Outreach

Your Outreach Librarian can help facilitate evidence-based practise for all 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 May’s Paediatrics and Nursing journals

2: New NICE Guidance

3: Latest relevant Systematic Reviews from the Cochrane Library

4: New activity in UpToDate

5: NHS Behind the Headlines

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Tables of Contents from Community Children’s Nursing journals

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

British Journal of Community Nursing
April 2016, Volume 21, Issue 4

Archives of Disease in Childhood
May 2016, Volume 101, Issue 5

Nursing Children and Young people
May 9, 2016, Volume 28, Issue 4

New NICE Guidance

NG46 Controlled drugs: safe use and management

Latest relevant Systematic Reviews from the Cochrane Library

Drugs for the acute treatment of migraine in children and adolescents

Interventions for treating ankle fractures in children
New activity in UpToDate

Increasing vegetable consumption in children (April 2016)

Vegetables are an important component of a healthy diet, but national surveys indicate that vegetable consumption by young children falls short of the recommended 2.5 cup-equivalents per day. In a longitudinal study, six-year old children who had been offered a variety of vegetables at the initiation of complementary feedings were more willing to try new vegetables, ate more new vegetables, and liked new vegetables more than children who were offered little or no variety of vegetables [2]. Offering a vegetable that was initially disliked at eight subsequent meals was associated with increased acceptance of that vegetable and continuing to like and eat that vegetable at three and six years of age. These findings support recommendations to offer vegetables at least once per day, to offer a variety of vegetables, and to offer vegetables that are initially refused at subsequent meals. (See "Introducing solid foods and vitamin and mineral supplementation during infancy", section on 'Puréed foods'.)

NHS Behind the Headlines

Child head injuries could harm relationship with parents

Monday Apr 18 2016

"A simple bang on the head can alter a child's relationship with their parents claim academics," the Daily Mail reports. A Canadian study found children who had experienced even just a mild traumatic head injury...

Upcoming Lunchtime Drop-in Sessions

The Library and Information Service provides free specialist information skills training for all UH Bristol staff and students. To book a place, email: library@uhbristol.nhs.uk

If you’re unable to attend we also provide one-to-one or small group sessions. Contact library@uhbristol.nhs.uk or katie.barnard@uhbristol.nhs.uk to arrange a session.

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Quick Exercise

Heterogeneity

Heterogeneity is the extent to which studies brought together in a systematic review demonstrate variation across a range of key variables.

Match the different types of heterogeneity:

1. Statistical heterogeneity (conventionally just known as ‘heterogeneity’)
2. Methodological heterogeneity
3. Clinical heterogeneity

A. Variability in the participants, interventions and outcomes studied
B. Variability in study design and risk of bias
C. Variability in the intervention effects being evaluated in the different studies

Current Awareness database articles

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

Title: Going home after infant cardiac surgery: a UK qualitative study.
Citation: Archives of disease in childhood, Apr 2016, vol. 101, no. 4, p. 320-325, 1468-2044 (April 2016)
Author(s): Tregay, Jenifer, Wray, Jo, Crowe, Sonya, Knowles, Rachel, Daubeney, Piers, Franklin, Rodney, Barron, David, Hull, Sally, Barnes, Nick, Bull, Catherine, Brown, Katherine L

Abstract: To qualitatively assess the discharge processes and postdischarge care in the community for infants discharged after congenital heart interventions in the first year of life. Qualitative study using semistructured interviews and Framework Analysis. UK specialist cardiac centres and the services their patients are discharged to. Twenty-five cardiologists and nurses from tertiary centres, 11 primary and secondary health professionals and 20 parents of children who had either died after discharge or had needed emergency readmission. Participants indicated that going home with an infant after cardiac intervention represents a major challenge for parents and professionals. Although there were reported examples of good care, difficulties are exacerbated by inconsistent pathways and potential loss of information between the multiple teams involved. Written documentation from tertiary centres frequently lacks crucial contact information and contains too many specialist terms. Non-tertiary professionals and parents may not hold the information required to respond appropriately when an infant deteriorates, this contributing to the stressful experience of managing these infants at home. Where they exist, the content of formal ‘home monitoring pathways’ varies nationally, and families can find this onerous. Service improvements are needed for infants going home after cardiac intervention in the UK, focusing especially on enhancing...
mechanisms for effective transfer of information outside the tertiary centre and processes to assist with monitoring and triage of vulnerable infants in the community by primary and secondary care professionals. At present there is no routine audit for this stage of the patient journey. Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to http://www.bmj.com/company/products-services/rights-and-licensing/

Full Text:
Available from *Highwire Press* in *Archives of disease in childhood*

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**Title:** Asthma management programs for primary care providers: increasing adherence to asthma guidelines.

**Citation:** Current opinion in allergy and clinical immunology, Apr 2016, vol. 16, no. 2, p. 142-147, 1473-6322 (April 2016)

**Author(s):** Cloutier, Michelle M

**Abstract:** This article reviews new approaches, facilitators, barriers, and opportunities to increasing guideline-adherent care for children with asthma by primary care clinicians. Primary care clinicians are challenged by the volume of guidelines and want transparent guidelines that are easy to use and that can be used in complex patients with multiple comorbidities. Programs that use decision support tools and electronic technologies and provide support from individuals new to the medical home such as panel management assistants, community health workers, patient advocates, practice facilitators, school nurses, and pharmacists may enhance use of guidelines by primary care clinicians and reduce asthma morbidity. Primary care clinician burnout and difficulty incorporating electronic asthma decision tools into current workflow are recently recognized barriers to guideline integration and improved asthma outcomes. In addition, many of these interventions are labor intensive, costly and may not be capable of being widely disseminated. Programs that simplify guidelines, provide decision support tools and use electronic technologies and an expanded medical team may improve the quality of asthma care provided by the primary care community to children and their families with asthma.

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**Title:** What do nurses think they are doing in pre-school autism assessment?

**Citation:** British journal of nursing (Mark Allen Publishing), Mar 2016, vol. 25, no. 6, p. 319-323, 0966-0461 (March 24, 2016)

**Author(s):** Halpin, Julia

**Abstract:** This study reports on the perspective of all the specialist nurses in community paediatric teams in one NHS trust on their role in pre-school autism assessment. Kim's critical reflective inquiry research method (Kim, 1999) was adapted through the inclusion of the researcher as a participant. Participants reflected on the nursing beliefs and values they hold in common, and on their actions in practice. The study found that the beliefs and values held by these nurses, and their intention to offer holistic nursing delivered through a professional relationship of care, correlated with the kind of care that parents have said families need, and make a unique contribution to team assessment.

**Full Text:**
Available from *EBSCOhost* in *British Journal of Nursing*

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**Title:** Should professionals caring for children be vaccinated? Community perspectives on health care and child care worker immunisation.
Abstract: Several immunisations including influenza and pertussis are specifically recommended for healthcare workers (HCW) and childcare workers (CCW). This study aimed to assess community attitudes to HCW and CCW immunisation recommendations for pertussis and seasonal influenza. A cross-sectional study was conducted by Computer Assisted Telephone Interviewing (CATI) from April to May 2011. Statistical analyses used data weighted to the South Australian population by probability of selection, age, gender and geographical location using benchmarks derived from the 2009 Census population figures. Almost all respondents supported vaccination of HCWs and CCWs against pertussis and influenza. For pertussis, 95.3% agreed nurses, 94.9% agreed doctors and 94.7% agreed CCWs have an obligation to be vaccinated. For influenza, 91.4% agreed nurses, 90.7% agreed doctors and 89.9% agreed CCWs have an obligation to be vaccinated. We identified higher support for protection against pertussis compared to influenza for all three groups of workers (p<0.001). There were higher concerns if CCWs compared to HCWs were not vaccinated against pertussis (OR=2.78) and influenza (OR=1.99). Young (18-30 years) and older age (60+ years) and lower educational attainment were predictors of support for HCWs and CCWs to be vaccinated against influenza. For pertussis, lower educational attainment was a predictor of support for HCWs immunisation. Community support for CCW and HCW immunisation is strong with CCW immunisation was considered a priority. Pertussis immunisation was considered a higher priority than influenza immunisation for HCWs and CCWs. CCW immunisation should be considered for inclusion in public health immunisation programmes. Copyright © 2016 Elsevier Ltd. All rights reserved.

Title: On duty all the time: health and quality of life among immigrant parents caring for a child with complex health needs

Abstract: Aims and objectives: To provide knowledge about how immigrant parents of children with complex health needs manage their family lives and how this affects their own health and quality of life. Background: Caregivers of children with complex health needs have additional risk for general health problems and mental health problems and immigrant parents may be more vulnerable to mental distress and failing health and quality of life. Design: This qualitative study used an exploratory design with individual and focus group interviews. Data collection and analysis followed phenomenological hermeneutic guidelines. Methods: Individual and group interviews with 27 parents: 18 mothers and 9 fathers from Pakistan, Poland and Vietnam. Results: Immigrant parents of children with complex health needs experience their own health and quality of life challenges. They described the burden of dealing with their child’s needs and special care, which affects their sleep and physical and mental health. Single mothers are particularly vulnerable. Conclusion: Parents reported positive and negative effects of their caregiving experience that may affect their health and quality of life. Mothers were the primary caregivers and reported more health problems than did fathers. The lack of respite care, social networks and support impacted maternal health. Immigrant parents struggle to access resources for their child with complex health needs. Relevance to clinical practice: Hospital nurses, schools and community health care can play a valuable role in supporting the parents of children with complex health needs. It is important that parents are informed about their rights and receive a coordinator and interdisciplinary group to ensure that their needs are met.
with assistance and respite care. That maternal health was worse in this sample implies that health care professionals should pay more attention to reducing stress among these caregivers.

**Title:** Community nurses are key to cutting emergency demand.

**Citation:** Nursing standard (Royal College of Nursing (Great Britain) : 1987), Feb 2016, vol. 30, no. 23, p. 14., 2047-9018 (February 3, 2016)

**Abstract:** Community nurse practitioners are key to reducing non-urgent attendances of children at emergency departments, especially in areas of high deprivation, say Australian researchers.

**Title:** The experiences of family carers in the delivery of invasive clinical interventions for young people with complex intellectual disabilities: policy disconnect or policy opportunity?

**Citation:** Journal of Clinical Nursing, Feb 2016, vol. 25, no. 3-4, p. 534-542, 0962-1067 (February 2016)

**Author(s):** Brown, Michael, Hoyle, Louise, Karatzias, Thanos

**Abstract:** Aims and objectives: To explore the experiences of family carers in the delivery of invasive clinical interventions within community settings. Background: Many young people with intellectual disabilities present with complex health needs and require clinical interventions to sustain life. As the population lives into older age there is growing demand for the delivery of these interventions within the community setting. Design: An interpretivist qualitative design. Methods: Ten family carers of children with intellectual disabilities and complex care needs requiring invasive clinical interventions participated in semi-structured interviews. Results: There are barriers identified regarding the delivery of invasive clinical interventions in the home setting by social care support workers. These include a reluctance to carry out invasive clinical interventions both for family carers and staff, anxiety, a lack of knowledge and training and difficulties in recruiting appropriate staff. Conclusions: There needs to be strategic policy developments focusing on this population who are cared for in the community and require invasive clinical interventions. Relevance to clinical practice: Registered Nurses have a key role in educating and preparing families and social care support workers to safely deliver invasive clinical interventions in community settings for both children and adults with intellectual disabilities.

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