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# CIAP Newsletter

**Upcoming:** CIAP Tools for Best Practice Workshop  
**When:** 19 February 2026 08:30 - 12:00  
**Where:** ONLINE

Register

Program

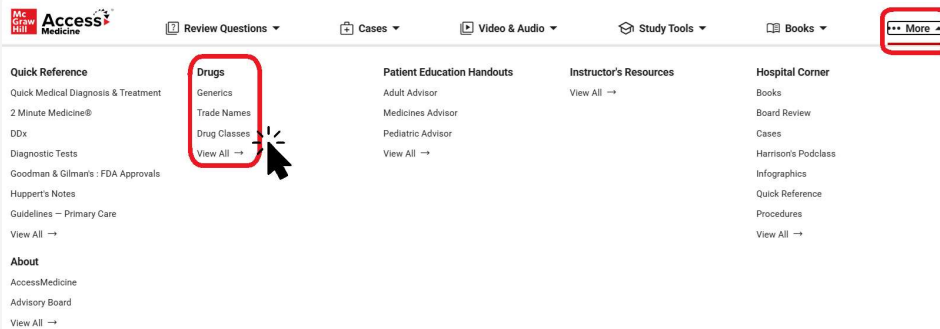
## AHFS Drug Information Essentials on Access Medicine



Find comprehensive, evidence-based drug information on Access Medicine.

Browse drug monographs by generic name, trade name, or drug class.

Each monograph includes key details such as indications, dosage and administration, cautions, drug interactions, pharmacokinetics, stability, mechanism of action, patient advice, and available preparations.



Access provided by CIAP.

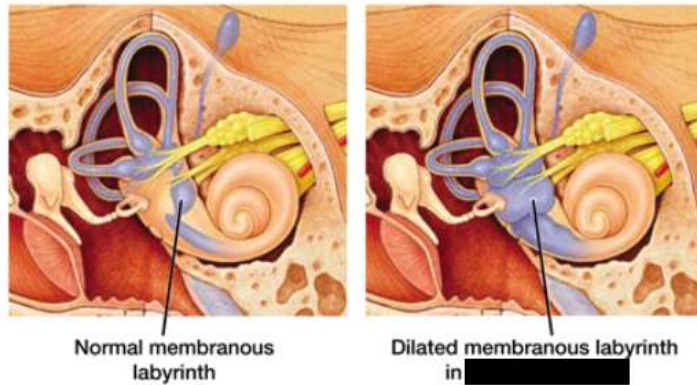
## What's the Diagnosis?



This condition is an inner ear disease that results from a labyrinthine dysfunction, creating increased hydraulic pressure within the inner ear. Increased pressure causes severe vertigo, fluctuating sensorineural hearing loss, and tinnitus. The condition usually involves only one ear (unilateral) but can later progress to the other ear (bilateral). Tinnitus, vertigo, and hearing loss can become incapacitating after multiple or severe episodes over time. Symptomatic episodes may occur in clusters within a short period of time.

### Physical Findings

- Diaphoresis, pallor
- Diplopia
- Horizontal nystagmus during episode
- Inability to maintain upright posture
- Unsteady gait
- Vertigo
- Vomiting



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

Access provided by CIAP.

## New Mental Health Content on Lippincott Procedures



New Mental Health content is being introduced to the Lippincott Procedures, with the first additional procedures released in 2025. A significant expansion into mental health content has been developed in partnership with the Australian College of Mental Health Nurses. Further releases are expected throughout 2026!

December 2025 releases:

- [Alcohol withdrawal management, AU](#)
- [Care of the patient experiencing active hallucinations, AU](#)
- [Difficult behaviour management, AU](#)
- [Management of the patient who is intoxicated, AU](#)
- [Mental status examination, AU](#)
- [Trauma-informed care, AU](#)
- [Violent and assaultive behaviour management, AU](#)

Explore step-by-step procedural guidance on Lippincott Procedures. See mental health content [here](#).

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## Assessing Clinical Deterioration in Children With Dark-Coloured Skin



Children often have observable signs of clinical deterioration prior to becoming critically unwell in hospital. They may physiologically compensate without early warning signs during the initial stages of illness, then deteriorate rapidly and profoundly if their illness progresses. Given the potential for rapid deterioration after a period of compensation, early recognition of deterioration is particularly important. Early identification of clinical deterioration and intervention by health professionals can reduce potential adverse impacts on children and their families.

Health professionals worldwide observe for early warning signs of clinical deterioration through assessment of vital signs including heart rate, blood pressure, temperature, respiratory rate, oxygen saturation and level of consciousness. Track and trigger charts are used to assist health professionals in comparing changes in vital signs with expected normal parameters to identify changes that may indicate deterioration.

These charts usually form part of larger rapid response systems, which have been adopted internationally to provide coordinated, evidence-based approaches to patient deterioration in hospital. Comprehensive clinical assessments also include other subjective and objective signs not captured through vital sign monitoring such as changes in urine output or skin colour. Some of these signs provide critical information about impending severe illness.

Read more of this review in the [Journal of Clinical Nursing](#).

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### A 44-Year-Old Man with Back Pain and Weakness



A 44-year-old man sought evaluation in the emergency department for back pain and weakness. Two months earlier, right-sided back pain developed without preceding trauma. The pain radiated anteriorly toward the abdomen but was not accompanied by nausea, vomiting, diarrhea, or constipation.

A trial of a muscle relaxant provided no relief. He then received treatment with a short course of methylprednisolone but had minimal improvement in his symptoms. After he completed the taper, he began feeling feverish at night. He also had fatigue, generalized weakness, and shortness of breath with exertion, prompting him to present to the emergency department for evaluation.

Read more of this patient case in the [New England Journal of Medicine Evidence](#).

Access provided by CIAP.

## Upcoming CIAP Events

### CIAP Tools for Best Practice Workshop

**19 February 2026** 08:30-12:00  
Virtual (Microsoft Teams)

[Register](#)

### CIAP Paediatrics Point of Care Resources Workshop

**4 March 2026** 08:30-12:00  
Virtual (Microsoft Teams)

[Register](#)

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