



JRCALC Clinical Guideline Updates 3/2024

Summary of changes

Planned publication date: 23rd July 2024

Note-the style of revised or new medicines monographs will gradually change to a new standardised format. You will note that this clinical update includes changes to the style of tranexamic acid (TXA).

New JRCALC Guidelines/medicines:

Guideline/medicine	Update
Conditions requiring specific prehospital clinical management	New guideline covering a number of clinical presentations where specific pre hospital clinical considerations are needed. The much improved search function in the App will enable you to search for a specific condition.
Clinical Considerations in Relation to Diversity and Equality	A new guideline covering a number of areas where our clinical practice needs to flex and adapt to ensure equity of care for everyone in our diverse society, and to optimize patient care. Includes guidance relating to ethnicity and race, skin colour and tone, disability, maternity and gender related conditions, sexual orientation, cultural differences and terminology.

Updates, Corrections, and Additional Guidance to Existing JRCALC Guidelines:

Guideline/medicine	Update
Trauma guidance: <ul style="list-style-type: none"> • Pelvic trauma • Abdominal trauma • Thoracic trauma 	Three guidelines reviewed and updated. Wording added to all guidelines placing emphasis that when managing critically ill or injured patients, early consideration should be given to the requirement for additional critical care resources, however delaying on scene time in critically ill or injured patients is not justified over the advantage of moving towards definitive hospital care. Thoracic trauma includes new guidance on rib fractures.
Head injury	Reviewed and updated. Revised guidance around conveyance decisions, and in relation to patients taking anti platelets. (NICE head injury guidance NG232)

Tranexamic acid (TXA)	Revised and updated to the new monograph standardisation style. TXA can be given for children under 18 with head injuries when the GCS is 12 or less and the injury has occurred within the last 3 hours. Note that NASMeD did not support the increased TXA dose for head injuries as per NICE head injury guideline NG232.
Metoclopramide	New caution added for patients with Parkinsons disease
Communication difficulties	Updated in line with the new guideline: 'Clinical Considerations in Relation to Diversity and Equality'
Electrical injuries	Reviewed and updated. Additional wording around conveyance decisions, Tasers, implantable cardioverter defibrillator and importance of 12 lead ECG monitoring.
Sodium chloride	Amendment to clarify that when considering sodium chloride administration for adult trauma emergencies that if for isolated head injury alone, the target blood pressure is 110mmHg