Application of the New Centers for Disease Control and Prevention Surveillance Criteria for Ventilator-Associated Events to a Cohort of PICU Patients Identifies Different Patients Compared With the Previous Definition and Physician Diagnosis.
Ziegler KM. Critical Care Medicine 2019;47(7):e547-e554.
[We sought to compare the performance of the 2008 Centers for Disease Control and Prevention Pediatric criteria for ventilator-associated pneumonia, the 2013 Adult Ventilator-Associated Condition criteria, the new Draft Pediatric Ventilator-Associated Condition criteria, and physician-diagnosed ventilator-associated pneumonia in a cohort of PICU patients.]

Challenge of immune-mediated adverse reactions in the emergency department.
[This review summarises the ED presentation and management of IMARs arising from immune checkpoint inhibitors and includes recommendations for tools and resources for ED healthcare professionals.]

Does health coaching improve health-related quality of life and reduce hospital admissions in people with chronic obstructive pulmonary disease? A systematic review and meta-analysis.
[Meta-analysis showed that health coaching has a significant positive effect on HRQoL (SMD = -0.69, 95% CI: -1.28, -0.09, p = .02, from k = 4) and leads to a significant reduction in COPD-related hospital admissions (OR = 0.46, 95% CI: 0.31, 0.69, p = .0001, from k = 5), but not in all-cause hospital admissions (OR = 0.70, 95% CI: 0.41-1.12, p = .20, from k = 3). Three of four studies reported significant improvements to self-care behaviours such as medication adherence and exercise compliance.]
Available with an NHS OpenAthens password for eligible users

Does oral care with chlorhexidine reduce ventilator-associated pneumonia in mechanically ventilated adults?
[Oral colonisation by pathogens contributes to contracting ventilator-associated pneumonia (VAP). The aim of this review was to determine whether the use of the antiseptic chlorhexidine in the intra-oral cavity reduced its incidence in the critically ill, mechanically ventilated adult. The findings from this review led to the conclusion that chlorhexidine reduced the occurrence of VAP.]
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Early Sedation with Dexmedetomidine in Critically Ill Patients.
Among patients undergoing mechanical ventilation in the ICU, those who received early dexmedetomidine for sedation had a rate of death at 90 days similar to that in the usual-care group and required supplemental sedatives to achieve the prescribed level of sedation. More adverse events were reported in the dexmedetomidine group than in the usual-care group.

Effect of Pulmonary Rehabilitation on Symptoms of Anxiety and Depression in COPD: A Systematic Review and Meta-Analysis.
[PR confers significant, clinically relevant benefits on anxiety and depression symptoms. Because further studies involving no treatment control groups are not indicated, these robust estimates of treatment effects are likely to endure.]
Available with an NHS OpenAthens password for eligible users

Head-to-head oral prophylactic antibiotic therapy for chronic obstructive pulmonary disease.
Threapleton CJ. Cochrane Database of Systematic Reviews 2019;5:CD013024.
[Chronic obstructive pulmonary disease (COPD; including chronic bronchitis and emphysema) is a chronic respiratory condition characterised by shortness of breath, cough and recurrent exacerbations. Long-term antibiotic use may reduce both bacterial load and inflammation in the airways. Studies have shown a reduction of exacerbations with antibiotics in comparison to placebo in people with COPD, but there are concerns about antibiotic resistance and safety.]

Lung cancer.

Mucolytic agents versus placebo for chronic bronchitis or chronic obstructive pulmonary disease.
Poole P. Cochrane Database of Systematic Reviews 2019;5:CD001287.
[Individuals with chronic bronchitis or chronic obstructive pulmonary disease (COPD) may suffer recurrent exacerbations with an increase in volume or purulence of sputum, or both. Mucolytics are oral medicines that are believed to increase expectoration of sputum by reducing its viscosity, thus making it easier to cough it up. Improved expectoration of sputum may lead to a reduction in exacerbations of COPD.]

Positional therapy for obstructive sleep apnoea.
Srijithesh PR. Cochrane Database of Systematic Reviews 2019;5:CD010990.
[This review considered the efficacy of positional therapy compared to CPAP as well as positional therapy against no positional therapy. Devices designed for positional therapy include lumbar or abdominal binders, semi-rigid backpacks, full-length pillows, a tennis ball attached to the back of nightwear, and electrical sensors with alarms that indicate change in position.]

Prostacyclin for pulmonary arterial hypertension.
Barnes H. Cochrane Database of Systematic Reviews 2019;5:CD012785.
[Prostacyclin's short half-life theoretically enhances selectivity for the pulmonary vascular bed by direct (via central venous catheter) administration. Initial continuous infusion prostacyclins were
Efficacious, but use of intravenous access increases the risk of adverse events. Selexipag is an oral selective prostacyclin receptor (IP receptor) agonist that works similarly to prostacyclin, potentially more stable, with less complex administration and titration.

**Pulmonary Rehabilitation for Exercise Tolerance and Quality of Life in IPF Patients: A Systematic Review and Meta-Analysis.**


[This study suggests that PR may enhance exercise capacity and improve quality of life in IPF patients. Besides, PR may also delay the decline of lung function of patients with IPF. However, further research should more fully assess the efficacy and safety of PR for IPF.]

*Freely available online*

**Understanding the clinical management of obstructive sleep apnoea in tetraplegia: a qualitative study using the theoretical domains framework.**


[This study aimed to describe OSA management practices in tetraplegia, and to explore factors influencing clinical practice. Semi-structured interviews were conducted with 20 specialist doctors managing people with tetraplegia from spinal units in Europe, UK, Canada, USA, Australia and New Zealand.]

**Guidelines**

*The following new guidance has recently been published:*

**Atezolizumab in combination for treating metastatic non-squamous non-small-cell lung cancer.**

National Institute for Health and Care Excellence (NICE); 2019.  
https://www.nice.org.uk/guidance/ta584

[1 Recommendations 1.1 Atezolizumab plus bevacizumab, carboplatin and paclitaxel is recommended as an option for metastatic non-squamous non-small-cell lung cancer (NSCLC) in adults: who have not had treatment for their metastatic NSCLC before and whose PD-L1 tumour proportion score is between 0% and 49% or when targeted therapy for epidermal growth factor receptor (EGFR)-positive or anaplastic lymphoma kinase (ALK)-positive NSCLC has failed.]

*Freely available online*

**Bronchoscopic thermal vapour ablation for upper-lobe emphysema.**

National Institute for Health and Care Excellence (NICE); 2019.  
https://www.nice.org.uk/guidance/ipg652

[1 Recommendations 1.1 Current evidence on the safety and efficacy of bronchoscopic thermal vapour ablation for upper-lobe emphysema is inadequate in quantity and quality. Therefore the procedure should only be used in the context of research. 1.2 Further research should evaluate safety and efficacy in the short and long term and include details of patient selection. NICE may update the guidance on publication of further evidence.]

*Freely available online*
Reports
The following report(s) may be of interest:

Providing pressurised air through a mask may improve outcomes for people with deteriorating heart failure.
NIHR Dissemination Centre; 2019.
https://discover.dc.nihr.ac.uk/content/signal-000780/pressurised-air-through-a-mask-may-help-people-with-deteriorating-heart-failure

[NIHR Signal. This review evaluated 24 trials of 2,664 adults comparing a group who received air under pressure through a mask, to a group receiving standard medical care. These types of masks are not routinely used for all people with deteriorating heart failure currently. However, this review found that they may be beneficial earlier in the progression of the condition, and this can avoid escalation of care to more invasive ventilation.]
Freely available online

Smartphones instead of direct supervision can improve adherence rates for TB treatment.
NIHR Dissemination Centre; 2019.
https://discover.dc.nihr.ac.uk/content/signal-000777/smartphones-for-tb-treatment-observation

[NIHR Signal. People who need supervision take their medication for tuberculosis (TB) more reliably when using a smartphone to send video evidence instead of direct observations; for example, by attending a clinic appointment. Almost double the number of observations was completed in the video-supervised arm at six months than when people were directly observed.]
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