

INTRODUCTION

-While the significance of prehospital trauma care is increasingly recognised for older patients, limited research has been conducted to gain in-depth understanding of current paramedic practice.

-Aim: to explore Saudi paramedics and emergency medical technicians' understanding of impacts of ageing changes, how they acquire and apply relevant knowledge as well as the barriers and facilitators to providing improved care for older trauma patients.

METHODS

-Undertaking semi-structured qualitative interviews with 20 paramedics and ambulance technicians from the Saudi Red Crescent Authority's ambulance stations.

-The interviews were undertaken, coded and analysed in Arabic and data managed by MAXQDA software.

-Framework analysis approach was used through stages:

1st stage: Familiarisation phase

2nd stage: Identifying a thematic framework

3rd stage: Coding phase

4th stage: Charting data

5th stage: Data mapping and interpretation

RESULTS

-The participants had variable amount of knowledge about care differences between older and younger trauma patients.

Categories of ageing-related challenges:

-Physiological changes, communication difficulties and polypharmacy

Organisational barriers:

-Insufficient equipment and manpower
-Restricted on-scene time to caring for older patients
-Lack of care guidelines
-No data of older patients' history shared to paramedics

Individual barriers:

-Older patients and relatives' refusals of ambulance care
-Non-cooperative older patients or relatives
-Older patients and relatives' lack of confidence in paramedic care
-Relatives neglect older patients' needs
-Language barriers

Cultural barriers:

-Difficulties treating female patients

Participants' understanding

How their knowledge acquired

Current issues:

-Acquiring insufficient knowledge
-No related courses available and organisations provide such courses
-Lack of prehospital geriatric research in Saudi Arabia

How their knowledge applied

Current issues:

-Inapplicable knowledge when caring for female patients
-Difficult skills: IV cannulations, communication skills and fears of providing medications
-No clear care guidelines led to use acquired knowledge:
Transporting major cases to nearest hospitals (regardless of trauma care level)

Needs to improve care

Future suggestions to improve care and practice:

-Developing a unified trauma registry and trauma system
-Improving paramedics' knowledge and skills through training courses
-Improving patient safety culture
-Conducting more research after developing a nationwide trauma registry

Prehospital trauma care for older patients

Barriers to provide improved care

Facilitators to provide improved care

Organisational facilitators:

-Developing geriatric-specific care protocols
-Availability of adequate equipment and manpower

Individual facilitators:

-Improved communication skills
-Cooperative and educated older patients and relatives
-Relatives' awareness of patients' conditions,
-Sufficient training and knowledge

CONCLUSION

-Prehospital trauma care could be improved through the development of clear guidelines, trauma care pathways, training for paramedics and EMTs, and increased awareness of cultural barriers.

-A unified trauma registry and trauma system could support future research into geriatric trauma care.

REFERENCES

To see this please scan the QR

