



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



Research Director
Alasdair Gray

It is widely acknowledged that conducting research in such a busy, unpredictable often stressful environment as the Emergency Department is hugely challenging. Edinburgh is gaining an **international research reputation** and this success is

largely down to the support and active participation we receive from the many clinical doctors, nurses and clerical staff.

Our success is not just measured in the numbers of participants we recruit but also in the quality of the information collected. We would like to give another well-deserved thank you for excellent dictation and data collection rates.

We are working hard to find ways of reducing the added burden on clinical staff. Since January Jan Gilchrist and Rachel O'Brien have been seconded part-time from their clinical role to work as research nurses, principally on the AHEAD study but they will also provide advice and practical help when possible with other projects e.g. SNAP.

changes aimed at improving cardiac arrest care in all patients. The organ donation protocol will likely involve activating the specialist nurse in organ donation (SN-OD) when a cardiac arrest 'crash box' call is received. If and when the treating ED consultant decides that further treatment is futile and the resuscitation efforts should stop, if the patient is 60 or less, is on the organ donation register and if the relatives are present, the SN-OD will approach the family with the ED consultant to ask whether the family would wish to consider the possibility of organ donation. If the family agrees, once resuscitation efforts on the patient are stopped, the patient will be observed for 5 minutes in order to ensure that they have no cardiac function (on echo and arterial line tracing) and no respiratory function in order to pronounce death.

At this point the transplant team will start organ preservation procedures involving the insertion of arterial and venous lines to perfuse the abdomen alone. The patient will then be transported to theatre and if the family then gives consent for donation, organ retrieval will commence.

Matt Reed who is leading this programme on behalf of the ED, and Gareth Clegg both spoke at the meeting and are involved in developing this project which it is hoped will be launched later this year. Claire Banks, Julia Grahamslaw and Rachel O'Brien are the nursing leads for the programme.

Matt and Gareth would particularly welcome feedback and would be happy to discuss the proposed programme as well as answer any questions and concerns.

Organ Donation from the ED

By Matt Reed

Over the last few years, thanks to the work of the nursing staff and especially Claire Banks, the RIE ED's organ and tissue donation programmes have developed so that they are now a routine part of our bereavement care. Over the last couple of years the possibility of category II donation following circulatory death (in effect donation in the ED following unsuccessful attempts at resuscitation) has been raised locally. A recent recommendation from the Cabinet Secretary for Health & Wellbeing agreed that steps could be taken to explore the creation of such a programme in Scotland which will be piloted in the RIE ED.

Following advice that donation in the ED following unsuccessful resuscitation is consistent with the relevant provisions of the Human Tissue

(Scotland) Act 2006, interested clinicians at the RIE have been developing a detailed protocol. On 24th May 2012 at Surgeons' Hall in the Royal College of Surgeons of Edinburgh, a consensus meeting



was held to reach agreement on a protocol which takes into account the legal, ethical and societal issues involved in this type of donation.

Whilst the protocol targets unsuccessful resuscitation, it will be integral to our programme of

**CONGRATULATIONS
TO MATT REED**

for obtaining NHS Research Scotland
Fellowship. Well done!

Magnesium Sulphate for acute severe asthma?

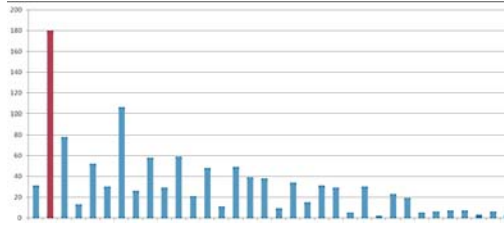


**Congratulations
to the ED staff !**

**Edinburgh by far the biggest
contributor to largest ever
asthma trial**

This multicentre trial co-ordinated from University of Sheffield, aims to establish if magnesium sulphate (IV or nebulised) should be part of standard first line treatment for patients presenting with acute severe asthma. **UK recruitment completed June 2012 with over 1100 patients in total. Edinburgh has recruited 180 (16%).** Results expected early 2013.

Dr Alasdair Gray, Lead Investigator RIE, Moyra Masson, Research Co-ordinator & Prof. Steve Goodacre, Chief Investigator, Sheffield **would like to thank all the clinical doctors and nurses whose hard work has made this success possible! Well done everyone.**



The red bar shows total recruitment at the RIE. More information available on our EMERGE intranet page.

CONGRATULATIONS

to Deepankar Datta, Alistair Dewar, Stephen Lynch, Jayne McKinlay, Doug Murray, Randal McRoberts and Lindsay Reid for having their posters accepted for presentation at the ICEM conference.

In the next issue:

**TRIGGER Trial
(Transfusion in Gastro-
intestinal Bleeding)
and SNAP**

New Perspective — The move from clinical to research

Jan Gilchrist and Rachel O'Brien who joined our expanding research team in January share their views on their move from clinical to research. They have been asked three questions.

What has surprised you?



not aware of before joining.

JG: The amount of legislation involved in research! It surprised me how long it takes to get a trial off the ground. Lots of legal hoops to jump through.

What has been your biggest challenge with this new role?

JG: Stepping into the unknown! I've never worked in research before so the prospect of audits and databases was daunting at first.

ROB: Adapting from a fast paced job in the ED where you chop and change continually to one that requires precision and constant assurance that all data collected is correct whilst getting to grips with lots of new terminology.

What have you learnt?

ROB: Lots and lots – it was quite frightening at first when I realised what a steep learning curve I had ahead of me but I think I am getting there slowly!

JG: Lots! And continue to learn. One thing in particular is the importance of Good Clinical Practice and why there is a need for guidelines within research.

The EMERGE Team



Consultants:

Dr Alasdair Gray
Dr Gareth Clegg
Dr Matt Reed
Dr Tom Beattie (RHSC)

Trainees:

Dr Richard Lyon
Dr Shirin Brady

Research Nurses:

Moyra Masson (Research Co-ordinator)
Judy Coyle (SNAP Trial Manager)
Jan Gilchrist (AHEAD)
Rachel O'Brien (AHEAD)

Research Administrator:

Ola Gruszczynska (newsletter, websites)

AHEAD Study

Monitoring anticoagulated patients (on warfarin) who suffer head injury.



Current practice is variable, and based on anecdotal evidence not standardised across health communities. This study aims to provide evidence to allow inclusion of recommendations relating to anticoagulated patients in NICE guidelines. Co-ordinated from University of Sheffield with upwards of 30 sites in England and Scotland, the first site started November 2011. Aiming to recruit 3,000 patients. Edinburgh began & recruited

1st patient 6th February. Research nurses collect data and post out questionnaires.

**NO EXTRA WORK FOR YOU
BUT CLINICAL STAFF CAN HELP
TO IDENTIFY ELIGIBLE PATIENTS
(PATIENT STICKIES TO AHEAD BOOKS)**

Clearly documenting warfarin usage in notes greatly assists with patient identification. 84 patients recruited to date at RIE, plus 4 recruited at SJH (started June).

**Dr M. Reed, Lead Investigator RIE
Dr S. Lynch, Lead Investigator SJH
Jan Gilchrist & Rachel O'Brien, Research nurses (RIE and SJH)**

FOR MORE INFORMATION

Visit our intranet page: [INTRANET > Healthcare > A-Z > EMERGE](#) or find us on www.nhsllothian.scot.nhs.uk/EMERGE (under construction) Pop in to our office (we are based next to the ED Teaching Room). Let us know what you would like to hear about us in the next newsletter (get in touch with Ola on 0131 242 3867 or ola.gruszczynska@luht.scot.nhs.uk)