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1. **A service evaluation of emergency laparotomy and total parenteral nutrition at a single teaching hospital.**

   Item Type: Journal Article

   Authors: Ashmore, D.;Lee, M. M. and Wilson, T.

   Publication Date: 2024

   Journal: Clinical Nutrition ESPEN.Conference: BAPEN 2023.Edinburgh United Kingdom 61, pp. 476

   Abstract: Abstract text Background Malnourished patients undergoing emergency general surgery (EGS) have a greater risk of mortality than those not malnourished(1,2). There is often a need for nutritional support in EGS. This study investigated the risk factors for total parenteral nutrition (TPN) in patients undergoing emergency laparotomy, and whether there is an association with the NELA risk score. Method A five-year review (June 2016-2021) of the local NELA database and referrals to the Nutrition Support Team was performed. Pre-operative, operative and post-operative data for patients who received TPN and those who did not was collected. Associations between risk factors including NELA score and TPN use were examined using chi-squared test and Mann Whitney U, as appropriate. Results There were 931 NELA patients, of which 22.8% (n=173) received TPN. Intestinal obstruction was the commonest indication for surgery at 51.3% (n=478) with no difference in age, sex, lactate, imaging or surgical approach. Despite patients that received TPN being significantly more frail with higher ASA scores, lower albumin levels, and worse pre- and post-operative NELA scores, stoma formation and mortality was half that compared to patients that did not receive TPN. This was irrespective of when TPN was administered. Median TPN duration was 9 days. Conclusion Two mutually exclusive explanations exist. TPN may be a predictor of disease severity and subsequent clinical intervention, or it may indeed improve the nutritional and clinical outcomes in this high risk EGS group. Further studies are needed to clarify this, in addition to the most appropriate method of identifying malnutrition in NELA-eligible patients. [Formula presented] References 1. Havens JM, Columbus AB, Seshadri AJ, Olufajo OA, Mogensen

KM, Rawn JD, et al. Malnutrition at intensive care unit admission predicts mortality in emergency general surgery patients. JPEN J Parenter Enteral Nutr. 2018 Jan;42(1):156-63. 2. Lee MJ, Sayers AE, Drake TM, Singh P, Bradburn M, Wilson TR, et al. Malnutrition, nutritional interventions and clinical outcomes of patients with acute small bowel obstruction: results from a national, multicentre, prospective audit. BMJ Open. 2019 Jul 27;9(7):e029235.

Full text check: https://libkey.io/libraries/1656/10.1016/j.clnesp.2023.12.063

2. **Current practice and outcomes of malnutrition in emergency general surgery.**

Item Type: Journal Article

Authors: Ashmore, D.;Wilson, T.;Halliday, V. and Lee, M.

Publication Date: 2024

Journal: Clinical Nutrition ESPEN.Conference: BAPEN 2023.Edinburgh United Kingdom 61, pp. 485-486

Abstract: Background There are approximately 22,000 laparotomies annually in England and Wales recorded on the National Emergency Laparotomy Audit (NELA) database.[1] NELA does not collect nutritional data, despite the association of malnutrition with worse outcomes. Most hospitals have an anaesthetic and a surgical NELA Lead who are consultants of their respective specialty, and intricately involved in perioperative decision-making and assessment. Aims This study aimed to describe the current practices, pathways, and barriers encountered in identifying malnutrition in NELA-eligible patients. We also explored this relationship according to hospital laparotomy volume or professional role in completing the survey. Methods Following piloting and validity assessment, anaesthetic and surgical NELA Leads at hospitals across England and Wales were emailed a survey link. Responses were gathered using Qualtrics. Descriptive analysis and correlation with laparotomy volume and professional role was performed in SPSSv26. University of Sheffield ethical approval was obtained (UREC 046205). The results from the survey are reported according to the CHERRIES guidelines.[2] Results The survey was completed by 166/289 NELA Leads from 117/167 hospitals (57.4% and 70.1% response rates, respectively). Respondents reported low rates of nutritional screening (42/166; 25.3%) and assessment (26/166; 15.7%) for malnutrition pre-operatively. One third of respondents (34.9%) had no awareness of local screening tools; indeed, MUST was used by fewer than half of respondents (48.2%). This is despite 73% (86/117) of units having a Nutrition Support Team. Contrary to guidelines, NELA Leads report albumin levels continue to be used in determining malnutrition risk (73.5%; 122/166). Post-operative nutrition pathways were common (71.7%; 119/166). Reported barriers to nutritional screening and assessment included a lack of time, training and education, organisational support and responsibility. NELA Leads indicated nutrition risk is inadequately identified and is an

important missing data item from NELA. There was a weak correlation between laparotomy volume and respondents' experience of malnutrition risk being adequately identified in NELA-eligible EGS patients pre-operatively (r = -0.19; p = 0.042). However, there was no significant correlation with hospital laparotomy volume across any other domain including pre- or post-operative screening or assessment processes, the presence of nutritional support pathways or organisational barriers. There was much interprofessional agreement across a number of domains, although differences exist. Conclusions Identifying malnutrition risk in NELA-eligible patients requires attention. Barriers include a lack of time, knowledge and ownership. Nutrition pathways that encompass the pre-operative phase and the incorporation of malnutrition data in NELA may support improvements in care. References 1. NELA Project Team. Seventh Patient Report of the National Emergency Laparotomy Audit. RCoA London; 2021. 2. Eysenbach G. Improving the quality of web surveys: The Checklist for Reporting Results of Internet E-Surveys (CHERRIES). Journal of Medical Internet Research. 2004;6(3):1-6.

Full text check: https://libkey.io/libraries/1656/10.1016/j.clnesp.2023.12.082

3. **186 Expanding Roles and Responsibilities of Lung Cancer Nurse Specialists (LCNS) in the Doncaster and Bassetlaw Targeted Lung Health Check (TLHC) Programmes**

   Item Type: Journal Article

   Authors: Davies, Natasha; McCafferty, Helen; Callaghan, Charley; Elmore, Yvonne; Peet, Toni; Nasimudeen, Abdul and Kyi, Moe

   Publication Date: 2024

   Journal: Lung Cancer 190(Suppl.1) p.107747

   Full text check: https://libkey.io/libraries/1656/10.1016/j.lungcan.2024.107747

4. **Strengthening preclinical testing to increase safety in surgical mesh.**

   Item Type: Journal Article

   Authors: Farr, N. Workman, V. ;Chapple, C.;MacNeil, S. and Rodenburg, C.

   Publication Date: 2024 Online ahead of print

   Journal: Nature Reviews Urology (pagination), pp. Date of Publication: 2024

Abstract: Inflammatory and fibrotic responses to polypropylene mesh led to the withdrawal of this practice for treatment of stress urinary incontinence and pelvic organ prolapse in women in some countries. Improved material testing has been urged. We report poor responses of polypropylene mesh to repeated mechanical distension and macrophage interrogation. These results from preclinical in vitro testing show the potential of this approach for testing and improving materials before their introduction into the clinic.

Full text check: https://libkey.io/libraries/1656/10.1038/s41585-024-00889-5

5. **Modelled impact of virtual fractional flow reserve in patients undergoing coronary angiography (VIRTU-4)**

Item Type: Journal Article

Authors: Ghobrial, Mina;Haley, Hazel;Gosling, Rebecca;Taylor, Daniel James;Richardson, James;Morgan, Kenneth;Barmby, David;Iqbal, Javaid;Krishnamurthy, Arvindra;Singh, Rajender;Conway, Dwayne;Hall, Ian;Zulfiquar Adam;Wheeldon, Nigel;Grech, Ever D.;Storey, Robert F.;Rothman, Alexander; Payne, Gillian; Muhammad Naeem Tahir;Smith, Simon, et al

Publication Date: 2024 Online ahead of print

Journal: Heart

Abstract: BackgroundThe practical application of â€˜virtualâ€™ (computed) fractional flow reserve (vFFR) based on invasive coronary angiogram (ICA) images is unknown. The objective of this cohort study was to investigate the potential of vFFR to guide the management of unselected patients undergoing ICA. The hypothesis was that it changes management in >10% of cases.MethodsvFFR was computed using the Sheffield VIRTUheart system, at five hospitals in the North of England, on â€˜all-comersâ€™ undergoing ICA for non-ST-elevation myocardial infarction acute coronary syndrome (ACS) and chronic coronary syndrome (CCS). The cardiologistsâ€™ management plan (optimal medical therapy, percutaneous coronary intervention (PCI), coronary artery bypass surgery or â€˜more information requiredâ€™) and confidence level were recorded after ICA, and again after vFFR disclosure.Results517 patients were screened; 320 were recruited: 208 with ACS and 112 with CCS. The median vFFR was 0.82 (0.70–0.91). vFFR disclosure did not change the mean number of significantly stenosed vessels per patient (1.16 (±0.96) visually and 1.18 (±0.92) with vFFR (p=0.79)). A change in intended management following vFFR disclosure occurred in 22% of all patients; in the ACS cohort, there was a 62% increase in the number planned for medical management, and in the CCS cohort, there was a 31% increase in the number planned for PCI. In all patients, vFFR disclosure increased physician confidence from 8 of 10 (7.33–9) to 9 of 10 (8–10) (p<0.001).ConclusionThe addition of vFFR to ICA changed intended management strategy in 22% of patients, provided a detailed and specific â€˜all-in-oneâ€™ anatomical and physiological assessment of coronary artery

disease, and was accompanied by augmentation of the operatorâ€™s confidence in the treatment strategy.

Full text check: https://libkey.io/10.1136/heartjnl-2024-324039

6. **Minimizing radiation dose in non-contrast CT KUB for ureteric colic audit.**

   Item Type: Journal Article

   Authors: Hamdy, A. and Jarral, F

   Publication Date: 2024 59(Suppl.1) p.S127

   Journal: European Urology Open Science Conference: UROtech24: A joint meeting of the EAU Section of Uro-Technology (ESUT) and the EAU Section of Urolithiasis(EULIS), pp. Date of Publication: January 2024

   Abstract: Introduction & Objectives: Renal/ureteric colic is a common condition with an annual incidence of 1-2 cases per 1000 people and a high recurrence rate. CT KUB is a commonly performed procedure in emergency departments as it is first-line test in suspected renal colic. However, with the increased use of ionizing radiation in medical practice it is important to assess if these modalities are used appropriately. The aim is to assess current local practice in CT KUB imaging alongside national data aimed at minimizing the radiation doses & adherence to accepted practice.

   Full text check: https://libkey.io/libraries/1656/10.1016/S2666-1683(24)00115-0

7. **Waiting Times in Prostate Cancer Diagnosis and Treatment: A Ten-Year Experience in A Nigerian Teaching Hospital.**

   Item Type: Journal Article

   Authors: Okeke, C. J.;Jeje, E. A.;Ojewola, R. W.;Ogunjimi, M. A.;Ogbobe, U. U.;Obi, A. O. and Babalola, R. N.

   Publication Date: 2024

   Journal: West African Journal of Medicine 41(3), pp. 317-321

   Abstract: INTRODUCTION: Prostate cancer is still the leading male cancer and the leading cause of cancer deaths in Nigeria, and other low- and middle-income countries (LMIC) in Sub-Saharan Africa. Early diagnosis is essential to ensuring prompt treatment and reducing morbidity and mortality. Reducing the waiting times for diagnosis and treatment is therefore important. **AIMS AND OBJECTIVES**: To study prostate cancer

management waiting times, to serve as a baseline in improving the quality of cancer care in the Nigerian populace. **PATIENTS AND METHODS**: This was a ten-year retrospective study of waiting times of all histologically-confirmed prostate cancer patients seen at Alex-Ekwueme Federal Teaching Hospital, Abakaliki, Ebonyi State, Nigeria. Statistical analysis was done SPSS version 26. A P-value less than 0.05 was considered statistically significant. **RESULTS**: A total of 189 patients presented with prostate cancer; however, 73 patients with complete data were analysed. The mean age of the patients was 71.48+/-8.16 years. The median duration of symptoms before presentation was 6 months. The mean total prostate-specific antigen was 82.08+/-54.9ng/mL. The mean duration between the first visit to the definitive diagnosis was 6.53+/-11.68 months with a median of 1 month. The median duration from visit to treatment was 3 months with a mean of 9.71+/-13.4 months. There were no associations between occupation, highest educational level, financial constraints, and the different waiting times studied (P>0.05). **CONCLUSION**: The waiting times for prostate cancer management were unduly prolonged in this study; patient-related factors did not influence this wait. **INTRODUCTION**: Le cancer de la prostate est toujours le principal cancer chez les hommes et la principale cause de deces par cancer au Nigeria et dans d'autres pays a revenu faible et intermediaire (PFR) en Afrique subsaharienne. Un diagnostic precoce est essentiel pour garantir un traitement rapide et reduire la morbidite et la mortalite. Il est donc important de reduire les delais d'attente pour le diagnostic et le traitement. **OBJECTIFS**: Etudier les delais d'attente dans la prise en charge du cancer de la prostate, afin de servir de reference pour ameliorer la qualite des soins contre le cancer dans la population nigeriane. **PATIENTS ET METHODES**: Il s'agit d'une etude retrospective de dix ans sur les delais d'attente de tous les patients atteints de cancer de la prostate confirme histologiquement et traites a l'hopital universitaire federal Alex-Ekwueme, a Abakaliki, dans l'Etat d'Ebonyi, au Nigeria. L'analyse statistique a ete realisee avec la version 26 du logiciel SPSS. Une valeur de P inferieure a 0,05 a ete consideree comme statistiquement significative. **RESULTATS**: Un total de 189 patients ont presente un cancer de la prostate ; cependant, seuls les 73 patients avec des donnees completes ont ete analyses. L'age moyen des patients etait de 71,48+/-8,16 ans. La duree mediane des symptomes avant la presentation etait de 6 mois. La concentration moyenne d'antigene specifique de la prostate (PSA) total etait de 82,08+/-54,9 ng/mL. La duree moyenne entre la premiere visite et le diagnostic definitif etait de 6,53+/-11,68 mois, avec une mediane de 1(1) mois. La duree mediane entre la visite et le traitement etait de 3 mois, avec une moyenne de 9,71+/-13,4 mois. Aucune association n'a ete observee entre l'occupation, le plus haut niveau d'education, les contraintes financieres et les differents delais d'attente etudies (P>0,05). **CONCLUSION**: Les delais d'attente pour la prise en charge du cancer de la prostate etaient anormalement prolonges dans cette etude ; les facteurs lies au patient n'ont pas influence cette attente. **MOTS-CLES**: Cancer de la prostate, Delai d'attente, Delai, Diagnostic, Traitement. Copyright © 2024 by West African Journal of Medicine.

Full text check: https://libkey.io/libraries/1656/38788158

8. **Psychological and psychosocial aspects of major trauma care: A survey of current practice across UK and Ireland**

Item Type: Journal Article

Authors: Olive, P.;Hives, L.;Ashton, A.;O'Brien, M. C.;Taylor, A.;Mercer, G.;Horsfield, C.;Carey, R.;Jassat, R.;Spencer, J. and Wilson, N.

Publication Date: 2024

Journal: Trauma 26(2)
Abstract: Introduction Psychological and psychosocial impacts of major trauma, defined as any injury that has the potential to be life-threatening and/or life changing, are common, far-reaching and often enduring. There is evidence that these aspects of major trauma care are often underserved. The aim of this research was to gain insight into the current provision and operationalisation of psychological and psychosocial aspects of major trauma care across the UK and Ireland. Methods A cross-sectional online survey, open to health professionals working in major trauma network hospitals was undertaken. The survey had 69 questions across six sections: Participant Demographics, Psychological First Aid, Psychosocial Assessment and Care, Assessing and Responding to Distress, Clinical Psychology Services, and Major Trauma Keyworker (Coordinator) Role. Results There were 102 respondents from across the regions and from a range of professional groups. Survey findings indicate a lack of formalised systems to assess, respond and evaluate psychological and psychosocial aspects of major trauma care, most notably for patients with lower-level distress and psychosocial support needs, and for trauma populations that don't reach threshold for serious injury or complex health need. The findings highlight the role of major trauma keyworkers (coordinators) in psychosocial aspects of care and that although major trauma clinical psychology services are increasingly embedded, many lack the capacity to meet demand. Conclusion Neglecting psychological and psychosocial aspects of major trauma care may extend peritraumatic distress, result in preventable Years Lived with Disability and widen post-trauma health inequalities. A stepped psychological and psychosocial care pathway for major trauma patients and their families from the point of injury and continuing as they move through services towards recovery is needed. Research to fulfil knowledge gaps to develop and implement such a model for major trauma populations should be prioritised along with the development of corresponding service specifications for providers.

Full text check: https://libkey.io/10.1177/14604086221145529

9. **Home Parenteral Nutrition in Palliative Care: Experience of a Regional Nutrition Service.**

Item Type: Journal Article

Authors: Penny, H.; Bowers, C.; Mynett, J.;Hin Poon, S.; Webb, A.; McIlroy, S.; Wood,, J.; Smith, E.; McAlindon, M. and Lam, C.

Publication Date: 2024

Journal: Clinical Nutrition ESPEN.Conference: BAPEN 2023.Edinburgh United Kingdom 61, pp. 467

Abstract: Aims Artificial nutrition such as parenteral nutrition (PN) is common, but its role and indications in the palliative care setting remains controversial due to limited data on patient outcomes. It is generally considered that patients with an expected prognosis of several months are those most likely to benefit from home (H)PN.[1,2] However, predicting prognosis is difficult in patients with advanced malignancy. We sought to assess experience within our regional nutrition service to inform on the outcomes of palliative HPN. Methods We performed a retrospective evaluation of patients who were referred to our service for palliative HPN between January 2015 and June 2023. Palliative patients were considered as those with malignancy without any curative treatment option. Case notes were reviewed and data including laboratory indices at the of start of HPN were extracted and analysed. Results Forty-six patients were referred for HPN during the study period; 2 (4%) patients were still alive. 30 (65%) patients were female; the mean age at time of HPN referral was 57 years (range 27-81 years). Gastric and colorectal cancers were the commonest malignancies within the cohort (n=8 [17%] each). Malignant small bowel obstruction was the most frequent indication for HPN (28 [61%] cases). Median time from referral to discharge with HPN was 25 days (range 3-68 days). Central line complications occurred in 12 (26%) patients (5 line infections, 8 other related complications). Median time from the start of HPN to decision to stop PN or death was 97 days (range 9-617 days). 6 (13%) patients died during the same admission HPN was being arranged; 15 (33%) patients died within 2 months of starting HPN. There was no association between albumin nor c-reactive protein at the start of HPN and time to death following HPN (p>0.05). However, patients with an albumin =30g/L (n=33; 45% vs 14%, respectively; p=0.03). Conclusions The burden-outcome balance of HPN in the palliative care setting needs careful consideration before treatment is started. Albumin levels may help inform on 30-day mortality. Further studies to help refine patient selection for palliative HPN are warranted. References 1. Naghibi M, Woodward J, Neild P, et al. British Intestinal Failure Alliance (BIFA) Position Statement Palliative parenteral nutrition (HPN) for patients with malignancy. July 2020. (accessed July 2023 at) 2. Muscaritoli M, Arends J, Bachmann P, et al. ESPEN practical guideline: Clinical Nutrition in Cancer. Clin Nutr 2021;40(5):2898-2913.

Full text check: https://libkey.io/libraries/1656/10.1016/j.clnesp.2023.12.047

10. **What is the role of out of programme clinical fellowships in the era of Shape of Training? A single-centre cohort study.**

    Item Type: Journal Article

Authors: Raju, Suneil A.;Bowker-Howell, Freya J.;Aziz, Imran;Thoufeeq, Mo;Lobo, Alan J.;Gleeson, Dermot C.;Al-Joudeh, Amer;McAlindon, Mark E.;Hopper, Andrew D.; Kumar, Sampath; Sidhu, Reena and Sanders, David S.

Publication Date: Apr 30 ,2024

Journal: BMJ Open Gastroenterology 11(1)

Abstract: BACKGROUND: The updated Shape of Training curriculum has shortened the duration of specialty training. We present the potential role of out of programme clinical fellowships. **METHOD**: An electronic online survey was sent to all current fellows to understand their experiences, training opportunities and motivations.Data were collected on fellows' endoscopic experiences and publications using PubMed for all previous doctors who have completed the Sheffield Fellowship Programme. **RESULTS**: Since 2004, 39 doctors have completed the Sheffield Fellowship.Endoscopic experience: current fellows completed a median average of 350 (IQR 150-500) gastroscopies and 150 (IQR 106-251) colonoscopies per year. Fellows with special interests completed either 428 hepato-pancreato-biliary procedures or 70 endoscopic mucosal resections per year.Medline publications: Median average 9 publications(IQR 4-17). They have also received multiple national or international awards and 91% achieved a doctoral degree. The seven current fellows in the new Shape of Training era (57% male, 29% Caucasian, aged 31-40 years) report high levels of enjoyment due to their research projects, supervisory teams and social aspects. The most cited reasons for undertaking the fellowship were to develop a subspecialty interest, take time off the on-call rota and develop endoscopic skills. The most reported drawback was a reduced income.All current fellows feel that the fellowship has enhanced their clinical confidence and prepared them to become consultants. **CONCLUSION**: Out of programme clinical fellowships offer the opportunity to develop the required training competencies, subspecialty expertise and research skills in a supportive environment. Copyright © Author(s) (or their employer(s)) 2024. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.

Full text check: https://libkey.io/libraries/1656/10.1136/bmjgast-2023-001311

11. **Fludarabine, Cytarabine, Granulocyte Colony-Stimulating Factor, and Idarubicin With Gemtuzumab Ozogamicin Improves Event-Free Survival in Younger Patients With Newly Diagnosed AML and Overall Survival in Patients With NPM1 and FLT3 Mutations.**

Item Type: Journal Article

Authors: Russell, N. H.;WilhelmBenartzi, C.;Othman, J.;Dillon, R.;Batten, L. M.;Canham, J.;Hinson, E. L.;Betteridge, S.;Overgaard, U. M.;Gilkes, A.;Potter, N.;Mehta, P.;Kottaridis, P.;Cavenagh, J.;Hemmaway, C.;Arnold, C.;Freeman, S. D.;Dennis, M.;Kallenbach, M.;Severinsen, M., et al

PORTEC Group includes Doncaster Royal Infirmary: Cutting, R.,Joseph, J., Kaul, S. & Sorour, Y.

Publication Date: 2024

Journal: Journal of Clinical Oncology 42(10), pp. 1158-1168

Abstract: PURPOSE To determine the optimal induction chemotherapy regimen for younger adults with newly diagnosed AML without known adverse risk cytogenetics. PATIENTS AND One thousand thirty-three patients were randomly assigned to intensified METHODS (fludarabine, cytarabine, granulocyte colony-stimulating factor, and idarubicin [FLAG-Ida]) or standard (daunorubicin and Ara-C [DA]) induction chemotherapy, with one or two doses of gemtuzumab ozogamicin (GO). The primary end point was overall survival (OS). RESULTS There was no difference in remission rate after two courses between FLAG-Ida 1 GO and DA 1 GO (complete remission [CR] 1 CR with incomplete hematologic recovery 93% v 91%) or in day 60 mortality (4.3% v 4.6%). There was no difference in OS (66% v 63%; P 5 .41); however, the risk of relapse was lower with FLAG-Ida 1 GO (24% v 41%; P < .001) and 3-year event-free survival was higher (57% v 45%; P < .001). In patients with an NPM1 mutation (30%), 3-year OS was significantly higher with FLAG-Ida 1 GO (82% v 64%; P 5 .005). NPM1 measurable residual disease (MRD) clearance was also greater, with 88% versus 77% becoming MRD-negative in peripheral blood after cycle 2 (P 5 .02). Three-year OS was also higher in patients with a FLT3 mutation (64% v 54%; P 5 .047). Fewer transplants were performed in patients receiving FLAG-Ida 1 GO (238 v 278; P 5 .02). There was no difference in outcome according to the number of GO doses, although NPM1 MRD clearance was higher with two doses in the DA arm. Patients with core binding factor AML treated with DA and one dose of GO had a 3-year OS of 96% with no survival benefit from FLAG-Ida 1 GO. CONCLUSION Overall, FLAG-Ida 1 GO significantly reduced relapse without improving OS. However, exploratory analyses show that patients with NPM1 and FLT3 mutations had substantial improvements in OS. By contrast, in patients with core binding factor AML, outcomes were excellent with DA 1 GO with no FLAG-Ida benefit.

Full text check: https://libkey.io/libraries/1656/10.1200/JCO.23.00943

12. **Characteristics of children requiring admission to neonatal care and paediatric intensive care before the age of 2 years in England and Wales: a data linkage study**

Item Type: Journal Article

Authors: Seaton, Sarah E.; Battersby, Cheryl; Davis, Peter J.; Fenton, Alan C.; Anderson, Josie; van Hasselt, Tim J. and Draper, Elizabeth. Neonatal Research Database for DBTH by Brooke, Nigel.

Publication Date: 2024

Journal: Archives of Disease in Childhood 109(5) pp.387-394

Abstract: ObjectiveTo quantify the characteristics of children admitted to neonatal units (NNUs) and paediatric intensive care units (PICUs) before the age of 2 years.DesignA data linkage study of routinely collected data.SettingNational Health Service NNUs and PICUs in England and WalesPatientsChildren born from 2013 to 2018.InterventionsNone.Main outcome measureAdmission to PICU before the age of 2 years.ResultsA total of 384 747 babies were admitted to an NNU and 4.8% (n=18 343) were also admitted to PICU before the age of 2 years. Approximately half of all children admitted to PICU under the age of 2 years born in the same time window (n=18 343/37 549) had previously been cared for in an NNU.The main reasons for first admission to PICU were cardiac (n=7138) and respiratory conditions (n=5386). Cardiac admissions were primarily from children born at term (n=5146), while respiratory admissions were primarily from children born preterm (<37 weeksâ€™ gestational age, n=3550). A third of children admitted to PICU had more than one admission.ConclusionsHealthcare professionals caring for babies and children in NNU and PICU see some of the same children in the first 2 years of life. While some children are following established care pathways (eg, staged cardiac surgery), the small proportion of children needing NNU care subsequently requiring PICU care account for a large proportion of the total PICU population. These differences may affect perceptions of risk for this group of children between NNU and PICU teams.

Full text check: https://libkey.io/10.1136/archdischild-2023-325986

13. **Nutritional Risk: An Examination of MUST Score Calculation in Hospital Inpatients.**

Item Type: Journal Article

Authors: Singhal,J.; Singh, G.; Ahmed, D. W.; Carter, R. and Rousse, B.

Publication Date: 2024

Journal: Clinical Nutrition ESPEN.Conference: BAPEN 2023.Edinburgh United Kingdom 61, pp. 509

Abstract: Introduction Malnutrition is a significant concern in healthcare, particularly among hospitalised patients. It can lead to various complications, including prolonged hospital stays, increased morbidity and mortality, and higher healthcare costs. Despite its importance, the nutritional status of patients is often overlooked in clinical settings. This study aims to address this critical issue by examining the implementation of the Malnutrition Universal Screening Tool (MUST) in a district general hospital. The MUST is a five-step screening tool to identify adults who are malnourished or at risk of malnutrition. Aims The purpose of the study is two-fold, one - to check whether the nutritional status of inpatient is being assessed and second - to ensure individuals at risk of malnutrition are being promptly identified & actioned. The reason for the study

was the observation that patients often lost considerable weight during long inpatient stays and that there was a sub-par response to the drop in weight. Methods This study included the inpatients of a district general hospital. Following are the metrics (in accordance to national guidelines (Quality Statement 1, 2012)) which were checked through the online systems: * MUST scores being calculated for all the inpatients, within 48 hours of admission. * MUST scores being recalculated after every 7 days of in-hospital stay. * Patient specific factors affecting the aforementioned metrics. Results 67.3% (35/52) patients had the scores checked in the first 48 hours. Out of these 11.5% (6/52) of patients score was never done since admission. Of all patients who had an inpatient stay longer than 1 week, 75% (6/8) had one or more of their subsequent MUST score calculation missed. There was no effect of the demographic factors on MUST score calculation. Conclusion The study reveals that a significant percentage of patients had their MUST scores uncalculated within the first 48 hours. Patient being asleep and poor mobility were the most common reasons for not calculating the MUST score. These findings highlight the need for improved protocols and perhaps additional training for staff to ensure that all patients are promptly and regularly. References Quality statement 1: Screening for the risk of malnutrition Nutrition support in adults Quality standards NICE. (2012, November 30). NICE.

Full text check: https://libkey.io/libraries/1656/10.1016/j.clnesp.2023.12.131

14. **106 CNS Patient Stratified Follow Up (PSFU) in Oncology/ Surgical Clinics.**

Item Type: Journal Article

Authors: Toni Peet

Publication Date: 2024

Journal: Lung Cancer Conference, 190(Suppl.1) p.107667

Abstract: The implementation of Personalised Stratified Follow-Up (PSFU) models of care in cancer was a key priority of the 'Living with and beyond cancer' strategy and subsequently reiterated in the NHS Long Term Plan (2019). PSFU recognises that historic 'one size fits all ' models of follow-up care did not always meet the holistic needs of patients nor represent resilient, efficient use of NHS resources. Additionally, where follow-up includes regular surveillance tests, the alignment of remote monitoring solutions to PSFU delivery, will allow patients to be managed without the need for repeated trips to the hospital environment. Why chose a CNS PSFU Model? A major cause of the issues faced by the UK's cancer care system is a lack of capacity. At present, the number of patients requiring treatment is more than the system can handle. Clinicians 'time is stretched', waiting lists are growing, and regional variations demonstrate that the standard of care is variable - meaning inequitable outcomes for patients. Regional lung health care check screening is also having an impact on patient referrals into the oncology and surgical services. Here at DBTH, we

have currently adopted a successful CNS PSFU in oncology. This has released clinic capacity so that new referrals or those patients with complex needs can be assessed in a timely manor by oncologists. We have currently worked through the surgical pathway and will be shortly offering CNS PSFU in Surgery clinics with the same affect. The CNS supports cancer patients across all stages of treatment, including the understanding of treatment options, as well as performing clinical tasks and providing supportive care throughout the pathway providing more of a personal approach. There are various reports suggesting that having a CNS PSFU is also cost effective. Having an algorithmic-based PSFU delivered by a CNS for cancer patients after they have received treatment would be largely equivalent to having an oncology/surgical doctor led service, which will not only be more holistic but also cheaper. [Formula presented] Disclosure No significant relationships.

Full text check: https://libkey.io/libraries/1656/10.1016/j.lungcan.2024.107667

15. **Paediatric intensive care admissions of preterm children born <32 weeks gestation: a national retrospective cohort study using data linkage**

    Item Type: Journal Article

    Authors: van Hasselt, Tim J.;Gale, Chris;Battersby, Cheryl;Davis, Peter J.;Draper, Elizabeth and Seaton, Sarah E. and Collaborator Brooke, N

    Publication Date: 2024

    Journal: Archives of Disease in Childhood.Fetal and Neonatal Edition 109(3)
    Abstract: ObjectiveSurvival of babies born very preterm (<32 weeks gestational age) has increased, although preterm-born children may have ongoing morbidity. We aimed to investigate the risk of admission to paediatric intensive care units (PICUs) of children born very preterm following discharge home from neonatal care.DesignRetrospective cohort study, using data linkage of National Neonatal Research Database and the Paediatric Intensive Care Audit Network datasets.SettingAll neonatal units and PICUs in England and Wales.PatientsChildren born very preterm between 1 January 2013 and 31 December 2018 and admitted to neonatal units.Main outcome measuresAdmission to PICU after discharge home from neonatal care, before 2 years of age.ResultsOf the 40 690 children discharged home from neonatal care, there were 2308 children (5.7%) with at least one admission to PICU after discharge. Of these children, there were 1901 whose first PICU admission after discharge was unplanned.The percentage of children with unplanned PICU admission varied by gestation, from 10.2% of children born <24 weeks to 3.3% born at 31 weeks.Following adjustment, unplanned PICU admission was associated with lower gestation, male sex (adjusted OR (aOR) 0.79), bronchopulmonary dysplasia (aOR 1.37), necrotising enterocolitis requiring surgery (aOR 1.39) and brain injury (aOR 1.42). For each week of increased gestation, the aOR was 0.90.ConclusionsMost babies born <32 weeks and discharged home from neonatal care

do not require PICU admission in the first 2 years. The odds of unplanned admissions to PICU were greater in the most preterm and those with significant neonatal morbidity.

Access or request full text: https://libkey.io/10.1136/archdischild-2023-325970

16. **Contextually appropriate nurse staffing models: A realist review protocol.**

Item Type: Journal Article

Authors: Wolbers, I.;Estabrooks, C. A.;Cummings, G. G.;Raymond, C.;Kitson, A.;Harvey, G.;Lalleman, P.;Schoonhoven, L.;Booth, A.;Ryan, T.;Tate, K.;Estabrooks, C.;Doupe, M.;Hoben, M.;Flynn, R.;Robertson, S.;Tod, A.;Schultz, T.;Van Oostveen, C. J.;Hutchinson, A., et al. Collaborators ReSoNANCE (Realist Synthesis of Nursing in Australia Netherlands Canada and England): Sam Debbage

Publication Date: 2024

Journal: BMJ Open 14(5) (pagination), pp. Article Number: e082883. Date of Publication: 06 May 2024

Abstract: Introduction Decisions about nurse staffing models are a concern for health systems globally due to workforce retention and well-being challenges. Nurse staffing models range from all Registered Nurse workforce to a mix of differentially educated nurses and aides (regulated and unregulated), such as Licensed Practical or Vocational Nurses and Health Care Aides. Systematic reviews have examined relationships between specific nurse staffing models and client, staff and health system outcomes (eg, mortality, adverse events, retention, healthcare costs), with inconclusive or contradictory results. No evidence has been synthesised and consolidated on how, why and under what contexts certain staffing models produce different outcomes. We aim to describe how we will (1) conduct a realist review to determine how nurse staffing models produce different client, staff and health system outcomes, in which contexts and through what mechanisms and (2) coproduce recommendations with decision-makers to guide future research and implementation of nurse staffing models. Methods and analysis Using an integrated knowledge translation approach with researchers and decision-makers as partners, we are conducting a three-phase realist review. In this protocol, we report on the final two phases of this realist review. We will use Citation tracking, tracing Lead authors, identifying Unpublished materials, Google Scholar searching, Theory tracking, ancestry searching for Early examples, and follow-up of Related projects (CLUSTER) searching, specifically designed for realist searches as the review progresses. We will search empirical evidence to test identified programme theories and engage stakeholders to contextualise findings, finalise programme theories document our search processes as per established realist review methods. Ethics and dissemination Ethical approval for this study was provided by the Health Research Ethics Board of the University of Alberta (Study ID Pro00100425). We will

disseminate the findings through peer-reviewed publications, national and international conference presentations, regional briefing sessions, webinars and lay summary.

Full text check: https://libkey.io/libraries/1656/10.1136/bmjopen-2023-082883

17. **Applying intersectionality to address inequalities in nursing education.**

Item Type: Journal Article

Authors: Younas, Ahtisham;Monari, Esther N. and Ali, Parveen

Publication Date: Apr 24 ,2024

Journal: Nurse Education in Practice 77, pp. 103982

Abstract: AIM: The aim of this paper is to discuss the significance of the intersectionality framework for addressing prejudices, racism and inequalities in nursing education and clinical learning environments. **BACKGROUND**: Discrimination and racism against nursing students and educators based on their gender, ethnicity, race and social identities is well-documented in the nursing literature. Despite documented discrimination and incivility based on intersectional factors, it is reported that often nurse educators show limited interest in the culture, diverse experiences and values of nursing students with culturally and linguistically diverse backgrounds. **DESIGN**: Discussion paper METHODS: The discussion was based on contemporary literature about intersectionality, discrimination and racism in nursing. We completed a cursory search of literature in nursing education journal and selected nursing and health science databases. This was not a formal literature review. Using a fictional example, the application of intersectionality to address inequalities in educational settings is illustrated. **RESULTS**: Intersectionality is an invaluable tool for examining interwoven power relations and power struggles arising from racial, gender, ethnic, religious and sexuality and disability-related differences. Nurse educators, students and leaders should be more cognizant of their preconceived views, sociocultural stereotypes and varied forms of sociocultural oppression affecting their interactions with each other in clinical learning environments. **CONCLUSIONS**: Incorporating intersectionality can address prejudices, racism and inequalities arising due to sociocultural, ethnic, power-related and intergenerational issues among educators, students and other personnel involved in creating clinical learning environments. Copyright © 2024 Elsevier Ltd. All rights reserved.

Full text check: https://libkey.io/libraries/1656/10.1016/j.nepr.2024.103982

18. **Item Type:** Journal Article

Prevalence, treatment and correlates of depression in multiple sclerosis

Authors: Young, Carolyn A.;Langdon, Dawn;Rog, David;Chhetri, Suresh Kumar;Tanasescu, Radu;Kalra, Seema;Webster, Gillian;Nicholas, Richard;Ford, Helen L.;Woolmore, John; Paling, David; Tennant, Alan and Mills, Roger

Publication Date: Apr 26 ,2024

Journal: Multiple Sclerosis and Related Disorders 87, pp. 105648

Abstract: BACKGROUND: The prevalence of depression in Multiple Sclerosis (MS) is often assessed by administering patient reported outcome measures (PROMs) examining depressive symptomatology to population cohorts; a recent review summarised 12 such studies, eight of which used the Hospital Anxiety and Depression Scale-Depression (HADS-D). In clinical practice, depression is diagnosed by an individual structured clinical interview; diagnosis often leads to treatment options including antidepressant medication. It follows that an MS population will include those whose current depressive symptoms meet threshold for depression diagnosis, plus those who previously met diagnostic criteria for depression and have been treated such that depressive symptoms have improved below that threshold. We examined a large MS population to establish a multi-attribute estimate of depression, taking into account probable depression on HADS-D, as well as anti-depressant medication use and co-morbidity data reporting current treatment for depression. We then studied associations with demographic and health status measures and the trajectories of depressive symptoms over time. **METHODS**: Participants were recruited into the UK-wide Trajectories of Outcome in Neurological Conditions-MS (TONiC-MS) study, with demographic and disease data from clinical records, PROMs collected at intervals of at least 9 months, as well as co-morbidities and medication. Interval level conversions of PROM data followed Rasch analysis. Logistic regression examined associations of demographic characteristics and symptoms with depression. Finally, a group-based trajectory model was applied to those with depression. **RESULTS**: Baseline data in 5633 participants showed the prevalence of depression to be 25.3 % (CI: 24.2-26.5). There were significant differences in prevalence by MS subtype: relapsing 23.2 % (CI: 21.8-24.5), primary progressive 25.8 % (CI: 22.5-29.3), secondary progressive 31.5 % (CI: 29.0-34.0); disability: EDSS 0-4 19.2 % (CI: 17.8-20.6), EDSS >=4.5 31.9 % (CI: 30.2-33.6); and age: 42-57 years 27.7 % (CI: 26.0-29.3), above or below this range 23.1 % (CI: 21.6-24.7). Fatigue, disability, self-efficacy and self esteem correlated with depression with a large effect size (>0.8) whereas sleep, spasticity pain, vision and bladder had an effect size >0.5. The logistic regression model (N = 4938) correctly classified 80 % with 93 % specificity: risk of depression was increased with disability, fatigue, anxiety, more comorbidities or current smoking. Higher self-efficacy or self esteem and marriage reduced depression. Trajectory analysis of depressive symptoms over 40 months in those with depression (N = 1096) showed three groups: 19.1 % with low symptoms, 49.2 % with greater symptoms between the threshold of possible and probable depression, and 31.7 % with high depressive symptoms. 29.9 % (CI: 27.6-32.3) of depressed subjects were untreated, conversely of those treated, 26.1 % still had a

symptom level consistent with a probable case (CI: 23.5-28.9). **CONCLUSION**: A multi-attribute estimate of depression in MS is essential because using only screening questionnaires, diagnoses or antidepressant medication all under-estimate the true prevalence. Depression affects 25.3 % of those with MS, almost half of those with depression were either untreated or still had symptoms indicating probable depression despite treatment. Services for depression in MS must be pro-active and flexible, recognising the heterogeneity of outcomes and reaching out to those with ongoing symptoms. Copyright © 2024. Published by Elsevier B.V.

Full text check: https://libkey.io/libraries/1656/10.1016/j.msard.2024.105648

19. **Day-case minimally invasive parathyroidectomy for solitary parathyroid adenoma: An optimised approach.**

    Item Type: Journal Article

    Authors: Yu, Beverley; Quraishi, Natasha; Sheikh, Zain and Quraishi, Shahed

    Publication Date: 2024

    Journal: Clinical Otolaryngology

    Full text check: https://libkey.io/libraries/1656/10.1111/coa.14178

20. **Quality of e-discharge summaries at a district general hospital.**

    Item Type: Journal Article

    Authors: Goonoo, M. S ; AlTalib, I.; Hammoud, N. and Chaturvedi, P.

    Publication Date: 2019

    Journal: Future Healthcare Journal 6(Supplement 1) (pp s52)

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