

# Intensive Care

## Current Awareness Newsletter



July 2016

Respecting everyone  
Embracing change  
Recognising success  
Working together  
**Our hospitals.**



Library and Information Service

[library@uhbristol.nhs.uk](mailto:library@uhbristol.nhs.uk)





## Outreach

Your Outreach Librarian can help facilitate evidence-based practise for all ICU 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](mailto:katie.barnard@uhbristol.nhs.uk)

## Books

Books can be searched for using SWIMS our online catalogue at [www.swims.nhs.uk](http://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](mailto:library@uhbristol.nhs.uk)

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Care journals**
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## **Tables of Contents from Critical Care journals**

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

The Library does not have a subscription for all the journals listed, but we can always source the articles through **inter-library loan**. If you require full text articles please email: [library@uhbristol.nhs.uk](mailto:library@uhbristol.nhs.uk).

### **Critical Care Medicine**

[July 2016, Volume 44, Issue 7](#)

### **Current Opinion in Critical Care**

[August 2016, Volume 22, Issue 4](#)

### **Critical Care**

[July 2016, Volume 20](#)

### **Intensive and Critical Care Nursing**

[August 2016, Volume 35](#)

Nursing Journals:

### **Nursing Times**

[July 6, 2016](#)

### **Nursing Standard**

[July 6, 2016, Volume 30, Issue 44](#)

### **Nursing in Critical Care**

[July 2016, Volume 21, Issue 4](#)

## New activity in UpToDate

### **Dosing of direct oral anticoagulants in obese patients (June 2016)**

Limited data are available to guide dosing of direct oral anticoagulants (DOACs; dabigatran, apixaban, edoxaban, rivaroxaban) in patients with obesity. The International Society of Thrombosis and Hemostasis (ISTH) has issued guidance on this subject [11]. The major recommendations include use of DOACs at standard doses for those with a body mass index (BMI)  $\leq 40$  kg/m<sup>2</sup> or weight  $< 120$  kg, and avoidance of DOACs in individuals with a BMI  $> 40$  kg/m<sup>2</sup> or weight  $\geq 120$  kg. (See "[Direct oral anticoagulants: Dosing and adverse effects](#)".)

### **Early initiation of renal replacement therapy (June 2016)**

It is unclear if the early initiation of renal replacement therapy (RRT) (ie, without an obvious indication such as severe hyperkalemia, metabolic acidosis, pulmonary edema or advanced uremic symptoms) provides any benefit to critically ill patients with acute kidney injury (AKI) compared with later initiations of RRT. Two new randomized trials have evaluated this in somewhat different patient populations. In the larger trial, 620 critically ill patients with severe AKI were randomized to early or delayed RRT [12]. There was no difference in 60-day mortality, and nearly one-half of patients in the delayed RRT group recovered without requiring RRT. In contrast, a second trial of 231 critically ill patients with more moderate AKI showed reduced 90-day mortality with earlier RRT [13]. In the delayed initiation group, only 11 patients ended up not requiring RRT, and early RRT reduced the duration of AKI and length of stay. However, we have lower confidence in the results of the smaller trial, because it is possible that the relatively small size of the trial resulted in an overestimate of the treatment benefit. It is otherwise difficult to understand how minor differences in the protocols and patient populations could achieve such dramatically different outcomes. Until further data are available, UpToDate suggests that RRT not be initiated in the absence of obvious clinical indications. (See "[Renal replacement therapy \(dialysis\) in acute kidney injury in adults: Indications, timing, and dialysis dose](#)", section on 'Timing of elective initiation'.)

## Upcoming Lunchtime Drop-in Sessions

The **Library and Information Service** provides free specialist information skills training for all UHBristol staff and students. To book a place, email: [library@uhbristol.nhs.uk](mailto: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](mailto:library@uhbristol.nhs.uk) or [katie.barnard@uhbristol.nhs.uk](mailto:katie.barnard@uhbristol.nhs.uk) to arrange a session.

### **July (1pm)**

Tue 5th	<b>Critical Appraisal</b>
Wed 13 <sup>th</sup>	<b>Statistics</b>
Thurs 21 <sup>st</sup>	<b>Information resources</b>
Fri 29 <sup>th</sup>	<b>Literature Searching</b>

### **August (12pm)**

Tue 2nd	<b>Critical Appraisal</b>
Wed 10th	<b>Statistics</b>
Thurs 18th	<b>Information resources</b>
Fri 26th	<b>Literature Searching</b>

## Quick Exercise

### Sensitivity and Specificity

**Sensitivity:**

If a person has a disease, how often will the test be positive (true positive rate)?

If the test is highly sensitive and the test result is negative you can be nearly certain that they don't have disease.

**Specificity:**

If a person does not have the disease how often will the test be negative (true negative rate)?

If the test result for a highly specific test is positive you can be nearly certain that they actually have the disease.

#### Quick Quiz:

1. **A very sensitive test, when negative, helps you:**
  - a: Rule-in disease
  - b: Rule-out disease
  - c: Confuse medical students
  - d: Save money
  
2. **A test which is highly specific, when positive, helps you:**
  - a: Rule-in disease
  - b: Rule-out disease
  - c: Confuse medical students
  - d: Save money

*To find out more about medical statistics, sign up for one of our training sessions. To book a session or for more details, email [library@uhbristol.nhs.uk](mailto:library@uhbristol.nhs.uk).*

Answers: 1b, 2a



# **The Library**

Level 5

Education Centre

University Hospitals Bristol

Staffed: 8.00 am—17.00 pm, Monday to Friday

Swipe Access: 7.00 am—23.00pm, 7 days a week

Contact the ICU Outreach librarian:

**[katie.barnard@uhbristol.nhs.uk](mailto:katie.barnard@uhbristol.nhs.uk)**

**[www.uhbristol.nhs.uk/for-clinicians/  
library-and-information-service](http://www.uhbristol.nhs.uk/for-clinicians/library-and-information-service)**