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CIAP Newsletter

Upcoming: Evidence-Based Practice & Database Searching Workshop
When: 3 April 2025 08:30 - 13:00
Where: ONLINE

[Register](#)

[Program](#)

[See All CIAP Training Workshop Dates for 2025:](#)

[See Full Schedule](#)

New Therapeutic Guidelines Progressive Web App



Therapeutic Guidelines have recently decommissioned the previous Therapeutic Guidelines mobile app which was available in the App Store and Google Play Store. This app will no longer be supported or updated.

To continue using Therapeutic Guidelines on your mobile device, **NSW Health staff can access the new Therapeutic Guidelines progressive web app by following this detailed [User Guide](#).**

1. Navigate to the [CIAP](#) website on your mobile web browser (i.e., Safari, Google Chrome, etc.) and click on [Therapeutic Guidelines](#) via the Quick Links panel.
2. Log in with your NSW Health StaffLink account to authenticate and access the new platform.
3. Select "Add to Home Screen" to create an app on your home screen. Tap on it to launch the app.

The Therapeutic Guidelines progressive web app will automatically update when you access it and can be used offline once logged in with your StaffLink account.

If you need further assistance with mobile app installation, please contact support@tg.org.au.

See a summary of the latest practice-changing Guidelines updates, including key changes to Psychotropic and Cardiovascular guidelines [here](#).

Access provided by CIAP.

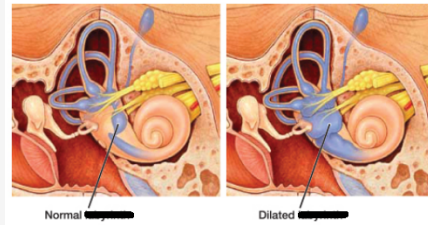
What's the Diagnosis?



This condition involves inflammation, infection, or overgrowth of tissue from the middle ear affecting the labyrinth of the inner ear. Acute inflammation in the labyrinth places pressure on both the vestibular and cochlear nerves, which results in balance disturbances and hearing loss.

History

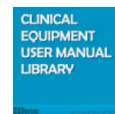
- Severe vertigo from any movement of the head
- Nausea and vomiting
- Unilateral or bilateral hearing loss
- Recent upper respiratory tract infection
- Loss of balance and falling in the direction of the affected ear
- Otalgia
- Ear fullness
- Vision changes
- Mild headache
- Tinnitus



What's the diagnosis? Find out the answer [here](#) in Lippincott Advisor.

Access provided by CIAP.

Resource Spotlight: Clinical Equipment User Manual Library



The Clinical Equipment User Manual Library is an online resource that provides access to user manuals and technical documentation for a wide range of clinical equipment. It aims to support healthcare professionals by offering essential information on the operation, maintenance, and troubleshooting of various medical devices used in clinical settings. Search by make, model or a manufacturer specific term.

V.A.C Ultra User Manual for Clinicians Rev B	
File Name	KCI - 78-8145-1045-5 - V.A.C Ultra User Manual for Clinicians Rev B - 2022-04.pdf
File Size	6 MB
File Type	PDF
Document Length	220 pages
Document ID	78-8145-1045-5
Published	April 2022
Tags	Vacuum Assisted Closure Systems

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Single Bruise Characteristics Associated With Abusive vs Accidental Injury

PEDIATRICS

Bruising is the most common manifestation of child physical abuse and also the most likely injury to be overlooked or misdiagnosed before an abuse-related fatality or near fatality in a young child. Although a bruise may be considered a relatively “minor” injury, early identification of bruising due to physical abuse holds major significance toward facilitating prompt intervention and preventing subsequent injuries of escalating severity. Since mobile children often sustain bruises during everyday play and accidental events, the ability to differentiate abusive from accidental bruising is of high importance to prevent unnecessary investigations.

Certain characteristics, such as multiple bruises or bruises in specific regions of the body, help to differentiate abuse from accidental injury. Further investigation of characteristics that may differentiate abusive from accidental injury is needed to guide clinicians in their approach to evaluation and diagnosis when a child is identified as having only one bruise.

Read more of this study in the [Pediatrics](#) journal.

Access provided by CIAP.

Arterial Thrombosis in Users of Contemporary Hormonal Contraception



Approximately 80% of women worldwide have used hormonal contraception at some point in their lives. This high number underscores its crucial role in enabling family planning and addressing health conditions such as heavy menstrual bleeding and endometriosis. However, these benefits must be weighed against potential risks, including the risk of thrombotic events. Most previous research has focused on the risk of venous thromboembolism, which was noted as early as 1961 when the first contraceptive pill was introduced to the market. Since then, new drugs have been developed with pills containing a lower dose of oestrogen, combined with newer types of progestins, as well as new delivery options such as patches, vaginal rings, and intrauterine devices systems.

These advancements seek to minimise the risk of thrombotic side effects while offering more personalised and convenient methods of contraception to address the varied needs of women. Nonetheless, the risk of arterial thromboses, such as myocardial infarction and ischaemic stroke, is less clear.

A significant limitation in assessing the risk of arterial thromboses among users of hormonal contraception is the absence of rigorous data. These diseases are rare, especially among young women, who represent the primary demographic using hormonal contraception. Hundreds of thousands of women need to be studied to provide robust findings. This population size is rare in clinical trials; therefore, the Nordic health registers offer an excellent basis to investigate the side effects of contemporary hormonal contraception.

Read more of this editorial in [The British Medical Journal](#).

Access provided by CIAP.

Patient Case: A 62-Year-Old Man with Abdominal Pain



Two years before the current presentation, postprandial abdominal pain developed. One year before the current presentation, while living in Costa Rica, the patient received a diagnosis of cirrhosis. Eight months later, he immigrated to the United States. The medical teams caring for him in the United States did not have access to records from his medical care in Costa Rica, and the details of how the diagnosis of cirrhosis had been made were not available to them.

Three months before the current presentation, the patient noted a reducible umbilical hernia. Six weeks later, postprandial abdominal pain worsened in severity and frequency and was associated with nausea. One month before the current presentation, the patient was unable to reduce the umbilical hernia; he presented to another hospital for evaluation. The blood levels of electrolytes, glucose, lipase, and lactic acid were normal, as were the results of tests of kidney function and coagulation.

Read more of this patient case including differential diagnosis, diagnostic testing, and discussion of management in [The New England Journal of Medicine](#).

Access provided by CIAP.

Upcoming CIAP Events

**Evidence-Based Practice & Database
Searching Workshop**

3 April 2025 08:30-13:00
Virtual (Microsoft Teams)

[Register](#)

**CIAP Tools for Best Practice
Workshop**

30 April 2025 08:30-12:30
Virtual (Microsoft Teams)

[Register](#)

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