

# New evidence helps health workers in the fight against Ebola

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One year after the first Ebola cases started to surface in Guinea, the latest findings from a Cochrane review show new ways of hydrating patients in critical care environments across the world.

The study, published today in the *Cochrane Library*, will give health workers vital new evidence in one of their toughest areas of care, keeping seriously ill patients hydrated.

The Cochrane review compared the different ways of giving [fluids](#) to patients who need fluids but are too ill to drink enough.

Many patients with Ebola Virus Disease (EVD) die because they are dehydrated. Patients with EVD often experience severe vomiting and diarrhoea, which causes them to lose fluids which are difficult to replace by drinking alone.

This new review compares the different ways to give fluids to people in situations where it is impossible to maintain adequate hydration simply by giving fluids orally. Collectively, these alternatives are termed parenteral access. They include getting fluids into a vein (intravenously), into bone marrow (intraosseously), into fatty tissue under the skin (subcutaneously) or into the abdominal space (intraperitoneally).

Giving fluids intravenously is a commonly used method, but in patients with Ebola this can be problematic. Obtaining venous access can be difficult in very dehydrated patients, and this is made even worse in

situations where care-givers are obliged to wear protective suits, and where there is a risk of transmission of the virus, such as Ebola. This review helps health workers caring for patients with EVD to know the advantages and disadvantages of the other ways to give fluids, so they can decide which is the most suitable for their patients.

The review includes 17 studies involving 885 people. However, the trials were of low quality, so the authors suggest the need for caution when drawing conclusions based on these results.

Author Katharine Ker, from The London School of Hygiene and Tropical Medicine, says "This Cochrane review shows us that if intravenous access can be achieved easily, then this should be used as it allows the infusion of larger volumes of fluid.

However, if intravenous access is not possible, intraosseous and subcutaneous routes are alternatives that can be inserted quickly."

Cochrane's Editor in Chief, Dr David Tovey, added "Further trials comparing alternative approaches are appropriate to help care-givers, and others, understand the most effective strategies for securing safe and reliable parenteral access."

Professor Mike Clarke from Queen's University Belfast, Northern Ireland is Director of Evidence Aid, an international initiative that supports and responds to global humanitarian relief efforts. He says, "People in disasters and humanitarian crises, such as Ebola, have the same rights to high quality evidence as those being treated in more routine settings. Reviews such as this are vital if patients are to receive care based on the best possible information."

Provided by Wiley

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