



COCHRANE ACUTE AND EMERGENCY CARE THEMATIC GROUP
ANNUAL REPORT 2025

ANNUAL REPORT 2025: INTRODUCTION

This is the first annual report of the Cochrane Acute and Emergency Care Thematic Group. The report highlights the activities and achievements of the five separate entities that formed this TG - three Cochrane Review Groups: Emergency and Critical Care, Anaesthesia, and Injuries, and two Cochrane Fields: Pre-Hospital and Emergency Care, and First Aid -while demonstrating the substantial added value of this collaborative effort.

The Thematic Group is now fully operational and firmly positioned as a central hub for collaboration, coordination, and shared priority setting, strengthening coherence in the field of acute and emergency care.

During 2025, we optimised the way we work and established working procedures and an efficient structure. We convened our annual face-to-face meeting in Paris (France) and held monthly online meetings to review new proposals and address ongoing editorial matters, but also to discuss other ongoing Thematic Group projects. In addition, we held Thematic Group management meetings to discuss steering and leadership. These regular interactions fostered cross-group dialogue, accelerated decision-making, and enabled a more strategic and consistent editorial approach.

I extend my sincere thanks to our Coordinating Editors and partners, Harald Herkner, Andrew Smith, Patricia Jabre, and Jorien Laermans, whose leadership continues to provide clarity, stability, and strategic direction, ensuring effective collaboration across diverse contributors.

I am grateful to our Financial Director, Ann Merete Møller, whose financial oversight and management have been essential to sustaining efficient operations and supporting the long-term viability of the thematic group.

I would also like to acknowledge the invaluable guidance and support provided by Cochrane Management, the Cochrane Support team and the Central Editorial Service team in upholding the rigour, consistency, and quality of our work.

Finally, I wish to thank the members of our Editorial Board for their ongoing commitment, expertise, and volunteer contributions. Their active engagement is fundamental to the success of the TG and to advancing high-quality, collaborative, evidence-based medicine.

Naomi Dayan
Managing Editor
Herlev Hospital

THEMATIC GROUP CHAIR FOREWORD

The year 2025 marks a significant milestone in our joint work. The ambitious undertaking of bringing together three Cochrane Review Groups (Emergency and Critical Care, Anaesthesia, and Injuries) and two Cochrane Fields (Pre-Hospital and Emergency Care, and First Aid) into a coherent Thematic Group has been successfully realised. I am delighted that we have mastered this challenge together, establishing ourselves as a central platform for cooperation, coordination, and joint priority setting in the field of acute and emergency care.

We were holding our first official face-to-face Thematic Group meeting in Paris. Our monthly online meetings have enabled continuous dialogue on editorial issues and ongoing projects. With numerous ongoing reviews, several significant publications, a strong presence at major conferences and impactful dissemination activities, we have made a substantial contribution to evidence-based practice in acute and emergency medicine.

We have now established an Advisory Board comprising four internationally renowned experts, and I am looking forward to an exciting exchange of ideas to ensure that our group remains fit for the future. At a time of great change and global upheaval, we have strengthened our trusting and successful collaboration with colleagues from various locations, organisations and areas of expertise.

I would like to express my sincere thanks to everyone who made this success possible: the members of the Thematic Group, Cochrane Denmark, the entire Cochrane Management Team, the Support Team, and the Central Editorial Service, for their tireless support.

I would like to express my sincere gratitude to our Managing Editor, Naomi Dayan; our Financial Director, Ann Merete Møller; my fellow Coordinating Editor, Andrew Smith; our Field Directors, Patricia Jabre and Jorien Laermans; our Methodologists' Representative, Cathal Walsh; our Consumer Representative, Janney Wale; and Shailaja Tetali, who took the lead in the injuries priority-setting exercise. I would like to thank them all for their outstanding leadership and their friendly and constructive collaboration.

My sincere thanks also go to all members of the Thematic Group for their extraordinary commitment and voluntary contributions. Your expertise and dedication form the foundation of our success. We are also aware of the valuable support provided by many individuals, both within and outside the Cochrane Collaboration, and we are very grateful for it.

This annual report demonstrates impressively what we can achieve together when we join forces and work passionately for evidence-based medicine. I look forward to continuing to work with you all in the coming year to further improve the quality of acute and emergency medical care.

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

Harald Herkner

Chair of the Cochrane Thematic Group

Coordinating Editor for Cochrane Emergency and Critical Care and Cochrane Injuries

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

THEMATIC GROUP OUTPUT

The Cochrane Acute and Emergency Care Thematic Group, consisting of the Cochrane Review Groups (CRGs) for Injuries, Emergency and Critical Care, and Anaesthesia, and the Cochrane Fields for Prehospital and Emergency Care and First Aid, continues to advance evidence-based practice by producing and disseminating high-quality systematic reviews.

In 2025, our published reviews focused on the broad spectrum of acute and emergency care, containing key areas of injury management, emergency interventions, anaesthesia-related procedures and first aid guidance to improve patient outcomes.

With 39 reviews in progress across all groups, these efforts reflect our commitment to providing the best available evidence to support clinical decision-making in critical and emergency care settings.



Photo: Annual face-to-face meeting, Paris (France)

REVIEW GROUPS

Emergency and Critical Care reviews published in 2025

- Automated versus non-automated weaning for reducing the duration of mechanical ventilation for critically ill adults and children
- Peripheral venous blood gas analysis for the diagnosis of respiratory failure, hypercarbia and metabolic disturbance in adults
- Corticosteroids for treating sepsis in children and adults

CLINICAL PRACTICE IMPACT

Ventilator Weaning (Automated vs. Non-Automated):

- Informs ICU protocols for mechanical ventilation, potentially reducing ventilation duration and associated complications.
- Supports the adoption of automated weaning algorithms in adult and pediatric ICUs.

Peripheral Venous Blood Gas Analysis:

- Supports rapid diagnostic strategies for respiratory failure and metabolic disturbances in emergency settings.
- Could reduce reliance on arterial sampling, minimising patient discomfort and procedural risk.

Corticosteroids for Sepsis:

- Guides clinicians on the role, timing, and dosing of corticosteroids in sepsis management for both children and adults.

Intervention reviews which are in progress: 20

Anaesthesia reviews published in 2025

- Sugammadex for reversing neuromuscular blockade in infants and children
- Stimulation of the wrist acupuncture point PC6 for preventing postoperative nausea and vomiting: a network meta-analysis
- Regional analgesia techniques for postoperative pain after breast cancer surgery: a network meta-analysis
- Ultrasound guidance versus anatomical landmarks for neuraxial anaesthesia in adults
- Transtracheal ultrasound for identifying endotracheal intubation in adults

CLINICAL PRACTICE IMPACT

Sugammadex for reversing neuromuscular blockade in infants and children:

- Enables faster and more reliable reversal of neuromuscular blockade in paediatric patients
- May reduce residual paralysis and recovery time compared with traditional agents
- Use should be guided by local protocols due to limited paediatric safety data and higher cost

Stimulation of the wrist acupuncture point PC6 for preventing postoperative nausea and vomiting (PONV):

- Effective non-pharmacological option for reducing PONV
- Comparable in effectiveness to some antiemetic drugs
- Useful as an adjunct or alternative in multimodal PONV prevention, especially when drug side effects are a concern

Regional analgesia techniques for postoperative pain after breast cancer surgery:

- Improve postoperative pain control and reduce opioid consumption
- Support routine inclusion of regional techniques in multimodal analgesia pathways
- No single regional technique is clearly superior, allowing flexibility based on expertise and resources

Ultrasound guidance versus anatomical landmarks for neuraxial anaesthesia in adults:

- Improves first-pass success and reduces failed or traumatic attempts
- Particularly beneficial in patients with difficult anatomy
- Supports ultrasound as an adjunct rather than a universal replacement for landmark techniques

Transtacheal ultrasound for identifying endotracheal intubation in adults:

- Provides rapid and accurate confirmation of tracheal intubation
- Especially useful when capnography is unavailable or unreliable (e.g. cardiac arrest)
- Recommended as an adjunct to standard confirmation methods, not a replacement

Intervention reviews which are in progress: 12

Injuries reviews published in 2025

- Transfusion thresholds and other strategies for guiding red blood cell transfusion
- Sedation for moderate-to-severe traumatic brain injury in adults
- The diagnostic test accuracy of bone sound conduction testing for the diagnosis of fractures
- Blood transfusion strategies for major bleeding in trauma

CLINICAL PRACTICE IMPACT

Transfusion thresholds and other strategies for guiding red blood cell transfusion:

- Supports the use of restrictive transfusion thresholds in most clinical settings
- Restrictive strategies reduce blood use without increasing mortality or major adverse outcomes
- Reinforces current guideline recommendations to avoid routine liberal transfusion practices

Sedation for moderate-to-severe traumatic brain injury (TBI) in adults:

- Highlights limited high-quality evidence to support one sedation strategy over another
- No clear superiority of specific sedative agents for neurological or mortality outcomes
- Emphasises the need for individualised sedation based on intracranial pressure control, haemodynamics, and clinical context

Diagnostic accuracy of bone sound conduction testing for fractures:

- Suggests bone sound conduction testing may help identify fractures, particularly where imaging is unavailable
- Evidence remains limited and heterogeneous, preventing routine adoption
- Supports use only as a potential adjunct, not a replacement for standard imaging

Blood transfusion strategies for major bleeding in trauma:

- Supports **early, balanced transfusion strategies** (e.g. plasma, platelets, and red cells) in major trauma
- Reinforces damage-control resuscitation principles used in modern trauma care
- Highlights ongoing uncertainty regarding optimal ratios and timing, supporting protocol-based but flexible approaches

Intervention reviews which are in progress: 7

FIRST AID REVIEWS PUBLISHED IN 2025

- First Aid Training for people with no formal healthcare education

CLINICAL PRACTICE IMPACT

- First aid training for laypeople probably improves first aid knowledge, skills, and a person's belief in their own ability to perform first aid in the short term (up to one month after the end of the training).
- Evidence is insufficient to show that first aid training improves real-world helping behaviour or health outcomes of people receiving first aid.
- Further research should focus on aspects important to decision-makers, such as standardising questionnaires and measures, long-term effects of training, and impact of training in low- and lower-middle-income countries.

IMPACT ASSESSMENT: COCHRANE

The *Cochrane Database of Systematic Reviews (CDSR)* is the leading database for systematic reviews in health care. The *CDSR* includes Cochrane reviews (systematic reviews) and protocols for Cochrane reviews as well as editorials and supplements.

The *CDSR* (ISSN 1469-493X) is owned and produced by Cochrane, a global, independent network of researchers, professionals, patients, carers, and people interested in health¹.

Cochrane recognises that research impact takes many forms and cannot be captured by a single metric. Rather than focusing on any individual measure, Cochrane provides a broad range of indicators, allowing users to judge which are most relevant to them.

The Cochrane Database of Systematic Reviews, as a repository of evidence syntheses rather than primary research, generates impact differently from traditional journals. Beyond academic citations, the reviews influence international and national policymakers, guideline developers, healthcare professionals, patients, and carers.



¹ <https://www.cochranelibrary.com/cdsr/about-cdsr>

The most recent journal-level metrics for the *Cochrane Database of Systematic Reviews* are as follows:

2024 citation metrics	2024 usage metrics
<ul style="list-style-type: none"> ● 2-year Impact Factor: 9.4 ● 5-year Impact Factor:10.91 ● CiteScore: 10.2 	<ul style="list-style-type: none"> ● Citations: 83,897 ● 77% of WHO accredited guidelines published in the last 5 years cited at least 1 Cochrane review ● Full text article views: 13,642,027

THE EDITORIAL BOARD

Our Thematic Group is driven by the collective strength of our partners including the Editorial Board (EB). The EB consists of 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 2025, our EB enhanced its capacity through the experts of the twoCochrane Fields who joined the monthly meetings.

The EB is central to the mission of the review groups. It 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 a diverse range 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 Meetings

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

The EB and Thematic Group hold regular monthly online meetings, which are essential to our work. These meetings focus on assessing new review and review update proposals, discussing new and ongoing projects, and strategic matters.

In 2025, the face-to-face meeting was held in Paris (France) on May 20-22.

This meeting focused on:

- Appointing an Advisory Board to the Thematic Group.
- Aligning Thematic Group activities.
- Discussing key performance indicators (KPIs).
- Consumer engagement.
- Prioritisation exercise for Injuries.
- Enhancing new collaborations.

The meeting also allowed us to invite **Isabelle Boutron** as a guest speaker.

Isabelle Boutron is a professor of epidemiology at the Université Paris Cité and head of the [INSERM](#)-Centre of Research in Epidemiology and Statistics (CRESS). She is the deputy director of the French EQUATOR (Enhancing the Quality and Transparency Of health Research) Centre, a member of the SPIRIT-CONSORT executive committee, the director of Cochrane France, and a co-convenor of the Bias Methods group of the Cochrane Collaboration.

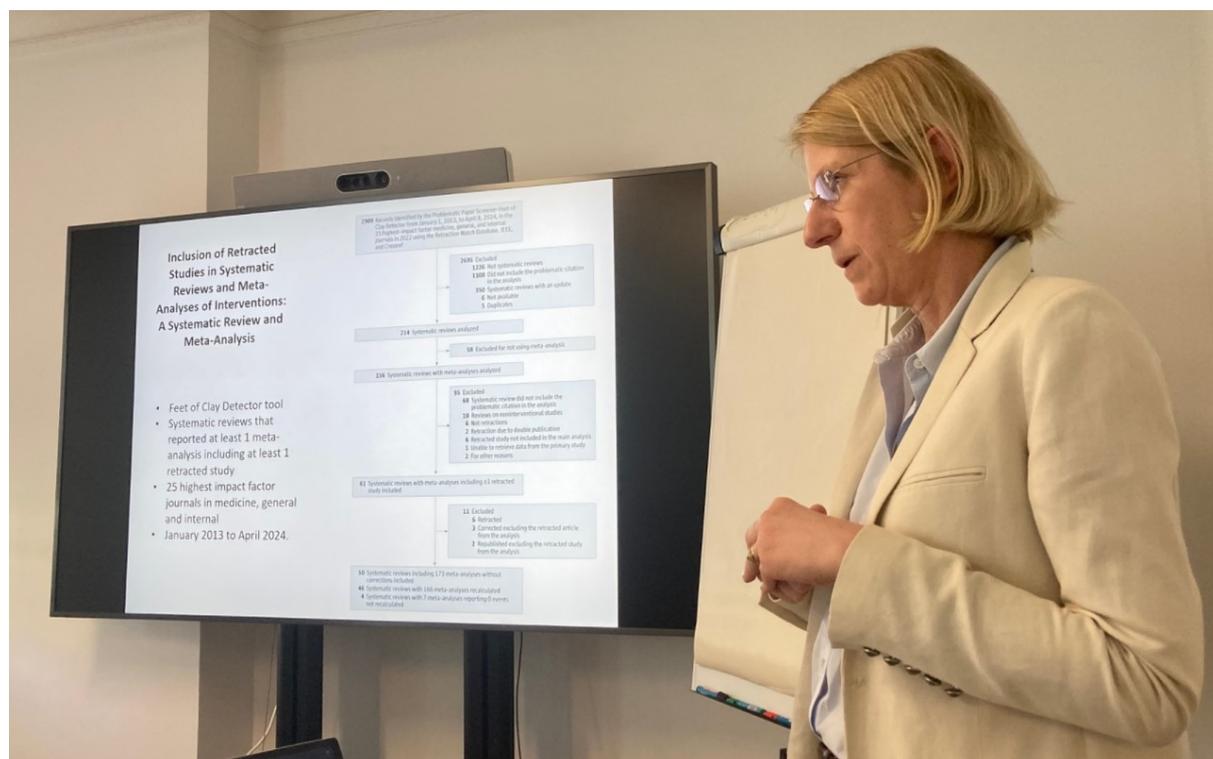


Photo: Isabelle Boutron lecture, annual face-to-face meeting, Paris (France)

EDITORIAL BOARD MEMBERS

Co-ordinating Editor	Professor Harald Herkner	Austria
Co-ordinating Editor	Professor Andrew Smith	UK
Financial Director	Professor Ann Merete Møller	Denmark
Managing Editor	Naomi Dayan	Denmark
Information Specialist	Anne-Marie Klint Jørgensen	Denmark
Administrative Co-ordinator	Karin F. Jespersen	Denmark
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	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
Statistical Editors	Philippe Tadger	Belgium
	Susanne Schmitz	Luxembourg
	Stephanie Weibel	Germany
	Marialena Trivella	UK
	Cathal D Walsh	Ireland
	Jing (Sophia) Xie	Australia
	Nathan Pace	USA
Consumer Editor	Janney Wale	Australia
Feedback Editor	Jasmin Arrich	Austria

Cochrane Fields

Prehospital and Emergency Care	Patricia Jabre	France
Prehospital and Emergency Care	Daniel Meyran	France
First Aid	Emmy De Buck	Belgium
First Aid	Jorien Laermans	Belgium

INJURIES - PRIORITIZATION EXERCISE

In 2025, we kicked off a prioritisation exercise for Injuries led by Shailaja Tetali.

We have identified the Prioritisation Exercise main steps, including:

- **Identifying Key Topics:** A broad range of potential topics should be 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 should be gathered from patients, healthcare providers, policymakers, 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 should be prioritised.
- **Evidence Gap Analysis:** A thorough analysis of existing evidence should be conducted to identify areas where high-quality systematic reviews are most needed.
- **Expert Review and Consensus:** A consensus process should finalise the list of priority topics to guide systematic review efforts.

We are currently establishing dedicated working groups to carry out this work, to conclude with a proposed list of 10 priority topics.

THE IMPACT PANEL

Part of the remit of the Thematic Group is to involve healthcare service users, patients, their families and carers, and the public in the Group's work. To this end, in 2025, the Thematic Group has started up a panel of community members that contribute voluntarily to the production and dissemination of Cochrane reviews, called the IMPACT panel (

IMPACT is led by the Thematic Group's Consumer Representative, Janney Whale and currently consists of three additional community members. It is supported by Patricia Jabre and Jorien Laermans from the two Cochrane Fields, and by Injuries editor Michael McCaul.

In 2026, the IMPACT panel will launch a pilot project in which Cochrane author teams that successfully submit a title proposal that seems to be of interest to a wider audience are encouraged to engage with the panel. In addition, the panel will further consider the development of core outcome sets for reviews relevant to the acute and emergency care field.

ONLINE PRESENCE

An effective online presence is essential to showcase the work of the Thematic Group, enhance visibility, and support collaboration across partners. It provides a shared platform to communicate priorities, outputs, and opportunities, strengthening engagement both within the group and with external stakeholders.

Maintaining dedicated online presences for the Review Groups and individual Fields is equally important to ensure clarity of scope, continuity of activity, and targeted engagement within each specialist area.

LinkedIn account

The LinkedIn page "*Cochrane Thematic Group on Acute and Emergency Care*" appears to have **about ~1,377 followers**, indicating a small but potentially specialised audience consisting of clinicians, researchers, and evidence synthesis professionals. This follower count is modest compared with larger, umbrella Cochrane pages consisting of **65k+ followers**. With this niche presence, we aim to give a specialised focus on the Thematic Group expertise.

LinkedIn followers’ demographics

London Area, United Kingdom, United Kingdom · 26 (1.9%)



Greater Paris Metropolitan Region, France · 18 (1.3%)



Greater Milan Metropolitan Area, Italy · 17 (1.2%)



Greater Melbourne Area, Australia · 16 (1.2%)



Greater Madrid Metropolitan Area, Spain · 14 (1%)



Lisbon Metropolitan Area, Portugal · 14 (1%)



Greater Aarhus Area, Denmark · 12 (< 1%)



Greater Rome Metropolitan Area, Italy · 12 (< 1%)



Greater Sydney Area, Australia · 11 (< 1%)



THEMATIC GROUP: MANAGEMENT AND STEERING

For deciding on strategic matters, we have appointed a management team. The management team provides strategic leadership, coordination, and operational oversight to ensure the Group delivers high-quality, impactful outcomes aligned with Cochrane’s mission.

The Thematic Group is 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.

The Thematic Group managing editor and search specialist are part of the anaesthesia research unit placed at Herlev hospital, Denmark.

TG Management team	
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Emergency Care and spokesperson	Harald Herkner
Anaesthesia	Andrew Smith
Injuries	Shailaja Tetali
Financial Director	Ann Merete Møller
Pre-Hospital and Emergency Care	Patricia Jabre
First Aid	Jorien Laermans
Consumer Representative	Janney Wale
Managing Editor	Naomi Dayan
Methodologist	Cathal Walsh

COCHRANE FIELDS

FIRST AID

Cochrane First Aid advances high-quality, evidence-based guidance for immediate care provided before professional medical treatment. Its scope covers first aid interventions delivered by lay responders and non-specialist providers across diverse settings, ensuring that evidence is directly relevant to real-world practice.

Through strategic collaboration with Cochrane Groups (Review Groups, Geographic Groups, and Thematic Groups) and external partners, the Field identifies priority questions, supports targeted systematic reviews, and facilitates translation of evidence into practice. One of the main activities of Cochrane First Aid is disseminating first aid Cochrane evidence in a wide range of formats tailored to its audiences’ needs and preferences. In addition, a key achievement is its long-standing collaboration with the International Federation of Red Cross and Red Crescent Societies, through which Cochrane evidence has directly informed international first aid guidelines and training worldwide.

By aligning evidence synthesis with guideline development and implementation needs, the Cochrane First Aid Field enhances the relevance, reach, and impact of Cochrane’s work in acute and emergency care.

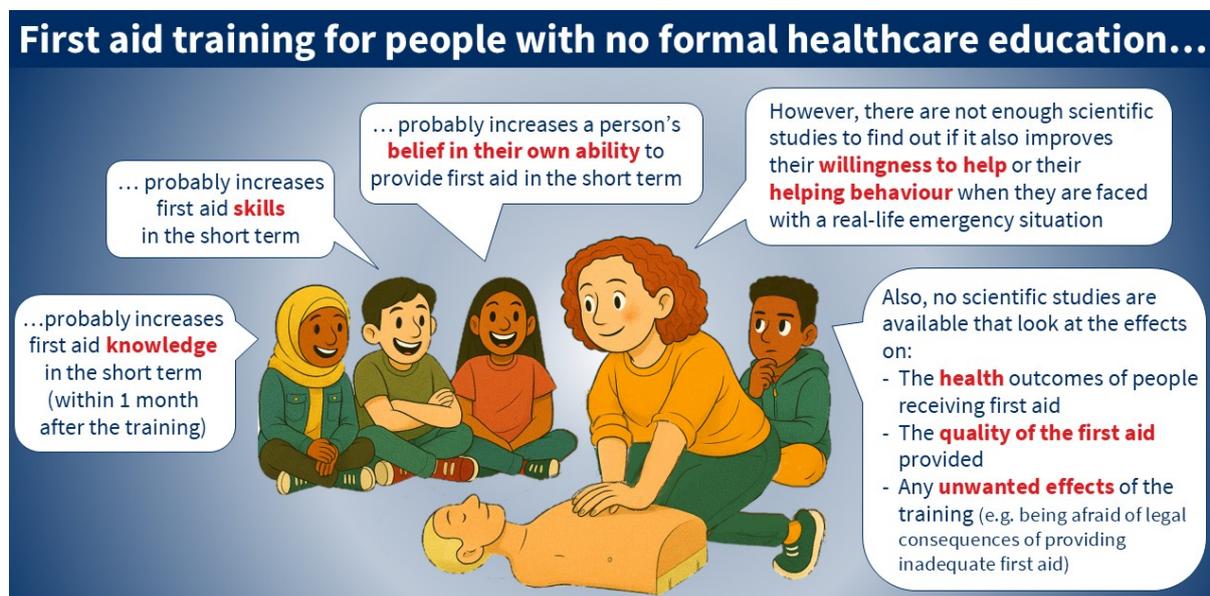
The Field is hosted by the Centre for Evidence-Based Practice of Belgian Red Cross-Flanders, located in Mechelen (Belgium) and is led by Director Emmy De Buck.

The annual report of Cochrane First Aid can be accessed via <https://firstaid.cochrane.org>. The visual below summarises its 2025 achievements:



The biggest achievement of Cochrane First Aid in 2025 was the publication of the Cochrane systematic review on **First Aid Training for laypeople**. The question addressed by this review ("Is first aid education effective?") was one of the 5 high-priority topics identified by its stakeholders during their 2021 prioritisation exercise.

In addition, **disseminating Cochrane evidence** on first aid (including the review on First aid training for laypeople) in easy-to-digest formats to everyone, including laypeople, was one of their main activities. Below, as an example, you can find the cartoon-style infographic visualising the main findings of the Cochrane review on First aid training for laypeople.



Infographic created by Cochrane First Aid in September 2025 for the following Cochrane systematic review: Kendall I, Laermans J, D'aes T, Borra V, McCaul M, Aertgeerts B, De Buck E. First aid training for laypeople. Cochrane Database of Systematic Reviews 2025, Issue 8. Art. No.: CD015538. DOI: 10.1002/14651858.CD015538.pub2.



Within the *Thematic Group*, Cochrane First Aid has contributed to the development of the **IMPACT panel**.

PRE-HOSPITAL AND EMERGENCY CARE

Cochrane Pre-Hospital and Emergency Care focuses on generating and coordinating high-quality evidence to inform the assessment, triage, and management of acutely ill and injured patients in pre-hospital and emergency department settings. Its scope spans emergency medical services, out-of-hospital care, and early in-hospital emergency interventions, addressing critical decision-making in time-sensitive clinical contexts.

Through close collaboration with Cochrane Review Groups, thematic groups, and clinical stakeholders, the Field supports priority setting, targeted systematic reviews, and methodological rigor in emergency care research. By aligning evidence synthesis with the needs of clinicians, guideline developers, and health systems, Cochrane Pre-Hospital and Emergency Care strengthens the relevance, consistency, and impact of Cochrane evidence, contributing to improved emergency care practice and patient outcomes globally.

The Field is headed by Patricia Jabre, France



Participation in various scientific congresses

The Cochrane PEC fulfils its mission of disseminating Cochrane reviews through presentations at national and international conferences and training.

2025 Congresses

COPACAMU 2025 – April 2025, Marseille, France



Modération : Dr Emilien Montaigu & Dr Mathieu Oberlin

- Laryngoscopie directe, vidéolaryngoscopie : où en sommes nous ? *Dr Nicolas Cazes*
- Quel traitement utiliser pour réussir une l'intubation orotrachéale ? *Dr Nordine Nekhili*
- Prendre en charge les complications de l'intubation, *Pr Aurélien Renard*



JMUGE – Emergency Medicine Days GRAND EST – May 2025, Reims, France



SESSION INTUBATION
 ations : Préparer pour ne pas subir : Dr Mathieu Oberlin
 t puis ? Techniques pour tout se passe au mieux : Dr Nicolas Cazes



CONFÉRENCE MÉDECINS - SESSION COCHRANE
QUELLES NOUVEAUTÉS DANS L'INTUBATION ORO-TRACHÉALE ?

Modérateurs : Florian CANU (Montdidier), Patricia JABRE (Paris)

Cochrane
 Pre-hospital and
 Emergency Care

Les membres du Cochrane Prehospital Care vous présenteront les nouveautés dans l'intubation oro-trachéale en particulier : dernières revues Cochrane parues sur le sujet : session sponsorisée par l'Evidence Based Medicine.

16:00 - 16:20 • Différentes techniques d'intubation. Yannick AUFFRET (Brest)
 16:20 - 16:40 • Thérapeutiques pour l'intubation orotrachéale. Julie DUMOUCHEL (Tours)
 16:40 - 17:00 • Prévention et prise en charge des complications de l'intubation. Mathieu OBERLIN (Selestat)

ATELIER MEDICO-SOIGNANTS
LES PIÈGES DES MÉTA-ANALYSES

Conférenciers : Patricia JABRE (Paris), Andréa PENALOZA (Bruxelles, Belgique)

Cochrane
 Pre-hospital and
 Emergency Care

Cet atelier consiste à :

- Comprendre les différents types de 'forest plot'
- Se familiariser avec les subtilités de l'hétérogénéité et du biais de publication
- Bien interpréter les résultats en fonction de leurs niveaux de preuve

URGENCES 2025 – June 2025, Paris, France

EUSEM 2025 – September, 2025, Vienna, Austria



COMMUNICATIONS LIBRES MÉDECINS U D'OR MÉDECINS

17:12 - 17:24 • CP068 Consultation de suivi multidisciplinaire de mort subite et son impact sur les proches de victimes d'une mort subite. **Patricia JABRE** (Paris), **Sophie PARISSÉ**, **François REVAUD**, **Clémence BAUDOUIN**, **Khadija LAHLOU-LAFORET**, **Jean-Philippe EMPANA**, **Elie AZOULAY**, **Xavier JOUVEN**

CBAV – October 2025, Lorient, France



PROGRAMME

Jeu

SALLE PLÉNIÈRE

15h50 Pose de voies veineuses en urgence : recommandations internationales et méta-analyse Cochrane **Dr Nekhili**

16h00 Cochrane, comment ça marche ? **Dr Auffret**

Upcoming Congresses

URGENCES 2026 – May 2026, Paris, France



EUSEM 2026 – September 2026, Paris, France



WADDEM 2027 – April 2027, Paris, France



COCHRANE CORNER

The Cochrane PEC publishes Cochrane abstracts in different national and international emergency medicine journals.

Annales Françaises de Médecine d'Urgence (AFMU)



12 Cochrane PEC PEARLS published in 2025

Panorama Of Emergency Medicine (POEM)



8 Cochrane PEC PEARLS published in 2025

EMERGENCIAS



14 Cochrane abstracts published in 2025

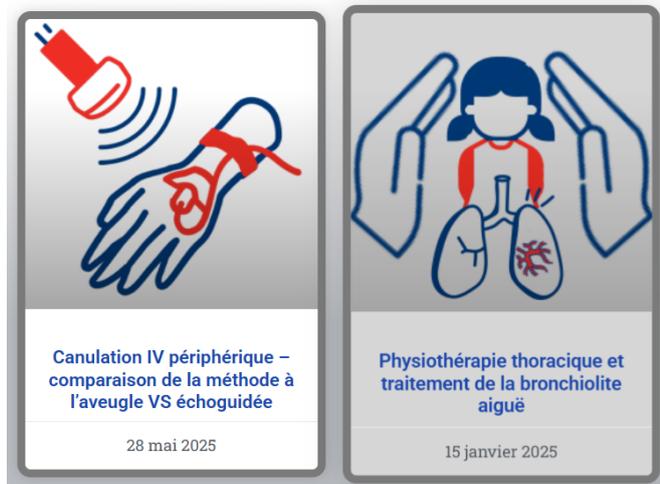
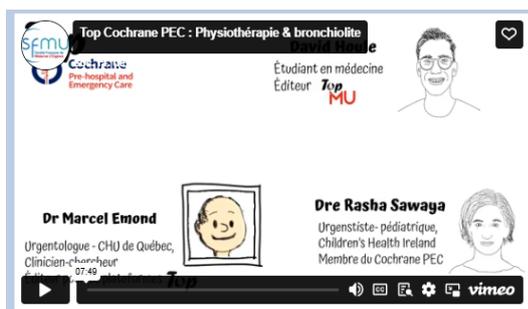
Latin American Journal of Emergency Care (LAJEC)



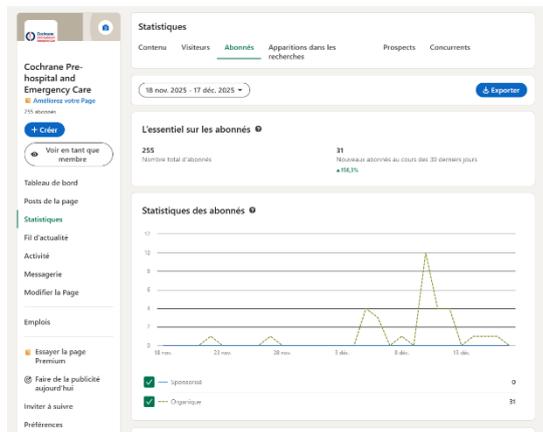
2 Cochrane PEC abstracts published in 2025

Top COCHRANE PEC

The Cochrane PEC publishes animated videos about Cochrane reviews in partnership with a collective working on a new, independent, and dynamic French-language multimedia platform, Top MU.



Social media : LinkedIn



@CochranePEC

We are active on LinkedIn and disseminate all events in which Cochrane PEC participates, as well as new PEARLS when they are published in different journals. At the end of 2025, we have 255 subscribers on our account.

Newsletters



Our 2025 annual newsletter summarising our activities, sent to 4121 people



Lettre d'information Médecine d'urgence



Vous êtes inscrit-e aux lettres d'information Cochrane France concernant la **médecine d'urgence**.
Retrouvez aujourd'hui notre première lettre et recevez les résumés des dernières revues Cochrane consacrées à cette thématique.
Cette sélection a été réalisée en partenariat avec le [Groupe Cochrane Pré-hospitalier and Emergency Care](#).

Sélection de 6 revues publiées en 2024

- L'utilisation informelle des téléphones et autres dispositifs portables par les travailleurs de la santé pour faciliter leur travail, une synthèse de données probantes qualitatives.
- La thérapie assistée par psychédéliques dans le traitement de l'anxiété, de la dépression et de la détresse existentielle chez les personnes atteintes de maladies menaçant le pronostic vital
- Ventilation non invasive en pression positive pour l'asthme aigu de l'enfant
- Tests moléculaires de laboratoire alternatifs à la RT-PCR pour le diagnostic de l'infection par le SARS-CoV-2
- Ultroniques pour la prise en charge de la rétention placentaire
- Délai de publication des résultats des essais cliniques

Si vous souhaitez vous abonner à d'autres lettres thématiques produites par Cochrane France, [inscrivez-vous ici](#)

We also publish 2 to 3 Emergency Medicine newsletters per year in partnership with Cochrane France and SFMU.

Consumers

The Cochrane PEC participates in the IMPACT Panel working group of the Cochrane Acute and Emergency Care Thematic Group to engage with community partners in developing Cochrane reviews.

Cochrane PEC website

Our website is in 5 languages: French, English, Italian, Spanish and Chinese.

The Cochrane PEC publishes the list of Cochrane reviews relevant to Emergency Medicine.

English Español Français Italiano 简体中文 [Cochrane Library](#) [Cochrane.org](#) [Admin](#)

 **Cochrane**
Pre-hospital and
Emergency Care

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We are delighted to share that Cochrane Pre-hospital and Emergency Care is now part of the newly approved Cochrane Acute and Emergency Care Thematic Group.

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Dr Marcel Emond

Éditeur de [TopMU.ca](#) et [TopMU.fr](#)
Urgentologue au CHU de Québec



Dr Patrick Miroux

Médecin urgentiste, CHU de Angers
Membre du Cochrane PEC (Prehospital and Emergency Care)

[See our videos](#)

Cochrane News

- ♦ [Cochrane seeks Support Officer](#) 
- ♦ [Cochrane at the 78th World Health Assembly](#) 
- ♦ [Cochrane seeks Digital Marketing Officer](#) 
- ♦ [Cochrane seeks Internal Communications Officer](#) 
- ♦ [Cochrane seeks Head of Technology](#) 

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COLLABORATIONS

Collaborations are essential to strengthen the relevance and impact of our future outputs. By engaging with healthcare professionals, guideline developers, patient groups, academic institutions, and policy organisations, we aim to ensure that research priorities align with pressing health challenges and that evidence is effectively translated into practice. Partnerships also support knowledge sharing and capacity building, enabling us to respond more effectively to emerging health issues.

To support these goals, we have established a collaboration with **Cochrane Response**, which provides important operational and methodological support to different consumers. While the Thematic Group primarily focuses on identifying priority topics, coordinating expert networks, and shaping the strategic direction of evidence production, Cochrane Response provides the professional infrastructure needed to deliver high-quality evidence syntheses.

Overall, Cochrane Response complements the strategic and coordinating role of the Thematic Group by enabling the efficient production, dissemination, and real-world impact of high-quality evidence. In return, the Thematic Group will provide expert input to relevant Cochrane Response projects. In practice, the Thematic Group will receive monthly summaries of ongoing and proposed projects to identify areas of shared interest and strengthen collaborative opportunities.

INTERNAL NEWSLETTERS: TG BRIEF

To enhance internal communication within the Thematic Group, we launched an internal newsletter to keep members and partners informed about recent news and events relevant to our Thematic Group.

The **TG Brief** ensures that all team members stay up to date on key initiatives, achievements, and strategic priorities. It promotes consistent messaging while highlighting team accomplishments and milestones, fostering recognition and a shared sense of purpose. The first TG Brief was sent in June 2025, and the second in September.



TG Brief, June 2025

Meetings
EDITORIAL BOARD MEETING
 June 16, 2025, at 14:00 CET
[Join the meeting now](#)
 Meeting ID: 322 302 416 708
 Passcode: DY2A53Va

Community of Practice (CoP)
 Following a recent vote, the Terms of Reference (ToR) for the CoP have been officially approved. The voting results were:
 91% – Yes
 9% – No

There is still one vacancy left for Thematic Group representation on the Community of Practice Executive.
 The deadline for nominations has been extended until **27 June**, to allow for additional submissions.
 The Community of Practice Executive should include the following representatives:
8 elected members of Cochrane Groups involved in evidence synthesis development:
3 appointed roles from related Cochrane Boards and Executives:
 Membership should reflect the geographic diversity of Cochrane Groups based in high- and low- and middle-income countries.

Changes to how to represent the contribution of groups
 Starting on **June 2, 2025**, authors will be able to acknowledge supporting groups in their byline using the phrase "supported by the Cochrane [Group Name]" in line with a standard syntax. This can be done through the [group attribution](#) field in RevMan. Additionally, individual contributions of group members can continue to be detailed in the Acknowledgements section of the review, with prior permission, following the Cochrane [Acknowledgements policy](#). Group members meeting [the criteria for authorship](#) can continue to be named individual authors on the review.
 This new approach replaces the previous practice of naming supporting groups in the 'Information' section of the review, which became technically impossible to continue following the migration of reviews to RevMan Portfolio from Archie and subsequent Archie retirement.

Implementation & Next Steps
 Authors and group staff will be informed via the author digest and core staff digest.
 Relevant guidance materials, including the [pre-submission checklists](#) and [author guidelines](#), have been updated.
 Updates have also been made in the [Editorial Manager Knowledge Base](#) (for authors and editors) and [RevMan Knowledge Base](#).

Shaping the future of evidence synthesis: Invitation to the ESIC planning webinars
 A webinar series focused on the Evidence Synthesis Infrastructure Collaborative (ESIC) planning process.
 The webinar has been scheduled twice, to maximise global coverage, and a recording will be available on the [ESIC website](#).
The webinars will take place on Tuesday 17 June 1600 B ET (1400 UTC) and Wednesday 18 June 0800 B ET (0800 UTC) and will aim to:

- Invite reflections and comments on the draft ESIC roadmap document before it is finalised.
- Ensure that ideas and insights contribute to strengthening and expanding evidence synthesis activities globally.

The webinars will be held on Zoom, with [pre-registration required](#). To see a live transcript of the webinar in the language of your choice, please use this [link](#).



TG Brief, September 2025

Meetings
EDITORIAL BOARD MEETING
 September 18, 2025, at 12:00 CET
[Join the meeting now](#)

Published so far during 2025
 Here is the list of reviews and protocols related to the TG scope, published in 2025

Organised trauma systems and designated trauma centres for improving outcomes in injured patients
 Type: Review
 Field: Injuries
 Publication date: **1 August 2025**
 DOI: [10.1002/14651858.CD012500.pub2](https://doi.org/10.1002/14651858.CD012500.pub2)

First aid training for laypeople
 Type: Review
 Field: Injuries / Emergency care
 Publication date: **3 February 2025**
 DOI: <https://doi.org/10.1002/14651858.CD015538.pub2>

Peripheral venous blood gas analysis for the diagnosis of respiratory failure, hypercarbia and metabolic disturbance in adults
 Type: Review
 Field: Emergency care / Critical care
 Publication date: **25 June 2025**
 DOI: [10.1002/14651858.CD010841.pub2](https://doi.org/10.1002/14651858.CD010841.pub2)

Sedation for moderate-to-severe traumatic brain injury in adults
 Type: Protocol
 Field: Emergency care / Neurotrauma
 Publication date: **16 January 2025**
 DOI: <https://doi.org/10.1002/14651858.CD012639.pub2>

Ultrasound guidance versus anatomical landmarks for neuraxial anaesthesia in adults
 Type: Review
 Field: Anaesthesia
 Publication date: **27 May 2025**
 DOI: [10.1002/14651858.CD014964.pub2](https://doi.org/10.1002/14651858.CD014964.pub2)

Strengthening Visibility Through Activity Reporting
 Please remember to report on your activities. Your updates are essential for capturing the breadth of our community's work and recognising the valuable contributions of our colleagues across different areas. By sharing your input, we can ensure that individual and team efforts are properly reflected, highlight the impact of our collective work, and strengthen the visibility of our community within and beyond the Thematic Group.
 Link to survey: <https://shorturl.at/kagMA>

Everything you need to know about Cochrane's Editorial Service
 Cochrane Central Editorial Service (CES) ensures an independent editorial process, responsible for the quality and integrity of all protocols, reviews, and updates published in the Cochrane Library. Here you can find a comprehensive overview of

ADVISORY BOARD

In 2025, the Thematic Group appointed an Advisory Board consisting of four experts in the Group's core areas of expertise. The Advisory Board is a cornerstone of the Cochrane Emergency Care Thematic Group. By bringing together diverse clinical and methodological expertise, we hope to ensure that their strategic advice and input will help the Group's outputs remain relevant, credible, and impactful for emergency care practice worldwide.

Advisory Board members:

- **Mike Brown**, Michigan State University College of Human Medicine Professor and Chair of Emergency Medicine, Assistant Dean for Faculty Affairs (USA)
- **Ramani Moonesinghe**, National Clinical Director for Critical and Perioperative Care, NHS England (UK)
- **Sheila Myatra**, Professor, Department of Anaesthesiology, Critical Care and Pain, Tata Memorial Hospital (India)
- **Pascal Cassan**, Medical Director of the International Federation of Red Cross and Red Crescent Societies (IFRC) Global First Aid Reference Centre (GFARC), Paris (France)

COORDINATION

The coordination of the Thematic Group is based at Herlev Hospital, Denmark, hosted by the Research Anaesthesia Unit, headed by Professor Anne Merete Møller.



Cochrane team, Herlev hospital

LINKS

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/>

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

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

Cochrane Acute and Emergency Care Thematic Group on: <https://www.cochrane.org/about-us/who-we-are/our-groups/acute-and-emergency-care>

Cochrane First Aid : <https://firstaid.cochrane.org/>

Cochrane Pre-hospital and Emergency Care: <https://pec.cochrane.org/>