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Evidence-based Practice e-Resources to Improve Patient Care

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Objectives

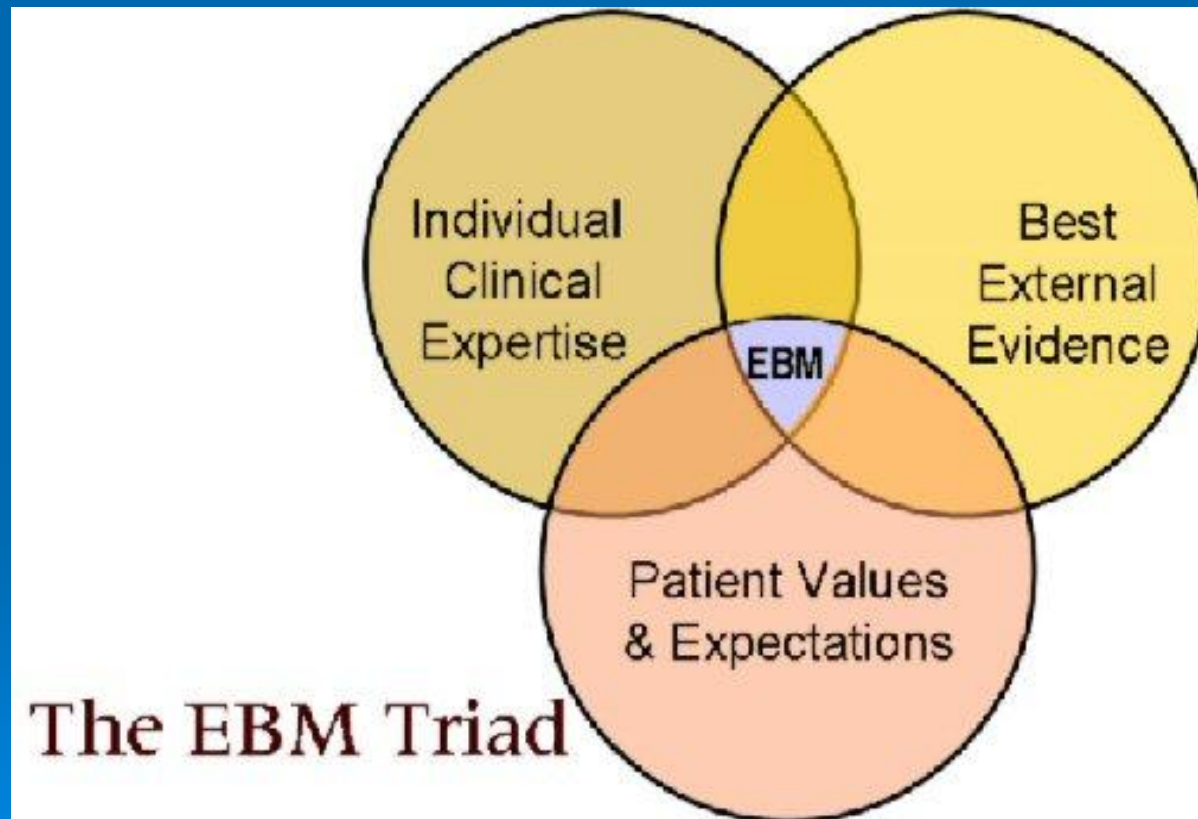
- Recognize the importance of evidence-based practice (EBP)
- Describe web resources to use for EBP practice to improve patient care
- Locate e-resources on UW Health Sciences Library new website <http://hsl.wa.edu>

What is evidence-based practice?

- Evidence based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients.
- The practice of evidence based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research.

Sackett DL et al. *Evidence based medicine: what it is and what it isn't.* BMJ 1996 Jan 13; 312 (7023): 71-2.

Evidence-Based Practice



Why is EBP necessary?

- Results in better patient outcomes:
Failure to use evidence results in lower quality, less effective, and more expensive care.

Berwick DM. Disseminating innovations in health care. *JAMA* 2003 Apr 16;289(15):1969-75.

- Standards of practice and “best practices” change over time
- Keeps practice current and relevant
- Increases confidence in decision making

What makes good evidence?

Good

- Based on scientific research
- RCT
- Systematic review
- Meta-analysis
- Clinical guidelines

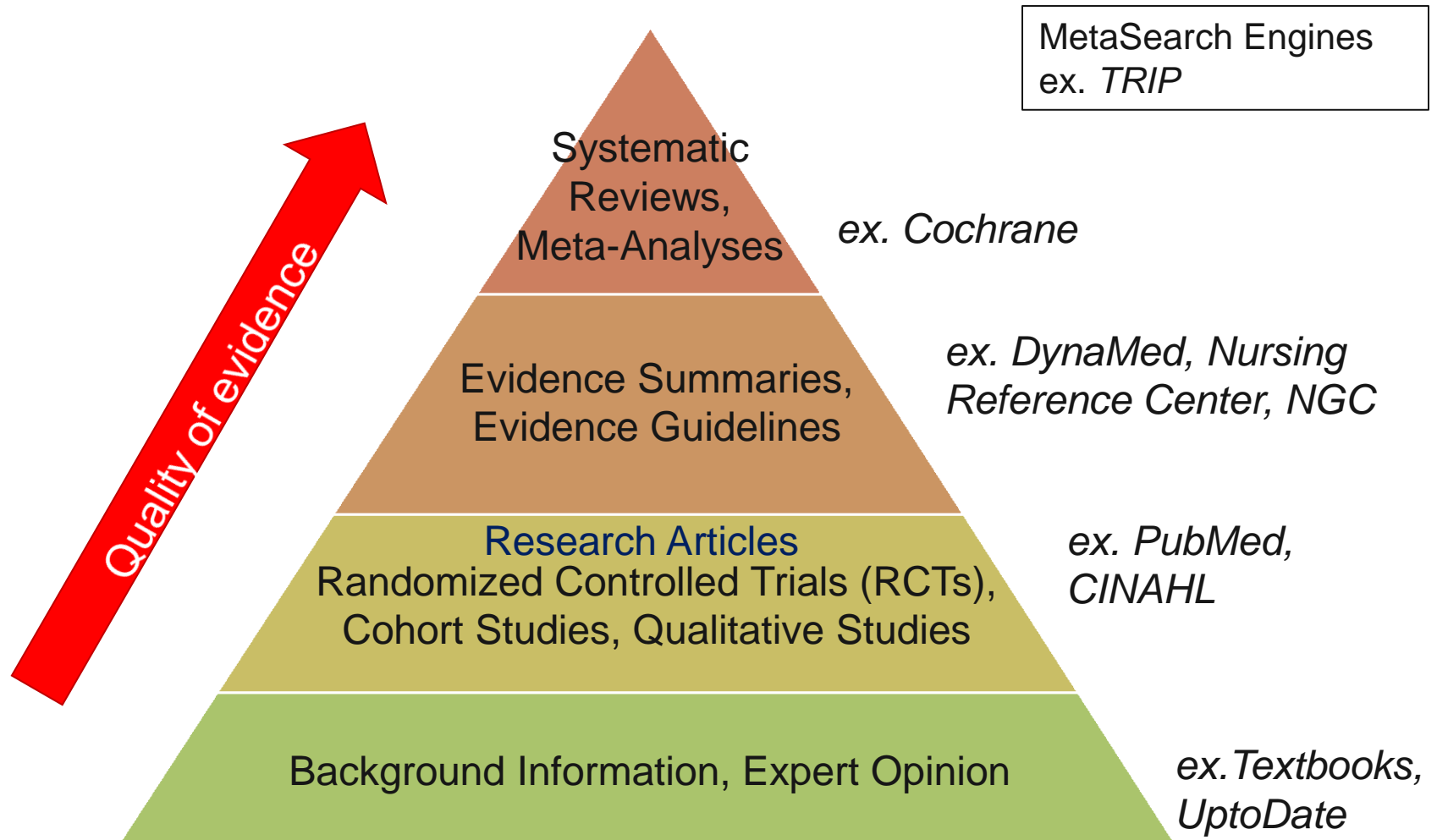
Shoddy

- Opinion
- Consensus
- Because it's been done this way for 100 years



Slide adapted from Edward G. Miner Library, University of Rochester School of Medicine and Dentistry

Searching for Evidence Pyramid



Where can you find evidence only a click away?

HSL's new website: <http://hsl.uw.edu>

The screenshot shows the homepage of the Health Sciences Library (HSL) at the University of Washington. The header includes navigation links for UW Libraries, NNLM Pacific Northwest Region, HEAL-WA, UW Home, MyUW, Maps, and UW Directories, along with an off-campus access link. The main navigation bar features the HSL logo, the text "HEALTH SCIENCES LIBRARY UNIVERSITY of WASHINGTON University Libraries", a search bar, and contact information ("ask us!" with email, chat, and phone options). A central banner reads "Meeting the educational, research and clinical information needs of the UW community." Below this, there are tabs for PubMed, eJournals, Library Catalog, Databases, and eBooks. A large white box in the center contains the PubMed logo and a search bar with a "Go" button. To the right, a yellow box welcomes users to the new website and provides contact information. The bottom section is divided into "Top Resources" and "Information & Services" columns, listing various databases and services. A "News" section on the right highlights a "Free EndNote" workshop.

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Thanks for your patience as we continue to improve our new site!

Can't find what you are looking for or getting broken links?

[Contact us for help!](#)

News

Free EndNote Workshops at the Health Sciences Library Nov 4

On Friday, Nov 4, the official EndNote trainer, Doug Nguyen, will hold two EndNote workshops in

Top Resources

- [CINAHL Plus](#)
- [DynaMed](#)
- [Micromedex](#)
- [PsycINFO](#)
- [UpToDate](#)
- [Web of Science](#)

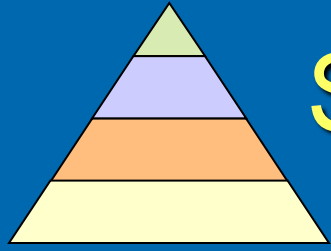
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***Search for the Best Evidence to
answer your Clinical Question***





Search Databases Efficiently for Research Journal Articles

➤ PubMed

- MEDLINE (1940's+) is included on PubMed
- Indexes 5,200 biomedical journals
- Covers all aspects of biosciences and healthcare
- 75%-80% of citations have abstracts
- Updated 5x/week

➤ CINAHL Plus

- Cumulative Index to Nursing and Allied Health Literature

2 PubMed Strategies for Finding Evidence-Based Citations

1. Use Type of Article limits

- Randomized Controlled Trial
- Meta-Analysis
- Practice Guideline
- Clinical Trial
- Consensus Development Conference

2. Use Clinical Queries

Limits

PubMed Strategy #1: Limit to RCTs under Type of Article

Dates

Published in the Last: Any date

Type of Article

- Meta-Analysis
- Practice Guideline
- Randomized Controlled Trial
- Review

Languages

- English
- French
- German
- Italian
- Japanese

Species

- Humans
- Animals

Gender

- Male
- Female

Subsets

Journal Groups

- Core clinical journals
- Dental journals
- Nursing journals

Ages

- All Infant: birth-23 months
- All Child: 0-18 years
- All Adult: 19+ years
- Newborn: birth-1 month

PubMed results

[Effect of exercise and **Cimicifuga racemosa** \(CR BNO 1055\) on bone mineral density, 10-year coronary heart disease risk, and **menopausal** complaints: the randomized controlled Training and **Cimicifuga racemosa** Erlangen \(TRACE\) study.](#)

Bebenek M, Kemmler W, von Stengel S, Engelke K, Kalender WA.

Menopause. 2010 Jul;17(4):791-800.

PMID: 20220537 [PubMed - indexed for MEDLINE]

[Related citations](#)

[Randomized, double-blind, placebo-controlled trial of **Cimicifuga racemosa** \(black cohosh\) in women with anxiety disorder due to **menopause**.](#)

Amsterdam JD, Yao Y, Mao JJ, Soeller I, Rockwell K, Shults J.

J Clin Psychopharmacol. 2009 Oct;29(5):478-83.

PMID: 19745648 [PubMed - indexed for MEDLINE]

[Related citations](#)

[Vaginal, endometrial, and reproductive hormone findings: randomized, placebo-controlled trial of black cohosh, multibotanical herbs, and dietary soy for vasomotor symptoms: the Herbal Alternatives for **Menopause** \(HALT\) Study.](#)

Reed SD, Newton KM, LaCroix AZ, Grothaus LC, Grieco VS, Ehrlich K.

Menopause. 2008 Jan-Feb;15(1):51-8.

PMID: 18257142 [PubMed - indexed for MEDLINE]

[Related citations](#)

PubMed Abstract

Menopause. 2009 Nov-Dec;16(6):1156-66.

Safety and efficacy of black cohosh and red clover for the management of vasomotor symptoms: a randomized controlled trial.

Geller SE, Shulman LP, van Breemen RB, Banuvar S, Zhou Y, Epstein G, Hedayat S, Nikolic D, Krause EC, Piersen CE, Bolton JL, Pauli GF, Farnsworth NR.

Department of Obstetrics and Gynecology, Center for Research on Women and Gender, College of Medicine, University of Illinois at Chicago, Chicago, IL 60612, USA. sgeller@uic.edu

Abstract

OBJECTIVE: The aim of this study was to evaluate the safety and efficacy of black cohosh and red clover compared with placebo for the relief of menopausal vasomotor symptoms.

METHODS: This study was a randomized, four-arm, double-blind clinical trial of standardized black cohosh, red clover, placebo, and 0.625 mg conjugated equine estrogens plus 2.5 mg medroxyprogesterone acetate (CEE/MPA; n = 89). Primary outcome measures were reduction in vasomotor symptoms (hot flashes and night sweats) by black cohosh and red clover compared with placebo; secondary outcomes included safety evaluation, reduction of somatic symptoms, relief of sexual dysfunction, and overall improvement in quality of life.

RESULTS: Reductions in number of vasomotor symptoms after a 12-month intervention were as follows: black cohosh (34%), red clover (57%), placebo (63%), and CEE/MPA (94%), with only CEE/MPA differing significantly from placebo. Black cohosh and red clover did not significantly reduce the frequency of vasomotor symptoms as compared with placebo. Secondary measures indicated that both botanicals were safe as administered. In general, there were no improvements in other menopausal symptoms.

CONCLUSIONS: Compared with placebo, black cohosh and red clover did not reduce the number of vasomotor symptoms. Safety monitoring indicated that chemically and biologically standardized extracts of black cohosh and red clover were safe during daily administration for 12 months.

PMID: 19609225 [PubMed - indexed for MEDLINE] PMCID: PMC2783540 [Free PMC Article](#)

Images from this publication. [See all images \(2\)](#) [Free text](#)



UW ARTICLE ONLINE

Related citations

Effects of botanicals and combined hormone therapy on cognition in postmen [Menopause. 2009]

Treatment of vasomotor symptoms of menopause with black cohosh, multibota [Ann Intern Med. 2006]

Review Discussion of a well-designed clinical trial which did not demonstrate effecti [Fitoterapia. 2011]

Cimicifuga racemosa dried ethanolic extract in menopausal disorders: a double-bl [Maturitas. 2005]

Review Black cohosh: an alternative therapy for menopause? [Nutr Clin Care. 2002]

[See reviews...](#)

[See all...](#)

Cited by 1 PubMed Central article

Management of menopause-associated vasomotor symptoms: Current tre [Int J Womens Health. 2010]

Related information

[Related Citations](#)

[Compound \(MeSH Keyword\)](#)

[References for this PMC Article](#)

[Substance \(MeSH Keyword\)](#)

PubMed Clinical Queries

Strategy #2: Clinical Queries – Link on Advanced Search or Home page

Results of searches on this page are limited to specific clinical research

black cohosh AND (hot flash* OR menopaus*)

Clinical Study Categories

Category: Therapy

Scope: Narrow



Results: 5 of 36

Medicinal plants as alternative treatments for female sexual dysfunction: utopian vision or possible treatment in climacteric women?

[J Sex Med. 2010]

Effect of exercise and *Cimicifuga racemosa* (CR BNO 1055) on bone mineral density, 10-year coronary heart disease risk, and menopausal complaints: the randomized controlled Training and *Cimicifuga racemosa* Erla [Menopause. 2010]

Pharmacokinetics of 23-epi-26-deoxyactein in women after oral administration of a standardized extract of black cohosh.

[Clin Pharmacol Ther. 2010]

Effect of exercise and ***Cimicifuga racemosa*** (CR BNO 1055) on bone mineral density, 10-year coronary heart disease risk, and **menopausal** complaints: the randomized controlled Training and ***Cimicifuga racemosa*** Erlangen (TRACE) study. Bebenek M, Kemmler W, von Stengel S, Engelke K, Kalender WA. **Menopause**. 2010 Jul;17(4):791-800.

[See all \(36\)](#)

Display citations filtered to a specific clinical study category and scope. These search filters were developed by [Haynes RB et al.](#) See more [filter information](#).

Systematic Reviews

Results: 5 of 33

Menopausal symptoms.

[Clin Evid (Online). 2011]

Suspected black cohosh hepatotoxicity: no evidence by meta-analysis of randomized controlled clinical trials for isopropanolic black cohosh extract.

[Menopause. 2011]

Evaluating the evidence for over-the-counter alternatives for relief of hot flashes in menopausal women.

[J Am Pharm Assoc (2003). 2010]

Female sexual dysfunction: utopian vision or possible treatment in climacteric women?

[J Sex Med. 2010]

Menopausal symptoms.

[Maturitas. 2010]

[See all \(33\)](#)

Display citations for systematic reviews, meta-analyses, reviews of clinical trials, evidence-based medicine, consensus development conferences, and guidelines. See [filter information](#) or additional [related sources](#).

Results for Clinical Study Category (RCTs)

Randomized, double-blind, placebo-controlled trial of Cimicifuga racemosa (black cohosh) in women with anxiety disorder due to menopause.

Amsterdam JD, Yao Y, Mao JJ, Soeller I, Rockwell K, Shults J.

J Clin Psychopharmacol. 2009 Oct;29(5):478-83.

PMID: 19745648 [PubMed - in process]

[Related citations](#)

Safety and efficacy of black cohosh and red clover for the management of vasomotor symptoms: a randomized controlled trial.

Geller SE, Shulman LP, van Breemen RB, Banuvar S, Zhou Y, Epstein G, Hedayat S, Nikolic D, Krause EC, Piersen CE, Bolton JL, Pauli GF, Farnsworth NR.

Menopause. 2009 Nov-Dec;16(6):1156-66.

PMID: 19609225 [PubMed - indexed for MEDLINE]

[Related citations](#)

A randomized placebo-controlled trial on the effectiveness of an herbal formula to alleviate menopausal vasomotor symptoms.

van der Sluijs CP, Bensoussan A, Chang S, Baber R.

Menopause. 2009 Mar-Apr;16(2):336-44.

PMID: 19057416 [PubMed - indexed for MEDLINE]

[Related citations](#)

Results for Systematic Reviews

[Efficacy of black cohosh-containing preparations on menopausal symptoms: a meta-analysis.](#)

Shams T, Setia MS, Hemmings R, McCusker J, Sewitch M, Ciampi A.
Altern Ther Health Med. 2010 Jan-Feb;16(1):36-44. Review.
PMID: 20085176 [PubMed - indexed for MEDLINE]

[Related citations](#)

[Black cohosh for the management of menopausal symptoms : a systematic review of clinical trials.](#)

Palacio C, Masri G, Mooradian AD.
Drugs Aging. 2009;26(1):23-36. doi: 10.2165/0002512-200926010-00002. Review.
PMID: 19102512 [PubMed - indexed for MEDLINE]

[Related citations](#)

[Black cohosh \(Cimicifuga racemosa\): a systematic review of adverse events.](#)

Borrelli F, Ernst E.
Am J Obstet Gynecol. 2008 Nov;199(5):455-66. Review.
PMID: 18984078 [PubMed - indexed for MEDLINE]

[Related citations](#)

[Black cohosh \(Cimicifuga racemosa\) for menopausal symptoms: a systematic review of its efficacy](#)

Borrelli F, Ernst E.
Pharmacol Res. 2008 Jul;58(1):8-14. Epub 2008 Jun 8. Review.
PMID: 18585461 [PubMed - indexed for MEDLINE]

[Related citations](#)

PubMed at the UW


Last update: Oct 5, 2011

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What's in this Guide



A service of the National Library of Medicine
and the National Institutes of Health

PubMed provides access to bibliographic citations to biomedical journal articles, including MEDLINE back to the 1940's, and to additional life sciences journals. Updated 5 times/week.  [VIDEO](#) Access PubMed from the Health Sciences Library or UW Libraries web sites to see icons showing full-text availability.

Use the tabs to navigate through the pages of this guide. Tabs are available for:

- **Run a Search** provides step-by-step instructions for running a search in PubMed, including inputting search terms, limiting your search by language, ages, and other common topics, viewing your results, printing/saving/emailing your citations, and how to find the full-text of articles and order copies if needed.
- **Find Full Text** lists steps to follow to get a complete journal article from a PubMed citation.
- **Refine Searches** provides information on improving your search results by:
 - Broadening a search using MeSH and Related Articles
 - Narrowing a search using * field tags *History and the Advanced Search window and *limiting retrieval to research-based citations. Also see hints for dealing with too many or too few citations.
- **MeSH** (*Medical Subject Headings*), the list of keywords or descriptors that describe articles in *Index Medicus* and MEDLINE. Use MeSH to identify search terms and to focus a search.
- **Export Citations to Citation Managers** such as EndNote, EndNote Web, and RefWorks.
- **FAQ**

Instructional Videos

Below is a complete list of the videos mentioned in this guide. To watch the instructional video clips ([Watch Video](#)), the [Adobe Flash Player](#) is required.

- [Basic search](#) (1:22)
- [Clinical Queries](#) (3:49)
- [Clipboard](#) (2:31)
- [Connecting to Full Text](#) (3:38)
- [Documenting your search strategy](#) (0:35)
- [Downloading Results for Use in Reference Management Software](#) (NLM:2 min.)
- [Emailing](#) (0:53)
- [History](#) (4:27)
- [Introduction](#) (2:55)
- [Limits](#) (5:33)
- **MeSH Database**
 - [Searching with Mesh](#) (NLM:3 min.)
 - [Combining MeSH terms](#) (NLM:4 min.)

PubMed: My NCBI

- Your personal space on NLM computer for:
 - **storing search strategies** used to generate updates
 - **storing references** in Collections
 - **creating automatic email alerts**
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- Results: 1 to 20 of 107**
- [Prevention and treatment of](#)
1. Riordan J, Voegeli D.
Br J Nurs. 2009 Nov 12-25;18(20):
PMID: 20081668 [PubMed - index
[Related articles](#)
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2. Guihan M, Hastings J, Garbe
J Spinal Cord Med. 2009;32(5):56
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3. Jünger M, Ladwig A, Bohbot
J Wound Care. 2009 Nov;18(11):4
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- Yes, once a week.
Which day? Saturday [v]
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- Send text e-mail

Report format: Summary [v]

Number of items:

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AND ▾ in

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Therapy - High Specificity
Therapy - Best Balance

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Evidence-Based Practice

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Allied Health
Alternative/Complementary Therapies

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Chinese
Danish

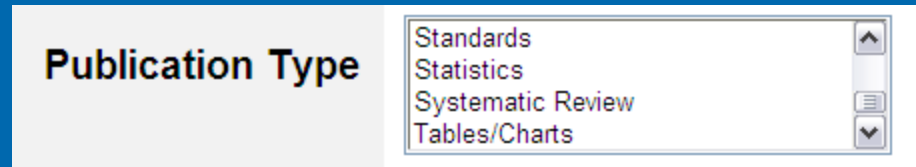
Pregnancy

Inpatients

Outpatients

CINAHL Publication Type Limits

- Clinical trial
- Critical path
- Practice guidelines
- Research
- Standards
- Systematic review



1.



Academic Journal

Effect of exercise and Cimicifuga racemosa (CR BNO 1055) on bone mineral density, 10-year coronary heart disease risk, and menopausal complaints: the randomized controlled Training and Cimicifuga racemosa Erlangen (TRACE) study.

(includes abstract); Bebenek M; Kemmler W; von Stengel S; Engelke K; Kalender WA; **Menopause** (10723714), 2010 Jul; 17 (4): 791-800 (journal article - clinical trial, **research**) ISSN: 1072-3714 PMID: 20220537

Subjects: Bone Density; Black Cohosh; Coronary Disease; Exercise; Medicine, Herbal; Middle Aged: 45-64 years; Female

Database: CINAHL Plus with Full Text

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CINAHL Results

2.



Academic Journal

Efficacy of black cohosh-containing preparations on menopausal symptoms: a meta-analysis.

(includes abstract); Shams T; Setia MS; Hemmings R; McCusker J; Sewitch M; Ciampi A; *Alternative Therapies in Health & Medicine*, 2010 Jan-Feb; 16 (1): 36-44 (journal article - meta analysis, **research**) ISSN: 1078-6791 PMID: 20085176

Subjects: Biological Products; Black Cohosh; Hot Flashes; Medicine, Herbal; Menopause; Women's Health; Middle Aged: 45-64 years; Female

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3.



Academic Journal

Black cohosh for the management of menopausal symptoms: a systematic review of clinical trials.

(includes abstract); Palacio C; Masri G; Mooradian AD; *Drugs & Aging*, 2009; 26 (1): 23-36 (journal article - **research**, systematic review, tables/charts) ISSN: 1170-229X PMID: 19102512

Subjects: Black Cohosh; Perimenopausal Symptoms

Database: CINAHL Plus with Full Text

Show all 8 images



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PDF Full Text (4MB)



[Efficacy of black cohosh-containing preparations on menopausal symptoms: a meta-analysis.](#)

(includes abstract); Shams T; Setia MS; Hemmings R; McCusker J; Sewitch M; Ciampi A; *Alternative Therapies in Health & Medicine*, 2010 Jan-Feb; 16 (1): 36-44 (journal article - meta analysis, *research*) ISSN: 1078-6390 PMID: 20085176 CINAHL AN: 2010536378

Abstract: This study aimed to review the evidence on the efficacy of preparations containing *black cohosh* for the treatment of menopausal symptoms. A systematic search of three databases (PubMed, Embase, Cochrane library) was conducted to identify relevant literature. Two reviewers independently abstracted the data from the eligible studies. Of 1000 language citations screened, nine randomized placebo-controlled trials were included. Among these trials, six demonstrated a significant improvement in the *black cohosh* group compared with the placebo group. Using data from seven trials, we calculated a combined estimate for the change in vasomotor symptoms. Preparations containing *black cohosh* reduced vasomotor symptoms overall by 26% (95% confidence interval 11%-40%), however, significant heterogeneity between these trials. Given that *black cohosh* is one of the most frequently used herbal medications for vasomotor symptoms in North America, more data are warranted to evaluate effectiveness and safety.

Abstracts

[Safety and efficacy of black cohosh and red clover for the management of vasomotor symptoms: a randomized controlled trial.](#)

(includes abstract); Geller SE; Shulman LP; van Breemen RB; Banuvar S; Zhou Y; Epstein G; Hedayat S; Nikolic D; Krause EC; Piersen CE; et al.; *Menopause* (10723714), 2009 Nov-Dec; 16 (6): 1156-66 (journal article - clinical trial, *research*) ISSN: 1072-3714 PMID: 19609225 CINAHL AN: 2010467723

Abstract: OBJECTIVE: The aim of this study was to evaluate the safety and efficacy of *black cohosh* and red clover compared with placebo for the relief of menopausal vasomotor symptoms. METHODS: This study was a randomized, four-arm, double-blind clinical trial of standardized *black cohosh*, red clover, placebo, and 0.625 mg conjugated equine estrogens plus 2.5 mg medroxyprogesterone acetate (CEE/MPA; n = 89). Primary outcome measures were reduction in vasomotor symptoms (*hot flashes* and night sweats) by *black cohosh* and red clover compared with placebo; secondary outcomes included safety evaluation, reduction of somatic symptoms, relief of sexual dysfunction, and overall improvement in quality of life. RESULTS: Reductions in number of vasomotor symptoms after a 12-month intervention were as follows: *black cohosh* (34%), red clover (57%), placebo (63%), and CEE/MPA (94%), with only CEE/MPA differing significantly from placebo. *Black cohosh* and red clover did not significantly reduce the frequency of vasomotor symptoms as compared with placebo. Secondary measures indicated that both botanicals were safe as administered. In general, there were no improvements in other menopausal symptoms. CONCLUSIONS: Compared with placebo, *black cohosh* and red clover did not reduce the number of vasomotor symptoms. Safety monitoring indicated that chemically and biologically standardized extracts of *black cohosh* and red clover were safe during daily administration for 12 months.

Treatment of Vasomotor Symptoms of Menopause with Black Cohosh, Multibotanicals, Soy, Hormone Therapy, or Placebo

A Randomized Trial

Katherine M. Newton, PhD; Susan D. Reed, MD MPH; Andrea Z. LaCroix, PhD; Louis C. Grothaus, MS; Kelly Ehrlich, MS; and

Hormone therapy remains the recommended treatment for vasomotor symptoms, but trials have shown serious risks with even short-term use (1, 2). The use of herbs, particularly black cohosh, multibotanical supplements, and dietary soy for menopausal symptoms has grown dramatically (3–6). Few of these approaches have been scientifically evaluated. Women and providers are seeking safe, effective alternatives to hormone therapy. We designed the Herbal Alternatives for Menopause Trial (HALT) to provide rigorous evidence on the efficacy and short-term safety of commonly used naturopathic approaches for management of vasomotor symptoms.

METHODS

Design Overview and Setting

HALT was a 1-year double-blind, randomized, controlled trial designed to investigate the effects of 3 naturopathic approaches for vasomotor symptom relief and hormone therapy compared with placebo. Study methods have been described elsewhere (7). The Group Health Institutional Review Board approved this study, and a data and safety monitoring committee monitored it. The study was conducted at Group Health, an integrated health plan in Washington State.

Participants

Eligibility criteria were as follows: age 45 to 55 years; late menopausal transition (≥ 1 skipped menses within the preceding 12 months) or postmenopausal (no bleeding within 12 months, or follicle-stimulating hormone level > 20 IU/mL if patient had undergone hysterectomy without bilateral oophorectomy); and 2 or more vasomotor symptoms per day over 2 weeks (≥ 6 moderate to severe symptoms). Women in menopausal transition were included because many are highly symptomatic and trial data are lacking for this group. Exclusion criteria were the following: contraindications to hormone therapy; use of hor-

See also:

Print

Editors' Notes	870
Editorial comment	924
Summary for Patients	1-25

Web-Only

Appendix Table
CME quiz
Conversion of figures and tables into slides

media.hsl.washington.edu/media/howto/cinahlplus.pdf

Searching CINAHL Plus: Cumulative Index to Nursing and Allied Health Literature

What is CINAHL Plus?

CINAHL Plus with Full Text provides access to the literature in nursing and 17 allied health disciplines dating back to 1937. Over 3500 journals are indexed including virtually all English language nursing journals along with selected titles in biomedicine, alternative therapies, and consumer health. It also offers access to Evidence-Based Care Sheets, searchable cited references, and over 300 research instrument descriptions.

Getting Connected

Connect through the HealthLinks > Resources > Databases page, or type CINAHL Plus in the Search box on the upper right corner of HealthLinks and follow the link.

Search ⓘ

- Searching for research instruments:
 - Search for a description of an instrument and possible full text using the research instrument Publication Type (PT): Type *Rosenberg self esteem scale* in one Search box and *research instrument* in another and select the Publication Type field.
 - Search for studies that use a particular instrument by using the Instrumentation (IN): Type *Rosenberg self esteem scale* and choose the Instrumentation field.

Step 3: Combining Sets/Search History

- Click next to the search box to remove the current search terms.
- Click and select the search sets to combine by clicking the Add Search box, choose the desired Boolean operator (AND, OR, etc) from the Combine search with drop down box, and then and .
- Alternatively, combine results by typing a search number into a new Search box, i.e. *and s2* or *(keyword(s) and s1)*, and click .

CINAHL vs PubMed

CINAHL

- Coverage: 1947+
- Indexes 1700 journals
- Focuses on nursing and allied health literature
- CINAHL Thesaurus with more nursing terms
- Has peer-reviewed limit
- Includes cited references at end of many refs

PubMed

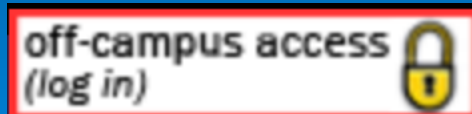
- Coverage: late 1940's+
- Indexes 5000 journals
- Focuses on biomedical literature
- Uses MeSH as its controlled vocabulary
- No peer-reviewed limit
- No cited references

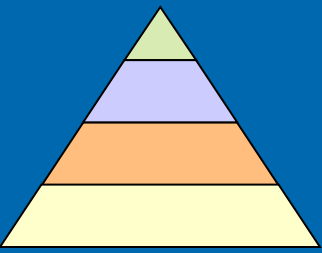
Locating eJournals

- Full-text links in PubMed and CINAHL Plus
- Check UW HSL website for eJournals



- Use the Proxy to access eJournals from off-campus






Search for Clinical Practice Guidelines

- National Guideline Clearinghouse
- Nursing Reference Center
- PubMed
- CINAHL Plus
- Association/Society guidelines

National Guideline Clearinghouse

guideline.gov

- Initiative of the Agency for Healthcare Research and Quality (AHRQ)
 - Database of clinical practice guidelines and related docs. Voluntary participation
 - Free
 - Updated weekly
- 

Alzheimer disease treatment

Search

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alzheimer disease treatment

guideline.gov

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Sort results by: Relevance Publication date

Filter results by: All Years

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Compare Guidelines

- [Practice guideline for the treatment of patients with Alzheimer's disease and other dementias.](#) 1997 (revised 2007 Oct). NGC:005974
American Psychiatric Association - Medical Specialty Society. [View all guidelines by the developer\(s\)](#)
- [\(1\) Donepezil, galantamine, rivastigmine \(review\) and memantine for the treatment of Alzheimer's disease \(2\) 2007 addendum. \(3\) 2009 addendum.](#) 2001 Jan (revised 2006 Nov; addenda released 2007 Sep and 2009 Aug). [NGC Update Pending] NGC:007522
National Institute for Health and Clinical Excellence (NICE) - National Government Agency [Non-U.S.]. [View all guidelines by the developer\(s\)](#)
- [Recommendations for the diagnosis and management of Alzheimer's disease and other disorders associated with dementia: EFNS guideline.](#) 2007 Jan. NGC:006933
European Federation of Neurological Societies - Medical Specialty Society. [View all guidelines by the developer\(s\)](#)

4. GUIDELINE SYNTHESIS [Management of Alzheimer's Disease and Related Dementias](#)



Guideline Comparison

GUIDELINE TITLE	Practice guideline for the treatment of patients with Alzheimer's disease and other dementias.	Guideline for Alzheimer's disease management.	Dementia. In: Evidence-based geriatric nursing protocols for best practice.
DATE RELEASED	1997 (revised 2007 Oct)	1998 (revised 2008 Apr)	2008
GUIDELINE DEVELOPER(S)	American Psychiatric Association - Medical Specialty Society	Alzheimer's Association - Disease Specific Society	Hartford Institute for Geriatric Nursing - Academic Institution
INTENDED USERS	Allied Health Personnel Physicians	Advanced Practice Nurses Allied Health Personnel Health Care Providers Nurses	Advanced Practice Nurses Allied Health Personnel Health Care Providers Nurses Physician Assistants Physicians
METHODS USED TO COLLECT/SELECT EVIDENCE	Searches of Electronic Databases	Hand-searches of Published Literature (Primary Sources) Hand-searches of Published Literature (Secondary Sources) Searches of Electronic Databases	Hand-searches of Published Literature (Primary Sources) Hand-searches of Published Literature (Secondary Sources) Searches of Electronic Databases
VIEW MAJOR RECOMMENDATIONS	View Major Recommendations	View Major Recommendations	View Major Recommendations
VIEW AVAILABILITY OF FULL TEXT	View Full-text Guideline	View Full-text Guideline	View Full-text Guideline

GUIDELINE TITLE

Guideline for **Alzheimer's disease** management.

BIBLIOGRAPHIC SOURCE(S)

California Workgroup on Guidelines for **Alzheimer's Disease** Management. Guideline for **Alzheimer's disease** management. Chicago (IL): **Alzheimer's** Association; 2008 Apr. 61 p. [396 references]

BRIEF SUMMARY CONTENT

**** REGULATORY ALERT ****

[RECOMMENDATIONS](#)

[EVIDENCE SUPPORTING THE RECOMMENDATIONS](#)

[IDENTIFYING INFORMATION AND AVAILABILITY](#)

Recommendations

RECOMMENDATIONS

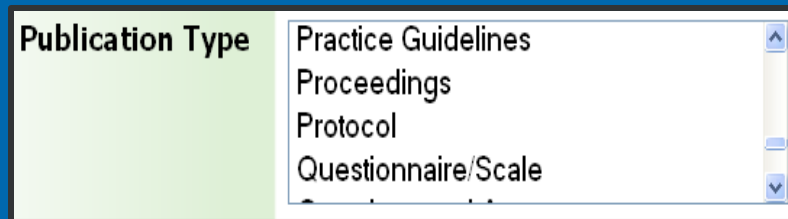
Treatment

- Develop and implement an ongoing **treatment** plan with defined goals. Discuss with patient and family:
 - Use of cholinesterase inhibitors, N-methyl d-aspartate receptor (NMDA) antagonist, and other medications, if clinically indicated, to treat cognitive decline.
 - Referral to early-stage groups or adult day services for appropriate structured activities, such as physical exercise and recreation.
- Treat behavioral symptoms and mood disorders using:
 - Non-pharmacologic approaches, such as environmental modification, task simplification, appropriate activities, etc.
 - Referral to social service agencies or support organizations, including the **Alzheimer's** Association's MedicAlert® + Safe Return® program for patients who may wander.
- IF non-pharmacological approaches prove unsuccessful, THEN use medications, targeted to specific behaviors, if clinically indicated. Note that side effects may be serious and significant.
 - To summarize specific recommendations with respect to pharmacologic management of behavioral symptoms:
 - Prior to initiating **treatment** with new medication, consider whether the behavior maybe caused or exacerbated by a current medication.
 - Delirium, pain, or an acute medical condition (e.g., *urinary tract infections* [UTIs], constipation, pneumonia) should be ruled out as a cause of the behavior.
 - Medications used for managing behavioral symptoms should be used cautiously. Little evidence exists to support their efficacy, with the exception of atypical antipsychotics (Schneider, Dagerman, & Insel, 2005).
 - Systematic trials of single agents should be tried rather than the use of multiple agents.
 - Start with low doses and increase gradually until a therapeutic effect is achieved, which may require a few weeks (Grossberg & Desai, 2003).
 - Periodically reduce psychopharmacologic agents after behavioral symptoms have been controlled for 4 to 6 months to

Searching for Practice Guidelines in CINAHL Plus and PubMed

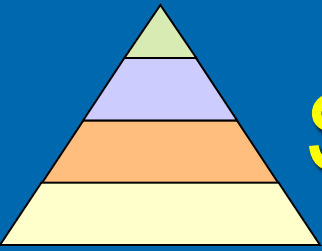
➤ In CINAHL Plus:

Limit to **Practice Guidelines** as a Publication Type



➤ In PubMed:

Limit to **Practice Guideline** under Type of Article



Search for Evidence Summaries

- DynaMed
 - Evidence-based clinical resource providing summaries of 3000+ diseases and conditions
- Nursing Reference Center
 - Comprehensive point-of-care resource for nurses that includes Evidence-based Care Sheets
- UpToDate
- Natural Standard
 - High quality, evidence-based information about complementary and alternative therapies

Treatment of psoriasis

TOPIC OUTLINE

INTRODUCTION

APPROACH

- General
- Psychosocial aspects
- Choice of therapy
 - Mild-to-moderate disease
 - Severe disease
 - Intertriginous psoriasis
 - Guttate psoriasis
 - Localized pustular psoriasis
 - Nail psoriasis
- Erythrodermic psoriasis
- Children
- Referral

TOPICAL THERAPIES

- Emollients
- Corticosteroids
- Topical vitamin D analogs
 - Calcipotriene
 - Calcitriol
- Tar
- Tazarotene
- Calcineurin inhibitors

ULTRAVIOLET LIGHT

- Modalities
 - Home phototherapy
 - Excimer laser
- Cancer risk
- Folate deficiency
- Saltwater baths

SYSTEMIC THERAPIES

- Methotrexate
 - Hepatotoxicity and liver biopsy

Treatment of psoriasis

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Disclosures

Last literature review version 19.2: May 2011 | This topic last updated: June 6, 2011 (More)

INTRODUCTION — Psoriasis is a common chronic skin disorder typically characterized by erythematous papules and plaques with a silver scale, although other presentations can occur. Most cases are not severe enough to affect general health and are treated in the outpatient setting. Rare life-threatening presentations can occur that require inpatient management.

This topic reviews the treatment of psoriatic skin disease. The epidemiology, clinical manifestations, and diagnosis of psoriatic skin disease are discussed in detail separately for psoriatic arthritis and the management of psoriasis in pregnant women. (See "[Epidemiology, pathophysiology, clinical manifestations, and diagnosis of psoriasis](#)" and "[Psoriasis](#)", "[Psoriatic arthritis](#)" and "[Pathogenesis of psoriatic arthritis](#)" and "[Clinical manifestations and diagnosis of psoriatic arthritis](#)" and "[Management of psoriasis in pregnant women](#)".)

APPROACH

General — Numerous topical and systemic therapies are available for the treatment of psoriasis. Treatment modalities are chosen on the basis of disease severity, comorbidities, patient preference (including cost and convenience), efficacy, and evaluation of individual patient response [1].

Because of the relatively poor adherence to treatment regimens frequently seen with topical therapies, patient preference is a key aspect of decision making. Additional considerations are typically started on safer therapies and then progress to more aggressive therapies if the response is inadequate. Clinicians need to carefully review the risk-benefit of proposed therapies.

Psychosocial aspects — Psoriasis can be a frustrating disease for the patient and the provider. The clinician needs to be empathetic and spend adequate time with the patient. It may be helpful for the clinician to touch the patient when appropriate to communicate physically that the skin disorder is neither repulsive nor contagious.

Clinicians should lay out reasonable aims of treatment, making it clear to the patient that the primary goal of treatment is control of the disease rather than cure. Educating the patient about psoriasis is important and referral to an organization such as the National Psoriasis Foundation (www.psoriasis.org) is often helpful.

Psoriasis may affect patients' perceptions of themselves and this can potentially initiate or exacerbate psychological disorders such as depression [2,3]. Patients with severe disease may still have significant psychosocial disability [4]. Some patients with psoriasis may benefit from counseling and/or treatment with psychoactive medications.

Choice of therapy — For most patients, the initial decision point around therapy will be between topical and systemic therapy. However, even patients on systemic therapy are likely to continue to need some topical agents. Topical therapy may provide symptomatic relief, minimize required doses of systemic medications, and may even be psychologically cathartic for some patients.



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Urinary tract infection (UTI) in adults

- **Updated 2011 Sep 08 05:58:00 AM: ICD-9 code change** (effective 2011 Oct 1) [view update](#) | [Show fewer updates](#)
- cranberry capsules appear less effective than trimethoprim-sulfamethoxazole (TMP-SMX) for reducing incidence of recurrent UTI in premenopausal women (Arch Intern Med 2011 Jul 25) [view update](#)
- ACR Appropriateness Criteria for recurrent lower urinary tract infection in women (National Guideline Clearinghouse 2011 Sep 5) [update](#)

Related Summaries:

- Urinary tract infection (UTI) in children
- Fungal urinary tract infection
- Catheter-associated urinary tract infection
- Acute pyelonephritis
- Clinical prediction of urinary tract infection
- Asymptomatic bacteriuria



General Information (including ICD-9/-10 Codes)

Top

- + Related Summaries
- + General Information (including ICD-9/-10 Codes)
- + Causes and Risk Factors
- + Complications and Associated Conditions
- + History
- + Physical
- + Diagnosis
- + Prognosis
- + Treatment
- + Prevention and Screening
- + References including Reviews and Guidelines
- + Patient Information

Treatment overview:

- [for nonpregnant women](#) with uncomplicated urinary tract infection (UTI)
 - [trimethoprim-sulfamethoxazole](#) (co-trimoxazole, Bactrim, Septra) 160 mg/800 mg orally twice daily for 3 days recommended as optimal choice for empiric therapy ([grade B recommendation \[inconsistent or limited evidence\]](#))
 - in areas with > 15%-20% *Escherichia coli* resistance to trimethoprim-sulfamethoxazole, options include
 - [fluoroquinolones](#) such as
 - ciprofloxacin 250 mg orally every 12 hours for 3 days
 - ciprofloxacin extended-release 500 mg orally once daily for 3 days
 - levofloxacin 250 mg orally once every 24 hours for 3 days
 - [nitrofurantoin](#) 50-100 mg orally 4 times daily or 100 mg orally twice daily give with food
 - [fosfomycin](#) (Monurol) 3 g with 3-4 ounces (90-120 mL) of water orally
 - antibiotic duration
 - 3 days of antibiotics as effective as 5-10 days for symptomatic cure ([level 1 \[likely reliable\] evidence](#)) but less effective for bacteriological cure ([level 3 \[lacking direct\] evidence](#))
 - [ciprofloxacin for 3 days](#) is as effective as for 7 days in elderly women with uncomplicated UTI ([level 1 \[likely reliable\] evidence](#))
 - [nitrofurantoin for 5 days](#) appears as effective as trimethoprim-sulfamethoxazole for 3 days ([level 2 \[mid-level\] evidence](#))
- for other populations
 - [for pregnant women with UTI](#) recommended 7-day course of nitrofurantoin (but not near term or delivery), amoxicillin or a cephalosporin ([grade C recommendation \[lacking direct evidence\]](#))
 - [for men with UTI](#) recommended treatment is [fluoroquinolone](#) antibiotic for 2 weeks ([grade B recommendation \[inconsistent or limited evidence\]](#))
 - [in UTI patients with neurogenic bladder](#), 14 days of antibiotics associated with lower relapse rate than 3 days ([level 2 \[mid-level\] evidence](#))
- [antibiotics may reduce symptom duration in women with dysuria](#) and negative urine dipstick testing ([level 2 \[mid-level\] evidence](#))

**Level 1
evidence**

- antibiotics

- for uncomplicated UTI -- empiric treatment for 3 days

- acute uncomplicated UTI in women may be treated with

- [trimethoprim-sulfamethoxazole](#) orally for 3 days
- in areas with > 15-20% *E. coli* resistant to [trimethoprim-sulfamethoxazole](#)
 - fluoroquinolone ([ciprofloxacin](#), [norfloxacin](#), or [ofloxacin](#)) for 3 days
 - [nitrofurantoin](#) for 7 days
- single dose of [fosfomycin](#) is another alternative
- Reference - [Treat Guidel Med Lett 2007 May;5\(57\):33 TOC](#)

DynaMed

Level 1
evidence

- editorial recommends use of [nitrofurantoin](#), [trimethoprim](#), or mecillinam (penicillin derivative not a UTI antibiotic) for uncomplicated UTI to reduce antibiotic resistance ([BMJ 2001 Nov 24;323\(7323\):1197](#))

- **3 days of antibiotics as effective as 5-10 days for symptomatic cure ([level 1 \[likely reliable\] evidence](#)) but less effective for bacteriological cure ([level 3 \[lacking direct\] evidence](#))** in uncomplicated UTI, adverse effects more common with longer duration of antibiotics; systematic review of 32 randomized trials with 9,605 patients last updated 2005 Feb 22 ([Cochrane Library 2005 Issue 2:CD004682](#)), also published in [Am J Med 2005 Nov;118\(1\):1196](#), commentary can be found in [Am Fam Physician 2005 Dec 1;72\(11\):2219](#)

- **antibiotic treatment for 3-6 days appears as effective as 7-14 days in elderly women with uncomplicated UTI ([level 2 \[mid-level\] evidence](#))**

- based on Cochrane review of trials with methodologic limitations
- systematic review of 15 randomized trials comparing different treatment durations of oral antibiotics for uncomplicated symptomatic lower UTIs in 1,644 elderly women
- most trials had low methodologic quality
- comparing single dose vs. short-course (3-6 days) or long-course (7-14 days) treatment
 - single dose associated with increased short-term incidence of persistent UTI
 - no significant differences in long-term follow-up or clinical outcomes
 - patients preferred single dose treatment to long-course treatment, based on 1 trial comparing different antibiotics
- no significant differences in efficacy or clinical outcomes comparing short-course vs. longer treatments
- Reference - [Cochrane Database Syst Rev 2008 Jul 16;\(3\):CD001535](#)

- empiric treatment without testing supported by cost-effectiveness analysis

- empiric treatment of urinary tract infections most cost-effective approach ([Br J Gen Pract 2000 Aug;50\(457\):635 PDF](#))

Full-text

- commentary can be found in [J Fam Pract 2006 Apr;55\(4\):338](#)  [EBSCOhost Full Text](#)

- **antibiotics may reduce symptom duration in women with dysuria and NEGATIVE urine dipstick testing ([level 2 \[mid-level\] evidence](#))**

- 59 women aged 16-50 years presenting to New Zealand general practitioners with history of dysuria and frequency (consistent with uncomplicated UTI) and with dipstick test of midstream urine negative for both nitrites and leucocytes were randomized to trimethoprim 300 mg vs. placebo daily for 3 days, 7 additional patients were randomized but subsequently excluded for not having age 16-50 years

DynaMed Reviews and Guidelines

Reviews:

- Suspected Urinary Tract Infection in Women Encounter Form PDF can be found in [Am Fam Physician 2006 Jan 15;73\(2\):293](#), correction in [Physician 2006 Nov 15;74\(10\):1685](#)
- review can be found in [Am Fam Physician 2005 Aug 1;72\(3\):451](#)
- review can be found in [N Engl J Med 2003 Jul 17;349\(3\):259](#), commentary can be found in [N Engl J Med 2003 Oct 23;349\(17\):1674](#)
- review can be found in [West J Med 2002 Jan;176\(1\):51](#), commentary can be found in [Am Fam Physician 2002 May 15;65\(10\):2140](#)
- review can be found in [Br J Gen Pract 2002 Nov;52\(482\):752](#)


Guidelines:

Guideline comparison :

- comparison of 3 guidelines (ACOG 2008, SIGN 2006, SOGC 2010) on diagnosis and management of lower urinary tract infection can be found at [National Guideline Clearinghouse 2011 Apr 4:25745](#)

[Full text](#)

United States guidelines:

- American College of Radiology (ACR) Appropriateness Criteria for recurrent lower urinary tract infection in women can be found at [ACR 2011 PDF](#) or at [National Guideline Clearinghouse 2011 Sep 5:32628](#)
- Infectious Diseases Society of America (IDSA) guidelines on
 - catheter-associated urinary tract infection in adults can be found in [Clin Infect Dis 2010 Mar 1;50\(5\):625 full-text](#) or at [National Guideline Clearinghouse 2010 Jan 24:24060](#)
 - treatment of acute uncomplicated cystitis and pyelonephritis in women can be found in [Clin Infect Dis 2011 Mar;52\(5\):e103 PDF](#) or at [National Guideline Clearinghouse 2011 Jun 13:25652](#)
 - asymptomatic bacteriuria in adults can be found in [Clin Infect Dis 2005 Mar 1;40\(5\):643](#)  [EBSCOhost Full Text](#) full-text, summary can be found in [Fam Physician 2005 Sep 15;72\(6\):1128](#)

Levels and Grades of Evidence

Levels of Evidence and Grades of Recommendations

Grade of recommendation	Level of evidence	Interventions
A	1a	Systematic review of randomized controlled trials
	1b	Individual randomized controlled trial
B	2a	Systematic review of cohort studies
	2b	Individual cohort study
	3a	Systematic review of case-control studies
	3b	Individual case-control study
C	4	Case series
D	5	Expert opinion without explicit critical appraisal or based on physiology or bench research

Nursing Reference Center



- Evidence-based Care Sheets
 - Evidence-based summaries on key topics incorporating the best available evidence through vigorous systematic surveillance
- Diseases & Conditions
- Quick Lessons
- Drug information
- Skills & Procedures
- Practice Guidelines
- Patient Education materials
- CE modules

- Basic Search
- Diseases & Conditions**
- Skills & Procedures
- Drug Information
- Patient Education
- Practice Resources
- Continuing Education

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[Asthma in Childhood: Early Life Risk Factors](#) 

[Asthma, Adult](#)

[Asthma, Adult: Health Care Costs](#) 

[Asthma, Child: Classification by Phenotype](#) 

[Asthma, Child: Health Care Costs](#) 


[Asthma, Exercise-Induced](#)

[Asthma: Child/Adolescent](#)

[Asthma: Effect of Diet and Supplements](#) 

Key Content

Diseases & Conditions includes:

- **Quick Lessons**
Clinically-organized nursing overviews that are designed to map the nursing work flow
- **Evidence-Based Care Sheets**

Evidence-based summaries on key topics incorporating the best available evidence through rigorous systematic surveillance

Nursing Reference Center Evidence-Based Care Sheet

EVIDENCE-BASED CARE SHEET

Asthma: Guidelines for Treatment of Infants and Children Under Age 5

What We Know

- Asthma, characterized by reversible, recurrent, and episodic airflow obstruction due to inflammation and narrowing of the airways, is the most common chronic disease in childhood.^{4, 7}
 - According to the U.S. National Heart, Lung, and Blood Institute (NHLBI), there are 20 million people with asthma in the United States, including approximately 9 million children; 50–80% of children with asthma develop symptoms before age 5 years.⁷
 - Symptoms of asthma in infants and young children include:⁷
 - wheezing or panting
 - lethargy or disinterest in usual or favorite activities
 - difficulty eating
 - difficulty suckling
 - noisy breathing or increased breathing
 - crying that sounds different than usual or softer
 - Signs and symptoms of asthma in infants and young children that can signal a medical emergency include:⁷
 - failure of the infant or child to recognize or respond to parents
 - rapid nostril movements
 - persistent difficulty with eating or suckling leading to a refusal to eat
 - increased breathing rate (50% above normal)
 - cyanosis (i.e., blue or pale coloring of the lips, face, or fingernails)
 - having an expanded chest that does not deflate upon exhaling
 - rapid movements of the stomach or ribs
- Diagnosing asthma in children younger than 5 years of age is difficult because:⁷
 - many childhood illnesses are associated with wheezing, including chest colds, viral upper respiratory tract infections, cystic fibrosis, congenital heart disease, and foreign-body aspiration.^{6, 7}
 - pulmonary function tests, which are the standard for diagnosing asthma, cannot be performed accurately in children under 5 years of age.^{3, 7}
- Treatment of asthma in infants and children under 5 years of age is similar to treatment of asthma in older children and adults, except for the form of medication used.^{4, 7}
 - Infants receive asthma medications in a liquid form or by a nebulizer.⁷
 - A nebulizer is a small machine that creates a “medication mist” from forced air, which allows for medication administration to the infant through a small face mask.
 - Young children are usually able to use adult-type inhalers if a mask and spacer are attached to ensure adequate medication delivery to the lungs. Metered-dose inhalers (MDIs) are preferable for young children as they propel the medication into the lungs at the precise dose.⁴
- The NHLBI recommends specific treatment strategies for asthma in infants and children under the age of 5 years based on four levels of asthma severity.⁷
 - Intermittent asthma:* episodic use of an inhaled short-acting beta-agonist is recommended

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Nursing Practice Council

function with the least amount/lowest dose of medications in order to reduce the risk of adverse effects. This requires timely clinician follow-up and vigilant monitoring.^{0, 3, 5, 7}

- Children with asthma should be evaluated 2–6 weeks after the initiation of treatment or after any treatment change so that if there is not clear improvement in symptoms, adjustments in therapy can be considered.⁵
- Long-term maintenance surveillance involves evaluation at 1- to 6-month intervals and verification of normal pulmonary function and lack of exacerbations.⁵

What We Can Do

- Become knowledgeable about asthma treatment guidelines for infants and young children so you can accurately assess your patients’ personal characteristics and health education needs; share this information with your colleagues
- Educate your pediatric patients with asthma and their caregivers that the NHLBI recommends referral to an asthma specialty clinician for children having difficulty maintaining control of asthma, children who require hospitalization, and children with moderate to severe persistent asthma.⁷
- Provide parents/family members with written information on asthma, if available, to reinforce verbal education; this information should include an emphasis on the importance of
 - scheduling regular clinician office visits for continued medical surveillance
 - providing adequate hydration to loosen secretions
 - recognizing the signs of an oncoming asthma attack, which include cough, fever, irritability, decreased appetite, and anxiety
 - close monitoring of the infant’s/child’s adherence to the daily treatment regimen to prevent emergencies
- Encourage avoidance of asthma triggers, including:²
 - secondhand smoke, intense exercise, cold air, aspirin, sulfites, dairy products, and stress
 - household pollutants such as roaches, dander, mold, dust mites, and fumes by using humidifiers and HEPA filters
 - dust from air ducts, carpets, bedding (wash weekly in hot water), floors, and furniture; reducing upholstered furniture and placing filters over furnace/air vents
- Collaborate with the treating clinician and the parents/family members to provide, update, and frequently review the individualized asthma treatment plan, including the steps to follow when seeking emergency care during an asthma attack
- Recommend additional information from the American Academy of Asthma, Allergy & Immunology at www.aaaai.org

Coding Matrix

References are rated in order of strength:

- M: Published meta-analysis
- SR: Published systematic or integrative literature review
- RCT: Published research (randomized controlled trial)
- R: Published research (retrospective/controlled trial)
- C: Case histories, case studies
- G: Published guidelines
- RV: Published review of the literature
- RU: Published research utilization report
- QI: Published quality improvement report
- L: Legislation
- MGR: Published government report
- PFR: Published funded report
- PP: Policies, procedures, protocols
- X: Practice examples, advice, opinions
- Q: General or background information/text reports
- U: Unpublished research, reviews, poster presentations or other such materials
- CP: Conference proceedings, abstracts, presentations

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Nursing Reference Center Quick Lesson

quickLESSON about...

Surgical Wounds: Complications

Description/Etiology

As a normal incision heals, mild inflammation accompanied by serosanguinous drainage (i.e., a pink-colored liquid composed of red blood cells and serum) is to be expected. Most surgical wounds have a small amount of serosanguinous drainage, but some (e.g., abdominal wounds) typically have a larger amount, in which case the surgeon will place a drain. Over time, the amount of drainage from a wound that is healing normally should decrease and turn from sanguinous (i.e., bloody) to serous (i.e., a clear yellow liquid composed of serum). Potential wound complications include delayed healing, seromas, hematomas, surgical site infection, dehiscence, and evisceration (for details, see *Signs and Symptoms/Clinical Presentation*, below). Surgical site infections (SSIs) are defined as infections at the surgical site occurring within 30 days after surgery not involving an implant and within 1 year after surgery involving an implant (e.g., hip replacement). SSIs are classified as superficial incisional (i.e., involving only the skin and subcutaneous tissue), deep incisional (i.e., involving the deeper, soft tissue), and organ space infections (i.e., involving any part of the anatomy [other than the incision] that was opened or manipulated during the surgery). SSIs most typically arise from exposure to pathogens during surgery. The pathogens usually come from the patient's own skin, mucous membranes, or hollow viscera (e.g., intestines). Drainage is a great culture medium for bacteria, which is why dressings should be kept dry.

Treatment for surgical wound complications may involve antibiotics, drainage, incision and debridement, wound packing, wet-to-dry dressings, and/or negative pressure wound therapy (i.e., vacuum dressings).

Facts and Figures

Staphylococcus aureus is the organism most commonly isolated from SSIs. Roughly 5% of surgeries result in an SSI, up to 60% require admission to the intensive care unit (ICU). SSIs prolong discharge from the hospital by an average of 7.5 days. Patients who develop an SSI are twice as likely to die as patients who do not develop an SSI.

Risk Factors

Risk factors for SSIs include uncontrolled diabetes, immunosuppressant therapy, malnutrition, morbid obesity, smoking, having a current infection, hypothermia, hypoxia, blood transfusion, peripheral vascular disease, older age, history of radiation, longer length of preoperative hospital stay, inadequate surgical preparation of the skin, shaving of the surgical site, and surgery duration of greater than 3 hours. Unrelieved postoperative wound pain interferes with wound healing and constitutes a risk factor for development of chronic pain.

Signs and Symptoms/Clinical Presentation

- ▶ Signs and symptoms of
 - a healthy incision are mild redness and swelling around the sutures or staples; skin beyond the sutures will be a normal color and temperature
 - a seroma are swelling under the incision that is movable
 - a hematoma are hard swelling and bruising under the incision
 - SSI may appear 3–4 days after surgery and include redness, swelling, pain, increased drainage that is often purulent, fever, malaise, anorexia, and elevated WBC count
 - dehiscence are separation of the wound edges, which may be preceded by a sudden gush of discharge (for more information, see *Red Flags*, below)
 - evisceration are a gush of serosanguinous drainage 48 hours before the wound opens to expose viscera (for more information, see *Red Flags*, below)

Assessment

- ▶ Laboratory Tests That May Be Ordered
 - Wound cultures will usually be positive and sensitivities will identify appropriate pharmacologic treatment (e.g., antibiotics for bacterial infection)
- ▶ Other Diagnostic Tests/Studies
 - Imaging studies may be ordered to assess abscesses or deep infections

Treatment Goals

- ▶ Prepare for Surgery and Provide Supportive Care
 - Follow facility pre- and postoperative protocols if patient becomes a surgical candidate; reinforce pre- and

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August 12, 2011

postoperative education and ensure completion of facility informed consent documents

- Dispense chlorhexidine gluconate soap with instructions to bathe the night before surgery, if ordered
- Give prophylactic antibiotics 30–60 minutes prior to incision or tourniquet inflation, as ordered
- Remove hair at surgical site with clippers just prior to surgery. Do NOT shave

▶ Shaving causes microabrasions that increase the risk of infection.

▶ Promote Wound Healing and Reduce Risk of Infection

- Maintain temperatures at 36–38 °C (96.8–100.4 °F) throughout procedure and upon arrival to the postanesthesia care unit (PACU) to promote healing; maintain oxygen saturation at greater than 97% or as ordered. Monitor blood glucose and administer insulin to maintain tight glucose control, if ordered
- Follow facility infection control protocols, including the following precautions:
 - Wash hands before and after any contact with the patient
 - Wear gloves prior to any contact with body fluids or nonintact skin
 - Maintain sterile technique while emptying drains and changing dressings
- Monitor vital signs, pain level, and for signs of infection; report significant changes to the surgeon and administer prescribed symptomatic relief, including analgesics and pain medications; monitor for efficacy and adverse effects
- Perform wound care as ordered
 - Assess the surgical site at least once a shift, recording the amount and color of drainage, status of dressing (e.g., dry and intact), and status of wound, if visible
 - ▶ The surgeon always performs the first dressing change. If the dressing is wet from drainage, reinforce the existing dressing. If there is no drainage after 48 hours, the surgeon may decide to leave the wound open to air
 - Take care to avoid dislodging drains. Drains should be attached to the patient's gown except while being emptied or during a dressing change
 - Follow facility protocols or clinician orders for care of various dressing and drain types (e.g., Penrose, Jackson-Pratt, Hemovac)
 - Whenever possible, provide prescribed analgesia 30 minutes before painful dressing changes
 - Remove sutures or staples as ordered
 - ▶ Clean incision prior to removal
 - ▶ Remove every other suture or staple
 - ▶ If wound is still intact, remove the remaining sutures and staples. If not intact, leave the remaining sutures and staples in place and notify the surgeon

▶ Provide Emotional Support and Education

- Assess anxiety level and coping ability; educate and encourage discussion about surgical wound care, the potential for infection and other complications, and the individualized treatment plan
- Provide written materials, if available, to support verbal education

Red Flags

- ▶ Wound evisceration is an emergency. The nurse should ask for assistance to call the surgeon immediately and stay with the patient. Wet sterile dressings should be applied to the wound, vital signs should be monitored, and the patient should be placed in a supine position with the hips and knees bent and the head of the bed at 10–15° until further instructions are provided by the surgeon
- ▶ Wound dehiscence requires urgent attention. A sterile nonadherent wet dressing should be applied to the wound and the surgeon notified immediately

What Do I Need to Tell the Patient/Patient's Family?

- ▶ Postoperative education should include reinforcing the need to splint the incision when coughing and follow the prescribed regimen for wound care at home
- ▶ Emphasize the importance of continued medical surveillance and seeking immediate medical attention for new or worsening signs and symptoms of infection or other complications

Note

- ▶ Recent review of the literature has found no updated research evidence on this topic since previous publication on July 9, 2010

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NURSING PRACTICE & SKILL

Cast Care

What is Cast Care?

- ▶ Taking care of a cast is making sure that it remains in good condition, and that the cast or its use by the patient has caused no medical complications
 - *Where:* In the hospital, in a rehabilitation center, in a long-term care center, or at home
 - *How:* Taking care of a cast involves inspection of the cast and its surrounding area, and recording any cast-associated symptoms and signs
 - *Who:* The cast should be inspected and cared for by a medical professional. If the cast is on an outpatient, the patient, properly instructed, may assume a substantial part of the cast care

Why Cast Care was Ordered

- ▶ Casts are used for a number of purposes, such as to stabilize a fracture, to correct an orthopedic deformity, to prevent or alleviate contractures in cerebral palsy or after a stroke, or to relieve pressure on a diabetic foot ulcer. Care of such casts is ordered to prevent their deterioration or their misuse by the patient, and to detect cast-related pathology

Why Cast Care is Important

- ▶ If cast is too tight and this is not discovered and remedied promptly, blood flow to the tissues beneath the cast may be blocked to the extent that tissue damage and gangrene may result
- ▶ Infection may occur in tissues beneath a cast that has not been properly cared for
- ▶ Skin irritation or pressure sores may appear in areas where an ill-fitting cast chafes or presses on the skin beneath
- ▶ A plaster cast will deteriorate if it is allowed to become wet

Facts and Figures

- ▶ Casts may be made of plaster, fiberglass, or other synthetic materials. Cast windows are used to detect and prevent pressure sores, to examine open wounds, and to relieve pressure over external fixation devices. A bivalved cast is split into four sections. One section may be removed to relieve pressure while the mirror image section maintains immobility
- ▶ A comparison study that examined casting and removable splinting for treatment of wrist buckle fractures in children found that splinting may cause less difficulty with activities of daily living than casts. However, only a minority of children with splints wore them all the time (Plint et al.; 2006)
- ▶ When body casts are used to correct spinal deformity, a condition called the "cast syndrome" may occur. In this syndrome, the sudden change in height that occurs when the cast is applied pulls the duodenum upward into the "V-shaped" space where the duodenum passes beneath the bifurcation of the aorta and the superior mesenteric artery. Because the patient's weight has not increased proportionally to the height increase, the fat in this space may be insufficient to pad the duodenum and protect it from pressure. The

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- ▶ The appearance of a blood spot on a cast can be misleading, because one drop of blood can spread out to a spot 3 inches (7.6 cm) in diameter, but still warrants investigation
- ▶ Although plaster casts should not be allowed to get wet, patients who have a fiberglass cast with a waterproof liner may bathe and even swim

How to Care for a Cast

- ▶ Inspect the skin around the edge of the cast. If irritation is seen, put tape or moleskin around the edge of the cast to protect the skin from further abrasion
- ▶ Assess the adequacy of circulation under a cast on an extremity by inspecting the exposed fingers or toes for swelling, paresthesia, temperature or color changes, and capillary refill time
- ▶ Assess adequacy of respiratory function in all patients with body casts
- ▶ Make sure that patients with casted lower extremities consume enough calcium to prevent bone resorption that may occur when weight-bearing on the affected bone is restricted
- ▶ Inform the patient that he/she may experience itching under the cast, and caution against the use of objects such as pencils or coat hangers to scratch under the cast. **Recommend the use of a blow dryer on the cool setting to relieve the itching sensation**
- ▶ Wet plaster casts should be replaced so that skin irritation, breakdown, and infection do not occur

Other Tests, Treatments, or Procedures That May Be Necessary Before or After Cast Care

- ▶ Imaging might be performed to assess the status of the skeletal structure being treated
- ▶ A window may need to be opened or the cast may need to be "bivalved" (i.e., split) if it becomes necessary to relieve pressure caused by the cast
- ▶ Patients may require rehabilitation of the muscles immobilized by the cast after it is removed

What to Expect After Cast Care

- ▶ The patient will have no cast-produced skin sores or irritation
- ▶ Circulation under the cast will be adequate
- ▶ The patient will be able to pursue whatever activities the cast and his/her medical condition permit

Red Flags

- ▶ Monitor the patient and the area affected by casting closely for the inability to move fingers or toes, numbness and/or tingling in the limbs, extremity coldness, decreased capillary refill, swelling, pallor, and diminished pulse. It is very important to address these symptoms promptly because they are likely due to ischemia and/or nerve compression that can result in compartment syndrome, palsy, ischemic myositis, pressure necrosis, and other serious problems
- ▶ **Fever, foul odor, drainage, pain or burning sensation under the cast may indicate wound infection.** The cast will need to be removed or windowed in this case to allow treatment of this infection

What Do I Need to Tell the Patient/Patient's Family?

- ▶ Warn the patient not to get a plaster cast wet because this will weaken or disintegrate the casting material
- ▶ Tell the patient not to insert anything into the cast to relieve itching
- ▶ Promote good nutrition to enhance bone health and healing

Skill Competency Checklist

SKILL COMPETENCY *checklist* | Urinary Catheter: Insertion and Care - Patients Following TURP

Standard Met/Initials	Competency Areas
Prerequisite Skills	

	Knowledge of the anatomy and physiology of the urinary tract <ul style="list-style-type: none"> ▶ Understanding that the local obstruction in patients with BPH is due to the enlarged prostate gland
	Knowledge of indications for transurethral resection of the prostate (TURP) <ul style="list-style-type: none"> ▶ Familiarity with types of urinary catheters and methods of bladder irrigation
	Competence in assessment of the patient's readiness for surgery <ul style="list-style-type: none"> ▶ Knowledge of potential complications <ul style="list-style-type: none"> ▶ hemorrhage ▶ bladder spasm ▶ urinary retention ▶ blockage of the urinary catheter ▶ skin breakdown in the area of the catheter ▶ UTI/septicemia ▶ displacement of the catheter ▶ TURP syndrome
	Knowledge of standard precaution aseptic technique

Preparation	
	Verifies the treating clinician's order
	Follows facility protocols for identification of the patient
	Assesses the patient and family member and related patient care. Provides education to the patient and family member
	Verifies whether or not the patient has voided
	Assembles the following supplies: <ul style="list-style-type: none"> ▶ Nonsterile gloves ▶ Closed, continuous urinary catheter irrigation kit (containing 500 ml of irrigant) ▶ Bathing supplies (e.g., washcloth, soap) ▶ Waterproof pad ▶ Antiseptic swabs ▶ I.V. pole (if providing continuous irrigation) ▶ Graduated measuring container

Procedure	
	Closes the door or draws curtain to ensure privacy
	Provides good lighting

Standard Met/Initials	Competency Areas
Procedure	
	Assists the urologist in removing the urinary drainage catheter after a designated time period has elapsed (usually after 72 hours) and the urine has begun to run clear <ul style="list-style-type: none"> ▶ Removes the catheter by attaching a 10 ml empty syringe to the balloon inflation port, withdrawing all fluid out of the balloon, then slowly withdrawing the catheter from the urethra
	Discards gloves and other used materials into the proper receptacles and assists the patient into a comfortable position in bed
	Performs hand hygiene
	Documents the following information in the patient's medical record: <ul style="list-style-type: none"> ▶ Date and time of procedure ▶ Catheter care provided ▶ Urinary output and urine appearance ▶ Patient's tolerance of the procedure ▶ Any unexpected outcomes and interventions performed ▶ Patient education provided

Post-Procedural Responsibilities	
	Provides ongoing monitoring of intake and output, appearance of urine, and postoperative patient status <ul style="list-style-type: none"> ▶ Encourages fluid intake of 2–3 liters daily ▶ Encourages ambulation following completion of aggressive bladder irrigation ▶ Performs bladder scanning to assess for urinary retention
	Monitors for complications of TURP <ul style="list-style-type: none"> ▶ Immediately notifies the treating clinician of catheter blockage, urinary retention, skin breakdown, suspected infection, catheter displacement, or signs of TURP syndrome
	Reinforces patient education regarding what to expect after TURP, indications for catheter placement and care, and what to expect after the catheter is removed

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June 24, 2011

Signature		Date	
Evaluator's Signature		Date	

Title: *Meniscal Tear* By: Smith CM, Keel JC, Health Library: Evidence-Based Information, September 1, 2011

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Patient Education

Meniscal Tear

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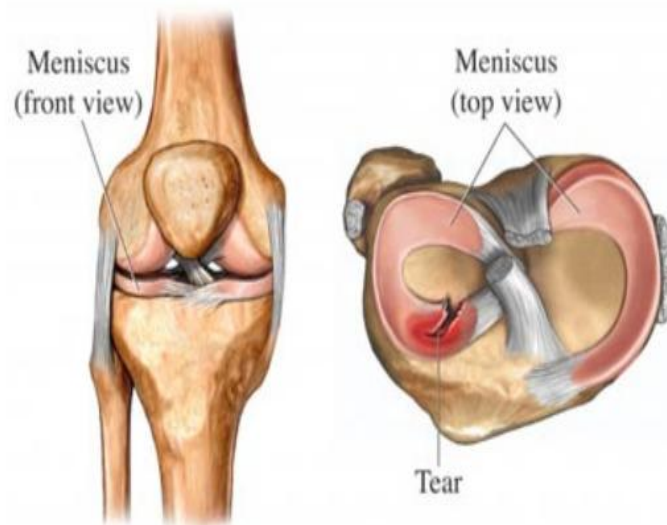
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(Torn Meniscus)

Definition

A meniscal tear is a tear in the meniscus, a shock-absorbing structure in the knee. There are two menisci (plural of meniscus) in each knee, one on the inside (medial), and one on the outside (lateral).

Torn Meniscus



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Causes

Most injuries to the meniscus are caused by trauma, usually compression and twisting of the knee. Movements that can cause trauma to the knee include pivoting and decelerating. Because aging tends to break down the inner tissues of the meniscus, minor trauma (such as squatting) can injure the meniscus in an older person.

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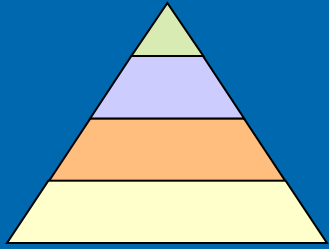
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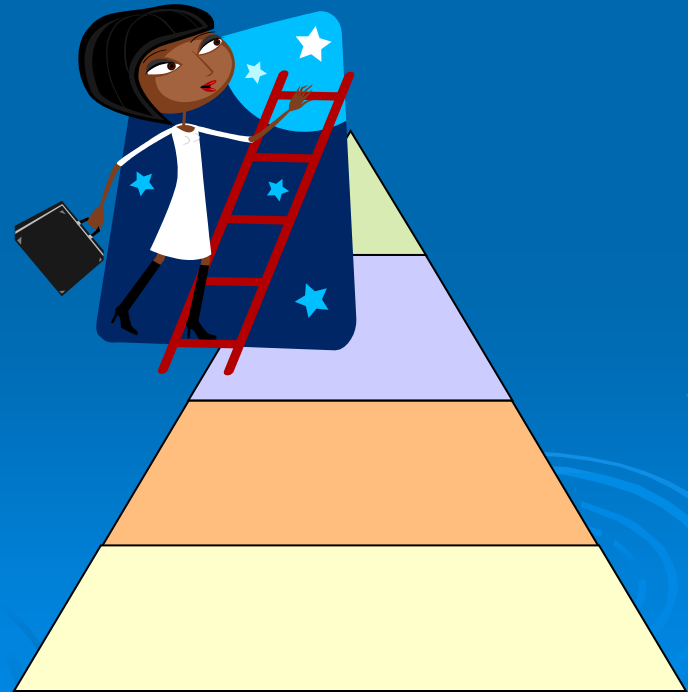
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Systematic review vs Meta-analysis

Systematic review: a literature review of RCTs focused on a single question which tries to identify, appraise, select and synthesize all high quality research evidence relevant to that question.

Meta-analyses: systematic reviews that combine the results of several studies using quantitative statistics.

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Antibiotics for acute maxillary sinusitis

Anneli Ahovuo-Saloranta^{1,2}, Ulla-Maija Rautakorpi¹, Oleg V Borisenko², Helena Liira², John W Williams Jr¹, Marijukka

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Abstract

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Background

The role of antibiotics for sinusitis, one of the most common diagnoses among adults in ambulatory care, is controversial.

Objectives

We examined whether antibiotics are effective in treating acute sinusitis and, if so, which antibiotic classes are the most effective.

Search strategy

We searched CENTRAL (2010, Issue 1) which contains the Cochrane Acute Respiratory Infections Group's Specialised Register, MEDLINE (1950 to March Week 2, 2010) and EMBASE (1974 to March 2010).

Selection criteria

Randomised controlled trials (RCTs) comparing antibiotics with placebo or antibiotics from different classes for acute maxillary sinusitis in adults. We included trials with clinically diagnosed acute sinusitis, confirmed or not by imaging or bacterial culture.

Data collection and analysis

At least two review authors independently screened search results, extracted data and quality assessed trials. We calculated risk ratios (RR) for differences between intervention and control groups for whether the treatment failed or not. In meta-analysing the placebo-controlled studies, we combined the data across antibiotic classes. Primary outcomes were the clinical failure rates at seven to 15 days

Main results

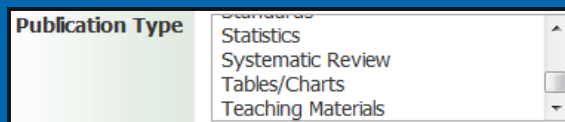
We included 59 studies in the review; six placebo-controlled studies (five of them conducted in primary care) and 53 studies comparing different classes of antibiotics. Five of the placebo-controlled studies (four low and one moderate/unclear risk of bias) involving 631 participants reported clinical failure rates (lack of cure or improvement) at seven to 15 days follow up. For participants with symptoms lasting at least seven days, antibiotics decreased the risk of clinical failure (pooled RR of 0.66, 95% confidence interval (CI) 0.44 to 0.98). However, the clinical benefit was small; cure or improvement rate was high in both the placebo group (80%) and the antibiotic group (90%). When clinical failure was defined as a lack of total cure (n = six studies), results were similar: antibiotics decreased the risk of failure (pooled RR of 0.74, 95% CI 0.65 to 0.84) at seven to 15 days follow up. In head-to-head comparisons, none of the antibiotic preparations was superior to the others.

uncomplicated acute sinusitis. However, 80% of participants treated without antibiotics improved within two weeks. Clinicians need to weigh the small benefits of antibiotic treatment against the potential for adverse effects at both the individual and general population level.

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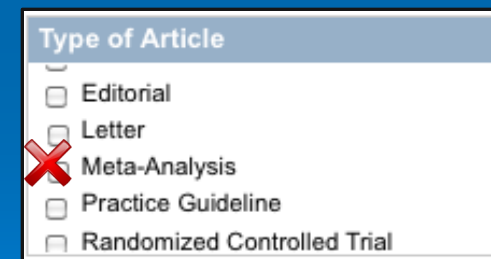
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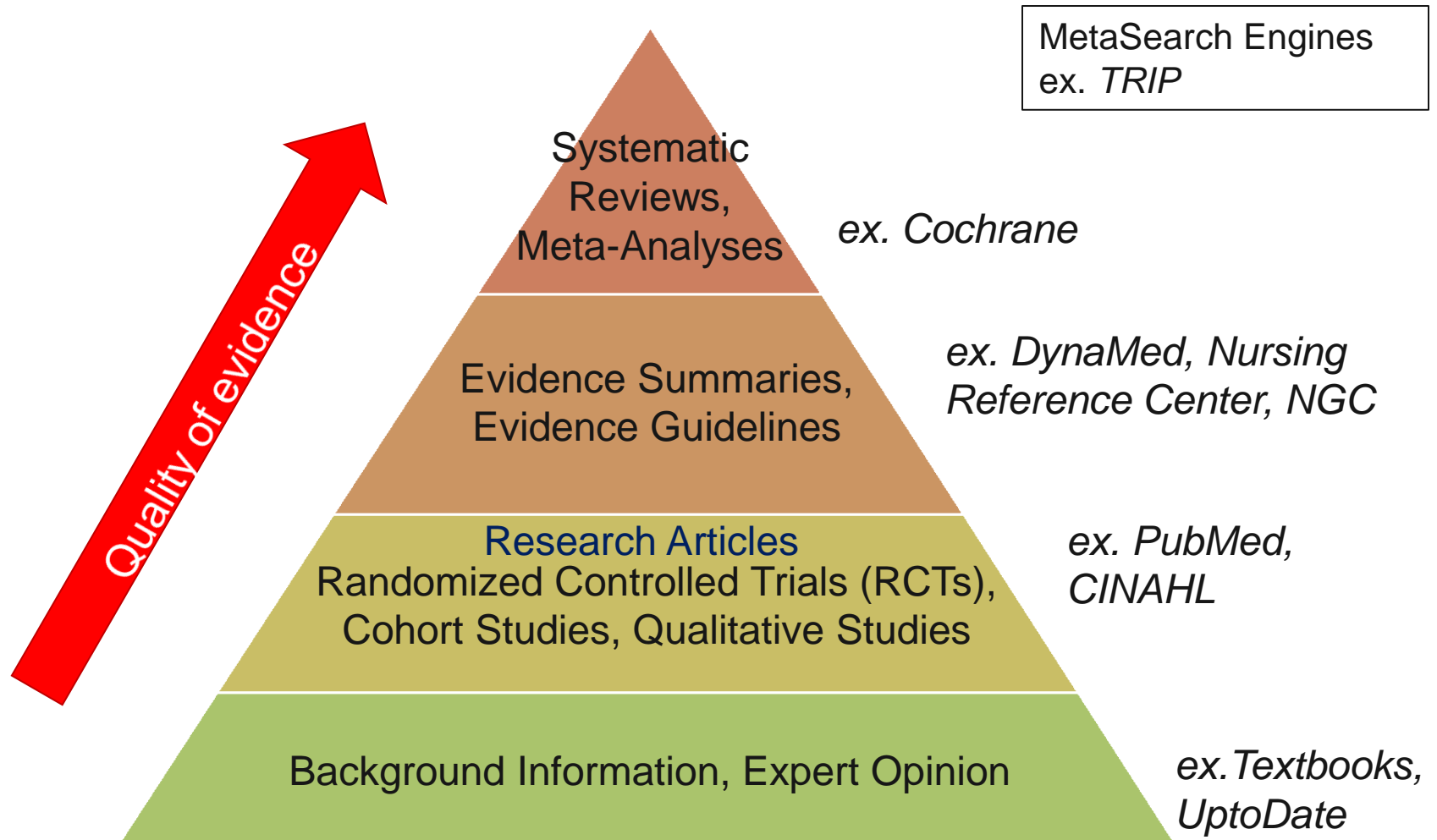
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Aloe (*Aloe vera*)

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Synonyms/Common Names/Related Substances:

- Acemannan, *Aloe africana*, *Aloe arborescens* Miller, *Aloe barbadensis*, *Aloe barbadensis*, *Aloe capensis*, *aloe-ferox*, *aloe latex*, *aloe mucilage*, *Aloe perfoliata*, *Aloe perryi* Baker, *Aloe spicata*, *Aloe vulgari*, *babosa* (Spanish), *bitter aloe*, *burn plant*, *Cape aloe*, *Carrisyn®*, *Curaçao aloe*, *elephant's gall*, *first-aid plant*, *ghai kunwar* (Indian), *hirukattali*, *hsiang-dan* (Chinese), *jelly leek*, *kumari*, *lahoi*, *laloi*, *lily of the desert*, *Lu-Hui*, *medicine plant*, *Mediterranean aloe*, *miracle plant*, *mocha aloes*, *musabbar*, *natal aloes*, *nohwa*, *plant of immortality*, *plant of life*, *rokai*, *sabilla* (Spanish), *Socotrine aloe*, *subr*, *true aloe*, *Venezuela aloe*, *za'bila* (Swahili), *Zanzibar aloe*.
- **Combination product examples:** Mepentol Leche (an emulsion based on hyperoxygenated fatty acids, *Aloe vera*, and *Mimosa tenuiflora*).

Clinical Bottom Line/Effectiveness

Brief Background:

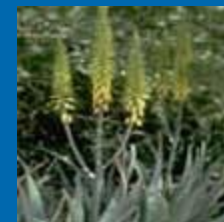
- Transparent gel from the pulp of the meaty leaves of *Aloe vera* has been used topically for thousands of years to treat wounds, skin infections, burns, and numerous other dermatologic conditions. Dried latex from the inner lining of the leaf has been used traditionally as an oral laxative.
- There is good scientific evidence in support of the laxative properties of aloe latex, based on the well-established cathartic properties of anthraquinone glycosides (found in aloe latex). However, aloe's therapeutic value compared with other approaches to constipation remains unclear. A case report reported hepatotoxicity from oral aloe ingestion for constipation, raising a question of safety (1).

Scientific Evidence for Common/Studied Uses:

Indication	Evidence Grade
Constipation (laxative)	B
Genital herpes	B
Psoriasis vulgaris	B
Seborrheic dermatitis	B
Aphthous stomatitis	C
Cancer prevention	C
Diabetes (type 2)	C
Dry skin	C
HIV infection	C
Lichen planus	C
Skin burns	C
Skin ulcers	C
Ulcerative colitis (including inflammatory bowel disease)	C
Wound healing	C
Mucositis	C
Pressure ulcers	C

Natural Standard

Aloe



Level of Evidence Grade	Criteria
A (Strong Scientific Evidence)	Statistically significant evidence of benefit from >2 properly randomized trials (RCTs), OR evidence from one properly conducted RCT AND one properly conducted meta-analysis, OR evidence from multiple RCTs with a clear majority of the properly conducted trials showing statistically significant evidence of benefit AND with supporting evidence in basic science, animal studies, or theory.
B (Good Scientific Evidence)	Statistically significant evidence of benefit from 1-2 properly randomized trials, OR evidence of benefit from ≥1 properly conducted meta-analysis OR evidence of benefit from >1 cohort/case-control/non-randomized trials AND with supporting evidence in basic science, animal studies, or theory. <i>This grade applies to situations in which a well designed randomized controlled trial reports negative results but stands in contrast to the positive efficacy results of multiple other less well designed trials or a well designed meta-analysis, while awaiting confirmatory evidence from an additional well designed randomized controlled trial.</i>
C (Unclear or conflicting scientific evidence)	Evidence of benefit from ≥1 small RCT(s) without adequate size, power, statistical significance, or quality of design by objective criteria,* OR conflicting evidence from multiple RCTs without a clear majority of the properly conducted trials showing evidence of benefit or ineffectiveness, OR evidence of benefit from ≥1 cohort/case-control/non-randomized trials AND without supporting evidence in basic science, animal studies, or theory, OR evidence of efficacy only from basic science, animal studies, or theory.
D (Fair Negative Scientific Evidence)	Statistically significant negative evidence (i.e., lack of evidence of benefit) from cohort/case-control/non-randomized trials, AND evidence in basic science, animal

Constipation and related conditions

Levels of scientific evidence for specific therapies

Grade: A (Strong Scientific Evidence)

Therapy	Specific therapeutic Use(s)
Phosphates, phosphorus	Constipation
Phosphates, phosphorus	Laxative/bowel preparation for procedures

Grade: B (Good Scientific Evidence)

Therapy	Specific therapeutic Use(s)
Aloe	Constipation (laxative)
Psyllium	Constipation

Grade: C (Unclear or Conflicting Scientific Evidence)

Therapy	Specific therapeutic Use(s)
Aromatherapy	Constipation
Art therapy	Encopresis (fecal incontinence associated with psychiatric disorders): clay modeling therapy in children
Ayurveda	Constipation (in advanced cancer treatment)
Barley	Constipation
Cascara sagrada	Bowel cleansing
Cascara sagrada	Constipation
Clay	Encopresis (fecal incontinence associated with psychiatric disorders): clay modeling therapy in children
Flaxseed and flaxseed oil	Constipation/laxative (flaxseed, not flaxseed oil)

Patient Education Resources

- MedlinePlus

medlineplus.gov

- EthnoMed

ethnomed.org

- Culture Clues

depts.washington.edu/pfes/CultureClues.htm

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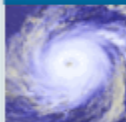
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Asthma is a chronic disease that affects your airways. Your airways are tubes that carry air in and out of your lungs. If you have asthma, the inside walls of your airways become sore and swollen. That makes them very sensitive, and they may react strongly to things that you are [allergic](#) to or find irritating. When your airways react, they get narrower and your lungs get less air. This can cause wheezing, coughing, chest tightness and trouble breathing, especially early in the morning or at night.

When your asthma symptoms become worse than usual, it's called an asthma attack. In a severe asthma attack, the airways can close so much that your vital organs do not get enough oxygen. People can die from severe asthma attacks.

Asthma is treated with two kinds of medicines: quick-relief medicines to stop asthma symptoms and long-term control medicines to prevent symptoms.

NIH: National Heart, Lung, and Blood Institute

Get Asthma updates by email

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Start Here

- [Asthma NIH](#) (National Heart, Lung, and Blood Institute)
Also available in [Spanish](#)
- [Asthma Interactive Tutorial](#) (Patient Education Institute)
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[Exercise-induced asthma](#)

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National Institutes of Health

The primary NIH organization for research on *Asthma* is the [National Heart, Lung, and Blood Institute](#)

Authoritative, Quality Links for Consumers

Overviews

- [Asthma](#) (Centers for Disease Control and Prevention)
- [Asthma Easy-to-Read](#) (Food and Drug Administration)
- [Breath of Life](#) [NIH](#) (National Library of Medicine)
- [Understanding Asthma](#) (American Lung Association)
- [What Is Asthma?](#) (Environmental Protection Agency, Office of Air and Radiation)

Latest News

- [NIH-Funded Study Connects Gene Variant to Response to Asthma Drugs](#) [NIH](#) (09/26/2011, National Heart, Lung, and Blood Institute)
- [Primatene Mist with Chlorofluorocarbons No Longer Available After Dec. 31, 2011](#) (09/22/2011, Food and Drug Administration)
- [New Approach to Treating Asthma in Pregnancy](#) (09/09/2011, HealthDay)
- [Poorly Controlled Asthma Can Boost Chances of Pregnancy Complications](#) (08/11/2011, HealthDay)

Diagnosis/Symptoms

- [Asthma Attack](#) (Mayo Foundation for Medical Education and Research)
- [Asthma: Steps in Testing and Diagnosis](#) (Mayo Foundation for Medical Education and Research)
- [Is Your Asthma Allergic?](#) (American Academy of Allergy, Asthma, and Immunology)
- [Nitric Oxide Test for Asthma](#) (Mayo Foundation for Medical Education and Research)
- [What Are Lung Function Tests?](#) [NIH](#) (National Heart, Lung, and Blood Institute)

Treatment

- [Anti-IgE Treatment](#) (National Jewish Health)
- [Asthma Treatment in Adolescents and Adults](#) (UpToDate)
- [Asthma: How to Use a Metered Dose Inhaler](#) (American Academy of Family Physicians)
Also available in [Spanish](#)
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- [Asthma Triggers](#) (American Lung Association)
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- [Alternative Therapies](#) (Asthma and Allergy Foundation of America)

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Asthma

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Introduction

Anatomy

Symptoms & Causes

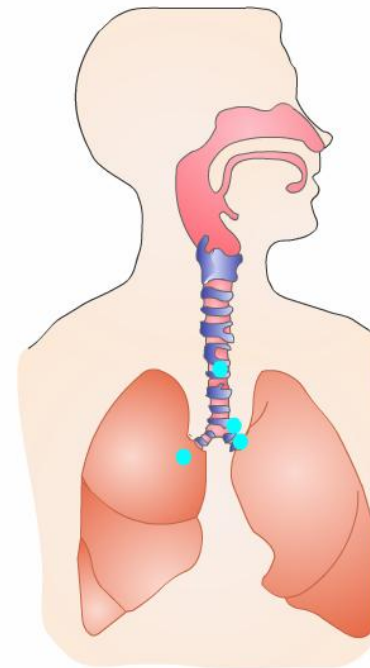
Triggers

Diagnosis

Treatment Options

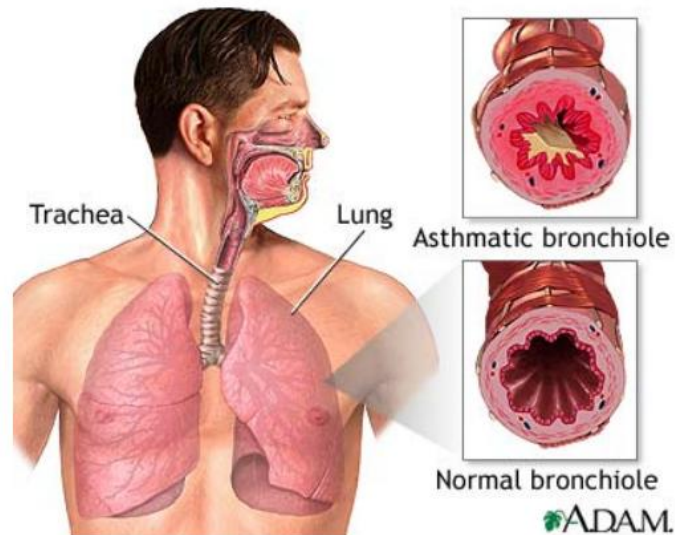
Summary

The lungs allow us to fill our blood with oxygen.



Medical Encyclopedia

Asthmatic bronchiole and normal bronchiole



Asthma is a disease in which inflammation of the airways causes airflow into and out of the lungs to be restricted. When an asthma attack occurs, mucus production is increased, muscles of the bronchial tree become tight, and the lining of the air passages swells, reducing airflow and producing the characteristic wheezing sound.


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FEATURE: MAY/JUNE 2011

VIDEOS: THE STIGMA OF MENTAL ILLNESS

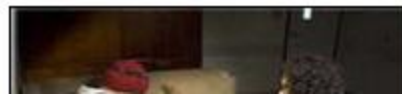
Saving Face: Recognizing and Managing the Stigma of Mental Illness in Asian Americans

This 68 minute training video was authored in 2008 by Elizabeth J. Kramer, Sc.M., New York University; and Francis G. Lu, M.D., University of California, Davis and is intended to demonstrate a culturally competent approach to addressing the stigma of mental illness in Asian-American patients. The video is comprised of three interviews of Asian-American simulated patients, from three major sub-ethnic groups of Asian Americans living in the United States, and ethnically matched psychiatrists in therapy sessions. The objectives of these scenarios are to demonstrate how Asian-American patients present their stigma, and how skilled clinicians manage it. View [video](#), download [facilitator's guide](#) and link to [DVD order form](#).



iNo Soy Loco! / I'm Not Crazy! Understanding the Stigma of Mental Illness in Latinos

This 46 minute training video was authored in 2009 by Elizabeth J. Kramer, Sc.M., New York University; Peter Guarnaccia, Ph.D., Rutgers University; Cynthia Resendez, M.D.;



Welcome To EthnoMed

EthnoMed contains information about cultural beliefs, medical issues and related topics pertinent to the health care of immigrants to Seattle or the US, many of whom are refugees fleeing war-torn parts of the world.

EthnoMed Accepts Award

EthnoMed was among 3 recipients of The National Council on Interpreting in Health Care (NCIHC) 2011 Language Access Champions Award at their Annual Membership meeting in New Orleans May 19th. This award honors work that improves the lives of all people through the promotion of language access in healthcare. EthnoMed is honored to receive this award and acknowledges the important work of NCIHC. Visit the [NCIHC](#) website for more info.

What's New On EthnoMed

N-648 Medical Certification for CIS Disability Waivers - Revised

Infant Feeding, Care (Including weaning)

Vietnamese Cultural Profile

Most Vietnamese women breastfeed their infants for the first 6-12 months (both in the US and in Vietnam). This can be difficult when the mother works outside the home and such women may stop breastfeeding sooner than they would in Vietnam. Children are often delayed in weaning from the nursing bottle to the cup until 2 years of age. This may result in an iron deficient diet.

Child Rearing Practices

"Children sit where their parent's place them." This traditional Vietnamese expression characterizes the Confucian based parent-child relationship. Though parents in Seattle have adopted various degrees of western parenting styles, they take their responsibility to teach their children very seriously. The first priority is to teach filial obedience and respect, the second is to provide as much educational success as possible. In many homes, homework must be completed when arriving home from school, and television is only allowed on the weekends. If the parents don't feel the teacher is providing enough homework, they may make homework assignments themselves, or write questions for the child to answer.

In Vietnam, corporal punishment was the norm. In the US, parents are aware that this is not commonly accepted and they have had to change methods of discipline. Some parents state their children are harder to control here than they would have been in Vietnam and are frustrated that their children seem to lack respect for their elders.

ADOLESCENCE, ADULTHOOD, AND OLD AGE

Refugee families have had to deal with many issues in adapting to their new home. In Vietnam, elders were the leaders in families, had the strongest influence in decision making, and were respected and sought after for advice. Younger family members were to be obedient and respectful. Also, elders held property rights of the family, and could retire once their children could support the family.

When these elders were transported to the US, they lost their property and much of their material goods. Many elders who want to work outside the home are unable to because of their lack of training for available work, their age, and lack of English skills. They can become very socially and culturally isolated while their younger family members become more Americanized. This can create a fundamental role reversal: the elders no longer have power, money or land, and become financially dependent on their children. Because they are culturally isolated, they are no longer sought after for advice. This creates much tension in families where elders feel ignored and disrespected, wh

Preventing Rickets in Breastfed Babies Cambodian version

ការប្រុងប្រយ័ត្នចំពោះអ្នកដែលបំបៅដោះកូន ព័ត៌មានការពារភ្លើងក្នុងការបំបៅដោះកូនរបស់អ្នក

អ្វីទៅដែលហៅថាភាគក្រិន?

វាគឺជាជម្ងឺម្យ៉ាងដែលឆ្អឹងក្លាយជាពន្លឺម្លូបណ្តាលមកពីការខ្វះខាតជាតិវីតាមីនដ៏ទៃទៀតខ្លះៗ នៅក្នុងភ្នែកភ្នែក
ខាងលើនិងខាងក្រោមរបស់កូនរបស់អ្នកនេះកើតមកពីការខ្វះខាតនៃវីតាមីន ថ្ងៃតិចពេក។

តើមានរោគសញ្ញានិងទម្រង់ណាមួយនៃវីតាមីន?

វិការខាងលើខ្សោយណាដែលទទួលបានទឹកដោះម្តាយពីរយៈពេលប្រាំមួយខែ ឬច្រើនជាង ទារកគ្រប់សញ្ជាតិ ដែល
ទទួលបានទឹកដោះម្តាយ ទារកដែលកើតមិនគ្រប់ខែ និងទារកដែលត្រូវបានផ្តល់ដោះដើម្បីទទួលបានម្ហូប អាហារ
ដែលមិនមានជាតិសាច់, ទឹកដោះដោះ, ពងមាត់, ពងទា ។

តើអ្វីទៅជាសញ្ញានៃភាគក្រិន?

- ក្មេងមានភាពខ្លាំងឆ្មាយ,
- មិនអាចដើរបាន ឬដើរបាន,
- មានការលូតលាស់យឺត,
- មានជំងឺប្រកាច់,
- រោគសញ្ញាផ្សេងៗ។

តើអ្នកមានការពារយ៉ាងណាឱ្យកូនអ្នកជៀសវាងពីភាគក្រិន?

ដោយពន្លឺថ្ងៃមានមិនគ្រប់គ្រាន់នៅភ្នែកភ្នែកខាងលើនិងខាងក្រោម ទារកត្រូវទទួលបានវីតាមីនដ៏ទៃទៀត ឬម្ហូប
រហូតពីរបណ្តាអ្នករស់នៅភ្នែកភ្នែកខាងលើនិងខាងក្រោមលើសពីសហរដ្ឋអាមេរិក។

តើអ្នករកវិធីមិនមែនថ្ងៃទេ?

វីតាមីនដ៏ទៃទៀតមាននៅក្នុងទំនេងលក់ផ្តល់ដោយមិនចាំបាច់មានសំបុត្រពិច្រពេញៗ នៅក្នុងផ្ទះវីតាមីនដ៏ទៃទៀតមាន
ផ្សេងទៀតមួយនូវជាតិវីតាមីនដ៏ទៃទៀត រួចជា វីតាមីនអេ និងស៊ី ហៅថាត្រីវីសូល (Tri-Vi-Sol) ។
បើ សិនជាអ្នកប្រើប័ណ្ណពេទ្យ អ្នកអាចសុំឱ្យពេទ្យ ឬអ្នកធ្វើការនៅការិយាល័យវិទ្យាសាស្ត្រពេទ្យផ្ទះវីតាមីនដ៏ទៃទៀត
ដោយឱ្យពេទ្យបញ្ជាក់ថាវីតាមីនដ៏ទៃទៀតសារៈសំខាន់សំរាប់ភាគក្រិនចំពោះទារកដែលបំបៅដោះម្តាយទាំងស្រុង។

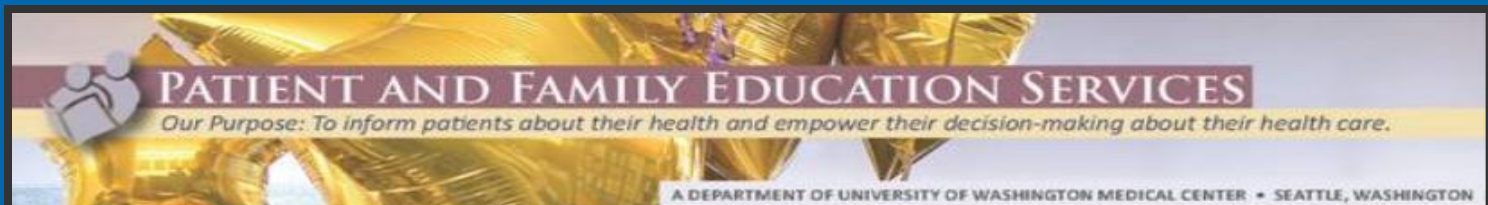
សញ្ញានៃភាគក្រិន

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- ឆ្អឹងកោង
- កំណរធំ
- ជើងក្របុក

សម្ភារៈអប់រំអ្នកជំងឺនេះគឺត្រូវបានផ្តល់ដោយគម្រោង Community House Calls, គ្លីនិកនិស្សិតសាស្ត្រ
អន្តរជាតិ និង គ្លីនិកកុមារ, មន្ទីរពេទ្យហាប៊ែរវិយូ Harborview Medical Center,
សកលវិទ្យាល័យ វ៉ាស៊ីនតោន Seattle, WA ។

Culture Clues

depts.washington.edu/pfes/CultureClues.htm



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Culture Clues[™] are tip sheets for clinicians, designed to increase awareness about concepts and preferences of patients from the diverse cultures served by University of Washington Medical Center.

Culture Clues[™] are available for these cultures:

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- [Korean](#)
- [Latino](#)
- [Russian](#)
- [Somali](#)
- [Vietnamese](#)



End-of-Life Culture Clues[™]

Also available are tip sheets regarding end-of-life care as often preferred by various cultures. The End-of-Life *Culture Clues*[™] are available for:

- [The Latino Culture](#)
- [The Russian Culture](#)
- [The Vietnamese Culture](#)



Communicating with Your Russian Patient

Perception of Illness • Patterns of Kinship and Decision Making • Comfort with Touch

Culture Clues™ is designed to increase awareness about concepts and preferences of patients from the diverse cultures served by University of Washington Medical Center. **Every person is unique; always consider the individual's beliefs, needs, and concerns.** Use *Culture Clues*™ and information from the patient and family to guide your communication and your patient care.

How does the Russian culture deal with illness?

Helping Your Patient Feel Comfortable with UWMC

- Remember to find out if this is your patient's first visit to University of Washington Medical Center.
 - **If it is your patient's first visit to UWMC, take a few moments for orientation.**
 - **Keep in mind that patients who are new to the system may not be aware of the role of the Primary Care Team or the process for getting a referral to a specialist.**

Explaining the Causes of Illness and Disease

- Your patient and his or her family may believe that illness is caused by weather or social experiences, such as stress from the living situation or because of arguing with the family.
 - **Ask your patient if they have experienced stresses or strains recently.**
- Your patient may not like to take excessive medications. When an option, ask your patients if they prefer over-the-counter or homeopathic medicine.
- Spend time with the patient to show that the patient is cared for.

I SEE FROM YOUR **FACEBOOK STATUS**
THAT YOU'RE EXPERIENCING ABDOMINAL
DISCOMFORT.



Fullarton, David (illustrator). Nursing School 2.0.
Johns Hopkins Nursing Fall/Winter 2009 8(3).

Mobile Resources

libguides.hsl.washington.edu/mobile

Mobile Resources

Provides mobile optimized links to resources and information as well as links to apps for specific mobile phones and devices.

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What's in this guide

Welcome to the Health Sciences Mobile Resources page!

This page lists resources that have mobile optimized web sites. Access these resources through your phone's browser. Save the links on your home screen or bookmark them for future use. Links with a lock icon require UWNNetID login.

Click on the tabs at the top of this page to access specific apps for your type of phone or device and to see additional helpful resources.

Handheld Accessible Resources

- [DynaMed](#) 
(Ebsco) - Best available evidence summaries for over 3000 topics.
- [ePocrates Online](#)
Major areas include Drugs, Diseases, multi-drug check, Pill ID, calculators, and tables. Some sections are unavailable in the free version.
- [Essential Evidence Plus Mobile](#)
POEMs and guidelines; clinical decision rules and calculators; ICD-9 codes. (formerly InfoRetriever). Sign up for a free account to access UW paid resources.
- [Facts & Comparisons Mobile Web Access](#)
Sign up for free mobile access. The F&C Mobile site has been fully optimized for the iPhone and iPod Touch and may also be usable with other mobile devices.
- [MD Consult Mobile](#)
Sign up for a free account to access the mobile page at m.mdconsult.com. You will be

Final Thoughts

- Contact Your Ultimate Search Engine...*a librarian*
- Remember key evidence-based practice resources to improve patient care on UW HSL new website:
 - MEDLINE and CINAHL Plus
 - DynaMed, Cochrane, Natural Standard
 - Nursing Reference Center ...and more
- Investigate *hsl.uw.edu*



Questions?

Evidence-based Practice e-Resources to Improve Patient Care

PowerPoint and Handout located under Presentations at:

<http://libguides.hsl.washington.edu/schnall>