

Nursing communication handover in emergency department

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A significant negative correlation was found between [IL-6] and PhrAMPL, but not with ALSFRS-R or disease duration. CC-16 levels were significantly raised in ALS patients. In 17% of them, CC-16 level was above the upper cut-off value. On these patients, the risk of non-invasive ventilation was greater in the following 6 months and they tend to have higher mortality. ALS patients have higher erythrocyte maximum height, area, volume, decreased erythrocyte membrane roughness and increased membrane stiffness.

These results indicate that abnormal erythrocyte structure and possible changes on membrane lipid composition on ALS patients. Our results show that IL-6 levels are not dependent on the duration or severity of the disease, however, IL-6 may provide a marker of respiratory dysfunction in ALS. We propose that increased CC-16 levels could be a marker of lung inflammatory response, associated with ventilatory insufficiency and related to impending RF, which are not fully predicted by conventional respiratory tests. Moreover, abnormalities in erythrocyte morphology may enhance the risk of tissue hypoxia.

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Nursing communication handover in emergency department

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ABSTRACT

Introduction: Effective communication in the transition of care is fundamental to improve patient safety and contribute to the reduction of adverse events [1]. A study carried out in 2014, in fifty-five hospital units in Portugal, under the “Evaluation of Patient Safety Culture in Hospitals”, concluded that patient safety culture is not yet widely acknowledged as a priority for health professionals [2], and that 70% of adverse health events occur due to communication failures among health professionals during the transition of care. Ineffective communication can be found in different health contexts, being more frequent during the transition of care, when it is essential to manage situations quickly and effectively. The peri-operative period, the ICU and emergency department are examples of contexts where communication processes are complex and prone to errors.

Objective: To know nurses' opinion about the transition of care in the emergency department, as well as their knowledge on the patient safety.

Materials and Methods: This is a descriptive and exploratory study with a quantitative approach. Non-probabilistic and convenience sample. This study intends to answer the following research questions: What is the opinion of the emergency department nurses about the time of transition of care during shift change? Do nurses know the guidelines for patient safety in the care transition?

A questionnaire was used as a data collection instrument. It consists of three parts: a first part on sample characterisation; a second part that seeks to know the opinion of nurses about the transition of care in the change of shift; and a third part, with the objective of assessing nurses' knowledge on patient's safety. The questionnaire was applied during the month of January 2019.

Results: Of the total of seventy questionnaires delivered fifty were returned, with a response rate of 67.57%. The sample is essentially composed of women (82%), with a mean age of 33.46 years. They have on average 10.67 years as nurses and 7.29 years as nurses in the emergency department. With regard to nurses' opinion on the transition of care during shift change, four domains were found, namely: Positive aspects of the nursing care transition moment; Negative aspects of the nursing care transition moment; Patient evaluation at the moment of nursing care transition; and management of the information obtained during the nursing care transition. Regarding nurses' knowledge on patient safety, three areas were identified: Knowledge of the guidelines on effective communication in the transition of care; Benefits of using a standard tool in the transition of care, and training in the area of patient safety.

Discussion and conclusions: Nurses feel that there are a number of factors that interfere with the transition of care; there is irrelevant information that is transmitted in the moment of transition of care and the ISBAR methodology contributes to decision-making and critical thinking. It is important to promote team training in the area of patient safety. Nurses have the legal obligation to ensure continuity of care through effective communication, using existing resources, namely the ISBAR tool.

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Pathologic expansion in the *C9orf72* gene is associated with accelerated decline of respiratory function and decreased survival in amyotrophic lateral sclerosis

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ABSTRACT

Introduction: Respiratory insufficiency is the main cause of death in amyotrophic lateral sclerosis (ALS). As the *C9orf72* repeat expansion represents the most common genetic risk factor for this disease, we studied whether *C9orf72* modulates respiratory function and survival.

Methods: Demographic and clinical data, and *C9orf72* status were collected from 372 ALS patients followed in our centre. Multiple regressions controlling for the *C9orf72* expansion, diagnosis delay, region of onset, age, gender, and comorbid frontotemporal dementia were performed to evaluate the functional and respiratory status of the patients at baseline and during disease progression – assessed using the global ALSFRS-R score and its respiratory subscore, and the predicted forced vital capacity (%FVC). A Cox regression controlling for the same variables was carried out to analyse survival.

Results: At baseline, 32/372 (8.60%) patients carried the *C9orf72* repeat expansion. We found that the *C9orf72* mutation is an independent risk factor for a faster %FVC decline ($p = .001$) and shorter survival ($p = .002$).

Conclusions: In ALS patients with *C9orf72* expansion, shorter survival probably derives from faster respiratory function decline. This finding may indicate a new pathogenic mechanism of *C9orf72* in ALS.

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Risk indicators in families with abused children and young people: scoping review

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ABSTRACT

Introduction: The promotion of rights and the protection of children implies involvement between state agencies and families in the evaluation processes, having developed in the child Welfare systems Internationally [1–3]. Although effective involvement is an essential component of the Help process [4], it presents continuous challenges for Professionals [5]. There is also an underlying tension between the regulatory role inherent in the protection system and the importance of involvement and contribution to develop the capacities of families producing better outcomes for children [6].

It is a challenge for families and professionals to deal with the duality of the relationship, given the expectations that workers engage in conflicting roles of supporting families, on the one hand, and ensuring the safety of children, on the