Outreach

Your Outreach Librarian can help facilitate evidence-based practise for all General Paediatrics members of staff, as well as assisting with academic study and research. We can help with literature searching, obtaining journal articles and books, and setting up individual current awareness alerts.

Literature Searching

We provide a literature searching service for any library member. For those embarking on their own research it is advisable to book some time with one of the librarians for a 1 to 1 session where we can guide you through the process of creating a well-focused literature research and introduce you to the health databases access via NHS Evidence.

Critical Appraisal Training

We also offer one-to-one or small group training in literature searching, accessing electronic journals, and critical appraisal/Statistics. These are essential courses that teach how to interpret clinical papers.

Books

Books can be searched for using SWIMS our online catalogue at www.swims.nhs.uk. Books and journals that are not available on site or electronically may be requested from other locations. Please email requests to: thomas.osborne@uhbristol.nhs.uk
Contents

1: Tables of Contents from April’s Paediatrics journals

2: New NICE Guidance

3: Latest relevant Systematic Reviews from the Cochrane Library.

4: NHS Behind the Headlines

5: New activity in Uptodate

6: Quick Exercise
Prevention and treatment of psychiatric disorders in children with chronic physical illness
[Full text]
Disability and economic disadvantage: facing the facts
[Full text]
Psychological interventions for mental health disorders in children with chronic physical illness: a systematic review
[Full text]
Socioeconomic disadvantage and onset of childhood chronic disabling conditions: a cohort study
Nick Spencer,
[Full text]
Advertisements of follow-on formula and their perception by pregnant women and mothers in Italy
Alessandra Knowles,
on behalf of the Follow-on Formula Research Group
[Full text]
Parental child-rearing attitudes are associated with functional constipation in childhood
[Full text]
Potential economic impacts from improving breastfeeding rates in the UK
[Full text]
Current primary care management of children aged 1–36 months with urinary tract infections in Europe: large scale survey of paediatric practice
[Full text]
Islet autoantibody status in a multi-ethnic UK clinic cohort of children presenting with diabetes
[Full text]
Prevalence and management of gastrointestinal manifestations in Silver–Russell syndrome
[Full text]
A core outcome set for clinical trials in acute diarrhoea
Hania Szajewska,
on behalf of the Consensus Group on Outcome Measures Made in Paediatric Enteral Nutrition Clinical Trials
[Full text]
Reptile-associated salmonellosis in children aged under 5 years in South West England
[Full text]
Predicting IVIG resistance in UK Kawasaki disease
[Full text]
Acute rheumatic fever and rheumatic heart disease in resource-limited settings
[Full text]
Health policy research: successes and challenges
[Full text]
Advance Care Planning: practicalities, legalities, complexities and controversies
[Full text]
Active management of food allergy: an emerging concept
[Full text]
Editorial: How effective is the use of long-term anti-TNF for paediatric IBD? Clues from real-life surveillance cohorts
[Full text]
Editorial: Do we use antibiotics rationally?
[Full text]
Original article: Therapeutic guidelines for prescribing antibiotics in neonates should be evidence-based: a French national survey
[Full text]
Original article: Anti-TNF therapy for paediatric IBD: the Scottish national experience
[Full text]
Review: Choosing the right dose of tacrolimus
Towards evidence based medicine for paediatricians

Question: Is breastfeeding useful in the management of neonatal abstinence syndrome?

Letters: Has the first-line management of paediatric OCD improved following the introduction of NICE guidelines?

Letters: PAWS for thought

Images in paediatrics: Eczema coxsackium

Archivist: Circumcision and autism

Images in paediatrics: Infantile sucking bruises

Lucina: Highlights from the literature

Pediatrics 2015 Vol.135 Issue .3

Innovation in Pediatric Education: Promoting and Undergoing Transformational Change

Medical Journals and Free Speech

Progress in the Control of Childhood Obesity

Advancing Informed Consent for Vulnerable Populations

Questioning as a Teaching Tool

Epidemiology of Pediatric Herpes Zoster After Varicella Infection: A Population-Based Study

BMI Curves for Preterm Infants

Cost Saving and Quality of Care in a Pediatric Accountable Care Organization

Allergy in Children in Hand Versus Machine Dishwashing

Moisture Damage and Asthma: A Birth Cohort Study

Sucrose and Warmth for Analgesia in Healthy Newborns: An RCT

Intellectual and Academic Functioning of School-Age Children With Single-Suture Craniosynostosis

Cognitive Outcomes After Neonatal Encephalopathy and for the Hypothermia Extended Follow-up Subcommittee of the Eunice Kennedy Shriver NICHD Neonatal Research Network

A School-Based Sleep Education Program for Adolescents: A Cluster Randomized Trial

Motivational Interviewing With Parents for Obesity: An RCT

Diet, Exercise, and Endothelial Function in Obese Adolescents

Utility of Symptoms to Predict Treatment Outcomes in Obstructive Sleep Apnea Syndrome
Autosomal dominant polycystic kidney disease in children
Nephronophthisis and related syndromes
The role of cilia in the pathogenesis of cystic kidney disease
MicroRNAs in the pathogenesis of cystic kidney disease

Recent progress in the genetics and epigenetics of paraoxonase: why it is relevant to children's environmental health
Impact of hospital-based environmental exposures on neurodevelopmental outcomes of preterm infants

Current Opinion in Critical Care 2015 - Volume 21 - Issue 2

Recommendations for management of large hemispheric infarction
Blood pressure management in acute intracerebral hemorrhage: current evidence and ongoing controversies
Why is diagnosing brain death so confusing?
Recommendations for the use of multimodal monitoring in the neurointensive care unit
Rationale for lumbar drains in aneurysmal subarachnoid hemorrhage
Reversal of the novel oral anticoagulants dabigatran, rivaroxaban, and apixaban

Update on acute liver failure
Diarrhoea in the critically ill
Acute, nonvariceal upper gastrointestinal bleeding
Liver transplantation in the context of organ shortage: toward extension and restriction of indications considering recent clinical data and ethical framework
Mesenteric ischemia

Paediatric Critical Care Medicine 2015 - Volume 16 Issue 3

Fluid Overload at 48 Hours Is Associated With Respiratory Morbidity but Not Mortality in a General PICU: Retrospective Cohort Study*
Current Medication Practice and Tracheal Intubation Safety Outcomes From a Prospective Multicenter Observational Cohort Study*

Autologous Bone Marrow Mononuclear Cells Reduce Therapeutic Intensity for Severe Traumatic Brain Injury in Children*

Prevalence of Dysglycemia and Association With Outcomes in Pediatric Extracorporeal Membrane Oxygenation*

Hemorrhagic Complications in Pediatric Cardiac Patients on Extracorporeal Membrane Oxygenation: An Analysis of the Extracorporeal Life Support Organization Registry

Pharmacologic Recipes for Tracheal Intubation in the PICU: What’s on the Menu?*

Pediatric Critical Care Ultrasound Education: The Importance of a Common Denominator*

Cell-Based Therapy for Pediatric Traumatic Brain Injury: Not (Yet) an Update to the Traumatic Brain Injury Guidelines*

Critical Care for Rare Diseases (and Procedures): Redux*

Outcomes and Risk Factors in Pediatric Ventilator-Associated Pneumonia: Guilt by Association*

Pediatric Anesthesia April Volume 25, Issue 4

News from the pediatric anesthesia societies (page 331)
Rare events can be fatal and must not be ignored; how much needs to happen before we act? (pages 332–333)
An update on newer pediatric supraglottic airways with recommendations for clinical use (pages 334–345)
Development of a guideline for the management of the unanticipated difficult airway in pediatric practice (pages 346–362)
Difficult airway consultation service for children: steps to implement and preliminary results (pages 363–371)
Tracheal intubation with the Bonfils fiberscope in the difficult pediatric airway: a comparison with fiberoptic intubation (pages 372–378)
Assessment of three placement techniques for individualized positioning of the tip of the tracheal tube in children under the age of 4 years (pages 379–385)
A comparative study of Laryngeal Mask Airway size 1 vs I-gel size 1 in infants undergoing daycare procedures (pages 386–391)
Perioperative respiratory complications following awake and deep extubation in children undergoing adenotonsillectomy (pages 392–399)
The ‘Can’t Intubate Can’t Oxygenate’ scenario in pediatric anesthesia: a comparison of the Melker cricothyroidotomy kit with a scalpel bougie technique (pages 400–404)
A randomized comparison of the I-gel™ with the self-pressurized air-Q™ intubating laryngeal airway in children (pages 405–412)
The pressure drop across the endotracheal tube in mechanically ventilated pediatric patients (pages 413–420)
Effect of a neck collar on upper airway size in children sedated with propofol–midazolam combination during magnetic resonance imaging (pages 421–427)
A new twist in the pediatric difficult airway (pages 428–430)
Cuffed or uncuffed endotracheal tubes in pediatric anesthesia: a survey of current practice in the United Kingdom and The Netherlands (pages 431–432)
Risks of fixed-angle supraglottic airways in infants (pages 432–433)
Quick and safe intubation by visualized passage of the tube-armed Bonfils fiberscope into the trachea (page 434)

Effects of anesthesia and surgery on the developing brain: problem solved? (pages 435–436)
Effects of anesthesia on the developing brain: can the underlying disease be ignored? (pages 436–437)

Pediatric endobronchial blockers in infants: a refinement in technique (pages 438–439)

New NICE Guidance

- Excess winter deaths and morbidity and the health risks associated with cold homes (NG6) March 2015
- Gastro-oesophageal reflux disease: recognition, diagnosis and management in children and young people (NG1) January 2015

Latest relevant Systematic Reviews from the Cochrane Library

If you require full articles, or a more enhanced search of any of the below topics please email me @ Thomas.Osborne@UHBristol.nhs.uk

Xylitol-containing products for preventing dental caries in children and adults
Philip Riley, Deborah Moore, Farooq Ahmed, Mohammad O Sharif and Helen V Worthington

Non-speech oral motor treatment for children with developmental speech sound disorders
Alice S-Y Lee and Fiona E Gibbon
Prophylactic milrinone for the prevention of low cardiac output syndrome and mortality in children undergoing surgery for congenital heart disease

Barbara EU Burkhardt, Gerta Rücker and Brigitte Stiller

Influenza vaccines for preventing acute otitis media in infants and children

Mohd N Norhayati, Jacqueline J Ho and Mohd Y Azman

Corneal collagen cross-linking for treating keratoconus

Evripidis Sykakis, Rushmia Karim, Jennifer R Evans, Catey Bunce, Kwesi N Amissah-Arthur, Showrob Patwary, Peter J McDonnell and Samer Hamada

Community-based intervention packages for reducing maternal and neonatal morbidity and mortality and improving neonatal outcomes

Zohra S Lassi and Zulfiqar A Bhutta

Zinc supplementation for the treatment of measles in children

Ajibola A Awotiwon, Olabisi Oduwole, Anju Sinha and Charles I Okwundu

Combined hormonal versus nonhormonal versus progestin-only contraception in lactation

Laureen M Lopez, Thomas W Grey, Alison M Stuebe, Mario Chen, Sarah T Truitt and Maria F Gallo

Adrenaline with lidocaine for digital nerve blocks

Hemanshu Prabhakar, Santosh Rath, Mani Kalaivani and Neel Bhanderi

Corticosteroid therapy for nephrotic syndrome in children

Deirdre Hahn, Elisabeth M Hodson, Narelle S Willis and Jonathan C Craig

Leukotriene inhibitors for bronchiolitis in infants and young children

Fang Liu, Jing Ouyang, Atul N Sharma, Songqing Liu, Bo Yang, Wei Xiong and Rufu Xu

Pharmacological interventions for pain in children and adolescents with life-limiting conditions

Emma Beecham, Bridget Candy, Richard Howard, Renée McCulloch, Jo Laddie, Henrietta Rees, Victoria Vickerstaff, Myra Bluebond-Langner and Louise Jones

Paracetamol (acetaminophen) for patent ductus arteriosus in preterm or low-birth-weight infants

Arne Ohlsson and Prakeshkumar S Shah

Standard (head-down tilt) versus modified (without head-down tilt) postural drainage in infants and young children with cystic fibrosis

Diana A Freitas, Fernando AL Dias, Gabriela SS Chaves, Gardenia MH Ferreira, Cibele TD Ribeiro, Ricardo O Guerra and Karla MPP Mendonça

Interventions for reducing medication errors in children in hospital

Jolanda M Maaskant, Hester Vermeulen, Bugewa Apampa, Bernard Fernando, Maisoon A Ghaleb, Antje Neubert, Sudhin Thayil and Aung Soe

Food supplementation for improving the physical and psychosocial health of socio-economically disadvantaged children aged three months to five years

Elizabeth Kristjansson, Damian K Francis, Selma Liberato, Maria Benkhalti Jandu, Vivian Welch, Malek Batal, Trish Greenhalgh, Tamara Rader, Eamonn Noonan, Beverley Shea, Laura Janzen, George A Wells and Mark Petticre

Standard versus biofilm antimicrobial susceptibility testing to guide antibiotic therapy in cystic fibrosis
Optical reading aids for children and young people with low vision

Valerie Waters and Felix Ratjen

Lucy Barker, Rachel Thomas, Gary Rubin and Annegret Dahlmann-Noor

NHS Behind the Headlines

'4D' ultrasound shows effects of smoking on unborn babies

Tuesday Mar 24 2015

"Unborn baby shown grimacing in womb as mother smokes," is the somewhat misleading headline in The Daily Telegraph after researchers released dramatic images of babies in the womb taken using 4D ultrasound scanners...

Are half of all children's teeth really rotten?

Friday Mar 20 2015

"Rotten teeth are secret reason why teens don't smile," revealed The Times today. The Daily Mirror expressed shock over revelations that...

Damage to 'heart health' may start in childhood

Wednesday Mar 18 2015

"Children are suffering damage to their hearts as early as 12 due to poor diets, a study has warned," the Mail Online reports. A US study suggests that an unhealthy diet in childhood can quickly lead to a deterioration in "heart health"...

Breastfed babies 'grow up to be brainier and richer'

Wednesday Mar 18 2015

"Breastfed babies grow up smarter and richer, study shows," The Daily Telegraph reports. A study from Brazil that tracked participants for 30 years found a significant association between breastfeeding and higher IQ and income in later life...

All teens should be vaccinated against rare strain of meningitis

Monday Mar 16 2015

"A vaccination for meningitis is to be offered to all 14-18 year-olds in England and Wales, after a spike in a rare strain of the disease," The Guardian reports. The strain – meningitis W (MenW) – is described as rare, but life-threatening...
Is education the best form of teen contraception?

Monday Mar 9 2015

"Getting a good education could be the best form of contraception for teenagers," The Independent reports after a study of recent data from England found an association between improved GCSE results and lower rates of teenage pregnancy…

New activity in Uptodate

National and ethnic variability in head circumference standards (March 2015)

The World Health Organization (WHO) Child Growth Standards were developed with data from the WHO Multicenter Growth Reference Study (MGRS) to describe normal growth in children younger than five years of age. However, it may be inappropriate to use a single head circumference standard for children from different countries or ethnic groups. A systematic review compared the mean head circumferences from the WHO MGRS with the mean head circumferences from a variety of studies in 55 countries or ethnic groups [1]. The mean head circumferences in some groups were sufficiently different from those of the MGRS that use of the WHO growth standards would result in misclassification of microcephaly or macrocephaly. When available, local head circumference standards may be preferable to the WHO growth standards. (See "Microcephaly in infants and children: Etiology and evaluation", section on 'Head circumference charts' and "Macrocephaly in infants and children: Etiology and evaluation", section on 'Head circumference charts'.)

Propranolol for infantile hemangiomas (March 2015)

Although propranolol is widely accepted as a first line therapy for infantile hemangiomas, the optimal dose and duration of treatment have not been established. In a large industry-sponsored randomized trial, 456 infants aged five weeks to five months with a proliferating hemangioma of at least 1.5 cm received placebo or propranolol (1 or 3 mg/kg per day) for three or six months [2]. Complete or near-complete resolution of the target hemangiomas, as assessed by centralized blinded evaluation of digital photographs, was observed in 60 percent of patients treated with propranolol 3 mg/kg per day for six months and 4 percent of those treated with placebo, and therapy was well tolerated. A limitation of this study is the lack of a group treated with propranolol 2 mg/kg per day, the dose most frequently used in clinical practice. (See "Management of infantile hemangiomas", section on 'Efficacy'.)

Family-based interpersonal psychotherapy for depressed children (March 2015)

Although efficacious psychotherapies have been developed for pediatric unipolar depression, most studies have enrolled adolescents. A new therapy called family-based interpersonal psychotherapy has been developed specifically for preadolescents; the therapy focuses upon current peer relationship
problems and also involves the family to address parent-child conflicts. Evidence for the efficacy of this treatment includes a 14-week randomized trial that compared family-based interpersonal psychotherapy with child-centered therapy (which resembles supportive therapy) in 38 preadolescent children with a depressive syndrome [25]. Remission occurred in more patients who received family-based interpersonal psychotherapy than child-centered therapy (64 versus 31 percent). In addition, anxiety and interpersonal impairment improved more with family-based interpersonal psychotherapy. (See "Pediatric unipolar depression: Psychotherapy", section on 'Family-based interpersonal psychotherapy'.)

Headache after minor head trauma in children (March 2015)

Headache is a frequent complaint after minor blunt head trauma in children. When present with other symptoms, headache modestly increases the risk of clinically important traumatic brain injury (cTBI) and is of particular concern if it is persistent or worsening over time. When isolated, however, headache is not associated with cTBI. As an example, in a prospective multicenter cohort of almost 28,000 verbal children with minor head trauma, none of the 2,462 patients with an isolated headache (defined by history and physical examination features, including a normal scalp) had cTBI compared with 1.6 percent of the 10,105 patients with headache and other symptoms [27]. (See "Minor head trauma in infants and children: Evaluation", section on 'Headache'.)

Azithromycin and infantile pyloric stenosis (March 2015)

Treatment with erythromycin during the first few weeks of life is an established risk factor for developing infantile hypertrophic pyloric stenosis (IHPS). A large study further defines the magnitude of that risk, and reveals that azithromycin also is a risk factor for IHPS. In a retrospective cohort of more than one million infants, the risk of developing IHPS was increased more than ten-fold for exposure to erythromycin or azithromycin during the first two weeks of life, and more than three-fold for exposure between two and six weeks of age [35]. Exposure after six weeks of age was not associated with IHPS risk. (See "Infantile hypertrophic pyloric stenosis", section on 'Macrolide antibiotics'.)

Circulating influenza A H3N2 viruses and influenza vaccine effectiveness in the United States (December 2014, MODIFIED June 2015)

In December 2014, the United States Centers for Disease Control and Prevention (CDC) released a health advisory stating that more than half of influenza A H3N2 viruses collected and analyzed in the United States in October and November 2014 were antigenically different (drifted) from the H3N2 antigen included in this season's influenza vaccines [45]. Most isolated influenza viruses to date have been H3N2 strains. During previous seasons in which influenza A H3N2 viruses have predominated, higher hospitalization and mortality rates have been reported among older people, very young children, and individuals with certain medical conditions. In seasons where predominant circulating influenza viruses have antigenically drifted, decreased vaccine effectiveness has been observed. Nevertheless, vaccination typically provides some cross-protection against drifted viruses and should still reduce hospitalization and
death. As of late February 2015, overall vaccine effectiveness was only 19 percent and vaccine effectiveness against influenza A H3N2 was only 18 percent [46]. Influenza vaccination is still highly recommended [45]. The CDC health advisory was issued to reemphasize the importance of the use of neuraminidase inhibitors (eg, oseltamivir, zanamivir) when indicated for the treatment and prevention of influenza infection as an adjunct to vaccination. (See "Seasonal influenza vaccination in adults", section on 'Drifted H3N2 viruses during the 2014 to 2015 influenza season' and "Seasonal influenza in children: Prevention with vaccines", section on 'Drifted H3N2 viruses during the 2014 to 2015 influenza season'.)

**Choice of influenza vaccine formulation in patients with egg allergy (March 2015)**

Most influenza vaccines are produced in an egg-based system, which has been a concern in patients with egg allergy. A number of observational studies have shown that administration of injectable inactivated influenza vaccine (IIV) containing up to 0.7 mcg ovalbumin per 0.5 mL dose is safe in patients with egg allergy. Two new observational studies have demonstrated safe administration of the intranasal live attenuated influenza vaccine (LAIV) containing <0.24 mcg ovalbumin per 0.2 mL dose in patients with egg allergy [47,48]. Influenza vaccine ovalbumin content is shown in the table (table 2). About 40 percent of patients in these studies had a history of anaphylaxis to egg and around 60 to 70 percent had asthma.

Based upon these findings and accumulating unpublished clinical experience, we recommend that all patients with egg allergy ≥6 months of age, including those with a history of anaphylaxis, receive annual immunization with an influenza vaccine according to the indications for all other patients without egg allergy. We would administer any age-appropriate, approved influenza vaccine (table 2), including the LAIV, in these patients according to the indications and contraindications outlined in the tables (table 3 and table 4). The vaccine is administered in a single dose rather than in two or more doses as a graded challenge. A 30 minute observation period is still suggested for patients with egg allergy who receive an egg-based influenza vaccine. This observation period is not necessary for those receiving an egg-free influenza vaccine. (See "Influenza vaccination in individuals with egg allergy", section on 'Safety of vaccines in patients with egg allergy' and "Influenza vaccination in individuals with egg allergy", section on 'Our approach'.)

**Morphine is not more effective than ibuprofen for post-tonsillectomy pain in children (March 2015)**

There is growing evidence that opioid medication should not be used as first-line analgesic therapy for post-tonsillectomy pain, particularly in children with underlying obstructive sleep apnea (OSA). A randomized trial found ibuprofen and acetaminophen to be as effective as morphine and acetaminophen for postoperative pain management in children undergoing tonsillectomy for OSA [67]. In addition, children treated with morphine had increased episodes of postoperative desaturation compared with baseline, whereas those who received ibuprofen had improvement in oxygen saturation postoperatively. Caution should be used in prescribing opioids post-tonsillectomy in patients with underlying OSA. (See "Tonsillectomy (with or without adenoidectomy) in children: Postoperative care and complications", section on 'Pain'.)
Quick Exercise

Have a play with Uptodate. Log in via Athens (if you don’t have an Athens account register using your UHBristol email address here: https://openathens.nice.org.uk/)
Library Opening Times

Staffed times 8.30 am—16.30 pm
Monday to Friday

Swipe Access 7.00 am—23.00pm
7 days a week

Level 5,
Education Centre
University Hospitals Bristol

Contact your outreach librarian @
Thomas.Osborne@UHBristol.nhs.uk