



**ANNUAL REPORT 2024**

**COCHRANE EMERGENCY AND CRITICAL CARE**

**COCHRANE ANAESTHESIA**

**COCHRANE INJURIES**



## **INTRODUCTION: ANNUAL REPORT 2024 – INJURIES, ANESTHESIA, AND EMERGENCY CARE REVIEW GROUPS**

The 2024 Annual Report of the Cochrane Review Groups for Injuries, Anesthesia, and Emergency Care highlights a year of significant growth and strategic advancements. This includes an expanded focus on injury-related reviews and the establishment of the Cochrane Thematic Group for Emergency Care.

This initiative unites the expertise of our three Cochrane Review Groups with the valuable contributions of the Cochrane Fields for Pre-hospital and Emergency Care and the First Aid Fields, allowing us to broaden our scope and enhance our global impact.

2024 was a busy, challenging, and ultimately rewarding year. We actively participated in the Cochrane Colloquium in Prague, convened an Editorial Board meeting in Salzburg, and hosted 18 online meetings to discuss proposed new titles and ongoing editorial matters. We also provided support to dozens of authoring groups, guiding them through various stages of conducting Cochrane reviews. On top of that, two members of our Editorial Group received the prestigious Cochrane Award for Lifetime Contribution and were entered into the Cochrane 'Hall of Fame'.

These accomplishments were made possible thanks to the unwavering support and dedication of our team. I would like to extend my sincere thanks to our Coordinating Editors, Harald Herkner and Andrew Smith, whose leadership has been instrumental in steering our work with clarity and purpose. My gratitude also goes to our Financial Director, Ann Merete Møller, whose efforts have ensured the sustainability and efficiency of our operations, and to the Cochrane Central Editorial Service, whose guidance and support have been invaluable in maintaining the rigor and quality of our reviews.

A heartfelt thank you to our Editorial Board for their dedication, hard work, and unwavering volunteer support. Your expertise and commitment are the foundation of our success, and we deeply appreciate it.

Naomi Dayan  
Managing Editor

## COORDINATING EDITORS' FOREWORD

We look back on the year 2024 with great joy and gratitude.

In a time of great change and global upheaval, we have deepened a trusting and successful collaboration with colleagues from different locations, different organisations, and different focal points.

What we started as an informal joint project was not only a broadening of our horizons, a successful scientific collaboration, but also a friendly connection between excellent, committed and at the same time amiable colleagues.

This has not only been reflected in the many successful working meetings, but was also recognised last year by the Cochrane Collaboration, who have now officially recognised us as the Acute and Emergency Thematic Group.

Our heartfelt thanks go to all our colleagues with whom we have been able to walk this path together.

We would particularly like to emphasise Naomi Dayan, who manages our group with great care.

Our thanks also go Ann Merete Møller, who takes the responsibility for our finances, and to Patricia Jabre, Jorien Laermans and Emmy De Buck who steer the two participating Cochrane Fields. None of this would be possible without the fantastic work of our volunteer Editorial Board members, to whom we would also like to express our sincere thanks and appreciation for their great expertise and dedication.

We are aware of the important support of many individuals both inside and outside the Cochrane Collaboration, and we greatly appreciate it.

We look forward to the coming year full of confidence and enthusiasm.

### *Andrew Smith*

Coordinating Editor for Cochrane for Anaesthesia

Honorary Professor of Anaesthesia and Perioperative Medicine, Lancaster University, United Kingdom.

### *Harald Herkner*

Coordinating Editor for Cochrane Emergency and Critical Care and Cochrane Injuries

Chair of the Cochrane Thematic Group

Professor, Department of Emergency Medicine, Medical University of Vienna, Austria

## REVIEWS PUBLISHED IN 2024

The Cochrane Injuries, Emergency and Critical Care, and Anaesthesia Review Groups continue to advance evidence-based practice through high-quality systematic reviews. In 2024, our published reviews focused on key areas of injury management, emergency interventions, and anaesthesia-related procedures to improve patient outcomes.

With 46 reviews in progress across all three groups, these efforts reflect our commitment to providing the best available evidence to support clinical decision-making in critical and emergency care settings.

### INJURIES REVIEWS PUBLISHED IN 2024

- Transfusion thresholds and other strategies for guiding red blood cell transfusion
- Sedation for moderate-to-severe traumatic brain injury in adults
- Sedation for moderate-to-severe traumatic brain injury in adults
- Sedation for moderate-to-severe traumatic brain injury in adults
- The diagnostic test accuracy of bone sound conduction testing for the diagnosis of fractures
- The diagnostic test accuracy of bone sound conduction testing for the diagnosis of fractures
- Physical exercise training to increase cardiorespiratory fitness in people with spinal cord injury

Intervention reviews which are in progress: 8

### EMERGENCY AND CRITICAL CARE REVIEWS PUBLISHED IN 2024

- Anticoagulation during extracorporeal membrane oxygenation
- Parenteral medication for the management of acute severe behavioural disturbance (ASBD) in the emergency department

Intervention reviews which are in progress: 25

### ANAESTHESIA REVIEWS PUBLISHED IN 2024

- Transtracheal ultrasound for identifying endotracheal intubation in adults
- Erector spinae plane block for postoperative pain

Intervention reviews which are in progress: 13

### **GUIDELINE AND CITATION IMPACT (2023-2024)**

- **EC reviews** featured in **24** clinical guidelines.
- **CARG reviews** cited in **69** guidelines.
- **Injuries reviews** referenced in **49** guidelines.

As healthcare challenges evolve—from climate-related disasters to global health emergencies and advancements in critical care—our review groups remain at the forefront, providing essential evidence to guide policy and practice.

### **IMPACT ASSESSMENT FOR COCHRANE**

The Cochrane Database of Systematic Reviews (CDSR) is the leading resource for systematic reviews in health care. The CDSR includes all Cochrane Reviews (and protocols) prepared by Cochrane Review Groups in The Cochrane Collaboration. Each Cochrane Review is a peer-reviewed systematic review that has been prepared and supervised by a Cochrane Review Group (editorial team) in The Cochrane Collaboration according to the Cochrane Handbook for Systematic Reviews of Interventions or Cochrane Handbook for Diagnostic Test Accuracy Reviews.

The impact factor for the Cochrane Database of Systematic Reviews (CDSR) updated on 2024 for two years is 8.8.



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## IMPACT ASSESSMENT FOR EMERGENCY AND CRITICAL CARE (EC)

As in previous years, EC reviews continue to demonstrate significant academic, clinical, and public health value. These reviews address critical topics in emergency care, emphasizing evidence-based medicine and reinforcing our commitment to improving health outcomes in urgent and intensive care settings.

### Top Altmetric Scores<sup>2</sup>

- *Hypothermia for neuroprotection in adults after cardiac arrest* – Highest Altmetric Attention Score (23), reflecting broad engagement.

### Other highly impactful reviews:

- *Extracorporeal membrane oxygenation (ECMO) for critically ill adults* (Score: 19)
- *Interleukin-6 blocking agents for treating COVID-19* (Score: 15)

<sup>1</sup> About Cochrane Database of Systematic Reviews impact metrics, <https://www.cochranelibrary.com/cdsr/about-cdsr/impact>

<sup>2</sup> The Altmetric score: The number of citations a paper has can be a useful metric of the impact of the work within the scientific community. Altmetric scores capture the number of online mentions a specific research output has received. To gather data, Altmetric servers scan specific sources and platforms for mentions of academic articles, primarily by looking for DOIs and other identifiers.

## Key Review Topics

- Trauma care: *Cell salvage for minimizing perioperative allogeneic blood transfusion*
- Emergency interventions: *Family presence during resuscitation*
- COVID-19 treatment: *Interleukin-6 blocking agents*
- Pain management: *Erector spinae plane block for postoperative pain*
- Neonatal & pediatric care: *Ultrasound-guided arterial cannulation*

## Publications and Updates

Several reviews were updated to reflect new evidence, including:

- *Extracorporeal membrane oxygenation for critically ill adults*
- *Automated mandatory bolus vs. basal infusion for epidural analgesia maintenance*

## Social Media & Mentions

- Hypothermia for neuroprotection – 33 Facebook mentions, featured on 6 Wikipedia pages
- Family presence during resuscitation – 14 Facebook mentions, highlighting its social relevance

## Academic Impact

Mendeley readership<sup>3</sup>:

- ECMO for critically ill adults – 160 readers
- Hypothermia for neuroprotection – 76 readers

### Citations:

- Interleukin-6 blocking agents – 15 citations
- Higher vs. lower inspired oxygen fractions – 15 citations

## Most Frequent EC Topics

- Buffered solutions vs. 0.9% saline for resuscitation in critically ill patients
- Interventions for COVID-19: A living research mapping and network meta-analysis

**Other common topics:** Respiratory support, delirium treatment, anticoagulation for COVID-19

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<sup>3</sup> Mendeley Readers is a count of the number of users that have added a particular document to their private Mendeley libraries. The Mendeley API provides associated information including metadata, counts by academic status, discipline, and country.

## IMPACT ASSESSMENT FOR ANAESTHESIA

Key reviews have significantly shaped international clinical guidelines, influencing patient care in anaesthesia through adoption in national and international policies.

### Guideline-Cited Reviews

- *Vasopressors for Hypotensive Shock*

### Referenced in guidelines by:

- National Institute for Health and Care Excellence (NICE)
- State Expert Center of the Ministry of Health of Ukraine
- Russian Ministry of Health
- ECMO and Anticoagulation

### Impacting survival and recovery through safe practices:

- *Sedation and anaesthesia for emergency and critical care procedures*
- *Sedation for traumatic brain injury*
- *Anaesthetic and sedative agents for electrical cardioversion (cited by American Heart Association)*
- *Videolaryngoscopy vs. direct laryngoscopy for tracheal intubation*
- *Propofol for sleep promotion in ICU*
- *Transfusion Strategies and Blood Management*

### Cited by:

- National Blood Authority Australia
- European guidelines on trauma and bleeding management

### *High-Flow Nasal Cannula and Noninvasive Ventilation*

#### Referenced in:

- COPD-X Plan (Australia & New Zealand)
- European Society of Pulmonology
- Dutch Society for Intensive Care

### *Thromboelastography (TEG) and ROTEM for Bleeding Management*

#### Guideline citations include:

- European Trauma and Coagulation Guidelines
- National Blood Authority Australia

## Review Impact in Guidelines

- Total Guidelines Cited: 69
- Unique Topics Covered: 45
- Unique DOIs Referenced: 46

## IMPACT ASSESSMENT FOR INJURIES

Cochrane reviews from the Injuries Group play a crucial role in shaping global health policies, clinical guidelines, and emergency and trauma care practices. Their widespread inclusion in international guidelines highlights their impact on improving patient outcomes worldwide.

### Key Reviews and Their Impact

- *Colloids vs. Crystalloids for Fluid Resuscitation in Critically Ill Patients*  
Guidelines: COVID-19 Treatment Guidelines, National Blood Authority Australia, State Expert Center of the Ministry of Health of Ukraine  
Impact: Guides trauma and critical care fluid resuscitation protocols to improve survival.
- *Antifibrinolytic Drugs for Acute Traumatic Injury*  
Guidelines: National Blood Authority Australia, European Trauma Management Guidelines  
Impact: Supports the use of tranexamic acid (TXA) in reducing bleeding and improving survival in trauma patients.
- *Haemostatic Drugs for Traumatic Brain Injury*  
Guidelines: NICE Head Injury Guidelines, European Trauma Management Guidelines  
Impact: Provides critical evidence for managing intracranial hemorrhage and improving patient outcomes.
- *Point-of-Care Ultrasonography for Diagnosing Thoracoabdominal Injuries in Blunt Trauma*  
Guidelines: European Trauma and Resuscitation Guidelines  
Impact: Supports the use of ultrasound for rapid diagnosis of life-threatening internal injuries in emergency settings.
- *Advanced Trauma Life Support Training for Ambulance Crews*  
Guidelines: National and European Emergency Medical Services Guidelines  
Impact: Enhances pre-hospital trauma care and timely interventions.
- *Helmets for Preventing Head and Facial Injuries in Bicyclists*  
Guidelines: Canadian Pediatric Society Injury Prevention Guidelines  
Impact: Influences helmet legislation and injury prevention programs.
- *Caffeine for the Prevention of Injuries and Errors in Shift Workers*  
Guidelines: NICE Clinical Knowledge Summaries on Sleep Disorders

Impact: Addresses fatigue management in high-risk professions, including healthcare and emergency services.

- *Pharmacological Management for Agitation and Aggression in People with Acquired Brain Injury*

Guidelines: Finnish Brain Injury Guidelines

Impact: Provides evidence-based approaches for managing post-injury agitation and improving rehabilitation outcomes.

### Diversity in Injury-Related Guidelines

- **Preoperative anemia and autologous blood donation** (*Iron therapy for preoperative anemia, Preoperative autologous donation*)
- **Helmet use for injury prevention** (*Bicycle helmet legislation for preventing head injuries*)
- **Fluid resuscitation protocols** (*Colloids vs. crystalloids for trauma patients*)
- **Antifibrinolytic drug use in trauma care**

### Highly Cited Reviews

Cochrane Emergency and Critical Care reviews have made significant contributions to injury and emergency medicine. Notable highly cited reviews include:

- **Multidisciplinary Rehabilitation for Fibromyalgia and Musculoskeletal Pain**  
*Impact:* Evaluates the effectiveness of multidisciplinary rehabilitation programs, providing valuable insights into pain management.
- **Bicycle Helmet Legislation for Injury Prevention**  
*Impact:* Assesses the effect of helmet laws on usage rates and head injury reduction, influencing cycling safety policies.
- **Interleukin-6 Blocking Agents for Treating COVID-19**  
*Impact:* Provides critical insights into the efficacy of interleukin-6 blocking agents during the COVID-19 pandemic.

### THE EDITORIAL BOARD

Our Review Groups (CRGs) are driven by the collective strength of our Editorial Board (EB), which includes clinicians, statisticians, and experts from a diverse array of healthcare disciplines and regions. This diversity ensures that the evidence we produce is both rigorous and widely applicable across various healthcare settings. In 2024, our EB enhanced its capacity through new partnerships, such as those with Cochrane Fields, and by welcoming new members who bring fresh expertise in areas like injury care, pre-hospital, and first aid.

## Editorial Board Members

The EB consists of a diverse group of clinicians, researchers, and methodologists from various disciplines within emergency medicine, critical care, anaesthesia, and perioperative medicine. Their combined expertise ensures that the Cochrane reviews in these dedicated areas meet the highest standards of scientific rigor and clinical relevance.

<b>Co-ordinating Editor</b>	Professor Harald Herkner	Austria
<b>Co-ordinating Editor</b>	Professor Andrew Smith	UK
<b>Financial Director</b>	Professor Ann Merete Møller	Denmark
<b>Managing Editor</b>	Naomi Dayan	Denmark
<b>Information Specialist</b>	Anne-Marie Klint Jørgensen	Denmark
<b>Administrative Co-ordinator</b>	Karin F. Jespersen	Denmark
<b>Content Editors</b>	Arash Afshari	Denmark
	Jasmin Arrich	Austria
	Bronagh Blackwood	UK
	Michael Heesen	Switzerland
	Anna Lee	Hong Kong SAR
	Ann Møller	Denmark
	Nicola Petrucci	Italy
	Vassilis Athanassoglou	UK
	Sharon Einav	Israel
	Juan Sahuquillo	Spain
	Michael Mccaul	South Africa

	Shailaja Tetali	India
	Alex Novak	UK
	Alessandro Putzu	Switzerland
<b>Statistical Editors</b>	Philippe Tadger	Belgium
	Susanne Schmitz	Luxembourg
	Stephanie Weibel	Germany
	Mariarena Trivella	UK
	Cathal D Walsh	Ireland
	Jing (Sophia) Xie	Australia
	Nathan Pace	USA
<b>Consumer Editor</b>	Janet Wale	Australia
<b>Feedback Editor</b>	Jasmin Arrich	Austria

### The Essence of the Editorial Board

The Editorial Board is central to the mission of the review groups. The board ensures that systematic reviews remain relevant, reliable, and responsive to the rapidly evolving landscape of emergency medicine and critical care.

The essence of the EB lies in its dedication to:

- **Promoting evidence-based practice** by ensuring reviews are methodologically sound and clinically useful.
- **Identifying priority topics** to address knowledge gaps in critical care, emergency medicine, and anaesthesia.
- **Ensuring diversity of perspectives** to reflect the global nature of healthcare challenges.

- **Engaging with stakeholders**—including frontline clinicians, researchers, and patients to ensure that reviews meet real-world needs.

## Editorial Meetings

### Online and Face-to-Face (F-t-F) Meetings

Given the global nature of the EB, members collaborate through a combination of online and face-to-face meetings. This hybrid approach allows for continuous communication while fostering deeper collaboration during in-person events.

In addition, the EB holds regular monthly online meetings which are essential to our work. These meetings focus on larger projects and on discussing strategic matters.

In 2024 the EB held a meeting in Salzburg Austria on May 7-9.

This meeting focused on:

- Adding Injuries to the group's portfolio.
- finalizing a priority exercise for Emergency and Critical Care.
- Discussing the Thematic Group application with partners.

The meeting also gave us the opportunity to invite guests to address pressing matters. Our guests in this meeting were:

- **Barbara Nussbaumer-Streit**, University for Continuing Education Krems, Department for Evidence-based Medicine and Evaluation. Talk title: Navigating the Need for Speed: Cochrane Rapid Reviews
- **Colleen Ovelman**, head of Cochrane Central Editorial Service. Talk title: Moving forward together.
- **Ursula Gunthier**, Cochrane Publishing Operations Manager. Talk title: Initiating new Cochrane Reviews and Updates

## NEW EDITORS

In 2024 we welcomed five distinguished experts to our Cochrane Editorial Board. Their diverse backgrounds, extensive expertise, and commitment to evidence-based healthcare strengthened our mission and enhance the quality of our Board.

**Juan Sahuquillo** (Spain) – A leading figure in neurosurgery and critical care, Juan brings a wealth of experience in traumatic brain injury research and neurocritical care.

**Michael McCaul** (South Africa) – A respected researcher specializing in emergency medicine and health systems in resource-limited settings.

**Shailaja Tetali** (India) – A public health expert with a strong focus on injury prevention, environmental health, and epidemiology.

**Alex Novak** (UK) – An accomplished emergency physician and researcher.

**Alessandro Putzu** (Switzerland) – A critical care specialist with extensive experience in perioperative medicine and systematic review methodologies.

### **LIFETIME AND EMERITUS COCHRANE AWARDS TO ANN MERETE MØLLER AND NATHAN PACE**

Two of our Editorial Board members, Ann Møller and Nathan Pace were selected as recipients of the Lifetime and Emeritus Cochrane Awards—a recognition of their remarkable contributions to Cochrane and the field of evidence-based healthcare.

Ann Møller, a distinguished anesthesiologist and methodologist, has been a pillar of Cochrane Anaesthesia, tirelessly advancing the quality and rigor of systematic reviews in anesthesia, perioperative medicine, and critical care. Her dedication to mentoring researchers and refining review methodologies has left an indelible mark on Cochrane's mission.

Nathan Pace, a pioneer in systematic reviews and a global leader in anesthesiology research, has played a transformative role in shaping evidence-based anesthesia practices. His methodological expertise and commitment to Cochrane's principles have significantly strengthened the impact of systematic reviews, ensuring that clinicians worldwide have access to high-quality, trusted evidence.

Their solid dedication, leadership, and invaluable contributions have enriched Cochrane and improved healthcare decision-making globally. This award not only honors their past achievements but also acknowledges their lasting legacy in evidence-based medicine.

### **EMERGENCY AND CRITICAL CARE - PRIORITIZATION EXERCISE**

In 2024, Cochrane Emergency and Critical Care (EC) made significant improvements in enhancing the relevance and impact through a comprehensive prioritization exercise, ensuring that future reviews address relevant critical areas.

### **The Prioritization Exercise main steps:**

- **Identifying Key Topics:** A broad range of potential topics was identified through a survey distributed to clinicians, researchers, and stakeholders, covering areas related to disease burden, knowledge gaps, and emerging trends in emergency and critical care.
- **Stakeholder Engagement:** Input was gathered from patients, healthcare providers, policy-makers, and other relevant parties to understand diverse perspectives and priorities.
- **Assessment of Impact:** Topics with the potential to significantly improve patient care and health system efficiency were prioritized.
- **Evidence Gap Analysis:** A thorough analysis of existing evidence was conducted to identify areas where high-quality systematic reviews are most needed.
- **Expert Review and Consensus:** A consensus process finalized the list of priority topics to guide systematic review efforts.

### **Highlighted topics of the prioritization exercise**

#### **Organizational Interventions**

Work Safety, Burnout Prevention, Preparedness, Overcrowding, Inter-Facility Treatment

#### **Behavioural and Mental Health**

Acute Behavioral Disturbances, Suicide (Attempted), Anxiety, Delirium

#### **Critical Care and Resuscitation**

Optimizing ICU Interventions & Efficiency, ECMO & Respiratory Support, Vasopressors & Fluids, Acute Respiratory Failure

Cardiac Arrest, Shock (Septic, Hemorrhagic, Cardiogenic), Trauma, & Injury Prevention

#### **Clinical Conditions**

Rehabilitation & Recovery

Poisoning

Diagnostic Uncertainties

Crisis in Pregnancy & Prehospital Birth

Multiple Chronic Conditions, Chronic Illness, Polymedicine, & Heart Failure

#### **Education and Training**

Staff and Patient Education

First Aid Training, Teaching Emergency Medicine, Shared Decision Making, Handover, End-of-Life Care in the ED

## BECOMING A COCHRANE THEMATIC GROUP

Cochrane Thematic Groups are topic-based collectives with specialist knowledge and expertise. They help identify priority areas, engage with key stakeholders, harness Cochrane's global volunteer network and support the production and dissemination of high-quality Cochrane evidence syntheses. Cochrane has twelve Thematic Groups, led by experts in the relative field.



*The TG group at the Cochrane Colloquium, Prague 2024*

In 2023 the Cochrane Review Groups on Emergency and Critical Care, Anaesthesia, and Injuries, along with the Cochrane Fields of Pre-hospital and Emergency Care, and First Aid, have joined forces to create and apply for a new Thematic Group (TG) to focus on advancing collaboration and research in Acute and Emergency Care. This initiative aimed to foster cooperation across a wide range of specialised topics, enhance the quality and accessibility of evidence for healthcare providers in time-sensitive settings, and ultimately improve patient outcomes. By bringing together expertise from multiple disciplines, the new TG is well-positioned to address global health challenges related to acute and emergency care.

In 2024 the application was successful, and the TG started functioning as one unit

The mission of the new Thematic Group is to support evidence-based guidelines and strategies that enhance patient outcomes in critical scenarios worldwide. Drawing on the successful collaboration of three Cochrane Review Groups and two Cochrane Fields, this Thematic Group builds on a solid foundation of teamwork and shared goals, where together, we aim to function as a knowledge hub and

become an umbrella for groups dealing with the broad scope of first aid, pre-hospital and in-hospital emergency care, critical care, and anaesthesia.

Acute and emergency care spans a broad range of specialised areas, each requiring focused attention and collaboration. Hence the new Thematic Group is well-equipped to stay at the forefront of research, ensuring that evidence-based practices are effectively integrated into clinical care. The group is committed to supporting the development of more complex reviews, exploring new methods for evidence synthesis, and improving dissemination, knowledge translation and priority setting.

By facilitating coordination among researchers, clinicians, and stakeholders, the Thematic Group aims to break down knowledge silos, reduce duplication of efforts, and promote efficient use of resources. This joint venture will expand beyond the traditional scope of Cochrane Groups to address critical topics not limited to specific populations, patient groups, or settings. The impact of this initiative will be most strongly felt in areas where timely interventions can significantly improve patient outcomes.

The Thematic Group will prioritize key topics, identify knowledge gaps, and foster global awareness of diverse health challenges.

This new Thematic Group will be chaired by Professor Harald Herkner from the Medical University of Vienna, Austria, and Professor Ann Merete Møller from Herlev Hospital's Anaesthesia Research Unit in Denmark, serving as its managing and financial director.

## **FOREWORD OF OUR THEMATIC GROUP PARTNERS**

### **Jorien Laermans, TG leadership representative for Cochrane First Aid:**

Cochrane First Aid specializes in disseminating Cochrane evidence to a broad audience using a variety of formats and channels and has experience in performing prioritization exercises and knowledge translation activities. We also have the necessary methodological expertise to perform evidence synthesis, and have an extensive global network of stakeholders, voluntary contributors and partners. The establishment of our TG makes perfect sense, as it ties together the different stages of acute and emergency care: first aid, pre-hospital care, and in-hospital care. By combining the expertise and networks of the 5 entities, we hope to advance research, improve practices, and ultimately enhance patient outcomes, while also ensuring a more seamless interaction between the levels of care.

### **Patricia Jabre, Cochrane Pre-hospital, and Emergency Care Director:**

Cochrane Pre-hospital and Emergency Care (PEC) provides a strong engagement with stakeholders by developing tailored summary formats in different languages of Cochrane evidence syntheses linked to the TG. Cochrane PEC has also extensive experience of disseminating Cochrane evidence using other products/formats and channels such as editorials in medical journals, podcasts, news-letters,

social media posts and website. We host regularly presentations at international scientific conferences. We successfully collaborate with the other entities of the TG to identify priority areas of pre-hospital and emergency health care for the preparation and maintenance of systematic re-views. All our activities allow for a better visibility of Cochrane work and that of our TG in particular.

### Thematic Group Partners

Harald Herkner	Medical University of Vienna
Andy Smith	Lancaster University
Ann Møller	Herlev University Hospital
Anne-Marie Klint Jørgensen	Herlev University Hospital
Karin Frydenlund Jespersen	Herlev University Hospital
Naomi Dayan	Herlev University Hospital
<b>Cochrane Pre-hospital and Emergency Care</b>	
Patricia Jabre	Université Paris Cité
Daniel Meyran	
Mathieu Oberlin	Centre Hospitalier de Selestat
<b>Cochrane First Aid</b>	
Emmy De Buck	Centre for Evidence-Based Practice, Belgian Red Cross-Flanders, Mechelen, Belgium; Department of Public Health and Primary Care, Leuven Institute for Healthcare Policy, KU Leuven, Leuven, Belgium
Jorien Laermans	
Tine D'aes	



## LINKS

Cochrane Thematic Group official website: <https://www.cochrane.org/about-us/our-global-community/thematic-groups/acute-and-emergency-care>

Cochrane Emergency and Critical Care: <https://ec.cochrane.org/>

Cochrane Anaesthesia: <https://carg.cochrane.org/>

LinkedIn: <https://www.linkedin.com/company/cochrane-anaesthesia-critical-and-emergency-care-group/?viewAsMember=true>

X (Twitter): @Cochrane\_ACE

Cochrane Library: <https://www.cochranelibrary.com/>