

Community Children's Nursing

Current Awareness Newsletter

March 2017 (Quarterly)



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Training Calendar 2017

All sessions are one hour

<u>March</u>	(1pm - 2pm)
Fri 10th	Interpreting Statistics
Mon 13th	Literature Searching
Tues 21st	Critical Appraisal
Weds 29th	Interpreting Statistics

<u>April</u>	(12pm - 1pm)
Thurs 6th	Literature Searching
Mon 10th	Critical Appraisal
Tues 18th	Interpreting Statistics
Thurs 27th	Literature Searching

<u>May</u>	(1-2pm)
Mon 8 th	Critical Appraisal
Mon 15 th	Literature Searching
Fri 26 th	Interpreting Statistics
Wed 31 st	Critical Appraisal

Your Outreach Librarian – **Helen Pullen**

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

Literature searching: We provide a literature searching service for any library member. For those embarking on their own research it is advisable to book some time with one of the librarians for a one-to-one session where we can guide you through the process of creating a well-focused literature research. Please email requests to library@uhbristol.nhs.uk

Updates

NICE National Institute for
Health and Care Excellence

[Vaccine uptake in under 19s \(QS145\)](#) March 2017

[Cerebral palsy in under 25s: assessment and management \(NG62\)](#) January 2017



[School-based education programmes for the prevention of unintentional injuries in children and young people](#)

Elizabeth Orton, Jessica Whitehead, Jacqueline Mhizha-Murira, Mandy Clarkson, Michael C Watson, Caroline A Mulvaney, Joy UL Staniforth, Munish Bhuchar, Denise Kendrick

Online Publication Date: December 2016

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

Luke Wolfenden, Jannah Jones, Christopher M Williams, Meghan Finch, Rebecca J Wyse, Melanie Kingsland, Flora Tzelepis, John Wiggers, Amanda J Williams, Kirsty Seward, Tameka Small, Vivian Welch, Debbie Booth, Sze Lin Yoong

Online Publication Date: October 2016

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GENERAL PEDIATRICS AND ADOLESCENT MEDICINE

Maternal obesity and risk of cerebral palsy (March 2017)

Maternal obesity has been associated with several adverse pregnancy outcomes. Now, a

population-based cohort study from Sweden has reported an increasing risk of cerebral palsy in offspring delivered at term as maternal body mass index (BMI) increases [1]. Although this observation requires confirmation, we continue to advise overweight and obese women to try to achieve a normal BMI before becoming pregnant because of established pregnancy and general health benefits. (See "[Obesity in pregnancy: Complications and maternal management](#)", section on 'Neurodevelopment'.)

Smartphone-integrated infant physiologic monitors not beneficial (March 2017)

A new class of smartphone-integrated infant physiologic monitors with sensors built into socks, clothing, or diaper clips is being marketed directly to consumers. There is no evidence that these devices have any benefit for prevention of sudden infant death syndrome (SIDS) or any other adverse outcome. Moreover, concerns have been raised that parents might feel falsely reassured by the use of such devices and fail to use established SIDS preventive practices [2]. (See "[Sudden infant death syndrome: Risk factors and risk reduction strategies](#)", section on 'No benefit from home monitors'.)

Tonsillectomy or watchful waiting for children with recurrent throat infections (February 2017)

A systematic review of studies comparing tonsillectomy with watchful waiting for children with mild to moderate recurrent throat infections concluded that tonsillectomy provided a modest reduction in number of throat infections and health care utilization in the first postsurgical year, but little to no long-term difference in these outcomes or quality of life [3]. Hence, we suggest not performing tonsillectomy in children who are only mildly or moderately affected. Tonsillectomy is an option for children who are severely affected (ie, ≥ 7 episodes in one year, ≥ 5 episodes in each of two years, or ≥ 3 episodes in each of three years), although watchful waiting is a reasonable alternative. The decision should be made on a case-by-case basis after weighing the risks and benefits in the individual child, and the values and preferences of the family and child. (See "[Tonsillectomy and/or adenoidectomy in children: Indications and contraindications](#)", section on 'Mildly or moderately affected children'.)

Other – Behind the Headlines, Guidance

[Children's screen time linked to diabetes risk factors](#)

Tuesday Mar 14 2017

"Children who are allowed more than three hours of screentime a day are at greater risk of developing diabetes," The Guardian reports. In a new study, UK researchers found a link between three hours or more of screen time and risk factors...

[Parents told to use pram covers to protect babies from air pollution](#)

Friday Mar 10 2017

"Parents warned to use pram covers to protect babies from air pollution," reports The Daily Telegraph. The advice is prompted by a UK study where researchers simulated a normal walk to school in Guildford...

['Antibiotics, not surgery, best for child appendicitis' says study](#)

Friday Feb 10 2017

"Operating on children with acute appendicitis may be unnecessary in many of cases, a landmark British study suggests," the Mail Online reports. The study suggests that infected or inflamed appendixes in children may be better treated using antibiotics...

Journal Tables of Contents

Click on the hyperlinked title (+ Ctrl) for contents. If you would like any of the papers in full then please email the library: library@uhbristol.nhs.uk

[**British Journal of Community Nursing**](#)

March 2017: Volume 22, Issue 3

[**Archives of Disease in Childhood**](#)

March 2017: Volume 102, Issue 3

[**Nursing Children and Young people**](#)

March 06 2017: Volume 29, Issue 2



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Current Awareness Database Articles: Community Paediatric Nursing HDAS Search

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1. Overweight or obesity in children aged 0 to 6 and the risk of adult metabolic-syndrome: A systematic review and meta-analysis.

Author(s): Kim, Jieun; Lee, Insook; Lim, Sungwon

Source: Journal of clinical nursing; Mar 2017

Publication Date: Mar 2017

Publication Type(s): Journal Article Review

Abstract:AIMS AND OBJECTIVES To identify an association between overweight or obesity in early childhood and metabolic syndrome in adults. BACKGROUND Early childhood overweight or obesity is important because it can predict metabolic syndrome in adulthood. A longer period of overweight or obesity leads to the accumulation of more risk factors. However, there are insufficient and inconsistent studies on this issue. DESIGN A systematic review and meta-analysis. METHODS We followed the Meta-Analysis of Observational Studies in Epidemiology (MOOSE) guideline, MEDLINE, EMBASE, Cochrane library, and CINAHL electronic databases as well as reference lists of included studies were searched, without published date restriction. We used the Newcastle-Ottawa Scale to assess the quality of the observational studies in the systematic review, and the meta-analysis was performed using random effects models. RESULTS All of the included studies were published from 2008 to 2014, and the participants of this study were only Asians or Europeans. A total of 12 results from 5 studies were included in the meta-analysis. Overweight or obesity in early childhood was associated with a higher risk of adult metabolic syndrome compared with the controls. When confirmed in each age group (at birth, 0-2, and 2-6 years), there was a statistically significant difference before and after the age of 2 years. As a result of the meta-regression, when the age of the children increased, the effect size of adult metabolic syndrome for overweight or obesity also increased. CONCLUSION The results confirm that the etiology of metabolic syndrome includes long-term impacts from the early stage of life and indicate that early intervention for overweight or obesity is needed. RELEVANCE TO CLINICAL PRACTICE These findings could help community and clinical health nurses recognize the risk of overweight or obesity in early life, and provide evidence to develop and implement the preventive intervention for early childhood.

Database: Medline

2. Establishing the feasibility of a community and primary health care intervention to raise awareness of symptoms of Type 1 Diabetes-The Early Detection of Type 1 Diabetes in Youth (EDDY) study.

Author(s): Townson, J; Gregory, J W; Cowley, L; Gallagher, D; Channon, S; Robling, M; Williams, D; Hughes, C; Murphy, S; Lowes, L

Source: Pediatric diabetes; Mar 2017

Publication Date: Mar 2017

Publication Type(s): Journal Article

Abstract:AIMSTo design, develop, and evaluate the feasibility of delivering a multi-component community based intervention to parents and primary health care professionals to raise awareness of the symptoms of Type 1 diabetes (T1D) in childhood in 3 adjoining borough counties of South Wales.MATERIALS AND METHODSParent and primary health care advisory groups were established to design the intervention. Qualitative interviews with stakeholders and parents assessed the acceptability, feasibility and any potential impact of the intervention.RESULTSThe parent component of the intervention developed was a re-useable shopping bag with the 4 main symptoms of T1D illustrated on the side, based on the road traffic system of red warning triangles and an octagon "stop" sign stating "Seek Medical Help". Accompanying the bag was an A5 leaflet giving further information. Both were overwrapped with clear plastic and delivered to 98% (323/329) schools, equating to 101 371 children. The primary health care professional component was a dual glucose/ketone meter, single use lancets, stickers, the A5 parent leaflet displayed as a poster and an educational visit from a Community Diabetes Liaison Nurse. 87% (73/84) of GP practices received the intervention, 100% received the materials. The intervention was delivered within Cardiff, the Vale of Glamorgan and Bridgend. Qualitative analyses suggest that the intervention raised awareness and had some impact.CONCLUSIONThis study showed that it is feasible and acceptable to design, develop and deliver a community based intervention to raise awareness of T1D. There is some suggestion of impact but a definitive evaluation of effectiveness is still required.

Database: Medline

3. Minimising wheeze in the under-threes: developing a respiratory assessment clinic for children.

Author(s): Jane Wood, Elizabeth

Source: Nursing children and young people; Mar 2017; vol. 29 (no. 2); p. 26-31

Publication Date: Mar 2017

Publication Type(s): Journal Article

Abstract:A reluctance to diagnose asthma in children under three who have recurrent cough and wheeze causes delays in the commencement of appropriate asthma treatment. Timely inhaled corticosteroid use may reduce asthma exacerbations and unnecessary visits to the emergency department and GPs. To address this delay, an advanced nurse practitioner in one children's community nursing team set up a respiratory assessment clinic for children under three who had recurrent respiratory difficulties. This article describes the rationale and the evidence base that supports a clinic of this kind and reports on its initial results.

Database: Medline

4. Community Palliative Care Nurses' Challenges and Coping Strategies on Delivering Home-Based Pediatric Palliative Care.

Author(s): Chong, LeeAi; Abdullah, Adina

Source: The American journal of hospice & palliative care; Mar 2017; vol. 34 (no. 2); p. 125-131

Publication Date: Mar 2017

Publication Type(s): Journal Article

Abstract:OBJECTIVEThe aim of this study was to explore the experience of community palliative care nurses providing home care to children.METHODA qualitative study was conducted at the 3 community palliative care provider organizations in greater Kuala Lumpur from August to October 2014. Data were collected with semistructured interviews with 16 nurses who have provided care to

children and was analyzed using thematic analysis. Two categories were identified: (1) challenges nurses faced and (2) coping strategies. The themes identified from the categories are (1) communication challenges, (2) inadequate training and knowledge, (3) personal suffering, (4) challenges of the system, (5) intrapersonal coping skills, (6) interpersonal coping strategies, and (7) systemic supports. CONCLUSION These results reinforces the need for integration of pediatric palliative care teaching and communication skills training into all undergraduate health care programs. Provider organizational support to meet the specific needs of the nurses in the community can help retain them in their role. It will also be important to develop standards for current and new palliative care services to ensure delivery of quality pediatric palliative care.

Database: Medline

5. Adapting Pediatric Clinical Experiences to a Changing Health Care Environment.

Author(s): Pohl, Carla; Jarvill, Melissa; Akman, Olcay; Clark, Sarah

Source: Nurse educator; ; vol. 42 (no. 2); p. 105-108

Publication Type(s): Journal Article

Abstract: Consolidation and regionalization in pediatric acute care hospitals have limited clinical opportunities for prelicensure nursing students. The use of schools as primary learning sites offers an opportunity for a combined pediatric and public health clinical experience for nursing students. The purpose of the study was to compare pediatric knowledge and clinical simulation performance between hospital- and community-based pediatric clinical experiences. Study results indicated no difference between groups based on knowledge or simulation scores.

Database: Medline

6. An evaluation of the costs and consequences of Children Community Nursing teams.

Author(s): Hinde, Sebastian; Allgar, Victoria; Richardson, Gerry; Spiers, Gemma; Parker, Gillian; Birks, Yvonne

Source: Journal of evaluation in clinical practice; Feb 2017

Publication Date: Feb 2017

Publication Type(s): Journal Article

Abstract: AIMS Recent years have seen an increasing shift towards providing care in the community, epitomised by the role of Children's Community Nursing (CCN) teams. However, there have been few attempts to use robust evaluative methods to interrogate the impact of such services. This study sought to evaluate whether reduction in secondary care costs, resulting from the introduction of 2 CCN teams, was sufficient to offset the additional cost of commissioning. METHODS Among the potential benefits of the CCN teams is a reduction in the burden placed on secondary care through the delivery of care at home; it is this potential reduction which is evaluated in this study via a 2-part analytical method. Firstly, an interrupted time series analysis used Hospital Episode Statistics data to interrogate any change in total paediatric bed days as a result of the introduction of 2 teams. Secondly, a costing analysis compared the cost savings from any reduction in total bed days with the cost of commissioning the teams. This study used a retrospective longitudinal study design as part of the transforming children's community services trial, which was conducted between June 2012 and June 2015. RESULTS A reduction in hospital activity after introduction of the 2 nursing teams was found, (9634 and 8969 fewer bed days), but this did not reach statistical significance. The resultant cost saving to the National Health Service was less than the cost of employing the teams. CONCLUSION The study represents an important first step in understanding the role of such teams as a means of providing a high quality of paediatric care in an era of limited resource. While

the cost saving from released paediatric bed days was not sufficient to demonstrate cost-effectiveness, the analysis does not incorporate wider measures of health care utilisation and nonmonetary benefits resulting from the CCN teams.

Database: Medline

7. Community Engagement for Pediatric Nurses: No Longer a Choice.

Author(s): Lipman, Terri H

Source: Journal of pediatric nursing; Jan 2017

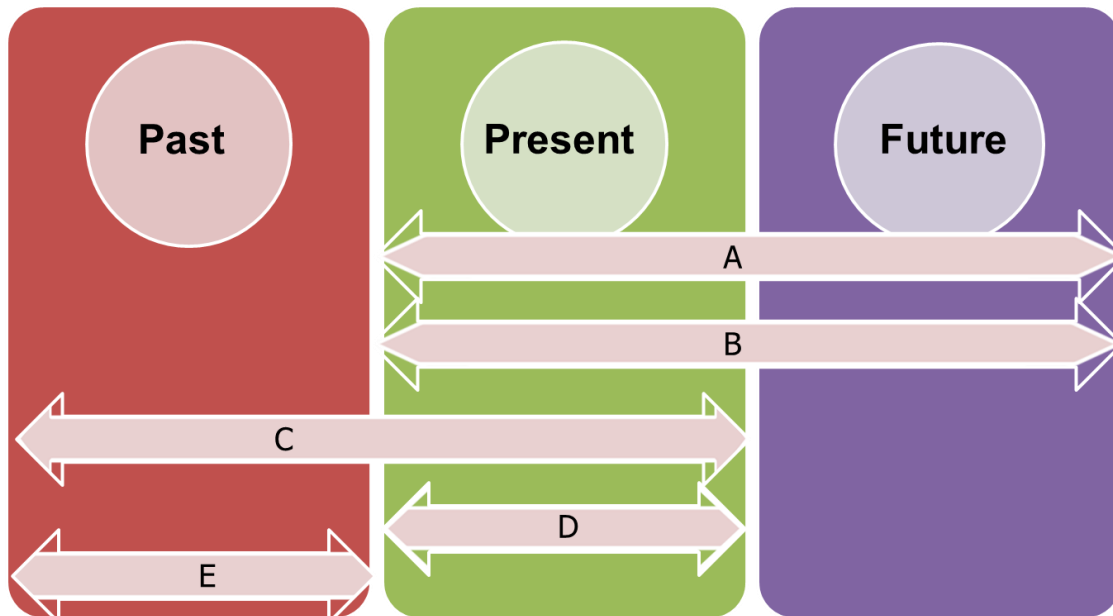
Publication Date: Jan 2017

Publication Type(s): Journal Article

Database: Medline

Exercise: Study Design Timeframes

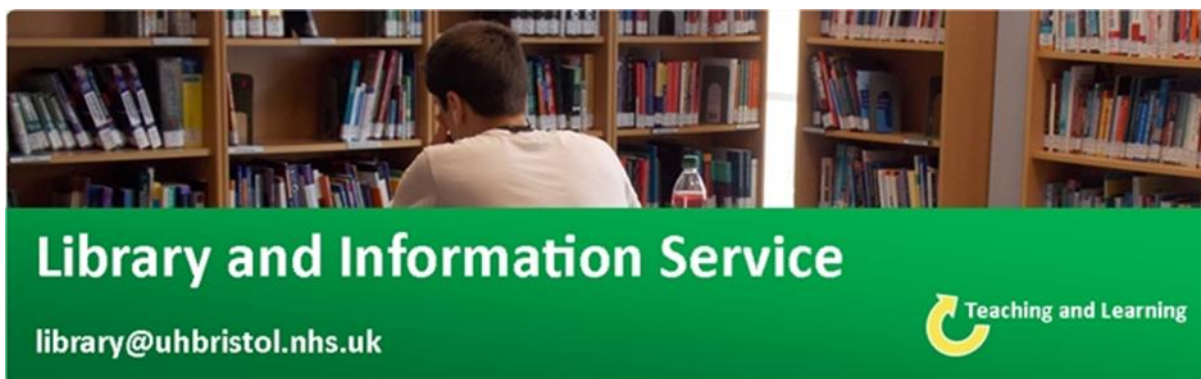
Match the study design with the timeframe it covers.



1. Randomised Controlled Trial
2. Cross-Sectional Study
3. Case-control Study
4. Cohort Study
5. Case Report

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Answers: 1A/B; 2D; 3C; 4A/B; 5E



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