Paediatric Nurse Education
Current Awareness Newsletter

September 2015
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 September’s Paediatric Nurse Education journals

2: New NICE Guidance

3: Latest relevant Systematic Reviews from the Cochrane Library.

4: NHS Behind the Headlines

5: Current Awareness database articles
Tables of Contents from Nurse Education journals

The links below will take you to the full Tables of Contents.

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

Nurse Educator
September/October 2015, Volume 40, Issue 5

Nurse Education in Practice
July 2015, Volume 15, Issue 4

New NICE Guidance

NG18  Diabetes (type 1 and type 2) in children and young people: diagnosis and management

NG15  Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use
Latest relevant Systematic Reviews from the Cochrane Library

Nutritional support in children and young people with cancer undergoing chemotherapy

Prolonged antibiotics for non-cystic fibrosis bronchiectasis in children and adults

Surfactant therapy for bronchiolitis in critically ill infants

Clinically-indicated replacement versus routine replacement of peripheral venous catheters

NHS Behind the Headlines

Music can help ease pain and anxiety after surgery

Thursday Aug 13 2015

"Listening to music before, during and after an operation can help reduce pain," BBC News reports. An analysis of data found evidence that people who listened to music had reduced anxiety and were less likely to request pain relief…

Upcoming Lunchtime Drop-in Sessions

The Library and Information Service provides free specialist information skills training for all UHBristol staff and students.

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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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Title: Can nurses be key players in assessing early motor development using a structured method in the child health setting?

Citation: Journal of evaluation in clinical practice, Aug 2015, vol. 21, no. 4, p. 681-687 (August 2015)

Author(s): Johansen, Kine, Persson, Kristina, Sarkadi, Anna, Sonnander, Karin, Magnusson, Margaretha, Lucas, Steven

Abstract: Increasing evidence highlights the importance of early interventions for motor disorders in children. Given the key medical role of the nurse within the Swedish Child Health Service (CHS), we aimed to examine if nurses could apply a structured assessment of early motor development at the child health centre to enable early identification of children at risk. Structured Observation of Motor Performance in Infants (SOMP-I) assesses infant's level of motor development and quality of motor performance using subscales converted to total scores. The total score for both level and quality can then be plotted within the SOMP-I percentile distribution at the child's age for comparison with a reference population. Fifty-five infants (girls: 30) were assessed according to SOMP-I at three child health centres. Assessments were performed by nurses (n = 10) in a clinical setting; one nurse performed the assessment while another nurse and a physiotherapist observed. Agreement for the assessment of level as a continuous variable was excellent [intraclass correlation coefficient (ICC) 0.97-0.98], but was lower for quality (ICC 0.02-0.46). When the children were categorized according to the percentile range categories, the assessors were in agreement for the majority of the children, with respect to both level (78-82%) and quality (78-87%). Despite brief experience with SOMP-I, the agreement was excellent when assessing the level of motor development, but was less satisfactory for the assessment of quality of motor performance. More extensive education and training may be necessary to improve the nurses' ability to assess quality, as this domain was an entirely new concept to the nurses. Further research is warranted to determine the applicability of SOMP-I as a standardized method for nurses to assess motor development within the CHS. © 2015 John Wiley & Sons, Ltd.

Title: Assessment of psychosocial problems in children with type 1 diabetes and their families: the added value of using standardised questionnaires in addition to clinical estimations of nurses and paediatricians.

Citation: Journal of clinical nursing, Aug 2015, vol. 24, no. 15-16, p. 2143-2151 (August 2015)

Author(s): Boogerd, Emiel A, Damhuis, Anouk Ma, van Alfen-van der Velden, Janielle A Aem, Steeghs, Marley Cch, Noordam, Cees, Verhaak, Chris M, Vermaes, Ignace Pr

Abstract: To investigate the assessment of psychosocial problems in children with type 1 diabetes by means of clinical estimations made by nurses and paediatricians and by using standardised questionnaires. Although children with type 1 diabetes and their parents show increased risk for psychosocial problems, standardised assessment of these problems lacks in diabetes care. By comparing these different modes of assessment, using a cross-sectional design, information about the additional value of using standardised questionnaires is provided. Participants were 110 children with type 1 diabetes (aged 4-16), their parents, and healthcare professionals. Children filled out the Strengths and Difficulties Questionnaire and the Paediatric Quality of Life Inventory, Diabetes Module. Parents filled out the Strengths and Difficulties Questionnaire parent-report and the Parenting Stress Index. Independently, nurses and paediatricians filled out a short questionnaire, which assessed their clinical estimations of the children's psychosocial problems and quality of life, and parents' levels of parenting stress. Reports of children and parents were compared to clinical estimations. Children in our sample showed more psychosocial problems and lower health-related quality of life than their healthy peers. In approximately half of the children, dichotomous estimations by healthcare professionals and dichotomised reports by patients and parents were in agreement. In 10% of the children, no psychosocial problems were present according to professionals' estimations, although patients and parents-reported psychosocial problems. In 40%, psychosocial problems were present according to professionals' estimations, although parents and patients did not report psychosocial problems. Children with type 1 diabetes show more psychosocial problems than healthy children.
Professionals seem to tend towards overestimating psychosocial problems. Extending the assessment of psychosocial problems with routine screening on patient-reported outcomes, using validated questionnaires, could be of additional value in tailoring care to the needs of the individual child and parents. © 2015 John Wiley & Sons Ltd.

Title: Nurse-driven pediatric analgesia and sedation protocol reduces withdrawal symptoms in critically ill medical pediatric patients.

Citation: Paediatric anaesthesia, Aug 2015, vol. 25, no. 8, p. 786-794 (August 2015)

Author(s): Neunhoeffer, Felix, Kumpf, Matthias, Renk, Hanna, Hanelt, Malte, Berneck, Nicole, Bosk, Axel, Gerbig, Ines, Heimberg, Ellen, Hofbeck, Michael

Abstract: While several analgesia and sedation guidelines and protocols have been developed and implemented for adults, there is still little evidence of clinical use of analgesia and sedation protocols and the impact on withdrawal symptoms in critically ill children. The aim of this study was to evaluate the effects of a nurse-driven goal-directed analgesia and sedation protocol for mechanically ventilated pediatric patients (pASP) on duration of mechanical ventilation, pediatric intensive care unit (PICU) length of stay, total doses of opioids and benzodiazepines, and occurrence of withdrawal symptoms. This is a before and after protocol implementation study in a 14-bed medical-surgical-cardiac pediatric intensive care unit at a university children's hospital. A total of 337 medical pediatric patients requiring mechanical ventilation with PICU length of stay for at least 24 h were included. Prior to implementation of the protocol, analgesia and sedation was managed by the attending physician's order. Afterwards, postimplementation, nurses managed analgesia and sedation following a pASP, including COMFORT 'behavioral' Scale, Nurse Interpretation Sedation Scale, and Sophia Observation Withdrawal Symptoms Scale. One hundred and sixty-five patients were included in the 15-month period before and 172 patients were included in the 15-month period after implementation of the pASP. Median duration of mechanical ventilation was 2.02 (0.96-25.0) days in the group preceding protocol implementation and 1.71 (0.96-66.0) days afterwards (P = 0.23). Median PICU length of stay was 5.8 (1-37.75) days in the preimplementation and 5.0 (1-120) days in the postimplementation group (P = 0.14). Total doses of opioids and benzodiazepines were 3.9 mg·kg(-1)·day(-1) (0.1-70) vs 3.1 mg·kg(-1)·day(-1) (0.05-56); P = 0.38 and 5.9 mg·kg(-1)·day(-1) (0-82.0) vs 4.2 mg·kg(-1)·day(-1) (0-66); P = 0.009 after implementation. Incidence of withdrawal was significantly lower over the postimplementation period (12.8% vs 23.6%; P = 0.005). Implementation of a nurse-driven pASP reduced the total dose of benzodiazepines and the occurrence of withdrawal symptoms significantly. © 2015 John Wiley & Sons Ltd.

Title: Nurses’ Perception of Supportive Behaviors in Providing Pediatric End-of-Life Care and Its Correlation With Their Demographic Factors

Citation: Journal of Hospice and Palliative Nursing. Aug 2015, vol. 17, no. 4, p. 333-341, 1522-2179 (August 1, 2015)

Author(s): Banazadeh, Marjan, Iranmanesh, Sedigheh, Forozy, Mansoure Azizzadeh

Abstract: The kind of care that nurses provide for dying persons is influenced by their perceptions and attitudes toward death. Gaining an increased understanding of nurses’ perceptions of changes that would facilitate appropriate end-of-life care is important to improve quality care. Using a translated modified version of The National Survey of Critical Care Nurses Regarding End-of-Life questionnaire, the correlation between 151 nurses' demographic factors and their perceptions of supportive behaviors' magnitude was assessed. The highest/lowest perceived supportive behavior magnitude scores belonged to items, respectively, 'providing a peaceful, dignified bedside scene for family once the child has died' (5.75) in health care professional-related category and 'letting the religious leader take primary care of the grieving family' (1.08) in organizational-related category. Some nurses' demographic factors including family and close friends' death experience, number of dying children who were cared for, and previous education toward death and dying were positively correlated with perceived supportive behavior magnitude scores. This study revealed that nurses' personal and professional experience may affect their perceptions of supportive behaviors in providing end-of-life care. Some educational programs in raising nurses' self-awareness of their perceptions, accompanied by interventions, are required to improve pediatric end-of-life care. [PUBLICATION] 38 references
Title: Can nurses be key players in assessing early motor development using a structured method in the child health setting?

Citation: Journal of Evaluation in Clinical Practice, Aug 2015, vol. 21, no. 4, p. 681-687, 1356-1294 (August 2015)

Author(s): Johansen, Kine, Persson, Kristina, Sarkadi, Anna, Sonnander, Karin, Magnusson, Margaretha, Lucas, Steven

Abstract: Rational, aims and objectives Increasing evidence highlights the importance of early interventions for motor disorders in children. Given the key medical role of the nurse within the Swedish Child Health Service (CHS), we aimed to examine if nurses could apply a structured assessment of early motor development at the child health centre to enable early identification of children at risk. Methods Structured Observation of Motor Performance in Infants (SOMP-I) assesses infant's level of motor development and quality of motor performance using subscales converted to total scores. The total score for both level and quality can then be plotted within the SOMP-I percentile distribution at the child's age for comparison with a reference population. Fifty-five infants (girls: 30) were assessed according to SOMP-I at three child health centres. Assessments were performed by nurses (n=10) in a clinical setting; one nurse performed the assessment while another nurse and a physiotherapist observed. Results Agreement for the assessment of level as a continuous variable was excellent [intraclass correlation coefficient (ICC) 0.97-0.98], but was lower for quality (ICC 0.02-0.46). When the children were categorized according to the percentile range categories, the assessors were in agreement for the majority of the children, with respect to both level (78-82%) and quality (78-87%). Conclusion Despite brief experience with SOMP-I, the agreement was excellent when assessing the level of motor development, but was less satisfactory for the assessment of quality of motor performance. More extensive education and training may be necessary to improve the nurses' ability to assess quality, as this domain was an entirely new concept to the nurses. Further research is warranted to determine the applicability of SOMP-I as a standardized method for nurses to assess motor development within the CHS. [PUBLICATION] 30 references

Title: Nurse specialist leads the way.

Citation: Nursing standard (Royal College of Nursing (Great Britain) : 1987), Aug 2015, vol. 29, no. 50, p. 11. (August 12, 2015)

Abstract: A scheme that allows children to receive antibiotics at home and relies on pioneering work by a clinical nurse specialist in paediatric infectious diseases has been developed.

Title: Safeguarding the welfare of children: what is the nurse's role?

Citation: British journal of nursing (Mark Allen Publishing), Aug 2015, vol. 24, no. 15, p. 769-773, 0966-0461 (August 13, 2015)

Author(s): El-Radhi, A Sahib

Abstract: Everyone who works with children, including teachers, GPs, other medical professionals and the police, has a responsibility to keep children safe and protect them from harm. Simply put, safeguarding children is everyone's responsibility. Children should be protected from maltreatment and any impairment that may affect their health and development. In addition, we all have to ensure that children grow up with safe and effective care. At particular risk, and therefore in particular need of safeguarding, are children who are disabled; who have educational or other specific additional needs; and who bear signs of child abuse, substance abuse, or domestic violence. Under the Children Act 1989, local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. Nurses are well-placed to identify children and young people who may be at risk, and to act to safeguard them. Nurses and other health professionals should be familiar with local referral arrangements, usually to children's social care.

Full Text: Available from EBSCOhost in British Journal of Nursing
Title: Nurse staffing issues are just the tip of the iceberg: a qualitative study about nurses’ perceptions of nurse staffing.

Citation: International journal of nursing studies, Aug 2015, vol. 52, no. 8, p. 1300-1309 (August 2015)

Author(s): van Oostveen, Catharina J, Mathijssen, Elke, Vermeulen, Hester

Abstract: To obtain in-depth insight into the perceptions of nurses in the Netherlands regarding current nurse staffing levels and use of nurse-to-patient-ratios (NPR) and patient classification systems (PCS). In response to rising health care demands due to ageing of the patient population and increasing complexity of healthcare, hospital boards have been implementing NPRs and PCSs. However, many nurses at the unit level believe that staffing levels have become critically low, endangering the quality and safety of their patient care. This descriptive phenomenological qualitative study was conducted in a 1000-bed Dutch university hospital among 24 wards of four specialties (surgery, internal medicine, neurology, gynaecology & obstetrics and paediatric care). Data were collected from September until December 2012. To collect data four focus groups (n=44 nurses) were organized. Additionally, a total of 27 interviews (20 head nurses, 4 nurse directors and 3 quality advisors) were conducted using purposive sampling. The focus groups and interviews were audiotaped, transcribed and subjected to thematic analysis. Nurse staffing issues appear to be merely the ‘tip of the iceberg’. Below the surface three underlying main themes became clear - nursing behaviour, authority, and autonomy - which are linked by one overall theme: nurses' position. In general, nurses' behaviour, way of thinking, decision-making and communication of thoughts or information differs from other healthcare disciplines, e.g. physicians and quality advisors. This results in a perceived and actual lack of authority and autonomy. This in turn hinders them to plead for adequate nurse staffing in order to achieve the common goal of safe and high-quality patient care. Nurses desired a valid nursing care intensity system as an interdisciplinary and objective communication tool that makes nursing care visible and creates possibilities for better positioning of nurses in hospitals and further professionalization in terms of enhanced authority and autonomy. The perceived subservient position of nurses in the hospital appears to be the root cause of nurse staffing problems. It is yet unknown whether an objective PCS to measure nursing care intensity would help them communicate effectively and credibly, thereby improving their own position. Copyright © 2015 Elsevier Ltd. All rights reserved.

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Title: Compassion Satisfaction and Compassion Fatigue Among Critical Care Nurses.

Citation: Critical care nurse, Aug 2015, vol. 35, no. 4, p. 32-42 (August 2015)

Author(s): Sacco, Tara L, Ciurzynski, Susan M, Harvey, Megan Elizabeth, Ingersoll, Gail L

Abstract: Although critical care nurses gain satisfaction from providing compassionate care to patients and patients’ families, the nurses are also at risk for fatigue. The balance between satisfaction and fatigue is considered professional quality of life. To establish the prevalence of compassion satisfaction and compassion fatigue in adult, pediatric, and neonatal critical care nurses and to describe potential contributing demographic, unit, and organizational characteristics. In a cross-sectional design, nurses were surveyed by using a demographic questionnaire and the Professional Quality of Life Scale to measure levels of compassion fatigue and compassion satisfaction. Nurses (n = 221) reported significant differences in compassion satisfaction and compassion fatigue on the basis of sex, age, educational level, unit, acuity, change in nursing management, and major systems change. Understanding the elements of professional quality of life can have a positive effect on work environment. The relationship between professional quality of life and the standards for a healthy work environment requires further investigation. Once this relationship is fully understood, interventions to improve this balance can be developed and tested. ©2015 American Association of Critical-Care Nurses.

Full Text: Available from EBSCOhost in Critical Care Nurse
Forgotten how to conduct a search using the NHS Health Databases Advanced Search (HDAS)? Not sure how to get the best out of your search strategy? This quick guide will help you fill in the blanks...

You will need to log in using your OpenAthens username and password. Register if needed here: https://openathens.nice.org.uk/

1) Choose your databases (or select all)
2) Enter in your search terms
   - Choose which fields to search (the default is title and abstract)
   - Break each concept down into all possible terms (British/American spellings, acronyms, alternative terms etc), then combine using ‘OR’
   - More useful database search tips:
     * Truncation: A substitute for any letters (or none) E.g. p*ediatric* = paediatric, pediatrics, paediatrician etc.
     ** Inverted commas: Specifies that adjacent words should be searched as phrases E.g. “noninvasive ventilation”
     ADJ Adjacency: Specifies the maximum number of words that can appear between two search terms E.g. Random* ADJ1 trial

3) Combine the different search concepts using ‘AND’
4) Apply limits e.g. publication date
5) Remove duplicates (this function can be slow)
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