



GUIDELINES FOR WRITING A LITERATURE REVIEW

What is a literature review?

A literature review is a survey of scholarly sources that provides an overview of a particular topic. Literature reviews are a collection of the most relevant and significant publications regarding that topic in order to provide a comprehensive look at what has been said on the topic and by whom. The basic components of a literature review include:

- a description of the publication;
- a summary of the publication's main points; and
- a discussion of gaps in research
- an evaluation of the publication's contribution to the topic.

What is the difference between a literature review and an annotated bibliography?

An annotated bibliography is a list of your references with a summary of the content and the publication's relationship to your research question. A literature review is an overview of the topic, an explanation of how publications differ from one another, and an examination of how each publication contributes to the discussion and understanding of the topic.

What is the purpose of a literature review?

The purpose of a literature review is to provide a review of writings on the given topic in order to establish the reviewer's own position in the existing field of scholarship on that topic. A literature review provides a reader with a comprehensive look at previous discussions prior to the one the reviewer will be making in his/her own research paper, thesis, or dissertation. In short, a literature review shows readers where the reviewer is entering the academic conversation on a particular topic in the context of existing scholarship.

How do I create a literature review?

The length and depth of your literature review depends on the length of your project. If you are writing a 10-page argument paper, you may have room to include 5-6 sources to review, because you will also be establishing your argument as well, but there's no hard equation for how many/how much. Use your judgment and most importantly, consult your instructor about expectations.

Here is a step-by-step approach to drafting your literature review:

1. **Define Your Goal.** If you are writing an argument paper, create a thesis statement with a clear position. If you are evaluating scientific theories, develop a hypothesis to examine. If you are providing a self-contained review of writings on a topic, state your project's purpose. At the beginning of any paper, define your paper's purpose so that the literature review will be anchored to a specific point of view.
2. **Do Your Research.** Review a number of texts that most closely pertain to your topic and position, and are written by relevant scholars. Understand who the top

voices are in your topic's academic field, and be sure to include the most pertinent publications by those scholars.

3. **Ground Summary in Relevance.** As you summarize each publication, provide the context for that publication's importance by tying its main points to your thesis, hypothesis, or project statement. How does it relate? Establish its relevance to the discussion.
4. **Develop Review Logically.** Think of your literature review as a development of an argument—what were the earliest ideas on the topic and how did they grow and evolve in the academic conversation of these publications? First things first.
5. **Include References/Works Cited List.** As you are writing the literature review you will mention the author names and the publication years in your text, but you will still need to compile comprehensive citations for each entry at the end of your review. Follow APA guidelines, as your course requires.

A sample literature review section with annotations follows on the next page:

A literature review is a survey of scholarly sources that provides an overview of a particular topic. It generally follows a discussion of the paper's thesis statement or the study's goals or purpose.

Literature reviews are a collection of the most relevant and significant publications regarding that topic in order to provide a comprehensive look at what has been said on the topic and by whom.

Use of Propofol and Emergence Agitation in Children: A Literature Review

Student Sample

Title of Course

Professor's Name

January 1, 2050

The [title page](#) is in APA format.

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Use of Propofol and Emergence Agitation in Children: A Literature Review

Emergence agitation (EA) during recovery from general anesthesia has been identified as a frequent problem in the pediatric population. In children, EA has been described as a mental disturbance that consists of confusion, hallucinations, and delusions manifested by involuntary physical activity, and thrashing about in bed. The overall rate for EA in children is in the range of 10% to 67%, (Aouad & Nasr, 2005), which includes a period of severe restlessness, disorientation, and/or inconsolable crying during anesthesia emergence (Cole, Murray & McAllister, 2002). The age at which children are more likely to display signs of EA ranges from 2 to 5 years old and then begins to decline at age 62 months (Pryzbylo, Martini, Mazurek, Bracey, Johnsen & Cote, 2003). Additionally, the incidence of EA may be affected by individual variations in developmental level within an age group, mental disease, or neurologic conditions (Aouad & Nasr, 2005). These age groups are defined by the American Academy of Pediatrics (AAP) as follows: early childhood (15 months to 4 years old), middle childhood (5 to 10 years old), and early adolescence (11 to 12 years old). In this literature review, the most information was available on EA in the age groups of early and middle childhood, with additional studies that included early adolescents.

Clinical Factors Related to Development of Emergence Agitation

Populations studied for EA included the following characteristics: sex, age,

Using Level 1 headings, the literature review can be organized by study topic, building information about the topic through definitive academic contributions.

The introduction starts by identifying the topic

The introduction wraps up with a clear thesis statement.


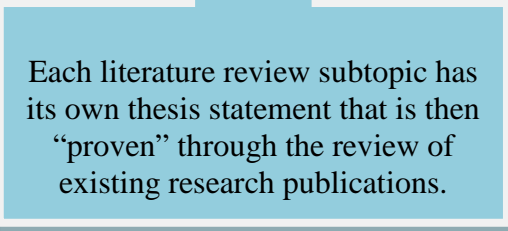
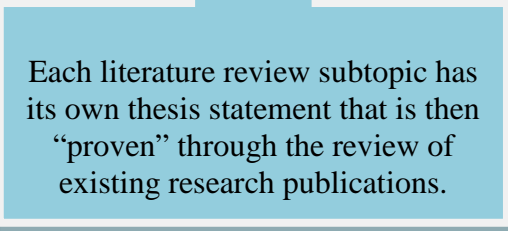
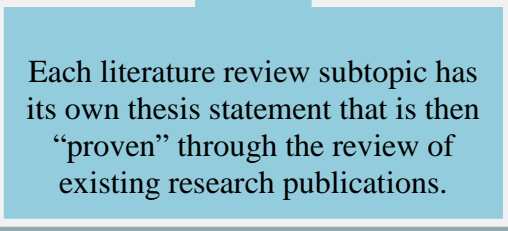
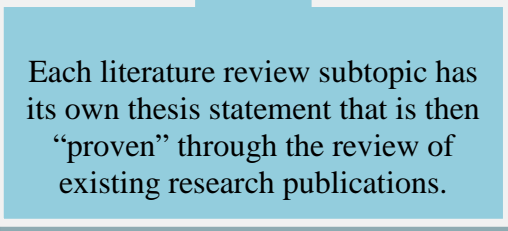
differ in male and female populations. Some studies did separate age cohort higher rate of EA has been seen in preschool boys anesthetized with sevoflurane compared with school-aged boys (Aouad & Nasr, 2005). The age of the child has been considered to be a factor in the development of EA postoperatively, perhaps because of the expected confusion and fright in this age group in response to perioperative events. Aono et al. (1999) concluded that preschool-aged boys showed a higher rate of emergence agitation than did school-aged boys when anesthetized with sevoflurane. Voepel-Lewis et al. (2003) noted that young age and anxiety level preoperatively were associated with EA. Many studies have confirmed that a younger age is a contributing factor in the development of EA, and most studies now target the ages of 2 through 6 years old when studying EA (Aouad & Nasr, 2005).

When EA was first described by Eckenoff in 1961, it was speculated that patients were undergoing head and neck procedures may have a sense of suffocation during emergence from anesthesia, thus increasing the chance of EA. Surgical procedures that have been found to increase the risk of developing EA are otorhinolaryngology, ophthalmology, and neck procedures, all of which may produce a sense of suffocation (Aouad & Nasr, 2005; Vlajkovic & Sindjelic, 2007; Voepel-Lewis, Malviya, & Tait, 2003). The length of surgery in at least one study was found to be a factor associated with increased incidence of EA (Voepel-Lewis, Malviya, & Tait, 2003). In most studies, patients have been excluded if they were above ASA classes I and II, which is one limitation of the current literature (Baum, Yemen, & Baum, 1997). Exclusion criteria also included children with psychological or emotional disorders, developmental delay, and patients who needed sedative medication before induction

(Abu-Shahwan, 2008).

Propofol Total Intravenous Anesthesia

{ Propofol TIVA techniques have also demonstrated a reduction in EA in children. }

In the study by Cohen et al. (2003) of sevoflurane inhalational anesthesia versus a propofol TIVA technique, there were  in the sevoflurane group subtopic has its own compared with the  Each literature review subtopic has its own thesis statement that is then “proven” through the review of existing research publications.  al. (2000) then “proven” through of the  etic and propofol research publications.  reduction in EA rates

observed in the propofol TIVA group (46% versus 9%, respectively). A reduction in EA from 42% to 11% was seen in children 2 to 5 years of age with propofol TIVA compared with sevoflurane inhalational general anesthesia (Nakayama, Furukawa, & Yanai, 2007). In a small study of children presenting for eye surgery (n = 16), propofol TIVA technique had an EA incidence of 0%, in contrast to a cohort managed with sevoflurane inhalational general anesthetic, which produced an EA incidence of 38% (Uezono et al, 2000).

A literature review articulates the purpose of your new project, which is to either fill a gap in current research or to provide the next step in researching the topic.

in table A rates in sevoflurane alone, propofol TIVA that demonstrate that in researching either using pro tively or using results in lower rates of EA compared with either sevoflurane alone or sevoflurane with adjunctive propofol.

{ According to the literature evidence base, there is an advantage to either propofol TIVA or adjunctive propofol with sevoflurane (compared with sevoflurane alone) } We conclude, based on the current evidence, that the use of propofol is associated with a reduction in the incidence of emergence agitation.

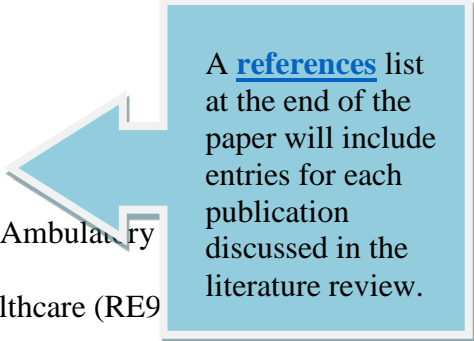


Conclusion

The reviewed literature suggests that there are advantages to the use of propofol TIVA techniques and adjunctive propofol anesthetics when combined with a sevoflurane inhalational technique. This reduction in EA with propofol use in conjunction with or separately from sevoflurane has been widely documented throughout the literature (Aouad et al., 2007; Abu-Shahwan, 2008). A major limitation of this literature is that numerous EA assessment scales are used to compare various anesthetics. If future studies use the same validated assessment scale (such as the PAED), results can be more easily compared and strengthened. To better delineate the pathophysiology and causative factors regarding EA, more structured and multicenter studies with larger populations should be performed. Current research supports the use of propofol as discussed above; however, a continuation of current research with consistent and strengthened methodologies will help justify its use and application to clinical practice

LITERATURE REVIEW

References



A references list at the end of the paper will include entries for each publication discussed in the literature review.

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