Outreach
Your Outreach Librarian can help facilitate evidence-based practise for all Burns 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.

For more information, email: katie.barnard@uhbristol.nhs.uk

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: library@uhbristol.nhs.uk
Contents

1: Tables of Contents from November’s Burns journals

2: New NICE Guidance

3: Quick exercise

4: Current Awareness database articles
Tables of Contents from Burns journals

If you require full articles please email: library@uhbristol.nhs.uk

**Burns 2015 (Elsevier)**
November 2015, Volume 41, Issue 7

**Journal of Burn Care & Research (LWW)**
September/October 2015, Volume 36, Issue 5

**Injury Prevention (BMJ)**
October 2015, Volume 21, Issue 5

**Plastic and Reconstructive Surgery (LWW)**
November 2015, Volume 136, Issue 5

**Journal of Plastic, Reconstructive & Aesthetic Surgery (Elsevier)**
November 2015, Volume 68, Issue 11

**Archives of Disease in Childhood (BMJ)**
November 2015, Volume 100, Issue 11

**Pediatrics (HighWire)**
November 2015, Volume 136, Issue 5

**Injury (Elsevier)**
November 2015, Volume 46, Issue 11

**Trauma (Sage)**
October 2015, Volume 17, Issue 4
New NICE Guidance

DG18 Procalcitonin testing for diagnosing and monitoring sepsis (ADVIA Centaur BRAHMS PCT assay, BRAHMS PCT Sensitive Kryptor assay, Elecsys BRAHMS PCT assay, LIAISON BRAHMS PCT assay and VIDAS BRAHMS PCT assay)

Quick exercise

True or False:

- A systematic review does not have to include a meta-analysis
- A meta-analysis can be done outside a systematic review
- Meta-analysis is a set of statistical techniques

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Title: Scald burns in children under 3 years: an analysis of NEISS narratives to inform a scald burn prevention program.

Citation: Injury prevention : journal of the International Society for Child and Adolescent Injury Prevention, Oct 2015, vol. 21, no. 5, p. 296-300 (October 2015)

Author(s): Shields, Wendy C, McDonald, Eileen M, Pfisterer, Kaitlin, Gielen, Andrea C

Abstract: To determine the incidence of paediatric scald burns for children under 3 years of age treated in US hospital emergency departments. To quantify injury patterns associated with scald burns to inform prevention recommendation messaging. The National Electronic Injury Surveillance System (NEISS) coding manual was reviewed for cause of injury. Its database was queried to identify cases among patients up to age 3 years old with a diagnosis of scald burns between 1 January 2009 and 31 December 2012. The resulting data set was downloaded and case narratives were reviewed to identify injury patterns associated with scald burns. The NEISS query identified 2104 scald burn cases between 2009 and 2012, yielding a national estimate of 11,028 scald burns in children younger than 3 years old annually. The analysis of the case narratives resulted in the identification of six precipitating and/or contributing factors including: grabbed/pulled, cooking, bathing, consuming, appliance and other. NEISS is a valuable tool to identify scald burn risks. The NEISS data system provided an opportunity to identify and examine scald burns in children under 3 years of age. Interpretation of NEISS results is limited due to the lack of consistency and detail in narratives about the injury event. Nevertheless, the information that was available on precipitating and/or contributing factors suggests that caretakers should test the temperature of their water heaters, test bath water before bathing children and be made aware of risk of scalds from hot liquids so that they exercise close supervision of children. Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to http://group.bmj.com/group/rights-licensing/permissions.

Title: Severe Photo-oxidative Injury from Over-the-Counter Skin Moisturizer: A Child Abuse Mimic

Citation: Journal of Emergency Medicine, October 2015, vol./is. 49/4(e105-e109), 0736-4679 (October 2015)

Author(s): Krakowski A.C., Gutglass D.J., Auten J.D.

Abstract: Background The cutaneous manifestations of pathological conditions have been described to mirror findings commonly associated with child abuse. Although it is important for clinicians to report suspected abuse, vigilance is required to detect conditions that mimic abuse. Phytophotodermatitis, a phototoxic reaction to furocoumarin-containing plants, is a well-described mimicker of nonaccidental trauma. However, non-furocoumarin-containing chemicals may cause similar presentations through a process called auto-oxidation. Typically, these chemical reactions occur as a result of aero-oxidation or, less commonly, photo-oxidation. Case Report We report the first pediatric case of photo-oxidative contact dermatitis from an over-the-counter skin moisturizer. A 12-month-old Hispanic boy presented to the Emergency Department with an apparent scald burn.
over his anterior chest and left shoulder. Given the lack of apparent cause, a nonaccidental injury was suspected. He was admitted to the pediatric service under the consult of Dermatology and the child maltreatment team. Further history and clinical progression strongly suggested a photodermatosis reaction from chemical components in a widely available over-the-counter skin moisturizer. Why Should an Emergency Physician Be Aware of This? This case highlights an infrequently reported cause of pediatric contact dermatitis: a photodermatotic reaction to chemical components in skin moisturizer. It is important for the clinician to be able to differentiate injuries secondary to nonaccidental trauma from conditions that mirror their presentation. The clinical features of this case mimicked child maltreatment and underscore the importance of an interdisciplinary team approach in the care of these children.

Title: Debridement techniques in pediatric trauma and burn-related wounds

Citation: Advances in Wound Care, October 2015, vol./is. 4/10(596-606), 2162-1918;2162-1934 (01 Oct 2015)

Author(s): Block L., King T.W., Gosain A.

Abstract: Significance: Traumatic injuries are the leading cause of morbidity and mortality in children. The purpose of this review is to provide an overview of the initial assessment and management of traumatic and burn wounds in children. Special attention is given to wound cleansing, debridement techniques, and considerations for pain management and psychosocial support for children and families. Recent Advances: Basic and translational research over the last 5-7 years has advanced our knowledge related to the optimal care of acute pediatric traumatic and burn wounds. Data concerning methods, volume, solution and timing for irrigation of acute traumatic wounds, timing and methods of wound debridement, including hydrosurgery and plasma knife coblation, and wound dressings are presented. Additionally, data concerning the long-term psychosocial outcomes following acute injury are presented. Critical Issues: The care of pediatric trauma and burn-related wounds requires prompt assessment, pain control, cleansing, debridement, application of appropriate dressings, and close follow-up. Ideally, a knowledgeable multidisciplinary team cares for these patients. A limitation in the care of these patients is the relative paucity of data specific to the care of acute traumatic wounds in the pediatric population. Future Directions: Research is ongoing in the arenas of new debridement techniques and instruments, and in wound dressing technology. Dedicated research on these topics in the pediatric population will serve to strengthen and advance the care of pediatric patients with acute traumatic and burn wounds.

Title: Airway compromise in children with anterior neck burns: Beware the scalded child.

Citation: Journal of paediatrics and child health, Oct 2015, vol. 51, no. 10, p. 976-981 (October 2015)

Author(s): Hyland, Ela J, Harvey, John G, Martin, Andrew Jp, Holland, Andrew Ja

Abstract: The aim of the study was to describe characteristics of children with anterior neck burns admitted to our Paediatric Intensive Care Unit (PICU) and to highlight potential airway complications associated with these injuries, especially in children with scalds. Retrospective review of children with anterior neck burns requiring admission to PICU January 2004-December 2013. Fifty-two children with anterior neck burns were admitted; average age 6.6 years. Thirty sustained flame/explosion injuries; 22 scalds. Seventy-nine per cent were male. Mean total body surface area (TBSA) burn 21%. Forty-seven were intubated. Some primary reasons for intubation included
unconsciousness, inhalational/ingestion/direct airway injury and large TBSA. Majority, however, required intubation for airway complications secondary to subcutaneous/soft tissue anterior neck oedema not associated with airway injury/ingestion/inhalational burns. The scalds subgroup mean age was 2.3 years. Eighty-two per cent were male. Mean TBSA 18%. There were no inhalational/ingestion/airway injuries. Nineteen children were intubated; average 9.3 h post-injury. Majority (63%) were intubated post-arrival in the Burn Unit, compared with flame/explosion group (32%). Primary reasons for intubation included large burns, although majority (74%) required intubation for airway complications secondary to subcutaneous and soft tissue anterior neck oedema. For the flame/explosion group this was the case in only 46%, with other primary reasons such as unconsciousness or inhalational injury being the immediate precedent. These results demonstrate that subcutaneous and soft tissue oedema secondary to anterior neck burns may contribute to airway narrowing and compromise requiring intubation. When assessing children’s airways, evolving oedema should be recognised and higher observation or early intubation considered regardless of the mechanism of injury. © 2015 The Authors. Journal of Paediatrics and Child Health. © 2015 Paediatrics and Child Health Division (Royal Australasian College of Physicians).

Title: A review of primary and secondary burn services in the Western Cape, South Africa

Citation: South African Medical Journal, October 2015, vol./is. 105/10(853-857), 0256-9574 (October 2015)

Author(s): Rode H., Rogers A.D., Numanoglu A., Wallis L., Allgaier R., Laflamme L., Hasselberg M., Blom L., Duvenage R.

Abstract: Background. In 2011, the Department of Health of the Western Cape Province, South Africa, requested a review of current burn services in the province, with a view to formulating a more efficient and cost-effective service. This article considers the findings of the review and presents strategies to improve delivery of appropriate burn care at primary and secondary levels. Methods. Surveys were conducted at eight rural and urban hospitals, two outreach workshops on burn care, four regional hospitals and at least 60 clinics in Cape Town and in the Western Cape as far as Ladismith. A survey on community management of paediatric burns was also included in the study. Results. The incidence of burns was highest in the winter months, more than half of those affected were children, and the majority of burns were scalds from hot liquids. Most burn injuries managed at primary level were minor, with 75% of patients treated by nurse practitioners and discharged. The four regional secondary hospitals managed the majority of moderate to severe burns. There is room for improvement in terms of treatment facilities and consumables at all levels, regional hospitals being particularly restricted in terms of outdated equipment, a shortage of intensive care unit beds, and difficulties in transferring patients with major burns to a burns unit when indicated. Conclusion. The community management of paediatric burns was satisfactory, although considerable delays in transfer and insufficient pain control hampered appropriate care. A great need for ongoing education at all levels was identified. Ten strategies are presented that could, if implemented, lead to tangible improvements in the management of burn patients at primary and secondary levels in the Western Cape.
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Contact the Burns Outreach librarian:
katie.barnard@uhbristol.nhs.uk