## Contents

### November 2022 Volume 31 Issue 11

#### Editorial

**773** Antibiotic documentation: death by a thousand clicks  
*C Clarkowski, V M Vaughan*

**776** Why identifying adverse events in paediatric emergency care matters  
*K A Michelson, R T Griffey*

**779** Reporting on implementation trials with null findings: the need for concurrent process evaluation reporting  
*A Sales*

**782** Addressing long-term and repeat antibiotic prescriptions in primary care: considerations for a behavioural approach  
*E M Krockow, E J Harvey, D Ashiru-Oredipe*

### Systematic review

**787** Documenting the indication for antimicrobial prescribing: a scoping review  
*S Saini, V Leung, E Si, C Ho, A Cheung, D Dalton, N Daneman, K Grindrod, R Ha, W McIsaac, A Oberai, K Schwartz, A Shiamptanis, B J Langford*

### Viewpoint

**800** Framework to optimise learning network activities for long-term success  
*K E Bates, N L Madsen, A Lyren, P Krack, J B Anderson, C M Lannon, S Wooton*

### Original research

**806** How safe are paediatric emergency departments? A national prospective cohort study  

**818** Prioritising Responses Of Nurses To deteriorating patient Observations (PRONTO): a pragmatic cluster randomised controlled trial evaluating the effectiveness of a facilitation intervention on recognition and response to clinical deterioration  
*T K Bucknall, J Considine, G Harvey, J D Graham, J Rycroft-Malone, J Mitchell, B Saultry, J J Watts, M Mohebbi, S Bohingamu Mudiyanelage, M Lotfallany, A Hutchinson*

**831** Comparing antibiotic prescribing between clinicians in UK primary care: an analysis in a cohort study of eight different measures of antibiotic prescribing  
*T Van Staa, Y Li, N Gold, T Chadborn, W Welfare, V Palin, D M Ashcroft, J Birch*

### Quality & safety in the literature

**839** Quality and Safety in the Literature: November 2022  
*M U Admani, A Gupta, N Houchens*

### Electronic page

**e1** Correction: Effectiveness of a multifaceted quality improvement intervention to improve patient outcomes after total hip and knee arthroplasty: a registry nested cluster randomised controlled trial