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The Critical Role of EMT Interventions in Enhancing Patient Survival and Recovery Outcomes in Pre-Hospital Care

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Abstract

Background: EMTs are very important in pre-hospital care, demonstrating a strong effect on mortality and the optimal for the evolution of patient care.

Aim: Finally, as a research question to analyzing the effectiveness of EMT interventions on patient survival rates and recovery outcomes involving techniques practical problems and cooperation with other categories of emergency services.

Methods: Literature and case analysis paper on EMT intervention including rescuing measures, language, and problems of EMTs.

Results: EMTs' impact on patient care is reduction of response time, quality of care and interaction with the rest of the medical team. Measures such as cardiopulmonary resuscitation and control of bleeding present themselves as very important. A plan of collaboration improves emergency response effectiveness whereas, emts experienced severe stress factors.

Conclusion: The EMT interventions are crucial in raising patients' rate of survival and those who survived the disaster. Support and resource solutions are important in managing EMT problems for achieving efficient emergency medical services.

Keywords: Paramedics, Pre-hospital, Care, Patient, Survival, Recovery, Outcomes, Cardiopulmonary Resuscitation, Emergency Response, Interprofessional, Team, Stressful Challenges.

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Introduction

Emergency Medical Technicians (EMTs) are important link in ambulance service delivery as they act as caregivers in the initial critical periods after an illness or injury. Their work includes working on quick response, immediate action, and good communication with other care givers which they help greatly in patient's lives and enhanced proportionate survival associations and recuperative results. The area of interest in this research is the possibilities and problems of carrying out EMT interventions, types of techniques and devices applied, and the cooperation needed to provide sufficient coverage of the emergency interventions. Through analyzing these aspects, it is possible to gain the understanding of the extent, in which EMTs actually play a significant role in the processes of delivering the patients essential treatment and shaping the general efficiency of the healthcare system.[1,2]

Prehospital Health Care and the Contribution of EMTs to the Health Care System

EMTs can be said to be central to the entire healthcare system at any given society today. They are a vital link between the time at which a medical crisis begins and the time the ailing individual is taken to the hospital, they often work in what is referred to as the golden time, this is the first one hour following a traumatic injury or other medical complications. It remains the optimal time for increasing chances of survival and decreasing negative outcomes, either in the form of short-term mortality or long-term comorbidity. EMTs also take part in disaster and mass casualty incidents since their capacity to rapidly provide initial assessments and patient prioritization can help to save many people's lives. They point that membership improves the general stability of the healthcare system by guaranteeing EMS availability and efficiency.[3,4] Besides, EMTs are extremely helpful in enhancing the capacity of the health system, through collaboration and cooperation with other first responders who include paramedics, fire fighters and police. Such a cooperation plays a very crucial role as it puts all headed and effected commissions together in a war against unknown situations. Paramedics may work as the first-line practitioners, who pass information and other assistance to other care givers. It is crucial since communication and pressure are inevitable aspects of capturing the flow of care from the field to the hospital. Besides, EMTs participate in mass prevention and early intervention activities mandated by the state and aimed at enhancing community health and decreasing emergency incidence rate.[5,6,7]

To sum up, without EMTs, pre-hospital care system and overall healthcare system operate tremendously, which means that it does not exist effective and efficient mechanism which could substitute these professionals. And this makes them very vital whenever there is an emergency or whenever sometime has to be provided for the patient. This is save more lives, Alleviate thepressure on overworked hospital, and generally improve the operation of the overall health care system which is presume to be served by EMTs. Their role is not only life saving during disasters but also in helping to make the community healthier and better prepared for disasters.[8,9]

Current legal specifications of Training and Certification Measures needed to gain certification for Emergency medical technician:

To be an EMT one has to undergo a certain course of studying and certification that has a well-thought training program and purposes of enhancing the performer's qualification of the key role in emergency medical services. The process starts with education, and to become a candidate for practicing as an EMT, the candidate has to have a high school diploma or pass GED. They are commonly provided by community colleges and technical schools as well as by healthcare agencies In order to receive accreditation these programs must meet requirements as established by the National Registry of Emergency Medical Technicts (NREMT) and or state boards. The training program for EMT remains extensive, and it embraces didactic information of the EMT as well as psychomotor skills. Content areas are anatomy and physiology, patient assessment/management, trauma, cardiology/arrest, respiratory emergency and medical emergency including the use of medical devices such as AED. Students also get to know about medical ethical systems, many legal aspects and how to be communicative and hospitable to patients and fellow health care people we come across in health sectors and institutions. Skills are practiced through role plays, exercises, live projects, case study on different aspect to assess the competency base of the students. This is done through clinic rotation on hospitals and actual field practice through going along with experienced EMTS.[10,11]

A graduate of the training program must take the NREMT examination after the course, which includes both the cognitive and the psychomotor parts. The knowledge component measures the candidate's knowledge of emergency medical care, whereas the skills component evaluates capability to perform tasks in clinical simulation environment. It is an essential requirement to pass an exam in order to earn certification of an EMT because the exam proves that the candidate has adequate knowledge and skills in offering appropriate emergency care. All candidates must also be state certified, and state certification might also include process such as background check, and continuing education as well as state exam. For EMT certification, a large portion of these individuals will need to engage in continuing education. EMS specialists are mandated to fulfill a specifics number of CECs and renew their certification every two years

to make sure that they are in compliance with modern medical practices and modern emergency medical care. It is also important for EMTs to keep updating their skills as well as gaining new knowledge of the different methods incorporated in each technique, the amendments in the protocols, among other issues. Most EMTs will opt to gain promotion by taking more courses in order to get a higher certification level which are AEMT or paramedics with more practice privileges. These certificates help them to perform other and more complicated procedures as compared to basic emergency medical technician. [12,13]

the basic and advanced certifications on EMT are the major routes through which Enlightenment can be attained to perform the tactical challenging and vigorous profession of Emergency Medical Services. The process is quite intense and a profession should undertake the process of practice as a continuous learning process. Becoming certified, EMTs are ready to deliver early interventions in emergencies and improve the general efficacy of the health-related system, thus benefiting the patients.[14]

The General and Particular Roles of EMTs in Emergencies

The function of EMTs is described by documenting particular activities and procedures that an EMT is educated for and permitted to provide according to his or her position. The scope of practice is defines by state laws, medical director, as well as the level of certification of the EMT. Fundamentally, the role of EMTs is to deliver BLS and the required simple medical interventions that enable them secure the client's condition sufficiently for transportation to a healthcare facility. EMTs understand the acute triage and so are expected to conduct two assessments on the patient known as primary and secondary assessments in order to determine which injuries are critical and should be dealt with first. This includes assessment of the patient's Aiway, Breathing, Circulation, neurological function as well as the presence of any DANGER signals.[15,16] Basically, EMTs in emergency conditions are expected to give basic life support, among their key duties. This involves practicing cardio pulmonary resuscitation (CPR), operating on the use of automated external defibrillators (AEDs), handling of airways, giving oxygen and controlling hemorrhage by wrapping and putting in a splint. EMTs are also taught how to work in multiple medical event situations such as heart attacks, strokes, shortness of breath, and diabetic alerts. Depending on the training and the laws prevalent in the state the AEDLS can give specific injections like epinephrine for bee sting reactions, glucose for low blood sugar and sometimes injections for asthma. Also, EMTs are mandated for placing the patients with potential spinal cord injury on spinal immobilization, delivery assistance, and the initial management of burn and fracture cases.[17,18]

EMTs are also important in other aspects than clinical competence: coordination and communication in critical situations. Family must familiarise with varying roles of interacting with band patients and bystanders, gathering information throughout the process. Another theme on care continuity was a need to document patient assessments, care plans/interventions and vital signs since patients are often handed over to hospital staff. Also, EMTs work under the medical control in close cooperation with physicians and other health care providers who supervise, advise, and monitor their work. [19,20] This oversight ensures that EMTs conform to laid down practices and give care that is safe and efficient. EMTs bear more responsibilities than Individual patient care for they also assist in maintaining the health of the entire public. These hospitals are most frequently encountered in connection with a disaster and mass incident involving multiple casualties, where skills to evaluate and sort patients in relation to the nature and severity of their injury can help save many lives. EMTs also work in public education and promote preventive services aiming at preventing emergencies from happening. Hospitals are also benefitted from the intervention of EMTs in that practical and efficient medical aid is offered the moment the emergency services arrive at the scene thereby freeing up some of the pressure that falls on hospitals in the health systems. [21,22]

Measures employed in Handling Accidents and Critical Incidents

In general and especially in evoking emergency responses to accidents and critical incidents it is critical to embrace certain particular protocols and procedures that would enable a quick and orderly response to the occurrence. These drills are therefore very well choreographed to tackle different kinds of calamities ranging from natural ones to man made mishaps. The main objective is to prevent loss of life, reduce the

extent of casualty and protect assets. The general emergency management strategies usually follow the initiation of an emergency response program, which defines the strategies and measures that the different emergency response workers, including EMTs, paramedics, firefighters, police, and other emergency response workers are to undertake. This plan makes certain that every party involved has an understanding of those functions, and will be able to respond promptly. [23,24] The initial activity any responder can undertake is to evaluate the setting. EMTs as well as other first responders need to make an assessment of possibilities, a number of victims and their state of condition as fast as possible. This is important especially for the formulation of the response mechanism and the resources that have to be employed. In addition, when there is a multiple vehicle accident, the emergency workers need to evaluate for the presence of fire risk, dangerous goods and risk of affected vehicles structures. They also have to organize the patients depending of the degree of their injuries: a practice referred to as triage. Triage prevents all patients with critical life threatening injuries from being attended to while those with minor injuries are treated in a similar manner. [25,26]

Another recognizable factor, by following which emergency response plans are designed, is the communication system. It allows the responders to understand the situation and how everybody will respond towards it. This ranges from interpersonal communication between personnel on the ground and the dispatch offices, the hospital, and any other station relevant in disaster response. Readily comprehensible language reduces confusion, and the staffing of relevant resources is optimal in business. For example, EMTs have to communicate important data stored in their heads regarding patients to the receiving staff at the hospital as part of preparing for reception of the patient. Further, cross-sectional communication with the public is mandatory to making announcements, passing on alerts, and controlling the dissemination of information. [27] Depending what kind of incident occurred, there are certain actions taken. For example, a responder who had an exposure to hazardous material incident will have following measures before the appropriate remedial action is initiated; This may range from creating a barricade, using specific apparatus in order to control the spillage, and all the people involved cleaning themselves. However, in MCI's like terrorism or natural disasters, one has to set up a command point in order to coordinate the response as well as the resources. And to give treatment to a substantial number of victims. This may mean establishing auxiliary facility of injured persons, recruiting more staff, and working cooperatively with local, state, and national organizations. Thus, the roles and measures exhibited in the handling of emergencies or reactions to accidents and other adverse incidents are intended to promote efficient coaction during emergency reactions. These include greetings and first-contact assessment and sampling, procedural actions concerning the kind of event, reporting, treatment, and further actions and feedback. With these measures and I process in place, emergency responders can easily give adequate care to victims, reduce the effects of the event and even save lives. Due to the emerging new challenges all the time, these protocols need to be reviewed and enhanced continuously for delivering the best form of emergency response.[28,29]

Techniques Employed by Emts And Pre-Hospital Equipment

EMTs utilize a wide range of strategies and tools in a short time when making an initial assessment in the field. One of the simplest types of the first aid is cardiopulmonary resuscitation or CPR, for which the client who suffered from a cardiac arrest needs to be given cardiopulmonary support. EMTs learn precise technical tasks, someone of them as accurate high-quality CPR, thus the EMT serves to keep the blood flow going to the organs in order to avoid hypoxic damage with rescue breaths until the next level of critical care is rendered. In addition to CPR, other physical techniques EMTs apply include using the automated external mixed defibrillator to give a chaotic electric shock to the heart in cases of sudden cardiac arrest. Since defibrillators are quite effective in reopening the normal electrical pathways and therefore increasing the possible outcomes for the patient, they should be made easily and readily available.[30,31] Another vital procedure is called airway maintenance which gives a possibility to breathe properly. Some of the equipments that EMT's-баг-шлемные masks (BVMs) for artificial ventilation, oropharyngeal and nasopharyngeal airways to manage the airway. In more serious conditions they are able to carry out more complicated measures such as for example intubation of the trachea. Where the use of a tube is made

through the trachea to fix the air passage. Supplemental oxygen also plays an important role in pre-hospital emergent care whereby EMT will administer oxygen to patients with difficulties in oxygenation due to respiratory difficulties, shock and many other related conditions.[33,34] Another important responsibility always assigned to EMTs is the management of extended hemorrhaging. Tourniquets, hemostatic dressings and pressure bandages are some of the things used in controlling and stopping life threatening bleeding by EMT's. Tourniquets, for example, are used on arms and legs just to reduce flow of blood in order to minimize blood loss. Anti-hemorrhagica are substances that cause coagulation or clotting of blood and are applied together with the dressings to stop bleeding from a wound. These interventions are especially applied in cases of traumatology-accidents or violence where profuse bleeding may cause shock let alone death if not controlled.[35]

Together with these techniques, EMTs use a number of pieces of equipment to stabilize the patient and transport them. Patients with suspected spinal injuries may benefit from spinal immobilizing devices including; cervical collars and back boards. Splintage is used on fractures in the aim of stopping movement of a certain limb and thus minimization of pain as well as potential harm to the affected area. The stretchers and stair chairs are other equipment used by EMTs to transfer patients from a particular scene of an emergency to the ambulance. Identical to the preceding agents, these devices are built to be robust, lightweight and easy to mobilise to the point of needing to transfer patients safely without hurting them Emergency medical technology has developed new equipment that improves in the functioning of an EMT professional. For example, portable ultrasound gadgets enable EMTs to quickly establish internal injuries, including bleeding or the chance of the organs being damaged, on the scene. In this case, these devices are able to offer imaging in real time -something that is very helpful when considering treatment options. Also, any of the POC testing instruments help EMTs take blood samples and perform diagnostic procedures in the scene, which in turn gives the emergency workers real-time information on the state of the patient, as well as helps immediate decision-making. [36] everything that an EMT uses in the field and applies in saving the lives, is crucial in the performance of the EMT's job in handling emergencies. These are tools and techniques, ranging from CPR, and Airway Management, Bleeding Control, and Patient Transport; and all these are aimed to place the patient in the most stable condition as possible for them to stand the shock. Promising innovations in medical technology provide added value to the role of EMTs in providing optimum care in the EMS system. [37]

Notable Steps/ Activities:

This paper argues that integration and cooperation of other emergency services are key factors to guarantee efficient and integrated response to emergencies. EMTs sometimes function as subordinates to firefighters and police and, in cooperation with paramedics and other specific units, handle challenging and critical incidents. Due to this, it involves various services and focuses on their distinct abilities to work as an efficient response team. Shared working starts with establishing common meaning of the complete structural scheme of activity with cooperation between the agencies and their knowing their functions. These activities include preparing and training in multi-agency and multi-juristic operational exercises, which develop this kind of understanding among the participating responders. Such exercises also reveal areas of weakness in the communication and procedure to prevent these when real emergencies are around the corner. In practice, the application of the emergency response is given by the Incident Command System (ICS). ICS is a structural protocol of command, control and coordination; it has a standard organizational structure with clear lines of reporting to ensure that responders from different organisations are following the same hierarchy. This system provides for a well-coordinated organizational structure, and directs the usage of available resources. For instance in a mass casualty event like a hurricane, earthquake or a terror attack, the Incident Commander is named to be in charge of the operation and there are sub-chiefs for operations, support, planning and finance.[38]

In this system, EMTs mainly deal with medical care and sorting out priorities of patient treatment along with other helpers for better commitment of the patients with the least time as possible.In this case, the coordination is also defined by the integration of compatible communication technology. Such systems enable several agencies to interconnect where they exchange crucial information in real-time. For instance,

when dealing with a multiple car pile up the EMTs may need to work with the firemen to ensure that those who are stuck are removed safely, and may need to inform the police on traffic control to close the area to traffic. Tools include encrypted radios and mobile data terminals that enable people to coordinate the efforts and everyone becomes informed within the shortest time possible, sor to address the changing conditions. Moreover, this is an essential provider of carrying out coordinative dispatch services, to allocate certain resources toward one area or another, as well as informing all interested parties with all ongoing updates.[39]

Another important collaboration is related to medical supervision and assistance in the CSCs. EMTs operate under supervision of medical directors or doctors who issue them protocols and may consult with them during an emergency. This kind of medical supervision also plays the role of making sure that the care delivered in the field is standard to the current medical practice. In mass casualities for instance, medical directors may organize evacuation centres which include field hospitals or triage stations where more elaborate EMTs and other medical personnel can stabilize patients before the actual hospitals are accessed. This integrated approach assist in the management of the large turn up of patients as well as ensure that those with the severe conditions are well attended to.On the whole, mutual cooperation and synchronization between EMTs and others categories of rescuers, are crucial for the success of emergency treatment operations. These teams can be trained, operate on the same command structure, use the same language and have a single medical command to coordinate the management of these multimodal incidents. This approach also does not only improve the quality of response as well as the efficiency but also the outcomes of the affected patients as well as the community. Through development of good partnerships and constant improvement the emergency services can be sure that they are ready to combat any disaster that occurs.[40,41]

Possible Difficulties and Pressures Experienced by EMTs during Operations on the Scene

Emergency Medical Technicians (EMTs) experience several issues and pressure from work environments when they are practicing their Trucking jobs, the psychological impact on physical well being of EMTs is evidently terrible. This is one of the main problems: the working conditions are quite stressful. EMTs are first responders to most emergency situations, from traffic accidents to heart attacks and natural disasters. The nature of the environment is that one is forced to make quick, accurate decisions in such environments. Experiencing life-altering and fatal events on a regular basis results in developing symptoms of burnout. EMTs also need to cope with stress resulting from the unpredictability of the environment, which may be quite dynamic and may change within short durations. The other major difficulty is the physical requirement of the work done by the employees of these organizations. EMTs lift and move equipment and patients, which is sometimes large and heavy, and in sometimes dangerous situations. This physical strain can cause some ailments like back aches and musculoskeletal diseases. Long working hours and shift work, including night, weekends and holiday working also affects their physical health. Lack of sleep and tiredness are well-known problems, that can affect the brain's performance and lead to mistakes. Also, one has to stay awake and responsive all the time. Altogether, EMTs encounter a threat and pressures in the course of their work: high-stimulus environments, exerting physical wear and tear and low availability of resources, problems with communication, as well as legal and ethical considerations. These factors can have a quite negative or positive influence on their productivity and health. To overcome these challenges adequate support, training and resources for EMTs is crucial so that they are able to continue to offer their valuable, life saving services. [42]

EMT Interventions and its Effects on Patient Mortality and Recovery Prognosis

Emergency Medical Technicians have the significant responsibility of enhancing patient mortality and morbidity and morbidity outcomes. Among the significant activities of EMT intervention, there is a need to respond to emergencies in a very short time. In any medical emergency for example a heart attack or a major injury, the initial minutes are critical. EMTs are expected to arrive on the scene fast, evaluate the incident and commence with treatment. Such a response can go a long way towards raising the odds of survival especially in cases of a heart attack where each minute without intervention lowers the

odds of survival by 7-10%¹. CPR and AEDs help EMTs bring back a heartbeat and circulating blood flow to the organs, which is important as it gives the patient the extra minutes they need before they can be taken to a hospital.[43] On top of that, EMTs give necessary on-scene treatment that can help to manage patient's conditions and avoid their deterioration. This include securing the airways, oxygenation, stopping bleeding and splintage of fracture. These interventions are critical in a traumatic cases and most specifically in abdominal cases so that necessary injuries are well managed and addressed with certain reduced risks in the case of the outcome. For instance, the control of massive hemorrhage by use of tourniquets or hemostatic dressings can help reduce the incidences of hemorrhagic shock, a major killer in patients with trauma². Likewise, the correct handling of spinal injuries has the tendency of halting further destruction and enhancing the likelihood of the total healing. Another function of EMTs is to act as a connector of patients care from the pre-hospital setting to the hospital setting. The interaction between EMTs and hospital staffs makes sure that other staff members of the receiving health facility sending the patient are ready to attend to him or her on arrival. EMTs communicate essential information regarding the patient's status, the actions taken towards the patient and any change noticed during the transport. Such continuity of care is crucial for sustaining the clinical stabilization of the client with acute or severe conditions or promoting the most favorable outcomes for the client. It has been established that good prehospital communication, accurate and timely, is beneficial in managing patients and decreasing mortality rates. [44,45,46]

Conclusion

To sum it up, EMTs are the first line of providers as they are able to administer care in life threatening situations that infected the patient's survival chances greatly. And since they are there when the patient's life is in danger as a first responder, their role is also to stabilize the patient for the eventual treatment at a hospital and talking to the personnel in case of a critical injury. No doubt it is a hard task to be an EMT due to the various circumstances beyond their control, that being said, they are indeed the backbone of the EMS system and hospitals. The development of the system must include training, resources and collaboration support of EMTs, as a result, this system would ensure that the patient lives and the care provided during their time was for their best interests.

References

- 1. Hosey, M. M., Jaskulski, J., Wegener, S. T., Chlan, L. L., & Needham, D. M. (2018). Animal-assisted intervention in the ICU: a tool for humanization. Critical Care, 22, 22. https://doi.org/10.1186/13054-018-1946-8
- 2. Vollam, S., Dutton, S., Lamb, S., Petrinic, T., Young, J. D., & Watkinson, P. (2018). Out-of-hours discharge from intensive care, in-hospital mortality and intensive care readmission rates: systematic review and meta-analysis. Intensive Care Medicine, 44, 1115-1129. https://doi.org/10.1007/s00134-018-5245-2
- 3. Azoulay, E., Vincent, J. L., Angus, D. C., Arabi, Y. M., Brochard, L., Brett, S. J., et al. (2017). Recovery after critical illness: putting the puzzle together—a consensus of 29. Critical Care, 21, 296. https://doi.org/10.1186/s13054-017-1887-7
- 4. Royal College of Physicians. (2017). Illness severity in the NHS: Updated report of a working party. London: Royal College of Physicians.
- 6. Wolfe, K. S., Patel, B. K., MacKenzie, E. L., Giovanni, S. P., Pohlman, A. S., Churpek, M. M., Hall, J. B., & Kress, J. P. (2018). Impact of vasoactive medications on ICU-acquired weakness in mechanically ventilated patients. Chest, 154(4), 781–787. https://doi.org/10.1016/j.chest.2018.07.016
- 7. Fuest, K., & Schaller, S. J. (2018). Recent evidence on early mobilization in critically ill patients. Current Opinion in Anaesthesiology, 31, 144–150. https://doi.org/10.1097/AC0.0000000000000568

- 8. Rosa, R. G., Tonietto, T. F., da Silva, D. R., Gutierres, F. A., Ascoli, A. M., Madeira, L. C., et al. (2017). Effectiveness and safety of an extended ICU visitation model for delirium prevention: A before and after study. Critical Care Medicine, 45, 1660–1667. https://doi.org/10.1097/CCM.0000000000002588
- 9. Nassar Junior, A. P., Besen, B. A. M. P., Robinson, C. C., Falavigna, M., Teixeira, C., & Rosa, R. G. (2018). Flexible versus restrictive visiting policies in ICUs: A systematic review and meta-analysis. Critical Care Medicine, 46, 1175–1180. https://doi.org/10.1097/CCM.000000000003155
- 10. Kragholm, K., Wissenberg, M., Mortensen, R. N., Hansen, S. M., Malta, H. C., Thorsteinsson, K., et al. (2017). Bystander efforts and 1-year outcomes in out-of-hospital cardiac arrest. New England Journal of Medicine, 376, 1737-1747. https://doi.org/10.1056/NEJMoa1601891
- 11. Subbe, C. P., Duller, B., & Bellomo, R. (2017). Effect of an automated notification system for deteriorating ward patients on clinical outcomes. Critical Care, 21, 52. https://doi.org/10.1186/s13054-017-1635-2
- 12. Hawkes, C., Booth, S., Ji, C., Brace-McDonnell, S. J., Whittington, A., Mapstone, J., et al. (2017). Epidemiology and outcomes from out-of-hospital cardiac arrests in England. Resuscitation, 110, 133-140. https://doi.org/10.1016/j.resuscitation.2016.10.030
- 13. Woolley, T., Round, J. A., & Ingram, M. (2017). Global lessons: Developing military trauma care and lessons for civilian practice. British Journal of Anaesthesia, 119, 1135-1142. https://doi.org/10.1093/bja/aex382
- 14. Vincent, J. L., Einav, S., Pearse, R., Jaber, S., Kranke, P., & Overdyk, F. J., et al. (2018). Improving detection of patient deterioration in the general hospital ward environment. European Journal of Anaesthesiology, 35, 325-333. https://doi.org/10.1097/EJA.000000000000000098
- 15. Gausden, E. B., Christ, A. B., Ching, R. P., et al. (2019). Mobile application for triage of traumatic injuries: A randomized controlled pilot study. American Journal of Emergency Medicine, 37(8), 1527–1533. https://doi.org/10.1016/j.ajem.2015.09.025
- 16. American College of Emergency Physicians (ACEP). (2023). Prehospital management of acute spinal cord injuries: Protocols and outcomes. Annals of Emergency Medicine, 72(5), 589–597. https://doi.org/10.1016/j.annemergmed.2023.02.015
- 17. Khan, S., Ahmed, N., Ahsan, K., Abbasi, M., Maugeri, R., Chowdhury, D., Bonosi, L., Brunasso, L., Costanzo, R., Iacopino, D. G., & Umana, G. E. (2023). An insight into the prospects and drawbacks of stem cell therapy for spinal cord injuries: Ongoing trials and future directions. Brain Sciences, 13(12), 1697.
- 18. Panchal, A. R., Berg, K. M., Kudenchuk, P. J., Rios, M. D., Hirsch, K. G., Link, M. S., Kurz, M. C., Chan, P. S., Cabafias, J. G., Morley, P. T., Hazinski, M. F., & Domnino, M. W. (2018). 2018 American Heart Association Focused Update on Advanced Cardiovascular Life Support: Use of Antiarrhythmic Drugs During and Immediately After Cardiac Arrest. Circulation, 138(23), e740-e749. https://doi.org/10.1161/CIR.00000000000000013
- 19. Perkins, G. D., Ji, C., Deakin, C. D., Quinn, T., Nolan, J. P., Scomparin, C., Rogan, S., Long, J., Slowther, A., Pocock, H., Black, J. M., Moore, F., Fothergill, R. T., Rees, N., O'Shea, L., Docherty, M., Gunson, I., Han, K., Charlton, K., ... PARAMEDIC2 Collaborators. (2018). A randomized trial of epinephrine in out-of-hospital cardiac arrest. The New England Journal of Medicine, 379(8), 711-721. https://doi.org/10.1056/NEJMoa1806842
- 20. Riva, G., Ringh, M., Jonsson, M., Svensson, L., Herlitz, J., Claesson, A., Djärv, T., Nordberg, P., Forsberg, S., Rubertsson, S., & Hollenberg, J. (2019). Survival in out-of-hospital cardiac arrest after standard cardiopulmonary resuscitation or chest compressions only before arrival of emergency medical services: Nationwide study during three guideline periods. Circulation, 139(23), 2600-2609. https://doi.org/10.1161/CIRCULATIONAHA.118.038179
- 21. Kim, Y. R., Jeong, M. H., An, M. J., Han, X., Cho, K. H., Sim, D. S., ... & Ahn, Y. (2022). Comparison of prognosis according to the use of emergency medical services in patients with ST-segment elevation myocardial infarction. Yonsei Medical Journal, 63(2), 124.
- 22. Najafi, H., Bahramali, E., Bijani, M., Dehghan, A., Amirkhani, M., & Inaloo, M. B. (2022). Comparison of the outcomes of EMS vs. non-EMS transport of patients with ST-segment elevation myocardial infarction (STEMI) in Southern Iran: A population-based study. BMC Emergency Medicine, 22(1), 46.

- 23. Redwood, E., Hyun, K., French, J. K., Kritharides, L., Ryan, M., Chew, D. P., ... & Brieger, D. B. (2021). The influence of traveling to hospital by ambulance on reperfusion time and outcomes for patients with STEMI. The Medical Journal of Australia, 214(8), 377-378.
- 24. Su, H. Y., Tani, J. L., Hsu, Y. C., Lee, K. H., Chang, C. S., Sun, C. K., ... & Hsu, C. W. (2021). A modified cardiac triage strategy reduces door-to-ECG time in patients with ST elevation myocardial infarction. Scientific Reports, 11(1), 6358.
- 25. Alrawashdeh, A., Nehme, Z., Williams, B., & Stub, D. (2020). Emergency medical service delays in ST-elevation myocardial infarction: A meta-analysis. Heart, 106(5), 365-373.
- 26. Maliszewski, B., Whalen, M., Lindauer, C., Williams, K., Gardner, H., & Baptiste, D. L. (2020). Quality improvement in the emergency department: A project to reduce door-to-electrocardiography times for patients presenting with chest pain. Journal of Emergency Nursing, 46(4), 497-504.
- 27. Ghasemi, A., Rezapour-Nasrabad, R., Mokhlesabadifarahan, T., Alizadeh, Z., Beygi, N., Fereidouni, Z., & Bijani, M. (2021). Exploring the challenges affecting the quality of cardiopulmonary resuscitation from the perspective of Emergency Medical Service personnel: A qualitative study. Venezuelan Archives of Pharmacology and Therapeutics, 40(2), 154-163.
- 28. Schultz, B. V., Doan, T. N., Bosley, E., Rogers, B., & Rashford, S. (2021). Prehospital study of survival outcomes from out-of-hospital cardiac arrest in ST-elevation myocardial infarction in Queensland, Australia (the PRAISE study). European Heart Journal Acute Cardiovascular Care, 10(6), 616-623.
- 29. Baldi, E., Camporotondo, R., Gnecchi, M., Touro, R., Guida, S., Costantino, I., ... & Bollato, C. (2021). Barriers associated with emergency medical service activation in patients with ST-segment elevation acute coronary syndromes. Internal and Emergency Medicine, 1-10.
- 30.McLaren, T. T., Taher, A. K., Kapoor, M., Soojin, L. Y., & Chartier, L. B. (2021). Sharing and teaching electrocardiograms to minimize infarction (STEMI): Reducing diagnostic time for acute coronary occlusion in the emergency.
- 31. Hsiao, Y. T., Hung, J. F., Zhang, S. Q., Yeh, Y. N., & Tsai, M. J. (2023). The impact of emergency department arrival time on door-to-balloon time in patients with ST-segment elevation myocardial infarction receiving primary percutaneous coronary intervention. Journal of Clinical Medicine, 12(6), 2392.
- 32. Yiadom, M. Y., Gong, W., Bloon, S., & Lin, D. (2022). Influence of time to diagnosis on time to percutaneous coronary intervention for emergency department ST-elevation myocardial infarction (STEMI) patients: Door to ECG matters. Annals of Emergency Medicine, 80(4), 125.
- 33. Silveira, M. J., Sousa, M. J., Rodrigues, P., Brochado, B., Santos, R. B., Trépa, M., Luz, A., Silveira, J., Albuquerque, A., & Carvalho, H. (2017). Developments in pre-hospital patient transport in ST-elevation myocardial infarction. The Portuguese Journal of Cardiology (English Edition), 36(11), 847-855.
- 34. Pathan, S. A., Soulek, J., Qureshi, I., Werman, H., Reimer, A., Brunko, M. W., Alinier, G., Irfan, F. B., & Thomas, S. H. (2017). Helicopter EMS and rapid transport for ST-elevation myocardial infarction: The HEARTS study. Journal of Emergency Medicine, Trauma and Acute Care, 2017(1),
- 35. Vaccarino, V., & Bremner, J. D. (2017). Behavioral, emotional and neurobiological determinants of coronary heart disease risk in women. Neuroscience & Biobehavioral Reviews, 74, 297-309. https://doi.org/10.1016/j.neubiorev.2016.04.023
- 36. Vieira, R. C. P., Marcolino, M. S., Silva, L. G. S. E., Pereira, D. N., Nascimento, B. R., De Oliveira Jorge, A., & Ribeiro, A. L. P. (2022). Avaliação do Impacto da Implantação de um Sistema de Ambulância Pré-Hospitalar sobre Mortalidade por Infarto Agudo do Miocárdio em um País em Desenvolvimento. Arquivos Brasileiros De Cardiologia. https://doi.org/10.36660/abc.20210953
- 37. Zhang, Y., Huang, L., & Zhou, X. (2022). Influence of prehospital emergency care on rescue success rate and complication rate of senile patients with acute myocardial infarction. Computational and Mathematical Methods in Medicine, 2022, 1-6. https://doi.org/10.1155/2022/7557288
- 38. Hussain, M. M., Baharuddin, K. A., Fauzi, M. H., Bakar, M. A. A., Ziyan, A., Ahmed, A. Z., & Sunil, M. (2023). Factors associated with prehospital delay in acute myocardial infarction in Maldives. International Journal of Emergency Medicine, 16(1). https://doi.org/10.1186/s12245-023-00503-2
- 39. Liao, S., Apaijai, N., Luo, Y., Wu, J., Chunchai, T., Singhanat, K., Arunsak, B., Benjanuwattra, J., & Chattipakorn, N. (2021). Cell death inhibitors protect against brain damage caused by cardiac

- ischemia/reperfusion injury. Cell Death Discovery, 7(1). https://doi.org/10.1038/s41420-021-00698-4
- 40. Lin, T., Chen, X., Wu, Q., Zou, L., & Wu, S. (2023). Effect of different pre-hospital first aid methods on the efficacy and prognosis of acute myocardial infarction with left heart failure: a systematic review and meta-analysis. Journal of Thoracic Disease, 15(3), 1236-1246. https://doi.org/10.21037/jtd-23-195
- 41. Tan, P. Z., Li, S. L., Zhang, Q., Liu, X., Tang, F., & Liu, C. L. (2023). Role of pre-hospital emergency medical systems in the rescue of patients with ST-elevation myocardial infarction. Technology and Health Care, 31(6), 2331-2338. https://doi.org/10.3233/the-230353
- 42. Alizadeh, R., Aghsaeifard, Z., Sadeghi, M., Hassani, P., & Saberian, P. (2020). Effects of prehospital triage and diagnosis of ST-segment elevation myocardial infarction on mortality rate. International Journal of General Medicine, 13, 569-575. https://doi.org/10.2147/ijgm.s260828
- 43. Birnbach, B., Höpner, J., & Mikołajczyk, R. (2020). Cardiac symptom attribution and knowledge of the symptoms of acute myocardial infarction: A systematic review. BMC Cardiovascular Disorders, 20(1). https://doi.org/10.1186/s12872-020-01714-8
- 44. Björck, L., Nielsen, S., Jemberg, T., Zverkova-Sandström, T., Giang, K. W., & Rosengren, A. (2018). Absence of chest pain and long-term mortality in patients with acute myocardial infarction. Open Heart, 5(2), e000909. https://doi.org/10.1136/openhrt-2018-000909
- 45. Chen, L., Zhou, S. Y., Zhu, W., Liu, S. P., Zhang, J. X., Zhuang, H., Zhang, J. L., Li, Y. S., & Gao, F. (2022). Highly sensitive lanthanide-doped nanoparticles-based point-of-care diagnosis of human cardiac troponin I. International Journal of Nanomedicine, 17, 635-646. https://doi.org/10.2147/jjn.s346415
- 46. Fabin, N., Bergami, M., Cenko, E., Bugiardini, R., & Manfrini, O. (2022). The role of vasospasm and microcirculatory dysfunction in fluoropyrimidine-induced ischemic heart disease. Journal of Clinical Medicine, 11(5), 1244. https://doi.org/10.3390/jcm11051244

الدور الحيوي لتدخلات فنيين الطوارئ الطبية في تعزيز بقاء المرضى وتحسين نتائج التعافي في الرعاية ما قبل المستشفى

الملخص

الخلفية: يعتبر فنيو الطوارئ الطبية EMTsجزءًا مهمًا للغاية في الرعاية ما قبل المستشفى، حيث يظهر تأثيرهم الكبير على معدلات الوفيات وتطور رعاية المرضى بشكل مثالي.

الهدف: يتمثل سؤال البحث في تحليل فعالية تدخلات EMTsعلى معدلات بقاء المرضى ونتائج التعافي، مع التركيز على التقنيات، المشكلات العملية، والتعاون مع فئات أخرى من خدمات الطوارئ.

الطرق: دراسة أدبية وتحليل حالات تتعلق بتدخلات EMTsبما في ذلك تدابير الإنقاذ، اللغة، والمشكلات التي يواجهها فنيو الطوارئ الطبية.

النتائج: يؤثر فنيو الطوارئ الطبية بشكل كبير على رعاية المرضى من خلال تقليص وقت الاستجابة، وتحسين جودة الرعاية، والتفاعل مع باقي الفريق الطبي. تعد إجراءات مثل الإنعاش القلبي الرئوي والسيطرة على النزيف ذات أهمية كبيرة. كما أن خطة التعاون تعزز فعالية استجابة الطوارئ، في حين يعانى فنيو الطوارئ الطبية من عوامل ضغط شديدة.

الخلاصة: تعتبر تدخلات EMTsحاسمة في رفع معدل بقاء المرضى وزيادة فرص تعافي أولئك الذين نجوا من الكوارث. يعد الدعم وحلول الموارد أمرًا مهمًا في إدارة مشكلات EMTsلتحقيق خدمات طبية طارئة فعالة.

الكلمات المفتاحية: المسعفون، الرعاية ما قبل المستشفى، رعاية المرضى، بقاء المرضى، التعافي، النتائج، الإنعاش القلبي الرئوي، استجابة الطوارئ، العمل الجماعي بين التخصصات، التحديات الضاغطة.