Journal report – prosinec 2025

OBSAH

PREHOSPITAL CARE

– clinical trials & RCT & multicenter study

1: Sørensen OB, Mikkelsen S, Sørensen SA, Brøchner AC, Nielsen MS. HLR under juletræet – kan julesange forstyrre rytmen? [**Christmas article: CPR under the Christmas tree - can Christmas carols disturb the rhythm?**]. Ugeskr Laeger. 2025 Dec 8;187(50):V202511. Danish. doi: 10.61409/V202511. PMID: 41363232.

2: Cash RE, Crowe RP, Misra A, Swanton M, Boggs KM, Sullivan AF, Camargo CA Jr, Zachrison KS. **Variation in Prehospital Routing Patterns for Patients With Suspected Stroke**. J Am Heart Assoc. 2025 Dec 16;14(24):e044408. doi: 10.1161/JAHA.125.044408. Epub 2025 Dec 3. PMID: 41334751.

3: Faddy SC, Stewart PW, McMullen MA, Savage L, Fletcher P. **Paramedic-Delivered Prehospital Thrombolysis Reduces the Time to Reperfusion Therapy in Patients Suffering ST Elevation Myocardial Infarction in Rural and Regional NSW**. Heart Lung Circ. 2025 Dec;34(12):1417-1423. doi: 10.1016/j.hlc.2025.05.085. Epub 2025 Nov 1. PMID: 41176496.

4: Browne LR, Ward CE, Harding M, Cook LJ, Adelgais KM, Ahmad FA, Burger R, Chaudhari PP, Corwin DJ, Glomb NW, Kuppermann N, Lee LK, Leonard JR, Owusu-Ansah S, Riney LC, Rogers AJ, Rubalcava DM, Sapien RE, Szadkowski MA, Tzimenatos L, Yen K, Leonard JC. **Performance of the PECARN cervical spine injury prediction rule based on EMS clinician observations**. J Trauma Acute Care Surg. 2025 Dec 1;99(6):928-934. doi: 10.1097/TA.0000000000004772. Epub 2025 Aug 21. PMID: 40836370.

5: Egas Terán MI, González-Andrade F. **Time-to-treatment in traumatic brain injury: unraveling the impact of early surgical intervention on patient outcomes.** Neurol Res. 2025 Dec;47(12):1166-1175. doi: 10.1080/01616412.2025.2515523. Epub 2025 Jun 7. PMID: 40483551.

6: Takayama W, Sugimoto M, Morishita K, Otomo Y, Kitamura N, Tagami T; SOS-KANTO 2017 Study Group. **Comparison of outcomes between successful and failed prehospital advanced airway management by paramedic staff in patients with out- of-hospital cardiac arrest.** Eur J Emerg Med. 2025 Dec 1;32(6):437-444. doi: 10.1097/MEJ.0000000000001231. Epub 2025 Apr 1. PMID: 40170595; PMCID: PMC12560190.

Journal report – prosinec 2025

PREHOSPITAL CARE

– systematic review & meta-analysis & scoping review

1: Pena L, Machado RM, Fonseca DFD, Bicalho MCBV, Santos LM, Oliveira PP. **Recommended nursing care for people with mental disorders in mobile prehospital care: a scoping review**. Rev Bras Enferm. 2025 Dec 8;78(6):e20240595. doi: 10.1590/0034-7167-2024-0595. PMID: 41370591; PMCID: PMC12707532.

2: Bukhari EM, Jurays NS, Alarmati ST, Almalki SN, Alsobehi NA, Turjoman L, Almutairi AK, Alghamdi BS, Alsayed NM, Alshehri ZA, Alzubaidi TA, Alsayed AI. **Prehospital Interventions, Early Detection, and Their Impact on Survival Outcomes in Patients with Sepsis: A Systematic Review**. Prehosp Emerg Care. 2025 Dec 9:1-9. doi: 10.1080/10903127.2025.2594601. Epub ahead of print. PMID: 41334884.

3: Chan SC, Jenkins JL, Zhang A, Everly GS Jr, Roemer EC, Hsu EB, Han G, Sharma R, Asenso E Jr, Bidmead D, Bass EB, Saldanha IJ. **Incidence, Prevalence, and Severity of Mental Health Issues Among Emergency Medical Service Clinicians: A Systematic Review and Meta-Analysis**. J Emerg Med. 2025 Dec;79:427-442. doi: 10.1016/j.jemermed.2025.09.004. Epub 2025 Sep 9. PMID: 41202639.

4: Sterner A, Holmberg B, Bremer A, Svensson A, Andersson H, Frank C. **Decision-Making for Older Patients in Acute Prehospital Situations: A Scoping Review**. Scand J Caring Sci. 2025 Dec;39(4):e70148. doi: 10.1111/scs.70148. PMID: 41168106; PMCID: PMC12575412.

5: Almutairi A, Coyer F, Keogh S, Hughes J. **Factors influencing pain management in patients presenting to the emergency department: A mixed-method systematic review**. Int J Nurs Stud. 2025 Dec;172:105214. doi: 10.1016/j.ijnurstu.2025.105214. Epub 2025 Sep 12. PMID: 40992019.

Journal report – prosinec 2025

PREHOSPITAL CARE

– clinical trials & RCT & multicenter study –

1. Ugeskr Laeger. 2025 Dec 8;187(50):V202511. doi: 10.61409/V202511.

[**Christmas article: CPR under the Christmas tree - can Christmas carols disturb the rhythm?**].

[Article in Danish]

Sørensen OB(1)(2), Mikkelsen S(1)(2), Sørensen SA(1), Brøchner AC(2)(3), Nielsen MS(2)(3).

INTRODUCTION: Dancing around the Christmas tree combines physical activity with a full stomach and great emotions. This may lead to cardiac arrest. Previous studies have demonstrated that the rhythm in songs can support appropriate compression rates during cardiopulmonary resuscitation (CPR). The aim of this study was to investigate whether healthcare professionals can maintain high-quality CPR in a Christmas setting when exposed to Christmas songs with varying tempos (beats per minute, BPM) as a deliberate auditory distraction.

METHODS: This study was conducted at Prehospital South - EMS in Odense, Denmark, in a room decorated to resemble a Christmas Eve setting. Participants performed randomized two-minute CPR sessions on a Little Anne QCPR manikin while exposed to three Christmas songs of varying tempos: "Silent Night" (65 BPM), "Last Christmas" (110 BPM), and a Danish Christmas song with a BPM of 150 BPM. CPR quality was measured.

RESULTS: Twenty-one participants completed the study. Compression depth was high across all three songs, with average scores ranging from 96% to 98%. Compression rate ranged between 108 and 110 BPM, with the highest proportion of time within the target range (100-120 BPM) observed during "Last Christmas" (79%) and the lowest during "Silent Night" (70%). Overall CPR scores were high (71-72%) with low variation. No statistically significant differences were found between the songs.

CONCLUSION: Exposure to Christmas songs with varying tempos did not impact the quality of CPR among healthcare professionals, who maintained high-quality performance regardless of music choice.

DOI: 10.61409/V202511

PMID: 41363232 [Indexed for MEDLINE]

Journal report – prosinec 2025

2. J Am Heart Assoc. 2025 Dec 16;14(24):e044408. doi: 10.1161/JAHA.125.044408. Epub 2025 Dec 3.

Variation in Prehospital Routing Patterns for Patients With Suspected Stroke.

Cash RE(1)(2), Crowe RP(3), Misra A(1)(2)(4), Swanton M(1), Boggs KM(1), Sullivan AF(1), Camargo CA Jr(1)(2), Zachrison KS(1)(2).

BACKGROUND: Our objective was to describe emergency medical services (EMS) transport destination practices for patients with suspected stroke using a novel linked data set of EMS patient care data and verified emergency department (ED) stroke-related capabilities.

METHODS: This was a cross-sectional evaluation of EMS 9-1-1 encounters for patients with suspected stroke from 2019 to 2021 from the ESO Data Collaborative, linked to verified ED capabilities from the 2021 National ED Inventory-USA survey. Our primary outcome was transport to an ED with any stroke care capabilities. We used mixed effects logistic regression models with a random intercept for agency to estimate the odds of transport to an ED with stroke care capabilities. We used intraclass correlation coefficients and median odds ratios (ORs) to quantify the contribution of covariates and variability between EMS agencies.

RESULTS: The analytic sample included 314 642 encounters (median age 72 years, 53% female) from 1781 EMS agencies, including 719 (40%) agencies primarily serving rural areas. Overall, 32 142 (10%) patients were transported to facilities lacking verified stroke care capabilities. There was significant between-agency variation, with median ORs consistently >2.0 (eg, fully adjusted model, median OR, 3.91 [95% CI, 3.71-4.11]). Rural, versus urban, location was associated with lower odds of transport to an ED with stroke care capabilities (OR, 0.15 [95% CI, 0.14-0.17]).

CONCLUSIONS: In this analysis of EMS encounters, 1 in 10 patients with suspected stroke was transported to a facility without verified stroke care capabilities. Variation across EMS agencies and lower odds of appropriate routing in rural settings highlight critical gaps in prehospital stroke systems of care.

DOI: 10.1161/JAHA.125.044408

PMID: 41334751 [Indexed for MEDLINE]

3. Heart Lung Circ. 2025 Dec;34(12):1417-1423. doi: 10.1016/j.hlc.2025.05.085. Epub 2025 Nov 1.

Paramedic-Delivered Prehospital Thrombolysis Reduces the Time to Reperfusion Therapy in Patients Suffering ST Elevation Myocardial Infarction in Rural and Regional NSW.

Faddy SC(1), Stewart PW(2), McMullen MA(2), Savage L(3), Fletcher P(3).

BACKGROUND: Regionalised systems of care can improve outcomes for patients suffering ST-elevation myocardial infarction (STEMI). Most reports evaluate primary percutaneous intervention programs in metropolitan centres. We report the outcomes of a prehospital thrombolysis program in rural New South Wales (NSW) with particular focus on the impact of paramedic-delivered thrombolysis on total ischaemic time (TIT).

METHOD: Prospective registry study of patients from rural and regional NSW who were diagnosed with STEMI while in the care of NSW Ambulance paramedics.

RESULTS: Between 2008 and 2020, paramedics treated 2,710 patients diagnosed with STEMI while in their care, and 1,674 (61.9%) received thrombolysis in the field. TIT for patients treated in the field was shorter (94; interquartile range [IQR] 69-141 minutes) compared to the estimated time for those treated after arrival at hospital (172; IQR 124-250 minutes; $p<0.0001$). Multivariate analysis identified prehospital thrombolysis as the strongest predictor of reduced TIT.

CONCLUSIONS: This program has delivered substantial reductions in TIT for STEMI patients in regional and rural NSW. Similar programs should be considered wherever a significant proportion of the population does not have timely access to percutaneous coronary intervention.

DOI: 10.1016/j.hlc.2025.05.085

PMID: 41176496 [Indexed for MEDLINE]

4. J Trauma Acute Care Surg. 2025 Dec 1;99(6):928-934. doi: 10.1097/TA.0000000000004772. Epub 2025 Aug 21.

Performance of the PECARN cervical spine injury prediction rule based on EMS clinician observations.

Browne LR(1), Ward CE, Harding M, Cook LJ, Adelgais KM, Ahmad FA, Burger R, Chaudhari PP, Corwin DJ, Glomb NW, Kuppermann N, Lee LK, Leonard JR, Owusu-Ansah S, Riney LC, Rogers AJ, Rubalcava DM, Sapien RE, Szadkowski MA, Tzimenatos L, Yen K, Leonard JC.

BACKGROUND: Pediatric cervical spine injury (CSI) is associated with substantial morbidity and mortality. The Pediatric Emergency Care Applied Research Network (PECARN) developed a CSI prediction rule for evaluating children after blunt trauma in the emergency department (ED). The objective of this study was to evaluate the performance of the PECARN CSI prediction rule using emergency medical services (EMS) clinician observations.

METHODS: We conducted a multicenter prospective observational study of children younger than 18 years with blunt trauma who were transported to one of 18 participating PECARN EDs by EMS. A convenience sample of EMS clinicians completed case report forms regarding CSI risk factors based on their clinical observations. We then evaluated rule performance with 95% confidence intervals (CI) by applying the PECARN prediction rule using the EMS clinical observations with the primary outcome of CSI. We also calculated rates of spinal motion restriction (SMR) had the algorithm been followed for the study population.

RESULTS: Emergency medical services clinicians completed case report forms for 7,721 (57.4%) patients. Using these EMS cohort data, the PECARN CSI prediction rule had a sensitivity of 88.5% (95% CI, 82.9-94.2%), specificity of 63.1% (95% CI, 62.0-64.2%), positive predictive value of 3.7% (95% CI, 3.0-4.4%), and negative predictive value of 99.7% (95% CI, 99.6-99.9%). The proportion of children placed in SMR would have decreased from 41.5% to 37.7%, and longboard use would have decreased from 17.0% to 9.8% had the rule been applied to this cohort.

CONCLUSION: The PECARN CSI prediction rule based on EMS clinician observations had good accuracy for CSI in children experiencing blunt trauma. Application of the prediction rule to our EMS patient population would have reduced both SMR and longboard use.

LEVEL OF EVIDENCE: Prognostic and Epidmiologic; Level III.

DOI: 10.1097/TA.0000000000004772

PMID: 40836370 [Indexed for MEDLINE]

5. Neurol Res. 2025 Dec;47(12):1166-1175. doi: 10.1080/01616412.2025.2515523. Epub 2025 Jun 7.

Time-to-treatment in traumatic brain injury: unraveling the impact of early surgical intervention on patient outcomes.

Egas Terán MI(1), González-Andrade F(2).

BACKGROUND: Traumatic brain injury (TBI) remains a major public health concern due to its high morbidity and mortality. The 'golden hour' principle suggests that outcomes improve with rapid access to definitive care. However, the role of prehospital transport time in TBI prognosis remains unclear, particularly in resource-limited settings. This study evaluates the relationship between hospital arrival time and functional prognosis in TBI patients.

METHODS: A cross-sectional observational study was conducted in two Ecuadorian trauma centers from 2017 to 2020. Patients were categorized into early (<8 h) and late (>8 h) hospital arrival groups. Demographic, clinical, radiological, and surgical variables were analyzed. The primary outcome was functional prognosis, measured by the Glasgow Outcome Scale (GOS) at hospital discharge. Logistic regression was used to adjust for confounding variables.

RESULTS: A total of 373 TBI patients were analyzed. The early-care group presented with more severe injuries, lower Glasgow Coma Scale (GCS) scores, and higher rates of abnormal pupillary responses. Late-arriving patients had better initial neurological status and were more likely to have received prehospital stabilization. Surgical intervention was delayed in both groups, with 67.8% of early-care patients undergoing surgery 8-24 h post-trauma. Adjusted analysis showed no significant difference in functional outcomes between early and late-care groups (OR 1.95, p = 0.08).

CONCLUSION: Hospital arrival time alone does not significantly influence TBI outcomes. Instead, prehospital stabilization, initial GCS, and timely surgical intervention are stronger prognostic factors. Trauma care strategies should prioritize improving prehospital management and reducing in-hospital delays rather than strictly adhering to the 'golden hour' paradigm.

DOI: 10.1080/01616412.2025.2515523

PMID: 40483551 [Indexed for MEDLINE]

Journal report – prosinec 2025

6. Eur J Emerg Med. 2025 Dec 1;32(6):437-444. doi: 10.1097/MEJ.0000000000001231.

Epub 2025 Apr 1.

Comparison of outcomes between successful and failed prehospital advanced airway management by paramedic staff in patients with out-of-hospital cardiac arrest.

Takayama W(1), Sugimoto M(1), Morishita K(1), Otomo Y(2), Kitamura N(3), Tagami T(4); SOS-KANTO 2017 Study Group.

BACKGROUND AND IMPORTANCE: Although advanced airway management is beneficial for patients with out-of-hospital cardiac arrest (OHCA) in certain situations, the impact of advanced airway management success or failure by the emergency medical service (EMS) crew on the clinical time course and outcomes has not yet been thoroughly evaluated.

OBJECTIVES: To evaluate the impact of EMS crew members' prehospital advanced airway management failure on patient outcomes in OHCA.DESIGN: Retrospective multicentre registry study.

SETTING AND PARTICIPANTS: Data from an OHCA survey in a Japanese retrospective multicentre study conducted between 2019 and 2021 were reviewed.

OUTCOME MEASURES AND ANALYSIS: Patients who underwent advanced airway management were divided into success and failure groups. The baseline characteristics and outcomes of the two groups were evaluated. Propensity score matching was performed by creating matched success and failure groups to analyse sensitivity. The primary outcome was 30-day survival, and secondary outcomes were favourable neurological outcomes at discharge, time from on-scene EMS arrival to hospital arrival, and return of spontaneous circulation (ROSC).

MAIN RESULTS: Overall, 4474 patients who underwent prehospital advanced airway management were analysed. Among them, 4074 and 400 patients were in the success and failure groups, respectively. The 30-day survival rates (success vs. failure, 4.4 vs. 2.3%; $P = 0.043$) and ROSC (29.9 vs. 16.8%; $P < 0.001$) in the failure group were lower than those in the success group. There were no significant differences in survival rate at hospital discharge (3.6 vs. 2.0%; $P = 0.093$) and favourable neurological outcomes (1.3 vs. 1.3%; $P = 0.930$) between the groups. The median time from on-scene EMS arrival to hospital arrival (min) [28.0 (22.0-34.0) vs. 29.0 (25.9-35.0); $P < 0.001$] in the failure group was longer than that in the success group. After propensity score matching, the results showed a similar trend.

CONCLUSION: Prehospital advanced airway management failure was associated with lower 30-day survival rates, ROSC, and a longer time between EMS arrival and hospital arrival. These

findings suggest that failure of prehospital advanced airway management could potentially worsen the outcomes of patients with OHCA.

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PMCID: PMC12560190

PMID: 40170595 [Indexed for MEDLINE]

Journal report – prosinec 2025

PREHOSPITAL CARE

– systematic review & meta-analysis & scoping review –

1. Rev Bras Enferm. 2025 Dec 8;78(6):e20240595. doi: 10.1590/0034-7167-2024-0595. eCollection 2025.

Recommended nursing care for people with mental disorders in mobile prehospital care: a scoping review.

Pena L(1), Machado RM(1), Fonseca DFD(1), Bicalho MCBV(1), Santos LM(1), Oliveira PP(1).

OBJECTIVES: to map scientific evidence regarding recommended nursing care for individuals with mental disorders in mobile prehospital care.

METHODS: a scoping review, according to the JBI methodology. Research conducted in seven databases, eight catalogs of theses and dissertations, national guidelines/protocols, and international guidelines, in any language and without time limit.

RESULTS: of the 4,184 publications, 23 were selected and comprised the final sample. Four domains were identified (safety and protection of people with mental disorders, professionals and third parties; assessment of individuals with mental disorders; management of individuals with mental disorders; important aspects regarding mechanical restraint), subdivided into 27 nursing care practices.

CONCLUSIONS: the nursing care recommended for people with mental disorders in mobile pre-hospital care included risk prevention, effective communication, scene management, behavioral management, attention to suicidal emergencies, as well as aspects related to mechanical restraint and non-pharmacological and pharmacological interventions.

DOI: 10.1590/0034-7167-2024-0595

PMCID: PMC12707532

PMID: 41370591 [Indexed for MEDLINE]

2. Prehosp Emerg Care. 2025 Dec 9:1-9. doi: 10.1080/10903127.2025.2594601. Online ahead of print.

Prehospital Interventions, Early Detection, and Their Impact on Survival Outcomes in Patients with Sepsis: A Systematic Review.

Bukhari EM(1), Jurays NS(2), Alarmati ST(3), Almalki SN(3), Alsobehi NA(1), Turjoman L(4), Almutairi AK(5), Alghamdi BS(6), Alsayed NM(1), Alshehri ZA(7), Alzubaidi TA(7), Alsayed AI(8).

OBJECTIVES: Sepsis is a life-threatening condition that results in significant morbidity and mortality, particularly when progressing to septic shock. Early detection and treatment, especially before hospital arrival, are crucial for improving outcomes. This review aimed to identify, assess, and summarize studies on the effectiveness of early detection methods and prehospital interventions in enhancing survival rates for patients with sepsis.

METHODS: This descriptive systematic review followed the Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols guidelines. A comprehensive literature search was conducted across six electronic databases to identify relevant studies published up to November 2024. Studies were screened and independently reviewed by four reviewers, and bias was assessed using the Cochrane Risk of Bias tool for randomized controlled trials (RCTs) and the Methodological Index for Non-Randomized Studies tool for observational studies.

RESULTS: This review included 23 studies comprising 16,246 patients. Most of the studies were retrospective (57%), with RCTs (22%) and prospective observational studies (13%). Prehospital interventions-including antibiotic therapy (ABT), intravenous fluids, and norepinephrine-were associated with improved outcomes. Antibiotic therapy significantly reduced 30-day mortality. Norepinephrine improved survival, and early intravenous fluid administration lowered hospital mortality. The National Early Warning Score was superior to the quick Sequential Organ Failure Score in screening for sepsis (area under the receiver operating characteristic curve, 0.74 vs. 0.68). Emergency medical services (EMS) tools enhanced adherence to the 3-h sepsis bundle (80% vs. 44.2%).

CONCLUSIONS: Early antibiotic administration, fluid resuscitation, and hemodynamic stabilization reduce mortality rates and improve clinical outcomes. Validated sepsis screening tools exhibit predictive utility and may support EMS protocols for earlier recognition, though evidence linking their use to improved outcomes remains limited.

DOI: 10.1080/10903127.2025.2594601

PMID: 41334884

3. J Emerg Med. 2025 Dec;79:427-442. doi: 10.1016/j.jemermed.2025.09.004. Epub 2025 Sep 9.

Incidence, Prevalence, and Severity of Mental Health Issues Among Emergency Medical Service Clinicians: A Systematic Review and Meta-Analysis.

Chan SC(1), Jenkins JL(2), Zhang A(3), Everly GS Jr(4), Roemer EC(5), Hsu EB(2), Han G(3), Sharma R(3), Asenso E Jr(6), Bidmead D(7), Bass EB(8), Saldanha IJ(9).

BACKGROUND: Emergency Medical Services (EMS) clinicians are the first line of care for the public in emergency medical situations. The prevalence and severity of mental health diagnoses among EMS clinicians are unclear.

OBJECTIVES: To systematically review the incidence, prevalence, and severity of depression, anxiety, posttraumatic stress disorder (PTSD), suicidality, and substance use among EMS clinicians.

METHODS: We searched Medline, Embase, CENTRAL, CINAHL, ClinicalTrials.gov, journals, and websites for studies published from January 1, 2001 through June 30, 2024. We conducted duplicate screening of abstracts followed by full-text articles. We included studies from high-income countries that enrolled at least 100 EMS clinicians. We assessed the risk of bias, conducted meta-analyses, and evaluated strength of evidence (SoE) using standard methods.

RESULTS: We included 85 studies, of which 11 studies had high risk of bias, 66 moderate risk, and eight low risk. No study reported on incidence of any outcome. During routine practice, prevalence estimates were: suicidal ideation 33%, suicide plans 8.7-10.9%, and suicide attempts 2.8-5.6% (moderate SoE). During routine clinical practice and after critical incidents, depression, anxiety, and PTSD prevalence each varied considerably (low SoE). During routine practice, the mean severity of depressive symptoms was minimal-to-mild, anxiety was mild-to-moderate, PTSD was mild, and alcohol usage was of low risk (each moderate SoE). The Suicide Behaviors Questionnaire-Revised mean score was 4.92 (95% confidence interval 2.44-7.39; ≥ 7 indicates at risk of suicide; moderate SoE). After critical incidents, depressive symptoms were minimal-to-mild, and anxiety was mild-to-moderate (moderate SoE for each).

CONCLUSIONS: More research is needed because of the marked heterogeneity of studies and lack of consistency in the epidemiologic methods used.

DOI: 10.1016/j.jemermed.2025.09.004

PMID: 41202639 [Indexed for MEDLINE]

4. Scand J Caring Sci. 2025 Dec;39(4):e70148. doi: 10.1111/scs.70148.

Decision-Making for Older Patients in Acute Prehospital Situations: A Scoping Review.

Sterner A(1)(2)(3), Holmberg B(3)(4)(5), Bremer A(3)(5), Svensson A(3)(5), Andersson H(1)(2)(3)(5), Frank C(3)(5)(6).

BACKGROUND: Shared decision-making aims to ensure that healthcare professionals and patients jointly make decisions regarding the patient's care. However, professionals often find it challenging to implement shared decision-making with older patients who have cognitive impairments or diminished decision-making capacity. Research indicates a significant gap in the understanding of how decision-making processes unfold in prehospital settings.

AIM: The objective of this scoping review was to explore how decision-making involving older patients in acute prehospital situations is characterized.

DESIGN AND METHOD: This scoping review is based on the Joanna Briggs Institute's guidelines for scoping reviews and is reported using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Review (PRISMA-ScR).

DATA SOURCES: CINAHL, PubMed, Scopus, PsychINFO and Web of Science were searched to identify relevant studies published between the years 2000 and 2024.

RESULTS: The results are based on 26 studies and indicate that decision-making among older patients is a conditional process, characterised by collaborative support involving the patient, significant others and healthcare professionals. Barriers to this process include hierarchical dynamics, fear of reprisals and uncertainty regarding the risk-benefit ratio. Factors that support decision-making include situationally relevant competence, organisational resources and the presence of specific symptoms and signs.

CONCLUSION: Shared decision-making with older patients in acute prehospital settings is conditional, often resulting in decisions being made primarily by healthcare professionals. There is considerable room for improvement in how this process is systematically approached. A structured approach is needed-one that assesses the older patient's decision-making capacity, considers the perspectives of family members, and incorporates input from individuals who know the patient well, all while minimizing hierarchical barriers.

DOI: 10.1111/scs.70148

PMCID: PMC12575412

PMID: 41168106 [Indexed for MEDLINE]

Journal report – prosinec 2025

5. Int J Nurs Stud. 2025 Dec;172:105214. doi: 10.1016/j.ijnurstu.2025.105214. Epub 2025 Sep 12.

Factors influencing pain management in patients presenting to the emergency department: A mixed-method systematic review.

Almutairi A(1), Coyer F(2), Keogh S(3), Hughes J(3).

BACKGROUND: Up to 80 % of all presentations to the emergency department are due to pain. Although pain management practices have improved over time, suboptimal pain management still occurs in the emergency department.

OBJECTIVES: To identify comprehensive factors influencing pain management outcomes among adult patients presenting to the emergency department with pain.

DESIGN: A mixed-method systematic review was conducted following the Joanna Briggs Institute convergent segregated integration methodology.

METHOD: Six databases were searched from inception to October 2024 for relevant studies, including peer-reviewed primary studies in English. Empirical studies identifying factors influencing pain management outcomes were included. The databases were searched using Medical Subject Headings terms and keywords such as 'pain management' and 'disparities.' The included studies' methodological quality was assessed using Joanna Briggs Institute checklists. Data were synthesised through meta-analysis and narrative description, followed by the convergent segregated integration of quantitative and qualitative data. The Symptom Management Theory guided this review's synthesis, interpretation, and discussion.

RESULTS: Included in this review were 109 studies, 107 quantitative and two qualitative, reporting on 45 contributing factors and 25 outcome measures representing the domains and dimensions of the Symptom Management Theory. Thirty papers were included in the meta-analysis for the most common factors (race, age, and sex) and outcome measures (receipt of analgesic medication and opioid medication). African Americans were less likely to receive analgesics (OR 0.80, 95 % CI 0.73-0.88, $p < 0.001$) and opioids (OR 0.62, 95 % CI 0.53-0.74, $p < 0.001$) compared to Non-Hispanic White patients. Hispanic patients were also less likely to receive opioids compared to Non-Hispanic White patients (OR 0.83, 95 % CI 0.75-0.92, $p = 0.04$). There was no evidence of a significant difference in the likelihood of receiving analgesics between the sexes. Older patients were less likely to receive analgesics and opioids compared to younger counterparts (OR 0.74, 95 % CI 0.67-0.83, $p < 0.001$; OR 0.90, 95 % CI 0.82-0.99, $p = 0.03$, respectively). The qualitative synthesis reinforced the quantitative findings, providing deeper insights into the role of spiritual and socioeconomic factors, as well as opioid legislation, which shaped patient experiences in the emergency department.

CONCLUSION: This mixed-method systematic review demonstrated that several groups of patients still experience potentially inadequate pain management due to factors unrelated to the presenting condition and severity. The lack of standardisation in reporting factors and outcome measures limited the extent to which we can fully identify these associations and their impact on pain management. Future research should incorporate more qualitative designs, patient-reported outcomes, and standardised data measurement and collection.

SYSTEMATIC REVIEW REGISTRATION ID: PROSPERO - CRD 42024601076.

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PMID: 40992019 [Indexed for MEDLINE]