Dear Joe Bloggs,

Welcome to your Evidence Update email from KnowledgeShare. The resources listed below have been chosen based on the interests you have provided. I hope they are useful. Please contact me via email if you would like a copy of any of the journal articles. If you would like to change the interests we have listed, stop receiving the notifications, or request a search on a specific topic, please don’t hesitate to let me know.

If you need help getting hold of the full text of anything here then please email me back. For more information about the KnowledgeShare Current Awareness service contact me using the details below.

Dave

**Emergency Articles**

*The following journal articles are available from the Library and Knowledge Service electronically or in print. Please follow links to access full text online, contact me to order copies, or call into your nearest library.*

**Characteristics of youth agreeing to electronic sexually transmitted infection risk assessment in the emergency department.**
[Adolescents and young adults are at high risk for sexually transmitted infections (STIs). The authors previously reported an increase in STI testing of adolescents in the ED by obtaining a sexual history using an Audio-enhanced Computer-Assisted Self-Interview (ACASI). This study now examines associations among demographics, sexual behaviour, chief complaint and willingness to be tested.]
*Available with an NHS OpenAthens password for eligible users*

**Comparative effectiveness of antiarrhythmics for out-of-hospital cardiac arrest: A systematic review and network meta-analysis.**
[Amiodarone and lidocaine were the only agents associated with improved survival to hospital admission in the NMA. For the outcomes most important to patients, survival to hospital discharge and neurologically intact survival, no antiarrhythmic was convincingly superior to any other or to placebo.]
*Available with an NHS OpenAthens password for eligible users*

**Drug management for acute tonic-clonic convulsions including convulsive status epilepticus in children.**
McTague A. *Cochrane Database of Systematic Reviews* 2018;(1):CD001905.
[This review aimed to assess whether the use of different anticonvulsant drugs, given by different routes of administration, have an impact on how quickly an acute tonic-clonic-convulsion can be stopped. The review also investigated whether different anticonvulsant drugs were accompanied by...*
less frequent or different serious side effects.]

Freely available online

**Early invasive strategy should be performed within 72 hours in high-risk patients with non-ST-elevation myocardial infarction**


[Early angiography should be performed any time within 72 hours in patients with NSTE-ACS. An individualised approach, based on patient-risk profile, may identify who those derive the greatest benefit from an earlier intervention. A large randomised trial would be required to corroborate whether an earlier invasive strategy improve outcomes compared with a delayed invasive strategy in an unselected population.]

Available with an NHS OpenAthens password for eligible users

**Effect of patient weight on first pass success and neuromuscular blocking agent dosing for rapid sequence intubation in the emergency department.**


[The primary objective of this study is to determine the association between patient weight and first pass success (FPS) during rapid sequence intubation (RSI) in the ED. The secondary objective is to evaluate the association between patient weight and neuromuscular blocking agent (NMBA) dosing.]

Available with an NHS OpenAthens password for eligible users

**Ensuring adequate vascular access in patients with major trauma: a quality improvement initiative.**


[Ensuring adequate vascular access in major trauma patients prior to decompensative physiological processes is crucial to patient outcomes. PDSA cycles altered system and personnel barriers to care, thereby ensuring that patients with major trauma received adequate vascular access for fluid resuscitation. The percentage of patients with major trauma who received adequate fluid access went from a mean of 55.5% to >90% in 2 months and was sustained at or greater than 90% for 6 consecutive months.]

Freely available online

**Evaluation of a 0-hour/1-hour algorithm in the diagnosis of myocardial infarction with high-sensitivity cardiac troponin T**


[Using a highly sensitive assay of serum troponin T in patients with suspected myocardial infarction might help in early diagnosis, but the method needs thorough clinical assessment before implementation.]

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**Inotropic agents and vasodilator strategies for the treatment of cardiogenic shock or low cardiac output syndrome.**

Schumann J. *Cochrane Database of Systematic Reviews* 2018;(1):CD009669.

[Apart from low quality of evidence data suggesting a short-term mortality benefit of levosimendan compared with dobutamine, at present there are no robust and convincing data to support a distinct inotropic or vasodilator drug-based therapy as a superior solution to reduce mortality in haemodynamically unstable people with cardiogenic shock or LCOS. This is the first update of a Cochrane review originally published in 2014.]

Freely available online
Introduction of a new imaging guideline for suspected renal colic in the ED reduces CT urography utilisation.
[Patients presenting to the ED with suspected renal colic are frequently imaged with CT urography (CTU), which rarely alters diagnosis or management. To reduce use of CTU in this population, this study shows an instigation of a new imaging and management guideline in an Australian ED.]
Available with an NHS OpenAthens password for eligible users

[Given low survival rates in cases of traumatic out-of-hospital cardiac arrest (OHCA), there is a need to identify factors associated with outcomes. This study aims to investigate Utstein factors associated with achieving return of spontaneous circulation (ROSC) and survival to hospital in traumatic OHCA.]
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Protocolised early goal-directed therapy in patients with sepsis/septic shock does not result in improved survival compared with usual care with less invasive resuscitation strategies
[This commentary reviews the Protocolised Resuscitation in Sepsis Meta-Analysis (PRISM) study, which reports the preplanned individual participant-level data meta-analysis (IPDMA) from three recent RCTs (ProCESS, ARISE and ProMISE)]
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Skin and soft tissue infection management failure in the emergency department observation unit: a systematic review.
[Skin and soft tissue infections (SSTIs) are commonly treated in ED observation units (EDOUs). The management failure rate in this setting is high, as evidenced by a large proportion of patients requiring inpatient admission. This systematic review sought to quantify the management failure rate and identify risk factors associated with management failure.]
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Targeted Temperature Management After Cardiac Arrest: Systematic Review and Meta-analyses.
[Our results suggest that TTM with therapeutic hypothermia may not improve mortality or neurologic outcomes in postarrest survivors. Using therapeutic hypothermia as a standard of care strategy of postarrest care in survivors may need to be reevaluated.]
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Guidelines

The following new guidance has recently been published:

Fractures (complex): assessment and management.
National Institute for Health and Care Excellence (NICE);2017.
https://www.nice.org.uk/guidance/ng37
[“In November 2017, we amended recommendation 1.1.10 change the wording from ‘administer prophylactic antibiotics’ to ‘consider administering prophylactic antibiotics’. The guideline should be
read alongside the NICE guidelines on major trauma, major trauma: service delivery, spinal injury and fractures (non-complex).”

Freely available online

**Sepsis: recognition, diagnosis and early management policy.**
Brighton and Sussex University Hospitals NHS Trust (BSUH); 2017.

[This BSUH policy is for use by the multi-professional team in the acute hospital setting to provide guidelines around caring for a patient with suspected or confirmed sepsis. Issued October 2017.]

*Only available via the Trust Intranet*