

CANDOUR

ISSUE 25 - February 2003

The newsletter of the Joint ASA/JRCALC Clinical Effectiveness Committee and the ASA National Clinical Effectiveness Programme



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INTRODUCTORY MESSAGE FROM THE ASA NCEP MANAGER

I am now beginning to settle into my new position here at the ASA, so thanks go out to you all for being so patient, but developments are afoot and hopefully you will have started to see a few changes to the ASA NCEP website. I will hopefully be updating this most weeks and I am happy to receive comments and/or suggestions upon how to improve the site.

I am also planning to expand upon this section (Candour) so if you would have any clinical effectiveness developments that you would like to share, I will be happy to receive them.

January and February are very busy months for the Clinical Effectiveness Committee, with the first of four regional CHD Seminars being held and a CHI conference being held on the 31st January in London. I am looking forward to meeting with many of you at these events.



ASA/JRCALC REGIONAL CHD SEMINARS

Following on the success of last year's seminars the process is being repeated this year to provide an update to progress and to discuss future developments, such as the Cardiac Arrest dataset. There will also be an open forum question and answer session which should be a valuable opportunity to both question the speakers and to influence future work.

The programme will be as follows

Time	Session	Speaker	Duration
10:00	Registration and Tea/Coffee	-	
10:30	Welcome from the Chairman	Chairman	5mins
10:35	The CHD Audit Report	Lucy Evans	70mins
	Progress to date	Lesley Cave	
	What's next?		
11:45	Morphine	Mark Cooke	15mins
12:00	Public Placement of Defibrillators	Sian Davies	30mins
12:30	Lunch		
13:15	Issues around Thrombolysis	Mark Cooke	30mins
13:45	Cardiac Arrest Dataset	Lucy Evans	45mins
	Lesley Cave		
14:30	Question and Answer session	All	45mins
15:15	Pre-hospital Research	Mark Cooke	15mins
15:30	Close	Chairman (JRCALC)	

<u>Date</u>	<u>Venue</u>	<u>Chairman (JRCALC)</u>
27 th January	Wiltshire Ambulance Service, Chippenham	Dr Iain McNeil
20 th February	Dept of Health, Richmond Hse, London	Prof Douglas Chamberlain
21 st February	EMAS Training Centre, Leicester	Prof Michael Langman
24 th February	Ladybridge Hall, Manchester	Dr Tom Clarke

You can still book a place at one of these seminars (free to NHS staff), but all places have to be pre-booked so please contact the ASA office for further details.



Thrombolysis Update

This following advice is the most recently JRCALC-approved version for consent for thrombolysis (27/11/02):

The suggested information for a patient to receive pre-hospital thrombolysis is as follows:-

'It is likely that you have suffered a heart attack, and the best treatment is a clot dissolving drug called Reteplase/Tenecteplase. The quicker you receive this drug, the lower the risk from the heart attack - which is why doctors recommend the treatment is started as soon as possible. These drugs can cause serious side effects in a small minority of patients which I can explain to you in more detail if you so wish, but the risks attached to this treatment are very much less than the likely benefit. Would you like me to give you the injection or would you prefer to have more details?'

In the unlikely event that patients do want more information they should be given the following information:-

'Treatment at this stage saves the lives of about 4 patients for every 100 we treat. But it can sometimes cause serious bleeding. The biggest risk is stroke, which affects about 1 patient in every 200. Some patients also have allergic and other effects that do not usually cause any major problem.'

For more information email me; mark@bizuk.com

MENINGOCOCCAL SEPTICAEMIA
And the use of
BENZYL PENICILLIN

The Ambulance Service Association (ASA) and the national charity, Meningitis Research Foundation are pleased to be working together to distribute a new resource for ambulance personnel;

“Meningococcal Septicaemia Identification and Management for Ambulance Personnel.”

Meningitis Research Foundation has developed this resource in collaboration with the Joint Royal Colleges Ambulance Liaison Committee (JRCALC).

Evidence has shown that prompt, early treatment with benzylpenicillin can reduce mortality from meningococcal infection and in November 2000, paramedics in England, Scotland and Wales became the first paramedics in the world mandated to give benzylpenicillin to patients with suspected meningococcal septicaemia. Although the speed with which this disease is identified and treated mainly determines outcome, it can be very difficult to recognise, because in the early stages it may resemble less serious viral illnesses.

This resource has been developed to facilitate early recognition of meningococcal septicaemia and to help achieve effective implementation of the benzylpenicillin mandate. We hope that it will give ambulance personnel practical, accessible information to help them identify and manage this life threatening disease as early and effectively as possible. The objective is to achieve a better outcome for patients affected.

"Meningitis and Septicaemia Identification and Management for Ambulance Personnel" is available in two formats:

- A handy laminated card measuring just 5½ by 3¾ inches and designed to fit inside the uniform pocket and
- An A3 size poster for ambulance stations.

The ASA are distributing the cards and posters through individual ambulance services and training schools. Anyone requiring further copies can obtain them free of charge from Meningitis Research Foundation. The resource can be downloaded in PDF format

from the JRCALC website (www.jrcalc.org.uk), the ASA website (<http://www.asa.uk.net>) and Meningitis Research Foundation's website (www.meningitis.org). From this year, copies of the standard IHCD training manuals will also include the meningococcal septicaemia resource as an insert.

We are always pleased to receive feedback, which will be used to improve future updated versions of the resource.

Note that paramedics are NOT authorised to give penicillin solely for meningococcal meningitis.

The patient with septicaemia is likely to develop shock and the **characteristic purpuric rash** and this is how the diagnosis may be made clinically. If the patient does not have the rash it is impossible to make the diagnosis with any certainty.

Benzyl Penicillin should only be administered where there is a Non-Blanching Purpuric Rash

[CLICK HERE TO SEE THE NEW](#)
[GUIDELINES FOR AMBULANCE STAFF](#)
Produced by
[JRCALC and the Meningitis Research Foundation](#)

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## Department of Health Defibrillators in Public Places Programme Website Launch

In April 2000, the Government officially launched the Defibrillators in Public Places Programme to provide Automated External Defibrillators (AEDs) in busy public places such as airports, railway stations and shopping centres.

Phase two of the programme is now complete and 110 sites are now equipped with AEDs.

Over 4000 site personnel have received the initial training in Basic Life Support and the use of an AED and refresher training is at six monthly intervals.

Reports to date suggest that there have been 20 survivors as a result of this programme.

**The Defibrillator Programme now has a website so for more information please visit : <http://www.doh.gov.uk/heart/defibs/>**

## Focus on Prehospital Research

**The Pre-hospital Emergency Research Unit (PERU)** was established three years ago, based on the research activities of the Centre for Applied Public Health Medicine –itself part of the University of Wales College of Medicine (UWCM).

This group had specialised in investigating various aspects of training lay responders in cardio-pulmonary resuscitation. The formation of PERU broadened our areas of interest to encompass the wide range of specialities in emergency pre-hospital care and saw the beginning of a formal collaboration with the Welsh Ambulance Service.

PERU's activities include bidding for research grants, undertaking research projects, education, and encouraging the dissemination and implementation of research findings. In particular, PERU have used their research projects as an opportunity to develop the skills of ambulance staff in this important area of practice.

PERU also manages HeartStart Bro Taf, which offers CPR training to members of the lay public and health professionals from the South- and Mid-Glamorgan areas of Wales. This scheme aims to train 5,000 BLS providers each year, and to date has recruited over 50,000 volunteers. This service is provided under contract to Bro Taf Health Authority and has an annual income of £68 000.

For more information including all research already undertaken and work in progress please visit

[http://www.uwcm.ac.uk/study/medicine/epidemiology\\_statistics/Research/PERU/research.htm](http://www.uwcm.ac.uk/study/medicine/epidemiology_statistics/Research/PERU/research.htm)

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