



Research Article

Prehospital emergency care for trauma victims in Nepal: a mixed-methods study

Amrit Banstola,^{1,*†} Preeti Gautam,^{2,†} Gary Smart,³
Sunil K Joshi² and Julie Mytton³

¹Department of Health Sciences, Brunel University London, Uxbridge, UK

²Nepal Injury Research Centre, Kathmandu Medical College Public Limited, Bhaktapur, Nepal

³School of Health and Social Wellbeing, University of the West of England, Bristol, UK

*Corresponding author amrit.banstola@brunel.ac.uk

†Amrit Banstola and Preeti Gautam are joint first authors.

Published July 2024

DOI: 10.3310/TMTG2437

Plain language summary

Prehospital emergency care for trauma victims in Nepal: a mixed-methods study

Global Health Research 2024

DOI: 10.3310/TMTG2437

NIHR Journals Library www.journalslibrary.nihr.ac.uk

This article should be referenced as follows:

Banstola A, Gautam P, Smart G, Joshi SK, Mytton J. Prehospital emergency care for trauma victims in Nepal: a mixed-methods study [published online ahead of print July 10 2024]. *Global Health Res* 2024. <https://doi.org/10.3310/TMTG2437>

Plain language summary

Providing high-quality care to an injured person before and during transport to a hospital can save lives and reduce disabilities. There is no nationally co-ordinated prehospital care system in Nepal, and little published research to guide the development of the service.

This study aimed to better understand the proportion of calls for prehospital care that were due to trauma, the time taken to provide care and the factors that helped or hindered the provision of care.

We combined various methods of research. Working with the largest prehospital care provider in Nepal, we analysed all callouts they received over 1 year to look in detail at the services they provided and the average time taken to arrive at the scene, provide care at the scene and travel from the scene to a hospital. We interviewed staff, including ambulance drivers, emergency medical technicians, dispatch officers and service managers, to explore their experiences of providing care.

We found that falls and road traffic crashes were the commonest causes of trauma requiring an ambulance and that the commonest type of injury dealt with was fractures. The average interval from a call being received to arriving with the patient at a hospital was 48 minutes, though this period was, on occasion, much longer. We found that the availability of medicines, equipment and refresher training facilitated prehospital care. Barriers to providing care included the actions of patients' families and the public, lack of awareness of the role and provision of prehospital care providers, and poor road and traffic conditions.

The results of this study can help in understanding the prehospital trauma care system and offer insights to inform the development of future policy and practice.