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UNIVERSITY OF WASHINGTON

# Finding Evidence for Practice Through *HEAL-WA.org*: A Benefit of Your WA State License

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# Objectives

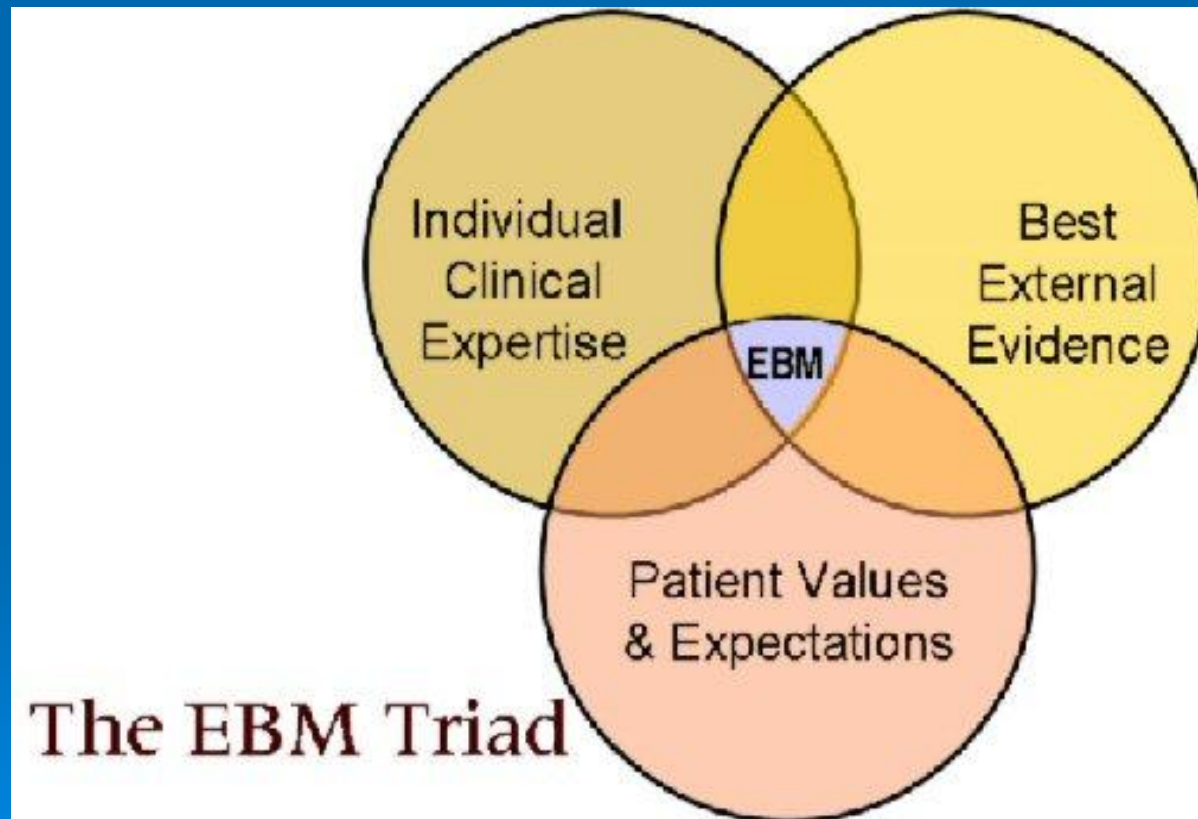
- Describe web resources to use for evidence-based nursing practice to improve patient care
- Locate e-resources on HEAL-WA, the health evidence website for WA state nurses
- Identify strategies to improve web searching skills to find evidence to improve patient care

# 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



# 5 Steps for EBN Practice

1. Convert your information into an answerable question (PICO)
2. **Search the literature** for the best available evidence
3. **Evaluate** search results for validity and usefulness
4. **Apply** the findings to your clinical practice along with clinical expertise and patient's perspective to plan care
5. **Evaluate** your professional performance (self reflection; audit; peer assessment)

# What makes good evidence?

## *Good*

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

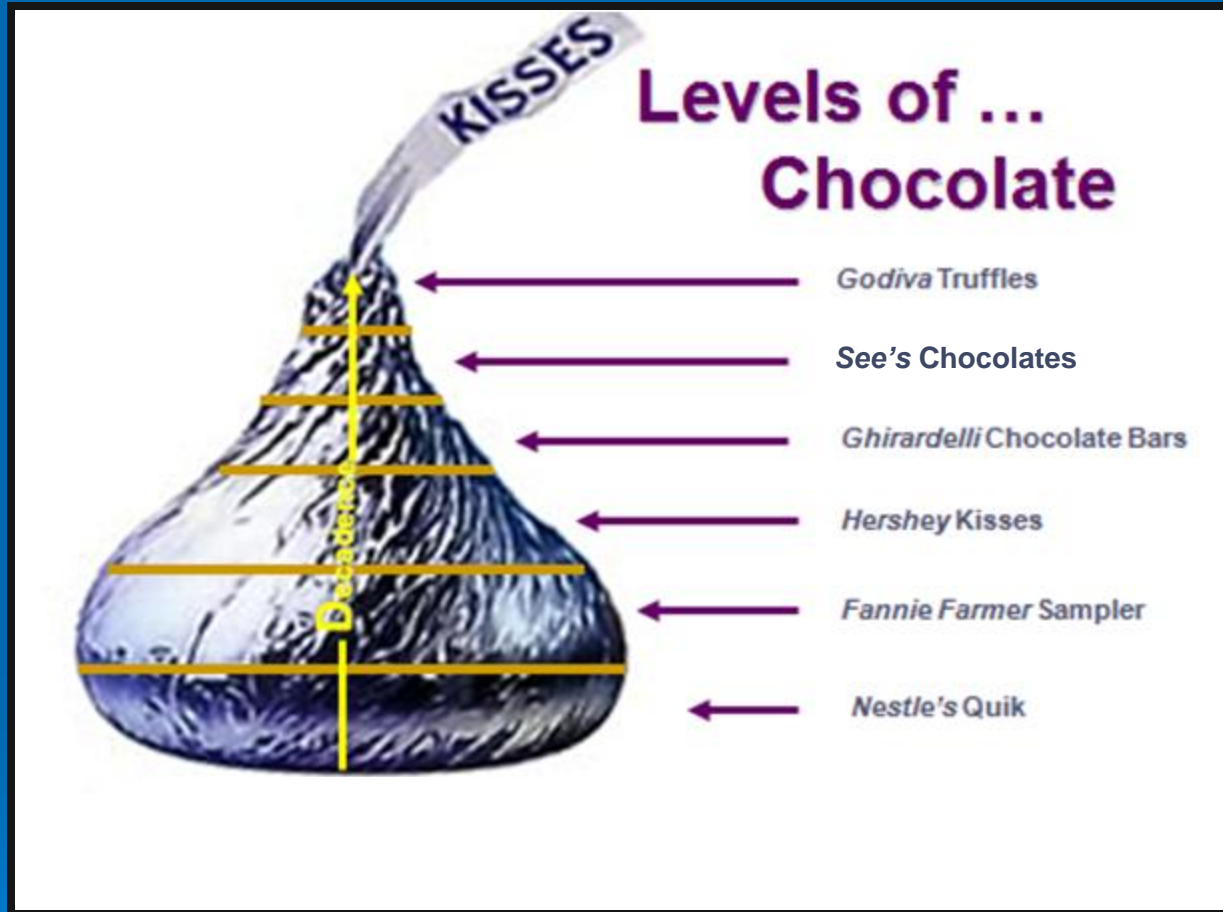
## *Shoddy*

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

# Why do nurses need to do EBP?

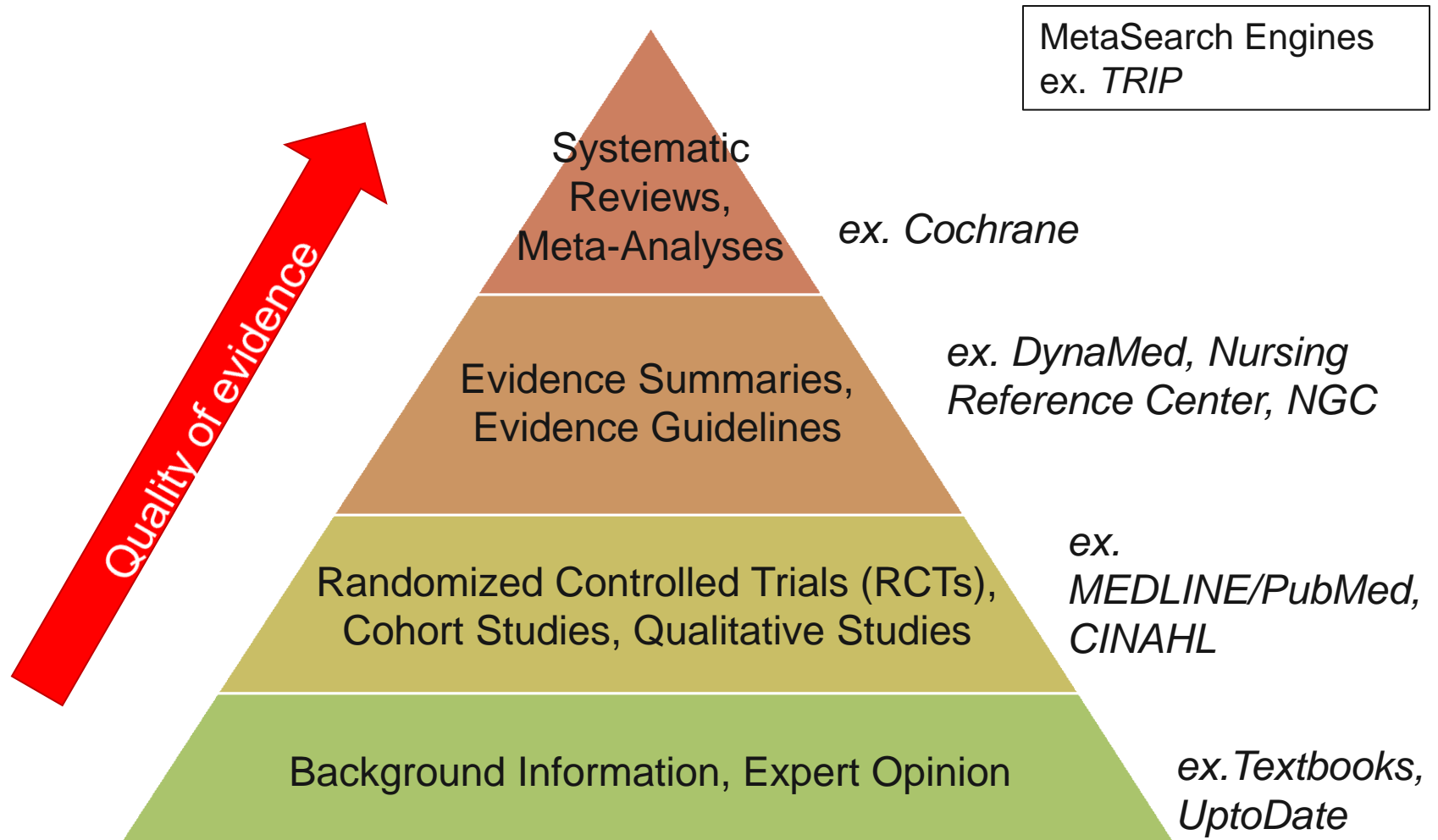
- Results in better patient outcomes:  
Failure to use evidence results in lower quality, less effective and more expensive care.
  - *Berwick DM. Disseminating innovations in health care. JAMA 2003 Apr 16;289(15):1969-75.*
- Standards of practice and “best practices” change over time
- Keeps practice current and relevant
- Increases confidence in decision making

# Chocolate Decadence Pyramid



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 one click away?



# HEAL-WA

Health Electronic Resource for Washington

*heal-wa.org*

- Began: January 2009
- Website: offers online access to a collection of health information resources
- Who has access? selected health care providers in Washington **YES, NURSES !**
- Funded by: license fees
- Mission: provide you with evidence-based information to support patient care

# What is included in HEAL-WA?

- **Resources:** electronic databases, online texts, and e-journals
- Includes information resources specific to nurses, such as *CINAHL* and the *Nursing Reference Center*
- Other excellent resources: *MEDLINE*, *DynaMed*, *Cochrane*, *Natural Standard*
- Gives practitioners access to timely, **evidence-based answers** to patient care Q's

# How do I get to HEAL-WA?

- Site address: [heal-wa.org](http://heal-wa.org)
- Use the “Getting Started” link to set up your UW NetID and password
- Need your RN license number in order to set up your UW NetID (even if you hold an advanced practice license)
- May take up to 24 hours for your access code to be recognized

## news

Lexi-Comp now available!  
Jul 19, 2010

JAMA now available full text  
Jul 09, 2010

PsycARTICLES now available  
Jul 01, 2010

[More news...](#)

## search



**Diagnosis & Therapy** ▾

**Guidelines & Evidence** ▾

**Search for Articles** ▾

**Drugs, Labs, Diagnostic Tests** ▾

**Complementary & Alternative Medicine** ▾

**Prevention, Screening, Immunizations** ▾

**Patient Care Management** ▾

**Nursing Reference Center**

Nursing Reference Center includes information about conditions and diseases, patient education resources, drug information, continuing education, lab & diagnosis detail, best practice guidelines, and more.

**CINAHL (Nursing Literature)**

CINAHL with full text covers nursing, biomedicine, health sciences librarianship, alternative/complementary medicine, consumer health and 17 allied health disciplines and provides the full text for more than 600 journals.

**Nursing Calculators**

**Multicultural Information** ▾

**Information for Patients** ▾

## access



Logged in

### Getting Started

Certain resources in HEAL-WA (indicated by a lock ) require a HEAL-WA access code (UW NetID) and password for access.

Once you have set up your HEAL-WA access code and password, LOG IN to HEAL-WA by clicking on the "Log In" button at the top of this column.

LOG OUT from HEAL-WA by simply closing your browser.

[Set up your HEAL-WA access](#) - to set up a HEAL-WA access code and password, see the instructions on the [Getting Started](#) page.

PLEASE NOTE that once you have set up your access code, it can take up to a day for your access code to be recognized so you can log in to HEAL-WA.

# HEAL-WA Toolkit: ARNP

Physician, PA, ARNP

## Diagnosis & Therapy ▾

### DynaMed

With clinically-organized summaries for more than 3,000 topics, DynaMed is a clinical reference tool created for physicians and other health care professionals for use primarily at the 'point-of-care'.

### Merck Manual of Diagnosis and Therapy

### Current Medical Diagnosis & Treatment - 49th Ed. (2010)

Stat!Ref

## Search for Articles ▾

## Information for Patients ▾

## Tools & Calculators ▾

## Drugs ▾

### AHFS Drug Information® (2008)

Stat!Ref

### Drug Information Portal

From the US National Library of Medicine. Searches more than a dozen sources for information about more than 12,000 drugs.

### LactMed

A peer-reviewed and fully referenced database of drugs to which breastfeeding mothers may be exposed. Among the data included are maternal and infant levels of drugs, possible effects on breastfed infants and on lactation, and alternate drugs to consider.

### Lexi-Comp Online - NEW!

## Complementary & Alternative Medicine ▾

## Multicultural Information ▾

# HEAL-WA Toolkit: Registered Nurse

## Registered Nurse

**Nursing Resources** ▾

**Calculators & Tools** ▾

**Patient Education** ▾

**Patient Information from UpToDate**

**Detailed Drug Information for the Consumer™**  
Stat!Ref

**AAFP Conditions A to Z (2010)**  
Stat!Ref

**MedlinePlus - Health Information for Patients**

Authoritative information for patients and health consumers from the US National Library of Medicine, the National Institutes of Health (NIH), and other government agencies and health-related organizations.

**National Center for Complementary and Alternative Medicine Health Topics A-Z**

National Institutes of Health's lead agency for scientific research on complementary and alternative medicine (CAM).

**Drugs, Labs & Diagnostic Tests** ▾

**Complementary & Alternative Medicine** ▾

**Natural Standard**

Natural Standard provides high-quality, evidence-based information on dietary supplements (including herbs, vitamins, and minerals), functional foods, diets, complementary practices (modalities), exercises, and medical conditions.

**Multicultural Information** ▾

**EthnoMed**

The EthnoMed site contains information about cultural beliefs, medical issues and other related issues pertinent to the health care of recent immigrants to Seattle or the US, many of whom are refugees fleeing war-torn parts of the world. It includes information for patients as well as for providers.

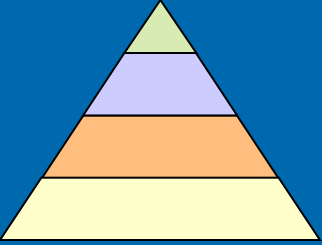
**RHIN@ - Refugee Health Information Network**

RHIN@ is a national collaborative partnership managed by refugee health professionals whose objective is to provide quality multilingual, health information resources for those providing care to resettled refugees and asylees.



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





# Search Databases Efficiently for Research Journal Articles


- MEDLINE [on HEAL-WA]  
or PubMed *pubmed.gov*
- CINAHL [on HEAL-WA]

# CINAHL

- Cumulative Index to Nursing and Allied Health Literature
- Provides coverage from 1982+, of nursing and 17 allied health disciplines literature
- 1700+ journals indexed including virtually all English-language nursing journals
- Can easily search for **Research** articles

# CINAHL: enter search terms

[New Search](#) | [Publications](#) | [CINAHL Headings](#) | [Evidence-Based Care Sheets](#) | [More ▾](#) | [Sign In](#)

 Searching: **CINAHL Plus with Full Text** | [Choose Databases »](#)

Suggest Subject Terms

black cohosh in [Select a Field \(optional\)](#) ▾

AND ▾ menopause or hot flashes in [Select a Field \(optional\)](#) ▾

AND ▾ in [Select a Field \(optional\)](#) ▾

[Basic Search](#) | [Advanced Search](#) | [Visual Search](#) | [▶ Search History/Alerts](#) | [Preferences »](#)

# CINAHL Limit Your Results Screen

## Limit your results

Full Text

Abstract Available

Author

English Language



Research Article



Exclude MEDLINE records

Clinical Queries

All  
Therapy - High Sensitivity  
Therapy - High Specificity  
Therapy - Best Balance

Publication Type

All  
Abstract  
Accreditation  
Advice and Referral Website

References Available

Published Date from

Month  Year:  to Month   
Year:

Publication

Peer Reviewed

Exclude Pre-CINAHL

Search Only Pre-CINAHL

Evidence-Based Practice

Journal Subset

All  
Africa  
Allied Health  
Alternative/Complementary Therapies

Human

First Author is Nurse

# CINAHL Publication Type Limits

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



# CINAHL Results

Results: 1-20 of 28 Page: 1 [2](#) [Next](#)

Sort by: Date Descending  [Add \(1-20\)](#)

 Results for: black cohosh and (menopause or hot flashes)

[Alert / Save / Share »](#)

 Options set

● Search Mode: Boolean/Phrase

1. [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 CINAHL AN: 2010536378

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

Database: CINAHL with Full Text

 [Add to folder](#)

 [PDF Full Text](#)

link to full text

2. [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; Pierson 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

Subjects: Black Cohosh; Hot Flashes; Menopause; Plant Extracts; Plant Extracts; Red Clover; Middle Age, 45-64 years; Female

Database: CINAHL with Full Text

 [Add to folder](#)

[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 black cohosh-containing preparations containing *black cohosh* for the treatment of menopausal vasomotor symptoms. A systematic search of three databases (PubMed, Embase, and Cochrane library) was conducted to identify relevant literature. Two reviewers independently abstracted the data from the eligible studies. Of 1,000 English 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 a meta-analysis of 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%), although there was, however, significant heterogeneity between these trials. Given that *black cohosh* is one of the most frequently used herbal medications for the treatment of vasomotor symptoms in North America, more data are warranted to evaluate its 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

**H**ormone 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 ( $\geq 1$  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 ( $\geq 6$  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

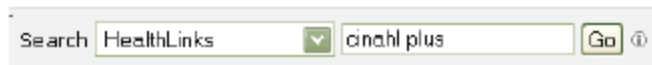
## Searching CINAHL Plus: Cumulative Index to Nursing and Allied Health Literature


### 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 .

# Search MEDLINE

[or PubMed [pubmed.gov](http://pubmed.gov)]

- PubMed includes MEDLINE (1940's+)
- Indexes 5,000 biomedical journals
- Covers all aspects of biosciences and healthcare
- 75%-80% of citations have abstracts
- Updated 5x/week

# 2 MEDLINE/PubMed Strategies for Finding Evidence-Based Citations

## 1. Use Limits: Publication Type of Article

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

## 2. Use Clinical Queries section

# MEDLINE Search Screen

HEAL-WA

Searching: MEDLINE with Full Text | [Choose Databases >](#)

Suggest Subject Terms

black cohosh in

AND  in

AND  in

[Add Row](#)

Search

Clear

**Strategy #1:  
Limit to RCTs under Publication Type**

Limit your results

Full Text

Publication

Abstract Available

EBM Reviews

Human



Gender

  
Female  
Male

Clinical Queries

  
Therapy - High Sensitivity  
Therapy - High Specificity  
Therapy - Best Balance

Journal & Citation Subset

  
AIDS  
Bioethics  
Core Clinical (AIM)

Author

English Language



Review Articles

Animal

Age Related

  
Infant, Newborn: birth-1 month  
Infant: 1-23 months  
All Infant: birth-23 months

Subject Subset

  
AIDS  
Bioethics  
Cancer

Publication Type

  
**Randomized controlled trial**  
Biography

# MEDLINE Results

## [Phyto-Female Complex for the relief of hot flashes, night sweats and quality of sleep: randomized, controlled, double-blind pilot study.](#)

(*eng*; includes abstract) By Rotem C, Kaplan B, Gynecological Endocrinology: The Official Journal Of The International Society Of Gynecological Endocrinology [Gynecol Endocrinol], ISSN: 0951-3590, 2007 Feb; Vol. 23 (2), pp. 117-22; PMID: 17454163

OBJECTIVE: To determine the efficacy and safety of the herbal formula Phyto-Female Complex (SupHerb, Netanya, Israel); ingredients: standardized extracts of black cohosh, dong quai, milk thistle, ...

Subjects: Hot Flashes drug therapy; Menopause drug effects; Phytotherapy; Plant Extracts therapeutic use; Plant Preparations therapeutic use; Middle Aged: 45-64 years; All Adult: 19+ years; Female

Database: MEDLINE with Full Text

 Add to folder

 PDF Full Text

**link to full text**

## [Treatment of vasomotor symptoms of menopause with black cohosh, multibotanicals, soy, hormone therapy, or placebo: a randomized trial.](#)

(*eng*; includes abstract) By Newton KM, Reed SD, LaCroix AZ, Grothaus LC, Ehrlich K, Guiltinan J, Annals Of Internal Medicine [Ann Intern Med], ISSN: 1539-3704, 2006 Dec 19; Vol. 145 (12), pp. 869-79; PMID: 17179056

BACKGROUND: Herbal supplements are widely used for vasomotor symptoms. OBJECTIVE: To test the efficacy of 3 herbal regimens and hormone therapy for relief of vasomotor symptoms compared with plac...

Subjects: Cimicifuga; Estrogen Replacement Therapy adverse effects; Hot Flashes drug therapy; Phytotherapy adverse effects; Plant Preparations therapeutic use; Soy Foods adverse effects; Vasomotor System drug effects; Middle Aged: 45-64 years; All Adult: 19+ years; Female

Database: MEDLINE with Full Text

 Add to folder

 PDF Full Text

**link to full text**

black cohosh menopause

Search

Clear

## 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

### Species

- Humans
- Animals

### Subsets

#### Journal Groups

- Core clinical journals
- Dental journals
- Nursing journals

### Languages

- English
- French
- German
- Italian
- Japanese

### Gender

- Male
- Female

### Ages

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

# PubMed Clinical Queries

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

Search

Results of searches on this page are limited to specific clinical research areas. For more information, click on the link directly.

## Clinical Study Categories

Category:

Scope:



### Results: 5 of 31

Pharmacokinetics of 23-epi-26-deoxyactein in women after oral administration of a standardized extract [Clin Pharmacol Ther. 2010]

Randomized, double-blind, placebo-controlled trial of C... women v...

Safety and efficacy of black cohosh and red clover for the management of vasomotor symptoms  
Geller SE, Shulman LP, van Breemen RB, Banuvar S, Zhou Y, Epstein G, Hedayat S, Nikolic D, Krause EC, Pierson CE, Bolton JL, Pauli GF, Farnsworth NR.  
Menopause. 2009 Nov-Dec;16(6):1156-66.

## Systematic Reviews

### Results: 5 of 28

Medicinal Plants as Alternative Treatments for Female Sexual Dysfunction: Utopian Vision or Possible Treatment in Climacterium [J Sex Med. 2010]

Alternative and complementary therapies for

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, Pierson CE, Bolton JL, Pauli GF, Farnsworth NR.


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


# healthlinks.washington.edu/howto/pubmed

Address <http://healthlinks.washington.edu/help/pubmed.html> Go Links

## PubMed at the UW

<http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?holding=uw>

To watch the instructional video clips (see  VIDEO below) RealOne player is required ([download free player](#))


PubMed provides access to all of MEDLINE back to the mid-1960's and to additional life sciences journals. Updated daily. 

### Basic Search Techniques


Step 1: Enter your terms

Search PubMed  Go Clear

[Limits](#) [Preview/Index](#) [History](#) [Clipboard](#) [Details](#)

Type any key word or phrase into the search box as shown above.  
Use an asterisk (\*) to retrieve variations on a word, e.g., *bacter\** retrieves *bacteria*, *bacterium*, *bacteriophage*, etc. 

- **For a Subject Search:** Enter one or more words (e.g., *asthma drug therapy*) in the **query box** and click on **Go**. PubMed automatically combines (**ANDs**) terms together so that all terms or concepts are present and “translates” your words into MeSH terms.
- **For an Author Search:** Enter the author's name in the format of last name first followed by initials (e.g., *byrnes ca*).
- **For a Journal Search:** To retrieve articles from a specific journal use *PubMed's Journals Database* or *Single Citation Matcher* features (available from the left

 [Printer-friendly PDF version](#)

### Instructional Video Clips

- [Introduction](#) (1:54)
- [Basic search](#) (0:40)
- [Truncation](#) (0:15)
- [Limits](#) (3:14)
- [Viewing results](#) (2:28)
- [Connecting to fulltext](#) (3:44)
- [Printing and saving](#) (1:31)
- [Ordering articles](#) (2:13)
- [Documenting your search strategy](#) (0:31)
- [Related Articles](#) (0:50)
- [Clipboard](#) (1:42)
- [History](#) (2:12)
- [Single citation matcher](#) (0:30)
- [Clinical queries](#) (2:46)
- [MeSH Browser](#) (3:04)
- [Additional Help](#) (0:28)

Internet

# CINAHL vs MEDLINE

## CINAHL

- Coverage: 1982+
- 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

## MEDLINE


- 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 E-Journals

- Check with **your library** for access to full-text e-journals
- Use **HEAL-WA** for WA state nurses
  - Includes CINAHL and MEDLINE full-text
  - A-Z Journals: 2,600 full-text journals
- **UW Affiliates**: use the Proxy service to access full-text ejournals from off-campus

# HEAL-WA Journals A-Z

## 2,600 full-text health-related journals



HEAL-WA is a collection of health information resources funded by license fees from selected health care providers in Washington State. Its mission is to provide evidence-based information to support patient care.

PROFESSIONAL TOOLKITS   DATABASES   eBOOKS   **eJOURNALS**   REFERENCE   HELP   ABOUT



### eJournals

More than 2600 Full Text Journals

Titles   [Advanced Search](#)   [eJournals Help](#)   [HEAL-WA Main Page](#)

Find:   [Advanced search](#)

[0-9](#) ▶ [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Titles where title name begins with 'A': 314  
Page list:  page: [next](#) ▶ [1](#) [2](#) [3](#) [4](#) [5](#) [6](#) [7](#) [8](#) [9](#) [10](#) [11](#) [12](#) 1

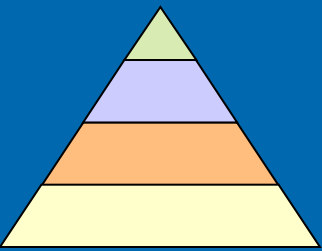
**AAACN viewpoint**  
[CINAHL with Full Text \(EBSCO Publishing\)](#) 2004 to present  
Publisher: American Academy of Ambulatory Care Nursing  
Subject: [Medicine and Health Sciences -- Nursing](#)

**AACN news**  
[CINAHL with Full Text \(EBSCO Publishing\)](#) 2004 to present  
ISSN: 1075-7732  
Publisher: American Association of Critical-Care Nurses  
Subject: [Medicine and Health Sciences -- Nursing](#)

**AANA journal**  
[CINAHL with Full Text \(EBSCO Publishing\)](#) 1981 to present  
ISSN: 0094-6354  
Publisher: American Association of Nurse Anesthetists  
Subject: [Medicine and Health Sciences -- Nursing](#); [Medicine and Health Sciences -- Anesthesiology](#)

# Open Access and Free Journal Sites

- BioMed Central [biomedcentral.com](http://biomedcentral.com)
  - Independent publishing house providing immediate free access to peer-reviewed biomedical research
  - Includes *BMC Nursing*, etc.
- PubMed Central [pubmedcentral.gov](http://pubmedcentral.gov)
  - National Library of Medicine's free digital archive of biomedical and life sciences journal literature
- Free Medical Journals [freemedicaljournals.com](http://freemedicaljournals.com)
- Highwire Press [highwire.stanford.edu](http://highwire.stanford.edu)
  - Provides full-text to over 1,000 peer-reviewed scientific, medical and social science journals.



# Search Clinical Practice Guideline Resources

- National Guideline Clearinghouse
- Nursing Reference Center [on HEAL-WA]
- MEDLINE/PubMed [on HEAL-WA]
- CINAHL [on HEAL-WA]
- Advanced Google or Google Scholar

# Clinical Practice Guidelines

- Systematically developed statements of appropriate care designed to assist the practitioner and patient make decisions about appropriate health care for specific clinical circumstances
- Usually based on the most current available research if from reputable, authoritative organizations
- Developed using widely varying standards
  - Cost may be considered as well as *health outcomes* or *politics*

# National Guideline Clearinghouse

*guideline.gov*

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

Alzheimer disease treatment

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## 'alzheimer disease treatment'

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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: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\(s\)](#)
- GUIDELINE SYNTHESIS: Management of Alzheimer's Disease and Related Dementias**

## Guideline Comparison

<b>GUIDELINE TITLE</b>	<a href="#">Practice guideline for the treatment of patients with Alzheimer's disease and other dementias.</a>	<a href="#">Guideline for Alzheimer's disease management.</a>	<a href="#">Dementia. In: Evidence-based geriatric nursing protocols for best practice.</a>
<b>DATE RELEASED</b>	1997 (revised 2007 Oct)	1998 (revised 2008 Apr)	2008
<b>GUIDELINE DEVELOPER(S)</b>	American Psychiatric Association - Medical Specialty Society	Alzheimer's Association - Disease Specific Society	Hartford Institute for Geriatric Nursing - Academic Institution
<b>INTENDED USERS</b>	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
<b>METHODS USED TO COLLECT/SELECT EVIDENCE</b>	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
<b>VIEW MAJOR RECOMMENDATIONS</b>	<a href="#">View Major Recommendations</a>	<a href="#">View Major Recommendations</a>	<a href="#">View Major Recommendations</a>
<b>VIEW AVAILABILITY OF FULL TEXT</b>	<a href="#">View Full-text Guideline</a>	<a href="#">View Full-text Guideline</a>	<a href="#">View Full-text Guideline</a>

### 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

### **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:

## MEDLINE/PubMed

### *Limit to Practice Guideline*

*In MEDLINE, under Pub Type:*


Publication Type	
	Patient Education Handout
	Periodical Index
	Practice Guideline 
	Published Erratum

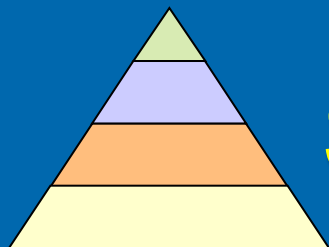
*In PubMed, under Type of Article:*

Type of Article
<input type="checkbox"/> Editorial
<input type="checkbox"/> Letter
<input type="checkbox"/> Meta-Analysis
<input checked="" type="checkbox"/> Practice Guideline
<input type="checkbox"/> Randomized Controlled Trial

## CINAHL

### *Limit to Practice Guidelines under Publication Type*

Publication Type	
	Practice Guidelines 
	Proceedings
	Protocol
	Questionnaire/Scale



# Search for Evidence Summaries

- **DynaMed [on HEAL-WA]**
  - Evidence-based clinical resource providing summaries of 3,500+ diseases and conditions
- **Nursing Reference Center [on HEAL-WA]**
  - Comprehensive point-of-care resource for nurses, including Evidence-based Care Sheets
- **Natural Standard [on HEAL-WA]**
  - High quality, evidence-based information about complementary and alternative therapies

# DynaMed

- Provides summaries of the best evidence for over 3,500 clinical topics
- Can quickly browse and find key recommendations
- Updated daily
- Monitors content of over 500 journals and systematic review databases
- Available for PDA and mobile devices

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Urinary tract infection (UTI) in adults

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## Urinary tract infection (UTI) in adults

Updated 2010 Sep 17 03:34:00 PM: review of recurrent urinary tract infections in women: diagnosis and management (Am Fam Physician 2010 Sep 15) [update](#)  
resistance patterns for prior Escherichia coli isolate within 3 months may predict resistance patterns in reinfection for ampicillin, ciprofloxacin and trimethoprim (Br J Gen Pract 2010 Jul) [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](#)

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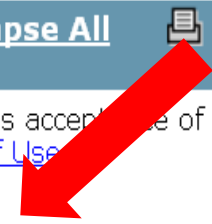
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# DynaMed: Treatment Overview

## 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

# DynaMed Treatment, detailed

Level 1  
evidence

- 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-s](#)
      - 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](#)
  - editorial recommends use of [nitrofurantoin](#), [trimethoprim](#), or [mecillinam](#) (penicillin derivative not a UTI) 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 [cost-effectiveness analysis \(Br J Gen Pract 2000 Aug;50\(457\):635 PDF\)](#)
  - 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

Full-text

# 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 can be found in [Am Fam 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](#)
- review can be found in [Am Fam Physician 1999 Mar 1;59\(5\):1225](#)
- reviews in women
  - reviews of UTI in women can be found in
    - [BMJ 2006 Jan 14;332\(7533\):94 full-text](#)
    - [Adv Stud Med 2006 Jan;6\(1\):24 PDF](#)
    - [Postgrad Med 2006 Jun-Jul;119\(1\):39](#)
    - [Obstet Gynecol 2005 Nov;106\(5\):1085](#)

## Guidelines:

### Guideline synthesis:

- synthesis of 3 guidelines (American College of Obstetricians and Gynecologists [ACOG] 2008, Scottish Intercollegiate Guidelines Network [SIGN] 2006, University of Michigan Health System 2005) on diagnosis and management of urinary tract infection can be found at [National Guideline Clearinghouse 2009 Aug:URINARY\\_TRACT2](#)

### United States guidelines:

- Infectious Diseases Society of America (IDSA) guidelines
  - IDSA practice guideline for antimicrobial treatment of uncomplicated acute bacterial cystitis and acute pyelonephritis in women can be found in [Clin Infect Dis 1999 Oct;29\(4\):745](#)  [EBSCOhost Full Text](#)
  - IDSA guidelines for diagnosis and treatment of asymptomatic bacteriuria in adults can be found in [Clin Infect Dis 2005 Mar 1;40\(5\):643](#)  [EBSCOhost Full Text](#) or at [National Guideline Clearinghouse 2005 May 30:6566](#), summary can be found in [Am Fam Physician 2005 Sep 15;72\(6\):1128](#)
- American College of Obstetricians and Gynecologists (ACOG) Practice Bulletin 91 on treatment of urinary tract infections in nonpregnant women can be found in [Obstet Gynecol 2008 Mar;111\(3\):785](#) or at [National Guideline Clearinghouse 2008 Sep 22:12628](#)

# 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

- Point-of-care EBP nursing resource
- Includes **Evidence-Based Care Sheets**
  - evidence-based summaries on key topics incorporating the best available evidence through rigorous systematic surveillance
- Includes full-text journals and texts

# Nursing Reference Center

- Evidence-based Care Sheets
  - Evidence-based summaries on key topics incorporating the best available evidence through vigorous systematic surveillance
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1. [Asthma: Guidelines for Treatment of Infants and Children Under Age 5](#) Matteucci R; Pravikoff D; CINAHL Nursing Guide, Cinahl Information Systems, 2010 Jan 08. (2p) (*evidence-based care sheet*) CINAHL AN: 5000004950  
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2. [Asthma: Family Support for Children and Adolescents](#) Strayer DA; Pravikoff D; CINAHL Nursing Guide, Cinahl Information Systems, 2010 Mar 12. (2p) (*evidence-based care sheet*) CINAHL AN: 5000004221  
 [HTML Full Text](#)  [PDF Full Text](#) (247K)
3. [Asthma: Influence of Emotional Factors in Children/Adolescents](#) Strayer DA; Pravikoff D; CINAHL Nursing Guide, Cinahl Information Systems, 2009 Feb 27. (2p) (*evidence-based care sheet* - CEU, exam questions) CINAHL AN: 5000003604

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

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

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

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

[Asthma: Effect of Education](#) 

[Asthma: Exercise-Induced Bronchospasm](#) 

[Asthma: Family Support for Children and Adolescents](#) 

[Asthma: Guidelines for Treatment of Infants and Children Under Age 5](#)  

[Asthma: Health Care Costs](#) 

[Asthma: High-Risk Patients](#) 

### 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.<sup>4, 7</sup>
  - 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.<sup>7</sup>
  - Symptoms of asthma in infants and young children include:<sup>7</sup>
    - 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:<sup>7</sup>
    - 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:<sup>7</sup>
  - many childhood illnesses are associated with wheezing, including chest colds, viral upper respiratory tract infections, cystic fibrosis, congenital heart disease, and foreign-body aspiration.<sup>6, 7</sup>
  - pulmonary function tests, which are the standard for diagnosing asthma, cannot be performed accurately in children under 5 years of age.<sup>3, 7</sup>
- 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.<sup>4, 7</sup>
  - Infants receive asthma medications in a liquid form or by a nebulizer.<sup>7</sup>
    - 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.<sup>4</sup>
- 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.<sup>7</sup>
  - Intermittent asthma:* episodic use of an inhaled short-acting beta-agonist is recommended

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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.<sup>4, 5, 7</sup>

- 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.<sup>5</sup>
- Long-term maintenance surveillance involves evaluation at 1- to 6-month intervals and verification of normal pulmonary function and lack of exacerbations.<sup>5</sup>

#### 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.<sup>7</sup>
- 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:<sup>2</sup>
  - 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](http://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 exemplars, series, 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 Skills in NRC

## 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

#### Author

Nathalie Smith, RN, MSN, CNP

#### Reviewers

Dawn Stone, MN, APRN,

- ▶ 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

**Title:** *Meniscal Tear* By: Smith CM, Keel JC, Health Library: Evidence-Based Information, October 1, 2009

**Database:** *Nursing Reference Center*

# Patient Education

## Meniscal Tear

### Contents

[Definition](#)

[Causes](#)

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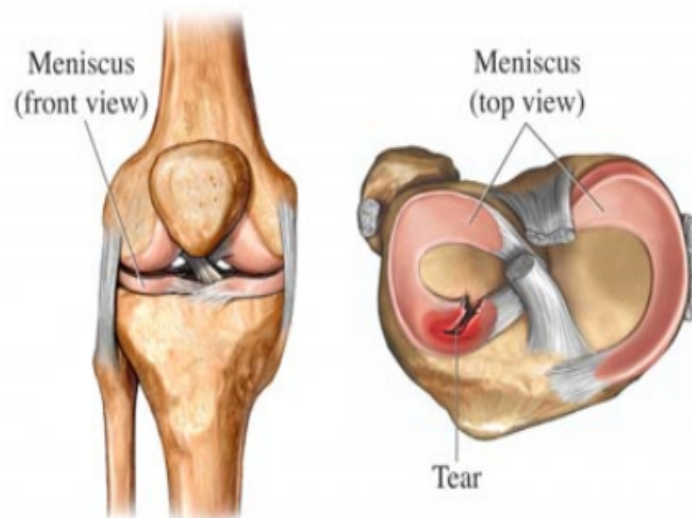
### (Torn Meniscus)

by: Carrie Myers Smith

#### 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, cutting, 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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- provides high quality, evidence-based information on:
  - dietary supplements (including herbs, vitamins, and minerals)
  - functional foods
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  - complementary practices (modalities)
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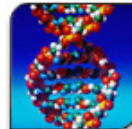
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**Aloe**

Aloe

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A comprehensive evidence-based systematic review of scientific literature, peer reviewed by **Natural Standard** editorial contributors. Provides in-depth coverage of efficacy, adverse effects, interactions, pregnancy/lactation, pharmacology/toxicology, historical/folkloric precedent, and expert consultation. Edited and peer-reviewed blindly by **Natural Standard** editorial contributors. Includes information on effectiveness, side effects, interactions, dosing, and safety. [Click Here](#)

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A concise evidence-based review, designed for use by patients or professionals. Based on a systematic aggregation and analysis of scientific literature, historic/folkloric precedent, and expert consultation. Edited and peer-reviewed blindly by **Natural Standard** editorial contributors. Includes information on effectiveness, side effects, interactions, dosing, and safety. [English](#) | [Spanish](#)

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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-coated gloves, *Aloe ferox*, aloe latex, aloe mucilage, *Aloe perfoliata*, *Aloe perryi* Baker, *Aloe spicata*, *Aloe vulgari*, Barbados aloe, bitter aloe, burn plant, Cape aloe, Carrisyn, hirukattali, Curaçao aloe, elephant's gall, first-aid plant, Ghai kunwar (Indian), Ghikumar (Indian), 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), Savila, Socotrine aloe, subr, true aloe, Venezuela aloe, Za'bila (Swahili), Zanzibar aloe.
- **Combination product (example):** Mepentol Leche (an emulsion based on hyperoxygenated fatty acids, *Aloe barbadensis* and *Mimosa tenuiflora*).

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### CLINICAL BOTTOM LINE/EFFECTIVENESS

#### Brief Background:

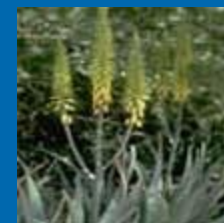
- Transparent gel from the pulp of the meaty leaves of *Aloe vera* has been used topically for thousands of years to treat wounds, skin infections, burns, and numerous other dermatologic conditions. Dried latex from the inner lining of the leaf has been used traditionally as an oral laxative.
- There is good scientific evidence in support of the laxative properties of aloe latex, based on the well-established cathartic properties of anthroquinone 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 on safety (1).
- There is promising preliminary support from *in vitro*, animal, and human studies that topical aloe gel has immunomodulatory properties that may improve wound healing and skin inflammation.

## Scientific Evidence for Common/Studied Uses:

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

# Natural Standard

## Aloe



Level of Evidence Grade	Criteria
<b>A</b> (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>B</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>
<b>C</b> (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.
<b>D</b> (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

# Genital herpes and related conditions

## Levels of scientific evidence for specific therapies

### Grade: A (Strong Scientific Evidence)

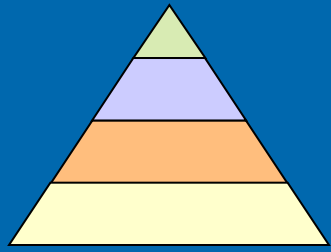
Therapy	Specific therapeutic Use(s)
Acupuncture	Pain (chronic)

### Grade: B (Good Scientific Evidence)

Therapy	Specific therapeutic Use(s)
Acupressure, shiatsu, tuina	Pain (general)
Aloe	Genital herpes
Comfrey	Pain
Green tea	Genital warts
Guided imagery	Pain
Hypnotherapy, hypnosis	Pain (various causes)
Lemon balm	Herpes simplex virus infections
Music therapy	Pain (adjunct)
Para-aminobenzoic acid	Herpes (keratitis)
Para-aminobenzoic acid	Recurrent herpes labialis infection (prevention)
Physical therapy	Pain
Sage	Herpes
Therapeutic touch	Pain
Zinc	Herpes simplex virus

### Grade: C (Unclear or Conflicting Scientific Evidence)

Therapy	Specific therapeutic Use(s)
Acupressure, shiatsu, tuina	Pain (fracture)
Acupressure, shiatsu, tuina	Pain (labor)



# Use a Meta-Search Engine to find evidence sites

*Allows you to search multiple other search engines simultaneously and combine the results*



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- Metasearch engine
- Performs a simple search of more than 75 databases
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childhood depression treatment

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- [eMedicine Background](#)
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- [eMedicine Follow-up](#)
- [Mentor](#)
- [GP Notebook](#)
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1. [Anxiety and Depression in Children and Youth – Diagnosis and Treatment](#)

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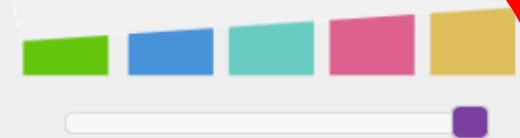
3. [Practice parameters for the assessment and treatment of children and adolescents with depressive disorders.](#)

[American Academy of Child and Adolescent Psychiatry 2008](#)  
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4. [Exercise in prevention and treatment of anxiety and depression among children and young people](#)

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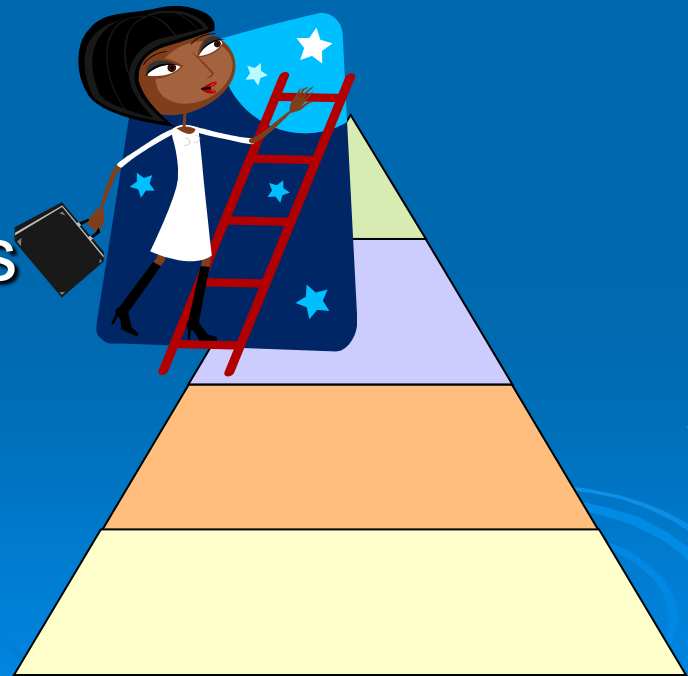


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- Cochrane Database of Systematic Reviews  
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- MEDLINE [on HEAL-WA]  
or PubMed Clinical Queries
- CINAHL [on HEAL-WA]



# 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.
- Uses explicit methods to identify, select and critically evaluate relevant research.

## ➤ Meta-analysis:

- a systematic review combining results of several studies using quantitative statistics.

# Cochrane Database of Systematic Reviews

- 'Gold standard' for high quality systematic reviews
- Includes full-text reviews and protocols
- Cochrane abstracts available in CINAHL and MEDLINE/PubMed

# Cochrane Search

Searching: **Cochrane Database of Systematic Reviews** | [Choose Databases >](#) [HEAL-WA](#)

antibiotics in Select a Field (optional)   
 AND sinusitis in Select a Field (optional)   
 AND in Select a Field (optional) [Add Row](#)

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Results for: antibiotics and sinusitis [Alert / Save / Share >](#)

Search Mode: Boolean/Phrase

- Antibiotics for acute maxillary sinusitis**   
(Cochrane Review). Reviewers: Ahevue Saloranta, Anneli; Borisenko, Oleg V; Kovanen, Niina; Varonen, Helena; Rautakorpi, Ulla-Maija; Williams Jr, John W; Mäkelä, Marjukka. Review Group: Cochrane Acute Respiratory Infections Group; *Cochrane Database of Systematic Reviews*; Edited/Substantively amended: 11 May 2009; Edited (no change to conclusions) this issue. (AN: CD000243)  
  
Subjects: Adult; Humans; Acute Disease; Clinical Trials as Topic; Randomized Controlled Trials as Topic; Anti-Bacterial Agents therapeutic use; Maxillary Sinusitis drug therapy  
  
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**[Intervention Review]**  
**Antibiotics for acute maxillary sinusitis**

**Abstract**

**Background**

Expert opinions vary on the appropriate role of antibiotics for sinusitis, one of the most commonly diagnosed conditions among adults in ambulatory care.

**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 the Cochrane Central Register of Controlled Trials (CENTRAL) (*The Cochrane Library*, 2007, Issue 3); MEDLINE (1950 to May 2007) and EMBASE.

**Selection criteria**

Randomized controlled trials (RCTs) comparing antibiotics in adults. We included trials with clinical culture.

**Data collection and analysis**

At least two review authors independently screened references and abstracts. Relative risks (RR) were calculated for differences in the intervention and control groups. Review authors were blinded to the meta-analysing the placebo-controlled studies. Clinical failure rates at 7 to 15 days and 16 to 30 days.

**Main results**

Fifty-seven studies were included in the review comparing antibiotics. Five studies involving 631 participants was defined as a lack of cure or improvement of antibiotics, compared to placebo, with a pooled RR of 0.74 (95% CI 0.65 to 0.84) at 7 to 15 days. The clinical significance of the result is equivocal, as 80% of participants in the placebo group (80%) and the antibiotic group (90%). Based on six studies, when clinical failure was defined as a lack of total cure, there was a significant difference in favor of antibiotics compared to placebo with a pooled RR of 0.74 (95% CI 0.65 to 0.84) at 7 to 15 days.

**Authors' conclusions**

Antibiotics have a small treatment effect in patients with uncomplicated acute sinusitis in a primary care setting with symptoms for more than seven days. However, 80% of participants treated without antibiotics improve 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.

**Authors' conclusions**  
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# Finding Systematic Reviews and Meta-Analyses in *PubMed*

Use Clinical Queries:  
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Limit to Type of Article:  
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### PubMed Clinical Queries


Search: black cohosh menopause

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#### Clinical Study Categories

Category: Therapy  
Scope: Narrow

**Systematic reviews**



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- Pharmacokinetics of 23-epi-26-deoxyactein in women after oral administration of a standardized extract of black cohosh. [Clin Pharmacol Ther. 2010]
- Randomized, double-blind, placebo-controlled trial of Cimicifuga racemosa (black cohosh) in women with anxiety disorder due to menopause. [J Clin Psychopharmacol. 2009]
- Safety and efficacy of black cohosh and red clover for the management of vasomotor symptoms: a randomized controlled trial. [Menopause. 2009]
- Effects of botanicals and combined hormone therapy on cognition in postmenopausal women. [Menopause. 2009]

**Results: 5 of 28**

- Medicinal Plants as Alternative Treatments for Female Sexual Dysfunction: Utopian Vision or Possible Treatment in Climacteric Women? [J Sex Med. 2010]
- Alternative and complementary therapies for the menopause. [Maturitas. 2010]
- Black cohosh and suspected hepatotoxicity: inconsistencies, confounding variables, and prospective use of a diagnostic causality algorithm. A critical review. [Menopause. 2010]
- Efficacy of black cohosh-containing preparations on menopausal symptoms: a meta-analysis. [Altern Ther Health Med. 2010]

### Limits

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Type of Article

- Clinical Trial
- Editorial
- Letter
- Meta-Analysis
- Practice Guideline

# 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]

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## [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]

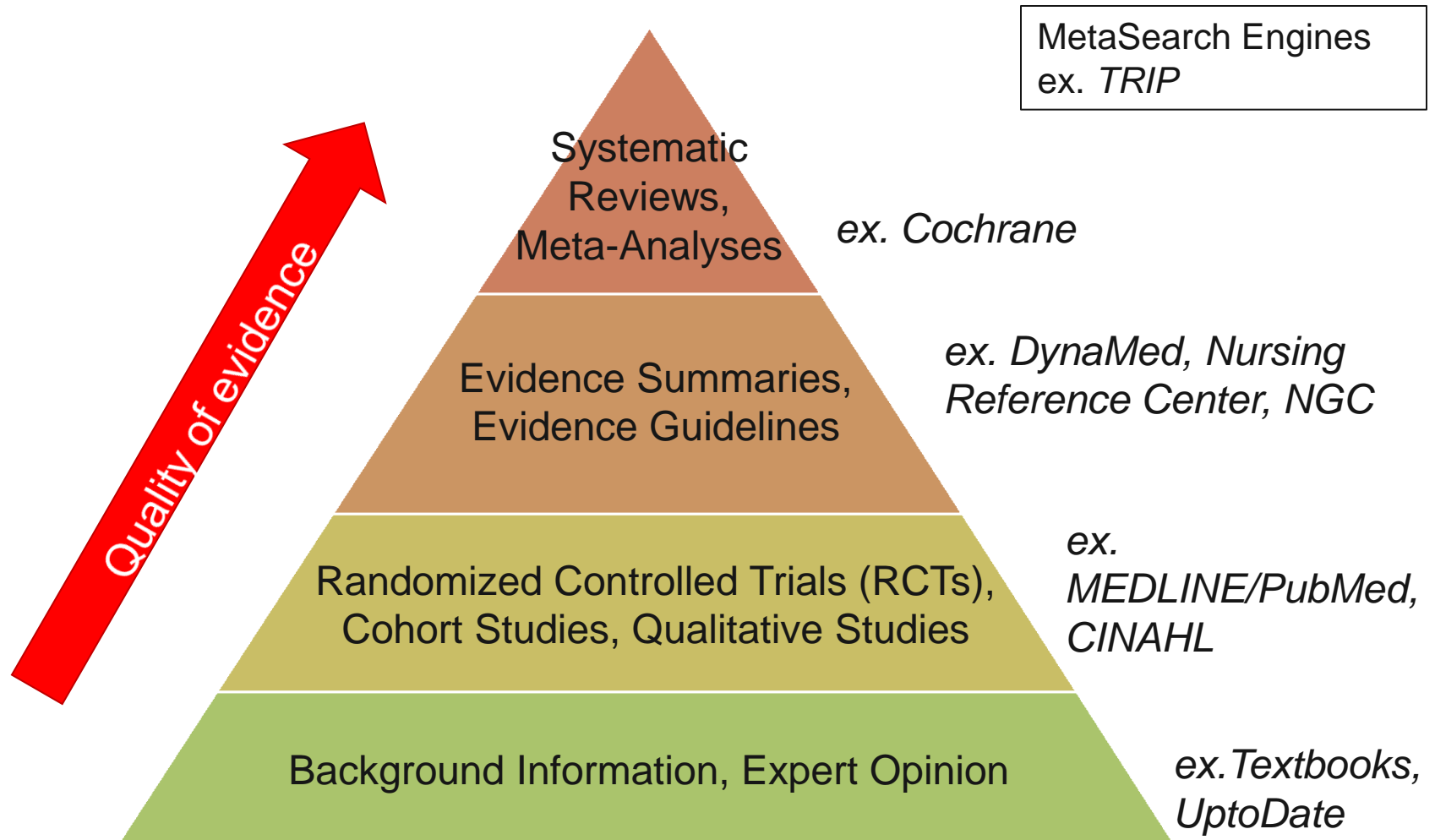
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## [Black cohosh \(Cimicifuga racemosa\) for menopausal symptoms: a systematic review of its efficacy](#)

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

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PLEASE NOTE that once you have set up your access code, it can take up to a day for your access code to be recognized so you can log in to HEAL-WA.

# HEAL-WA Resources

## Diagnosis & Therapy

### Diagnosis & Therapy ▾

#### **DynaMed**

With clinically-organized summaries for more than 3,000 topics, DynaMed is a clinical reference tool created for physicians and other health care professionals for use primarily at the 'point-of-care'.

**Merck Manual of Diagnosis and Therapy**

**Merck Manual of Geriatrics**

## Patient Care Management

### Patient Care Management ▾

#### **Nursing Reference Center**

Nursing Reference Center includes information about conditions and diseases, patient education resources, drug information, continuing education, lab & diagnosis detail, best practice guidelines, and more.

#### **CINAHL (Nursing Literature)**

CINAHL with full text covers nursing, biomedicine, health sciences librarianship, alternative/complementary medicine, consumer health and 17 allied health disciplines and provides the full text for more than 600 journals.

**Nursing Calculators**

# HEAL-WA Resources

## Guidelines & Evidence

### Guidelines & Evidence ▾

#### 🔒 **Cochrane Database of Systematic Reviews**

Full text of highly structured systematic reviews and protocols focusing on the effects of healthcare.

#### **Clinical Information from the Agency for Healthcare Research and Quality**

Links to information on Evidence-Based Practice, Outcomes & Effectiveness, Effective Healthcare, and more.

#### **PubMed Clinical Queries**

Specialized PubMed searches for clinicians. Finds citations that correspond to a specific clinical study category, such as etiology, diagnosis, prognosis, and more.

#### **The Guide to Community Preventive Services (Community Guide)**

The Guide to Community Preventive Services (Community Guide) is your source for information about the effectiveness, economic efficiency, and feasibility of evidence-based interventions to promote community health and prevent disease.

## Drugs, Labs, Diagnostic Tests

### Drugs, Labs, Diagnostic Tests ▾

#### 🔒 **AHFS Drug Information® (2008)**

Stat!Ref

#### **Drug Information Portal**

From the US National Library of Medicine. Searches more than a dozen sources for information about more than 12,000 drugs.

#### **LactMed**

A peer-reviewed and fully referenced database of drugs to which breastfeeding mothers may be exposed. Among the data included are maternal and infant levels of drugs, possible effects on breastfed infants and on lactation, and alternate drugs to consider.

#### 🔒 **Natural Standard**

Natural Standard provides high-quality, evidence-based information on dietary supplements (including herbs, vitamins, and minerals), functional foods, diets, complementary practices (modalities), exercises, and medical conditions.

#### 🔒 **Lexi-Comp Online - NEW!**

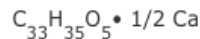
# Drug Resources: AFHS Drug Information

AHFS Drug Information® (2010)

[Bibliography]

## Atorvastatin Calcium

### Introduction



- Atorvastatin calcium, a hydroxymethylglutaryl-CoA (HMG-CoA) reductase inhibitor (i.e., statin), is an antilipemic agent.<sup>1, 18</sup>

### Uses

#### • Prevention of Cardiovascular Events

##### *Primary Prevention*

Atorvastatin is used in patients without clinical evidence of coronary heart disease (CHD) who have multiple risk factors (e.g., age, smoking, hypertension, low high-density lipoprotein [HDL]-cholesterol concentrations, family history of early CHD) to reduce the risk of myocardial infarction (MI), stroke, or angina, and to reduce the risk of undergoing revascularization procedures.<sup>1, 65</sup> Atorvastatin also is used in patients without clinical evidence of CHD who have type 2 diabetes mellitus and other risk factors for CHD (e.g., retinopathy, albuminuria, smoking, hypertension) to reduce the risk of MI or stroke.<sup>1, 65</sup> Atorvastatin in fixed combination with amlodipine (Caduet<sup>®</sup>) is used in patients for whom treatment with both atorvastatin and a calcium-channel blocking agent (i.e., amlodipine) is appropriate.<sup>65</sup>

Safety and efficacy of atorvastatin have been established in several randomized, double-blind, placebo-controlled studies in patients without clinical evidence of CHD.<sup>1</sup>

In the Anglo-Scandinavian Cardiac Outcomes Trial (ASCOT) in hypertensive, hypercholesterolemic (total cholesterol 251 mg/dL or less) patients with no history of MI who had multiple risk factors for CHD, therapy with atorvastatin (10 mg daily) for a median of 3.3 years reduced the risk of fatal CHD or nonfatal MI by 36% and the risk of undergoing revascularization procedures by 42%.<sup>1</sup>

Lipoprotein concentrations were lowered to levels similar to those observed with atorvastatin 10 mg daily in previous clinical studies.<sup>1</sup> The risk of fatal and nonfatal strokes was reduced by 26%, although this was not statistically significant.<sup>1</sup> Treatment with atorvastatin did not reduce the risk of death from cardiovascular or noncardiovascular causes.<sup>1</sup>

In the Collaborative Atorvastatin Diabetes Study (CARDS) in hypercholesterolemic patients (median total cholesterol concentration of 207 mg/dL, LDL-cholesterol concentration of 120 mg/dL, triglyceride concentration of 151 mg/dL) with type 2 diabetes mellitus (mean hemoglobin A<sub>1c</sub> [HbA<sub>1c</sub>] of 7.7%) and one or more other risk factors (e.g., smoking, hypertension, retinopathy,

# Drug Resources: Lexi-Comp Online

**LEXI-COMP ONLINE**

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[Patient Education](#) [Web Search](#)

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**Geriatric Considerations** Effective and well tolerated in elderly. The definition of and, therefore, when to treat hyperlipidemia in the elderly is a controversial issue. The National Cholesterol Education Program recommends that all adults maintain a plasma cholesterol <160 mg/dL. Elderly patients with one additional risk factor, goal LDL would be <130 mg/dL. It is the authors' belief that pharmacologic treatment be reserved for those who are unable to obtain a desirable plasma cholesterol concentration by diet alone and for whom the benefits of treatment are believed to outweigh the potential adverse effects, drug interactions, and cost of treatment.

**Pregnancy Risk Factor** X

**Pregnancy Considerations** Cholesterol biosynthesis may be important in fetal development. Contraindicated in pregnancy. Administer to women of childbearing potential only when conception is highly unlikely and patients have been informed of potential hazards.

**Lactation** Excretion in breast milk unknown/contraindicated

## Adverse Reactions

>10%:

Gastrointestinal: Diarrhea (5% to 14%)

Neuromuscular & skeletal: Arthralgia (4% to 12%)

Respiratory: Nasopharyngitis (4% to 13%)

2% to 10%:

Central nervous system: Insomnia (1% to 5%)

## Lexi-Drugs Online : Atorvastatin

- [Medication Safety Issues](#)
- [Pronunciation](#)
- [Brand Names](#)
- [Pharmacologic Category](#)
- [Uses](#)
- [Dosages](#)
- [Administration and Storage Issues](#)
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  - [Monitoring Parameters](#)
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- [Dental Information](#)
- [Pearls & Related Information](#)
- [Index Terms](#)
- [References](#)
- [International Brand Names](#)

# HEAL-WA Resources

## Complementary & Alt Med    Multicultural Information

### Complementary & Alternative Medicine ▾

#### 🔒 **AMED (Alternative & Natural Medicine Database)**

Includes complementary medicine, physiotherapy, occupational therapy, rehabilitation, podiatry, palliative care, and more.

#### 🔒 **Alt-HealthWatch**

Full-text articles, pamphlets, booklets, special reports, original research and book excerpts on the many perspectives of complementary, holistic and integrated approaches to health care and wellness.

#### 🔒 **Natural Standard**

Natural Standard provides high-quality, evidence-based information on dietary supplements (including herbs, vitamins, and minerals), functional foods, diets, complementary practices (modalities), exercises, and medical conditions.

### Multicultural Information ▾

#### **EthnoMed**

The EthnoMed site contains information about cultural beliefs, medical issues and other related issues pertinent to the health care of recent immigrants to Seattle or the US, many of whom are refugees fleeing war-torn parts of the world. It includes information for patients as well as for providers.

#### **RHIN® - Refugee Health Information Network**

RHIN® is a national collaborative partnership managed by refugee health professionals whose objective is to provide quality multilingual, health information resources for those providing care to resettled refugees and asylees.

# HEAL-WA Resources

## Prevention, Screening, Immunizations

### Prevention, Screening, Immunizations

#### Immunization Schedules

For children, adolescents, and adults. From the US Centers for Disease Control and Prevention.

#### Red Book®: 2009 Report of the Committee on Infectious Diseases - 28th Ed.

Stat!Ref

#### Travelers' Health

from the US Centers for Disease Control and Prevention

## Information for Patients

### Information for Patients

#### AAFP Conditions A to Z (2010)

Stat!Ref

#### MedlinePlus - Health Information for Patients

Authoritative information for patients and health consumers from the US National Library of Medicine, the National Institutes of Health (NIH), and other government agencies and health-related organizations.

#### MedlinePlus Health Information in Other Languages (for patients)

Medline Health Info in Other Languages

#### Patient Information from UpToDate

# MedlinePlus

medlineplus.gov



A service of the U.S. National Library of Medicine  
NIH National Institutes of Health

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vitamin d

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NIHSeniorHealth

Clinical Trials

Visit [NIHSeniorHealth.gov](#) - Easy-to-Use Health and Wellness Information for Older Adults →



### Health News

['DASH Diet' Shown to Lower Heart Attack Risk Almost 20%](#)

[Dementia Patients, Caregivers May Benefit from Home-Based Program](#)

[More Evidence Hormone Therapy Can Muddy Mammograms](#)

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# Cystic Fibrosis

Also called: CF

Cystic fibrosis (CF) is an inherited disease of the mucus and sweat glands. It affects mostly your lungs, pancreas, liver, intestines, sinuses and sex organs. CF causes your mucus to be thick and sticky. The mucus clogs the lungs, causing breathing problems and making it easy for bacteria to grow. This can lead to problems such as repeated lung infections and lung damage.

The symptoms and severity of CF vary widely. Some people have serious problems from birth. Others have a milder version of the disease that doesn't show up until they are teens or young adults.

Although there is no cure for CF, treatments have improved greatly in recent years. Until the 1980s, most deaths from CF occurred in children and teenagers. Today, with improved treatments, people with CF live, on average, to be more than 35 years old.

National Heart, Lung, and Blood Institute

## Start Here

- [Cystic Fibrosis NIH](#) (National Heart, Lung, and Blood Institute)
- [Cystic Fibrosis Interactive Tutorial](#) (Patient Education Institute) - Requires Flash Player  
Also available in [Spanish](#)
- [Genetics Home Reference: Cystic fibrosis NIH](#) (National Library of Medicine)

## Basics

- [Overviews](#)
- [Latest News](#)
- [Diagnosis/Symptoms](#)
- [Treatment](#)
- [Prevention/Screening](#)

## Learn More

- [Nutrition](#)
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- [Tutorials](#)

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- [Research](#)
- [Journal Articles](#)

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- [Organizations](#)

## For You

- [Children](#)
- [Teenagers](#)

## Overviews

- [Cystic Fibrosis](#) (March of Dimes Birth Defects Foundation)

# Authoritative, Quality Links for Consumers

## Overviews

- [Cystic Fibrosis: Frequently Asked Questions](#) (Cystic Fibrosis Foundation)
- [Cystic Fibrosis](#) (Mayo Foundation for Medical Education and Research)
- [JAMA Patient Page: Cystic Fibrosis](#) (American Medical Association) - PDF

## Latest News

- [Cystic Fibrosis Flare-Ups May Be Treated Equally Well at Home](#) (07/14/2010, HealthDay)
- [Drug-Resistant Staph Threatens Cystic Fibrosis Patients](#) (08/15/2010, HealthDay)

## Diagnosis/Symptoms

- [CF Gene Mutation Testing](#) (American Association for Clinical Chemistry)
- [Cystic Fibrosis \(CF\) Respiratory Screen: Sputum](#) (Nemours Foundation)
- [Sweat Test](#) (American Association for Clinical Chemistry)
- [Trypsin and Chymotrypsin Test](#) (American Association for Clinical Chemistry)
- [Trypsinogen Test](#) (American Association for Clinical Chemistry)

## Treatment

- [Building Strength: Therapies for CF](#) (Cystic Fibrosis Foundation)
- [Return to top](#)

## Prevention/Screening

- [Cystic Fibrosis: Prenatal Screening and Diagnosis](#) (American College of Obstetricians and Gynecologists)
  - [Newborn Screening for Cystic Fibrosis](#) (Cystic Fibrosis Foundation)
- [Return to top](#)

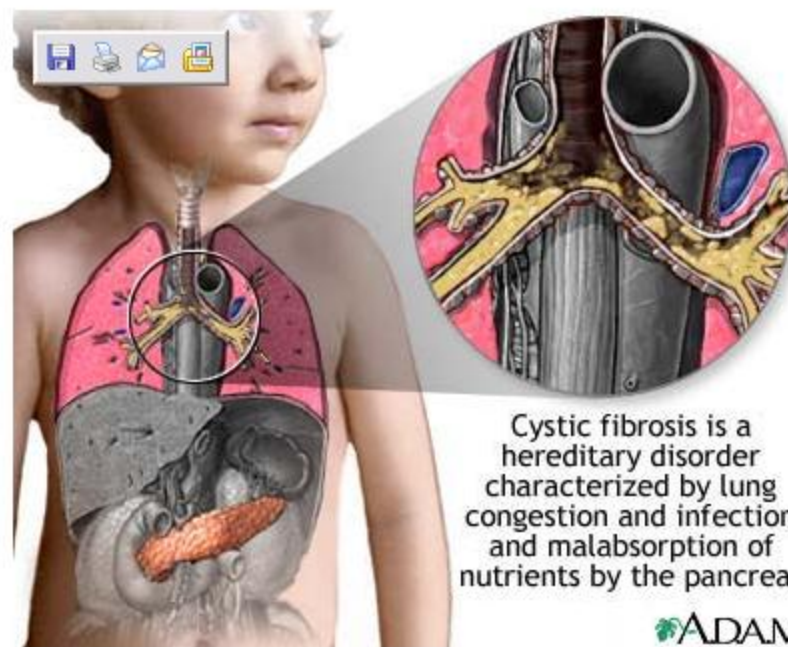
## Nutrition

- [FDA Review of Pancreatic Enzyme Products](#) (Cystic Fibrosis Foundation)
- [Nutrition and Cystic Fibrosis: Changes through Life](#) (Cystic Fibrosis Foundation) - PDF

 [Home](#) [Health Topics](#) [Drug Information](#) [Encyclopedia](#) [Dictionary](#) [News](#) [Directories](#) [Other Resources](#)

## Medical Encyclopedia

### Cystic fibrosis



Cystic fibrosis is a hereditary disorder characterized by lung congestion and infection and malabsorption of nutrients by the pancreas

 ADAM.

Cystic fibrosis is the most common cause of chronic lung disease in children and young adults, and the most common fatal hereditary disease in the US.

**Update Date:** 3/23/2001

Updated by: A.D.A.M. Medical Illustration Team

# So, you want to use Google?

## CINAHL results

- 150 articles
- Top result:  
Schatz M, Dombrowski MP.  
Clinical practice: asthma in  
pregnancy. *NEJM* 2009 Apr  
30; 360(18):1862-9

## Google results

- 2, 530,00 hits
- Top result:  
Asthma in pregnancy.  
*eMedicine Health*. Last  
editorial review 10/24/2005

Search June 2009: **asthma and pregnancy**  
by Dolores Judkins, OHSU Library, Portland, OR

# Navigating the Web Beyond Basic Google to Find Evidence?

## ➤ Google [google.com](http://google.com)

- Largest search engine: over *25 billion* pages
- *Relevance ranking* based on link analysis

## ➤ Google Advanced Search

[www.google.com/advanced\\_search?hl=en](http://www.google.com/advanced_search?hl=en)

## ➤ Google Scholar [scholar.google.com](http://scholar.google.com)

# Searching Advanced Google for Guidelines

**Google** **Advanced Search** [Advanced Search Tips](#)

**allintitle:** pressure ulcer prevention guidelines

**Find web pages that have...**

all these words:

this exact wording or phrase:

one or more of these words:  OR  OR

**But don't show pages that have...**

any of these unwanted words:

**Need more tools?**

Results per page:

Language:

File type:

Search within a site or domain:

(e.g. youtube.com, .edu)

[Date, usage rights, numeric range, and more](#)

Date: (how recent the page is)

[Usage rights:](#)

Where your keywords show up:

Region:

Numeric range:  ..

(e.g. \$1500..\$3000)

[SafeSearch:](#)  Off  On

pdf

.gov, .edu

in title





pressure ulcers guideline site:.org

Search

About 58,300 results (0.21 seconds)

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Everything

More

All results

Related searches

More search tools

### [National Pressure Ulcer Advisory Panel \(NPUAP\)](#)

NPUAP Announces the Release of the NPUAP-EPUAP **Guidelines** for **Pressure Ulcer** Prevention and Treatment! Order your copy now! ...

[www.npuap.org/](http://www.npuap.org/) - [Cached](#) - [Similar](#)

### [Resources - National Pressure Ulcer Advisory Panel \(NPUAP\)](#)

The overall content and structure of the **Pressure Ulcer** Prevention & Treatment Clinical Practice **Guideline** and Quick Reference **Guideline** are accurate and ...

[www.npuap.org/resources.htm](http://www.npuap.org/resources.htm) - [Cached](#) - [Similar](#)

[Show more results from www.npuap.org](#)

### [Pressure Ulcer Guidelines](#)

A new and exciting development - international **guidelines** for the prevention and management of **pressure ulcers** - read on for more information ...

[www.pressureulcerguidelines.org/](http://www.pressureulcerguidelines.org/) - [Cached](#) - [Similar](#)

### [Pressure Ulcer Treatment Project](#)

Treatment **Guideline** Development. With the collaboration of the EPUAP (European **Pressure Ulcer** Advisory Panel), the American NPUAP (National **Pressure Ulcer** ...

[www.pressureulcerguidelines.org/therapy/](http://www.pressureulcerguidelines.org/therapy/) - [Cached](#) - [Similar](#)

### [European Pressure Ulcer Advisory Panel - Guidelines](#)

The quick reference versions of both the **pressure ulcer** prevention and **pressure ulcer** treatment **guidelines** are freely available on the EPUAP website. ...

[www.epuap.org/guidelines.html](http://www.epuap.org/guidelines.html) - [Cached](#) - [Similar](#)

# Google Scholar

*[scholar.google.com](http://scholar.google.com)*

- Searches for **scholarly literature**, including peer-reviewed papers, theses, books, abstracts and technical reports
- Finds articles from academic publishers, professional societies, universities, etc. as well as scholarly articles on the web
- "**Cited by**" link identifies # that have cited the original
- Access to full text only available with subscription
- **Caution:** Not a reliable sole source for searching scholarly literature

# Google Scholar

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Scholar    Results 1 - 10

[Maternal Asthma, its Control and Severity in Pregnancy, and the Incidence of ...](#)  
MJ Martel, MF Beauchesne, JL Malo, É Rey, S ... - The Journal of ..., 2009 - Elsevier  
A cohort of 26 265 singletons born to mothers with and without **asthma** (1990–2002) was constituted by use of 3 Quebec databases. Mothers with **asthma** had to have received  $\geq 1$  diagnosis and  $\geq 1$  prescription for **asthma** 2 years before or during **pregnancy**. **Asthma** control and ...  
[Related articles](#) - [Find UW Holdings](#) - [All 9 versions](#) - [Import into EndNote](#)

[... severity of asthma during pregnancy are associated with the incidence of asthma ...](#)  
MJ Martel, E Rey, MF Beauchesne, JL ... - European ..., 2009 - Eur Respiratory Soc  
CONTROL AND SEVERITY OF **ASTHMA** DURING **PREGNANCY** ARE ASSOCIATED WITH THE INCIDENCE OF **ASTHMA** IN THE OFFSPRING: TWO-STAGE CASE-CONTROL STUDY ...  
moderate-to-severe uncontrolled **asthma** during **pregnancy** had an increased risk of **asthma** ...  
[Related articles](#) - [All 8 versions](#) - [Import into EndNote](#)

[... D intake during pregnancy is inversely associated with asthma and allergic rhinitis ...](#)  
M Erkkola, M Kaila, BI Nwaru, C ... - Clinical & ..., 2009 - interscience.wiley.com  
It is also possible that your web browser is not configured or not able to display style sheets. In this case, although the visual presentation will be degraded, the site should continue to be functional. We recommend using the latest version of Microsoft or Mozilla web browser to ...  
[Cited by 16](#) - [Related articles](#) - [All 4 versions](#) - [Import into EndNote](#)

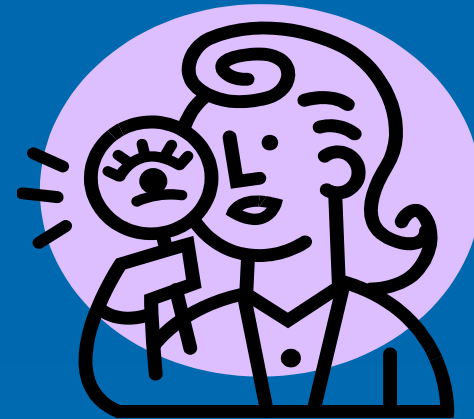
# Must Evaluate Web Resources: Evaluation Strategies

- Evaluate using **Criteria for Evaluating Web Resources**
- Determine the type of site by analyzing **Web Site Addresses**
- A User's **Guide** to Finding and Evaluating Health Information on the Web  
*[www.mlanet.org/resources/userguide.html](http://www.mlanet.org/resources/userguide.html)*

# Criteria for Evaluating Web Sites

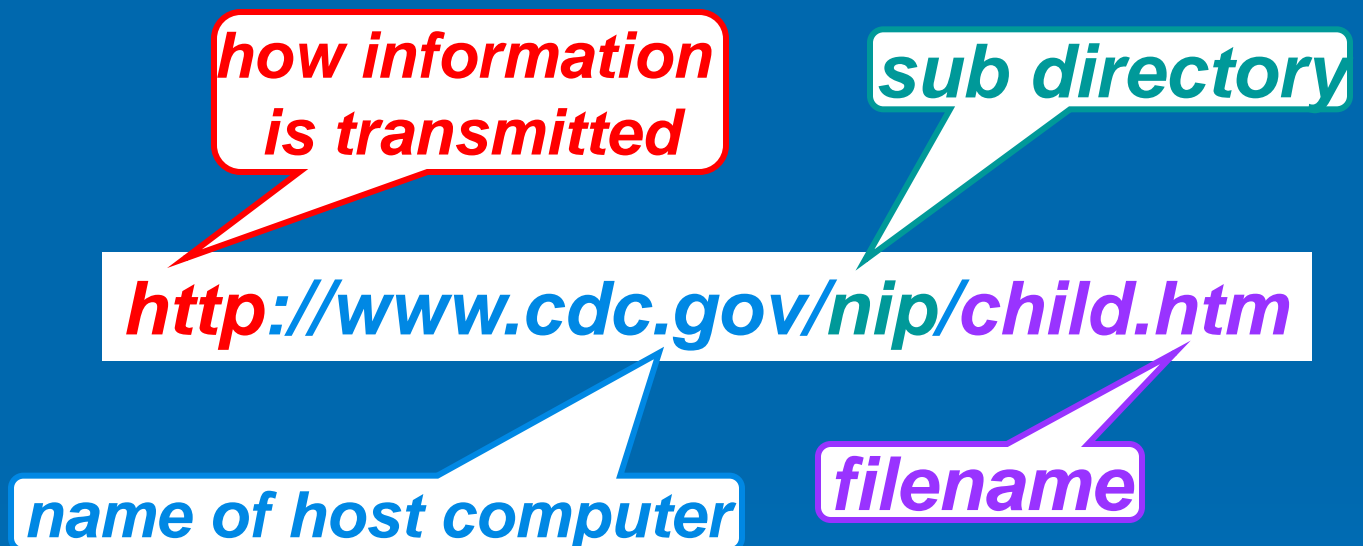
[healthlinks.washington.edu/howto/navigating/criteria.pdf](http://healthlinks.washington.edu/howto/navigating/criteria.pdf)

- Authority
- Accuracy
- Objectivity
- Currency
- Coverage
- Design

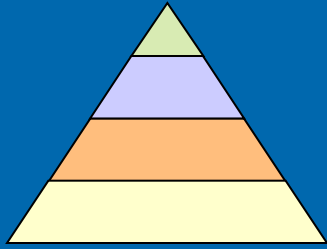


# Analyze the Website Address

- edu
- org
- com
- gov
- net



The URL (Uniform Resource Locator) includes the name of the host computer which can indicate the purpose of the web site.



# Final Thoughts

- ★ Remember **key resources** to find evidence to improve patient care:
  - MEDLINE/PubMed and CINAHL
  - DynaMed and Nursing Reference Center
  - NGC and TRIP
  - Cochrane, and more...
- ★ Investigate **HEAL-WA!**

AJN Series EBP Step by Step:

[journals.lww.com/ajnonline/pages/collectiondetails.aspx?TopicalCollectionId=10](http://journals.lww.com/ajnonline/pages/collectiondetails.aspx?TopicalCollectionId=10)

PowerPoint located: [healthlinks.washington.edu/hsl/liaisons/schnall/advpract2010.ppt](http://healthlinks.washington.edu/hsl/liaisons/schnall/advpract2010.ppt)

Handout located: [healthlinks.washington.edu/hsl/liaisons/schnall/advpract2010.doc](http://healthlinks.washington.edu/hsl/liaisons/schnall/advpract2010.doc)