

Burns

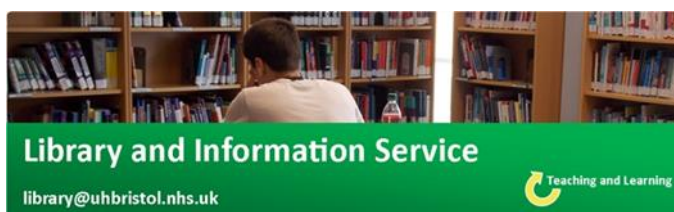
Current Awareness Newsletter

November

2016



Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.



Library and Information Service

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Training Calendar 2016

All sessions are 1 hour

October (12pm)

Fri 7th **Statistics**
 Mon 10th **Information resources**
 Tue 18th **Literature Searching**
 Wed 26th **Critical Appraisal**

November (1pm)

Thurs 3rd **Statistics**
 Fri 11th **Information resources**
 Mon 14th **Literature Searching**
 Tues 22nd **Critical Appraisal**
 Wed 30th **Statistics**

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 1 to 1 session where we can guide you through the process of creating a well-focused literature research.

Please email requests to library@uhbristol.nhs.uk

Contents

The Latest Evidence for Burns

NICE National Institute for
Health and Care Excellence

[Intranasal Dexmedetomidate for Procedural Sedation in the Emergency Department](#)

Source: [BestBETS](#) - 05 October 2016

...Talon MD, et al. Intranasal Dexmedetomidine Premedication is Comparable with Midazolam in Burn Children Undergoing Reconstructive Surgery *Journal of Burn Care & Research* 2009 Jul-Aug; 30(4):599-605 Gyanesh P, et al. Comparison between...



Nothing to report

UpToDate[®]

OpenAthens login required. Register here: <https://openathens.nice.org.uk/>

Nothing to report

Other – Behind the Headlines, Guidance

Nothing to report

Journal Tables of Contents

The most recent issues of key journals. If you would like any of the papers in full text then please email the library: library@uhbristol.nhs.uk

[Burns 2015 \(Elsevier\)](#)

[November 2016 Volume 42, Issue 7, p1367-1622, e99-e106](#)

[Journal of Burn Care & Research \(LWW\)](#)

[September/October 2016 - Volume 37 - Issue 5 pp: 265-333,e427-e500](#)

[Injury Prevention \(BMJ\)](#)

[October 2016 Volume 22 Issue 5](#)

[Plastic and Reconstructive Surgery \(LWW\) October 2016 - Volume 138 - Issue 4 pp: 751-958,575e-789e](#)

[Journal of Plastic, Reconstructive & Aesthetic Surgery \(Elsevier\)](#)

[October 2016 Volume 69, Issue 10, p1319-1458, e205-e216](#)

[Archives of Disease in Childhood \(BMJ\)](#)


[October 2016, Volume 101, Issue 10](#)

[Pediatrics \(HighWire\)](#)

[October 2016, VOLUME 138 / ISSUE 4](#)

Injury (Elsevier)

October 2016 Volume 47, Issue 10, p2051-2384



Trauma (Sage)

October 2016; 18 (4)

Exercise

Creating a search strategy

Scenario: A 64 year old obese male who has tried many ways to lose weight presents with a newspaper article about 'fat-blazer' (chitosan). He asks for your advice.

1. What would your PICO format be?

Population/problem	
Intervention/indicator	
Comparator	
Outcome	

2. What would your research question be?

Taken from the Centre for Evidence Based Medicine

*Find out more about constructing an effective search strategy in one of our **Literature searching** training sessions.*

For more details, email library@uhbristol.nhs.uk.

PICO: P = obese patients; I = chitosan; C = placebo; O = decrease weight
Research question: In obese patients, does chitosan, compared to a placebo, decrease weight?

Current Awareness Database Articles on Burns

Results Saved Results

3 of 3 saved results

1. Staphylococcal Scalded Skin Syndrome: A Case Review.

Source: Neonatal network : NN; 2016; vol. 35 (no. 1); p. 8-12

Publication Date: 2016

Publication Type(s): Journal Article

Author(s): Hennigan, Kourtney; Riley, Cheryl

Abstract:Staphylococcal scalded skin syndrome (SSSS) is a rare yet well-known exfoliative skin syndrome. It involves extensive desquamated areas caused by an exfoliative toxin from *Staphylococcus aureus*. The typical presentation of SSSS allows for early diagnosis and treatment of the disease. Knowing and understanding the prevalence, pathophysiology, risk factors, and diagnosis of SSSS will ensure that infants being treated and cared for by neonatal nurses and neonatal nurse practitioners will receive appropriate, comprehensive, and multidisciplinary care while in the NICU. The purpose of this case review is to inform neonatal nurses and practitioners of the current literature that focuses on the diagnosis and management of SSSS.

Database: Medline

2. A Case of Toxic Epidermal Necrolysis Secondary to Acetaminophen in a Child.

Source: Current drug safety; 2016; vol. 11 (no. 1); p. 99-101

Publication Date: 2016

Publication Type(s): Journal Article

Author(s): Pena, María Á; Pérez, Sonia; Zazo, Ma Concepción; Alcalá, Pedro J; Cuello, Juan D; Zapater, Pedro; Reig, Roberto

Abstract:To report and discuss a serious cutaneous adverse reaction in a child who was treated with acetaminophen (paracetamol). A five years old male child presented a pruriginous maculopapular rash and a "drug-induced Stevens-Johnson syndrome/Toxic Epidermal Necrolysis" was suspected. Applying Spanish Pharmacovigilance System probability algorithm (modified Karch-Lasagna algorithm) for the suspected drugs (acetaminophen, ibuprofen and azithromycin), the causality of this adverse reaction was possible for acetaminophen and unlikely for the other two drugs. In this case it was recommended suspending and avoiding treatment with acetaminophen. This adverse reaction was reported to the Spanish Pharmacovigilance System (notification number: 10-600428). Skin adverse reactions induced by drugs are uncommon but often serious and potentially fatal. There are few cases reports of "Stevens-Johnson syndrome/Toxic Epidermal Necrolysis" associated with acetaminophen in the literature. We present a documented case in a child. According to modified Karch-Lasagna algorithm, this case represents a possible adverse reaction. Hypersensitivity reactions with skin involvement are rarely associated with acetaminophen ingestion, but in a population such as the paediatric population, in which its use is widespread, the involvement of this drug should always be suspected if no other possible cause at sight.

Database: Medline

3. Severe delayed skin reactions related to drugs in the paediatric age group: A review of the subject by way of three cases (Stevens-Johnson syndrome, toxic epidermal necrolysis and DRESS).

Source: Allergologia et immunopathologia; 2016; vol. 44 (no. 1); p. 83-95

Publication Date: 2016

Publication Type(s): Case Reports Journal Article Review

Author(s): Belver, M T; Michavila, A; Bobolea, I; Feito, M; Bellón, T; Quirce, S

Abstract: Severe delayed drug-induced skin reactions in children are not common but potentially serious. This article describes aspects concerning the etiology, pathogenesis and clinical manifestations of these processes; it presents three paediatric cases, namely STS (Steven Johnson Syndrome), TEN (toxic epidermal necrolysis), probably related to amoxicillin/clavulanate and ibuprofen and DRESS (a drug reaction with eosinophilia and systemic symptoms) secondary to phenytoin; and in relation to them, the diagnosis and the treatment of these processes are discussed and reviewed. The AGEP (acute generalised exanthematous pustulosis) is also reviewed. The aetiological diagnosis of severe non-immediate reactions is difficult, and the value of current allergological testing is not well defined in these cases. Diagnosis is based on clinical history, the empirical risk of drugs to trigger SJS/TEN or DRESS, and the in vivo and in vitro testing of the suspect drug. Skin biopsy confirms that the clinical diagnosis and delayed hypersensitivity tests, especially the patch test and the lymphoblastic transformation test (LTT), may be important to confirm the aetiological diagnosis, in our cases emphasising the latter. These diseases can be life threatening (especially DRESS and TEN) and/or have a high rate of major complications or sequelae (SJS/TEN). The three cases described progressed well without sequelae. All were treated with corticosteroids, which is the most currently accepted treatment although the effect has not been clearly demonstrated. Copyright © 2015 SEICAP. Published by Elsevier Espana. All rights reserved.

Database: Medline

Strategy 41464

#	Database Search term	Results
1	Medline (paediatric* OR pediatric*or child*or adolescen* OR infant*).ti,ab	379950
2	Medline (thermal ADJ1 (injur* OR Scald* OR Burn OR burns)).ti,ab	6211
5	Medline (SSSS).ti,ab	301
6	Medline (((Staphylococcal ADJ scalded) ADJ skin) ADJ syndrome).ti,ab	419
7	Medline ((toxic ADJ epidermal) ADJ necrolysis).ti,ab	2635
8	Medline (meningococcal ADJ septicaemia).ti,ab	221
9	Medline (SSSS).ti,ab OR (((Staphylococcal ADJ scalded) ADJ skin) ADJ syndrome).ti,ab OR ((toxic ADJ epidermal) ADJ necrolysis).ti,ab OR (meningococcal ADJ septicaemia).ti,ab	3402
10	Medline (thermal ADJ1 (injur* OR Scald* OR Burn OR burns)).ti,ab OR (SSSS).ti,ab OR (((Staphylococcal ADJ scalded) ADJ skin) ADJ syndrome).ti,ab OR ((toxic ADJ epidermal) ADJ necrolysis).ti,ab OR (meningococcal ADJ septicaemia).ti,ab	9598
11	Medline (paediatric* OR pediatric*or child*or adolescen* OR infant*).ti,ab AND ((thermal ADJ1 (injur* OR Scald* OR Burn OR burns)).ti,ab OR (SSSS).ti,ab OR (((Staphylococcal ADJ scalded) ADJ skin) ADJ syndrome).ti,ab OR ((toxic ADJ epidermal) ADJ necrolysis).ti,ab OR (meningococcal ADJ septicaemia).ti,ab)	189



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You need to register using an NHS PC and an NHS email address.

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E-journals

E-books

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katie.barnard@uhbristol.nhs.uk



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Swipe-card access: 7am-11pm 7 days a week

Level 5, Education and Research Centre

University Hospitals Bristol

Contact your outreach librarian:

Helen Pullen