



Emergency Medicine Research Group
Edinburgh

EMeRGE News

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*EMeRGE aims to coordinate, facilitate and promote quality research
in Emergency Medicine*

Prestigious SNAP Publication



You will all remember this delightful trial in paracetamol overdose patients!

The trial closed to recruitment in December 2012 and the results were very recently published in the Lancet. Those of you who are reading a digital version of the newsletter can follow the link [HERE](#).

We are hugely proud to have our article in this prestigious journal and would like to extend our warmest thanks to you all. We are completely aware that without all your help and support we would never have completed this trial.

On behalf of the entire SNAP team, thank you.



Sepsis Research



**Lactate: Arterial And Venous
agreement in Sepsis.**

LAVAS has been recruiting successfully since 22nd October. We have recruited 127 patients so far so we are over 1/3 of the way through! Please remember to consider all patients who present with signs of sepsis for inclusion in this study. **Congratulations to Dr Jonathan Carter who has so far recruited the most patients as well as the coveted 100th patient!** But the race is still on with several contenders swiftly closing the distance. So keep up the great support everyone.

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EXPRES-SEPSIS

Just to whet your research appetites we have a new study starting in the New Year – ExPRES-SEPSIS. This is a collaborative study with ICU which is also looking at patients with sepsis to help risk stratify those at risk of developing complications such as severe sepsis, established septic shock or death.

The EMeRGE Research Nurses will recruit to this study Monday to Friday 0900-1700 so there will be no additional burden on the clinical staff but we will of course keep you updated with our progress.

MSc Clinical Research Practice Attachment - Polly Black on her experience with EMeRGE

I am a student in the first cohort of a new Masters for Nurses in Clinical Research run by Edinburgh University. The aim of the masters is to provide a career path for nurses who want to work as part of research teams and be the principal investigator of their own research. The masters is two part theory and one part practical with two 10 week practice attachments, or 'placements'. My first placement was with EMeRGE who instantly made me feel welcome and part of the team. From working with the team I learnt the role of the nursing staff in recruiting, gaining consent, performing intervention and collecting and recording the data. There are also all the tasks that go on behind the scenes that are required to design and manage a study to ensure its success and to limit the impact it will have on clinical practice. The way the research nurses deal with patients and relatives is what left the greatest impact on me; they are respectful, informative and supportive. Their skills in communication are at a standard which I will strive to achieve in my career.

For the academic assessment of this placement I looked at **two ethical issues** that related to the Lactate, Arterial and Venous Agreement in Sepsis (LAVAS) study.

The first issue was looking into the legislation regarding the inclusion of patients with incapacity into research. For the results of a study to be relevant and reliable, the sample must reflect the population. Considering the condition of some patients who present with sepsis, it is essential that those with incapacity are included. In clinical trials, legislation allows for doctors to give consent on behalf of a patient when there is no legal guardian or

relative. This is not the case for studies like LAVAS and it prevents many eligible patients from the study. As aforementioned, when the sample is not reflective of the population, the reliability of the results is questionable. This issue highlights the argument that legislation can be prohibitive to good research practice.



The second issue I looked into was 'gatekeeping', a term that describes when a clinician prevents an eligible patient from entering a study. The most common reason for this is because the clinician does not want to burden their patient. Gatekeeping presents an ethical dilemma. On one hand the clinician is violating the ethical principles of autonomy, distributive justice and arguable, beneficence. Additionally, gatekeeping is paternalistic and threatens the reliability of the results. On the other hand, as clinicians we are our patient's advocates and want to do only what is in their best interests. In this sense gatekeeping is an act that respects the core principle in research, as outlined by the Declaration of Helsinki;

'The health of my patient will be my first concern'

There is a great sense of integration between the clinical staff and the EMeRGE team in department and I got the sense that for many, research was regarded as part of their everyday clinical practice. As someone who is passionate about research it was great to be a part of that. It is one of the goals of EMeRGE to have nurse-led research in the future and I really hope that aim is achieved (and that I am a part of it!).

Thank you to everyone who supported me through this placement, I loved it!



Resuscitation Research Group Update

The Group continues to collect all information on out of hospital cardiac arrest (OHCA) patients.

We are pleased to share with you that **25% of patients who presented to the Emergency Department following an OHCA in November 2013 have now been discharged from hospital.** This is an incredible figure so **well done to you all.** Thank you also for your help with collecting all the information necessary to ensure that we can keep this number improving.



Acute Pancreatitis Study— IMOFAP

The recruitment stage of the IMOFAP study in acute pancreatitis has now been completed. The study recruited 79 patients in 3 months, which is **outstanding.** 71/79 (89.9%) of the study participants came directly through the A&E department of the Royal Infirmary so **well done everyone!**

Moyra Masson's Retiral



On behalf of Moyra, the EMeRGE team would like to thank everyone for their generous contributions to her leaving gift and most of all for attending her leaving do. She was truly delighted to see you all there!

The EMeRGE Team

Consultants:

Dr Alasdair Gray
Dr Gareth Clegg
Dr Matt Reed
Dr Tom Beattie
Dr Stephen Lynch

Trainees:

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FOR MORE INFORMATION

Pop in to our office, visit our intranet page: [INTRANET > Healthcare > A-Z > EMeRGE](#) or find us on www.nhslothian.scot.nhs.uk/EMeRGE