

Background

Opioids are routinely used to manage pain pre-hospitally for hip fracture. It is an extremely painful injury and patients report that pain management is inadequate. Opioids, particularly morphine, have side effects which can affect recovery especially for elderly patients, and also raise risk of potentially fatal complications. Fascia Iliaca Compartment Block (FICB) is used in Emergency Department and orthopaedic wards to manage pain. The RAPID trial tested feasibility of paramedics administering FICB to patients with suspected hip fracture at the scene of injury.

Aim of the research

We explored paramedics' experience of delivering FICB pre-hospitally.



Methods

We held three focus groups with 11 paramedics serving one district hospital, audio-recorded with participants' consent. We conducted thematic analysis of interview transcripts. Two researchers, one paramedic and one lay member were in the analysis team.

Results

Respondents believed FICB was a suitable intervention for paramedics to deliver. It aligned with their routine practice and was within people's capabilities to administer.

'The RAPID trial has just fitted naturally into our everyday patter. It hasn't taken us away from any other avenue. It's just given us another route of pain relief for patient that definitely need it.'

They said it took up to 10 minutes longer than usual care to prepare and deliver, in part due to nervousness and unfamiliarity with a new procedure.

They praised the training provided but said they were anxious about causing harm by injecting into the wrong location.

'And then you've got this needle and you're hovering over the point and thinking to yourself 'what if this goes wrong?' because you're quite literally on your own.'

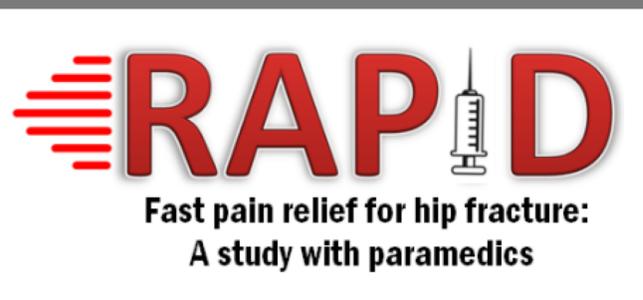
Confidence increased after one paramedic team successfully treated a patient for toxic reaction. They identified additional training needs, suggesting use of scenarios to address issues arising from the prehospital context. They also requested refresher sessions to maintain skills during periods between delivering the block to eligible patients.

Reported challenges related to the emergency context: patients often waited many hours for ambulance arrival; they sometimes needed to be moved from awkward locations which exacerbated pain; family and neighbours were present as paramedics administered treatment which respondents perceived as increased pressure to minimise patients' pain and speed the care process. Most respondents treated few or just one patient with FICB. Although uncertain whether FICB reduced patients' pain more effectively than other pain relief options, respondents believed it was safer for elderly people at risk of pneumonia.

'It's something that we can do pre-hospitally, to relieve their pain, but also for them to have a more successful outcome.'

They said they felt proud to be extending their skills in order to improve the care for vulnerable patients.

'This is quite specialised, like, hang on, I'm doing a really top job here, dealing with anaesthetics...blunt needles...this is a specialised area. It's like 'up there'. It's not our everyday thing.'



Paramedics' experiences of administering Fascia Iliaca Compartment Block to patients with suspected hip fracture

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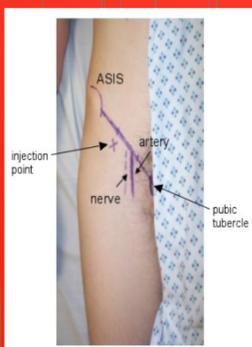
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Discussion

Paramedics are willing and able to administer FICB to patients with suspected hip fracture before ambulance transport to hospital. Feasibility study findings will inform a research proposal for a definitive multi-centre trial of paramedic administered prehospital FICB.