Your Outreach Librarian – Helen Pullen

Whatever your information needs, the library is here to help. Just email us at library@uhbristol.nhs.uk

Outreach: Your Outreach Librarian can help facilitate evidence-based practice for all in the team, as well as assisting with academic study and research. We also offer one-to-one or small group training in literature searching, critical appraisal and medical statistics. Get in touch: library@uhbristol.nhs.uk

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 one-to-one session where we can guide you through the process of creating a well-focused literature research. Please email requests to library@uhbristol.nhs.uk

Training Calendar 2017

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<th>October (12.00-13.00)</th>
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<td>Tue 17th</td>
<td>Critical Appraisal</td>
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<td>Wed 25th</td>
<td>Interpreting Statistics</td>
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<th>November (13.00-14.00)</th>
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<td>Thu 2nd Literature Searching</td>
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<td>Fri 10th Critical Appraisal</td>
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<td>Mon 13th Interpreting Statistics</td>
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<td>Tue 21st Literature Searching</td>
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<td>Wed 29th Critical Appraisal</td>
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What is KnowledgeShare?
Provides regular, targeted, personalised evidence updates to staff, based on their specific professional interests. Subject-specific bulletins can also be produced.

Targeted evidence updates
These are individualised, based on a staff member’s interest in particular conditions or lifestyle factors, age groups, settings of care, interventions and management topics.

Collaboration and knowledge sharing
As more library and knowledge services join KnowledgeShare it becomes more powerful for sharing evidence and generating communities of practice.

Register here
Or contact the Library for further information
Archives of Disease in Childhood

October 2017 - Volume 102 - 10

'Best interests' in paediatric intensive care: an empirical ethics study

Giles Birchley, Rachael Gooberman-Hill, Zuzana Deans, James Fraser, Richard Huxtable

Arch Dis Child 2017; 102:930-935 Published Online First: 13 Apr 2017,

http://adc.bmj.com/content/102/10/930.abstract?etoc

Critical Care Medicine

October 2017 - Volume 45 - Issue 10

Neurobiologic Correlates of Attention and Memory Deficits Following Critical Illness in Early Life* Schiller, Raisa M.; IJsselstijn, Hanneke; Madderom, Marlous J.; Rietman, André B.; Smits, Marion; van Heijst, Arno F. J.; Tibboel, Dick; White, Tonya; Muetzel, Ryan L.

Outcomes of Patient- and Family-Centered Care Interventions in the ICU: A Systematic Review and Meta-Analysis

Goldfarb, Michael J.; Bibas, Lior; Bartlett, Virginia; Jones, Heather; Khan, Naureen

Evaluating Cognitive Deficits in Childhood After Neonatal Critical Illness With MRI*

Thiagarajan, Ravi R.

Sedating Children on Extracorporeal Membrane Oxygenation: Achieving More With Less*

Argent, Andrew C.

Sedation Management in Children Supported on Extracorporeal Membrane Oxygenation for Acute Respiratory Failure*

Schneider, James B.; Sweberg, Todd; Asaro, Lisa A.; Kirby, Aileen; Wypij, David; Thiagarajan, Ravi R.; Curley, Martha A. Q.; for the Randomized Evaluation of Sedation Titration for Respiratory Failure (RESTORE) Study Investigators
**Faster Blood Flow Rate Does Not Improve Circuit Life in Continuous Renal Replacement Therapy: A Randomized Controlled Trial**

Fealy, Nigel; Aitken, Leanne; du Toit, Eugene; Lo, Serigne; Baldwin, Ian

**Safety Hazards During Intrahospital Transport: A Prospective Observational Study**

Bergman, Lina M.; Pettersson, Monica E.; Chaboyer, Wendy P.; Carlström, Eric D.; Ringdal, Mona L.

**Updating Evidence for Using Therapeutic Hypothermia in Pediatric Severe Traumatic Brain Injury**

Tasker, Robert C.; Akhondi-Asl, Alireza

**The Overlap Between Burnout and Depression in ICU Staff**

Colville, Gillian A.; Smith, Jared G.

**Current Opinion in Pediatrics**

October 2017 - Volume 29 - Issue 5

**The genetics of congenital heart disease... understanding and improving long-term outcomes in congenital heart disease: a review for the general cardiologist and primary care physician**

Simmons, M. Abigail; Brueckner, Martina

**Genetics of paediatric cardiomyopathies**

Ware, Stephanie M.

**Pediatric Anesthesia**

Volume 27, Issue 10 Pages 979 - 1066, October 2017

**Position and relative size of the vertebral artery according to age: Implications for internal jugular vein access (pages 997–1002)**

Chul-Woo Jung, Gulomjon Jalilov, In-Kyung Song, Eun-Hee Kim, Hee-Soo Kim, Jin-Tae Kim and Ji-Hyun Lee

Version of Record online: 24 JUL 2017 | DOI: 10.1111/pan.13209

**Anatomic variations of neck vessels and the course of pediatric internal jugular veins (pages 1003–1009)**

Kai-Ming Yuan, En-Ci Liu, Ping Li, Wang-Ning Shangguan, Jun Li and Qing-Quan Lian

Version of Record online: 24 JUL 2017 | DOI: 10.1111/pan.13211
The role of ultrasound in appropriate endotracheal tube size selection in pediatric patients (pages 1015–1020)

Demet Altun, Mukadder Orhan-Sungur, Achmet Ali, Tülay Özkan-Seyhan, Nükhet Sivrikoz and Emre Çamcı
Version of Record online: 28 AUG 2017 | DOI: 10.1111/pan.13220

Different predictivity of fluid responsiveness by pulse pressure variation in children after surgical repair of ventricular septal defect or tetralogy of Fallot (pages 1056–1063)

Ding Han, Shoudong Pan, Xiaonan Wang, Qingyan Jia, Yi Luo, Jia Li and Chuan Ou-Yang
Version of Record online: 31 AUG 2017 | DOI: 10.1111/pan.13218
Database Articles

Below is a selection of articles recently added to the healthcare databases. If you would like any of the following articles in full text, or if you would like a more focused search on your own topic, then get in touch: library@uhbristol.nhs.uk

1. Variability of Care in Infants with Severe Bronchiolitis: Less-Invasive Respiratory Management Leads to Similar Outcomes.

**Author(s):** Essouri, Sandrine; Baudin, Florent; Chevret, Laurent; Vincent, Mélanie; Emeriaud, Guillaume; Jouvet, Philippe

**Source:** The Journal of Pediatrics; Sep 2017; vol. 188; p. 156

**Publication Date:** Sep 2017

**Publication Type(s):** Multicenter Study Journal Article Observational Study

**PubMedID:** 28602381

**Abstract:**

OBJECTIVE
To compare the management of children with severe bronchiolitis requiring intensive care (based on duration of ventilatory support and duration of pediatric intensive care unit [PICU] stay) in 2 countries with differing pediatric transport and PICU organizations.

STUDY DESIGN
This was a prospective observational care study in 2 PICUs of tertiary care university hospitals, 1 in France and 1 in Canada. All children with bronchiolitis who required admission to the PICU between November 1, 2013, and March 31, 2014, were included.

RESULT
A total of 194 children were included. Baseline characteristics and illness severity were similar at the 2 sites. There was a significant difference between centers in the use of invasive ventilation (3% in France vs 26% in Canada; P < .0001). The number of investigations performed from admission to emergency department presentation and during the PICU stay was significantly higher in Canada for both chest radiographs and blood tests (P < .001). The use of antibiotics was significantly higher in Canada both before (60% vs 28%; P < .0001) and during (72% vs 33%; P < .0001) the PICU stay. The duration of ventilatory support, median length of stay, and rate of PICU readmission were similar in the 2 centers.

CONCLUSION
Important differences in the management of children with severe bronchiolitis were observed during both prehospital transport and PICU treatment. Less invasive management resulted in similar outcomes with fewer complications.

**Database:** Medline

2. Delirium and Benzodiazepines Associated With Prolonged ICU Stay in Critically Ill Infants and Young Children.

**Author(s):** Smith, Heidi A B; Gangopadhyay, Maalobeka; Goben, Christina M; Jacobowski, Natalie L; Chestnut, Mary Hamilton; Thompson, Jennifer L; Chandrasekhar, Rameela; Williams, Stacey R; Griffith, Katherine; Ely, E Wesley; Fuchs, D Catherine; Pandharipande, Pratik P

**Source:** Critical care medicine; Sep 2017; vol. 45 (no. 9); p. 1427-1435

**Publication Date:** Sep 2017

**Publication Type(s):** Journal Article Observational Study

**PubMedID:** 28594681

Available at Critical care medicine - from Ovid (Journals @ Ovid)
Abstract:OBJECTIVESDelirium is prevalent among critically ill children, yet associated outcomes and modifiable risk factors are not well defined. The objective of this study was to determine associations between pediatric delirium and modifiable risk factors such as benzodiazepine exposure and short-term outcomes.DESIGNSecondary analysis of collected data from the prospective validation study of the Preschool Confusion Assessment Method for the ICU.SETTINGTertiary-level PICU.PATIENTSCritically ill patients 6 months to 5 years old.INTERVENTIONSNone.MEASUREMENTS AND MAIN RESULTSDaily delirium assessments were completed using the Preschool Confusion Assessment Method for the ICU. Associations between baseline and in-hospital risk factors were analyzed for likelihood of ICU discharge using Cox proportional hazards regression and delirium duration using negative binomial regression. Multinomial logistic regression was used to determine associations between daily risk factors and delirium presence the following day. Our 300-patient cohort had a median (interquartile range) age of 20 months (11-37 mo), and 44% had delirium for at least 1 day (1-2 d). Delirium was significantly associated with a decreased likelihood of ICU discharge in preschool-aged children (age-specific hazard ratios at 60, 36, and 12 mo old were 0.17 [95% CI, 0.05-0.61], 0.50 [0.32-0.80], and 0.98 [0.68-1.41], respectively). Greater benzodiazepine exposure (75-25th percentile) was significantly associated with a lower likelihood of ICU discharge (hazard ratio, 0.65 [0.42-1.00]; p = 0.01), longer delirium duration (incidence rate ratio, 2.47 [1.36-4.49]; p = 0.005), and increased risk for delirium the following day (odds ratio, 2.83 [1.27-6.59]; p = 0.02).CONCLUSIONSDelirium is associated with a lower likelihood of ICU discharge in preschool-aged children. Benzodiazepine exposure is associated with the development and longer duration of delirium, and lower likelihood of ICU discharge. These findings advocate for future studies targeting modifiable risk factors, such as reduction in benzodiazepine exposure, to mitigate iatrogenic harm in pediatric patients.

Database: Medline
### Latest Evidence

**Impact of the structure and dose of protein intake on clinical and metabolic outcomes in critically ill children: A systematic review**

Source: [PubMed](https://pubmed.ncbi.nlm.nih.gov/) - 01 September 2017 - Publisher: Nutrition (burbank, Los Angeles County, Calif.)

Outcomes in critically ill children. METHODS: We conducted a systematic review of relevant literature on Embase, PubMed/Medline, Web of...

**Postoperative epidural analgesia versus systemic analgesia for thoraco-lumbar spine surgery in children**

Joanne Guay, Santhanam Suresh, Sandra Kopp, Rebecca L Johnson

Online Publication Date: October 2017

**Heat and moisture exchangers versus heated humidifiers for mechanically ventilated adults and children**

Donna Gillies, David A Todd, Jann P Foster, Bisanth T Batuwitage

Online Publication Date: September 2017

**Aerosolized prostacyclins for acute respiratory distress syndrome (ARDS)**

Arash Afshari, Anders Bastholm Bille, Mikkel Allingstrup

Online Publication Date: July 2017

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OpenAthens login required. Register here: [https://openathens.nice.org.uk/](https://openathens.nice.org.uk/)

Nothing to add from this resource
Library Opening Times

Staffed hours: 8am-5pm, Monday to Friday
Swipe-card access: 7am-11pm, seven days a week

Level 5, Education and Research Centre
University Hospitals Bristol

Contact your Outreach Librarian:

Helen Pullen

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