PAR101 Library class
2018

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Learning Outcomes

• Understand the principles of literature searching

• Identify useful sources for finding resources
  - Discover Library guide Google Scholar

• Understand search strategies

• Learn how to identify suitable quality sources
What? – clarify your topic

Where? – possible sources

How? – to search for it

Use the Paramedic Science Library Guide
clarify (understand?) your topic!

“Discuss Primary Percutaneous Coronary Intervention for Patients Presenting With ST-Elevation Myocardial Infarction”

Are you going to understand this and start an assignment without some pre-reading and first finding out what this is actually about? (What does ST mean? Look it up in EMS & Medical Abbreviations via the Library Guide: https://usc-au.libapps.com/libguides/admin_c.php?g=508707&p=3477592 )
Getting Started

Before you begin searching for information, make sure you understand your topic and what you don’t know.

1. Write down what you already know about the topic and what you need to find out.
2. Find dictionaries, encyclopedias for an overview of your topic.
3. Find textbooks to broaden your knowledge of your topic and to identify keywords.
4. Find academic journal articles for detailed arguments about specific points.

Write down what you know and need to know

Find dictionaries and encyclopedias

Find textbooks

Find academic journal articles

- Gives you a starting point for your research
- Provide an overview of the topic
- Broaden your knowledge of the topic
- Detailed arguments on specific points

Related Guides:
- Find information
- I’m doing an assignment
- Research skills tutorial

Must read


An innovation in pre-hospital care after acute ischemic stroke.
Use your textbook !!!
–(there are copies in the Library)
New terms?: Use dictionaries and your textbook or other textbooks

- Myocardial infarction....
- Percutaneous...
- Coronary...

Listed in the Library Guide
Start with books – (including your textbook)

- Get a feel for the topic
- Read the introduction
- Use *their* reference list
- Identify key words and phrases to use for searching
- Then: Use DISCOVER or Google Scholar Search to find articles
Search DISCOVER from the Library homepage

Log in for best results!
Searching strategy in DISCOVER and most other databases

**AND** - (paramedics AND australia)
--different concepts $\rightarrow$ narrows search

**OR**- (paramedic OR ambulance)
--similar concepts $\rightarrow$ broader search

**NOT**-(heart NOT love)
--excludes words (use with care)
Search terms- think “alternative terms”

• Don’t just search for “semi-rigid collars” and think you will find everything. Many relevant articles hardly use this term at all.

• Also try broader or related concepts like “immobilisation” along with terms like “spinal cord injuries,” “spinal injuries,” “cervical injuries” “emergency medical services” (or “EMS”) and others

• One good journal article can give you new ideas on what terms are good to search to find more...
Sample Google Scholar search

Go to [https://libguides.usc.edu.au/help-google/setup](https://libguides.usc.edu.au/help-google/setup)

**Google**

role paramedics professional australia

**Scholar**

About 15,100 results (0.08 sec)

**Articles**

- **Extending the paramedic role in rural Australia: a story of flexibility and innovation**
  - By P.F. O'Meara, V. Tourle, C. Stirling, J. Walker...
  - 2012 - dro.deakin.edu.au
  - Results: The study found that paramedics are increasingly becoming first line primary...
  - Cited by 23

- **From stretcher-bearer to paramedic: the Australian paramedics' move towards professionalisation**
  - By B. Williams, A. Onsman, T. Brown
  - Australasian Journal of..., 2009 - ajp.paramedics.org
  - Results: In broad terms, the move to extend their roles to paramedic practitioner...
  - Cited by 35

- **Trends in the paramedic workforce: a profession in transition**
  - By C.M. Joyce, J. Wainer, F. Archer, A. Wyatt...
  - Australian Health ..., 2000 - CSIRO
  - Results: In a climate of workforce innovation with the development of new roles such as emergency nurse...
  - Cited by 42

**Case law**

- **...**

- **...**

**My library**

Any time
- Since 2017
- Since 2016
- Since 2013

Custom range...

Sort by relevance

Sort by date

- Include patents
- Include citations

Create alert
What is “peer review”?

- Peer review is a quality control system used by most scholarly journals. Submitted articles are reviewed by other experts in that field to see if methods and conclusions are valid. If not, the article may not be published, unless it is rewritten, resubmitted, reviewed again etc.

- Note: “Peer-reviewed”, “refereed”, “academic” and “scholarly” are all terms used in databases that often mean the same thing!
UlrichsWeb database indicates peer-reviewed journals

**Australasian Journal of Paramedicine**

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Some Vancouver things

- Vancouver style is widely adapted for use in medical and allied health journals
- *Citing Medicine* is a free full online Vancouver guide: http://www.ncbi.nlm.nih.gov/books/NBK7256/
- Journal abbreviations and the corresponding full titles are searchable here: https://www.ncbi.nlm.nih.gov/nlmcatalog/journals
- Always check your references against the Academic Skills quick guide on Vancouver available free on Blackboard-never guess or reference from memory!
type of intravenous fluid can result in fluid over- 
load if administered in excessive quantities (for 
example, in patients with end-stage renal disease 
or heart failure in whom both sodium excretion 
and water excretion are impaired).” Isotonic fluids 
are otherwise incapable of producing hyperna- 
tremia or fluid overload, because a normally 
functioning kidney can generate free water by ex- 
creting a hypertonic urine. This is a physiologic 
response, as we have described previously in 
healthy ambulatory children, and this response 
explains why hyponatremia (rather than fluid 
overload) develops in patients with a syndrome 
of inappropriate secretion of antidiuretic hormone 
(SIADH)-like states in response to intravenous 
fluids. The subclinical volume expansion associ- 
ated with an excess of arginine vasopressin triggers 
hemodynamic regulatory mechanisms to main- 
tain plasma volume at the expense of plasma sodi- 
um, which is in part due to a pressure-natriuresis 
mechanism and a secondary release of natriuretic 
peptides.

As was stated in our article, in more than 15 
randomized, prospective trials involving more 
than 2000 patients, isotonic fluids were not 
associated with an increased risk of hyponatremia 
or fluid overload. In Table 1 and Figure 2 of our 
article, we outline the disease states that require 
special considerations in fluid management, and 
we provide an algorithm for adjusting the intra- 
venous-fluid rate and composition in order to 
prevent fluid overload and hyponatremia.

Chua and Lief raise an additional concern 
regarding the high chloride concentration in 
0.9% saline. After the publication of our article, 
a randomized study by Young et al. compared 
0.9% saline with a balanced electrolyte solution 
in more than 2000 critically ill patients. They 
found no significant between-group differences 
in complications such as acute kidney injury, a 
need for mechanical ventilation, electrolyte dis- 
turbances, and death.

Lief questions the needs for maintenance 
fluids in critically ill patients owing to the risk 
of fluid overload. As stated in Figure 2 of our 
article, maintenance fluids are indicated only 
after the resuscitation phase of fluid therapy, 
and we recommend fluid restriction to 25 ml per 
hour for oliguric states in order to prevent fluid 
overload.

Petzold et al. correctly point out the dangers 
of hyperglycemia in patients with stroke. To the 
better of our knowledge, 5% dextrose in mainte- 
ance fluids is not associated with hyperglycemia 
in the absence of diabetes.

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Since publication of their article, the authors report no fur- 
ther potential conflict of interest.

1. Andersen Lj, Eriksson b, Johansen lb, Christensen P, Engstrom 
T, Eric P. Osmoregulatory control of renal sodium excretion after 

2. Moritz ML. Urine sodium composition in ambulatory healthy 
children: hyponatremic or isotonic? Pediatr Nephrol. 2004; 

3. Cogan E, Debeerwe ME, Pipersack T, Abrahams M. Natriuresis 
and arterial natriuretic factor secretion during inappropriate 

tallloid solution vs saline on acute kidney injury among patients 
in the intensive care unit: the SPLIT randomized clinical trial. 
JAMA 2015;314:1701-10.
Getting Help

Ask a Librarian:

• In Person at the Information Desk

• By Telephone 5430 2803

• Email InfoDesk@usc.edu.au

• Or ‘Ask A Librarian’ online

• Attend Health drop-in (Wed: 9.30—11.30am in E1)
• Use the Paramedic Science Library Guide: http://libguides.usc.edu.au/paramedic