

1. Cochrane who?

2. How do I find and understand Cochrane reviews?

Depends on 1 and 2!

Chewing gum for postoperative recovery of gastric function

Emerging evidence indicates that chewing gum after surgery may aid in faster recovery of the digestive system.

Increasing awareness and use of Cochrane evidence

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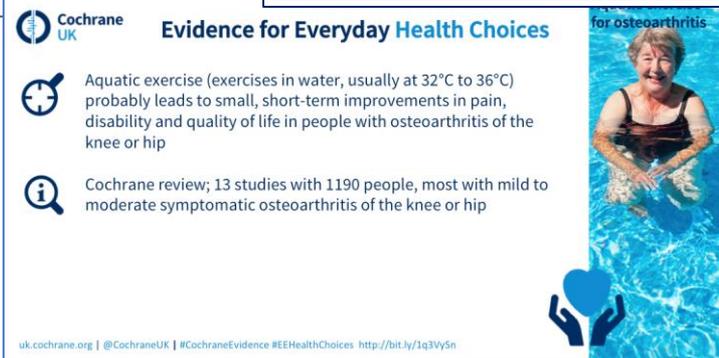
CATEGORY ARCHIVES: EVIDENCE FOR EVERYDAY ALLIED HEALTH

Articles listed include:
 - Talking evidence-based practice
 - AHPs and physical activity: a force for change
 - Can qualitative research improve patient care?
 - Comedy, Continence and Collaboration



Cochrane UK
10,426 likes, 0 website clicks, 15+ sign-ups

Video player: When to replace peripheral venous catheters

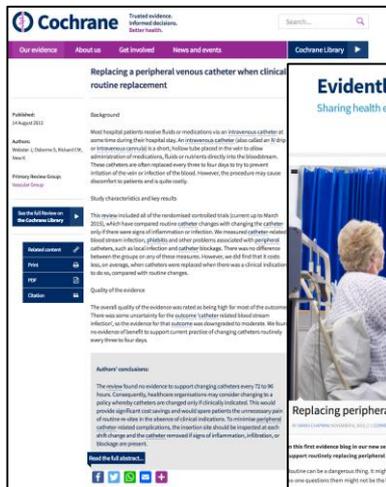


Evidence for Everyday Health Choices for osteoarthritis

-  Aquatic exercise (exercises in water, usually at 32°C to 36°C) probably leads to small, short-term improvements in pain, disability and quality of life in people with osteoarthritis of the knee or hip
-  Cochrane review; 13 studies with 1190 people, most with mild to moderate symptomatic osteoarthritis of the knee or hip

<http://bit.ly/1q3Vy5n>

One review, multiple products and platforms



Cochrane Trialled evidence. Informed decisions. Better health.

Our evidence | About us | Get involved | News and events | Cochrane Library

Replacing a peripheral venous catheter when clinical routine replacement

Published: 14 August 2015

Author: J. Osborne S, Roberts, Hunt

Review: Review Group

Study characteristics and key results

This review included all of the randomised controlled trials (RCTs) that compared routine catheter changes with changing the catheter only if there was signs of inflammation or phlebitis. The most common catheter-related blood stream infections, phlebitis and other problems associated with peripheral catheters, such as local infection and catheter blockage. There was no difference between the groups on any of these measures. However, we did find that a small, on average, when catheters were replaced when there was a clinical indication as this compared with routine changes.

Quality of evidence

The overall quality of the evidence was rated as being 'high' for most of the outcomes. There was some uncertainty for the outcome 'catheter related blood stream infection', with evidence that routine replacement may reduce the risk of evidence of benefit to support current practice of changing catheters routinely every three to four days.

Authors' conclusions

The review found no evidence to support changing catheters every 72 to 96 hours. Consequently, healthcare organisations may consider changing to a policy whereby catheters are changed only if clinically indicated. This would provide extra cost savings and would spare patients the unnecessary pain of routine catheter changes. The absence of clinical indications. To minimise peripheral catheter-related complications, the insertion site should be inspected at each catheter change and the catheter removed if signs of inflammation, infiltration, or blockage are present.

Read the full abstract



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Background

Most hospital patients receive fluids or medications via an intravenous catheter or cannula during their hospital stay. Any intravenous catheter (also called an IV drip or intravenous cannula) is a short, hollow tube placed in the vein to allow administration of medications, fluids or nutrients directly into the bloodstream. These catheters are often replaced every three to four days by to prevent irritation of the vein or infection of the blood. However, this procedure may cause discomfort to patients and is a quite costly.

Study characteristics and key results

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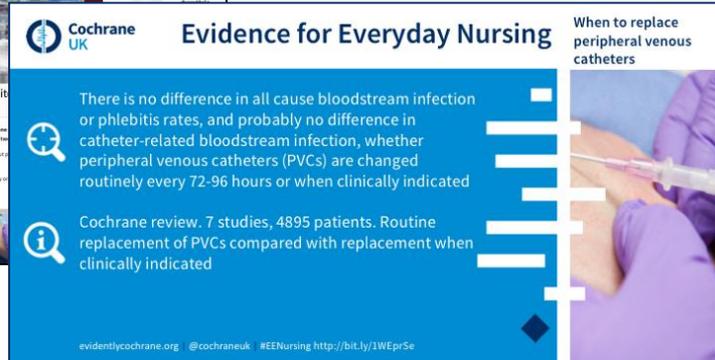
Replacing peripheral venous catheters: have you tried it?

Read the full abstract



When to replace peripheral venous catheters

0:40



Cochrane UK **Evidence for Everyday Nursing** **When to replace peripheral venous catheters**

There is no difference in all cause bloodstream infection or phlebitis rates, and probably no difference in catheter-related bloodstream infection, whether peripheral venous catheters (PVCs) are changed routinely every 72-96 hours or when clinically indicated

Cochrane review. 7 studies, 4895 patients. Routine replacement of PVCs compared with replacement when clinically indicated

evidentlycochrane.org [@cochraneuk](https://twitter.com/cochraneuk) #EENursing <http://bit.ly/1WEpr5e>

Evidence and experience



Making choices about living with motor neurone disease

Read about some of the problems Andy faced when living with motor neurone disease and the evidence for treatments that might help



My treatment, my choice: what do I need to know?

Rosalind describes how shared decision-making helped her choose which Graves Disease treatment would be best for her



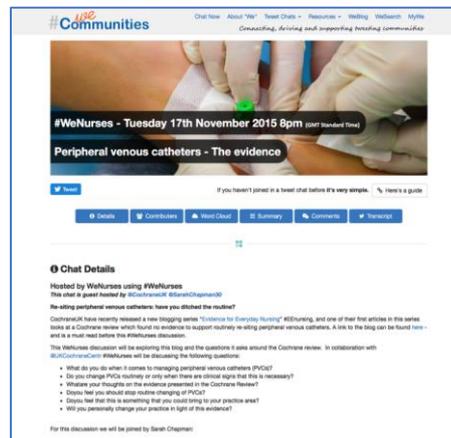
Let's get this straight: the evidence on retainers

Liv Chapman talks about her experience of orthodontic retainers and whether evidence can help us choose between them



The problem with sex: is our reluctance to talk about it harming patients?

Introducing Cochrane UK's special blog series #theproblemwithsex, which aims to lift the lid on sex and chronic health conditions



#WeNurses - Tuesday 17th November 2015 6pm (GMT standard time)

Peripheral venous catheters - The evidence

If you haven't joined in a best chat before it's very simple. [Here's a guide](#)

Chat Details

Hosted by [WeNurses](#) using [#WeNurses](#)

This chat is guest hosted by [@CochraneUK](#) / [@CochraneUK](#)

Re-adding peripheral venous catheters: have you ditched the routine?

CochraneUK have recently released a new blogging series 'Evidence for Everyday Nursing' #E4N, and one of their first articles in this series looks at Cochrane review which found no evidence to support routinely re-adding peripheral venous catheters. A link to the blog can be found here - and is a must read before this #WeNurses discussion.

The #WeNurses discussion will be exploring this blog and the questions it asks around the Cochrane review. In collaboration with @CochraneUK #WeNurses will be discussing the following questions:

- What do you do when it comes to managing peripheral venous catheters (PVCs)?
- Do you change PVCs routinely or only when there are clinical signs that this is necessary?
- Where are your thoughts on the evidence presented in the Cochrane Review?
- Does the fact you should stop routine changing of PVCs?
- Do you feel that this is something that you could bring to your practice next?
- Will you personally change your practice in light of the evidence?

For this discussion we will be joined by Sarah Chapman.

Engagement and impact



Stephanie Mansell @skrmansell 18h
 @CochraneUK #theproblemwithsex
 has been enlightening we've
 committed 2 updating our pt info as
 a result #teamsleepvent
 @RoyalFreeNHS

Cochrane UK @CochraneUK
 Still being sexual in chronic illness.
 Read our new #theproblemwithsex
 blog here bit.ly/2pdem2h



“We will be making change
 soon based on the latest
 evidence - tweetchat to action”

@CraigBradleyF1 (Infection Prevention Nurse)



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Replacing peripheral venous catheters: have you ditched the routine?

In this first evidence blog in our new series Evidence for Everyday Nursing, I've looked at a Cochrane review which found no evidence to support routinely replacing peripheral venous catheters. This was then discussed in a #Infection tweetchat, summarised in this blog.

Routine can be a dangerous thing. It might be a very good thing to do something routinely, of course, but practices that are so entrenched that you are question them might not be the best thing at all.

What do you do when it comes to managing peripheral venous catheters (PVCs)? Change them routinely or only when there are clinical signs that this is necessary, such as blockage, pain, redness, infiltration, swelling, leaking or phlebitis?

The UK's recent National Evidence Based Guidelines recommend that short peripheral catheters

UK Cochrane Centre 05/12/2014
 Does garlic/echinacea/zinc/vit C work for the common cold? Oh yes it does!
 Oh no it doesn't! ow.ly/Fpd1d
 #EvidentlyAdvent

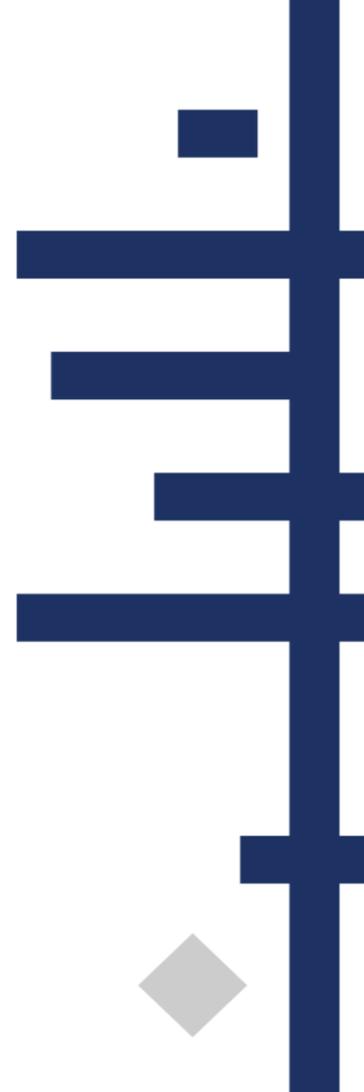


Olivia Kirtley
@LivveyKirtley

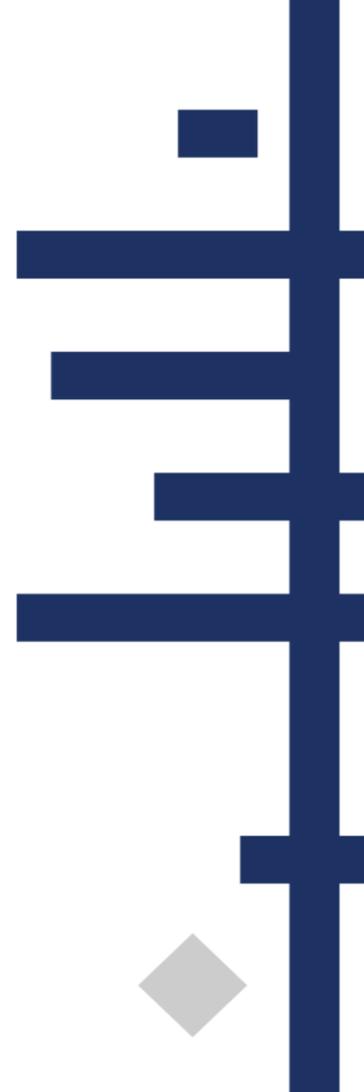
@UKCochraneCentr This is amazing! I will send this to my mum- she suggested I try all 4!

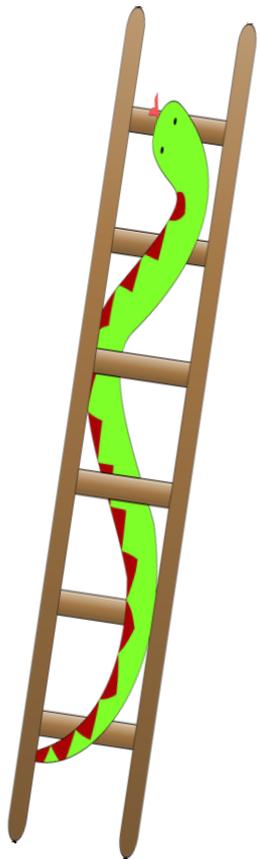
05/12/2014 15:09

Increasing awareness through social media: small group work



A cautionary tale!





Planning

- Who? Why? What?
- Resources
- Enablers
- Constraints and risks

Doing

- Make and share your products
- Watch and respond

Reflecting

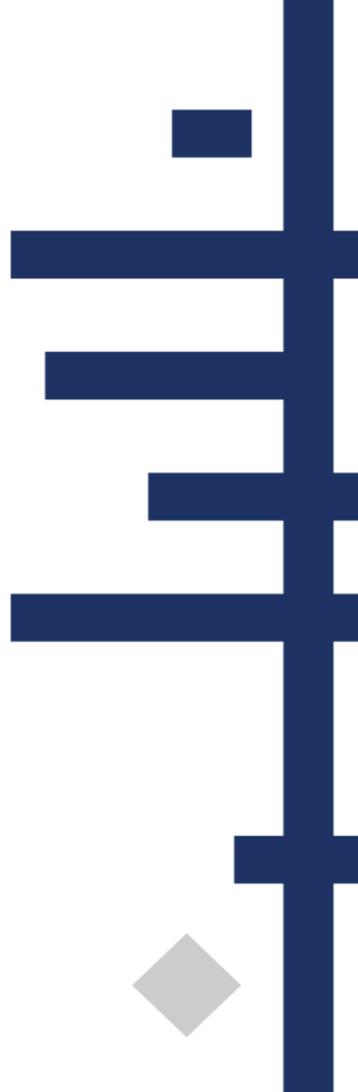
- Measuring impact
- What next?

Cochrane review: Portion, package or tableware size for changing selection and consumption of food, alcohol and tobacco

Published September 2015

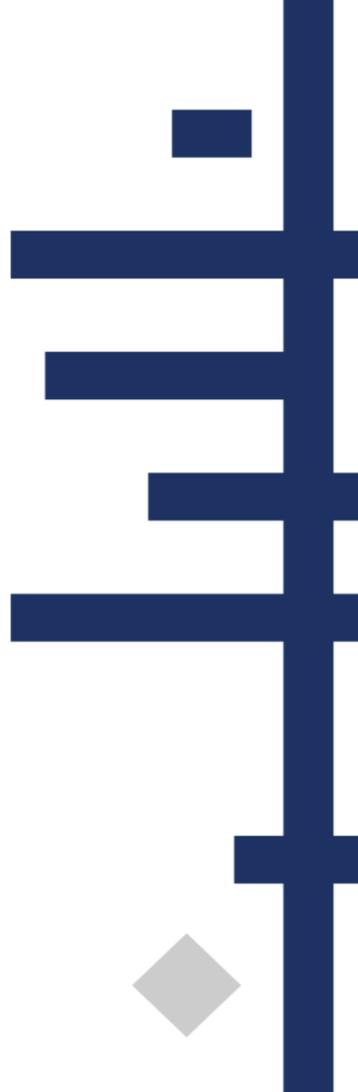
Review team from the Behaviour and Health Research Unit (BHRU), University of Cambridge, for the Cochrane Public Health Group

Data from 72 studies with over 6,700 people



Found moderate quality evidence that:

- people consistently consume more food or non-alcoholic drinks when offered larger sized portions, packages or tableware, regardless of gender, body mass index, susceptibility to hunger and degree of self-control in relation to food.
- The effect is small to moderate for both adults and children. If sustained across the whole diet this would be equivalent to a 16% reduction in average daily energy intake from food in UK adults (29% in US adults) .



- This suggests that policies and practices that successfully reduce the size, availability and appeal of larger-sized portions, packages, individual units and tableware can contribute to meaningful reductions in the quantities of food (including non-alcoholic beverages) people select and consume in the immediate and short term.

But

- Implications for tobacco or alcohol policy unknown due to identified gaps in the current evidence base

