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
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Tongue-tie and frenotomy in infants with breastfeeding difficulties: achieving a balance [Full text]
Obsessive-compulsive disorder in children and adolescents [Full text]
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Pediatrics 2015 Vol.135 Issue 4

Are We on the Right Track? Examining the Role of Developmental Behavioral Pediatrics
Full Text
A Slice of Peace
Full Text
An Adoptive Parental Perspective on Personal Genomic Screening
Full Text
Assessing Sexual Symptoms and Side Effects in Adolescents
Full Text
Iodine and the “Near” Eradication of Cretinism
Full Text
Late Preterm Birth and Neurocognitive Performance in Late Adulthood: A Birth Cohort Study
Full Text
Executive Function in Adolescents Born <1000 g or <28 Weeks: A Prospective Cohort Study
Full Text
Gestational Age and Developmental Risk in Moderately and Late Preterm and Early Term Infants
Full Text
Trajectories and Outcomes Among Children With Special Health Care Needs
Full Text
Isolated Linear Skull Fractures in Children With Blunt Head Trauma
Full Text
Collaborative Care for Children With ADHD Symptoms: A Randomized Comparative Effectiveness Trial
Full Text
Continuous Positive Airway Pressure With Helmet Versus Mask in Infants With Bronchiolitis: An RCT
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13-Valent Pneumococcal Conjugate Vaccine (PCV13) in Preterm Versus Term Infants
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Government Health Care Spending and Child Mortality
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Medical Providers’ Understanding of Sex Trafficking and Their Experience With At-Risk Patients
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Mortality After Burn Injury in Children: A 33-year Population-Based Study
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Antidepressant Use During Pregnancy and Asthma in the Offspring
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Vitamin B-12, Folic Acid, and Growth in 6- to 30-Month-Old Children: A Randomized Controlled Trial
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Comorbidity of Physical and Mental Disorders in the Neurodevelopmental Genomics Cohort Study
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Handheld Echocardiography Versus Auscultation for Detection of Rheumatic Heart Disease
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Cardiac Biomarkers and Acute Kidney Injury After Cardiac Surgery
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Parent-Reported Outcomes of a Shared Decision-Making Portal in Asthma: A Practice-Based RCT
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Infectious and Autoantibody-Associated Encephalitis: Clinical Features and Long-term Outcome
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Diagnosis of Viral Infections Using Myxovirus Resistance Protein A (MxA)
Full Text
Current Opinion in Pediatrics  Volume 27  - Issue 2

**What is new for patent ductus arteriosus management in premature infants in 2015?**

**Long-chain polyunsaturated fatty acids supplementation in preterm infants**

**Donor human milk for very low birth weights: patterns of usage, outcomes, and unanswered questions**

**Pulmonary hypertension in chronic lung disease of infancy**

**Clinical manifestations of autosomal recessive polycystic kidney disease**

**Therapeutic hypothermia for neonatal encephalopathy**

**Developmental origins of health and disease: a paradigm for under**

**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
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

Psychological interventions for parents of children and adolescents with chronic illness
Christopher Eccleston, Emma Fisher, Emily Law, Jess Bartlett and Tonya M Palermo

Potentiators (specific therapies for class III and IV mutations) for cystic fibrosis
Sanjay Patel, Ian P Sinha, Kerry Dwan, Carlos Echevarría, Michael Schechter and Kevin W Southern

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

Interventions for reducing medication errors in children in hospital
Jolanda M Maaskant, Hester Vermeulen, Bugewa Apampa, Bernard Fernando, Maisoon A Ghaleb, Antje Neubert, Sudhin Thayyil and Aung Soe

Pentoxifylline for treatment of sepsis and necrotizing enterocolitis in neonates
Mohan Pammi and Khalid N Haque
Online Publication Date: March 2015

NHS Behind the Headlines
Bullying may have worse long-term effects than child abuse

Wednesday Apr 29 2015

"Bullied children are five times more at risk of anxiety than those maltreated," reports the Daily Mail. A study looking at both UK and US children found an association between childhood bullying and anxiety, depression and self-harm in adulthood...

No evidence organic milk in pregnancy lowers a baby's IQ

Tuesday Apr 28 2015

"Pregnant women who switch to 'healthier' organic milk may be putting the brain development of their unborn babies at risk," The Guardian reports after researchers found

Parents 'may pass anxiety on to their children'

Monday Apr 27 2015

The Mail Online has given stressed-out parents one more thing to worry about, saying: "Anxiety is 'catching' and can be passed on to children", adding that, "Attitudes of over-anxious parents can severely affect children's behaviour"...

New asthma treatment within five years, researchers hope

"Asthma cure could be in reach," The Independent reports. Researchers have discovered that protein molecules called calcium-sensing receptors play a pivotal role in asthma. Drugs known to block these proteins already exist...

Paracetamol may blunt feelings of pleasure as well as pain

"Paracetamol may dull emotions as well as physical pain, new study shows'," The Guardian reports. The story comes from research testing whether over-the-counter painkiller paracetamol can blunt not just the feeling of pain but also emotions...

Concerns raised about increased e-cigarette use in teenagers

"E-cigarettes: Many teenagers trying them, survey concludes," BBC News reports after a survey of around 16,000 English teenagers found one in five teens had tried an e-cigarette...

Meningitis B jab to be added to NHS child vaccine schedule

"Britain will become the first country in the world to offer a nationwide vaccination programme against meningitis," The Independent reports. A vaccine against the potentially life-threatening bacterial infection will be provided later this year...
Valganciclovir for treatment of symptomatic congenital CMV infections (April 2015)

Congenital cytomegalovirus (CMV) infection is a leading cause of hearing loss in children and can cause other serious long-term neurodevelopmental disabilities. An earlier study found that in infants with congenital CMV involving the central nervous system (CNS), six weeks of ganciclovir was associated with improved audiologic outcomes. Subsequent studies found that valganciclovir (the orally available prodrug of ganciclovir) achieved similar clinical effectiveness. A recent multicenter randomized controlled trial compared six months with six weeks of valganciclovir therapy in infants with symptomatic congenital CMV (including infants without neurologic involvement) [7]. Infants who received six months of therapy had improved hearing and language development at 24 months compared with those who received six weeks of therapy. Based on these findings we now treat all infants with symptomatic congenital CMV infection (not just those with isolated CNS infection) with six months of antiviral therapy. (See "Congenital cytomegalovirus infection: Management and outcome", section on 'Whom to treat'.)

Diagnostic accuracy of serial ultrasounds for pediatric appendicitis (April 2015)

In patients whose initial ultrasound is equivocal for the diagnosis of appendicitis, repeat physical examination and a second ultrasound in patients who have persistent findings of appendicitis has good diagnostic accuracy and can markedly reduce the number of children undergoing computed tomography (CT). In a prospective observational study of 294 children undergoing acute evaluation for abdominal pain (38 percent with appendicitis), a pathway that utilized serial physical examination, surgical consultation, and repeat ultrasound for patients whose initial ultrasound was equivocal; discharge home for patients whose initial ultrasound showed a normal appendix; and surgical consultation for patients with initial ultrasounds that were positive for appendicitis achieved a sensitivity of 97 percent and a specificity of 91 percent [27]. CT was performed in four patients. (See "Acute appendicitis in children: Diagnostic imaging", section on 'Imaging approach'.)

Risk of intracranial injury in young children with isolated linear skull fractures (April 2015)

Linear skull fractures account for approximately 75 percent of all skull fractures in children, and hospitalization for this condition is frequently performed. In a prospective, multicenter observational study of 350 children (median age 10 months) with isolated linear skull fractures and no additional injury identified on initial computed tomography, no patient required neurosurgical intervention on follow-up ranging from 7 to 90 days (95% CI 0 to 1 percent), although 201 patients were hospitalized after initial evaluation [28]. These findings suggest that neurologically normal children with isolated linear

False positive Down syndrome screening tests (April 2015)

Noninvasive prenatal Down syndrome screening using cell free DNA results in lower false positive and false negative rates than conventional aneuploidy screening tests. In a recent study of Down syndrome screening in an unselected population including almost 16,000 women, the false positive rates of cell free DNA and conventional screening were 0.1 and 5 percent, respectively, and false negative rates were 0 and 21 percent, respectively [41]. False positive results can be due to factors such as maternal mosaicism, maternal tumors, maternal copy number variants, vanishing twins, confined placental
mosaicism, or a failure of the complex bioinformatics necessary to generate a result [42-49]. Despite the low false positive rate with cell free DNA screening, confirmatory diagnostic testing (genetic amniocentesis or chorionic villus sampling) is mandatory after a screen positive result. (See "Noninvasive prenatal testing using cell-free nucleic acids in maternal blood", section on ‘Trisomy 21, 18, 13’.)

**Aerosolized measles vaccine inferior to subcutaneous vaccine with respect to seropositivity rate (April 2015)**

Measles vaccine is usually given by subcutaneous injection; an aerosolized vaccine could be administered by individuals with less training and would not require sterile needles or syringes. In a study including 2004 infants aged 9.0 to 11.9 months in India randomized to receive measles vaccine either by aerosol inhalation or subcutaneous injection, aerosolized vaccine was found to be immunogenic but inferior to the subcutaneous vaccine with respect to seropositivity rate [51]. Follow-up was completed for 1560 children (775 children in the aerosolized vaccine group and 785 children in the subcutaneous vaccine group); seropositivity rates at day 91 were 85.4 and 94.6 percent, respectively. Subcutaneous administration of the measles vaccine remains the standard of care. (See "Prevention and treatment of measles", section on 'Types of vaccines'.)

**Measles outbreak in United States (April 2015, MODIFIED April 2015)**

The United States has experienced a record number of measles cases during 2014 to 2015. In 2014, 644 cases were reported from 27 states [52]. Between January 1 and April 10, 2015, 159 cases have been reported. Most cases have occurred among individuals who were unvaccinated. Children living in or traveling to areas where there is a measles outbreak (defined as ≥3 cases linked in time and space) and children traveling outside the United States should receive measles-mumps-rubella vaccine earlier than it is routinely recommended. (See "Epidemiology and transmission of measles", section on 'United States' and "Standard immunizations for children and adolescents", section on 'Outbreaks and international travel'.)

**Hypotonic versus isotonic parenteral maintenance fluids in hospitalized children (April 2015)**

Previous systematic reviews have demonstrated that the use of parenteral hypotonic solution for maintenance fluid therapy in hospitalized children increased the risk of hyponatremia compared with isotonic solution. The largest clinical trial to date of 690 hospitalized children, which was subsequently published, reconfirmed that the administration of hypotonic (sodium concentration of 77 mEq/L) versus isotonic maintenance fluid (sodium concentration of 140 mEq/L) increased the risk of developing hyponatremia [65]. As a result, in hospitalized children requiring parenteral fluid therapy, we recommend that isotonic solution be used as maintenance therapy. (See "Maintenance fluid therapy in children", section on 'Hospitalized children'.)
Quick Exercise

See how many types of bias you recognise below! Answers on a postcard. The winner gets the self-satisfaction of telling everyone they’re Critical Appraisal geniuses!
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