



**Health Sciences Libraries**  
UNIVERSITY OF WASHINGTON

# **Only a Click Away: Finding Evidence on the Web**

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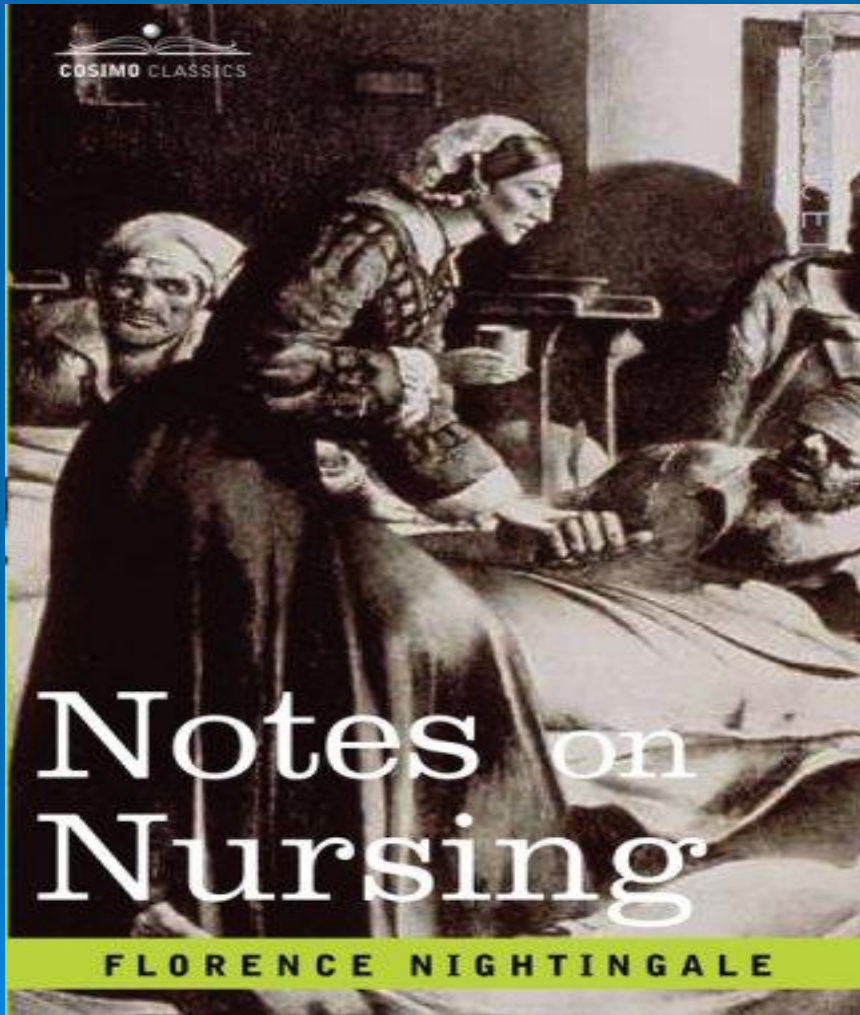
# Objectives

- Recognize the importance of evidence-based nursing (EBN) practice
- Describe web resources to use for EBN practice to improve patient care
- Locate e-resources on HEAL-WA, the health evidence website for WA state nurses

# Remember when...

- Mothers were advised to put babies to sleep on the stomach
- Betadine and heat lamps were used to dry pressure ulcers
- 6 weeks of bed rest was recommended after an MI

# Nursing Research



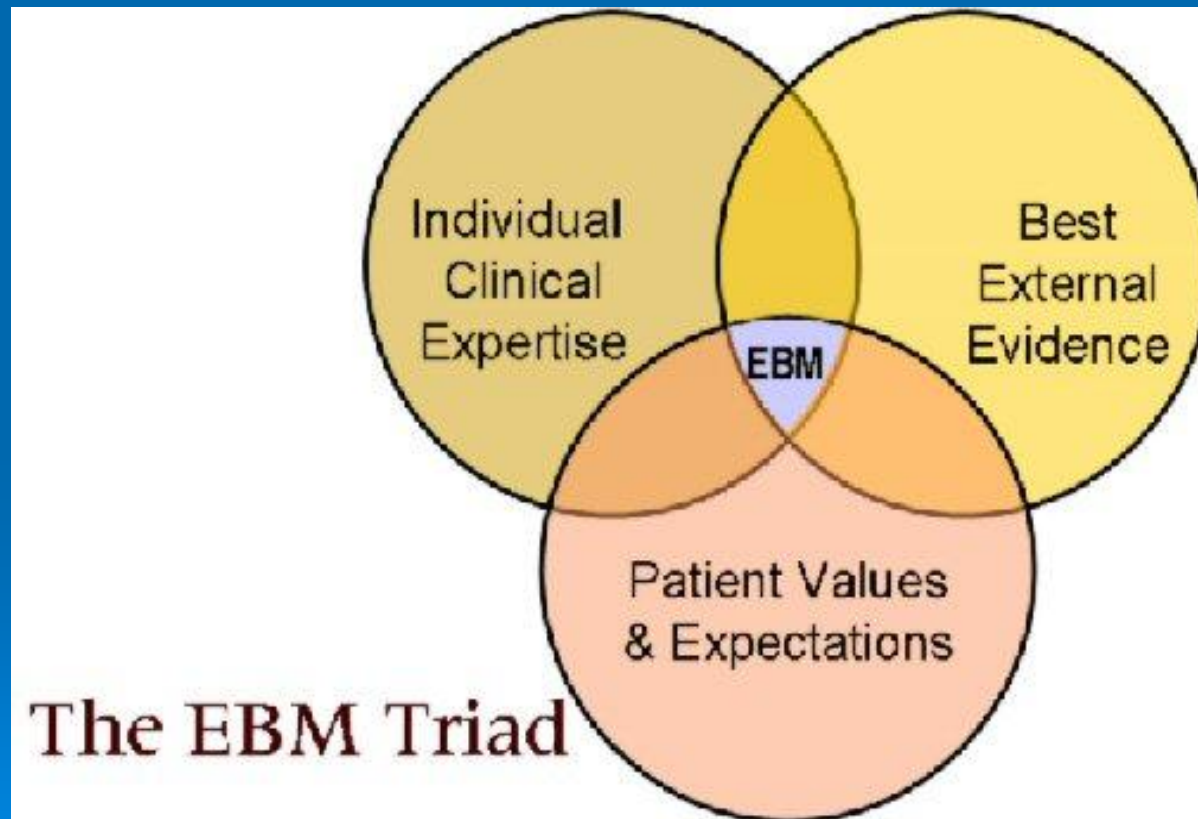
- *Notes on Nursing* 1859
- Early research on education of nurses
- 1970's: focus of research changed to investigate nursing practice and outcomes
- Today: emphasis on evidence-based nursing

# 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



# What makes good evidence?

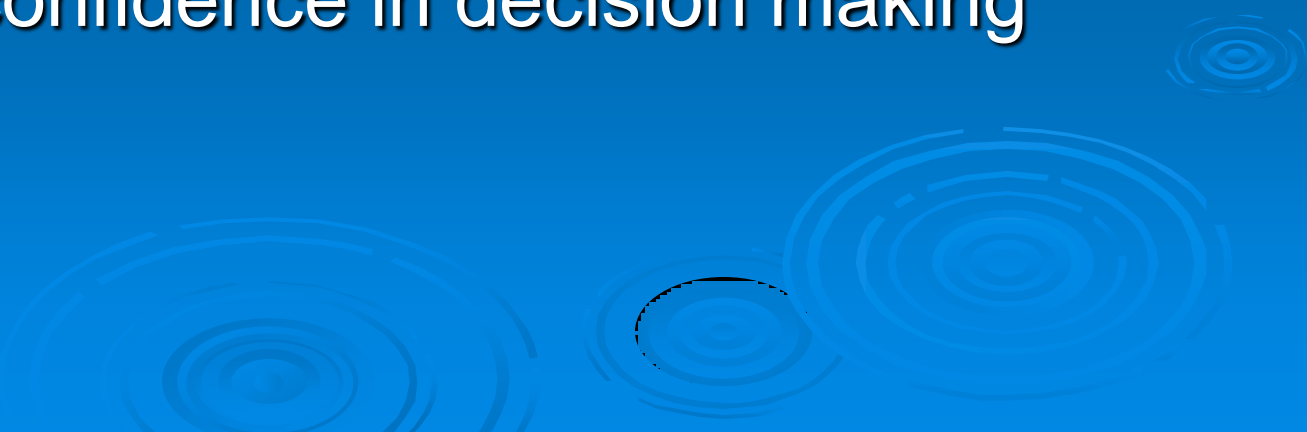
## *Good*

- 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 adopt EBP?

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

# EBP Implications for Nursing

- **Are nurses ready for evidence-based practice?**
  - Many don't understand or value research
  - Many have little or no training to help find evidence on which to base their practice

Pravikoff DS, Tanner AB, Pierce ST. Readiness of U.S. nurses for evidence based practice. *American Journal of Nursing* 2005 Sep;105(9): 40-52.

# Barriers to Nurses using EBP

- Lack of time
- Lack of value of research in practice
- Lack of understanding of electronic databases
- Lack of computer skills
- Difficulty understanding research articles

Fact: Research gap... takes 17 years for research result to make it into practice

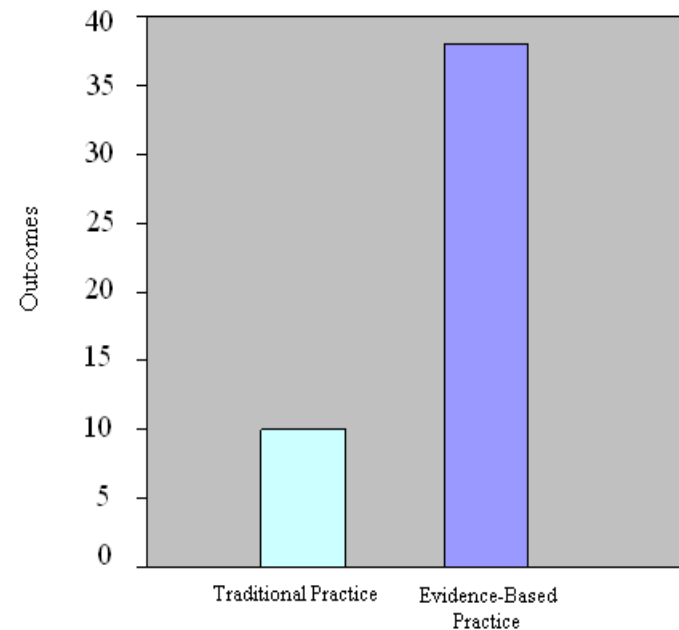
# EBP Improves Patient Outcomes

## Failure to use evidence results in

- ✓ lower quality
- ✓ less effective
- ✓ more expensive care

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

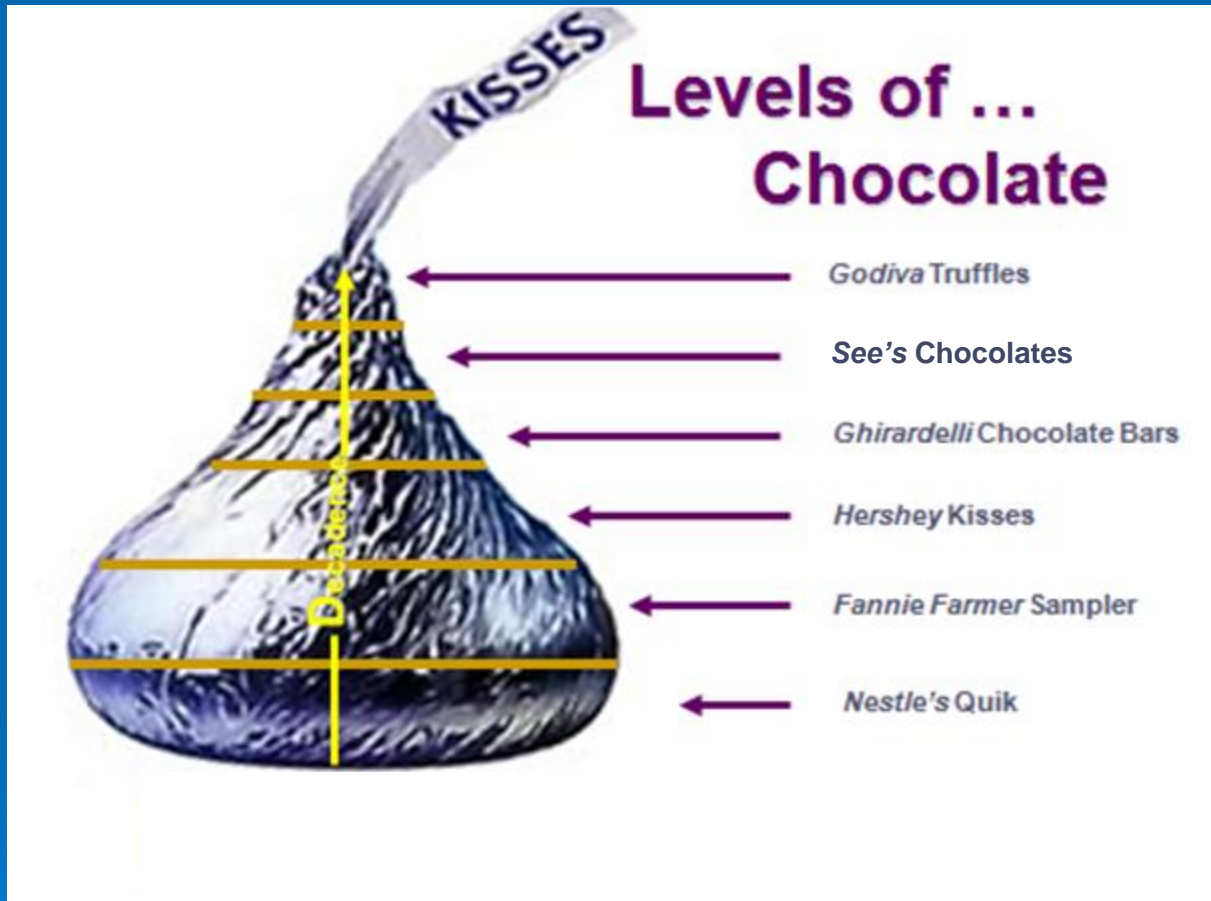
## EBP improves patient outcomes.



Heater B, Becker A, Olson R. Nursing interventions and patient outcomes: A meta-analysis of studies. *Nursing Research* Sep-Oct 1988 37(5):303-7

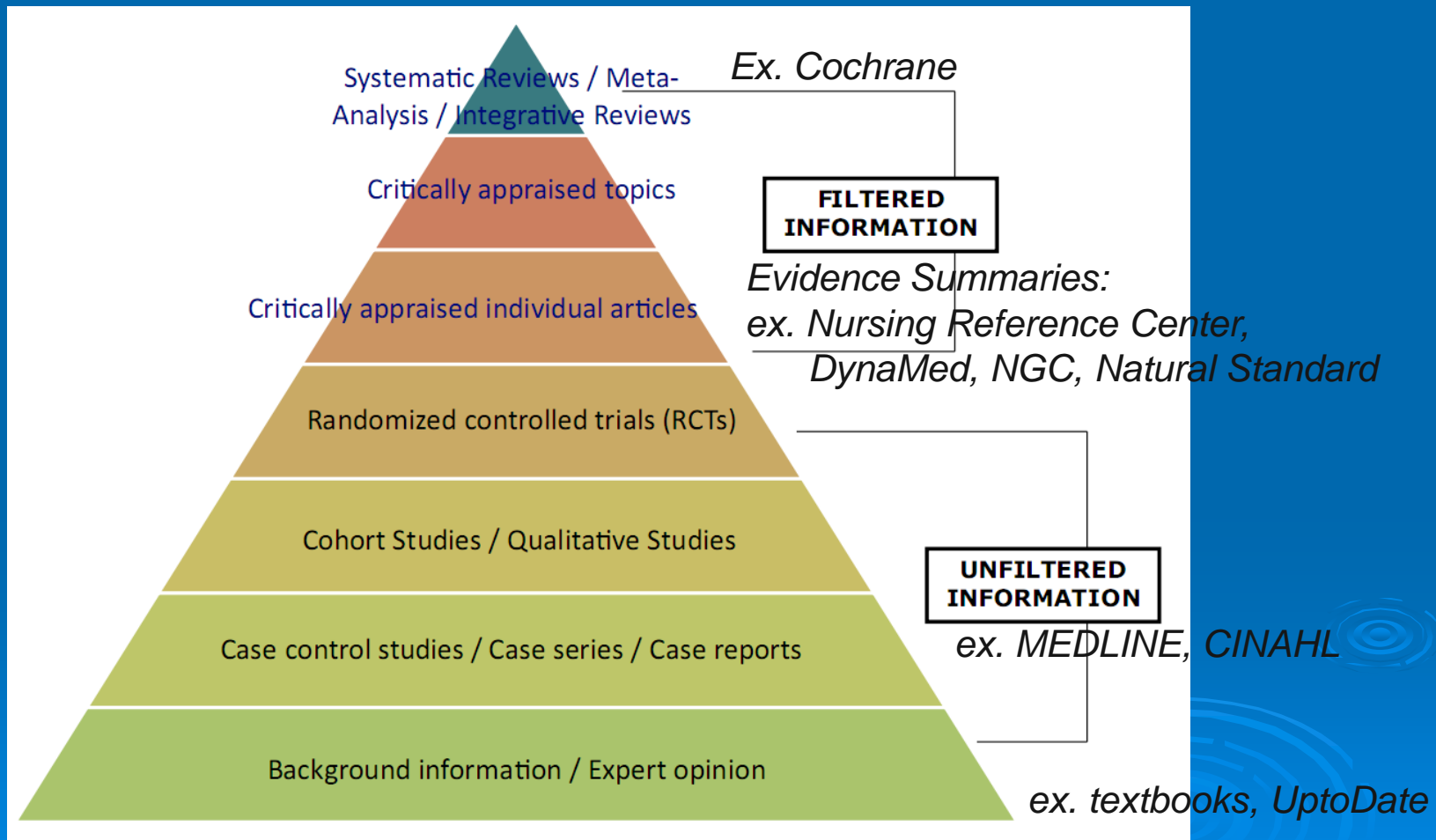
# 5 Steps for EBN Practice

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)



*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 *heal-wa.org*

## Health Electronic Resource for Washington

- 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
- You will 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

**FEB 02, 2010:** HEAL-WA offers no-charge CME/CE

**DEC 10, 2009:** Influenza A (H1N1) Information Links

**OCT 13, 2009:** New full text journals now available through MEDLINE and CINAHL

[More news >](#)

[Send us feedback](#)

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## search

### Diagnosis & Therapy ▾

### Guidelines & Evidence ▾

 [Cochrane Database of Systematic Reviews](#)

[Clinical Information from the Agency for Healthcare Research and Quality](#)

[National Guideline Clearinghouse](#)

[PubMed Clinical Queries](#)

### Search for Articles ▾

### Drugs, Labs, Diagnostic Tests ▾

### Complementary & Alternative Medicine ▾

### Prevention, Screening, Immunizations ▾

### Patient Care Management ▾

### Multicultural Information ▾

## access



### Getting Access to HEAL-WA

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

Once you have set up your HEAL-WA access code and password, LOG IN to HEAL-WA by clicking on the "HEAL-WA Access" button at the upper right hand corner of this screen.

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

"Lorem ipsum sit consecutor dolor cam amet unsre fet." Jane Miller, LMP




# Registered Nurse

## Professional Toolkits



-  [Acupuncturist](#)
-  [Chiropractor](#)
-  [Massage Practitioner](#)
-  [Mental Health Counselor, Psychologist, Licensed Social Worker](#)
-  [Naturopath](#)
-  [Optometrist](#)
-  [Physician, PA, ARNP](#)
-  [Podiatrist](#)
-  [Registered Nurse](#)

## Registered Nurse




### Nursing Resources

-  [Nursing Reference Center](#)
-  [CINAHL \(Nursing Literature\)](#)
-  [MEDLINE® with Full Text](#)

### Calculators & Tools

-  [Nursing Calculators](#)
-  [MedCalc3000](#)





### Drugs, Labs, & Diagnostic Tests

-  [Davis's Comprehensive Handbook of Laboratory and Diagnostic Tests - with Nursing Implications - 2nd Ed. \(2006\)](#)
-  [Davis's Drug Guide for Nurses - 11th Ed. \(2009\)](#)
-  [Laboratory Tests and Diagnostic Procedures with Nursing Diagnoses - 7th Ed. \(2008\)](#)

### Complementary & Alternative Medicine

-  [Natural Standard](#)

### Patient Education

-  [Detailed Drug Information for the Consumer™](#)
-  [AAFP Conditions A to Z \(2009\)](#)
-  [MedlinePlus - Health Information for Patients](#)
-  [National Center for Complementary and Alternative Medicine Health Topics A-Z](#)

### Multicultural Information

-  [EthnoMed](#)

# ARNP

## Professional Toolkits




-  [Acupuncturist](#)
-  [Chiropractor](#)
-  [Massage Practitioner](#)
-  [Mental Health Counselor, Psychologist, Licensed Social Worker](#)
-  [Naturopath](#)
-  [Optometrist](#)
-  [Physician, PA, ARNP](#)
-  [Podiatrist](#)
-  [Registered Nurse](#)

## Physician, PA, ARNP




### Diagnosis & Therapy

-  [DynaMed \(Diseases & Conditions\)](#)
-  [Merck Manual of Diagnosis and Therapy](#)
-  [Current Medical Diagnosis & Treatment \(2009\)](#)

### Search for Articles

-  [PubMed Clinical Queries](#)
-  [MEDLINE@ with Full Text](#)
-  [MANTIS](#)

### Drugs

-  [AHFS Drug Information@ \(2008\)](#)
-  [Drug Information Portal](#)
-  [LactMed](#)




### Tools & Calculators

-  [MedCalc3000](#)

### Reference & Other Resources

-  [PAL: Partnership Access Line \(Mental Health Consultation Outreach for children\)](#)

### Information for Patients

-  [AAFP Conditions A to Z \(2009\)](#)
-  [MedlinePlus - Health Information for Patients](#)
-  [MedlinePlus Health Information in Other Languages \(for patients\)](#)

### Complementary & Alternative Medicine

-  [Natural Standard](#)

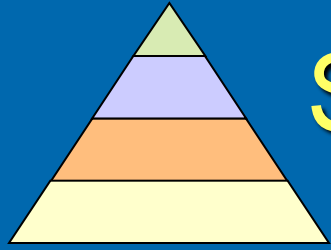
### Multicultural Information

-  [EthnoMed](#)



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





# Search Databases Efficiently for Research Journal Articles


- Primary literature: **MEDLINE/PubMed** or **CINAHL**  
References to original research articles on a topic
  - Some with full-text links
  - Most with abstracts
- You will see same interface when searching *MEDLINE* or *CINAHL* (or *Cochrane*) 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 »](#)

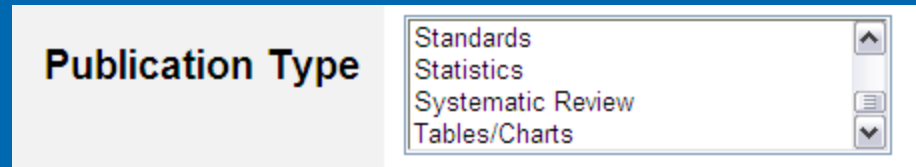
# Limit your Results

**Limit your results**

<b>Abstract Available</b>	<input type="checkbox"/>	<b>References Available</b>	<input type="checkbox"/>
<b>Publication Year from</b>	<input type="text"/> to <input type="text"/>	<b>Published Date from</b>	Month <input type="text"/> Year: <input type="text"/> to Month <input type="text"/> Year: <input type="text"/>
<b>Author</b>	<input type="text"/>	<b>Publication</b>	<input type="text"/>
<b>English Language</b>	<input checked="" type="checkbox"/>	<b>Peer Reviewed</b>	<input type="checkbox"/>
<b>Research Article</b>	<input checked="" type="checkbox"/>	<b>Exclude Pre-CINAHL</b>	<input type="checkbox"/>
<b>CE Module</b>	<input type="checkbox"/>	<b>Exclude MEDLINE records</b>	<input type="checkbox"/>
<b>Evidence-Based Practice</b>	<input type="checkbox"/>	<b>Clinical Queries</b>	All Therapy - High Sensitivity Therapy - High Specificity Therapy - Best Balance
<b>Journal Subset</b>	All Africa Allied Health Alternative/Complementary Therapies	<b>Publication Type</b>	All Abstract Accreditation Advice and Referral Website
<b>Language</b>	All Afrikaans Chinese Danish	<b>Gender</b>	All Female Male
<b>Pregnancy</b>	<input type="checkbox"/>	<b>Inpatients</b>	<input type="checkbox"/>
<b>Outpatients</b>	<input type="checkbox"/>	<b>Age Groups</b>	All Fetus, Conception to Birth Infant, Newborn 0-1 month Infant, 1-23 months

# 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%), 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 HealthLinks

- 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 for Research Articles

- MEDLINE (1940's+) is included on PubMed
- 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 Publication Type limits

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

## 2. Use Clinical Queries

# MEDLINE Search Screen

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

Suggest Subject Terms

black cohosh in

AND  in

AND  in

[Add Row](#)

**Search**

**Clear**



## Limit your results

Full Text

Publication

Abstract Available

EBM Reviews

Human



Gender

Clinical Queries

Journal & Citation Subset

Date of Publication from

  to    

Author

English Language



Review Articles

Animal

Age Related

Subject Subset

Publication Type

# Limits

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

### Dates

Published in the Last: Any date

### Type of Article

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

### Languages

- English
- French
- German
- Italian
- Japanese

### Species

- Humans
- Animals

### Gender

- Male
- Female

### Subsets

#### Journal Groups

- Core clinical journals
- Dental journals
- Nursing journals

### Ages

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

# PubMed Clinical Queries

This page provides the following specialized PubMed searches for clinicians:

- [Search by Clinical Study Category](#)
- [Find Systematic Reviews](#)
- [Medical Genetics Searches](#)

**#2 Strategy: Clinical Queries**  
**Link found on Adv Search screen**

Results of searches on these pages are limited to specific clinical research areas. For comprehensive searches, use [PubMed](#)

## Search by Clinical Study Category

This search finds citations that correspond to a specific clinical study category. The search may be either broad and sensitive or specific. The search filters are based on the work of [Haynes RB et al.](#) See the [filter table](#) for details.

Search

### Category

- etiology
- diagnosis
- therapy
- prognosis
- clinical prediction guides

### Scope

- narrow, specific search
- broad, sensitive search

## Find Systematic Reviews

For your topic(s) of interest, this search finds citations for systematic reviews, meta-analyses, reviews of clinical trials, medicine, consensus development conferences, and guidelines.

For more information, see [Help](#). See also [related sources](#) for systematic review searching.

Search

# Results for Clinical Study Category (RCTs)

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

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

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

PMID: 19745648 [PubMed - in process]

[Related citations](#)

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

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

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

PMID: 19609225 [PubMed - indexed for MEDLINE]

[Related citations](#)

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

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

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

PMID: 19057416 [PubMed - indexed for MEDLINE]

[Related citations](#)

# Results for Systematic Reviews

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

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

[Related citations](#)

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

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

[Related citations](#)

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

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

[Related citations](#)

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

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

[Related citations](#)


# healthlinks.washington.edu/howto/pubmed


Back Search Favorites Media

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.  VIDEO

### Basic Search Techniques VIDEO


Step 1: Enter your terms

Search PubMed for

[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.  VIDEO

- **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)
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Internet

# CINAHL vs MEDLINE/PubMed

## 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 Plus* 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.

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HEAL-WA Main Page

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Page list: 1. "AAACN viewpoint" to "Acta medica Austriaca"

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### 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 Journal Sites

## ➤ BioMed Central



*biomedcentral.com*

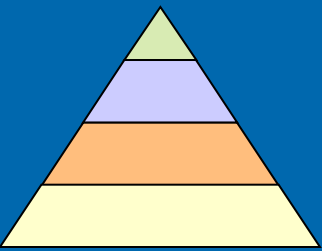
- Independent publishing house providing immediate free access to peer-reviewed biomedical research
- Includes *BMC Nursing*

## ➤ PubMed Central



*pubmedcentral.gov*

- National Library of Medicine's free digital archive of biomedical and life sciences journal literature



# Search for 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*

# Practice Guideline Resources

- National Guideline Clearinghouse
- Nursing Reference Center
- MEDLINE/PubMed
- CINAHL
- Advanced Google or Google Scholar

# National Guideline Clearinghouse

*guideline.gov*

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



Search

Alzheimer's disease treatment

Results per page: 20

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To view a guideline summary, click on a title below.

Limit Search

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Next 16

Items 1 to 20

### Title

- [Practice guideline for the treatment of patients with Alzheimer's disease and other dementias.](#) American Psychiatric Association - Medical Specialty Society. 1997 (revised 2007 Oct). 85 pages. NGC:005974

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- [Recommendations for the diagnosis and management of Alzheimer's disease and other disorders associated with dementia: EFNS guideline.](#) European Federation of Neurological Societies - Medical Specialty Society. 2007 Jan. 26 pages. NGC:006933

[Other Guidelines from this Developer](#)

## 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 CINAHL and MEDLINE/PubMed

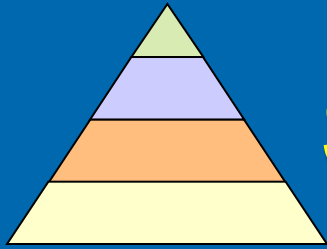
## ➤ In CINAHL:

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

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





# Search for Evidence Summaries

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

# DynaMed

[www.ebscohost.com/dynamed](http://www.ebscohost.com/dynamed)

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## Urinary tract infection (UTI) in adults

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### Urinary tract infection (UTI) in adults

Updated 2010 Apr 07 01:04 PM: European Association of Urology (EAU) guideline on treatment of urological infections (National Guideline Clearinghouse 2010 Mar 22) [update](#)

5 management strategies for suspected urinary tract infection in women achieve similar symptom control (BMJ 2010 Feb 5) [update](#)

factors associated with longer duration of severe symptoms (BMJ 2010 Feb 5) [update](#)

#### Related Summaries:

- [Urinary tract infection \(UTI\) in children](#)
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- [Catheter-associated urinary tract infection](#)
- [Acute pyelonephritis](#)
- [Clinical prediction of urinary tract infection in adults](#)
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▶ [Diagnosis](#)



## Treatment overview:

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

**Level 1  
evidence**

- antibiotics

- for uncomplicated UTI -- empiric treatment for 3 days

- acute uncomplicated UTI in women may be treated with


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

DynaMed

Level 1  
evidence

- editorial recommends use of [nitrofurantoin](#), [trimethoprim](#), or mecillinam (penicillin derivative not a UTI antibiotic) for uncomplicated UTI to reduce antibiotic resistance ([BMJ 2001 Nov 24;323\(7323\):1197](#))
- **3 days of antibiotics as effective as 5-10 days for symptomatic cure ([level 1 \[likely reliable\] evidence](#)) but less effective for bacteriological cure ([level 3 \[lacking direct\] evidence](#))** in uncomplicated UTI, adverse effects more common with longer duration of antibiotics; systematic review of 32 randomized trials with 9,605 patients last updated 2005 Feb 22 ([Cochrane Library 2005 Issue 2:CD004682](#)), also published in [Am J Med 2005 Nov;118\(1\):1196](#), commentary can be found in [Am Fam Physician 2005 Dec 1;72\(11\):2219](#)
- **antibiotic treatment for 3-6 days appears as effective as 7-14 days in elderly women with uncomplicated UTI ([level 2 \[mid-level\] evidence](#))**
  - based on Cochrane review of trials with methodologic limitations
  - systematic review of 15 randomized trials comparing different treatment durations of oral antibiotics for uncomplicated symptomatic lower UTIs in 1,644 elderly women
  - most trials had low methodologic quality
  - comparing single dose vs. short-course (3-6 days) or long-course (7-14 days) treatment
    - single dose associated with increased short-term incidence of persistent UTI
    - no significant differences in long-term follow-up or clinical outcomes
    - patients preferred single dose treatment to long-course treatment, based on 1 trial comparing different antibiotics
  - no significant differences in efficacy or clinical outcomes comparing short-course vs. longer treatments
  - Reference - [Cochrane Database Syst Rev 2008 Jul 16;\(3\):CD001535](#)

- empiric treatment without testing supported by cost-effectiveness analysis

- empiric treatment of urinary tract infections most cost-effective approach ([Br J Gen Pract 2000 Aug;50\(457\):635 PDF](#))
- commentary can be found in [J Fam Pract 2006 Apr;55\(4\):338](#)  [EBSCOhost Full Text](#)

Full-text

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

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

# DynaMed

## Reviews:



- [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

# UpToDate

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## Treatment of psoriasis

## TOPIC OUTLINE

## INTRODUCTION

## APPROACH

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

## TOPICAL THERAPIES

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

## ULTRAVIOLET LIGHT

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

## SYSTEMIC THERAPIES

- Methotrexate
  - Hepatotoxicity and liver biopsy
- Retinoids
- Systemic calcineurin inhibitors
- Other immunosuppressive agents
- Immunomodulatory drugs

## Treatment of psoriasis

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## Deputy Editor

Abena O Ofori, MD, FAAD

**Last literature review version 18.1:** January 2010 | **This topic last updated:** February 10, 2010 [\(More\)](#)

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

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

## APPROACH

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

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

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

Clinicians should lay out reasonable aims of treatment, making it clear to the patient that the primary goal of treatment is control of the disease rather than cure.

Educating the patient about psoriasis is important and referral to an organization such as the National Psoriasis Foundation ([www.psoriasis.org](http://www.psoriasis.org)) is often helpful.

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

**Choice of therapy** — For most patients, the initial decision point around therapy will be between topical and systemic therapy. However, even

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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  
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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  
CE Module: [Asthma: Influence of Emotional Factors in Children/Adolescents--CE Module](#)  
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[Asthma: Medication Inhaler Device Use](#) EB

# 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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Nursing Practice Council

function with the least amount/lowest dose of medications in order to reduce the risk of adverse effects. This requires timely clinician follow-up and vigilant monitoring.<sup>0, 3, 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>
  - second hand 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
- PMR: Published government report
- PPR: Published printed report
- PP: Policies, procedures, protocols
- X: Practice examples, series, opinions
- Q: General or background information 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

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

#### How to Care for a Cast

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

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

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

#### What to Expect After Cast Care

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

#### Red Flags

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

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

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

**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](#)

[Risk Factors](#)

[Symptoms](#)

[Diagnosis](#)

[Treatment](#)

[RICE Therapy](#)

[Prevention](#)

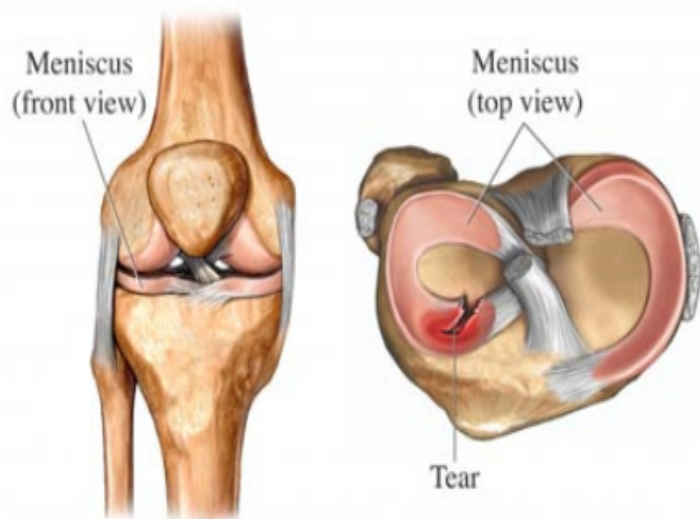
### (Torn Meniscus)

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.

# Natural Standard

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  - dietary supplements (including herbs, vitamins, and minerals)
  - functional foods
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  - exercises
  - medical conditions

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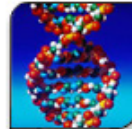
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**PROFESSIONAL MONOGRAPH**  
A comprehensive evidence-based systematic review of scientific literature, peer reviewed by **Natural Standard** editorial contributors. Provides in-depth coverage of efficacy, adverse effects, interactions, pregnancy/lactation, pharmacology/toxicology, laboratory data, clinical trials, and quality of evidence. Includes evidence table and discussion(s), statistical analysis, and quality of evidence monographs by health care professionals.  
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Professional reading level

12<sup>th</sup> grade reading level

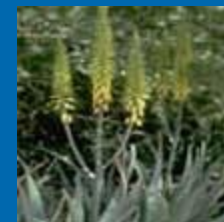
Patient handout 5<sup>th</sup> grade

## Scientific Evidence for Common/Studied Uses:

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

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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

## Constipation and related conditions

### Levels of scientific evidence for specific therapies

#### Grade: A (Strong Scientific Evidence)

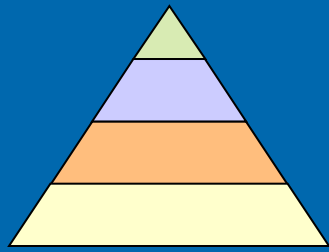
Therapy	Specific therapeutic Use(s)
<a href="#">Phosphates, phosphorus</a>	Constipation
<a href="#">Phosphates, phosphorus</a>	Laxative/bowel preparation for procedures

#### Grade: B (Good Scientific Evidence)

Therapy	Specific therapeutic Use(s)
<a href="#">Aloe</a>	Constipation (laxative)
<a href="#">Psyllium</a>	Constipation

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

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



# Use Meta-Search Engines to find evidence sites

Allow you to search multiple other search engines simultaneously and combine the results



# TRIP Database

[www.tripdatabase.com](http://www.tripdatabase.com)

- Meta-search engine
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- Finds evidence-based resources
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- Searches *Cochrane*, *National Guideline Clearinghouse*, *Bandolier*, etc.

childhood depression treatment

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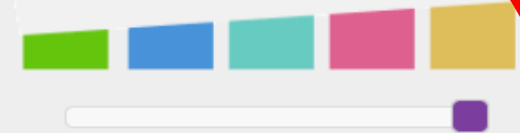
Below are links to articles providing background knowledge relating to *depression*

CKS Guideline eMedicine Background eMedicine Diagnosis eMedicine Treatment  
eMedicine Follow-up Mentor GP Notebook Wikipedia Wrong Diagnosis

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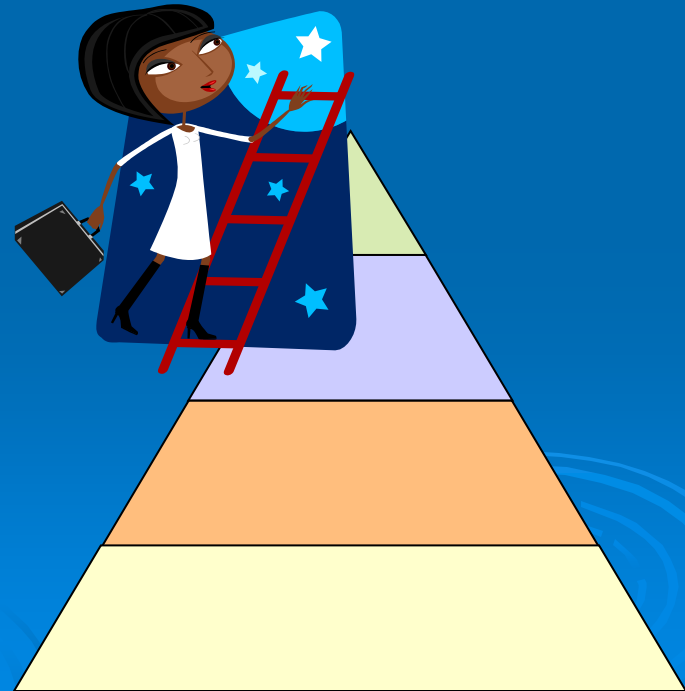
American Academy of Child and Adolescent Psychiatry 2008  
Developing World? CPD/CME Preview Conclusion Related

4. Exercise in prevention and treatment of anxiety and depression among children and young people

Cochrane Database of Systematic Reviews 2006  
Developing World? CPD/CME Preview Conclusion Related

# Search for Systematic Review and Meta-Analyses Resources

- Cochrane Database of Systematic Reviews (CDSR)
- PubMed/MEDLINE Systematic Reviews
- CINAHL/CINAHL Plus



# Systematic review vs Meta-analysis

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


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

# Cochrane Database of Systematic Reviews

- 'Gold standard' for high quality systematic reviews
- Includes full-text
- Very focused, specific questions
- Abstracts available in CINAHL and MEDLINE

# Cochrane Database

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


 antibiotics in Select a Field (optional)  
AND sinusitis in Select a Field (optional)  
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1. [Antibiotics for acute maxillary sinusitis](#) 

(Cochrane Review). Reviewers: Ahevue Saloranita, 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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## 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 (1974 to June 2007).

### Selection criteria

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

### Data collection and analysis

At least two review authors independently screened search results, extracted data and quality assessed trials. Risk ratios (RR) were calculated for differences in the intervention and control groups to see whether or not the treatment was a failure. In meta-analysing the placebo-controlled studies, the data across antibiotic classes were combined. Primary outcomes were the clinical failure rates at 7 to 15 days and 16 to 60 days follow up.

### Main results

Fifty-seven studies were included in the review; six placebo-controlled studies and 51 studies comparing different classes of antibiotics. Five studies involving 631 participants provided data for comparison of antibiotics to placebo, when clinical failure was defined as a lack of cure or improvement at 7 to 15 days follow up. These studies found a slight statistical difference in favor of antibiotics, compared to placebo, with a pooled RR of 0.66 (95% confidence interval (CI) 0.44 to 0.98). However, the clinical significance of the result is equivocal, also considering that cure or improvement rate was high in both 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 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

### 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.

# Finding Systematic Reviews and Meta-Analyses in *PubMed/MEDLINE* and *CINAHL*

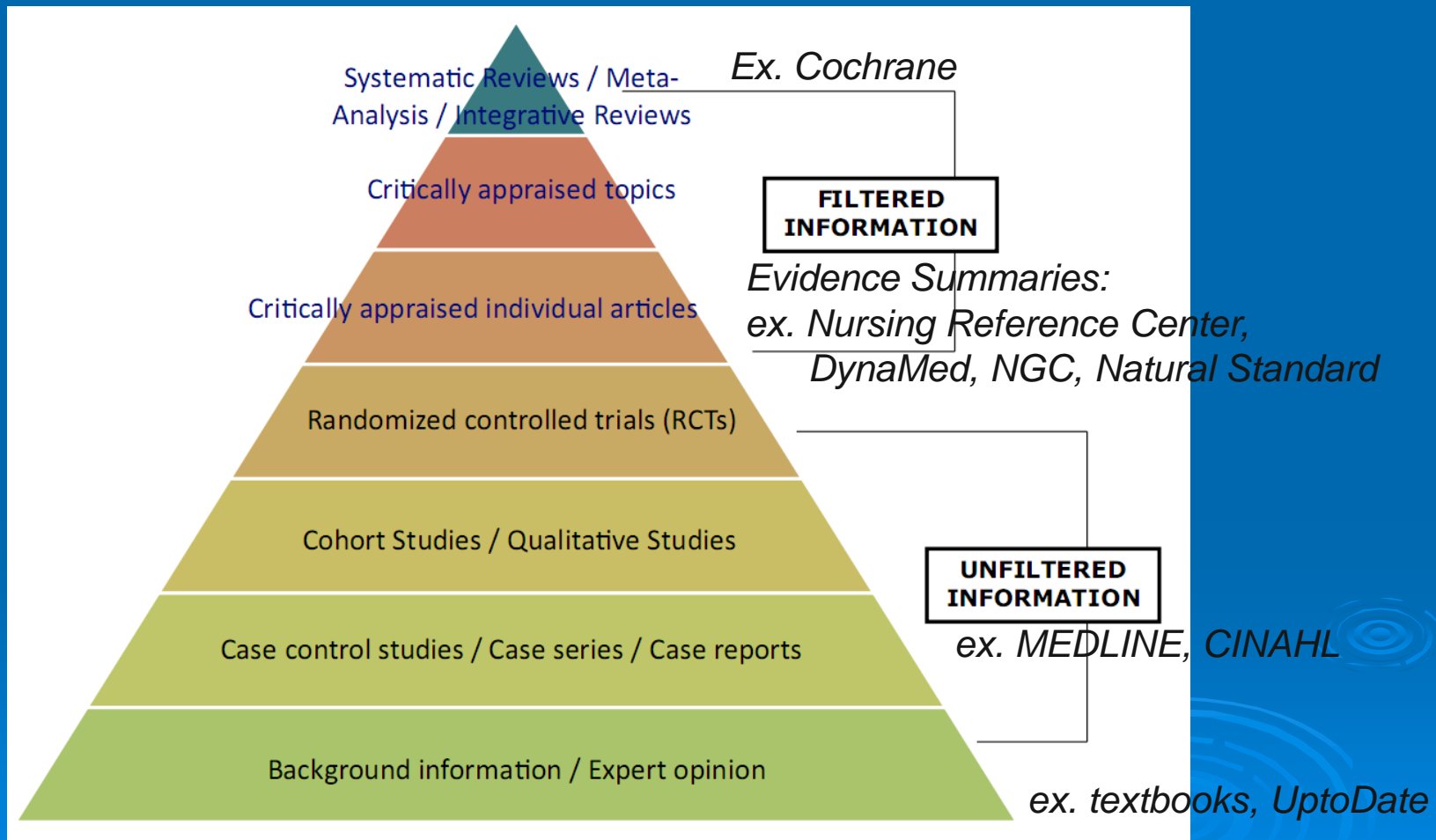
## ➤ In CINAHL:

- Refine search to Publication Type:  
**Systematic Review**
- Search for **Meta Analysis** as a Subject Heading

## ➤ In PubMed/MEDLINE:

- Select **Systematic Reviews** in Clinical Queries section
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# Searching for Evidence Pyramid



# So, you want to use Google?

## CINAHL results

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

## Google results

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

Search June 2009: **asthma and pregnancy**  
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# Navigate the Web Beyond Basic Google To Find Evidence?

## Navigation Difficulties:

- Size of the Web
- Lack of control or review
- Lack of quality standards



# Google Scholar

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- Finds articles from academic publishers, professional societies, universities, etc. as well as scholarly articles on the web
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# 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 ...

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## [... 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](#)

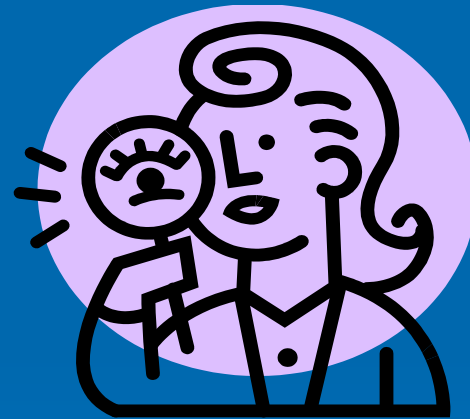
# Must Evaluate Web Resources: Evaluation Strategies

- 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

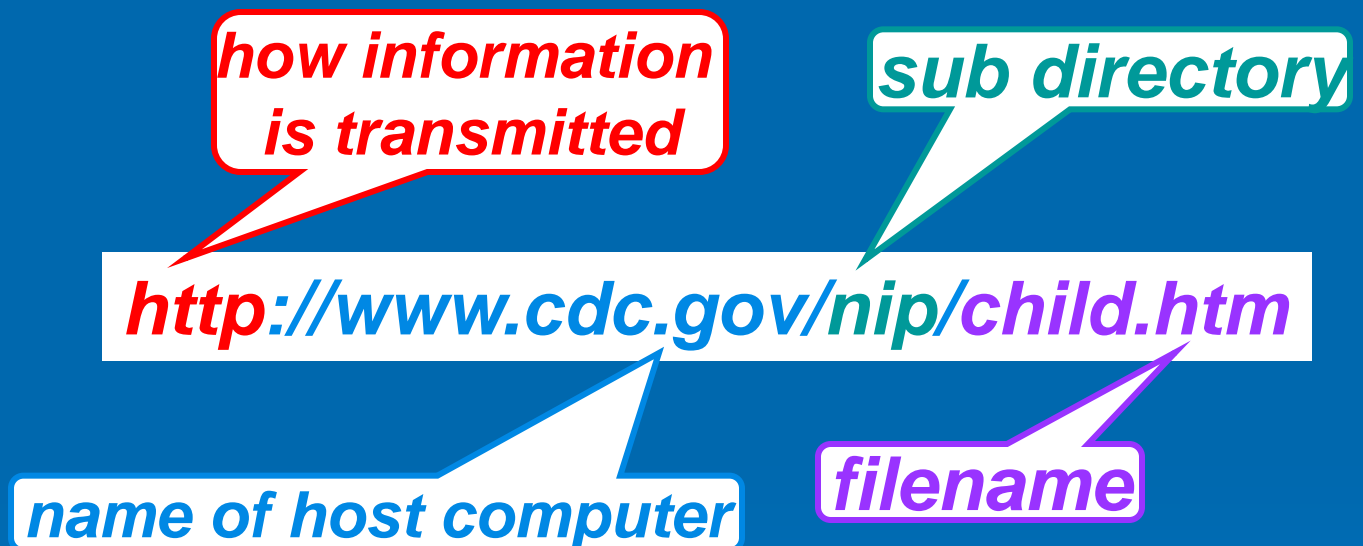
[healthlinks.washington.edu/howto/navigating/criteria.pdf](http://healthlinks.washington.edu/howto/navigating/criteria.pdf)

- 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.

# Information Overload!

- 2 million articles published in biomedical journals each year
- considering everything of potential biomedical importance would require perusing about 6,000 articles per day...
- If you only read 2 articles a day, at the end of year you would be 60 centuries behind.

# What are Email Alert Services?

- Deliver current citations into your email
- Based on a search strategy you create
- In most cases, abstracts of the articles are provided
- May provide links to *PubMed*, *CINAHL* and full-text articles

# *PubMed: My NCBI*

- Your personal space on the NLM computer system for:
  - **storing search strategies** used to generate updates
  - **storing references**
  - **creating email alerts** (recent PubMed citations sent automatically to your email)
- **Free** registration
- *PubMed My NCBI* help page:  
[healthlinks.washington.edu/howto/myncbi.html](http://healthlinks.washington.edu/howto/myncbi.html)

# Alerting Services

*[healthlinks.washington.edu/howto/alerts.html](http://healthlinks.washington.edu/howto/alerts.html)*

Alert Service	Database Coverage	RSS
My NCBI	PubMed	yes
Alerts (EBSCO) [on HEAL-WA]	MEDLINE CINAHL	yes

Search: PubMed [v] RSS Save search Limits Advanced search Help  
pressure ulcers positioning [Search] [Clear]

Display Settings: [x] Summary, 20 per page, Sorted by Recently Added

Limits Activated: Humans [Change]

Results: 1 to 20 of 107

- [Prevention and treatment of](#)  
1. Riordan J, Voegeli D.  
Br J Nurs. 2009 Nov 12-25;18(20):  
PMID: 20081668 [PubMed - index  
[Related articles](#)
- [Therapists' roles in pressure](#)  
2. Guihan M, Hastings J, Garbe  
J Spinal Cord Med. 2009;32(5):56  
PMID: 20025152 [PubMed - index  
[Related articles](#) [Free article](#)
- [Comparison of interface pre](#)  
3. Jünger M, Ladwig A, Bohbot  
J Wound Care. 2009 Nov;18(11):4  
PMID: 19901877 [PubMed - index  
[Related articles](#)

NCBI Home PubMed GenBank BLAST

## My NCBI

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- My NCBI Home
- My Saved Data
- Search Filters
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- About My NCBI

Use My NCBI to save your searches and data, and to set NCBI Web site

### Sign into My NCBI

Username

Password

**Your PubMed search**

Search: cancer summer camps

Name of Search:

E-mail: schnall@u.washington.edu

**Would you like e-mail updates of new search results?**

- No thanks.
- Yes, once a month.  
Which day?
- Yes, once a week.  
Which day?
- Yes, every day.

**Formats:**

- Send HTML e-mail
- Send text e-mail

Report format:

**Number of items:**

Send at most:   Send even when there aren't any

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Use My NCBI to save your se

### My Saved Data

You have:

- [32 Saved Searches](#)
- [3 Collections](#)
- [1 Bibliography](#)

### Search Filters

You've set filters for:

- [PubMed](#)

### Preferences

You've set:

- [Common Preferences](#)
- [PubMed Preferences](#)

# My NCBI





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



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

# Key TakeAways

- ★ Try to incorporate **evidence** into your clinical practice
- ★ Remember **key evidence e-resources** to improve patient care, for ex:
  - MEDLINE/PubMed and CINAHL
  - DynaMed and Nursing Reference Center
  - Cochrane
- ★ Investigate **HEAL-WA!**

PowerPoint located: [healthlinks.washington.edu/hsl/liaisons/schnall/keynote2010.ppt](http://healthlinks.washington.edu/hsl/liaisons/schnall/keynote2010.ppt)  
Handout located: [healthlinks.washington.edu/hsl/liaisons/schnall/keynote2010.doc](http://healthlinks.washington.edu/hsl/liaisons/schnall/keynote2010.doc)