National Institute for Health and Care Excellence

Urinary tract infections un under 16s: diagnosis and management

Search strategies

NICE guideline <number>
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The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or service users. The recommendations in this guideline are not mandatory and the guideline does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and, where appropriate, their carer or guardian.

Local commissioners and providers have a responsibility to enable the guideline to be applied when individual health professionals and their patients or service users wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with compliance with those duties.

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Search design and peer review

A NICE information specialist conducted the literature searches for the evidence review. The searches were run on 02/02/2022. This search report is compliant with the requirements of PRISMA-S.

The MEDLINE strategy below was quality assured (QA) by a trained NICE information specialist. All translated search strategies were peer reviewed to ensure their accuracy. Both procedures were adapted from the 2016 PRESS Checklist.

The principal search strategy was developed in MEDLINE (Ovid interface) and adapted, as appropriate, for use in the other sources listed in the protocol, taking into account their size, search functionality and subject coverage.

Review management

The search results were managed in EPPI-Reviewer v5. Duplicates were removed in EPPI-R5 using -step process. First, automated deduplication is performed using a high-value algorithm. Second, manual deduplication is used to assess 'low-probability' matches. All decisions made for the review can be accessed via the deduplication history.

Prior work

The search strategy was based on the terms used for the former CG54 NICE guideline and the NICE surveillance search for this guideline. Modifications were made to these original search strategies for the specifications in the review protocol.

Limits and restrictions

English language limits were applied in adherence to standard NICE practice and the review protocol.

Limits to exclude letters, editorials, news, conferences were applied in adherence to standard NICE practice and the review protocol. Case reports were also excluded in adherence to the review protocol.

The search was limited from June 2006 to current as defined in the review protocol.

The limit to remove animal studies in the searches was the standard NICE practice, which has been adapted from: Dickersin, K., Scherer, R., & Lefebvre, C. (1994). <u>Systematic</u> Reviews: Identifying relevant studies for systematic reviews. *BMJ*, 309(6964), 1286.

Search filters

Observational studies

The terms used for observational studies are standard NICE practice that have been developed in house.

Cost effectiveness searches

The following search filters were applied to the search strategies in MEDLINE and Embase to identify cost-effectiveness studies:

Glanville J et al. (2009) <u>Development and Testing of Search Filters to Identify</u>
 <u>Economic Evaluations in MEDLINE and EMBASE</u>. Alberta: Canadian Agency for
 Drugs and Technologies in Health (CADTH)

Several modifications have been made to these filters over the years that are standard NICE practice.

Key decisions

The International Database of HTA (INAHTA) was searched from 2018 because records have not been added to Centre for Reviews and Dissemination (CRD) HTA since 2018.

The INAHTA strategy was modified to two sets – UTI population and Signs & Symptoms terms because of the low number of results

Appendix B: Search strategies

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