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NEWSLETTER N°9 - JANUARY 2020

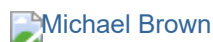


The Cochrane Pre-hospital and Emergency Care wishes you a wonderful New Year, filled with new studies and experiences. We are very happy to share Cochrane's knowledge through our work.

COCHRANE PEC MAJOR CONTRIBUTOR

[Michael Brown's interview by SGEM](#)

Dr Michael Brown is founding chair of the Department of Emergency Medicine at the Michigan State University College of Human Medicine. He is affiliated with multiple hospitals, including Spectrum Health Gerber Memorial and Spectrum Health United Hospital. Dr. Brown received his medical degree from Michigan State University College of Human Medicine and has been in practice for more than 20 years. He has a Masters degree in Epidemiology and currently serves as President for the Association of Academic Chairs of Emergency Medicine. Dr. Brown is the senior editor of the **Cochrane Acute and Emergency Care Network** and the **Cochrane Circulation and Breathing Network**.



Recently the Skeptics' Guide to Emergency Medicine (SGEM) discussed with Dr. Michael Brown about the Cochrane, its mission and the reorganization of Review Groups into Networks. The Cochrane PEC Field is part of the Cochrane Acute and Emergency Care network.



The Skeptics' Guide to EM

SGEM is a podcast with over 40,000 subscribers and is translated into four other languages. It is open access with the goal of providing the most valid, reliable, and unbiased global source of current clinically-relevant patient-centered emergency medicine [SGEMinformation](#).

WELCOME TO OUR NEW MEMBERS

We are happy to welcome new active members of the Cochrane PEC since March 2019!



Virginie-Eve Lvovschi, MD



Yuri Yordanov, MD, PHD

Nordine Nekhili, MD

RECENT REVIEWS

[Cochrane Emergency Reviews](#)

[Colloids versus crystalloids for fluid resuscitation in critically ill people](#)

**Cochrane
Library**

Sharon R Lewis, Michael W Pritchard, David JW Evans, Andrew R Butler, Phil Alderson, Adrew F Smith, Ian Roberts

Using starches, dextrans, albumin or Fresh Frozen Plasma (FFP) (moderate-quality evidence), or gelatins (low-quality evidence), versus crystalloids probably makes little or no difference to mortality. Starches probably slightly increase the need for blood transfusion and Renal Replacement Therapy (RRT) (moderate-quality evidence), and albumin or FFP may make little or no difference to the need for renal replacement therapy (low-quality evidence). Evidence for blood transfusions for dextrans, and albumin or FFP, is uncertain. Similarly, evidence for adverse events is uncertain.

[Antibiotics for exacerbation of chronic obstructive pulmonary disease](#)

**Cochrane
Library**

Daniela J Vollenweider, Anja Frei, Claudia A Steurer-Stey, Judith Garcia-Aymerich, Milo A Puhan

Researchers have found that antibiotics have some effect on inpatients and outpatients, but these effects are small, and they are inconsistent for some outcomes (treatment failure) and absent for other outcomes (mortality, length of hospital stay). Analyses show a strong beneficial effect of antibiotics among ICU patients. These inconsistent effects call for research into clinical signs and biomarkers that can help identify patients who would benefit from antibiotics, while sparing antibiotics for patients who are unlikely to experience benefit and for whom downsides of antibiotics (side effects, costs, and multi-resistance) should be avoided.

[Tranexamic acid for patients with nasal haemorrhage \(epistaxis\)](#)

**Cochrane
Library**

Jonathan Joseph, Pablo Martinez-Devesa, Jenny Bellorini, Martin J Burton

There is probably a reduction in the risk of re-bleeding with the use of either oral or topical tranexamic acid in addition to usual care in adult patients with epistaxis, compared to placebo with usual care (moderate-quality evidence). However, the quality of evidence relating solely to *topical* tranexamic acid is low (one study only), so we are uncertain whether or not *topical* tranexamic acid is effective in stopping bleeding in the 10-day period after a single application.

[Adrenaline and vasopressin for cardiac arrest](#)

**Cochrane
Library**

Judith Finn, Ian Jacobs, Teresa A Williams, Simon Gates, Gavin D Perkins

This review provides moderate-quality evidence that standard-dose adrenaline compared to placebo improves return of spontaneous circulation, survival to hospital admission and survival to hospital discharge, but low-quality evidence that it did not affect survival with a favourable neurological outcome. Very low -quality evidence found that high-dose adrenaline compared to standard-dose adrenaline improved return of spontaneous circulation and survival to admission. Vasopressin compared to standard dose adrenaline improved survival to admission but not return of spontaneous circulation, whilst the combination of adrenaline and vasopressin compared with adrenaline alone had no effect on these outcomes. Neither standard dose adrenaline, high-dose adrenaline, vasopressin nor a combination of adrenaline and vasopressin improved survival with a favourable neurological outcome.

[Non-invasive positive pressure ventilation \(CPAP or bilevel NPPV\) for cardiogenic pulmonary oedema](#) **Cochrane Library**

Nicolas Berbenetz, Yongjun Wang, James Brown, Charlotte Godfrey, Mahmood Ahmad, Flávia MR Vital, Pier Lambiase, Amitava Banerjee, Ameet Bakhai, Matthew Chong

This review provides support for continued clinical application of NPPV for Acute Cardiogenic Pulmonary Edema (ACPE), to improve outcomes such as hospital mortality and intubation rates. Non-invasive Positive Pressure Ventilation is a safe intervention with similar adverse event rates to Standard Medical Care (SMC) alone. Additional research is needed to determine if specific subgroups of people with ACPE have greater benefit of NPPV compared to SMC. Future research should explore the benefit of NPPV for ACPE patients with hypercapnia.

[Prehospital stroke scales as screening tools for early identification of stroke and transient ischemic attack](#) **Cochrane Library**

Zhivko Zhelev, Greg Walker, Nicholas Henschke, Jonathan Fridhandler, Samuel Yip

In the field, Cincinnati Prehospital Stroke Scale (CPSS) had consistently the highest sensitivity and, therefore, should be preferred to other scales. Further evidence is needed to determine its absolute accuracy and whether alternatives scales, such as Melbourne Ambulance Stroke Scale (MASS) and Recognition Of Stroke In Emergency Department (ROSIER), which might have comparable sensitivity but higher specificity, should be used instead, to achieve better overall accuracy. In the Emergency Room, ROSIER should be the test of choice, as it was evaluated in more studies than Face Arm Speech Time (FAST) and showed consistently high sensitivity.

[Artemether for severe malaria](#) **Cochrane Library**

Ekpereonne B Esu, Emmanuel E Effa, Oko N Opie, Martin M Meremikwu

Artemether appears to be more effective than quinine in children and adults. Artemether compared to artesunate has not been extensively studied, but in adults it appears inferior. These findings are consistent with the World Health Organisation recommendations that artesunate is the drug of choice, but artemether is acceptable when artesunate is not available.

[Buffered solutions versus 0.9% saline for resuscitation in critically ill adults and children](#) **Cochrane Library**

Alba M Antequera Martín, Jesus A Barea Mendoza, Alfonso Muriel, Ignacio Sáez, Mario Chico-Fernández, José M Estrada-Lorenzo, María N Plana

There is no effect of buffered solutions on preventing in-hospital mortality compared to 0.9% saline solutions in critically ill patients. The certainty of evidence for this finding was high, indicating that further research would detect little or no difference in mortality. The effects of buffered solutions and 0.9% saline solutions on preventing acute kidney injury were similar in this setting. The certainty of evidence for this finding was low, and further research could change this conclusion.

[Community first responders for out-of-hospital cardiac arrest in adults and children](#)

**Cochrane
Library**

Tomas Barry, Maeve C Doheny, Siobhán Masterson, Niall Conroy, Jan Klimas, Ricardo Segurado, Mary Codd, Gerard Bury

Moderate-quality evidence shows that context-specific Community First Responders (CFR) interventions result in increased rates of Cardio Pulmonary Resuscitation (CPR) or defibrillation performed before Emergency Medical Service (EMS) arrival. It remains uncertain whether this can translate to significantly increased rates of overall patient survival. When possible, further high-quality Randomized Controlled Trials (RCTs) that are adequately powered to measure changes in survival should be conducted. The included studies did not consider survival with good neurological function. This outcome should be included routinely wherever survival is measured.

COCHRANE PEC CORNER

The Cochrane PEC team is involved in knowledge dissemination. We select Cochrane reviews relevant to emergency medicine and publish them in different languages.

[EMERGENCIAS](#)

Perlas para urgenciólogos

A Cochrane PEC Corner has been published for the first time this month in the Journal of Spanish Society of Emergency Medicine EMERGENCIAS



[MEDITERRANEAN JOURNAL OF EMERGENCY MEDICINE](#)

The Cochrane PEC also publishes a Cochrane PEC Corner in the Mediterranean Journal of Emergency Medicine



ANNALES FRANCAISES DE MEDECINE D'URGENCE

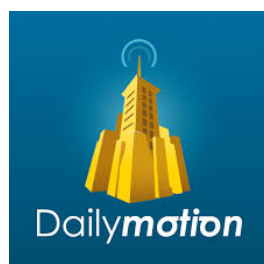
The Cochrane PEC also publishes Cochrane reviews summaries (PEARLS) in French 6 time per year.



COCHRANE PEC VIDEOS

The Cochrane PEC produces video presentations of the main Cochrane emergency reviews.

These videos based on PowerPoint presentations are filmed commentary in French. They are available on the Cochrane PEC website and on Daily Motion.



PRIORITY SETTING EXERCISE

The Cochrane PEC decided in April 2018 to embark on a process to define systematic review priorities of relevance to its area of interest. With the help of the Senior-Editor of the Cochrane Acute and Emergency Care network, Cochrane PEC members searched for gaps using the annual meeting scientific program **of the French Society of Emergency Physicians 2018 (SFMU), the European Society of Emergency Physicians 2018 (EUSEM) and the American Society of Academic Emergency Physicians 2019 (SAEM).**

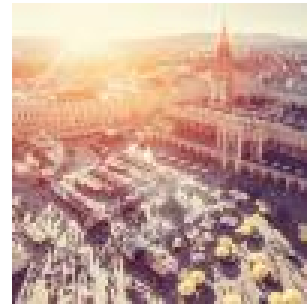
LATEST NEWS

We've been there!

- [Cochrane Governance Meeting](#)

1-5 April 2019

Krakow, Poland



- [AEM 2019](#)

14-17 May 2019

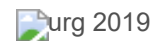
Las Vegas, Nevada, USA



- [Urgences 2019](#)

5-7 June 2019

Paris, France



- [EUSEM 2019](#)

12-16 October 2019

Prague, Czech Republic



- [Cochrane Colloquium](#)

22-25 October 2019

Santiago, Chile



- [Forum de l'urgence](#)

27-28 November 2019

Metz, France



- [Congrès SFETD](#)

27-29 November 2019

Strasbourg, France




- [Congrès de médecine d'urgence de la région Centre](#)

5-6 December 2019

Domaine de Chalès, Nouan-Le-Fuzelier, France




UPCOMING EVENTS

 Governance Meeting

- [Cochrane Governance Meetings 2020](#)

30 March-3 April 2020

Manchester, United Kingdom

 urg 2020

- [Urgences 2020](#)

10-11-12 June 2020

Paris, Fran

 [EUSEM 2020](#)

- [EUSEM](#)

19-23 September 2020

Copenhagen, Danmark

- [Cochrane colloquium](#)

4-7 October 2020

Toronto, Canada

FIRST AID FIELD

[Cochrane First Aid](#)

The Cochrane PEC is delighted to inform you about the launch of a new field : Cochrane First Aid.

This field, directed by Professor Emmy De Buck with the partnership of the Belgian Red Cross works on producing, disseminating and implementing high-quality research evidence about First Aid.

TRAINING AND WORKSHOP

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Cochrane Pre-hospital and Emergency Care

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