

Community Children's Nursing

Current Awareness Newsletter

November 2016



Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.



Training Calendar 2016

All sessions are 1 hour

August (12pm)

Tue 2nd **Critical Appraisal**
Wed 10th **Statistics**
Thurs 18th **Information resources**
Fri 26th **Literature Searching**

September (1pm)

Fri 2nd **Critical Appraisal**
Mon 5th **Statistics**
Tue 18th **Information resources**
Wed 21st **Literature Searching**
Thurs 29th **Critical Appraisal**

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

NICE National Institute for
Health and Care Excellence

Guidelines

Harmful sexual behaviour among children and young people (NG55)

Quality Standards

Bronchiolitis in children (Qs122) June 2016

Diabetes in children and young people (Qs125) July 2016

Early years: promoting health and wellbeing in under 5s (QS128)

Obesity: clinical assessment and management (QS127) August 2016

Suspected cancer (QS124) June 2016



**Cochrane
Library**

Oral appliances and functional orthopaedic appliances for obstructive sleep apnoea in children

Non-nutritive sucking for increasing physiologic stability and nutrition in preterm infants

Strategies to improve the implementation of healthy eating, physical activity and obesity prevention policies, practices or programmes within childcare services

UpToDate®

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

GENERAL PEDIATRICS AND ADOLESCENT MEDICINE

Multidisciplinary approach to children and adolescents with persistent concussion symptoms

(September 2016)

For patients with prolonged post-concussion symptoms, a multidisciplinary approach that includes mental health care by a psychologist or psychiatrist is associated with better outcomes. In a randomized trial of 49 children and adolescents (11 to 17 years of age) with persistent symptoms for one month or longer after a sports-related concussion, collaborative treatment consisting of care management, cognitive-behavioral therapy, and, when needed, psychopharmacologic consultation was associated with significant reductions in postconcussive and depression symptoms at six months when compared to usual treatment [1]. (See ["Concussion in children and adolescents: Management", section on 'Persistent symptoms'.](#))

Strategies for preventing obesity and eating disorders (September 2016)

Clinicians and parents may be reluctant to address obesity in children because of concerns for promoting eating disorders. A new clinical report from the American Academy of Pediatrics outlines strategies that can be used to address obesity without promoting disordered eating [2]. These include counseling parents to avoid "weight talk" (comments that focus on weight or weight-related appearance, even if they are not directed at the child) and focusing goals on healthy food choices and healthy eating behaviors rather than dieting (which is distinguished by caloric restriction with a goal of weight loss). (See ["Management of childhood obesity in the primary care setting", section on 'Raising the sensitive issue of weight'.](#))

ALLERGY, IMMUNOLOGY, AND RHEUMATOLOGY**Farm animals, asthma, and the innate immune response (September 2016)**

Exposure to farm animals, particularly early in life, is negatively associated with the development of allergic disease. A recent study compared 60 children from Amish and Hutterite communities, two genetically similar, reproductively isolated farming populations in the United States [21]. The Amish have traditional, single-family farms with exposure to horses and dairy cows, whereas the Hutterites live and work on large farms that are highly industrialized. Amish children have significantly lower rates of asthma and allergic sensitization than their Hutterite counterparts. Endotoxin levels were significantly higher in the Amish homes, and dust extracts from the Amish homes, but not the Hutterite homes, significantly blocked airway hyperresponsiveness and eosinophilia in a mouse model. In addition, in vitro studies showed an enhanced innate immune response in Amish, but not Hutterite, children. These findings suggest that the closer contact with farm animals in the Amish lifestyle may help prevent the development of asthma by altering the innate immune response. (See ["Increasing prevalence of](#)

[asthma and allergic rhinitis and the role of environmental factors", section on 'Farms, villages, worms, and other parasites'.\)](#)

Lack of association between acetaminophen and asthma in children (September 2016)

More frequent use of [acetaminophen](#) was associated with increased asthma-related complications in children in observational studies, leading to the recommendation by some for children with asthma to avoid acetaminophen. However, these findings were not replicated in a prospective, randomized trial comparing acetaminophen and [ibuprofen](#) use [22]. In this trial, 300 children with mild persistent asthma were randomly assigned to as-needed treatment with acetaminophen or ibuprofen for fever or pain over a 48-week period. All children received standard controller therapy for asthma. There was no significant difference between the two groups in the number of asthma exacerbations requiring treatment with systemic glucocorticoids or in the number of asthma exacerbations. Thus, we do not advise restricting the use of acetaminophen in children with asthma. (See "[Virus-induced wheezing and asthma: An overview](#)", section on 'Acetaminophen use for febrile illnesses'.)

Other – Behind the Headlines, Guidance

[Warning over babies sleeping in car seats](#)

Tuesday Oct 4 2016

"Long periods sleeping in car seats may be dangerous for young babies," the Daily Mail reports. The results of a small study suggest babies spending long periods of time in a car seat may lead to breathing difficulties...

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

[British Journal of Community Nursing](#)

[Archives of Disease in Childhood](#)

[Nursing Children and Young people](#)

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...

Community Paediatric Nursing HDAS Search

[See full search strategy](#)

Contents 31 of 31 results on Saved Results

1. Improving Health Through Political Activism.
2. The Influence of Neonatal Nursery Design on Mothers' Interactions in the Nursery.
3. Discharge Facilitation: An Innovative PNP Role.
4. The Whole Family Serves: Supporting Sexual Minority Youth in Military Families.
5. Health Care Use Outcomes of an Integrated Hospital-to-Home Mother-Preterm Infant Intervention.
6. Missed Opportunities for Postpartum Behavioral and Psychosocial Health Care and Acceptability of Screening Options.
7. Challenges in monitoring the development of young children in remote Aboriginal health services: clinical audit findings and recommendations for improving practice.
8. Movin' On Up: An Innovative Nurse-Led Interdisciplinary Health Care Transition Program.
9. Continued Intimate Partner Violence During Pregnancy and After Birth and Its Effect on Child Functioning.
10. Enhancing Student Nurse Learning through Participation in a Community-Based Educational Program for Children and Families.
11. Health Status, Living Arrangements, and Service Use at 100: Findings From the Oporto Centenarian Study.
12. Evaluation of Skill-oriented Training on Enhanced Syndromic Case Management (ESCM) of Reproductive Tract Infections / Sexually Transmitted Infections (RTI/STIs) of Care Providers from Three-tier Health-care System of Gujarat.
13. Child Care Centers' Role in Support of Breastfeeding Families.
14. Factors Affecting Health-Related Quality of Life in Children Undergoing Curative Treatment for Cancer: A Review of the Literature.
15. Factors That Influence Israeli Muslim Arab Parents' Intention to Vaccinate Their Children Against Influenza.
16. Advancing the Development of the Guidelines for the Nursing of Children, Adolescents, and Families: 2014 Revision: Process, Development, and Dissemination.

17. Resources and population served: a description of the Ontario Paediatric Diabetes Network.
18. Innovation in Faculty Practice: A College of Nursing and Juvenile Justice Collaboration.
19. Exploring the Structure and Content of Hospital-Based Pediatric Nurse Residency Programs.
20. NAPNAP Position Statement. Position Statement on Pediatric Health Care/Medical Home: Key Issues on Care Coordination, Transitions, and Leadership.
21. What do nurses think they are doing in pre-school autism assessment?
22. Self-medication Activities in a Community Pharmacy for Student Pharmacist Training.
23. Rural children active trachoma risk factors and their interactions.
24. The Pratt Pouch Provides a Three-Fold Access Increase to Antiretroviral Medication for Births outside Health Facilities in Southern Zambia.
25. Measuring the Effect of Carers on Patients' Risk of Adverse Healthcare Outcomes Using the Caregiver Network Score.
26. Behavioral Interventions to Improve Asthma Outcomes for Adolescents: A Systematic Review.
27. Integrated management of childhood illness (IMCI) strategy for children under five.
28. Quality of Health Management Information System for Maternal & Child Health Care in Haryana State, India.
29. Twitter, Millennials, and Nursing Education Research.
30. Teaching Children to Be Health Educators.
31. New patient-reported experience measure for children with allergic disease: development, validation and results from integrated care.

Full strategy

Results Saved Results

31 of 31 saved results

1. Improving Health Through Political Activism.

Source: Journal of Christian nursing : a quarterly publication of Nurses Christian Fellowship; 2016; vol. 33 (no. 4); p. 225-229

Publication Date: 2016

Publication Type(s): Journal Article

Author(s): Johnston, Donald; Landreneau, Kandace

Abstract: Nurse leaders have a moral and professional obligation to be aware of and influence policy to promote health at local to national levels. As nurse leaders and concerned local residents, the authors engaged in changing the influence of a sexually-oriented business that was impacting the psychosocial health of local citizenry, especially children. Learning city ordinances and state and federal laws was a precursor to change. Professionalism in action can successfully engage community leaders, create change, and support community health.

Database: Medline

2. The Influence of Neonatal Nursery Design on Mothers' Interactions in the Nursery.

Source: Journal of pediatric nursing; 2016; vol. 31 (no. 5); p. e301

Publication Date: 2016

Publication Type(s): Journal Article

Author(s): Jones, Liz; Peters, Kathryn; Rowe, Jennifer; Sheeran, Nicola

Abstract: This study examined the influence of neonatal nursery design on interactions between nurses and mothers of infants in the nursery. We used a natural quasi-experimental design, using semi-structured interviews and a structured measure of mothers' and nurses' perceptions of nursing care, to compare mothers (n=26 and n=40) and nurses (n=22 and n=29) in an open-bay (OB) nursery and a single family room (SFR) nursery. Thematic analysis was used to generate key themes from the interviews. Mothers and nurses in both nursery designs talked about Valuing interactions; the importance of interactions between mothers and nurses. Mothers and nurses described SFRs as providing a space, My/their room, which enhanced mothers' sense of control and connection with the infant. SFRs were also associated with Changing the norms of interactions with nurses and other mothers, which created challenges in the desired quantity and quality of interactions for mothers and nurses. Nurses in the SFR nursery also reported Enhanced interactions, including improved confidentiality and personalized communication. Mothers in the OB nursery reported more supportive mothering actions from nurses than mothers in the SFR nursery. Both mothers and nurses in the OB nursery also talked about Our nursery community, which captured the value of having other nurses and mothers in the rooms. Mothers and nurses perceived that the SFR nursery enhanced privacy and maternal closeness for mothers compared to the OB nursery. However, the SFR nursery design presented challenges to some interactions of value to nurses and mothers. Copyright © 2016 Elsevier Inc. All rights reserved.

Database: Medline

3. Discharge Facilitation: An Innovative PNP Role.

Source: Journal of pediatric health care : official publication of National Association of Pediatric Nurse Associates & Practitioners; 2016; vol. 30 (no. 5); p. 499-505

Publication Date: 2016

Publication Type(s): Journal Article

Author(s): Dunn, Kelly; Rogers, Jayne

Abstract:Efficient and safe transition from the hospital to the community setting remains a priority in health care. Providers face mounting pressure of both timely discharges and minimizing readmissions, because these factor have an impact on provider reimbursement. Traditionally in academic medical centers, rotating teams of resident physicians have been responsible for discharging inpatients. The acute care pediatric nurse practitioner (PNP), when discharging patients, may arrange follow-up care, prescribe medications, and sign discharge orders, as the resident physician does. Additionally, the PNP is positioned to provide continuity of care and provide detailed discharge teaching and care coordination. The goal of this article is to review the literature pertaining to the nurse practitioner role in discharge facilitation and describe the creation and impact of an innovative nurse practitioner discharge coordinator role at a large urban pediatric medical center where improved discharge times were achieved. Copyright © 2015 National Association of Pediatric Nurse Practitioners. Published by Elsevier Inc. All rights reserved.

Database: Medline

4. The Whole Family Serves: Supporting Sexual Minority Youth in Military Families.

Source: Journal of pediatric health care : official publication of National Association of Pediatric Nurse Associates & Practitioners; 2016; vol. 30 (no. 5); p. 414-423

Publication Date: 2016

Publication Type(s): Journal Article

Author(s): Gyura, Ashley N; McCauley, Sabrina Opiola

Abstract:Sexual minority youth in military families have a unique set of stressors that affect their mental, emotional, and physical health. There is a pronounced gap in data addressing the specific stressors of this population and how they interact to impact the health of the adolescent. The culture of the United States military has historically been heterosexist and homophobic, propelled primarily by policies that restricted the recruitment and service of lesbian, gay, bisexual, or transgender individuals, leading to a continued secrecy around sexual orientation that may affect how sexual minority youth within the community view themselves. Homophobia, social stigma, and victimization lead to significant health disparities among sexual minority youth, and youth connected to the military have additional stressors as a result of frequent moves, parental deployment, and general military culture. Primary care providers must be aware of these stressors to provide a safe environment, thorough screening, and competent care for these adolescents. Copyright © 2015 National Association of Pediatric Nurse Practitioners. Published by Elsevier Inc. All rights reserved.

Database: Medline

5. Health Care Use Outcomes of an Integrated Hospital-to-Home Mother-Preterm Infant Intervention.

Source: Journal of obstetric, gynecologic, and neonatal nursing : JOGNN / NAACOG; 2016; vol. 45 (no. 5); p. 625-638

Publication Date: 2016

Publication Type(s): Journal Article

Author(s): Vonderheid, Susan C; Rankin, Kristin; Norr, Kathleen; Vasa, Rohitkamar; Hill, Sharice; White-Traut, Rosemary

Abstract: To compare health care use from initial hospital discharge through 6 weeks corrected age in two groups of mother-preterm infant dyads: those who received an intervention, Hospital to Home: Optimizing Premature Infant's Environment (H-HOPE), and an attention control group. Prospective randomized controlled trial. Two community hospital NICUs. Mothers (n = 147) with social-environmental risk factors and their stable preterm infants. Mother-infant dyads were randomly assigned to the H-HOPE or control group. When infants reached 6 weeks corrected age, information about health care visits since their hospital discharges was collected through an interview. Only half of all infants received all recommended well-child visits. Infants in H-HOPE were half as likely to have acute care episodes (illness visit to the clinic or emergency department or hospital readmission) as control infants (odds ratio [OR] = 0.46, 95% confidence interval [CI] [0.22, 0.95]). Infants of mothers with high trait anxiety were nearly 3 times more likely to have an acute care episode (OR = 2.78, 95% CI [1.05, 7.26]), and mothers who had low education levels (OR = .22, 95% CI [0.08, 0.60]) were less likely to have acute care episodes. There was a trend toward fewer acute care visits for infants whose mothers preferred an English interview (OR = .47, 95% CI [0.21, 1.06]). Findings emphasize the importance of reinforcing well-child visits for vulnerable preterm infants. H-HOPE, an integrated mother-infant intervention, reduces acute care episodes (visits to the clinic or emergency department or hospital readmissions) for preterm infants. Copyright © 2016 AWHONN, the Association of Women's Health, Obstetric and Neonatal Nurses. Published by Elsevier Inc. All rights reserved.

Database: Medline

6. Missed Opportunities for Postpartum Behavioral and Psychosocial Health Care and Acceptability of Screening Options.

Source: Journal of obstetric, gynecologic, and neonatal nursing : JOGNN / NAACOG; 2016; vol. 45 (no. 5); p. 614-624

Publication Date: 2016

Publication Type(s): Journal Article

Author(s): Walker, Lorraine O; Murphey, Christina L; Xie, Bo

Abstract: To examine occurrence of health care provider discussion of postpartum women's behavioral and psychosocial health, acceptability of screening, and access to a provider with whom to comfortably discuss sensitive topics. Mail survey during the first postpartum year. Community dwelling. Postpartum women (N = 168) from diverse backgrounds. Using vital records, we drew a random sample that was stratified on race/ethnicity and income from a Southwestern U.S. community. Potential participants were mailed a questionnaire about health care and screening in the areas of depression, diet, physical activity, smoking, and alcohol use during the postpartum period. Women reported that discussion of depression most often occurred (51%) during health care encounters, and discussion of weight least often occurred (14%). More than 94% of women indicated they would "welcome" or "not mind" screenings for depression, diet, physical activity, alcohol use, or smoking at health care visits. More than 90% welcomed screening during their infants' pediatric health care visits. Most (86%) reported that screening on an electronic device at their health care visits was acceptable. Most (84%) were interested in completing a screening at home on a Web site. Also, 58% of women without health insurance compared with 24% of those with insurance indicated that they lacked a health professional with whom they could comfortably discuss sensitive topics such as depression. Wide gaps exist in postpartum behavioral and psychosocial health care. Most women find a variety of screening settings and methods acceptable. Copyright © 2016 AWHONN, the Association of Women's Health, Obstetric and Neonatal Nurses. Published by Elsevier Inc. All rights reserved.

Database: Medline

7. Challenges in monitoring the development of young children in remote Aboriginal health services: clinical audit findings and recommendations for improving practice.

Source: Rural and remote health; 2016; vol. 16 (no. 3); p. 3852

Publication Date: 2016

Publication Type(s): Journal Article

Author(s): D'Aprano, Anita; Silburn, Sven; Johnston, Vanessa; Bailie, Ross; Mensah, Fiona; Oberklaid, Frank; Robinson, Gary

Abstract: Early detection of developmental difficulties is universally considered a necessary public health measure, with routine developmental monitoring an important function of primary healthcare services. This study aimed to describe the developmental monitoring practice in two remote Australian Aboriginal primary healthcare services and to identify gaps in the delivery of developmental monitoring services. A cross-sectional baseline medical record audit of all resident children aged less than 5 years in two remote Aboriginal health centres in the Northern Territory (NT) in Australia was undertaken between December 2010 and November 2011. A total of 151 medical records were audited, 80 in Community A and 71 in Community B. Developmental checks were more likely among children who attended services more regularly. In Community A, 63 (79%) medical records had some evidence of a developmental check and in Community B there were 42 (59%) medical records with such evidence. However, there was little indication of how assessments were undertaken: only one record noted the use of a formal developmental screening measure. In Community A, 16 (16%) records documented parent report and 20 (20%) documented staff observations, while in Community B, the numbers were 2 (3%) and 11 (19%), respectively. The overall recorded prevalence of developmental difficulties was 21% in Community A and 6% in Community B. This is the first study to describe the quality of developmental monitoring practice in remote Australian Aboriginal health services. The audit findings suggest the need for a systems-wide approach to the delivery and recording of developmental monitoring services. This will require routine training of remote Aboriginal health workers and remote area nurses in developmental monitoring practice including the use of a culturally appropriate, structured developmental screening measure.

Database: Medline

8. Movin' On Up: An Innovative Nurse-Led Interdisciplinary Health Care Transition Program.

Source: Journal of pediatric health care : official publication of National Association of Pediatric Nurse Associates & Practitioners; 2016; vol. 30 (no. 4); p. 323-338

Publication Date: 2016

Publication Type(s): Journal Article

Author(s): Betz, Cecily L; Smith, Kathryn A; Van Speybroeck, Alexander; Hernandez, Francisco V; Jacobs, Robert A

Abstract: This article provides an overview of an innovative nurse-led interdisciplinary health care transition (HCT) model of care entitled Movin' On Up for adolescents and emerging adults (AEAs) with spina bifida (SB) that was originally implemented in 2011. The components of the HCT service model include an HCT nursing specialist, who is an advanced practice nurse; interdisciplinary health care transition plans based on the individualized needs of AEAs; an interdisciplinary HCT team that meets on a weekly basis; direct HCT services provided in the weekly SB clinic; and telephonic follow-up with AEAs, families, and providers. The characteristics of this nurse-led HCT program can be described as an integrated, interdisciplinary, and comprehensive model of care based on a life span

approach. To date, a total of 210 AEAs with SB, ages 10 to 20 years, have been enrolled into the program. An important feature of this HCT service model is that it is self-supporting; it generates the revenue needed for sustainability and, unlike other HCT programs, is not reliant on extramural programmatic support. Other accomplishments of Movin' On Up include the development of a transfer protocol wherein 35 AEAs with SB have been supported in their transfer to adult care; implementation of a standardized process to ensure that service referrals to community-based services for postsecondary education, employment, training, and initiation of conservatorships are made; timely performance of evaluations; close tracking of needs and outcomes of self-management knowledge and skills instruction; and attention to equipment needs prior to transfer. Copyright © 2016 National Association of Pediatric Nurse Practitioners. Published by Elsevier Inc. All rights reserved.

Database: Medline

9. Continued Intimate Partner Violence During Pregnancy and After Birth and Its Effect on Child Functioning.

Source: Journal of obstetric, gynecologic, and neonatal nursing : JOGNN / NAACOG; 2016; vol. 45 (no. 4); p. 601-609

Publication Date: 2016

Publication Type(s): Journal Article

Author(s): Bianchi, Ann L; McFarlane, Judith; Cesario, Sandra; Symes, Lene; Maddoux, John

Abstract: To investigate the effect of intimate partner violence (IPV) during pregnancy with continued IPV up to 6 months after birth and its effect on child functioning. Nonexperimental descriptive design. Safe shelters and the District Attorney's office in a large urban community in the United States. Abused women (N = 284) who reported IPV and reached out for services. Abused women who reported IPV answered a questionnaire on the effects of abuse during pregnancy and continued abuse after birth and child behaviors. Women who continued to experience abuse during pregnancy were compared with women who did not report abuse during pregnancy and after birth. The Achenback Child Behavior Checklist was used to evaluate child behavior. Research questions were analyzed through the use of nonparametric analyses. Between the two groups, the relationship between IPV during pregnancy and IPV during the first 6 months after birth was significant ($p < .001$). The relation between women who reported abuse during pregnancy and conception rape was significant ($p < .001$). Most abused women (76%) were not screened for IPV during pregnancy ($p = .025$). Significant findings related to child behaviors and IPV during pregnancy were found for internalizing behaviors ($p < .009$), externalizing behaviors ($p < .001$), and total behavioral problems ($p < .001$). Intimate partner violence during pregnancy increases the risk of IPV 6 months after birth. These findings also indicated a negative intergenerational effect of IPV during pregnancy on child behavior. Screening for IPV during pregnancy is vital to interrupt ongoing IPV and possible negative outcomes for mother and child. Copyright © 2016 AWHONN, the Association of Women's Health, Obstetric and Neonatal Nurses. Published by Elsevier Inc. All rights reserved.

Database: Medline

10. Enhancing Student Nurse Learning through Participation in a Community-Based Educational Program for Children and Families.

Source: Journal of community health nursing; 2016; vol. 33 (no. 3); p. 139-144

Publication Date: 2016

Publication Type(s): Journal Article

Author(s): Krol, Maria; Resha, Cheryl; Glendon, Mary Ann

Abstract:Health disparities, especially among minorities, persist; obesity is a national concern; and the combined effect can be significant for families and populations. In an effort to address obesity at an early age, the National Association of Hispanic Nurses (NAHN), developed the Muevete USA™ project. Muevete USA™ (from the Spanish verb for "to move") features five lesson plans on healthy lifestyles for children and their families. This article describes Muevete USA™, the partnership with a local school of nursing, the implementation of the program at the local level and the emerging program and student outcomes of a successful partnership.

Database: Medline

11. Health Status, Living Arrangements, and Service Use at 100: Findings From the Oporto Centenarian Study.

Source: Journal of aging & social policy; 2016; vol. 28 (no. 3); p. 148-164

Publication Date: 2016

Publication Type(s): Journal Article

Author(s): Ribeiro, Oscar; Araújo, Lia; Teixeira, Laetitia; Duarte, Natália; Brandão, Daniela; Martin, Ignacio; Paúl, Constança

Abstract:This paper describes the sociodemographic characteristics, health status, and service use of centenarians living in the community and centenarians residing in an elder care facility/nursing home and examines their main differences. Participants were 140 centenarians from the population-based Oporto Centenarian Study (Mage = 101.2; SD = 1.6). Main findings revealed that the majority of the centenarians lived at home with their family members (57.9%). Increased health care needs, living alone, and family caregiving constraints were the most common reasons for entering a nursing home. Community-dwelling centenarians were cared for mostly by their children and were less dependent and in better cognitive health than those who resided in a nursing home. Differences were found in the pattern of health service use according to the centenarians' residence, ability to pay medical expenses, and dependency level. Findings highlight the need for an accurate assessment of caregiving support systems, particularly family intergenerational duties, and of the factors constraining the access and use of health and social services. Policy makers may be guided by the insights gained from this research and work toward improvement of support options and removal of barriers to service access.

Database: Medline

12. Evaluation of Skill-oriented Training on Enhanced Syndromic Case Management (ESCM) of Reproductive Tract Infections / Sexually Transmitted Infections (RTI/STIs) of Care Providers from Three-tier Health-care System of Gujarat.

Source: Indian journal of community medicine : official publication of Indian Association of Preventive & Social Medicine; 2016; vol. 41 (no. 3); p. 183-189

Publication Date: 2016

Publication Type(s): Journal Article

Author(s): Sharma, Rashmi; Prajapati, Shailesh; Patel, Brijesh; Kumar, Pradeep

Available in full text at [Indian Journal of Community Medicine](#) - from ProQuest

Available in full text at [Indian Journal of Community Medicine : Official Publication of Indian Association of Preventive and Social Medicine](#) - from National Library of Medicine

Abstract:Enhanced syndromic case management (ESCM) deals with reproductive tract and sexually transmitted infections. Capacity building of service providers not only boosts the program but also inputs from them improve the quality of services. To (1) identify problem areas from providers' perspectives and the gaps in knowledge and application and (2) assess the gains (if any) through pre and post-training evaluation. A total of 121 participants (medical/para medical) from various medical colleges, district/sub-district hospitals/ community health centers, and urban dispensaries across Gujarat were trained at a teaching institute. Trainings were of 2-3 days duration involving different learning methodology. Pre- and post-training evaluation were done on a designed pro forma and data were entered in MS office Excel 2007. Gains in knowledge/skills if any were assessed by comparing pre-/post-evaluation responses and applying test of significance (χ^2 test). Out of total 121 participants, half (60) were doctors and the rest were paramedics [staff nurse (SN) and lab technicians (LT)]. Doctors revealed significant gain in basics of reproductive tract infections (RTI) and sexually transmitted infections (STI), syndrome identification, STI/HIV co-infection, and ESCM and less gain in asymptomatic STI/ complications, vulnerability, male reproductive organs, causes of vaginal/urethral discharge, STI complications, cervical cancer screening, and limitation of syndromic management. Gain was statistically significant in basics of RTI/STI amongst adolescent in paramedics; lab technicians showed significant gain in knowledge of laboratory-related areas. Assessment revealed (1) poor baseline knowledge and (2) gains following training sometimes significant and other times not significant even in core areas. Quality monitoring and contents/ methodologies modification are essential for robust trainings. Gains in skills could not be assessed through this evaluation.

Database: Medline

13. Child Care Centers' Role in Support of Breastfeeding Families.

Source: MCN. The American journal of maternal child nursing; 2016; vol. 41 (no. 3); p. 154-161

Publication Date: 2016

Publication Type(s): Journal Article

Author(s): Garth, Emily; Messer, Abigail L; Spatz, Diane L

Abstract:The purpose of this study was to investigate individual child care centers' attitudes and policies related to breastfeeding in two distinct areas in Philadelphia. Little is known about individual centers' approach to breastfeeding despite returning to work being cited as a major barrier to continued breastfeeding. Data were collected by compiling a list of child care centers in the areas of study and conducting telephone surveys of the 166 centers that met inclusion criteria. Surveys were administered using an adapted tool from the New York State Department of Health. Data were analyzed using descriptive statistics. A total of 47 of the 166 (28%) of centers completed the survey. Results indicate there is room for improvement in education and training of staff on benefits of breastfeeding and human milk. The majority of centers (95%) surveyed indicated they would not feed an infant anything besides human milk unless specifically stated in a feeding plan. However, only 40% of centers had staff trained about benefits of breastfeeding and how to prepare and store human milk. Results varied between West Philadelphia and Center City. Widespread education of healthcare providers and child care center staff is necessary to ensure adherence to breastfeeding support guidelines and dissemination of accurate information to breastfeeding families. Nurses and other healthcare providers need to be aware of child care as a barrier to breastfeeding and the importance of providing comprehensive education and referral to community resources.

Database: Medline

14. Factors Affecting Health-Related Quality of Life in Children Undergoing Curative Treatment for Cancer: A Review of the Literature.

Source: Journal of pediatric oncology nursing : official journal of the Association of Pediatric Oncology Nurses; 2016; vol. 33 (no. 3); p. 228-240

Publication Date: 2016

Publication Type(s): Journal Article Review

Author(s): Momani, Tha'er G; Hathaway, Donna K; Mandrell, Belinda N

Abstract:Health-related quality of life (HRQoL) is an important measure to evaluate a child's reported treatment experience. Although there are numerous studies of HRQoL in children undergoing curative cancer treatment, there is limited literature on factors that influence this. To review published studies that describe the HRQoL and associated factors in children undergoing curative cancer treatment. Full-text publications in English from January 2005 to March 2013 were searched in PubMed, PsychINFO, and CINAHL for children ≤ 18 years of age undergoing curative cancer treatment. HRQoL-associated factors were categorized as cancer diagnosis, treatment, child, family, and community. Twenty-six studies met the inclusion criteria. The most frequently used generic and cancer-specific instruments were PedsQL (Pediatric Quality of Life Inventory) Generic and PedsQL Cancer, respectively. Cancer diagnosis and treatment were the most frequently identified variables; fewer studies measured family and community domains. Gender, treatment intensity, type of cancer treatments, time in treatment, and cancer diagnosis were correlated with HRQoL. Our study highlights the need to develop interventions based on diagnosis and treatment regimen to improve the HRQoL in children undergoing curative cancer treatment. © 2015 by Association of Pediatric Hematology/Oncology Nurses.

Database: Medline

15. Factors That Influence Israeli Muslim Arab Parents' Intention to Vaccinate Their Children Against Influenza.

Source: Journal of pediatric nursing; 2016; vol. 31 (no. 3); p. 293-298

Publication Date: 2016

Publication Type(s): Journal Article

Author(s): Ben Natan, Merav; Kabha, Samih; Yehia, Mamon; Hamza, Omar

Abstract:The purpose of the current study was to explore factors related to the intention of parents from the Muslim Arab ethnic minority in Israel to vaccinate their children against influenza, using the Health Belief Model (HBM). This study is a cross sectional quantitative study. A convenience sample of 200 parents of children aged 12 and younger completed a questionnaire based on the HBM. Perceived susceptibility, severity, benefits, and barriers predicted 88% of parents' intention to vaccinate their children. Parents who vaccinated their children in the past year were younger and had fewer children. Community nurses and physicians were identified as important cues to action. The HBM components predicted a high percentage of parents' intention to vaccinate their children. Interventions to raise vaccination coverage rates among children belonging to an ethnic minority of Israeli Muslim Arabs should begin on the micro level of the parent-health care professional encounter. Copyright © 2016 Elsevier Inc. All rights reserved.

Database: Medline

16. Advancing the Development of the Guidelines for the Nursing of Children, Adolescents, and Families: 2014 Revision: Process, Development, and Dissemination.

Source: Journal of pediatric health care : official publication of National Association of Pediatric Nurse Associates & Practitioners; 2016; vol. 30 (no. 3); p. 284-288

Publication Date: 2016

Publication Type(s): Journal Article

Author(s): Betz, Cecily L; Cowell, Julia Muennich; Faulkner, Melissa Spezia; Feeg, Veronica D; Greenberg, Cindy Smith; Krajicek, Marilyn J; Lipman, Terri H; Lobo, Marie L; Nehring, Wendy M; Craft-Rosenberg, Martha; Vessey, Judith A

Abstract: This article details the process used to develop the revision of the original Guidelines that resulted in the development of the 2014 Health Care Quality and Outcomes Guidelines for Nursing of Children, Adolescents, and Families. Members of the 2014 Guidelines Revision Task Force conducted an extensive process of revision, which included the input and approval of 16 pediatric and child health nursing and affiliated organizational endorsements. The revised Guidelines were presented to and endorsed by the American Academy of Nursing Board. These Guidelines are designed for use by pediatric and child health nurses who work in a range of health care and community-based settings. The Guidelines are proposed to be used as a framework for nurse-directed services and intervention development and testing, as a model for undergraduate and graduate pediatric and child health nursing program curriculum development, and as the theoretical basis for nursing investigations on the care of children, adolescents, and families. Copyright © 2016 National Association of Pediatric Nurse Practitioners. Published by Elsevier Inc. All rights reserved.

Database: Medline

17. Resources and population served: a description of the Ontario Paediatric Diabetes Network.

Source: CMAJ open; 2016; vol. 4 (no. 2); p. E141

Publication Date: 2016

Publication Type(s): Journal Article

Author(s): Shulman, Rayzel; Miller, Fiona A; Stukel, Therese A; Daneman, Denis; Guttmann, Astrid

Abstract: The Network of Ontario Pediatric Diabetes Programs was established in 2001 to provide access to specialized pediatric diabetes care. Universal funding for pediatric insulin pump therapy has been available in Ontario since 2006. The objective of this study was to describe the distribution of patients, resources and insulin pump use across centres within the network, now called the Ontario Paediatric Diabetes Network. We conducted a cross-sectional survey in 2012 of the 35 pediatric diabetes centres in Ontario to measure centre characteristics, patient volume and available clinical and social resources. We used health administrative data from the provincial Assistive Devices Program to describe patients aged 18 years or less using insulin pumps by centre as a measure of technology uptake. All 35 centres participated, reporting a total of 6676 children with type 1 diabetes and 368 with type 2 diabetes. Most (> 80%) children with type 1 diabetes were followed at tertiary (n = 5) or large community (n = 14) centres. Nursing patient load was similar between centre types, but there was a large range across centres within any type. Overall, percent insulin pump use was 38.1% and varied widely across centres (5.3%-66.7%). Funded 24-hour support for pump users was available at 5 (36%) small community centres, 3 (19%) large community centres and 2 (40%) tertiary centres. Our study showed differences in access to specialized and after-hours care for children with diabetes in Ontario. Pump use varied widely across centres. Further research is needed to assess the impact of these observed differences on quality of care and outcomes.

Database: Medline

18. Innovation in Faculty Practice: A College of Nursing and Juvenile Justice Collaboration.

Source: Journal of professional nursing : official journal of the American Association of Colleges of Nursing; 2016; vol. 32 (no. 2); p. 94-99

Publication Date: 2016

Publication Type(s): Journal Article

Author(s): Clifton, Jennifer M; Roberts, Leissa A

Abstract:Residential Juvenile Justice Services (JJS) facilities are located in every state and, in general, represent an underserved and diverse adolescent population. The JJS centers present an exciting and innovative opportunity for collaboration with colleges of nursing to initiate faculty practice sites. The University of Utah College of Nursing has been serving 5 JJS centers for 14 years and recently doubled its services to incorporate 10 different JJS Centers in the state of Utah. Each center offers a unique patient population and setting providing the student with an opportunity to learn health assessment and physical examination skills not typically presented in more traditional hospital or outpatient facilities. This type of community collaboration affords an opportunity for faculty practice, education, research, and service. An interprofessional focus enriches the experience. Copyright © 2016 Elsevier Inc. All rights reserved.

Database: Medline

19. Exploring the Structure and Content of Hospital-Based Pediatric Nurse Residency Programs.

Source: Journal of pediatric nursing; 2016; vol. 31 (no. 2); p. 187-195

Publication Date: 2016

Publication Type(s): Research Support, Non-u.s. Gov't Journal Article

Author(s): Smith, Janis B; Rubinson, Deborah; Echtenkamp, Deborah; Brostoff, Marcie; McCarthy, Ann Marie

Abstract:This paper presents the results of a national survey of pediatric nurse residency programs (NRP). The Pediatric Nursing Certification Board (PNCB) database was used to identify 316 hospitals with pediatric units, including children's hospitals and community hospitals with pediatric services. The Residency Task Force of the Institute of Pediatric Nursing (IPN) developed the survey, Exploring Pediatric Nurse Residency Programs. Survey items addressed structure, content, outcomes, benefits and challenges of NRPs, including a comparison with orientation programs and use of preceptors. Of the 316 hospitals contacted, 65 provided usable information and 45 reported having an NRP. Most (94%) of the hospitals have an orientation program, and 70% had an NRP. The NRPs were typically internally developed (60%) and a year in length (46.5%). Most common content (>80%) included critical thinking, stress management, small group support, professional role transition, pediatric resuscitation, and evidence based practice. Evaluation of the NRPs included measures of satisfaction, turnover rates, and standardized measures, primarily the Casey-Fink Graduate Nurse Experience Survey (48.7%). Challenges include obtaining financial support from the organization, developing content relevant across units, providing time away from clinical units, and maintaining preceptors. Benefits noted included development of professional role confidence and peer support networks, increased safe nursing practices, and a decrease in nursing turnover. In the ongoing development of NRPs in children's hospitals, issues such as appropriate content, optimal length, standardization across settings, impact on nurse retention, safe practice and patient outcomes all need to be addressed. Copyright © 2016 Elsevier Inc. All rights reserved.

Database: Medline

20. NAPNAP Position Statement. Position Statement on Pediatric Health Care/Medical Home: Key Issues on Care Coordination, Transitions, and Leadership.

Source: Journal of pediatric health care : official publication of National Association of Pediatric Nurse Associates & Practitioners; 2016; vol. 30 (no. 2); p. A17

Publication Date: 2016

Publication Type(s): Journal Article

Abstract:The National Association of Pediatric Nurse Practitioners (NAPNAP) affirms that the delivery of children's health care should be family-centered, accessible, comprehensive, coordinated, culturally appropriate, compassionate, and focused on the overall well-being of children and families. All qualified pediatric health care providers should collaborate in providing health care services for children in pediatric health care/medical homes. Interventions must address the concepts of family-centered partnerships, community-based systems, and transitional care from pediatric to adult services.

Database: Medline

21. What do nurses think they are doing in pre-school autism assessment?

Source: British journal of nursing (Mark Allen Publishing); 2016; vol. 25 (no. 6); p. 319-323

Publication Date: 2016

Publication Type(s): Journal Article

Author(s): Halpin, Julia

Available in full text at [British Journal of Nursing](#) - from EBSCOhost

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.

Database: Medline

22. Self-medication Activities in a Community Pharmacy for Student Pharmacist Training.

Source: Yakugaku zasshi : Journal of the Pharmaceutical Society of Japan; 2016; vol. 136 (no. 7); p. 951-954

Publication Date: 2016

Publication Type(s): Journal Article

Author(s): Sakaguchi, Mayumi

Abstract:Japan's Ministry of Health, Labour and Welfare published "the required function and the desired operating form of a pharmacy" and proposed that "a pharmacy should demonstrate a positive role for the promotion of self-medication". In the future, it will be indispensable to pharmacies that pharmacists play a role not only in dispensing medicine but also in serving a central health-station role in the community, including promoting the self-selection of proper OTC medications for the maintenance of health. My pharmacy in a traditional area in Tokyo carries OTC drugs, health and nursing care goods, medical supplies, etc. besides dispensing medicine by prescription. Moreover, a "sample measurement room" where a person can conduct a blood test by self-puncture was prepared in April of 2014. In addition, my pharmacy has held "health consultation meetings" for patients in collaboration with a registered dietitian, as well as "meetings for briefing

sessions on how to better take or administer medicines" for parents of infants, etc. These activities have been useful to local residents in the prevention of lifestyle-related diseases and in promoting a better understanding of medicine. Moreover, on-site student trainees from schools of pharmacy are helping with planning, data collection, and explanation on the days of these meetings. For trainees from schools of pharmacy, participating in these activities is important to becoming a pharmacist trusted at the community level in the future.

Database: Medline

23. Rural children active trachoma risk factors and their interactions.

Source: The Pan African medical journal; 2016; vol. 24 ; p. 128

Publication Date: 2016

Publication Type(s): Journal Article

Author(s): Muluneh, Essey Kebede; Zewotir, Temesgen; Bekele, Zerihun

Available in full text at [Pan African Medical Journal, The](#) - from National Library of Medicine

Abstract:Trachoma is a serious public health problem in rural Ethiopia. The aim of this investigation was to provide in-depth statistical analysis of the risk factors associated with active trachoma among children of age 1-9 years of Kedida Gamela district, in Ethiopia. A community based cross-sectional survey of trachoma was conducted in six selected rural kebeles of Kedida Gamela district, in Ethiopia from June 10-25, 2014. A total of 377 children (ages 1-9 years) were included in the study using two stage cluster sampling. All children were examined for trachoma by nurse data collectors supervised by ophthalmic supervisors using the WHO simplified clinical grading system. Ordinal survey logistic regression model was used to identify risk factors. Data analysis was done using SAS version 9.3. The best fit proportional odds model was identified to be the main effects and two-way and three-way interactions. Keeping cattle in the house was found to have a protective effect (OR=0.138, p-value=0.0003). The household wealth will have a more protective effect if the child attends school. Washing face with soap and water once a day has equivalent protective effect as washing face three-or-more times a day with water only. The 2-way and 3-way significant interactions effects unfolded some of the controversies derived from similar studies on trachoma risk factors. The findings would suggest integrated effort to address two or three factors simultaneously is more fruitful than any novel intervention targeted to address a single risk factor.

Database: Medline

24. The Pratt Pouch Provides a Three-Fold Access Increase to Antiretroviral Medication for Births outside Health Facilities in Southern Zambia.

Source: The open biomedical engineering journal; 2016; vol. 10 ; p. 12-18

Publication Date: 2016

Publication Type(s): Journal Article

Author(s): Dahinten, Alexander P; Malkin, Robert A

Available in full text at [Open Biomedical Engineering Journal, The](#) - from National Library of Medicine

Abstract:Modern day antiretroviral therapy allows HIV+ pregnant women to lower the likelihood of viral transmission to their infants before, during, and after birth from 20-45% to less than 5%. In developing countries, where non-facility births may outnumber facility births, infant access to safe antiretroviral medication during the critical first three days after birth is often limited. A single-dose, polyethylene pouch ("Pratt Pouch") addresses this challenge by allowing the medication to be

distributed to mothers during antenatal care. The Pratt Pouch was introduced as part of a one year clinical feasibility study in two districts in Southern Province, Zambia. Participating nurses, community health workers, and pharmacists were trained before implementation. Success in achieving improved antiretroviral medication access was assessed via pre intervention and post intervention survey responses by HIV+ mothers. Access to medication for HIV-exposed infants born outside of a health facility increased from 35% (17/51) before the introduction of the pouch to 94% (15/16) after ($p < 0.05$). A non-significant increase in homebirth rates from 33% (pre intervention cohort) to 50% (post intervention cohort) was observed ($p > 0.05$). Results remained below the national average homebirth rate of 52%. Users reported minimal spillage and a high level of satisfaction with the Pratt Pouch. The Pratt Pouch enhances access to infant antiretroviral medication in a rural, non-facility birth setting. Wide scale implementation could have a substantial global impact on HIV transmission rates from mother to child.

Database: Medline

25. Measuring the Effect of Carers on Patients' Risk of Adverse Healthcare Outcomes Using the Caregiver Network Score.

Source: The Journal of frailty & aging; 2016; vol. 5 (no. 2); p. 104-110

Publication Date: 2016

Publication Type(s): Journal Article Observational Study

Author(s): O'Caoimh, R; Cornally, N; Svendrovski, A; Weathers, E; FitzGerald, C; Healy, E; O'Connell, E; O'Keefe, G; O'Herlihy, E; Gao, Y; O'Donnell, R; O'Sullivan, R; Leahy-Warren, P; Orfila, F; Paúl, C; Clarnette, R; Molloy, D W

Abstract: Although caregivers are important in the management of frail, community-dwelling older adults, the influence of different caregiver network types on the risk of adverse healthcare outcomes is unknown. To examine the association between caregiver type and the caregiver network subtest of The Risk Instrument for Screening in the Community (RISC), a five point Likert scale scored from one ("can manage") to five ("absent/liability"). To measure the association between caregiver network scores and the one-year incidence of institutionalisation, hospitalisation and death. Observational cohort study. Community-dwelling adults, aged >65, attending health centres in Ireland, (n=779). **PROCEDURE AND MEASUREMENTS:** The caregiver network subtest of the RISC was scored by public health nurses. Caregivers were grouped dichotomously into low-risk (score of one) or high-risk (scores two-five). The majority of patients had a primary caregiver (582/779; 75%), most often their child (200/582; 34%). Caregiver network scores were highest, indicating greatest risk, when patients had no recognised primary caregiver and lowest when only a spouse or child was available. Despite this, patients with a caregiver were significantly more likely to be institutionalised than those where none was required or identified (11.5% versus 6.5%, $p = 0.047$). The highest one-year incidence of adverse outcomes occurred when state provided care was the sole support; the lowest when private care was the sole support. Significantly more patients whose caregiver networks were scored high-risk required institutionalisation than low-risk networks; this association was strongest for perceived difficulty managing medical domain issues, odds ratio (OR) 3.87:(2.22-6.76). Only perceived difficulty managing ADL was significantly associated with death, OR 1.72:(1.06-2.79). There was no association between caregiver network scores and risk of hospitalisation. This study operationalizes a simple method to evaluate caregiver networks. Networks consisting of close family (spouse/children) and those reflecting greater socioeconomic privilege (private supports) were associated with lower incidence of adverse outcomes. Caregiver network scores better predicted institutionalisation than hospitalisation or death.

Database: Medline

26. Behavioral Interventions to Improve Asthma Outcomes for Adolescents: A Systematic Review.

Source: The journal of allergy and clinical immunology. In practice; 2016; vol. 4 (no. 1); p. 130-141

Publication Date: 2016

Publication Type(s): Research Support, N.i.h., Extramural Journal Article

Author(s): Mosnaim, Giselle S; Pappalardo, Andrea A; Resnick, Scott E; Codispoti, Christopher D; Bandi, Sindhura; Nackers, Lisa; Malik, Rabia N; Vijayaraghavan, Vimala; Lynch, Elizabeth B; Powell, Lynda H

Available in full text at [Journal of Allergy and Clinical Immunology. In Practice](#) - from ProQuest

Abstract: Factors at multiple ecological levels, including the child, family, home, medical care, and community, impact adolescent asthma outcomes. This systematic review characterizes behavioral interventions at the child, family, home, medical system, and community level to improve asthma management among adolescents. A systematic search of PubMed, SCOPUS, OVID, PsycINFO, CINAHL, and reference review databases was conducted from January 1, 2000, through August 10, 2014. Articles were included if the title or abstract included asthma AND intervention AND (education OR self-management OR behavioral OR technology OR trigger reduction), and the mean and/or median age of participants was between 11 and 16 years. We compared populations, intervention characteristics, study designs, outcomes, settings, and intervention levels across studies to evaluate behavioral interventions to improve asthma management for adolescents. Of 1230 articles identified and reviewed, 24 articles (21 unique studies) met inclusion criteria. Promising approaches to improving adherence to daily controller medications include objective monitoring of inhaled corticosteroid adherence with allergist and/or immunologist feedback on medication-taking behavior and school nurse directly observed therapy. Efficacy at increasing asthma self-management skills was demonstrated using group interactive learning in the school setting. This systematic review is not a meta-analysis, thus limiting its quantitative assessment of studies. Publication bias may also limit our findings. Novel strategies to objectively increase controller medication adherence for adolescents include allergist and/or immunologist feedback and school nurse directly observed therapy. Schools, the most common setting across studies in this review, provide the opportunity for group interactive learning to improve asthma knowledge and self-management skills. Copyright © 2015 American Academy of Allergy, Asthma & Immunology. Published by Elsevier Inc. All rights reserved.

Database: Medline

27. Integrated management of childhood illness (IMCI) strategy for children under five.

Source: The Cochrane database of systematic reviews; 2016 (no. 6); p. CD010123

Publication Date: 2016

Publication Type(s): Research Support, Non-u.s. Gov't Meta-analysis Journal Article Review

Author(s): Gera, Tarun; Shah, Dheeraj; Garner, Paul; Richardson, Marty; Sachdev, Harshpal S

Available in full text at [Cochrane Library, The](#) - from John Wiley and Sons

Abstract: More than 7.5 million children younger than age five living in low- and middle-income countries die every year. The World Health Organization (WHO) developed the integrated management of childhood illness (IMCI) strategy to reduce mortality and morbidity and to improve quality of care by improving the delivery of a variety of curative and preventive medical and behavioral interventions at health facilities, at home, and in the community. To evaluate the effects of programs that implement the IMCI strategy in terms of death, nutritional status, quality of care, coverage with IMCI deliverables, and satisfaction of beneficiaries. We searched the Cochrane Central Register of Controlled Trials (CENTRAL; 2015, Issue 3), including the Cochrane Effective Practice and

Organisation of Care (EPOC) Group Specialised Register; MEDLINE; EMBASE, Ovid; the Cumulative Index to Nursing and Allied Health Literature (CINAHL), EbscoHost; the Latin American Caribbean Health Sciences Literature (LILACS), Virtual Health Library (VHL); the WHO Library & Information Networks for Knowledge Database (WHOLIS); the Science Citation Index and Social Sciences Citation Index, Institute for Scientific Information (ISI) Web of Science; Population Information Online (POPLINE); the WHO International Clinical Trials Registry Platform (WHO ICTRP); and the Global Health, Ovid and Health Management, ProQuest database. We performed searches until 30 June 2015 and supplemented these by searching revised bibliographies and by contacting experts to identify ongoing and unpublished studies. We sought to include randomised controlled trials (RCTs) and controlled before-after (CBA) studies with at least two intervention and two control sites evaluating the generic IMCI strategy or its adaptation in children younger than age five, and including at minimum efforts to improve health care worker skills for case management. We excluded studies in which IMCI was accompanied by other interventions including conditional cash transfers, food supplementation, and employment. The comparison group received usual health services without provision of IMCI. Two review authors independently screened searches, selected trials, and extracted, analysed and tabulated data. We used inverse variance for cluster trials and an intracluster co-efficient of 0.01 when adjustment had not been made in the primary study. We used the GRADE (Grades of Recommendation, Assessment, Development and Evaluation Working Group) approach to assess the certainty of evidence. Two cluster-randomised trials (India and Bangladesh) and two controlled before-after studies (Tanzania and India) met our inclusion criteria. Strategies included training of health care staff, management strengthening of health care systems (all four studies), and home visiting (two studies). The two studies from India included care packages targeting the neonatal period. One trial in Bangladesh estimated that child mortality may be 13% lower with IMCI, but the confidence interval (CI) included no effect (risk ratio (RR) 0.87, 95% CI 0.68 to 1.10; 5090 participants; low-certainty evidence). One CBA study in Tanzania gave almost identical estimates (RR 0.87, 95% CI 0.72 to 1.05; 1932 participants). One trial in India examined infant and neonatal mortality by implementing the integrated management of neonatal and childhood illness (IMNCI) strategy including post-natal home visits. Neonatal and infant mortality may be lower in the IMNCI group compared with the control group (infant mortality hazard ratio (HR) 0.85, 95% CI 0.77 to 0.94; neonatal mortality HR 0.91, 95% CI 0.80 to 1.03; one trial, 60,480 participants; low-certainty evidence). We estimated the effect of IMCI on any mortality measured by combining infant and child mortality in the one IMCI and the one IMNCI trial. Mortality may be reduced by IMCI (RR 0.85, 95% CI 0.78 to 0.93; two trials, 65,570 participants; low-certainty evidence). Two trials (India, Bangladesh) evaluated nutritional status and noted that there may be little or no effect on stunting (RR 0.94, 95% CI 0.84 to 1.06; 5242 participants, two trials; low-certainty evidence) and there is probably little or no effect on wasting (RR 1.04, 95% CI 0.87 to 1.25; two trials, 4288 participants; moderate-certainty evidence). The Tanzania CBA study showed similar results. Investigators measured quality of care by observing prescribing for common illnesses at health facilities (727 observations, two studies; very low-certainty evidence) and by observing prescribing by lay health care workers (1051 observations, three studies; very low-certainty evidence). We could not confirm a consistent effect on prescribing at health facilities or by lay health care workers, as certainty of the evidence was very low. For coverage of IMCI deliverables, we examined vaccine and vitamin A coverage, appropriate care seeking, and exclusive breast feeding. Two trials (India, Bangladesh) estimated vaccine coverage for measles and reported that there is probably little or no effect on measles vaccine coverage (RR 0.92, 95% CI 0.80 to 1.05; two trials, 4895 participants; moderate-certainty evidence), with similar effects seen in the Tanzania CBA study. Two studies measured the third dose of diphtheria, pertussis, and tetanus vaccine; and two measured vitamin A coverage, all providing little or no evidence of increased coverage with IMCI. Four studies (2 from India, and 1 each from Tanzania and Bangladesh) reported appropriate care seeking and derived information from careful questioning of mothers about recent illness. Some studies on effects of IMCI may report better care seeking behavior, but others do not report this. All four studies recorded maternal responses on exclusive breast feeding.

They provided mixed results and very low-certainty evidence. Therefore, we do not know whether IMCI impacts exclusive breast feeding. No studies reported on the satisfaction of mothers and service users. The mix of interventions examined in research studies evaluating the IMCI strategy varies, and some studies include specific inputs to improve neonatal health. Most studies were conducted in South Asia. Implementing the integrated management of childhood illness strategy may reduce child mortality, and packages that include interventions for the neonatal period may reduce infant mortality. IMCI may have little or no effect on nutritional status and probably has little or no effect on vaccine coverage. Maternal care seeking behavior may be more appropriate with IMCI, but study results have been mixed, providing evidence of very low certainty about whether IMCI has effects on adherence to exclusive breast feeding.

Database: Medline

28. Quality of Health Management Information System for Maternal & Child Health Care in Haryana State, India.

Source: PLoS one; 2016; vol. 11 (no. 2); p. e0148449

Publication Date: 2016

Publication Type(s): Research Support, Non-u.s. Gov't Journal Article

Author(s): Sharma, Atul; Rana, Saroj Kumar; Prinja, Shankar; Kumar, Rajesh

Available in full text at [PLoS ONE](#) - from National Library of Medicine

Available in full text at [PLoS One](#) - from ProQuest

Abstract: Despite increasing importance being laid on use of routine data for decision making in India, it has frequently been reported to be riddled with problems. Evidence suggests lack of quality in the health management information system (HMIS), however there is no robust analysis to assess the extent of its inaccuracy. We aim to bridge this gap in evidence by assessing the extent of completeness and quality of HMIS in Haryana state of India. Data on utilization of key maternal and child health (MCH) services were collected using a cross-sectional household survey from 4807 women in 209 Sub-Centre (SC) areas across all 21 districts of Haryana state. Information for some services was also recorded from HMIS records maintained by auxiliary nurse midwives (ANMs) at SCs to check under- or over-recording (Level 1 discordance). Data on utilisation of MCH services from SC ANM records, for a subset of the total women covered in the household survey, were also collected and compared with monthly reports submitted by ANMs to assess over-reporting while report preparation (Level 2 discordance) to paint the complete picture for quality and completeness of routine HMIS. Completeness of ANM records for various MCH services ranged from 73% for DPT1 vaccination dates to 94.6% for dates of delivery. Average completeness level for information recorded in HMIS was 88.5%. Extent of Level 1 discordance for iron-folic acid (IFA) supplementation, 3 or more ante-natal care (ANC) visits and 2 Tetanus toxoid (TT) injections was 41%, 16% and 2% respectively. In 48.2% cases, respondents from community as well as HMIS records reported at least one post-natal care (PNC) home visit by ANM. Extent of Level 2 discordance ranged from 1.6% to 6%. These figures were highest for number of women who completed IFA supplementation, contraceptive intra-uterine device insertion and provision of 2nd TT injection during ANC. HMIS records for MCH services at sub-centre level in Haryana state were satisfactory in terms of completeness. However, there were significant differences in terms of reported and evaluated coverage of MCH services. Quality of HMIS needs to be improved in order to make it relevant for public health program planning and research.

Database: Medline

29. Twitter, Millennials, and Nursing Education Research.

Source: Nursing education perspectives; 2016; vol. 37 (no. 1); p. 23-27

Publication Date: 2016

Publication Type(s): Journal Article

Author(s): Stephens, Teresa M; Gunther, Mary E

Available in full text at [Nursing Education Perspectives](#) - from ProQuest

Available in full text at [Nursing Education Perspectives](#) - from EBSCOhost

Abstract: This article reports the use of Twitter as an intervention delivery method in a multisite experimental nursing research study. A form of social networking, Twitter is considered a useful means of communication, particularly with millennials. This method was chosen based on current literature exploring the characteristics of millennial students. Ahern's Model of Adolescent Resilience served as the theoretical framework. Participants were 70 junior-level baccalaureate nursing students, ages 19-23, at two state-supported universities. Twitter was found to be a convenient, cost-effective, and enjoyable means of intervention delivery for the researcher. Participants in the experimental and control groups expressed positive feelings about the use of Twitter. The findings contribute to future efforts to use social media in nursing research and education to increase faculty-student engagement, promote critical reflection, provide social support, reinforce course content, and increase the sense of community.

Database: Medline

30. Teaching Children to Be Health Educators.

Source: The American journal of nursing; Oct 2016; vol. 116 (no. 10); p. 64-67

Publication Date: Oct 2016

Publication Type(s): Journal Article

Author(s): Commendador, Kathleen; Flood, Jeanie

Abstract: A nursing school, an elementary school, and several local organizations initiated a pilot project to address hypertension in rural Hawaii. Their goal was to help increase awareness of hypertension in the community by partnering with sixth-grade students as health educators. As part of their pediatric clinical rotation, nursing students developed a curriculum and taught the elementary school students to take and record blood pressures. The sixth graders learned to use blood pressure monitors and took and recorded over 1,500 of their friends' and family members' blood pressures. The students were also able to correctly identify elevated findings. This pilot project is an example of how children can be taught to participate in a community collaboration to promote health care in their community.

Database: Medline

31. New patient-reported experience measure for children with allergic disease: development, validation and results from integrated care.

Source: Archives of disease in childhood; Oct 2016; vol. 101 (no. 10); p. 935-943

Publication Date: Oct 2016

Publication Type(s): Journal Article

Author(s): Gore, C; Griffin, R; Rothenberg, T; Tallett, A; Hopwood, B; Sizmur, S; O'Keefe, C; Warner, J
O

Available in full text at [Archives of disease in childhood](#) - from Highwire Press

Abstract:To develop and validate a new allergy-specific patient-reported experience measure (PREM) for children and their parents, and to collect feedback in an integrated care setting. Two allergy-specific PREMs were produced using focus groups, cognitive testing, two prospective validation studies (collaboration: Royal College of Paediatrics and Child Health, Picker Institute Europe, Imperial College/London): 'Your Allergy Care', for children aged 8-16 years; 'Your Child's Allergy Care', for parents of children aged 0-7 years. Community event, primary/secondary/tertiary allergy care settings. Performance of PREMs in validation study; reported experience of allergy care. 687 children with allergic conditions and their parents/carers. In total, 687 questionnaires were completed; 503/687 (253 child; 250 parent) for the final survey. In both surveys, demographic variations were not associated with differences in results. Although 71% of patients reported one or more allergic conditions (food allergy/eczema/hay fever/asthma), 62% required multiple visits before receiving final diagnosis. Overall, patient experience was good for communication with patient/parent, competence and confidence in ability, and 73% felt looked after 'very well' and 23% 'quite well'. Areas for improvement included communication with nurseries/schools, more information on side effects, allergic conditions and allergen/irritant avoidance. Allergy care in primary/emergency care settings was associated with higher problem-scores (worse experience) than in specialist clinics. These new PREMs will allow allergy-specific patient experience reporting for children and parents and help identification of priority areas for improvement and commissioning of care. Efforts towards better allergy care provision must be targeted at primary and emergency care settings and underpinned by improving communication between healthcare providers and the community. 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/>

Database: Medline

Strategy 41466

#	Database	Search term	Results
1	Medline	(paediatric* OR pediatric* OR child* OR adolescent* OR infant*).ti,ab	1540706
2	Medline	(community nurs*).ti,ab	23903
3	Medline	(paediatric* OR pediatric* OR child* OR adolescent* OR infant*).ti,ab AND (community nurs*).ti,ab	3101
4	Medline	(paediatric* OR pediatric* OR child* OR adolescent* OR infant*).ti,ab AND (community nurs*).ti,ab [DT 2016-2016] [Languages English]	127

Library membership de-mystified...

Why join the Library?

Print resources: borrowing rights for books and journals in both print and electronic formats

E-resources: including essential point of care tools such as [UpToDate](#) and [ClinicalSkills.net](#)

OpenAthens enrolment (unless you opt out): get access to UHBristol subscription resources

Inter-library loans: if we don't have an article or book that you need, we can get it for you

Out of hours Library access: swipe card access to the Library from 7am – 11pm every day

How do I join the Library?

You can either...

- Register in person at the Library
- Complete a membership form electronically (click [here](#) or email library@uhbristol.nhs.uk) and return it to the Library or to library@uhbristol.nhs.uk.

How can I find out more?

Check out our website: <http://www.uhbristol.nhs.uk/for-clinicians/library-and-information-service/>

Email us: library@uhbristol.nhs.uk

Visit us: **Level 5, Education Centre**



Library Opening Times

Staffed hours: 8am-5pm, Mon-Fri

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

Level 5, Education and Research Centre

University Hospitals Bristol

Contact your outreach librarian:

Helen Pullen