

# Increasing Awareness Through Social Media

**Sarah Chapman @SarahChapman30**  
Cochrane UK, Oxford

Trusted evidence.  
Informed decisions.  
Better health.



Our evidence

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1. Cochrane who?

2. How do I find and understand Cochrane reviews?

Depends on  
1 and 2!

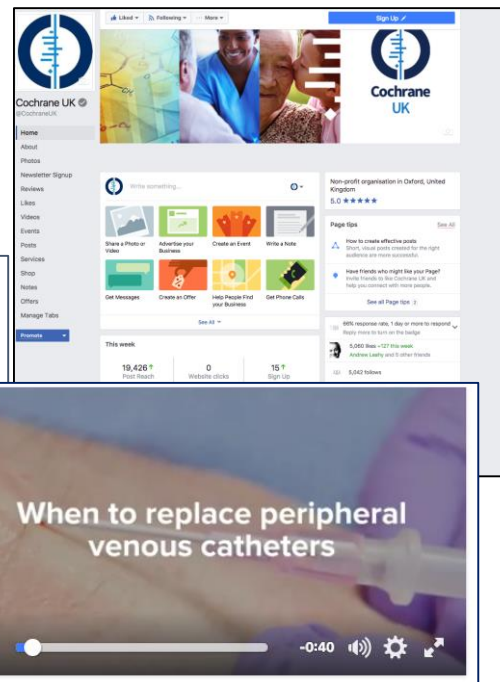
**Chewing gum for postoperative  
recovery of gastric  
function**


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

# Increasing awareness and use of Cochrane evidence

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**Evidence for Everyday Health Choices**

**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



for osteoarthritis



[uk.cochrane.org](http://uk.cochrane.org) | @CochraneUK | #CochraneEvidence #EEHealthChoices <http://bit.ly/1q3Vy5n>

# One review, multiple products and platforms



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## Replacing a peripheral venous catheter when clinical routine replacement

Published: 14 August 2015

Authors: Wilson J, Doherty S, Roberts R, Hunt

Primary Review Group: Venous Group

**Background**

Most hospital patients receive fluids or medications via an intravenous catheter or cannula during their hospital stay. An intravenous catheter (also called an IV 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 to try to prevent irritation of the vein or infection of the blood. However, the procedure may cause discomfort to patients and is quite costly.

**Study characteristics and key results**

The review included all of the randomised controlled trials (current up to March 2015), which have compared routine catheter changes with leaving the catheter only if there were signs of inflammation or infection. The measured (outcome) 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 for any of these measures. However, we did find that a switch, on average, when catheters were replaced when there was a clinical indication to do so, compared with routine changes.

**Quality of the 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 for that outcome being downgraded to moderate. But the incidence 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 appropriate cost savings and would spare patients the unnecessary pain of routine changes. In the absence of clear evidence, the routine replacement of catheters may be avoided. However, the decision should be based on each case and the catheter removed if signs of inflammation, infection, or blockage are present.

**What the full review**

[Full review](#)

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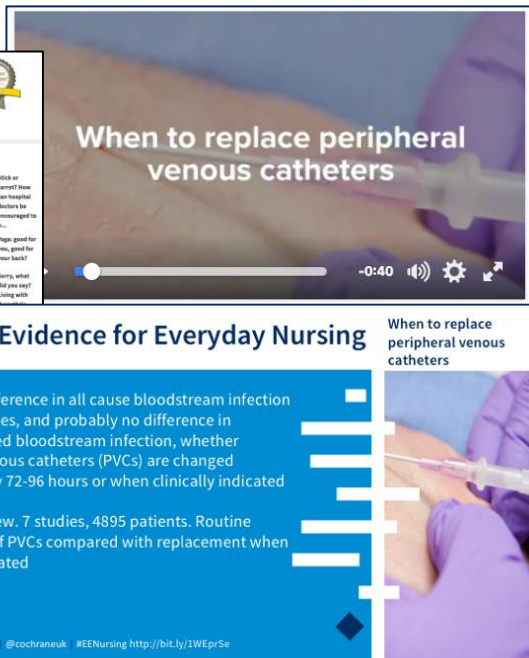
**Replacing peripheral venous catheters: have you di...**

On the first evidence blog in our new series Evidence for Everyday Nursing, I've looked at a Cochrane review routinely replacing peripheral venous catheters. This was then discussed in a *What's new in evidence* blog. It can be a dangerous thing, it might be very good to do something routinely, of course, but it's a question that might not be the best thing at all.

How do you do when it comes to managing peripheral venous catheters (PVCs)? Change them routinely or only if necessary, such as blockage, pain, redness, infiltration, swelling, leaking or phlebitis?

The NHS's 2013 National Evidence Based Guidelines recommended that short peripheral catheters should be replaced when clinically indicated, unless the patient is receiving parenteral nutrition peripherally. These guidelines cite the previous version of a Cochrane review, which has recently been updated. There were no new studies to add in 2015.

The Cochrane review brings together the best available evidence from randomised controlled trials (RCTs) comparing routine replacement of PVCs with not doing them only when clinically...



## When to replace peripheral venous catheters

**Evidence for Everyday Nursing**

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](#) [#EENursing](#) <http://bit.ly/1WEpSrE>



# 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



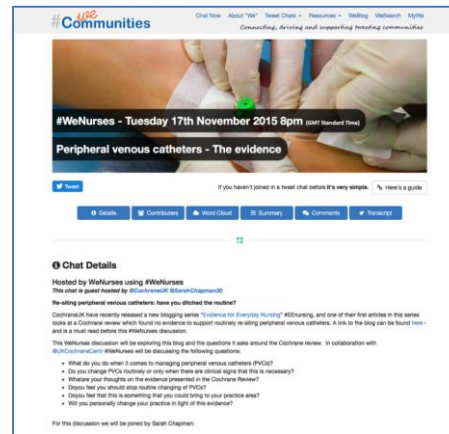
## Let's get this straight: the evidence on retainers

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



# Engagement and impact



**Stephanie Mansell** @skmansell 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](http://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 #EvidentlyAdvent 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 we are questioning 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 1400 National Evidence Based Guidelines recommend that short peripheral catheters

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**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](http://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

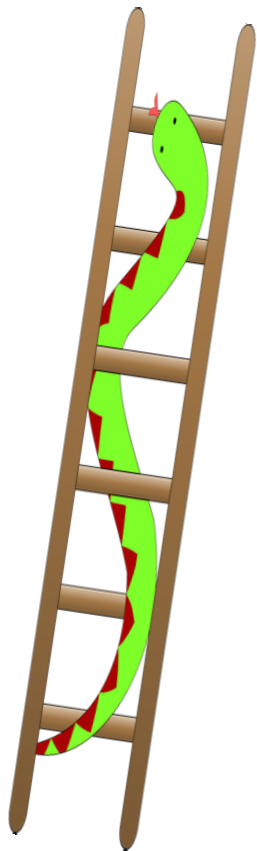
# Increasing awareness through social media: small group work



# 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

