

Falls, pressure damage and infection control

Recent articles, reports

September 2016 - March 2017

Falls

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 the library.

[A systematic review of the effect of foot orthoses and shoe characteristics on balance in healthy older subjects.](#)

Aboutorabi A. *Prosthetics and Orthotics International* 2016;40(2):170-181.

Loss of balance is an important factor in increasing the risk of falling in older subjects. Foot orthoses can improve functional measures of stability in older adults. In this review, results from studies suggest a number of recommendations regarding the optimal footwear for older people to reduce the risk of falling. *Contact the library for a copy of this article*

[Exercise to prevent falls in older adults: an updated systematic review and meta-analysis.](#)

Sherrington C. *British Journal of Sports Medicine* 2016;(October 2016):epub.

Exercise as a single intervention can prevent falls in community-dwelling older people. Exercise programmes that challenge balance and are of a higher dose have larger effects. The impact of exercise as a single intervention in clinical groups and aged care facility residents requires further investigation, but promising results are evident for people with Parkinson's disease and cognitive impairment. *Available with an NHS OpenAthens password for eligible users*

[Exercise interventions for preventing falls among older people in care facilities: a meta-analysis.](#)

Lee SH. *Worldviews on Evidence Based Nursing* 2017;14(1):74-80.

This review provides an important basis for developing evidence-based exercise intervention protocols for older people living in care facilities. Exercise programs, which are combined with tailored other fall interventions and challenge balance training to improve balance skills, should be applied to frail older people with functional limitations in institutional settings. *Available with an NHS OpenAthens password for eligible users*

[Support and Assessment for Fall Emergency Referrals \(SAFER\) 2: a cluster randomised trial and systematic review of clinical effectiveness and cost-effectiveness of new protocols for emergency ambulance paramedics to assess older people following a fall with referral to community-based care when appropriate.](#)

Snooks HA. *Health Technology Assessment* 2017;21(13):<https://dx.doi.org/10.3310/hta21130>.

The study found that a new clinical protocol allowing paramedics to assess older people who have fallen and, if appropriate, refer them to community-based falls services may be introduced by ambulance services at modest cost, without risk of harm and with some reductions in further emergency calls. However, no evidence of improved health outcomes or reductions in overall NHS emergency workload was

found.

Freely available online

[The effects of active video games on patients' rehabilitative outcomes: a meta-analysis.](#)

Pope Z. *Preventive Medicine* 2017;95:38-46.

Findings favor AVGs for youth/young adult balance control rehabilitation and falls efficacy promotion in older adults.

Contact the library for a copy of this article

[Time-limited home-care reablement services for maintaining and improving the functional independence of older adults.](#)

Cochrane A. *Cochrane Database of Systematic Reviews* 2016;(10):CD010825.

There is considerable uncertainty regarding the effects of reablement as the evidence was of very low quality according to our GRADE ratings. Therefore, the effectiveness of reablement services cannot be supported or refuted until more robust evidence becomes available. There is an urgent need for high quality trials across different health and social care systems due to the increasingly high profile of reablement services in policy and practice in several countries.

Freely available online

Guidelines

The following new guidance has recently been published:

[Falls in older people.](#)

National Institute for Health and Care Excellence (NICE);2017.

<https://www.nice.org.uk/guidance/qs86>

This quality standard covers prevention of falls and assessment after a fall in older people (aged 65 and over) who are living in the community or staying in hospital. It describes high-quality care in priority areas for improvement. In January 2017, this quality standard was updated. Three new statements were added (statements 1, 2 and 3). All the statements originally published in 2015 (statements 4 to 9) have been retained. For more information see update information.

Freely available online

Reports

The following report(s) may be of interest:

[Falls and fractures: consensus statement.](#)

Public Health England (PHE); 2017.

<https://www.gov.uk/government/publications/falls-and-fractures-consensus-statement>

This guidance was produced by the National Falls Prevention Coordination Group (NFPCG). The NFPCG is made up of organisations involved in the prevention of falls, care for falls-related injuries and the promotion of healthy ageing. The guidance is aimed at local commissioning and strategic leads in England with a remit for falls, bone health and healthy ageing.

Freely available online

Pressure Damage

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 the library.

[Bed rest for pressure ulcer healing in wheelchair users.](#)

Moore ZEH. *Cochrane Database of Systematic Reviews* 2016;(10):CD011999.

We set out to evaluate the research evidence, from randomised controlled trials, of the impact of bed rest on pressure ulcer healing in wheelchair users. No study met the inclusion criteria. It is uncertain whether bed rest makes a difference to the healing of pressure ulcers in wheelchair users. Well-designed trials addressing important clinical, quality of life and economic outcomes are required.

Freely available online

[Effectiveness of Pressure Ulcer Prevention Strategies for Adult Patients in Intensive Care Units: A Systematic Review.](#)

Tayyib N. *Worldviews of Evidence-Based Nursing* 2016;(October 2016):epub.

The review provides an evidence-based guide to future priorities for clinical practice. In particular, a silicone foam dressing has positive impact in reducing sacrum and heel HAPUs incidence in the ICU.

Contact the library for a copy of this article

[High proportion of elderly patients who are admitted to hospital are entering the last year of their lives](#)

Isles C. *Evidence-Based Nursing* 2017;20(1):23.

Most people say that they would like to die at home, yet the majority still die in hospital. The authors set out to explore the extent to which patient demographics, cause of death, hospital admissions and comorbidities influenced place of death among the oldest old.

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[Reconstructive surgery for treating pressure ulcers.](#)

Wong JKF. *Cochrane Database of Systematic Reviews* 2016;(12):CD012032.

Currently there is no randomised evidence that supports or refutes the role of reconstructive surgery in pressure ulcer management. This is a priority area and there is a need to explore this intervention with more rigorous and robust research.

Freely available online

[The Potential Role of Zinc Supplementation on Pressure Injury Healing in Older Adults: A Review of the Literature.](#)

Heintschel M. *Wounds* 2017;29(2):56-61.

Compromised nutritional status is common among older adults (aged ≥ 65 years) and is a risk factor for pressure injuries (PIs), which may lead to poor clinical outcomes. The aim of this review was to determine whether or not poor PI healing in older adults is a result of suboptimal zinc status.

Contact the library for a copy of this article

[Topical phenytoin for treating pressure ulcers.](#)

Hao XY. *Cochrane Database of Systematic Reviews* 2017;(2):CD008251.

This review has considered the available evidence and the result shows that it is uncertain whether topical phenytoin improves ulcer healing for patients with grade I and II pressure ulcers. No adverse events were reported from three small trials and minimal pain was reported in one trial.

Freely available online

Guidelines

The following new guidance has recently been published:

[End of life care for infants, children and young people with life-limiting conditions: planning and management.](#)

National Institute for Health and Care Excellence (NICE);2016.

<https://www.nice.org.uk/guidance/ng61>

This guideline covers the planning and management of end of life and palliative care in for infants, children and young people (aged 0–17 years) with life-limiting conditions. It aims to involve children, young people and their families in decisions about their care, and improve the support that is available to them throughout their lives. The guideline does not cover children and young people without a life-limiting condition who die unexpectedly (for example, accidental death).

Freely available online

Infection control and antibiotic resistance

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 the library.

[Antibiotics for ventilator-associated pneumonia.](#)

Arthur LE. *Cochrane Database of Systematic Reviews* 2016;(10):CD004267.

The primary objective of this review was to assess the effect of different empirical antimicrobial therapies on the survival and clinical cure of adult patients with ventilator-associated pneumonia (VAP). Secondary objectives included reporting the incidence of adverse events, new superinfections, length of hospital stay, and length of intensive care unit (ICU) stay associated with these therapies.

Freely available online

[Evaluation of the association between Hospital Survey on Patient Safety Culture \(HSOPS\) measures and catheter-associated infections: results of two national collaboratives](#)

Meddings J. *BMJ Quality & Safety* 2017;26(3):226 - 235.

Background: The Agency for Healthcare Research and Quality (AHRQ) has funded national collaboratives using the Comprehensive Unit-based Safety Program to reduce rates of two catheter-associated infections—central-line-associated bloodstream infection (CLABSI) and catheter-associated urinary tract infection (CAUTI), using evidence-based intervention bundles to improve technical aspects of care and socioadaptive approaches to foster a culture of safety.

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[High proportion of elderly patients who are admitted to hospital are entering the last year of their lives](#)

Isles C. *Evidence-Based Nursing* 2017;20(1):23.

Most people say that they would like to die at home, yet the majority still die in hospital. The authors set out to explore the extent to which patient demographics, cause of death, hospital admissions and comorbidities influenced place of death among the oldest old.

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[Subclavian site should be preferred for central venous access](#)

Mourvillier B. *Evidence-Based Nursing* 2016;19(4):126.

Infection, thrombosis and mechanical adverse events are complications of central venous catheterisation. Catheter-related bloodstream infection (CRBI) has a significant impact on morbidity, mortality and health

costs. Randomised controlled trials (RCT) found that subclavian access was associated with a lower risk of complications compared to femoral access but no difference between internal jugular and femoral accesses was found for dialysis catheters or in a pseudorandomised study.

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Ultrasound-guided arterial cannulation for paediatrics.

Aouad-Maroun M. *Cochrane Database of Systematic Reviews* 2016;(9):CD011364.

Authors' conclusions: We identified moderate-quality evidence suggesting that ultrasound guidance for radial artery cannulation improves first and second attempt success rates and decreases the rate of complications as compared with palpation or Doppler auditory assistance. The improved success rate at the first attempt may be more pronounced in infants and small children, in whom arterial line cannulation is more challenging than in older children.

Freely available online

Reports

The following report(s) may be of interest:

Harnessing 'brute force' could be key to creating new antibiotics.

NHS Choices - Behind The Headlines; 2017.

<http://www.nhs.uk/news/2017/02February/Pages/Harnessing-brute-force-could-be-key-to-creating-new-antibiotics.aspx>

The BBC reports on an early stage laboratory study investigating how our strongest antibacterial drugs target and destroy "hard to kill" bacteria such as the "superbug" methicillin-resistant *Staphylococcus aureus* (MRSA).

Freely available online

Inappropriate antibiotic prescribing by online pharmacies 'reckless'.

NHS Choices - Behind The Headlines; 2017.

<http://www.nhs.uk/news/2017/02February/Pages/Online-pharmacies-prescribing-antibiotics-illegally.aspx>

"Scientists found antibiotics illegally available on 45% of websites they tested," the Mail Online reports.

This headline was prompted by research into 20 online pharmacies selling antibiotics to the UK public.

Researchers looked at whether the online pharmacy was properly registered – and therefore legal – as well as whether they required a prescription before selling the antibiotics and if safety information was provided. The majority of sellers were not registered and therefore illegal.

Freely available online

Mouthwash and disinfectant ingredient linked to 'superbug'.

NHS Choices - Behind The Headlines; 2016.

<http://www.nhs.uk/news/2016/11November/Pages/Mouthwash-and-disinfectant-ingredient-linked-to-superbug.aspx>

A laboratory study found the ingredient chlorhexidine, used in a wide range of antiseptic products, increased bacterial resistance to the antibiotic colistin.

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