent in terms of efficacy. There is probably little or no difference between DOACs and conventional anticoagulation in the prevention of recurrent venous thromboembolism (VTE) , recurrent Deep Vein Thrombosis, pulmonary embolism and all-cause mortality.

[Oral direct thrombin inhibitors or oral factor Xa inhibitors versus conventional anticoagulants for the treatment of pulmonary embolism](#)

Meixuan Li, Jing Li, Xiaoqin Wang, Xu Hui, Qi Wang, Shitong Xie, Peijing Yan, Jinhui Tian, Jianfeng Li,

There is probably little or no difference between direct oral anti coagulants and conventional anticoagulation in the prevention of recurrent Pulmonary Embolism, recurrent VTE, Deep Vein Thrombosis, all-cause mortality, and major bleeding. Future large clinical trials are required to identify if individual drugs differ in effectiveness and bleeding risk, and to explore effect differences in subgroups, including people with cancer and obesity.

[Local corticosteroid injection versus placebo for carpal tunnel syndrome](#)

Nigel L Ashworth, Jeremy D P Bland, Kristine M Chapman, Gaetan Tardif, Loai Albarqouni, Arjuna Nagendran

Local corticosteroid injection is effective for the treatment of mild and moderate CTS with benefits lasting up to six months and a reduced need for surgery up to 12 months. Where serious adverse events were reported, they were rare.

[Inhaled nitric oxide for treating pain crises in people with sickle cell disease](#)

Tarek Aboursheid, Omar Albaroudi, Fares Alahdab

The currently available evidence is insufficient to determine the effects (benefits or harms) of using inhaled nitric oxide to treat pain (vaso-occlusive) crises in people with sickle cell disease. Large-scale, long-term trials are needed to provide more robust data in this area.

[Hydroxyurea \(hydroxycarbamide\) for sickle cell disease \(SCD\).](#)

Angela E Rankine-Mullings, Sarah J Nevitt

Hydroxyurea may be effective in decreasing the frequency of pain episodes and other acute complications in adults and children with sickle cell anaemia of HbSS or HbS β^0 thal genotypes and in preventing life-threatening neurological events in those with sickle cell anaemia at risk of primary stroke by maintaining transcranial Doppler velocities. However, there is still insufficient evidence on the long-term benefits of hydroxyurea, particularly with regard to preventing chronic complications of SCD, or recommending a standard dose or dose escalation to maximum tolerated dose. There is also insufficient evidence about the long-term risks of hydroxyurea, including its effects on fertility and reproduction. Evidence is also limited on the effects of hydroxyurea on individuals with the HbSC genotype. Future studies should be designed to address such uncertainties.

[Chest physiotherapy for acute bronchiolitis in paediatric patients between 0 and 24 months old](#)

Marta Roqué-Figuls, Maria Giné-Garriga, Claudia Granados Rugeles, Carla Perrotta, Jordi Vilaró

We found low-certainty evidence that passive slow expiratory technique may result in a mild to moderate improvement in bronchiolitis severity when compared to control. This evidence comes mostly from infants with moderately acute bronchiolitis treated in hospital. The evidence was limited with regard to infants with severe bronchiolitis and those with moderately severe bronchiolitis treated in ambulatory settings.

We found high-certainty evidence that conventional techniques and forced expiratory techniques result in no difference in bronchiolitis severity or any other outcome. We found high-certainty evidence that forced expiratory techniques in infants with severe bronchiolitis do not improve their health status and can lead to severe adverse effects.

Currently, the evidence regarding new physiotherapy techniques such as Rapid Release Technology therapy or instrumental physiotherapy is scarce, and further trials are needed to determine their effects and potential for use in infants with moderate bronchiolitis, as well as the potential additional effect of RRT when combined with slow passive expiratory techniques. Finally, the effectiveness of combining chest physiotherapy with hypertonic saline should also be investigated.

[Balanced crystalloid solutions versus 0.9% saline for treating acute diarrhoea and severe dehydration in children](#)

Ivan D Florez, Javier Sierra, Giordano Pérez-Gaxiola

The evidence is very uncertain about the effect of balanced solutions on mortality during hospitalization in severely dehydrated children. However, balanced solutions likely result in a slight reduction of the time in the hospital compared to 0.9% saline. Also, balanced solutions likely reduce the risk of hypokalaemia after intravenous correction. Furthermore, the evidence suggests that balanced solutions compared to 0.9% saline probably produce no changes in the need for additional intravenous fluids or in other biochemical measures such as sodium, chloride, potassium, and creatinine levels. Last, there may be no difference between balanced solutions and 0.9% saline in the incidence of hyponatraemia.

Cochrane PEC Corner

The Cochrane PEC team selects Cochrane reviews relevant to emergency medicine and publishes them in different formats and languages.

EMERGENCIAS

Perlas para urgenciólogos

A Cochrane PEC Corner is regularly published in the Journal of the Spanish Society of Emergency Medicine EMERGENCIAS.



JORNAL BRASILEIRO DE MEDICINA DE EMERGENCIA

A Cochrane PEC Corner is now regularly published in the Journal of the Brazilian Society of Emergency Medicine 'Jornal Brasileiro de Medicina de Emergência'.



POEM

A Cochrane PEC Corner is now regularly published in the Journal of the Brazilian Society of Emergency Medicine 'Panorama of Emergency Medicine'.



ANNALES FRANCAISES DE MEDECINE D'URGENCE

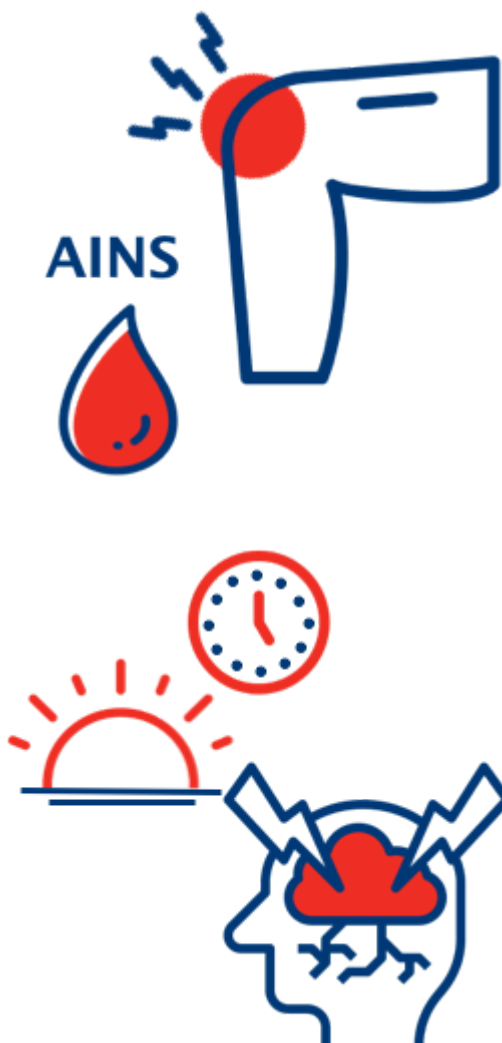
Cochrane PEC PEARLS are also regularly published in French in the Journal of the French Society of Emergency Medicine 'Annales Françaises de Médecine d'Urgence'

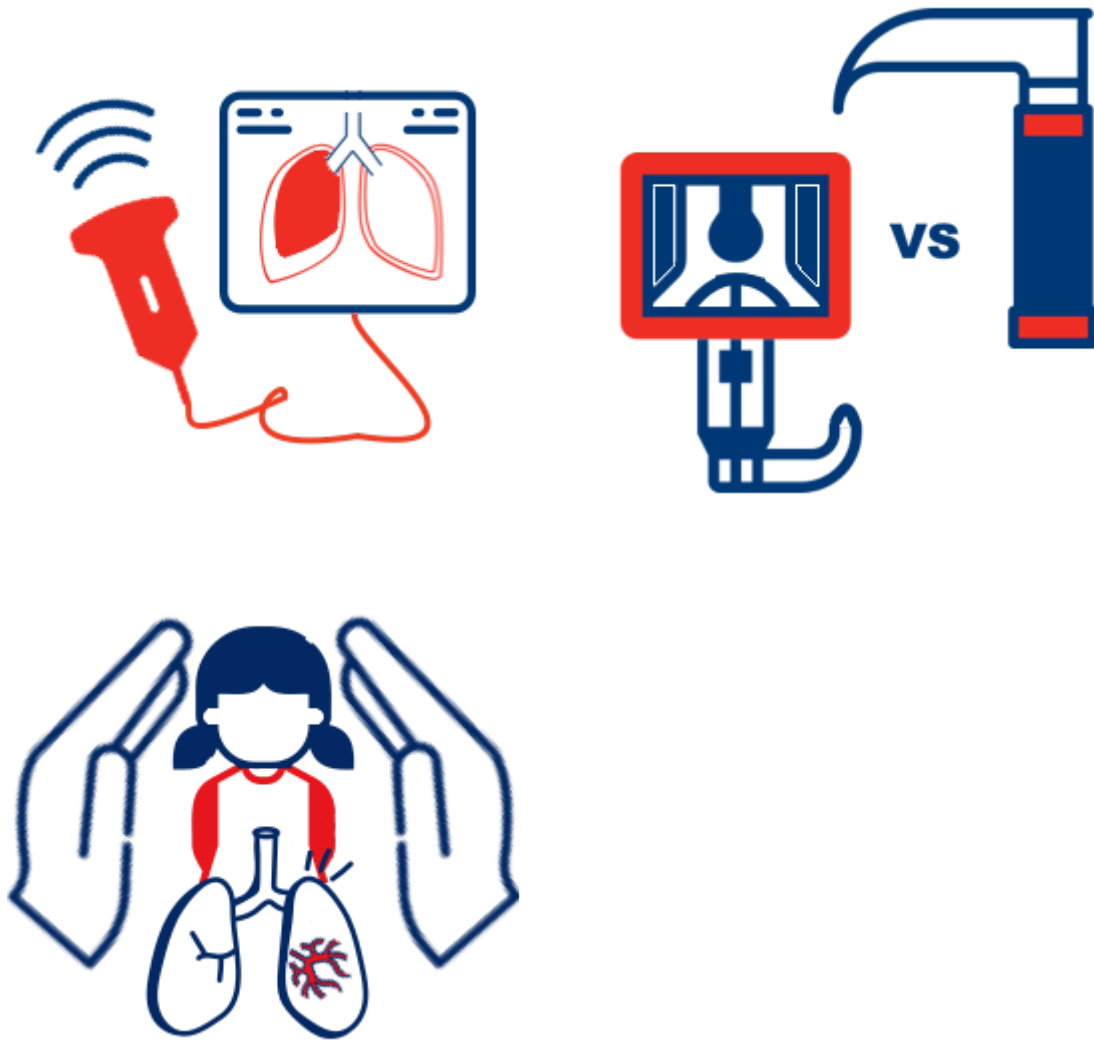


Cochrane PEC Video

The Cochrane PEC team is pleased to continue its partnership with TopMU from Quebec (Transfert Optimisé des Publications en Médecine d'Urgences).

TOP-COCHRANE PEC





The Cochrane PEC also produces videos in French summarizing some Cochrane emergency reviews. They are available on the Cochrane PEC website and on Vimeo.

[COCHRANE PEC VIDEO](#)



Priority Exercise and Topic Selection



In 2024, the Cochrane PEC, as part of the Cochrane Acute and Emergency Care Thematic Group, conducted a priority exercise to identify the most relevant and impactful topics for systematic reviews in the area of emergency and critical care.

Here are the Priority topics :

Priority topics in Emergency and Critical Care

- Organizational Interventions
- Work Safety, Burnout Prevention, Preparedness,
- Overcrowding, Inter-facility Treatment

Behavioural and Mental Health

- Acute Behavioral Disturbances, Suicide (Attempted), Anxiety, Delirium

Critical Care and Resuscitation

- Optimizing ICU Interventions & Efficiency, ECMO & Respiratory Support, Vasopressors & Fluids, Acute
- Respiratory Failure
- Cardiac Arrest, Shock, Trauma, Injury Prevention

Clinical Conditions

- Rehabilitation & Recovery
- Poisoning
- Diagnostic Uncertainties
- Crisis in Pregnancy & Prehospital Birth
- Multiple Chronic Conditions, Chronic Illness, Polymedicine, & Heart Failure

Education and Training

- Staff and Patient Education
- First Aid Training,
- Teaching Emergency Medicine, Shared Decision Making, Handover, End-of-Life Care in the ED

Latest News

Urgences le congrès

Paris, France

5-7 June 24



Global Evidence Summit

Praha, Czech Republic

9-14 September 2024

EUSEM 2024

Copenhagen, Denmark

13-16 October 2024



Upcoming Events

COPACAMU

3, 4 April 2025

Marseille

France



Journées de médecine d'urgence du Grand est

14-15 May 2025

Nancy

France

Urgences Le Congrès

4, 5, 6 June 2025

Paris

France



EUSEM 2025

27, 28 september 2025

Vienna

Austria

Congrès Breton d'Abord Vasculaire

2, 3 October 2025

Lorient

France



Cochrane PEC life



Retirement

We are proud to be able to count on the support of Dr Daniel Meyran, who is retiring as a doctor but continues to be involved in the cochrane PEC and First Aid bodies. An active member of ILCOR, he is keen to continue his commitments.

Carnet Rose

2 new PEC cochrane members born in 2024.



Cochrane Pre-hospital and Emergency Care

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