

Evidence-Based Neonatal Medicine

Presented by:

Linda Suk-Ling Murphy, MLIS

Research Librarian for the Health Sciences

University of California, Irvine Libraries

March 1, 2017

Learning Objectives:



- ❑ Help participants develop self-directed life-long learning skills, motivating them to seek further learning when there are questions.
- ❑ Search and identify relevant evidence-based, point-of care resources in neonatal-perinatal medicine.
- ❑ Introduce the concept of Evidence-Based Medicine (EBM), demonstrating simple methods to find and use the best evidence to answer clinical questions.
- ❑ Search medical databases (PubMed and Cochrane Library) effectively and efficiently to track down the best evidence.
- ❑ Evaluate the evidence for relevance and validity.
- ❑ Take the skills you learn and apply it to your medical education, clinical research, and patient management.

Part I Agenda: Search Techniques (1st hour)

1. Review UCI Libraries' Resources and services
 - Grunigen Medical Library (GML) Core Resources page
 - **ANTPAC** for resources on Neonatal Medicine
 - Evidenced-Based, Point-of-Care Resources in Neonatal Medicine
2. Perform searches of medical databases (PubMed and the Cochrane Library)
3. Download and configure the VPN software (<http://www.oit.uci.edu/vpn/>) for Remote Access to the UCI Libraries restricted online resources

UCI Libraries' Resources & Services -- GML Core Resources on Neonatology

- ANTPAC Catalog (the UCI Libraries online catalog)
- Access Surgery - Books
- jove (articles with videos)
- Micromedex
- VisualDx

Literature searches

- PubMed@UCI
- Cochrane Library
- Google Scholar

EB Point-of-Care Resources:

- BMJ Best Practice
- JAMA Evidence
- NEJM Journal Watch

- Evidence-Based Neonatal Medicine
<http://grunigen.lib.uci.edu/evidence-based-instruction/evidence-based-neonatal-medicine>

Evidence-Based Neonatology Resources

LOCATIONS ▾ CONNECT FROM OFF-CAMPUS

UCI Libraries

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Search for books, journals, guides, web pages

714-456-5585 | Email Library | Get Directions | UCI Map

Core Resources

ANTPAC Catalog	Case Files Collection	JAMAevidence	Policy Guide
AccessMedicine	CINAHL via EBSCO	LWW Health Library	PubMed@UCI
BMJ Best Practice	Cochrane Library	Micromedex	Subject Guides
BMJ Clinical Evidence	Exam Master Online	NEJM Journal Watch	UpToDate

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Find at GML

Services UCI About GML

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Equipment Loans	

UCI Authors in PubMed

Surgical repair in humans after traumatic nerve ...
Exp Neurol. 2017 Jan 19
Palispis WA,Gupta R

Unmet Health Care Needs among Children Exposed t...
Matern Child Health J. 2017 Jan 20
Turney K

GRUNIGEN MEDICAL LIBRARY

Search for books, journals, guides, web pages

Today's Hours: 8:00 am - 8:00 pm [More Hours](#)

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Home » Core Resources

Core Resources

The Core Resources listed here are made available through special licensing arrangements with the resource providers. Access to some resources is restricted to computers on the UCI network. For more information on accessing these resources from your home computer, see [Connect from Off-Campus](#).

List View Full View

UCI access only | Open to the public

AccessMedicine	Exam Master Online	Natural Medicines (New Version)
AccessScience	Facts and Comparisons eAnswers	NEJM Journal Watch
AccessSurgery	GARD Rare Diseases Information Center	NLM Drug Information Portal
ACP Journal Club	Genetics Home Reference	NLM Gateway
Anesthesiology	GIDEON	NLM Style Guide
Anatomy TV	Global Health	Nursing
ANTPAC Catalog	Google	Nursing Education in Video
Bates' Visual Guide to Physical Examination	Google Scholar	Ovid MEDLINE®
BioMed Central	Henry Stewart Talks	Pharmacist's Letter
Biosis	JAMAevidence	PloS One
BMJ Best Practice	Journal Citation Reports	Psychiatry Online
BMJ Clinical Evidence	Lab Training Library	PsycINFO
BoardVitals FNP	LWW Health Library	PubMed@UCI
CAM	Materials for Medical Devices Database	PubMed Dietary Supplement Subset
Case Files Collection	Medical Letter	Red Book Online
CDC Wonder	Medical Student Course Guide	SpringerLink
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ClinicalTrials.gov	MedPix	Thieme Clinical Collections
Clinician's Toolkit	Medscape	Thieme Electronic Book Library
Cochrane Library	Melvyl Catalog	TOXNET
Consumer Health		Trip Pro
		UpToDate

Core Resources | **Computing** | **Core Resources** | **Equipment Loans** | **Evidence-Based Instruction** | **Mobile Printing** | **Order Documents** | **Printing & Copying** | **Reserve a Room**

Endotracheal intubation AND (neonates OR newborns OR infants)

Search *Endotracheal intubation AND (neonates OR newborns OR infants)* across all McGraw-Hill Medical sites >

- Books (44) ▶
- Quick Reference (2) ▶
- Images (3)
- Cases (1) ▶

Narrow by Book Title

Type to filter

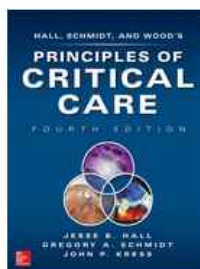
- Operative Pediatric Surgery (4)
- Adult Chest Surgery, 2e (1)
- Schwartz's Principles of Surgery, 10e (1)
- Principles of Critical Care, 4e (1)
- Johns Hopkins Textbook of Cardiothoracic Surgery (1)

Narrow By Topic

- newborn (8)
- airway device (4)
- lung (4)
- chest x-ray (3)
- diagnosis (3)
- infant (2)

8 results in Textbooks

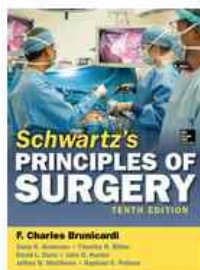
newborn



Airway Management > INTUBATING WITH A LARYNGEAL MASK AIRWAY

Principles of Critical Care, 4e

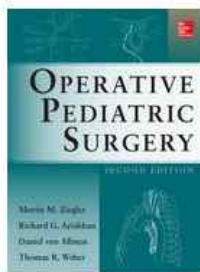
..., and 5, and is designed to facilitate tracheal **intubation** with **endotracheal** tubes up to 8-mm inside diameter. **Intubation** can be performed blindly or in case of difficulty with the help of flexible bronchoscopy. Like the classic LMA, the Fastrach™ establishes ventilation when face mask ventilation...



Congenital Heart Disease > Treatment

Schwartz's Principles of Surgery, 10e

... Figure 20-3. Treatment algorithm for **neonates** and **infants** with critical left ventricular outflow tract obstruction. Patients can be initially triaged to either a single or a biventricular approach depending on presenting morphologic, demographic, and institutional factors. VSD...



Abdominal Wall Defects: Omphalocele and Gastroschisis > Silo Placement with Staged Closure

Operative Pediatric Surgery

... the top down, taking care not to exert high pressure (Fig. 34-8). The silo placement and reduction is usually performed in the **neonatal** intensive care unit (NICU) under sedation, thus **intubation** is not required. When the contents are completely reduced, the silo is removed and the fascial defect closed...

ANTPAC - UCI Libraries Online Catalog

- Use Antpac to locate all the Books, journals, videos and other reports that are in print and online:

<http://antpac.lib.uci.edu/>

- Search examples:

- necrotizing enterocolitis (include all collection)
- neonatology management
 - (Online/Internet Resources)
- Neonat* Case* (Online/Internet)

The screenshot displays the UCI Libraries ANTPAC online catalog interface. At the top, there is a navigation bar with 'UCI Libraries' and links for 'FIND', 'SERVICES', 'ABOUT', and 'HELP'. Below this is a search bar with the keyword 'necrotizing enterocolitis' and a search button. A dropdown menu is open, showing various collection filters such as 'Entire Collection', 'Books and E-Books', 'Films and Videos', etc. The search results are displayed in a list format, with the first result being 'Impact of Concurrent Bloodstream Infections in Infants with Necrotizing Enterocolitis' by Smith, Siobhan Poling, author. The second result is 'Necrotizing enterocolitis [electronic resource] : insights into the pathogenesis of this challenging' by Caplan, Michael S. The third result is 'Necrotizing enterocolitis / [edited by] Brian F. Gilchrist'. Each result includes a 'Save' button and a 'Website' link. A table below each result shows the location, call number, and status.

Location	Call #	Status
Internet	LD 791.8 B54 2015	AVAILABLE ONLINE

Location	Call #	Status
Internet	RJ268.3	AVAILABLE ONLINE

Location	Call #	Status
Internet	RJ268.3	AVAILABLE ONLINE

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Search

Users' Guides to the Medical Literature: A Manual for Evidence-Based Clinical Practice, 3rd ed >



3rd EDITION
Users' Guides to the Medical Literature
A MANUAL FOR EVIDENCE-BASED CLINICAL PRACTICE
Gordon Guyatt, MD
Deborah J. Cook, MD
William D. Storr, MD
Elizabeth A. Stone, MD
JAMAevidence

View Contents

Chapter 20

Clinical Scenario

Finding the Evidence

Why and How We Measure Prognosis

How Serious Is the Risk of Bias?

What are the Results?

How Can I Apply the Results to Patient Care?

References

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Chapter 20: Prognosis

Adrienne G. Randolph; Deborah J. Cook; Gordon Guyatt

Clinical Scenario

CLINICAL SCENARIO

You are a pediatrician expecting to see an infant who was born at 26 weeks' gestation tomorrow for her first outpatient clinic visit at 4 months after birth. You know the family well because you care for their older child who was born at 35 weeks' gestation and is now a healthy 3-year-old girl. This infant had a prolonged stay in the neonatal intensive care unit but required relatively minimal respiratory support during her first 3 weeks of life. The neonatologist told you that the infant did extremely well, experiencing none of the complications that often occur in extremely preterm infants. He also informs you that he warned the family, "Your baby is at risk for long-term neurocognitive and motor complications related to being born so prematurely. Although some babies born this prematurely grow up to lead normal lives, many have minor disabilities, and there is a nontrivial chance that your baby could develop moderate to severe disabilities." You have 5 other children in your pediatric practice born at less than 27 weeks of gestation; all of them have major neurodevelopmental problems. On the basis of your professional experience, you wonder if the neonatologist has presented the family with an overly optimistic outlook. You decide to check out the *evidence* for yourself.

Finding the Evidence

You use your clinic's free Internet connection to access MEDLINE at the National Library of Medicine website via PubMed. To find the appropriate search terms for your population of interest, you first type "premature" in the *Medical Subject Headings* database and find that there is a term called "Infant, Extremely Premature" defined as a human infant born before 28 weeks' gestation. You select it and click on the related link for Clinical Queries. Under Clinical Study Categories, you choose the search filter "Prognosis" and limit the scope to "Narrow." This retrieves 31 clinical studies and 5 potential reviews. You first look for a *systematic review* but do not find one that is relevant for evaluating outcomes across multiple extremely premature infant cohorts. However, the second primary study in the

Related Content

Education Guide



Appraising Evidence About Prognosis

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Prognosis: Adrienne Randolph, MD, MSc, discusses prognosis; 12 mins, 40 secs

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NEJM Journal Watch



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SUMMARY AND COMMENT | PEDIATRICS AND ADOLESCENT MEDICINE, NEUROLOGY

INFORMING PRACTICE

January 20, 2015

Therapeutic Hypothermia in Perinatal Encephalopathy: Do Depth and Duration of Cooling Matter?

Robin Steinhorn, MD reviewing Shankaran S et al. JAMA 2014 Dec 24/31.

Cooling infants for 120 versus 72 hours, at 32.0°C versus 33.5°C, or both did not improve outcomes.

Results of several trials have established that 72 hours of therapeutic hypothermia at 33°C to 34°C reduces neurodevelopmental disability for term and near-term infants with moderate or severe encephalopathy. However, half of children who are cooled still die or survive with impairments, which has led to interest in optimizing the method of cooling.

In the current study, investigators enrolled 364 infants who met standard criteria for cooling (perinatal acidosis and clinical findings of encephalopathy). Using a 2x2 factorial design, infants were randomized to a cooling temperature of 33.5°C or 32.0°C and to a cooling duration of 72 hours or 120 hours. The study ended after enrollment of 364 neonates at the recommendation of the data and safety monitoring committee.

In-hospital mortality rates were 7% in the group cooled at a standard 33.5°C for 72 hours (7 of 95 neonates), 14% in those cooled at 32.0°C for 72 hours (13 of 90 neonates), 16% in those cooled at 33.5°C for 120 hours (15 of 96 neonates), and 17% in those cooled at 32.0°C for 120 hours (14 of 83 neonates). Rates of nitric oxide use and extracorporeal membrane oxygenation (ECMO) use were significantly higher in infants cooled at 32.0°C, indicating a higher rate of pulmonary hypertension in this group. Long-term outcomes remain under investigation.

COMMENT

Term and near-term neonates with moderate or severe hypoxic ischemic encephalopathy do not benefit from deeper cooling or longer duration of cooling compared with hypothermia at 33.5°C for 72 hours. The higher rates of nitric oxide and ECMO in infants cooled to 32.0°C indicate that a tight therapeutic range of temperature is important to cardiopulmonary stability. Future studies will likely focus on adjunctive therapies to augment the effects of therapeutic hypothermia.

Dr. Steinhorn is Professor and Chair of Pediatrics, University of California Davis Medical Center, Sacramento.

CITATION(S):

Shankaran S et al. Effect of depth and duration of cooling on deaths in the NICU among neonates with hypoxic ischemic encephalopathy: A randomized clinical trial. JAMA 2014 Dec 24/31; 312:2629. (<http://dx.doi.org/10.1001/jama.2014.16058>)

PubMed abstract (Free)

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SUMMARY AND COMMENT | PEDIATRICS AND ADOLESCENT MEDICINE

December 30, 2005

Whole-Body Hypothermia for Neonatal Hypoxic-Ischemic Encephalopathy

Howard Bauchner, MD reviewing Shankaran S et al. N Engl J Med 2005 Oct 13. Papile L-A. N Engl J Med 2005 Oct 13.

Hypoxic-ischemic encephalopathy (HIE) may cause neurodevelopmental deficits and death in infants. The rate of HIE in the U.S. (2 per 1000 live births) has not changed in the past 20 years. Researchers assessed whole-body cooling in a multisite, randomized trial that involved 208 newborns (gestational age, ≥ 36 weeks) with HIE (defined as either severe acidosis or perinatal complications and resuscitation at birth). Within 6 hours of birth, infants received either usual care (overhead radiant warmers) or whole-body cooling (with water blankets regulated to achieve an esophageal temperature of 33.5°C) for 72 hours.

Compared with infants who received usual care, those who underwent cooling were significantly less likely to have died or have moderate or severe disability (collective rates of IQ, motor function, blindness, and hearing impairment) at age 18 to 22 months (44% vs. 62%). Adjustment for severity of encephalopathy at randomization did not change the results. Individual rates of cerebral palsy, blindness, and hearing impairment among survivors did not differ significantly between the two groups. The incidence of serious adverse events (e.g., hypotension, cardiac arrhythmia, or oliguria) was similar in the two groups.

COMMENT

Howard Bauchner, MD

These encouraging results suggest that whole-body cooling may be an effective therapy for hypoxic-ischemic encephalopathy in term and asphyxiated infants. In a previous randomized study of brain cooling for HIE, no differences in rates of death and disability were found. As noted by an editorialist, one explanation for the different results is that systemic whole-body hypothermia resulted in more rapid cooling than brain cooling alone. Unfortunately, many neonates with HIE are born in community hospitals, where quickly instituting such an intensive intervention as whole-body cooling may be difficult to accomplish. In addition, these results do not pertain to premature infants.

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253 Video Articles

1 2 3 4 5 6 7 8 9 ... 26

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- Containing Text: premature infant
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- Filter by publication date
- Filter by section

CONTAINS premature infant

Infant, Premature: A human infant born before 37 weeks of Gestation.

Quantifying Learning in Young Infants: Tracking Leg Actions During a Discovery-learning Task

Barbara Sargent¹, Hendrik Reimann², Masayoshi Kubo³, Linda Fetters⁴

¹Division of Biokinesiology & Physical Therapy at the Herman Ostrow School of Dentistry, University of Southern California, ²Department of Kinesiology, Temple University, ³Department of Physical Therapy, Niigata University of Health and Welfare

Assessment and Evaluation of the High Risk Neonate: The NICU Network Neurobehavioral Scale

Barry M. Lester^{1,2}, Lynne Andreozzi-Fontaine^{1,2}, Edward Tronick³, Rosemarie Bigsby^{1,2}

¹Center for the Study of Children at Risk, Alpert Medical School, Brown University, ²Women & Infants Hospital of Rhode Island, ³University of Massachusetts, Boston

A Murine Model of Experimental Necrotizing Enterocolitis Using Gavage Feeding, Lipopolysaccharide, and Systemic Hypoxia

Scott Welak¹, Rebecca M Rentea², Shannon M Koehler², David M Gourlay³

¹Pediatrics, Medical College of Wisconsin, ²Surgery, Children's Mercy Hospital, ³Pediatric Surgery, Medical College of Wisconsin

Non-invasive Optical Measurement of Cerebral Metabolism and Hemodynamics in Infants

Pei-Yi Lin¹, Nadege Roche-Labarbe^{1,2}, Mathieu Dehaes³, Stefan Carp¹, Angela Ferrogli³, Beniamino Barberi⁴, Katherine Hagan¹, P. Ellen Grant⁵, Maria Angela Franceschini⁶

¹Athinoula A. Martinos Center for Biomedical Imaging, Massachusetts General Hospital, Harvard Medical School, ²Lab. PALM, Université de Caen Basse-Normandie, ³Fetal-Neonatal Neuroimaging and Developmental Science Center, Boston Children's Hospital, Harvard Medical School, ⁴ISS, INC.

Adapting Human Videofluoroscopic Swallow Study Methods to Detect and Characterize Dysphagia in Murine Disease Models

Teresa E. Lever¹, Sabrina M. Braun², Ryan T. Brooks¹, Rebecca A. Harris², Loren L. Littrel², Ryan M. Neff³, Cameron J. Hinkel¹, Mitchell J. Allen¹, Mollie A. Ulsas²

¹Department of Otolaryngology - Head and Neck Surgery, University of Missouri, ²Department of Communication Science and Disorders, University of Missouri, ³Department of Medicine, University of Missouri

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Assessment and Evaluation of the High Risk Neonate: The NICU Network Neurobehavioral Scale

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¹Center for the Study of Children at Risk, Alpert Medical School, Brown University, ²Women & Infants Hospital of Rhode Island, ³University of Massachusetts, Boston

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0:05 Title

2:18 Pre-examination Protocol, Habituation and Unwrap/Supine

3:50 Lower Extremity Reflexes

6:20 Upper Extremity Reflexes and Face

9:41 Upright Responses

11:44 Infant Prone and Picked Up

13:02 Orientation and Spin

16:06 Infant Supine in Crib

17:11 Results: Analysis of the NICU Network Neurobehavioral Scale (NNNS)

18:17 Conclusion

Summary

The NICU Network Neurobehavioral Scale (NNNS) was developed as an assessment for the at-risk infant. The purpose of this article is to describe the NNNS, provide video examples of the NNNS procedures and discuss the

Translate text to: Choose Language...

VisualDx: A Differential Diagnostic Tool

visualDx / Text Search - "neonates"

- Neonatal Acne**
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Pustule
Tiny Papule
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Check Forehead
- Neonatal Dacryocystitis**
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Poor Feeding
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Pale Feces
Dark Urine
Hyperbilirubinemia

visualDx / Neonatal Candidiasis

Neonatal Candidiasis - Skin

Print Images (25)

Contributors: Ansa Ahmed MD, Art Popier MD, Craig N. Burkhardt MD, Dean Morrell MD, Lowell A. Goldsmith MD, MPH, Nancy Esterly MD

Synopsis

Neonatal candidiasis can develop perinatally or postnatally; it can be acquired by passage through an infected birth canal, develop postnatally from invasive procedures or infected catheters, or be related to breaks in the skin of the neonate. It is seen after the first week of life, in contrast to **congenital candidiasis**, which is present at birth.

Affected infants may present with a varying clinical picture.

Localized disease

Localized disease is limited to the development of mucocutaneous lesions and usually presents as **thrush** or **diaper dermatitis**, but other intertriginous areas may be involved.

Systemic infection

A more widespread systemic infection occurs mostly in low birth weight infants. Cutaneous findings include diffuse erythema, vesicles, or pustules. The infant is lethargic, refuses to feed, is apneic, or is in respiratory distress. There is temperature instability and hyperglycemia. Meningitis, urinary tract infection, or **candidal septicemia** may occur. More severe cases may result in multi-organ failure.

Widespread cutaneous infection

The development of a widespread cutaneous candidal infection that resembles an erosive dermatitis may also be seen in extremely low birth weight infants. Risk factors for the development of this type of neonatal candidiasis include prematurity, abdominal surgery, intravenous catheterization, and broad-spectrum antibiotic use as well as steroid administration and hyperglycemia. Infants with widespread cutaneous involvement can present with macular, papular, vesicular, or pustular lesions. Erosive and ulcerative lesions develop with crust formation.

Codes

VIEW ALL IMAGES (25)

Cutaneous Systemic

Oral White Plaque
Diaper Area
Vesicle
Scaly Plaque
Erythroderma
Hyperglycemia
Patient Appears Ill
Apnea
Vesicle
Erythroderma
Pustules

<https://www.visualdx.com/visualdx/diagnosis/neonatal-candidiasis/moduleId=23&diagnosisId=53819>

MicroMedex - Mobile Access

The screenshot shows the homepage of the MicroMedex Solutions website. At the top, there is a navigation bar with the logo and menu items: Home, Drug Interactions, IV Compatibility, Drug ID, Drug Comparison, CareNotes®, Tox & Drug Product Lookup, and Other Tools. A search bar is prominently displayed in the center with the text "Search Drug, Disease, Toxicology, and more". Below the search bar, there are three main content areas: "Latest News" with a list of recent updates, "Support & Training" with a list of resources and a "Support Request" button, and "Resources" with a list of documents and a "Download Mobile Apps" button. The footer contains copyright information and links to About, Contact, Training Center, User Guide, Warranty & Disclaimer, and Micromedex.com.

This screenshot shows a detailed page on the MicroMedex Solutions website, specifically the "Micromedex® Drug Interactions" section. The page features a heading, a small app icon, and a list of bullet points describing the app's availability and activation process. Below this, there are "Simple instructions for installation" with four numbered steps. At the bottom of the page, there is a section for "Micromedex® IV Compatibility" with similar information and instructions. The page also includes "Available on the App Store" and "GET IT ON Google play" badges.

Micromedex® Drug Interactions

- The **Micromedex Drug Interactions** app for Apple, and Android devices is available for FREE for Micromedex customers.
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Simple instructions for installation:

- Step 1:** Visit the iTunes App Store (Apple devices), or Google Play Store (Android devices) and search for "Micromedex."
- Step 2:** From all the Micromedex app results, select **Micromedex Drug Interactions**. You may be prompted to enter your Apple or Google ID.
- Step 3:** The app should download directly to your device. (If you visited the iTunes App Store on your PC rather than your device, you may have to sync your device to iTunes on your PC, in order to load the app onto your device.)
- Step 4:** Open the app on your device. Enter the password **v3trEK** to begin using **Micromedex Drug Interactions**. The password is case-sensitive. Please enter it exactly as it appears here.

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- You can activate the app by following the simple instructions below.

Simple instructions for installation:

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Micromedex 2.0: A Comprehensive Drug Information Tool

Standard Search for Monographs

SEARCH

[Example Searches](#)

 Print

7 results found for: "Neonatal bradycardia"

Display: **All (7)** | [Drug \(6\)](#) | [Toxicology \(1\)](#)

Page 1: Results for: 1-7

1. [SALICYLATES](#)

Toxicology: Detailed evidence-based information ([POISINDEX[®] Managements](#))

...complicated by thick meconium and **neonatal bradycardia**. Findings after resuscitation included tachypnea, respiratory distress, hypotonia, and metabolic...

Document section:

[CLINICAL EFFECTS](#) ▶

2. [BISMUTH](#)

Drug: Detailed evidence-based information ([DRUGDEX[®]](#))

...complicated by thick meconium and **neonatal bradycardia**. Findings after resuscitation included tachypnea, respiratory distress, hypotonia, and metabolic...

Document section:

[Teratogenicity/Effects in Pregnancy/Breastfeeding](#) ▶

3. [Antacids](#)

Drug: Detailed evidence-based information ([DRUGDEX[®]](#))

...complicated by thick meconium and **neonatal bradycardia**. Findings after resuscitation included tachypnea, respiratory distress, hypotonia, and metabolic...

Document section:

[Teratogenicity/Effects in Pregnancy/Breastfeeding](#) ▶

4. [PINDOLOL](#)

Drug: Detailed evidence-based information ([DRUGDEX[®]](#))

meconium aspiration [362] [363] [364]. **Neonatal bradycardia**, respiratory depression, hypoglycemia and low Apgar scores have also been

Remote Access to UCI Libraries Online Restricted Resources: <http://www.oit.uci.edu/vpn/>

Virtual Private Network (VPN)

Summary: If you need to connect to UCI net from off campus, Virtual Private Network (VPN) may be the solution for you. VPN allows you to connect to on campus-only resources like the Library and encrypts the information you are sending over the network, protecting your data.

Peer-to-peer file sharing services and other high-bandwidth applications should not be used while using the VPN service. You may be automatically blocked from using the VPN if your bandwidth exceeds the maximum bandwidth limit.

3 Ways to Access the VPN

1. WebVPN

2. VPN Software

3. iOS, Android OS, Chrome OS VPN

3 Ways to Access the VPN

VPN Software Versions

iOS – iPhone, iPod Touch, iPad

Android 4.x

Chrome OS – ChromeBook

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Finding the Best Available Evidence

The background features abstract, overlapping geometric shapes in various shades of blue, ranging from light sky blue to dark navy blue. These shapes are primarily located on the right side of the frame, creating a modern, layered effect.

Why Searching PubMed@UCI?

- ❑ A free resource that provides access to MEDLINE, the National Library of Medicine database of citations and abstracts in the fields of medicine, nursing, dentistry, veterinary medicine, health care systems, and preclinical sciences.
- ❑ Provides direct access to full-text articles via UC-eLinks.
 1. Go to the Grunigen Medical Library (<http://grunigen.lib.uci.edu/>)
 2. Select **PubMed@UCI** located under Core Resources.
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- ❑ Brief online tutorials are available at:
<https://www.nlm.nih.gov/bsd/disted/pubmedtutorial/cover.html>

PubMed Search Tips

- ❑ You **MUST** access PubMed through the UCI Library website.
- ❑ Capitalize Boolean connectors in PubMed (**AND, OR, NOT**).
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- ❑ Avoid acronyms, initialisms, and other abbreviations as search terms.
- ❑ Avoid imprecise search terms, e.g., **increased, better, greater, less, worse, vs.**, etc.
- ❑ Review the PubMed Quiz (<https://eee.uci.edu/quiz/PubMed>)

The Basics of PubMed

(<https://eee.uci.edu/quiz/PubMed>)

← https://eee.uci.edu/toolbox/quiz/results_by_question.php?assigned_id=31397&frame=olwgzo →

#2 Which of the following about PubMed features is **false**?

Type: Multiple Choice [View Students](#) Points: 10

Answer Option	%	#	
Features allow more focused and comprehensive search strategies.	0%	0/15	I
Includes patents, dissertations, and case law.	93.33%	14/15	C
Allows you to save search strategies and results between sessions.	6.67%	1/15	I
May link to information in related databases (Gene, Protein, Structure, nucleotide, etc.).	0%	0/15	I
Can be used to create current awareness alerts through email or RSS.	0%	0/15	I
<# of responses to this question>	100%	15/15	

#3 PubMed is a free database that can be accessed in several different ways. Which method will allow you to access the UCI Libraries' restricted full-text journals?

Type: Multiple Choice [View Students](#) Points: 10

Answer Option	%	#	
Find PubMed in Google	0%	0/15	I
Go directly to PubMed.gov	0%	0/15	I
Use the PubMed@UCI link from the UCI Libraries' website	100%	15/15	C
Go directly to PubMed.com	0%	0/15	I
Search PubMed in EndNote	0%	0/15	I
<# of responses to this question>	100%	15/15	

#4 Which Boolean operators may be used in a PubMed search to connect multiple search concepts?

Type: Multiple Choice [View Students](#) Points: 10

Answer Option	%	#	
+, -, =	6.67%	1/15	I
AND, BUT, WITHOUT	0%	0/15	I
and, or, not	0%	0/15	I
AND, OR, NOT	80%	12/15	C
They are not needed	13.33%	2/15	I
<# of responses to this question>	100%	15/15	

#5 Which feature in PubMed allows you to view, combine, expand, or copy and paste your previous search strategies? (Mark one)

[For answer to this question, view a [10-second tutorial \(Links to an external site.\)](#)

Type: Multiple Choice [View Students](#) Points: 10

Answer Option	%	#	
Send To:	0%	0/15	I
Summary/Format	0%	0/15	I
Search Details	6.67%	1/15	I
Clipboard	6.67%	1/15	I
My Recent Searches	86.67%	13/15	C
<# of responses to this question>	100%	15/15	

Asking a Structured and Focused Clinical Question

Is Paracetamol as effective as indomethacin in closure of PDA in preterm neonates?

PICO:

P = preterm neonates

I = paracetamol

C = indomethacin / ibuprofen

O = closure of PDA

Submitted search strategy:

Paracetamol vs. ibuprofen for PDA treatment

Results: 2

PubMed vs. PubMed Clinical Queries

Regular PubMed search

(pda OR Patent Ductus Arteriosus) AND (paracetamol OR Acetaminophen) AND (indomethacin OR ibuprofen OR Anti-Inflammatory Agents, Non-Steroidal OR NSAIDs) AND (Neonatal Prematurity OR premature infants OR infant, premature OR preterm infants)

Results: 31

Filters: Randomized Controlled Trial; English

Results: 4 RCTs

PubMed Clinical Queries search

(Therapy/Narrow[filter]) AND ((pda OR Patent Ductus Arteriosus) AND (paracetamol OR Acetaminophen) AND (indomethacin OR ibuprofen OR Anti-Inflammatory Agents, Non-Steroidal OR NSAIDs) AND (Neonatal Prematurity OR premature infants OR infant, premature OR preterm infants)) **Filters: English Results: 5 RCTs.**

PubMed Advanced Search Builder

Tutorial

Use the builder below to create your search

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Builder

All Fields

[Show index list](#)

AND All Fields

[Show index list](#)

or [Add to history](#)

History

[Download history](#) [Clear history](#)

Search	Add to builder	Query	Items found	Time
#11	Add	Search (Therapy/Narrow[filter]) AND ((pda OR Patent Ductus Arteriosus) AND (paracetamol OR Acetaminophen) AND (indomethacin OR ibuprofen OR Anti-Inflammatory Agents, Non-Steroidal OR NSAIDs) AND (Neonatal Prematurity OR premature infants OR infant, premature OR preterm infants))	5	17:18:19
#10	Add	Search #1 AND #2 AND #3 AND #7 Filters: Randomized Controlled Trial; English	4	17:17:45
#9	Add	Search #1 AND #2 AND #3 AND #7 Filters: English	29	17:17:15
#8	Add	Search #1 AND #2 AND #3 AND #7	31	17:16:43
#7	Add	Search Neonatal Prematurity OR premature infants OR infant, premature OR preterm infants	91864	17:15:45
#3	Add	Search indomethacin OR ibuprofen OR Anti-Inflammatory Agents, Non-Steroidal OR NSAIDs	225794	17:14:19
#2	Add	Search paracetamol OR Acetaminophen	23771	17:14:03
#1	Add	Search pda OR Patent Ductus Arteriosus	17864	17:13:26

Retrieve Full-Text

NCBI Resources How To Sign in to NCBI

PubMed (Neonatal Prematurity OR premature infants OR infant, premature OR preterm infants) Search

Format: Summary Sort by: Most Recent

Search results

Items: 5

- [Oral paracetamol vs. oral ibuprofen in the treatment of symptomatic patent ductus arteriosus in premature infants: A randomized controlled trial.](#)
Yang B, Gao X, Ren Y, Wang Y, Zhang Q.
Exp Ther Med. 2016 Oct;12(4):2531-2536.
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- [Efficacy and safety of intravenous paracetamol in comparison to ibuprofen for the treatment of patent ductus arteriosus in preterm infants: study protocol for a randomized controlled trial.](#)
Dani C, Poggi C, Mosca F, Schena F, Lista G, Ramenghi L, Romagnoli C, Salvatori E, Rosignoli MT, Lipone P, Comandini A.
Trials. 2016 Apr 2;17:182. doi: 10.1186/s13063-016-1294-4.
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- [Enteral paracetamol or Intravenous Indomethacin for Closure of Patent Ductus Arteriosus in Preterm Neonates: A Randomized Controlled Trial.](#)
Dash SK, Kabra NS, Avasthi BS, Sharma SR, Padhi P, Ahmed J.
Indian Pediatr. 2015 Jul;52(7):573-8.
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- [Oral paracetamol versus oral ibuprofen in the management of patent ductus arteriosus in preterm infants: a randomized controlled trial.](#)
Oncel MY, Yurttutan S, Erdeve O, Uras N, Altug N, Oguz SS, Canpolat FE, Dilmen U.
J Pediatr. 2014 Mar;164(3):510-4.e1. doi: 10.1016/j.jpeds.2013.11.008.
PMID: 24359938
[Similar articles](#)
- [Comparison of oral paracetamol versus ibuprofen in premature infants with patent ductus arteriosus: a randomized controlled trial.](#)
Dang D, Wang D, Zhang C, Zhou W, Zhou Q, Wu H.

NCBI Resources How To Sign in to NCBI

PubMed PubMed Advanced Help

Format: Abstract

Exp Ther Med. 2016 Oct;12(4):2531-2536. Epub 2016 Sep 6.

Oral paracetamol vs. oral ibuprofen in the treatment of symptomatic patent ductus arteriosus in premature infants: A randomized controlled trial.

Yang B¹, Gao X¹, Ren Y¹, Wang Y¹, Zhang Q¹.

Author information

Abstract

The aim of the present study was to analyze the changes of plasma and urinary prostaglandin E₂ (PGE₂) levels in preterm infants with symptomatic patent ductus arteriosus (sPDA) treated with oral ibuprofen and acetaminophen. A total of 87 preterm infants with sPDA admitted to the Neonatal Ward of the Affiliated Xuzhou Hospital of Medical College of Southeast University from October, 2012 to June, 2015 were selected and randomly divided into the ibuprofen group (n=43, 10 mg/kg ibuprofen administered orally as initial dose, followed by 5 mg/kg during the first 24 and 48 h later) and acetaminophen group (n=44, 15 mg/kg acetaminophen administered orally once every 6 h for three days). The levels of plasma and urinary PGE₂ in the two groups were estimated before and after treatment. The treatment of sPDA infants with ibuprofen (ibuprofen group) or acetaminophen (acetaminophen group) caused a significant decrease in the plasma and urinary PGE₂ levels in comparison with plasma and urinary PGE₂ levels before treatment (P<0.05). Furthermore, plasma and urinary PGE₂ levels in the acetaminophen group (45.0±36.9 ng/l) were significantly lower than those in the ibuprofen group (73.5±44.8 ng/l, P=0.002). The arterial duct closure rate was similar between the acetaminophen [31 (70.5%)] and ibuprofen groups [33 (76.7%), P=0.506]. The incidence of oliguria was less among sPDA infants of the acetaminophen group [1 (2.3%)] than observed among the sPDA infants of the ibuprofen group [6 (14.0%)] however, this difference was not statistically significant (P=0.108). Additionally, the incidences of fecal occult blood positive rate, intraventricular hemorrhage, neonatal necrotizing enterocolitis and bronchopulmonary dysplasia were distributed similarly in the ibuprofen and acetaminophen groups (P>0.05). The levels of platelet, serum creatinine and alanine transaminase showed no significant changes between the ibuprofen and acetaminophen groups (P>0.05). Following treatment with ibuprofen or acetaminophen, the extent of decrease of plasma and urinary PGE₂ was significantly higher among sPDA infants with oliguria (135.0±38.0 ng/l) than that observed in sPDA infants without oliguria (52.5±37.0 ng/l) (P=0.01). The study also found a significant correlation between plasma and urinary PGE₂ levels (r=0.648, P=0.01) and the coefficient of variation of urinary PGE₂ (0.427) was less than that of plasma PGE₂ (0.539). The clinical efficacy of oral ibuprofen and acetaminophen in the treatment of preterm infants with sPDA was similar with low adverse events, whereas acetaminophen-induced PGE₂ levels were less than the levels observed in the ibuprofen-treated group. The incidence of oliguria was also lower in the acetaminophen group compared to the ibuprofen group. In addition, monitoring urinary PGE₂ levels was more suitable because of its non-invasiveness in the clinical setting than monitoring of plasma PGE₂ in preterm infants with sPDA.

KEYWORDS: acetaminophen; ibuprofen; infant; patent ductus arteriosus; preterm; prostaglandin E2

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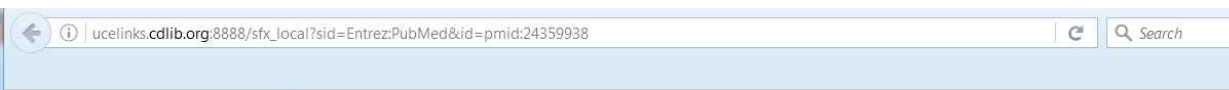
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Source: The journal of pediatrics [0022-3476] Oncel, Mehmet yr:2014 vol:164 iss:3 pg:510 -514.e1

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Table II
Table III
Table IV



Table I

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The Journal of Pediatrics

Volume 164, Issue 3, March 2014, Pages 510-514.e1

Original Article

Oral Paracetamol versus Oral Ibuprofen in the Management of Patent Ductus Arteriosus in Preterm Infants: A Randomized Controlled Trial

Mehmet Yekta Oncel, MD¹, Sadik Yurttutan, MD¹, Omer Erdeve, MD², Nurdan Uras, MD¹, Nahide Altug, MD³, Serife Suna Oguz, MD¹, Fuat Emre Canpolat, MD¹, Ugur Dilmen, MD^{1,4}

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Objective

To compare the efficacy and safety of oral paracetamol and oral ibuprofen for the pharmacological closure of patent ductus arteriosus (PDA) in preterm infants.

Study design

This prospective, randomized, controlled study enrolled 90 preterm infants with gestational age ≤ 30 weeks, birthweight ≤ 1250 g, and postnatal age 48 to 96 hours who had echocardiographically confirmed significant PDA. Each enrolled patient received either oral paracetamol (15 mg/kg every 6 hours for 3 days) or oral ibuprofen (initial dose of 10 mg/kg, followed by 5 mg/kg at 24 and 48 hours).

Results

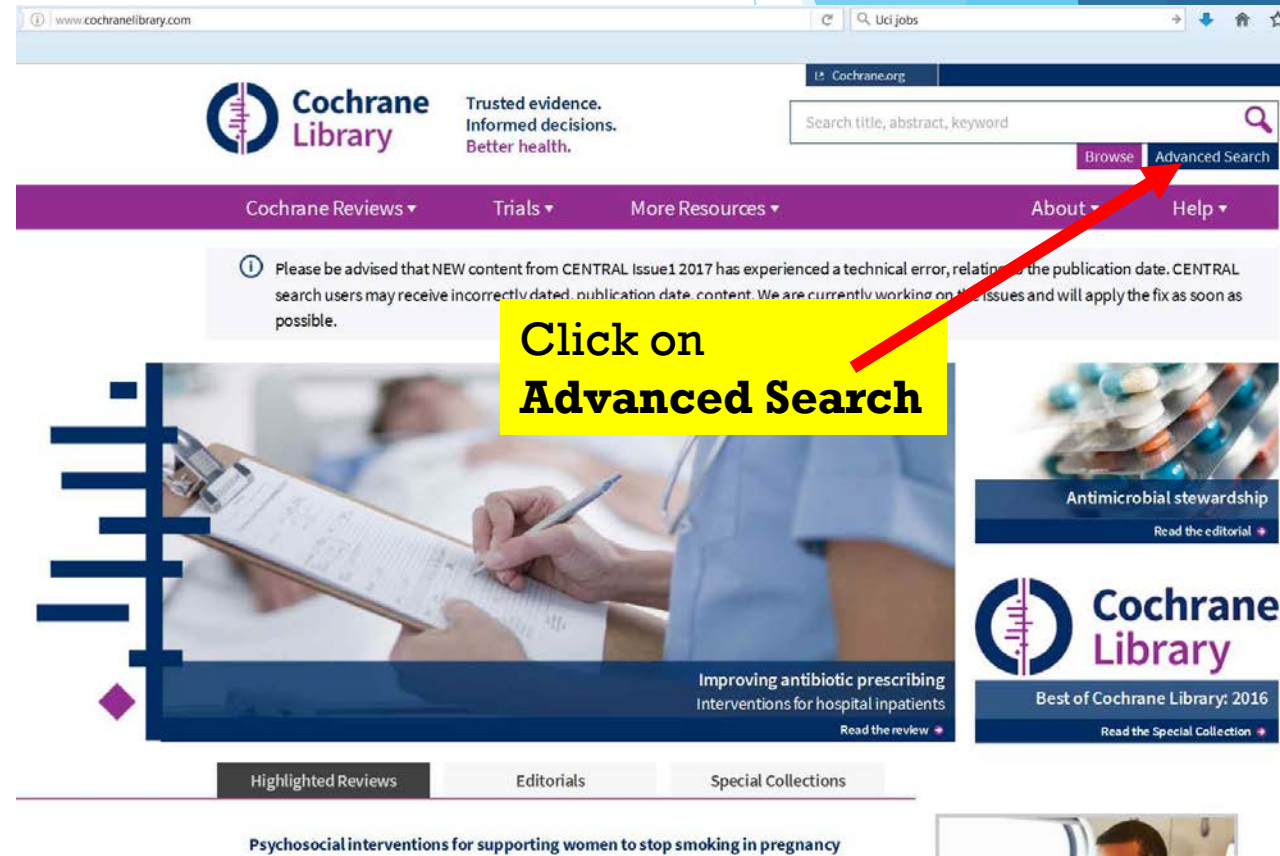
Spontaneous closure rate for the entire study group was 54%. After the first course of treatment, the PDA closed in 31 (77.5%) of the patients assigned to the oral ibuprofen group vs 29 (72.5%) of those enrolled in the oral paracetamol group ($P = .6$). The reopening rate was higher in the paracetamol group than in the ibuprofen group, but the reopening rates were not statistically different (24.1% [7 of 29] vs 16.1% [5 of 31], $P = .43$). The cumulative closure rates after the second course of drugs were high in both groups. Only 2 patient (2.5%) in the paracetamol group and 3 patients (5%) in the ibuprofen group required surgical ligation.

Conclusion

This randomized, controlled clinical study compared oral paracetamol with ibuprofen in

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- ❑ The Cochrane Database of Systematic Reviews contains critical analyses of multiple clinical studies that are peer-reviewed, prepared and supervised by a Cochrane Review Group according to strict guidelines.
- ❑ The Database of Abstracts of Reviews of Effects (**Other Reviews**) contains abstracts of systematic reviews that have been quality-assessed. NOTE: this database has not been updated since Mar 2015.



The screenshot shows the Cochrane Library website interface. At the top, the Cochrane Library logo is displayed with the tagline "Trusted evidence. Informed decisions. Better health." To the right of the logo is a search bar with the placeholder text "Search title, abstract, keyword" and a magnifying glass icon. Below the search bar are two buttons: "Browse" and "Advanced Search". A red arrow points from a yellow callout box to the "Advanced Search" button. The callout box contains the text "Click on Advanced Search". Below the search bar is a navigation menu with items: "Cochrane Reviews", "Trials", "More Resources", "About", and "Help". A notification banner is visible below the navigation menu, stating: "Please be advised that NEW content from CENTRAL Issue1 2017 has experienced a technical error, relating to the publication date. CENTRAL search users may receive incorrectly dated, publication date, content. We are currently working on the issues and will apply the fix as soon as possible." Below the notification is a featured article titled "Improving antibiotic prescribing Interventions for hospital inpatients" with a "Read the review" link. To the right of the featured article is a section for "Antimicrobial stewardship" with a "Read the editorial" link. At the bottom of the page, there are tabs for "Highlighted Reviews", "Editorials", and "Special Collections". Below the tabs is a section for "Psychosocial interventions for supporting women to stop smoking in pregnancy".

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AND

Title, Abstract, Keywords

(preterm birth OR preterm infants OR premature infant) and (paracetamol C

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All Results (178)

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Methods Studies (0)

Technology Assessments (0)

Economic Evaluations (1)

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All

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Cochrane Database of Systematic Reviews : Issue 2 of 12, February 2017

Issue [updated daily](#) throughout month

There are 12 results from 9750 records for your search on '(pda OR Patent Ductus Arteriosus) in Title, Abstract, Keywords and (preterm birth OR preterm infants OR premature infant) and (paracetamol OR Acetaminophen OR indomethacin) in Title, Abstract, Keywords in Cochrane Reviews'

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 **Paracetamol (acetaminophen) for patent ductus arteriosus in preterm or low-birth -weight infants**
Arne Ohlsson and Prakeshkumar S Shah
Online Publication Date: March 2015

[Review](#)

 **Prolonged versus short course of indomethacin for the treatment of patent ductus arteriosus in preterm infants**
Carmen M. Herrera , James R Holberton and Peter G Davis
Online Publication Date: April 2007

[Review](#)

 **Ibuprofen for the treatment of patent ductus arteriosus in preterm or low birth weight (or both) infants**
Arne Ohlsson , Rajneesh Walia and Sachin S Shah
Online Publication Date: February 2015

Asking a Structured and Focused Clinical Question

In very low birthweight infants, does using non-invasive ventilation at the time of delivery decrease the probability of chronic lung disease compared to similar patients who are intubated in the delivery and given surfactant?

PICO:

P = very low birthweight infants

I = Non-Invasive ventilation in the delivery room

C = Intubation and surfactant in the delivery room

O = Chronic lung disease

Submitted search strategy:

very low birth weight premature infants AND non invasive

Results: 57

PubMed vs. PubMed Clinical Queries

Regular PubMed Search

(noninvasive ventilation OR non invasive ventilation) AND (respiratory distress syndrome OR long disease OR respiratory diseases) AND (low birth weight OR very low birth weight OR extremely low birth weight OR preterm infants OR preterm infant OR infant prematurity)

Results: 229

Filters: **Randomized Controlled Trial; published in the last 5 years; English**

Results: 21

PubMed Clinical Queries

(Therapy/Narrow[filter]) AND (noninvasive ventilation OR non invasive ventilation) AND (respiratory distress syndrome OR long disease OR respiratory diseases) AND (low birth weight OR very low birth weight OR extremely low birth weight OR preterm infants OR preterm infant OR infant prematurity) Filters: **published in the**

last 5 years; English

- **Results: 23 RCTs**

Search

Search Manager

Medical Terms (MeSH)

Browse



Title, Abstract, Keywords

(Very Low Birth Weight OR Extremely Low Birth Weight OR preterm inf

Go

Save

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Clear

All Results (53)

 Cochrane Reviews (7)

 All

 Review

 Protocol

 Other Reviews (0)

 Trials (46)

 Methods Studies (0)

 Technology Assessments (0)

 Economic Evaluations (0)

 Cochrane Groups (0)

 All

 Current Issue

 Me Methodology

 Dx Diagnostic

 Ov Overview

 Pg Prognosis

 Qu Qualitative

 Cc Conclusions changed

 Ns New search

 Mc Major change

 Up Update

 Wd Withdrawn

Cochrane Database of Systematic Reviews : Issue 2 of 12, February 2017

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 There are **7** results from **9750** records for your search on '**Very Low Birth Weight OR Extremely Low Birth Weight OR preterm infants OR preterm infant) AND (noninvasive ventilation OR non invasive ventilation) AND (respiratory distress syndrome OR long disease OR respiratory diseases)** in Title, Abstract, Keywords in Cochrane Reviews'

Sort by Relevance: high to low

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[High flow nasal cannula for respiratory support in **preterm infants**](#)

Dominic Wilkinson , Chad Andersen , Colm PF O'Donnell , Antonio G De Paoli and Brett J Manley

Online Publication Date: February 2016

Ns

Cc

Review


[Continuous distending pressure for respiratory distress in **preterm infants**](#)

Jacqueline J Ho , Prema Subramaniam and Peter G Davis

Online Publication Date: July 2015

Ns

Review


[Positioning for acute respiratory distress in hospitalised infants and children](#)

Donna Gillies , Deborah Wells and Abhishta P Bhandari

Online Publication Date: July 2012

Ns

Review


[Intra-amniotic surfactant for women at risk of preterm birth for preventing respiratory distress in newborns](#)

Mohamed E Abdel-Latif , David A Osborn and Daniel Challis

Online Publication Date: January 2010

Review


[Early nasal intermittent positive pressure ventilation \(NIPPV\) versus early nasal continuous positive airway pressure \(NCPAP\) for **preterm infants**](#)

Asking a Structured and Focused Clinical Question

Are preterm infants with PDA treated with paracetamol have better outcomes (rate of closure and morbidities) compared to preterm infants treated with indomethacin?

PICO:

P = premature infant with PDA

I = paracetamol

C = indomethacin

O = PDA closure rate and morbidity

Submitted search strategy:

Paracetamol vs. ibuprofen for PDA treatment

Results: 3

PubMed vs. PubMed Clinical Queries

Regular PubMed search

(pda OR Patent Ductus Arteriosus) AND (paracetamol OR Acetaminophen) AND (indomethacin OR ibuprofen OR Anti-Inflammatory Agents, Non-Steroidal OR NSAIDs)

Results: 50

Filters: Randomized Controlled Trial; English

Results: 4

PubMed Clinical Queries

(Therapy/Narrow[filter]) AND (pda OR Patent Ductus Arteriosus) AND (paracetamol OR Acetaminophen) AND (indomethacin OR ibuprofen OR Anti-Inflammatory Agents, Non-Steroidal OR NSAIDs) Filters: English

- Results: 5 RCT

Asking a Structured and Focused Clinical Question

In full-term infants, what is the efficacy of hypothermia for improving neurodevelopmental outcome after hypoxic ischemic encephalopathy?

PICO:

P = Term infants with hypoxic ischemic encephalopathy

I = Hypothermia

C = No cooling

O = Better Neurodevelopmental outcome

Submitted search strategies:

- Neurodevelopment in infant with hypothermia treatment -- Results: 22
- Role of hypothermia in neonatal asphyxia AND neurodevelopment outcome - results: 3
- What is the efficacy of hypothermia for improving neurodevelopment outcome after hypoxic ischemic encephalopathy? Randomized control trial - Results: 0

PubMed vs. PubMed Clinical Queries

Regular PubMed search

(Therapeutic hypothermia OR targeted temperature management OR Hypothermia/therapeutic use OR hypothermia/induced) AND (hypoxic ischemic encephalopathy OR Hypoxia-Ischemia, Brain OR Brain Hypoxia Ischemia OR HIE OR Asphyxia neonatorum) AND (term birth OR full-term birth OR full-term infants OR full-term newborns OR newborn infant) AND (neurodevelopmental OR neurodevelopment OR developmental disabilities OR disability evaluation OR neurological outcomes)

Filters: published in the last 5 years; English

Results: 105

PubMed Clinical Queries

(Therapy/Narrow[filter]) AND (Therapeutic hypothermia OR targeted temperature management OR Hypothermia/therapeutic use OR hypothermia/induced) AND (hypoxic ischemic encephalopathy OR Hypoxia-Ischemia, Brain OR Brain Hypoxia Ischemia OR HIE OR Asphyxia neonatorum) AND (term birth OR full-term birth OR full-term infants OR full-term newborns OR newborn infant) AND (neurodevelopmental OR neurodevelopment OR developmental disabilities OR disability evaluation OR neurological outcomes)

Filters: **published in the last 5 years**; English

Results: 22 RCTs

Search Search Manager Medical Terms (MeSH) Browse

Title, Abstract, Keywords (Therapeutic hypothermia OR targeted temperature management OR Hypoth

AND Title, Abstract, Keywords (hypoxic ischemic encephalopathy OR Hypoxia-Ischemia, Brain OR Brain Hy

AND Title, Abstract, Keywords (neurodevelopmental OR neurodevelopment OR developmental disabilities C

AND Search All Text (term birth OR full-term birth OR full-term infants OR full-term newborns OR

[Search Limits](#) [Search Help](#) (Word variations have been searched)

[Clear](#) [Go](#) [Save](#)

[Add to Search Manager](#)

All Results (65)

Cochrane Reviews (7)

- All
- Review
- Protocol
- Other Reviews (5)
- Trials (53)
- Methods Studies (0)
- Technology Assessments (0)
- Economic Evaluations (0)
- Cochrane Groups (0)

All

Current Issue

- Me** Methodology
- Dx** Diagnostic
- Ov** Overview
- Pg** Prognosis
- Qu** Qualitative
- Cc** Conclusions changed

Cochrane Database of Systematic Reviews : Issue 2 of 12, February 2017

Issue updated daily throughout month

There are **7** results from **9750** records for your search on '(Therapeutic hypothermia OR targeted temperature management OR Hypothermia therapeutic use OR hypothermia induced) in Title, Abstract, Keywords and (hypoxic ischemic encephalopathy OR Hypoxia-Ischemia, Brain OR Brain Hypoxia Ischemia OR HIE OR Asphyxia neonatorum) in Title, Abstract, Keywords and (neurodevelopmental OR neurodevelopment OR developmental disabilities OR disability evaluation OR neurological outcomes) in Title, Abstract, Keywords and (term birth OR full-term birth OR full-term infants OR full-term newborns OR newborn infant) in Cochrane Reviews'

Sort by

[Select all](#) | [Export all](#) | [Export selected](#)

[Cooling for newborns with hypoxic ischaemic encephalopathy](#)
Susan E Jacobs , Marie Berg , Rod Hunt , William O Tarnow-Mordi , Terrie E Inder and Peter G Davis
Online Publication Date: January 2013

[Review](#)

[Prophylactic barbiturate use for the prevention of morbidity and mortality following perinatal asphyxia](#)
Leslie Young , Marie Berg and Roger Soll
Online Publication Date: May 2016

[Ns](#) [Cc](#) [Review](#)

[Erythropoietin for term and late preterm infants with hypoxic ischemic encephalopathy](#)
Zhangbin Yu , Xirong Guo , Shuping Han , Junjie Lu and Qing Sun
Online Publication Date: January 2010

Asking a Structured and Focused Clinical Question

Does probiotic administration in Very Low Birth Weight (VLBW) infants reduce the incidence of Necrotizing Enterocolitis (NEC) when compared to placebo?

PICO:

P = VLBW Infants

I = Probiotic

C = Placebo

O = Incidence of NEC

Submitted search strategies:

((very low birth weight infants) AND probiotic) AND incidence of Necrotizing enterocolitis

- Results: 72

PubMed vs. PubMed Clinical Queries

Regular PubMed search

(Very Low Birth Weight OR Extremely Low Birth Weight OR preterm infants OR preterm infant OR infant prematurity) AND (Necrotizing Enterocolitis OR NEC) AND (Probiotics OR Probiotic)

Results: 282

PubMed Clinical Queries

Search (Therapy/Narrow[filter]) AND ((Very Low Birth Weight OR Extremely Low Birth Weight OR preterm infants OR preterm infant OR infant prematurity) AND (Necrotizing Enterocolitis OR NEC) AND (Probiotics OR Probiotic)) Filters: published in the last 5 years; English

- **Results: 34**



Trusted evidence. Informed decisions. Better health.

Log in / Register

Search Search Manager Medical Terms (MeSH) Browse

+ Title, Abstract, Keywords ((Very Low Birth Weight OR Extremely Low Birth Weight) AND (Necrotizing Enterocolitis OR NEC) AND (Probiotics OR Probiotic))

[Search Limits](#) [Search Help](#) (Word variations have been searched)

[Go](#) [Save](#) [Add to Search Manager](#)

[Clear](#)

All Results (54)

- Cochrane Reviews (2)
 - All
 - Review
 - Protocol
- Other Reviews (6)
- Trials (46)
- Methods Studies (0)
- Technology Assessments (0)
- Economic Evaluations (0)
- Cochrane Groups (0)

- All
- Current Issue

Cochrane Database of Systematic Reviews : Issue 2 of 12, February 2017

Issue **updated daily** throughout month

There are 2 results from 9750 records for your search on '((Very Low Birth Weight OR Extremely Low Birth Weight) AND (Necrotizing Enterocolitis OR NEC) AND (Probiotics OR Probiotic)) in Title, Abstract, Keywords in Cochrane Reviews'

Sort by Relevance: high to low

Select all | Export all | Export selected

Oral lactoferrin for the prevention of sepsis and necrotizing enterocolitis in preterm infants
 Mohan Pammi and Steven A Abrams
 Online Publication Date: February 2015

[Ns](#) [Review](#)

Probiotics for prevention of necrotizing enterocolitis in preterm infants
 Khalid AlFaleh and Jasim Anabrees
 Online Publication Date: April 2014

Asking a Structured and Focused Clinical Question

What is the effect of early low-dose hydrocortisone on survival without BPD in extremely preterm infants?

PICO:

P= Extremely preterm infants

I = Early low dose hydrocortisone

C= Placebo

O= Survival without bronchopulmonary dysplasia

Submitted search strategies:

Early low dose hydrocortisone AND bronchopulmonary dysplasia

Results: 15

PubMed vs. PubMed Clinical Queries

Regular PubMed search

(bronchopulmonary dysplasia AND hydrocortisone AND (Infant, Extremely Premature OR extremely premature infants OR Extremely preterm infant OR Child OR Children))

Results: 34

PubMed Clinical Queries

(Therapy/Narrow[filter]) AND (bronchopulmonary dysplasia AND hydrocortisone AND (Infant, Extremely Premature OR extremely premature infants OR Extremely preterm infant OR Child OR Children)) Filters: English

Results: 10 RCTs

Search

Search Manager

Medical Terms (MeSH)

Browse



Title, Abstract, Keywords

'bronchopulmonary dysplasia AND hydrocortisone

Go

Save

[Search Limits](#)[Search Help](#)

(Word variations have been searched)

[Add to Search Manager](#)

Clear

All Results (32)

- Cochrane Reviews (0)
 - All
 - Review
 - Protocol
- Other Reviews (1)
- Trials (31)
- Methods Studies (0)
- Technology Assessments (0)
- Economic Evaluations (0)
- Cochrane Groups (0)

Database of Abstracts of Reviews of Effect : Issue 2 of 4, April 2015

There is **1** result from **36795** records for your search on **"bronchopulmonary dysplasia AND hydrocortisone in Title, Abstract, Keywords in Other Reviews"**

Sort by Relevance: high to low

[Select all](#) | [Export all](#) | [Export selected](#)

- [Postnatal hydrocortisone for preventing or treating bronchopulmonary dysplasia in preterm infants: a systematic review \(Structured abstract\)](#)
 Centre for Reviews and Dissemination
 Original Author(s): Doyle LW , Ehrenkranz RA and Halliday HL
 Neonatology, 2010, 98(2), 111-117

[Export selected](#)**Me** Methodology**Dx** Diagnostic**Ov** Overview

Asking a Structured and Focused Clinical Question

What is the efficacy of prophylactic indomethacin used for prevention of IVH in extremely low birth weight infants?

PICO:

P= Extremely low birth weight infants

I = prophylactic indomethacin

C= no prophylactic treatment

O= prevention of IVH

Submitted search strategies:

IVH AND Indomethacin AND Prophylaxis AND Randomized controlled trial

Filters: Publication date from 1990/01/01 to 2017/12/31

Results: 17

PubMed vs. PubMed Clinical Queries

Regular PubMed search

(intraventricular hemorrhage OR Cerebral Hemorrhage OR IVH) AND (prophylactic OR prophylaxis) AND (Indomethacin OR Indometacin) **AND (Infant, Extremely Low Birth Weight OR Extremely very Birth Weight Infants)** Results: 28

PubMed Clinical Queries

(Therapy/Narrow[filter]) AND (intraventricular hemorrhage OR Cerebral Hemorrhage OR IVH) AND (prophylactic OR prophylaxis) AND (Indomethacin OR Indometacin) AND **(Infant, Extremely Low Birth Weight OR Extremely very Birth Weight Infants)** Filters: English

Results: 5 RCTs

(Therapy/Narrow[filter]) AND (intraventricular hemorrhage OR Cerebral Hemorrhage OR IVH) AND (prophylactic OR prophylaxis) AND (Indomethacin OR Indometacin) Filters: published in the last 10 years; English

Results: 10 RCTs

Search	Search Manager	Medical Terms (MeSH)	Browse
<input type="text" value="Title, Abstract, Keywords"/>	<input type="text" value="(intraventricular hemorrhage OR Cerebral Hemorrhage OR IVH) AND ("/>		<input type="button" value="Go"/> <input type="button" value="Save"/>
<input type="text" value="ANC"/>	<input type="text" value="(Infant, Extremely Low Birth Weight OR Extremely very Birth Weight Inf"/>		Add to Search Manager
Search Limits	Search Help	(Word variations have been searched)	
<input type="button" value="Clear"/>			

All Results (10)

 Cochrane Reviews (5)

- All
- Review
- Protocol

 Other Reviews (0)

- Trials (5)
- Methods Studies (0)
- Technology Assessments (0)
- Economic Evaluations (0)
- Cochrane Groups (0)

 All

 Current Issue

- Me Methodology
- Dx Diagnostic
- Ov Overview
- Pg Prognosis
- Qu Qualitative
- Cc Conclusions changed
- Ns New search
- Mc Major change
- Up Update
- Wd Withdrawn
- Cm Comment


Cochrane Database of Systematic Reviews : Issue 3 of 12, March 2017


 Issue [updated daily](#) throughout month

 There are **5** results from **9755** records for your search on '(intraventricular hemorrhage OR Cerebral Hemorrhage OR IVH) AND (prophylactic OR prophylaxis) AND (Indomethacin OR Indometacin) in Title, Abstract, Keywords and (Infant, Extremely Low Birth Weight OR Extremely very Birth Weight Infants) in Cochrane Reviews'

 Sort by
[Select all](#) | [Export all](#) | [Export selected](#)

 **Prophylactic surgical ligation of patent ductus arteriosus for prevention of mortality and morbidity in extremely low birth weight infants**
 Rafat Mosalli and Khalid AlFaleh
 Online Publication Date: January 2008

 **Prophylactic intravenous indomethacin for preventing mortality and morbidity in preterm infants**
 Peter W Fowle , Peter G Davis and William McGuire
 Online Publication Date: July 2010

 **Ibuprofen for the prevention of patent ductus arteriosus in preterm and/or low birth weight infants**
 Arne Ohlsson and Sachin S Shah
 Online Publication Date: July 2011

 **Indomethacin for asymptomatic patent ductus arteriosus in preterm infants**
 Lucy Cooke , Peter A Steer and Paul G Woodgate
 Online Publication Date: January 2003

 **Chest shielding for prevention of a haemodynamically significant patent ductus arteriosus in preterm infants receiving chest X-rays**

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UC-eLinks

Title: Short-term dexamethasone therapy for bronchopulmonary dysplasia: acute effects and 1-year follow-up.

Source: Developmental pharmacology and therapeutics [0379-8305] Mammel, M C yr:1987 vol:10 iss:1 pg:1 -11

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- ❑ Often includes pdf links that are not available through UC-eLinks.
- ❑ Provided features such as "Cited by" and "Related articles" (see handouts for search features).

Cochrane Neonatal Group

<http://neonatal.cochrane.org/>

- one of most active 50 Review Groups within the Cochrane Collaboration.
- an international not-for-profit and independent organization, dedicated to making up-to-date, accurate information about the effects of healthcare readily available worldwide.
- produces and disseminates systematic reviews of healthcare interventions and promotes the search for evidence in the form of clinical trials and other studies of interventions.
- Cochrane Neonatal Group Web Seminars
<http://neonatal.cochrane.org/web-seminars>

The screenshot shows the homepage of the Cochrane Neonatal Group. At the top, there is a navigation bar with links for 'Cochrane Library', 'Cochrane.org', and 'Admin'. Below this is the Cochrane Neonatal logo with the tagline 'Trusted evidence. Informed decisions. Better health.' and a search bar. A dark blue navigation menu contains links for 'About Us', 'News and Events', 'Reviews', 'Resources', 'Get Involved', and 'Australia Satellite'. On the left side, there is a vertical menu with links for 'Welcome', 'Our team', 'Funding and support', and 'Contact us'. The main content area features a large image of a newborn baby in a hospital bed. To the right of the image is a 'Our news' section with a list of recent updates, including a webinar on sepsis diagnosis, a New York Times article, and a memorial for Jack Sinclair. Below the news list is a 'Cochrane News' section with links to a Wikipedia article and a technical business analyst position. At the bottom, there is a 'Welcome to Cochrane Neonatal' section with introductory text about the group's mission and funding.


Cochrane Library | Cochrane.org | Admin

Cochrane Neonatal
Trusted evidence.
Informed decisions.
Better health.

Search...

About Us | News and Events | Reviews | Resources | Get Involved | Australia Satellite

- Welcome
- Our team
- Funding and support
- Contact us



Our news

- Webinar posted: Estimation of Procalcitonin Levels for the diagnosis of sepsis in infants: Evidence from diagnostic test accuracy reviews
- New York Times highlights Cochrane: Looking for the Final Word on Treatment
- In memoriam: Jack Sinclair
- Cochrane Neonatal Review Group Impact Factor

1 of 2
next >

More news

Cochrane News

- Cochrane and Wikipedia: working together to improve access to health evidence
- Cochrane seeks Technical Business Analyst, Western

Welcome to Cochrane Neonatal

The Cochrane Neonatal Review Group (CNRG) is one of over 50 collaborative review groups of Cochrane. Cochrane is an international not-for-profit and independent organization, dedicated to making up-to-date, accurate information about the effects of healthcare readily available worldwide. It produces and disseminates systematic reviews of healthcare interventions and promotes the search for evidence in the form of clinical trials and other studies of interventions.

As the Neonatal Review Group, we prepare and disseminate evidence-based, regularly updated reviews of the effects of therapies in neonatal-perinatal medicine.

Funding from The National Institute of Child Health and Human Development (USA) supports the infrastructure of the Neonatal Review Group and allows the



Cochrane
Neonatal

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Informed decisions.
Better health.

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Our reviews

Our Reviews

[Full list](#)[By Subtopic](#)[New - Updated](#)

Select stage: [All](#) [Titles](#) [Protocols](#) **[Reviews](#)**

Full list:

-  [Acupuncture for hypoxic ischemic encephalopathy in neonates](#)
-  [Adjuvant corticosteroids for reducing death in neonatal bacterial meningitis](#)
-  [Adrenaline for prevention of morbidity and mortality in preterm infants with cardiovascular compromise](#)
-  [Aerosolized diuretics for preterm infants with \(or developing\) chronic lung disease](#)
-  [Air versus oxygen for resuscitation of infants at birth](#)
-  [Albumin infusion for low serum albumin in preterm newborn infants](#)
-  [Allopurinol for preventing mortality and morbidity in newborn infants with hypoxic-ischaemic encephalopathy](#)
-  [Alpha-1 proteinase inhibitor \(a1PI\) for preventing chronic lung disease in preterm infants](#)
-  [Alternative lipid emulsions versus pure soy oil based lipid emulsions for parenterally fed preterm infants](#)
-  [Animal derived surfactant extract for treatment of respiratory distress syndrome](#)
-  [Animal derived surfactant extract versus protein free synthetic surfactant for the prevention and treatment of respiratory distress syndrome](#)

Part II Agenda: Finding the Evidence and Critical Appraisal (2nd hour)

- ❑ Each fellow presents his/her submitted EBM search topic and appraises the evidence from the selected RCT.
- ❑ Class discussion and faculty feedback.



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Feel free to contact your medical librarians anytime!

Questions?
Thank You!!

