CIAP News June 2024

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CIAP Training & Upcoming Workshops:

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CIAP Newsletter

Coming up: Mental Health Workshop When: 26th June 2024 08:30 - 16:00

REGISTER

PROGRAM

CIAP Introduce Half-Day Training Workshops!



Join CIAP for a half-day workshop, where you will learn how to effectively navigate and utilise CIAP's essential evidence-based practice and point of care resources for your specialty. Specialty workshops include: Nursing & Midwifery, Paediatrics, Emergency & Critical Care, Allied Health, Evidence-Based Practice & Database Searching, and more.

Boost your evidence-based practice and clinical decision-making capabilities at the bedside - <u>register now</u> to attend live, or to receive the recording.

See upcoming workshop dates here.

What Is the Diagnosis?

This condition presents as a nodule on either the upper or lower eyelid, caused by obstruction of the eyelid's meibomian glands.

The condition may be painless, but may also cause significant discomfort, tenderness, inflammation, and cellulitis if it becomes



It may be deep or superficial, may become large enough to press on the eyeball, producing astigmatism, and it may become chronic, lasting weeks to months. History of this condition will increase the risk of future development.

Causes include chronic blepharitis, acne rosacea, seborrhoeic dermatitis, and recurrent development may indicate sebaceous cell carcinoma. Additional risk factors include unclean hands when touching eyelids, contaminated makeup, and eyelid trauma.

What's the diagnosis?

infected.

Find out the answer here in Lippincott Advisor.

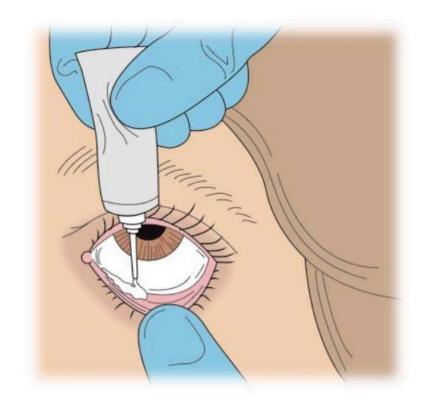
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Resource Spotlight: Lippincott Procedures



Here's a sneak peek at the <u>eye ointment application procedure</u> found in Lippincott Procedures.

- · Perform hand hygiene.
- Put on gloves.
- · Instruct the patient to tilt their head back.
- Remove the medication tube cap (discarding the safety seal so it does not traumatise or contaminate the eye) and place it on a clean dry surface.
- With the patient looking up, squeeze a small ribbon of medication into the lower conjunctival sac, beginning at the inner canthus (as shown below) and applying toward the outer canthus. If necessary, steady the hand holding the medication tube by bracing it against the patient's forehead or cheek, taking care not to touch the tip of the tube to the eye or any other surface. Cut off the ribbon of ointment by turning the tube.



- Instruct the patient to close their eyes gently without squeezing the lids shut and to roll their eyes behind their closed lids to help distribute the medication over the surface of the eyeball.
- If you're applying more than one ribbon of medication, wait 5 minutes before applying the second one.
- Use a clean tissue to remove any excess solution or ointment leaking from the eye. Remember to use a fresh tissue for each eye *to prevent cross-contamination*
- ... and more.

See the full procedure in Lippincott Procedures.

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Music represents one of the richest resources available for probing how our brains work; it appears to activate nearly every region of the brain that has so far been mapped, there is not a single "music centre", writes Levitin.

Specialised neural circuits handle rhythm, pitch, melody, tempo, contour, and syntax, the last showing a strong overlap with the corresponding function in language processing. Remarkably, all of these functions are synthesised into a coherent whole that not only sounds meaningful but can move us enormously. Much of the basic cognitive processing involved is innate, and even some of music's perceived emotional content seems to be universal. But our musical appreciation and tastes are filtered and shaped by cultural learning, as well as by individual personality.

Musical training has been reported to improve memory, executive function, and neuroplasticity. Music therapy has been shown to help with chronic pain and anxiety management, emotional health in hospital settings, attention focus in children, and more.

Learn more about the article in <u>The Lancet</u>.

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Pain Management Interventions of the Non-Communicating Patient in Intensive Care



Usually, self-report of pain is the gold standard for pain assessment, since it informs analgesia administration, enables effective treatment and facilitates a therapeutic relationship between the nurse and patient. Due to the constraints of sedation and mechanical ventilation, self-report of pain is not always feasible in intensive care units (ICU). Observing changes in patient behaviour is paramount to assessing pain, while adopting a consistent approach to pain assessment is crucial given the unique features of critically ill adults.

The implementation of pain assessment interventions has been historically challenged by a legion of barriers including lack of knowledge, scepticism regarding benefit of interventions or patient's critical condition, and lack of clinical guidelines and communication barriers between members of the interprofessional team. Several strategies have been executed to counteract these barriers ranging from implementing quality improvement projects concerned with establishing protocols, adopting an interprofessional approach, enhancing communication, and fostering family engagement.

Learn more about the review in the <u>Journal of Clinical Nursing</u>.

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Medical Artificial Intelligence and Human Value



As large language models and other artificial intelligence (AI) models are used more in medicine, ethical dilemmas can arise depending on

how the model was trained. A user must understand how human decisions and values can shape model outputs.

Myriad examples have illustrated how the data used in training AI models encode individual and societal values that may become cemented in the model. These examples have spanned a range of applications, including automated interpretation of chest radiographs, classification of skin diseases, and algorithmic decisions about the allocation of health care resources.

A large language model will respond differently depending on the exact way a query is worded and how the model was directed by its makers and users. Caution is advised when considering the use of model output in decision making.

Learn more about the article in The New England Journal Of Medicine.

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Upcoming CIAP Events

Live Online TrainingRequest Group Training

Workshops
Medicines Workshop
13th June
Mental Health Workshop
26th June

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