Authors	Title	Country	Research Type	Aim	Population size (n=)	Key themes
McRae, et al. (2015)	Paramedic- performed Fascia Iliaca Compartment Block for Femoral Fractures: A Controlled Trial	Australia	Prospective Randomised Controlled Trial	To examine the efficacy and feasibility of paramedic- performed FICB for patients with suspected PFF in the prehospital setting compared to standard intravenous morphine.	**24** participants. **11** receiving FICB. **13** receiving intravenous morphine only.	Paramedics are capable of performing FICBs and suggest a greater level of analgesia is achieved in comparison to intravenous morphine only and can be morphine-sparing, resulting in reduced adverse effects. Reduced pain following FICB was achieved after 15 minutes. No difference in on-scene time between groups. No adverse effects in FICB group. Higher incidence of adverse effects in the intravenous morphine group. Called for further research.
Jones et al. (2019)	Rapid Analgesia for Prehospital hip Disruption (RAPID): findings from a randomised feasibility study	UK	Feasibility Study	To assess the feasibility of undertaking a fully powered, multi-centre randomised controlled trial (RCT) to test the clinical and	**19** paramedics. **17** receiving FICB (n=14 excluded	Paramedics are able to administer FICB using the landmark technique. The accuracy of paramedic identification of suspected PFF was 75 percent. There is evidence of misdiagnosis by paramedics. One case of local anaesthetic toxicity was treated with Intralipids. There were a total of n=3 incidents of adverse events in the FICB group and n=4 in the usual care group.

				cost-effectiveness of paramedics providing FICB as early analgesia to patients with suspected PFF	due to contraindication). **26** receiving intravenous morphine (usual care) only.	Met their requirements to proceed to a larger multi-centre RCT. Called for further research. Published separate qualitative studies on paramedic experiences and patient experiences. Concerns of skill fade.
Evans et al. (Report from RAPID - Jones et al. 2019)	Is fascia iliaca compartment block administered by paramedics for suspected hip fracture acceptable to patients? A qualitative study	UK	Semi-structured interviews	To report patient and carer experiences of recieving a paramedic-led FICB for a suspected PFF.	**13** patients received FICB and consented to interview. **6** patients were interviewed.	Patient recollection of receiving a FICB and standard care was obscured by their severe level of pain, reiterating ethical concerns regarding informed consent for pre-hospital studies. Patients held unwavering trust in paramedic care and regarded their positive demeanours as essential to their reassurance. A small sample of interviewees, unable to widely generalise their findings, but strong consistency of patient experience of the efficacy of analgesia among FICB group. Calls for further research.
Evans et al.	Paramedics' experiences of administering fascia iliaca	UK	Questionnaires and focus groups	To explore the views and experiences of enrolled study paramedics trained to	**11** paramedics in 3 focus groups.	Paramedicine is a role continually developing its scope as treatments and evidence grows.

(Report from RAPID - Jones et al. 2019)	compartment block to patients in South Wales with suspected hip fracture at the scene of injury: results of focus groups			deliver a prehospital FICB to patient		The acquisition of FICB as a technical skill was minimally challenging and aligned well with pre-existing clinical skills. Consistent themes: acceptability of FICB into practice, benefit to patient safety and experience, method of training and skill fade concerns and kit familiarity/human factor elements
Fordyce (2022)	Allied health professional confidence in giving prehospital fascia iliaca blocks	UK	Semi-structured interviews	To assess the procedural confidence of allied health professionals and examine concerns surrounding prehospital FICB	**12** participants **6** paramedics **6** Advanced Clinical Practitioners (previously paramedics)	Evidence for paramedic-led FICB is poor. Graduated exposure to skill acquisition and procedural performance was key. Consistency among teaching materials and equipment was desirable. Procedural infrequency was a driver of skill fade and reduced confidence. Themes of concern: Risk of doing harm, sterility of the prehospital environment, providing an ineffectual block, scene delays, provision of training, governance and support from governing bodies. Calls for further research.