

# Cochrane Reviews für den Fachbereich Pflege

Ressourcen zur Evidenzbasierung  
in den Gesundheitsfachberufen

Juli bis September 2017



Nutzerspezifische  
Cochrane Reviews



Cochrane Deutschland analysiert monatlich alle [neu erschienenen Cochrane Reviews](#) nach Relevanz für die Gesundheitsfachberufe (GFB). Die Relevanz für die Disziplinen wird jeweils durch zwei Experten der GFB unabhängig voneinander beurteilt. Ebenso prüft Cochrane Deutschland, in wie weit die jeweiligen Cochrane Reviews für AWMF-Leitlinien relevant sind und ob sie dort zitiert werden.

Die Berichte können eine aktuelle und berufsspezifische Basis für Übersetzungsaktivitäten und andere Nutzungen von Cochrane Reviews in Forschung und Praxis werden. Für die Erarbeitung von Leitlinien können diese Übersichten ebenfalls hilfreich sein.

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## Pflegerelevante Cochrane Reviews (CR)

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Norman G, Christie J, Liu Z, Westby MJ, Jefferies JM, Hudson T, Edwards J, Mohapatra DP, Hassan IA, Dumville JC. Antiseptics for burns. Cochrane Database of Systematic Reviews 2017, Issue 7. Art. No.: CD011821. DOI: 10.1002/14651858.CD011821.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011821.pub2/full>

Publiziert 07\_2017 Studien bis 2016

Norman G, Christie J, Liu Z, Westby MJ, Jefferies JM, Hudson T, Edwards J, Mohapatra DP, Hassan IA, Dumville JC. Antiseptics for burns. Cochrane Database of Systematic Reviews 2017, Issue 7. Art. No.: CD011821. DOI: 10.1002/14651858.CD011821.pub2.

### Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT)

CR IN

CR OUT

Langhorne P, Baylan S, Early Supported Discharge Trialists. Early supported discharge services for people with acute stroke. Cochrane Database of Systematic Reviews 2017, Issue 7. Art. No.: CD000443. DOI: 10.1002/14651858.CD000443.pub4.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000443.pub4/full>

Publiziert 07\_2017 Studien bis 2017

Appropriately resourced ESD services with co-ordinated multidisciplinary team input provided for a selected group of stroke patients can reduce long-term dependency and admission to institutional care as well as reducing the length of hospital stay. Results are inconclusive for services without co-ordinated multidisciplinary team input. We observed no adverse impact on the mood or subjective health status of patients or carers, nor on readmission to hospital.

### Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT)

CR IN

CR OUT <http://www.awmf.org/leitlinien/detail/III/053-011.html>

Lenferink A, Brusse-Keizer M, van der Valk PDLPM, Frith PA, Zwerink M, Monninkhof EM, van der Palen J, Effing TW. Self-management interventions including action plans for exacerbations versus usual care in patients with chronic obstructive pulmonary disease. Cochrane Database of Systematic Reviews 2017, Issue 8. Art. No.: CD011682. DOI: 10.1002/14651858.CD011682.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011682.pub2/full>

Publiziert 08\_2017 Studien bis 2016

Self-management interventions that include a COPD exacerbation action plan are associated with improvements in HRQoL, as measured with the SGRQ, and lower probability of respiratory-related hospital admissions. No excess all-cause mortality risk was observed, but exploratory analysis showed a small, but significantly higher respiratory-related mortality rate for self-management compared to usual care.

For future studies, we would like to urge only using action plans together with self-management interventions that meet the requirements of the most recent COPD self-management intervention definition. To increase transparency, future study authors should provide more detailed information regarding interventions provided. This would help inform further subgroup analyses and increase the ability to provide stronger recommendations regarding effective self-management interventions that include action plans for AECOPD. For safety reasons, COPD self-management action plans should take into account comorbidities when used in the wider population of people with COPD who have comorbidities. Although we were unable to evaluate this strategy in this review, it can be expected to further increase the safety of self-management interventions. We also advise to involve Data and Safety Monitoring Boards for future COPD self-management studies.

### Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT)

CR IN

CR OUT <http://www.awmf.org/leitlinien/detail/III/020-005.html> <http://www.awmf.org/leitlinien/detail/anmeldung/1/III/020-006.html>

Appelen D, van Loo E, Prins MH, Neumann MHAM, Kolbach DN. Compression therapy for prevention of post-thrombotic syndrome. Cochrane Database of Systematic Reviews 2017, Issue 9. Art. No.: CD004174. DOI: 10.1002/14651858.CD004174.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004174.pub3/full>

Publiziert 09\_2017      Studien bis 2017

Low-quality evidence suggests that elastic compression stockings may reduce the occurrence of PTS after DVT. We downgraded the quality of evidence owing to considerable heterogeneity between studies and lack of or unclear risk of blinding due to clinical assessment scores. No serious adverse effects occurred in these studies. Large randomised controlled trials are needed to confirm these findings because of current lack of high-quality evidence and considerable heterogeneity.

**Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT)**

CR IN

CR OUT <http://www.awmf.org/leitlinien/detail/II/065-002.html>

Gould DJ, Moralejo D, Drey N, Chudleigh JH, Taljaard M. Interventions to improve hand hygiene compliance in patient care. Cochrane Database of Systematic Reviews 2017, Issue 9. Art. No.: CD005186. DOI: 10.1002/14651858.CD005186.pub4.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD005186.pub4/full>

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With the identified variability in certainty of evidence, interventions, and methods, there remains an urgent need to undertake methodologically robust research to explore the effectiveness of multimodal versus simpler interventions to increase hand hygiene compliance, and to identify which components of multimodal interventions or combinations of strategies are most effective in a particular context.

**Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT)**

CR IN

CR OUT <http://www.awmf.org/leitlinien/detail/II/029-027.html>

Ellis G, Gardner M, Tsiachristas A, Langhorne P, Burke O, Harwood RH, Conroy SP, Kircher T, Somme D, Saltvedt I, Wald H, O'Neill D, Robinson D, Shepperd S. Comprehensive geriatric assessment for older adults admitted to hospital. Cochrane Database of Systematic Reviews 2017, Issue 9. Art. No.: CD006211. DOI: 10.1002/14651858.CD006211.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006211.pub3/full>

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Older patients are more likely to be alive and in their own homes at follow-up if they received CGA on admission to hospital. We are uncertain whether data show a difference in effect between wards and teams, as this analysis was underpowered. CGA may lead to a small increase in costs, and evidence for cost-effectiveness is of low-certainty due to imprecision and inconsistency among studies. Further research that reports cost estimates that are setting-specific across different sectors of care are required.

**Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT)**

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