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Evidence-Based Resources for Answering Clinical Questions: *Only a Click Away*

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Objectives

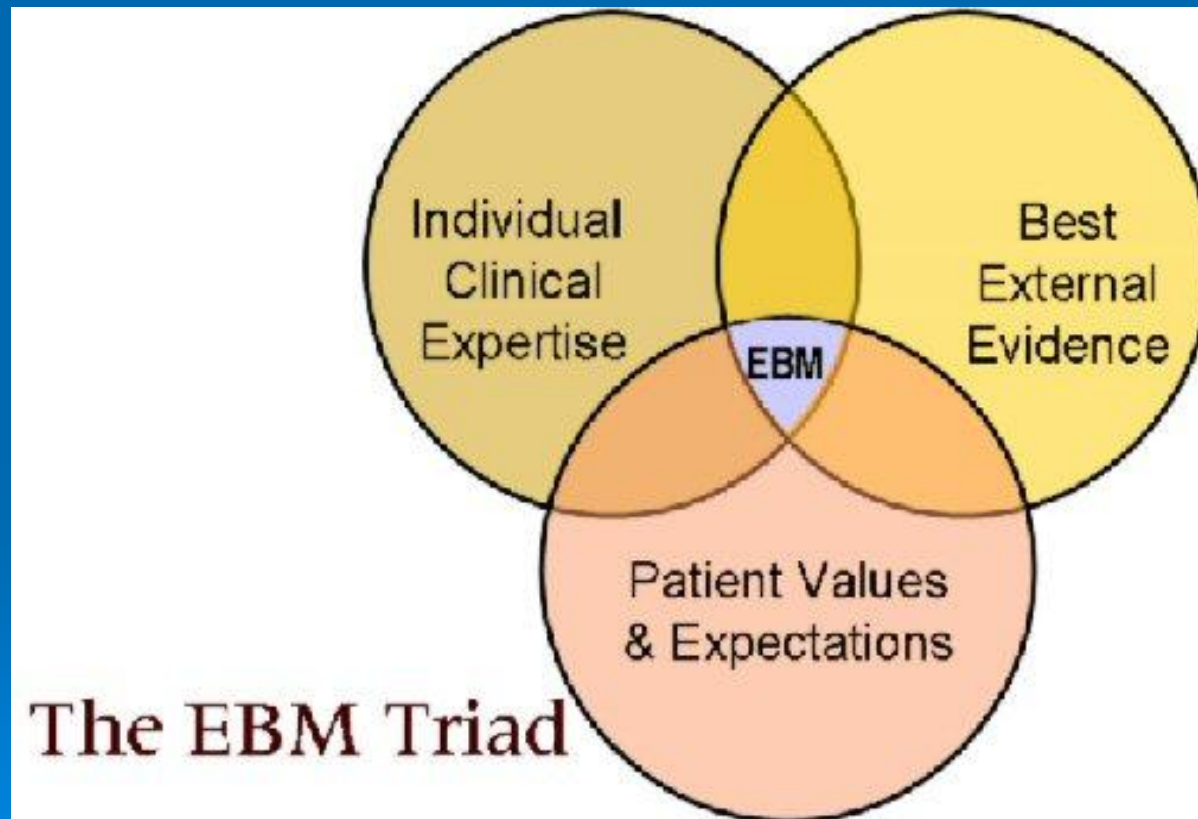
- Describe web resources to use for evidence-based nursing practice
- Locate e-resources on **HEAL-WA**, the health evidence website for Washington State nurses
- Identify strategies to improve searching skills to find appropriate evidence on the web

What is evidence-based practice?

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

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

Evidence-Based Practice



Why do nurses need to do EBP?

- Results in better patient outcomes
- Keeps practice current and relevant
- Increases confidence in decision making
- Fact: Research gap... takes 17 years for research result to make it into 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

EBP Implications for Nursing

- **Are U.S. 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.
- **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.

Barriers to Nurses using EBP

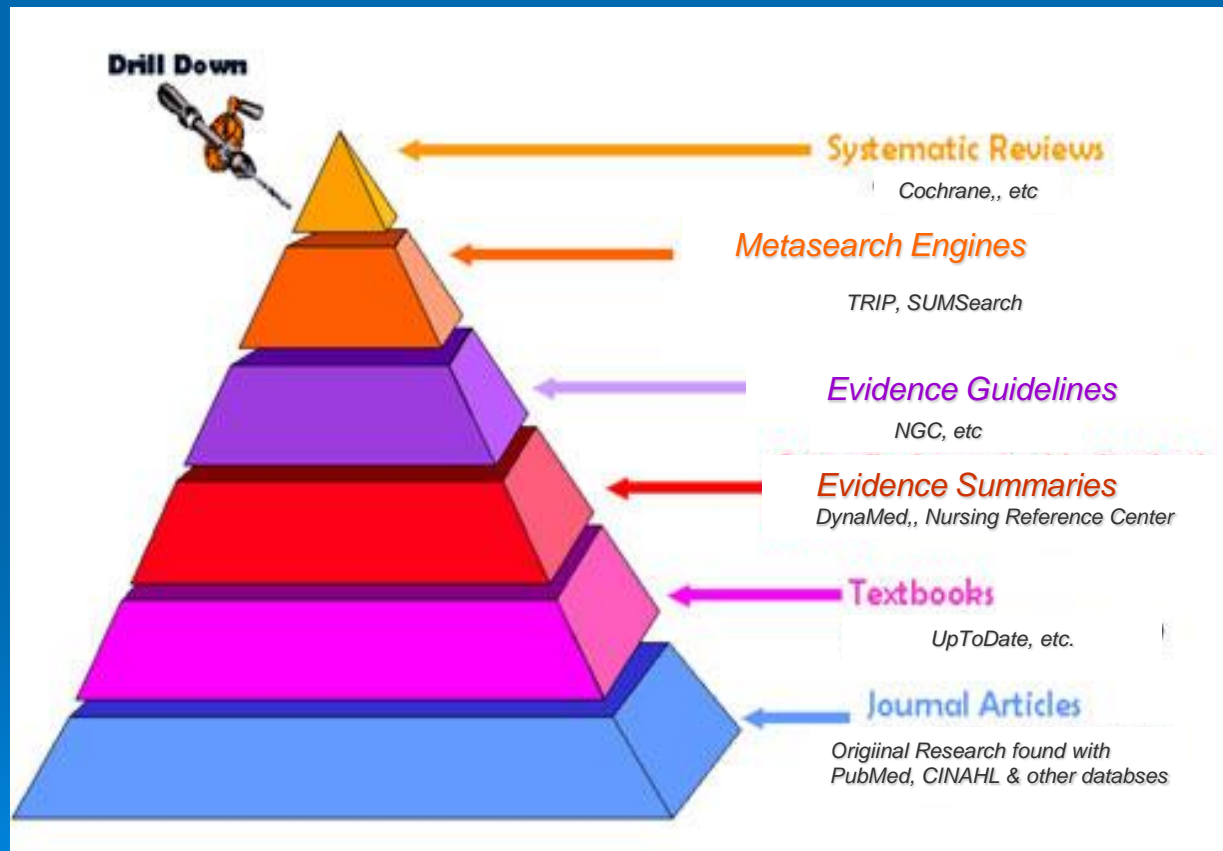
- Lack of time
- Lack of value of research in practice
- Lack of understanding of electronic databases
- Lack of computer skills
- Difficulty understanding research articles

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

Searching for Evidence Categories





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



Search Databases Efficiently for Research Journal Articles

- PubMed/MEDLINE *pubmed.gov*
- CINAHL or CINAHL Plus(\$) *cinahl.com*

PubMed

pubmed.gov

- 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 *PubMed* Strategies for Finding Evidence-Based Citations

1. Use *PubMed* Type of Article limits

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

2. Use the *PubMed* Clinical Queries and Systematic Reviews section

Search PubMed

urinary tract infections/pc AND catheters

Go Clear

Limits

Preview/index

History

Clipboard

Details

- To get started, enter one or more search terms.
- Search terms may be [topics](#), [authors](#) or [journals](#).

Can easily *limit* your search to:

Age groups

Human or Animal studies

Language

Research or Review articles

Subsets, such as Core Clinical Journals or CAM or Nursing Journals

Read the [PubMed Help](#) to explore other PubMed search options.

PubMed is a service of the [U.S. National Library of Medicine](#) that includes over 16 million citations from MEDLINE and other life science journals for biomedical articles back to the 1950s. PubMed includes links to full text articles and other related resources.

PubMed Limits

PubMed National Library of Medicine NLM

PubMed Nucleotide Protein Genome Structure

for urinary tract infections/pc AND catheters [Go] [Clear]

Limits Preview/Index History Clipboard Details

Limit your search by any of the following criteria.

Languages [CLEAR]

- English
- French
- German
- Italian
- Japanese
- Russian
- Spanish

More Languages

- Afrikaans
- Albanian

Subsets [CLEAR]

Journal Groups

- Core clinical journals
- Dental journals
- Nursing journals

Topics

- AIDS
- Bioethics
- Cancer
- Complementary Medicine
- History of Medicine

Type of Article [CLEAR]

- Clinical Trial
- Editorial
- Letter
- Meta-Analysis
- Practice Guideline
- Randomized Controlled Trial
- Review

More Publication Types

- Addresses
- Bibliography

Ages [CLEAR]

- All Infant: birth-23 months
- All Child: 0-18 years
- All Adult: 19+ years
- Newborn: birth-1 month
- Infant: 1-23 months
- Preschool Child: 2-5 years
- Child: 6-12 years
- Adolescent: 13-18 years
- Adult: 19-44 years
- Middle Aged: 45-64 years
- Middle-aged: 45-64 years

Search PubMed for urinary tract infections/pc AND catheters [Advanced Search](#)
[Save Search](#)

Limits

Limits: Humans, Randomized Controlled Trial, English

Display Summary Show 20 Sort By Send to

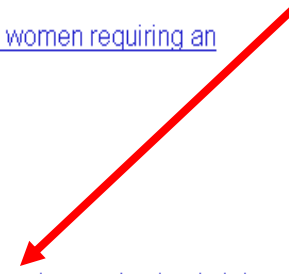
All: 108 University of Washington Online: 48

Items 1 - 20 of 108 1 of 6

- 1: [Comparison of the effect of water vs. povidone-iodine solution for periurethral cleaning in women requiring an indwelling catheter prior to gynecologic surgery.](#)
Nasiriani K, Kalani Z, Farnia F, Motavasslian M, Nasiriani F, Engberg S.
Urol Nurs. 2009 Mar-Apr;29(2):118-21, 131.
PMID: 19507410 [PubMed - indexed for MEDLINE]
[Related Articles](#)
- 2: [Antibiotic prophylaxis at urinary catheter removal prevents urinary tract infections: a prospective randomized trial.](#)
Pfefferkorn U, Lea S, Moldenhauer J, Peterli R, von Flue M, Ackermann C.
Ann Surg. 2009 Apr;249(4):573-5.
PMID: 19300235 [PubMed - indexed for MEDLINE]
[Related Articles](#)
- 3: [Evaluation of the use vs nonuse of urinary catheterization during cesarean delivery: a prospective, multicenter, randomized controlled trial.](#)
Nasr AM, ElBigawy AF, Abdelamid AE, Al-Khulaidi S, Al-Inany HG, Sayed EH.
J Perinatol. 2009 Jun;29(6):416-21. Epub 2009 Feb 12.
PMID: 19212327 [PubMed - indexed for MEDLINE]
[Related Articles](#)
- 4: [A prospective randomized clinical trial of urethral catheter removal following elective cesarean delivery.](#)
Onile TG, Kuti O, Orji EO, Ogunniyi SO.
Int J Gynaecol Obstet. 2008 Sep;102(3):267-70. Epub 2008 Jul 7.
PMID: 18602634 [PubMed - indexed for MEDLINE]
[Related Articles](#)

Recent Activity

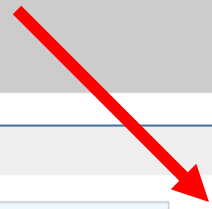
[» See more...](#)



Search PubMed for [Advanced Search](#) Limits **Limits: Humans, Randomized Controlled Trial, English**Display AbstractPlus Show 20 Sort By Send toAll: 1 University of Washington Online: 1 1: [Ann Surg.](#) 2009 Apr;249(4):573-5.**Antibiotic prophylaxis at urinary catheter removal prevents urinary tract infections: a prospective randomized trial.**[Pfefferkorn U](#), [Lea S](#), [Moldenhauer J](#), [Peterli R](#), [von Flüe M](#), [Ackermann C](#).Department of Surgery, St. Claraspital, Basel, Switzerland. urs.pfefferkorn@gmail.com

OBJECTIVE: To assess whether antibiotic prophylaxis at urinary catheter removal reduces the rate of urinary tract infections. SUMMARY OF BACKGROUND DATA: Urinary tract infections are among the most common nosocomial infections. Antibiotic prophylaxis at urinary catheter removal is used as a measure to prevent them, albeit without supporting evidence. METHODS: A prospective randomized study enrolled 239 patients undergoing elective abdominal surgery, who were randomized either for receiving 3 doses of trimethoprim-sulfamethoxazole at urinary catheter removal, or not. Urinary tract infections were diagnosed according to Center of Disease Control definitions. Urinary cultures were obtained before and 3 days after catheter removal. Subjective symptoms were assessed by an independent study-blind urologist. RESULTS: Patients who received antibiotic prophylaxis showed significantly fewer urinary tract infections (5/103, 4.9%) than those without prophylaxis (22/102, 21.6%), $P < 0.001$. The absolute risk reduction for the occurrence of a urinary tract infection was 16.7%; the relative risk reduction was 77.5%, and the number needed to treat was 6. Patients with antibiotic prophylaxis also had less significant bacteriuria 3 days after catheter removal (17/103, 16.5%) than those without (42/102, 41.2%), $P < 0.001$. CONCLUSIONS: Antibiotic prophylaxis with trimethoprim-sulfamethoxazole on urinary catheter removal significantly reduces the rate of symptomatic urinary tract infections and bacteriuria in patients undergoing abdominal surgery with perioperative transurethral urinary catheters.

PMID: 19300235 [PubMed - indexed for MEDLINE]

[Check for UW holdings](#)**Related articles**

- ▶ A prospective, randomized, double-blind study of trimethoprim-sulfamethoxazole for prophylaxis of infection in renal transurethral [Am J Med. 1990]
 - ▶ **Review** Types of urethral catheters for management of short-term voiding problems in hospitalized adults: a short version C [Neurourol Urodyn. 2008]
 - ▶ Prospective, randomized, multicentric, open, comparative study on the efficacy of a prophylactic single dose of 500 mg levofloxacin [Eur Urol. 2005]
 - ▶ Trimethoprim-sulfamethoxazole compared with ciprofloxacin for the prevention of urinary tract infection in renal transurethral [Online J Curr Clin Trials. 1992]
 - ▶ **Review** Antibiotic policies for short-term catheter bladder drainage in adults. [Cochrane Database Syst Rev. 2005]
- » See reviews... | » See all...

Patient Drug Information

- ▶ **Ciprofloxacin (Cipro®, Cipro® XR, Proquin® XR)** Ciprofloxacin is used to treat or prevent certain infections caused by bacteria. Ciprofloxacin is also used to treat or prevent anthrax (a serious infection that may be spread on...
- ▶ **Trimethoprim (Proloprim®)** Trimethoprim eliminates bacteria that cause urinary tract infections. It is used in combination with other drugs to treat certain types of pneumonia. It also is used to treat 'travelers' diarrhea.'

Source: AHFS Consumer Medication Information

Antibiotic Prophylaxis at Urinary Catheter Removal Prevents Urinary Tract Infections

A Prospective Randomized Trial

Urs Pfefferkorn, MD, Lea Sanlav, MD, Jörg Moldenhauer, MD, Ralph Peterli, MD, Markus von Flüe, MD, and Christoph Ackermann, MD

Objective: To assess whether antibiotic prophylaxis at urinary catheter removal reduces the rate of urinary tract infections.

Summary of Background Data: Urinary tract infections are among the most common nosocomial infections. Antibiotic prophylaxis at urinary catheter removal is used as a measure to prevent them, albeit without supporting evidence.

Methods: A prospective randomized study enrolled 239 patients undergoing elective abdominal surgery, who were randomized either for receiving 3 doses of trimethoprim-sulfamethoxazole at urinary catheter removal, or not. Urinary tract infections were diagnosed according to Center of Disease Control definitions. Urinary cultures were obtained before and 3 days after catheter removal. Subjective symptoms were assessed by an independent study-blind urologist.

Results: Patients who received antibiotic prophylaxis showed significantly fewer urinary tract infections (5/103, 4.9%) than those without prophylaxis (22/102, 21.6%), $P < 0.001$. The absolute risk reduction for the occurrence of a urinary tract infection was 16.7%; the relative risk reduction was 77.5%, and the number needed to treat was 6. Patients with antibiotic prophylaxis also had less significant bacteriuria 3 days after catheter removal (17/103, 16.5%) than those without (42/102, 41.2%), $P < 0.001$.

Conclusions: Antibiotic prophylaxis with trimethoprim-sulfamethoxazole on urinary catheter removal significantly reduces the rate of symptomatic urinary tract infections and bacteriuria in patients undergoing abdominal surgery with perioperative transurethral urinary catheters.

on the effect of antibiotic prophylaxis at urinary catheter removal on the rate of subsequent urinary tract infections.

PATIENTS AND METHODS

Patients undergoing elective abdominal surgery in our clinic with planned perioperative urethral catheterization were identified on admission lists. At admission they were consecutively randomized into 2 groups according to a randomization plan produced by an online randomization generator.⁸ Written informed consent was obtained from all patients before undergoing their respective operation.

One group received 960 mg trimethoprim-sulfamethoxazole orally once the night before, and twice on the day of catheter removal. Ciprofloxacin 250 mg was used as a replacement in patients with known allergy to trimethoprim-sulfamethoxazole. Patients in the other group did not receive any prophylaxis.

Patients receiving prolonged antibiotic prophylaxis (>48 hours) or antibiotic therapy postoperatively for any reason were excluded from the study. Patients not completing all the examinations were also excluded. Patients diagnosed with urinary tract infection received a full course of appropriate antibiotic therapy.

Data Collection



NEW

Advanced Search

[Details](#) [?]

PubMed Search History

- Search History will be lost after eight hours of inactivity.
- Search numbers may not be continuous; all searches are represented.
- To save search indefinitely, click query # and select Save in My NCBI.
- To combine searches use #search, e.g., #2 AND #3 or click query # for more options.

Search	Most Recent Queries	Time	Results
#1	Search asthma hispanics	17:22:50	294

Search by Author, Journal, Publication Date, and more

Fill in any or all of the fields below, as needed.

All of these (AND) Any of these (OR)

Author

Journal

Publication Date to present

(yyyy/mm/dd - month and day are optional)

[Click here](#) [Add More Citation Search Fields](#)

Limit by Topics, Languages, and Journal Groups

Full Text, Free Full Text, and Abstracts

Links to full text Links to free full text Abstracts

Humans or Animals

Humans
 Animals

Gender

Male
 Female

Type of Article

Letter
 Meta-Analysis
 Practice Guideline
 Randomized Controlled Trial

Languages

English
 French
 German
 Italian

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- Text Version
- Entrez PubMed
- Overview
- Help
- FAQ
- Tutorial
- New/Noteworthy
- E-Utilities
- PubMed Services
- Journals Database
- MeSH Database
- Single Citation Matcher
- Search Citation Matcher
- Clinical Queries**
- LinkOut
- My NCBI
- Related Resources
- Order Documents
- NLM Gateway
- TOXNET
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- Clinical Alerts
- ClinicalTrials.gov
- PubMed Central
- Privacy Policy

#2 Strategy: Clinical Queries

This page provides the following specialized PubMed searches for clinicians:

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

After running one of these searches, you may further refine your results using PubMed's [Limits](#) feature.

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

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 narrow. The search filters are based on the work of [Haynes RB et al.](#) See the [filter table](#) for details.

Search

Category	Scope
<input type="radio"/> etiology <input type="radio"/> diagnosis <input checked="" type="radio"/> therapy <input type="radio"/> prognosis	<input checked="" type="radio"/> narrow, specific search <input type="radio"/> 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, evidence-based consensus development conferences, and guidelines.

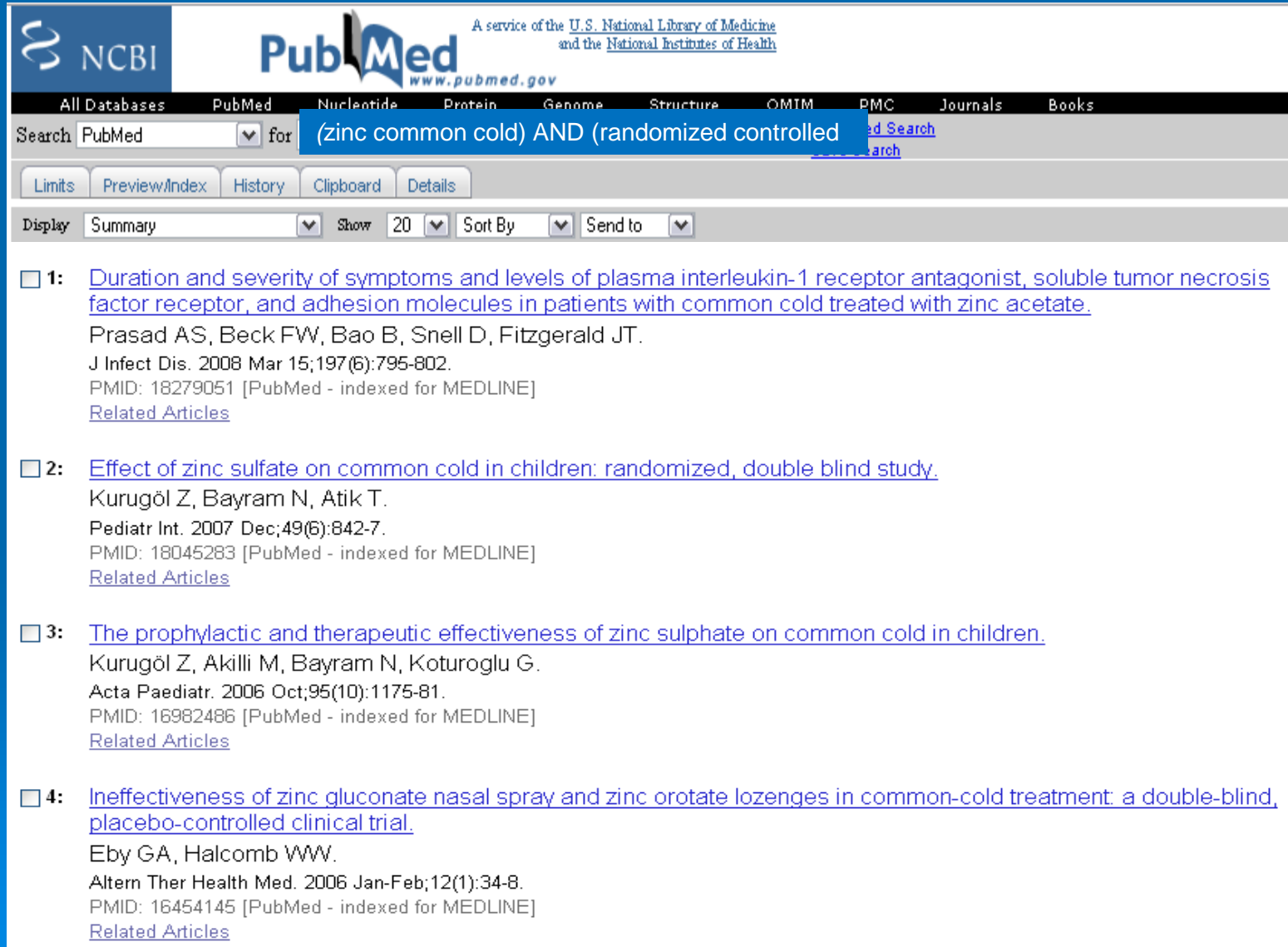
For more information, see [Help](#). See also [related sources](#) for systematic review searching.

Search

Medical Genetics Searches

This search finds citations and abstracts related to various topics in medical genetics. See the [filter table](#) for details.

Results for Clinical Study Category (RCTs)



The screenshot shows the PubMed website interface. At the top, the NCBI logo is on the left, and the PubMed logo with the text "A service of the U.S. National Library of Medicine and the National Institutes of Health" and "www.pubmed.gov" is on the right. Below the header is a navigation bar with links for "All Databases", "PubMed", "Nucleotide", "Protein", "Genome", "Structure", "OMIM", "PMC", "Journals", and "Books". The search bar contains the text "Search PubMed" and a dropdown menu set to "PubMed". To the right of the search bar, the search criteria "(zinc common cold) AND (randomized controlled)" are displayed. Below the search bar are buttons for "Limits", "Preview/Index", "History", "Clipboard", and "Details". Further down, there are controls for "Display" (set to "Summary"), "Show" (set to "20"), "Sort By", and "Send to". The main content area displays four search results, each with a checkbox, a title link, author names, journal information, PMID, and a "Related Articles" link.

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All Databases PubMed Nucleotide Protein Genome Structure OMIM PMC Journals Books

Search PubMed for (zinc common cold) AND (randomized controlled)

Limits Preview/Index History Clipboard Details

Display Summary Show 20 Sort By Send to

- 1: [Duration and severity of symptoms and levels of plasma interleukin-1 receptor antagonist, soluble tumor necrosis factor receptor, and adhesion molecules in patients with common cold treated with zinc acetate.](#)
Prasad AS, Beck FW, Bao B, Snell D, Fitzgerald JT.
J Infect Dis. 2008 Mar 15;197(6):795-802.
PMID: 18279051 [PubMed - indexed for MEDLINE]
[Related Articles](#)
- 2: [Effect of zinc sulfate on common cold in children: randomized, double blind study.](#)
Kurugöl Z, Bayram N, Atik T.
Pediatr Int. 2007 Dec;49(6):842-7.
PMID: 18045283 [PubMed - indexed for MEDLINE]
[Related Articles](#)
- 3: [The prophylactic and therapeutic effectiveness of zinc sulphate on common cold in children.](#)
Kurugöl Z, Akilli M, Bayram N, Koturoglu G.
Acta Paediatr. 2006 Oct;95(10):1175-81.
PMID: 16982486 [PubMed - indexed for MEDLINE]
[Related Articles](#)
- 4: [Ineffectiveness of zinc gluconate nasal spray and zinc orotate lozenges in common-cold treatment: a double-blind, placebo-controlled clinical trial.](#)
Eby GA, Halcomb WW.
Altern Ther Health Med. 2006 Jan-Feb;12(1):34-8.
PMID: 16454145 [PubMed - indexed for MEDLINE]
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[PubMed Services](#)
[Journals Database](#)
[MeSH Database](#)
[Single Citation Matcher](#)
[Batch Citation Matcher](#)
[Clinical Queries](#)
[LinkOut](#)
[My NCBI](#)
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[Order Documents](#)
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This page provides the following specialized PubMed searches for clinicians:

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- [Find Systematic Reviews](#)
- [Medical Genetics Searches](#)

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

Search

zinc common cold

Go

Category

Scope

etiology

diagnosis

therapy

prognosis

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, evidence-based consensus development conferences, and guidelines.

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

Search

zinc common cold

Go

Medical Genetics Searches

Results for Systematic Reviews

The screenshot shows the PubMed website interface. At the top left is the NCBI logo. The main header features the PubMed logo and the text "A service of the U.S. National Library of Medicine and the National Institutes of Health" with the URL "www.pubmed.gov". Below the header is a navigation bar with links for "All Databases", "PubMed", "Nucleotide", "Protein", "Genome", "Structure", "OMIM", "PMC", "Journals", and "Books". The search bar contains the query "[zinc common cold] AND systematic[sb]" with "PubMed" selected in the dropdown menu. There are "Go" and "Clear" buttons, and links for "Advanced Search" and "Save Search". Below the search bar are buttons for "Limits", "Preview/Index", "History", "Clipboard", and "Details". The results section shows three items, each with a checkbox, a document icon, a title, authors, journal information, and PMID. Item 6 is by Hulisz D., item 7 by Jackson JL, Lesho E, and Peterson C., and item 8 by Marshall I.

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All Databases PubMed Nucleotide Protein Genome Structure OMIM PMC Journals Books

Search PubMed for [zinc common cold] AND systematic[sb] Go Clear [Advanced Search](#) [Save Search](#)

Limits Preview/Index History Clipboard Details

Display Summary Show 20 Sort By Send to

6: [Hulisz D.](#) Related Articles,
Efficacy of zinc against common cold viruses: an overview.
J Am Pharm Assoc (2003). 2004 Sep-Oct;44(5):594-603. Review.
PMID: 15496046 [PubMed - indexed for MEDLINE]

7: [Jackson JL, Lesho E, Peterson C.](#) Related Articles,
Zinc and the common cold: a meta-analysis revisited.
J Nutr. 2000 May;130(5S Suppl):1512S-5S.
PMID: 10801968 [PubMed - indexed for MEDLINE]

8: [Marshall I.](#) Related Articles,
Zinc for the common cold.
Cochrane Database Syst Rev. 2000;(2):CD001364. Review. Update in: [Cochrane Database Syst Rev. 2006;\(3\):CD001364.](#)
PMID: 10796643 [PubMed - indexed for MEDLINE]

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. VIDEO

Basic Search Techniques VIDEO

Step 1: Enter your terms

Search 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

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)

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CINAHL or [CINAHL Plus] (\$)

cinahl.com

- Cumulative Index to Nursing and Allied Health Literature
- Provides coverage from 1982 [1937] to date, of nursing and 17 allied health disciplines literature
- 1700+ [3800+] journals indexed including virtually all English-language nursing journals
- Can easily search for **Research** articles

CINAHLPlus Search Screen

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

Suggest Subject Terms

acupuncture in ?

and ▾ postoperative complications in

and ▾ "nausea and vomiting+/pc" in [Add Row](#)

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

Search Options

Search modes ?

- Boolean/Phrase
- Find all my search terms
- Find any of my search terms
- SmartText Searching [Hint](#)

Apply related words

Also search within the full text of the articles

Limit your results

Abstract Available

Publication Year from to

Author

English Language

Research Article

CE Module

References Available

Published Date from ▾ Year: to ▾ Year:

Publication

Peer Reviewed

Exclude Pre-CINAHL

Exclude MEDLINE records

Clinical Queries ▾
Therapy - High Sensitivity
Therapy - High Specificity
Therapy - Best Balance

Evidence-Based Practice

Journal Subset ▾
Africa
Allied Health
Alternative/Complementary Therapies

Publication Type ▾
Abstract
Accreditation
Advice and Referral Website

CINAHL Results

Narrow Results by

- Source Types
 - All Results
 - Periodicals
 - CEUs
- Subject: Major Heading
 - Acupuncture
 - Acupressure
 - Electroacupuncture
 - Acupuncture Points
 - Antiemetics
 - Electric Stimulation
- More »
- Publication
- Age
- Gender

Results: 1-20 of 25 Page: 1 2 Next

Sort by: Date Descending Add (1-20)

Results for: acupuncture and postoperative complications and MH... [Alert / Save / Share »](#)

Search Mode: Boolean/Phrase

- [Acupressure and acupuncture in preventing and managing postoperative nausea and vomiting in adults.](#)
Abraham J; Journal of Perioperative Practice, 2008 Dec; 18 (12): 543-51 (journal article - pictorial, research, systematic review, tables/charts) ISSN: 1750-4589 PMID: 19192550 CINAHL AN: 2010150601
Database: CINAHL with Full Text
[Add to folder](#)
[PDF Full Text](#)
- [The effects of stimulation of acupressure point P6 on postoperative nausea and vomiting: a review of literature.](#)
Nunley C; Wakim J; Guinn C; Journal of PeriAnesthesia Nursing, 2008 Aug; 23 (4): 247-61 (journal article - pictorial, research, systematic review, tables/charts) ISSN: 1089-9472 PMID: 18657760 CINAHL AN: 2009993665
Database: CINAHL with Full Text
[Add to folder](#)
- [Is intraoperative stimulation of acupuncture point P6 effective at reducing the incidence of nausea and vomiting?](#)
Brinkhaus B; Greif R; Arnberger M; Focus on Alternative & Complementary Therapies, 2008 Jun; 13 (2): 110-1 (journal article - abstract, commentary, response) ISSN: 1465-3753 CINAHL AN: 2009938087
Database: CINAHL with Full Text
[Add to folder](#) | [Cited References: \(1\)](#)
- [Prevention and management of postoperative nausea and vomiting: a look at complementary techniques.](#)
Mamaril ME; Windle PE; Burkard JF; Journal of PeriAnesthesia Nursing, 2006 Dec; 21 (6): 404-10 (journal article - pictorial, review) ISSN: 1089-9472 PMID: 17169750 CINAHL AN: 2009380998
Database: CINAHL with Full Text
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- [Evidence-based interventions for post discharge nausea and vomiting: a review of the literature.](#)
Odom-Forren J; Fetzer SJ; Moser DK; Journal of PeriAnesthesia Nursing, 2006 Dec; 21 (6): 411-30 (journal article - research, systematic review, tables/charts) ISSN: 1089-9472 PMID: 17169751 CINAHL AN: 2009380999
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[The efficacy of acupressure to prevent nausea and vomiting in post-operative patients.](#)

(includes abstract); Ming J; Kuo BI; Lin J; Lin L; Journal of Advanced Nursing, 2002 Aug; 39 (4): 343-51 (journal article - *research*, tables/charts) ISSN: 0309-2402 PMID: 12139646 CINAHL AN: 2002135265

Abstract: BACKGROUND: Post-operative nausea and vomiting is a common complication following general anaesthesia. Traditional Chinese medicine indicates that acupressure therapy may reduce nausea and vomiting in certain ailments. AIM(S) OF THE STUDY: The aim of this study was to examine the effect of stimulating two acupressure points on prevention of post-operative nausea and vomiting. DESIGN AND METHODS: A randomized block experimental design was used. The Rhodes Index of Nausea, Vomiting and Retching (INVR) questionnaire was used as a tool to measure incidence. To control the motion sickness variable, the subjects who underwent functional endoscopic sinus surgery (FESS) under general anaesthesia were randomly assigned to a finger-pressing group, a wrist-band group, and a control group. There were 150 subjects in total with each group consisting of 50 subjects. The acupoints and treatment times were similar in the finger-pressing group and wrist-band pressing group, whereas only conversation was employed in the control group. RESULTS: Significant differences in the incidence of the post-operative nausea and vomiting were found between the acupressure, wrist-band, and control groups, with a reduction in the incidence rate of nausea from 73.0% to 43.2% and vomiting incidence rate from 90.5% to 42.9% in the former. The amount of vomitus and the degree of discomfort were, respectively, less and lower in the former group. CONCLUSION: In view of the total absence of side-effects in acupressure in preventing post-operative nausea and vomiting.

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[The effects of acupressure on the incidence of postoperative nausea and vomiting in postsurgical patients.](#)

(includes abstract); Windle PE; Borromeo A; Robles H; Ilacio-Uy V; Journal of PeriAnesthesia Nursing, 2001 Jun; 16 (3): 158-62 (journal article - pictorial, *research*, tables/charts) ISSN: 1089-9472 PMID: 11395836 CINAHL AN: 2001074432

Abstract: *Postoperative* nausea and vomiting (PONV) is one of the most common *postoperative complications*. Aside from pharmacological interventions, other complementary healing modalities have been introduced to assist patients in decreasing PONV and improving *postoperative* outcomes. This study examined *acupressure* as a potentially holistic and safe complement to the more traditional approach of using drugs to prevent and/or relieve nausea and vomiting in the *postoperative* patient. *Acupressure* involves constant pressure (without puncture of the skin) on the Nei Guan *acupuncture* points through the use of a British product called Sea-Bands (Sea Band UK Ltd, Leics, England). These bands are made of elasticated fabric, with a small round plastic button inside. A quasi-experimental *research* design was used to examine the effects of unilateral and bilateral application of *acupressure* on 157 patients who are prone to PONV: postgynecological, postplastic, and posturological surgery patients. The incidence of PONV was determined through retrospective chart reviews. The hypothesis was that there would be a difference in the incidence of PONV between 5 groups: group 1 (Sea-Bands with *acupressure* on both wrists), group 2 (Sea-Bands with *acupressure* on one wrist), group 3 (wristband without *acupressure* on both wrists), group 4 (wristband without *acupressure* on one wrist), and group 5 (no wristband). This hypothesis was examined by using a one-way analysis of variance (ANOVA); it was not supported. Neither unilateral nor bilateral application of *acupressure* significantly affected the incidence of nausea and vomiting. These findings must be viewed with caution, however, because power analysis showed low effect sizes and an inadequate sample size. Further *research* is recommended with a larger sample size. This study has made perianesthesia nurses more aware of other complementary modalities to assist patients with nausea and vomiting. Copyright 2001 by American Society of PeriAnesthesia Nurses.

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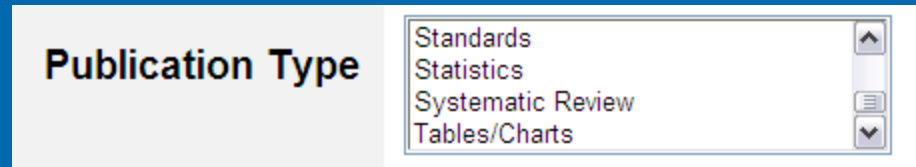
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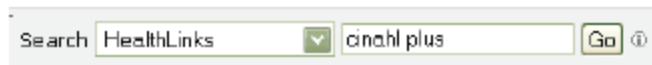
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Search

- Searching for research instruments:
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- **HEAL-WA** is here!
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biomedcentral.com

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- Includes *BMC Nursing*

➤ PubMed Central



pubmedcentral.gov

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

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see healthlinks.washington.edu/hsl/scholcom

- December 2007 law
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HEAL-WA

Health Electronic Resource for Washington

heal-wa.org

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

What is included in HEAL-WA?

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

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- Acupuncturist
- Chiropractor
- Massage Practitioner
- Mental Health Counselor, Psychologist, Licensed Social Worker
- Naturopath
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- Physician, PA, ARNP
- Podiatrist
- Registered Nurse

News

- New, easier full text journal access
Jul 28, 2009
 - MEDLINE® with Full Text is now available!
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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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Dec 19, 2008 09:11

Influenza A (H1N1) Information

Influenza (Dynamed)

[US Centers for Disease Control and Prevention - Influenza A \(H1N1\)](#)

[Washington State Department of Health Swine Influenza \(H1N1\) information](#)

[H1N1 Influenza - Patient information on MedlinePlus](#)

[Links to other Federal and Washington State information](#)

Apr 17, 2009 11:11

Diagnosis & Therapy

- [Dynamed \(Diseases & Conditions\)](#)
- [Merck Manual of Diagnosis and Therapy](#)
- [Merck Manual of Geriatrics](#)

Guidelines & Evidence

- [Cochrane Database of Systematic Reviews](#)
- [Clinical Information from the Agency for Healthcare Research and Quality](#)
- [National Guideline Clearinghouse](#)
- [PubMed Clinical Queries](#)

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- [Drug Information Portal](#)
- [LactMed](#)

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- [AMED \(Alternative & Natural Medicine Database\)](#)
- [Alt-HealthWatch](#)
- [Natural Standard](#)

Prevention, Screening, Immunizations

- [Guide to Clinical Preventive Services](#)
- [Immunization Schedules](#)
- [Red Book®: 2006 Report of the Committee on Infectious Diseases - 27th Ed.](#)
- [The Guide to Community Preventive Services \(Community](#)

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-  [Nursing Calculators](#)




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-  [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. \(2008\)](#)

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Titles where title name begins with 'A': 314

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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

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Search for Clinical Practice Guidelines



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 Guidelines Resources

- National Guideline Clearinghouse guideline.gov
- Nursing Reference Center (\$) [on HEAL-WA] ebscohost.com
- PubMed/MEDLINE pubmed.gov [on HEAL-WA]
- CINAHL/CINAHL Plus (\$) [on HEAL-WA] cinahl.com
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| <input type="checkbox"/> | Pressure ulcer prevention and treatment following spinal cord injury , Consortium for Spinal Cord Medicine - Private Nonprofit Organization
Paralyzed Veterans of America - Private Nonprofit Organization. 2000 Aug (reviewed 2005). 80 pages. NGC:001815
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| <input type="checkbox"/> | Risk assessment & prevention of pressure ulcers , Registered Nurses' Association of Ontario - Professional Association. 2002 Jan (revised 2005 Mar). 80 pages. NGC:004215
Other Guidelines from this Developer |
| <input type="checkbox"/> | Assessment and management of stage I to IV pressure ulcers , Registered Nurses' Association of Ontario - Professional Association. 2002 Aug (revised 2007 Mar). 112 pages. NGC:005793
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| <input type="checkbox"/> | Preventing pressure ulcers and skin tears. In: Evidence-based geriatric nursing protocols for best practice , Hartford Institute for Geriatric Nursing - Academic Institution. 2003 (revised 2008 Jan). 27 pages. NGC:006346
Other Guidelines from this Developer |
| <input type="checkbox"/> | Pressure ulcer treatment. Health care protocol , Institute for Clinical Systems Improvement - Private Nonprofit Organization. 2008 Jan. 28 pages. NGC:007032
Other Guidelines from this Developer |



Guideline Summary

Brief Summary

GUIDELINE TITLE

Pressure ulcer treatment. Health care protocol.

BIBLIOGRAPHIC SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). **Pressure** ulcer treatment. Health care protocol. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2008 Jan. 28 p. [36 references]

GUIDELINE STATUS

This is the current release of the guideline.

BRIEF SUMMARY CONTENT

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RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Note from the National Guideline Clearinghouse (NGC) and the Institute for Clinical Systems Improvement (ICSI): For a description of what has changed since the previous version of this protocol, refer to [Summary of Changes Report- January 2008](#).

The recommendations for treatment of **pressure ulcers** are presented in the form of a protocol accompanied by 7 detailed annotations. Clinical highlights and the annotations follow.

Class of evidence (A-D, M, R, X) definitions are provided at the end of the "Major Recommendations" field.

Clinical Highlights

- The treatment of **pressure ulcers** should include an assessment specific to the wound, including the following elements: history and physical, etiology, psychosocial needs, nutritional status, wound assessment and documentation of these elements. (*Annotation #1*)
- The treatment of **pressure ulcers** should be consistent and evidence based. (*Annotation #2*)
- Education should be provided to the patient, family, caregivers and health care team members regarding treatment of **pressure ulcers**. (*Annotation #6*)

Special Considerations

Persons undergoing palliative or hospice care may need an alteration in their goals of care. The goals of care can shift from prevention and treatment to palliation and management of ulcer pain and odor [R].

Annotations for **Pressure** Ulcer Treatment

1. Wound Assessment

Key Points:

- The assessment for **pressure** ulcer treatment should focus on the wound and following elements: history and physical, etiology, psychosocial needs,

Guideline Comparison

GUIDELINE TITLE	Pressure ulcers in the long-term care setting.	Preventing pressure ulcers and skin tears. In: Evidence-based geriatric nursing protocols for best practice.	Pressure ulcer treatment. Health care protocol.
DATE RELEASED	1996 (revised 2008)	2003 (revised 2008 Jan)	2008 Jan
GUIDELINE DEVELOPER(S)	American Medical Directors Association - Professional Association	Hartford Institute for Geriatric Nursing - Academic Institution	Institute for Clinical Systems Improvement - Private Nonprofit Organization
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Urinary tract infection (UTI) in adults

Updated 2009 Aug 18 01:59 PM: group B streptococcus resistance (J Clin Microbiol 2009 Jul) [update](#)
Arch Intern Med 2009 Apr 27 commentary (Medications)
European Association of Urology guidelines (National Guideline Clearinghouse 2009 Mar 2)

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- [Clinical prediction of urinary tract infection in adults](#)
- [Asymptomatic bacteriuria](#)

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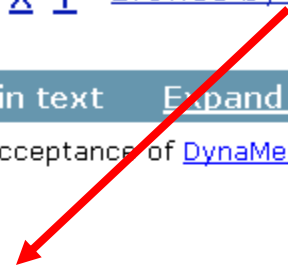
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- antibiotics

- 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](#)

- 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

- [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



DynaMed

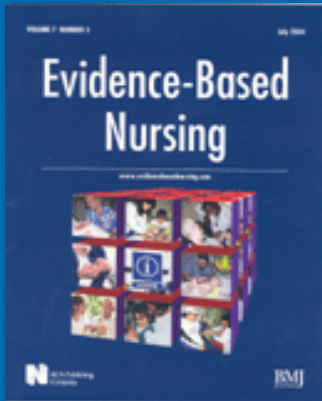
Level 1
evidence

Full-text

- review of asymptomatic bacteriuria in the nursing home can be found in [Annals of Long-Term Care 2006 Jul;14\(7\):17](#)
- review of common infections in the elderly can be found in [Am Fam Physician 2001 Jan 15;63\(2\):257](#)
- review of asymptomatic bacteriuria in adults can be found in [Am Fam Physician 2006 Sep 15;74\(6\):985](#)
- review in adults including antibiotic regimens and costs can be found in [Am Fam Physician 1999 Mar 1;59\(5\):1225](#)
- review with focus on increasing antimicrobial resistance can be found in [Mayo Clin Proc 2004 Aug;79\(8\):1048](#)  [EBSCOhost Full Text PDF](#), commentary can be found in [Mayo Clin Proc 2005 Jun;80\(6\):824](#)
- review of diagnostic testing can be found in [Am J Med 2002 Jul 8;113 Suppl 1A:20S](#), commentary can be found in [Am Fam Physician 2002 Nov 15;66\(10\):1943](#)
- case presentation and discussion of UTI in men can be found in [Hosp Pract \(Minneap\) 2000 Jan 15;35\(1\):53](#)
- brief "What you should do" review of recurrent UTI in women can be found in [BMJ 2003 Nov 22;327\(7425\):1204](#)

Guidelines:

- synthesis of 3 guidelines (ICSI 2006, SIGN 2006, University of Michigan Health System 2005) on diagnosis and management of urinary tract infection can be found at [National Guideline Clearinghouse 2007 Dec:URINARYTRACT1](#)
- University of Michigan Health System guidelines [2005 PDF](#) can be found at [National Guideline Clearinghouse 2005 Aug 22:7407](#)
- Infectious Diseases Society of America (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](#)
- Institute for Clinical Systems Improvement (ICSI) guideline on uncomplicated UTI in women can be found at [National Guideline Clearinghouse 2006 Oct 16:9657](#)
- European Association of Urology (EAU) guidelines on
 - uncomplicated urinary tract infections in adults can be found at [National Guideline Clearinghouse 2009 Mar 2:12526](#)
 - neurogenic lower urinary tract dysfunction can be found at [National Guideline Clearinghouse 2008 Dec 8:12527](#)
 - complicated urinary tract infections due to urological disorders can be found at [National Guideline Clearinghouse 2009 Mar 2:12582](#)
 - sepsis in urology can be found at [National Guideline Clearinghouse 2009 Mar 2:12584](#)
 - urinary tract infections in renal insufficiency, transplant recipients, diabetes mellitus and immunosuppression can be found at [National Guideline Clearinghouse 2009 Mar 2:12581](#)
 - peri-operative antibacterial prophylaxis in urology can be found at [National Guideline Clearinghouse 2009 Mar 2:12588](#)
- 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](#)
- Scottish Intercollegiate Guidelines Network (SIGN) national clinical guideline on management of suspected bacterial urinary tract infection in adults can be found at [SIGN PDF](#) or at [National Guideline Clearinghouse 2007 Mar 5:9724](#)
- Infectious Diseases Society of America 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](#)



Evidence-Based Nursing

- Surveys a wide range of international medical journals applying strict criteria for the quality and validity of research
- Practicing clinicians assess the clinical relevance of the best studies
- Key details of these essential studies are presented in a succinct, informative **abstract** with an **expert commentary** on its clinical application

Evidence-Based Nursing review

Review: soft drink consumption is associated with increased energy intake and body weight

Vartanian LR, Schwartz MB, Brownell KD. Effects of soft drink consumption on nutrition and health: a systematic review and meta-analysis. *Am J Public Health* 2007;97:667-75.

Q Is soft drink consumption associated with increased energy intake, increased body weight, displacement of nutrients, and an increased risk of chronic disease?

METHODS



Data sources: Medline, PsycINFO, Web of Science database, bibliographies of identified articles, and authors of included articles.



Study selection and assessment: articles that assessed the relation between soft drink consumption and the 4 primary outcomes listed below. 88 articles (cross-sectional studies, longitudinal studies, and randomised controlled trials) were included in the analysis



Outcomes: milk intake nutrition or as follows: medium, a

CONCLUSION

Soft drink consumption is associated with increased energy intake and body weight and reduced milk and calcium intake.

MAIN RESULTS

Only the results of the longitudinal studies associated with increased energy intake and reduced milk and calcium intake.

For correspondence: Dr K D Brownell, Yale University, New Haven, CT, USA. kelly.brownell@yale.edu

Source of funding: Rudd Foundation.

Commentary

The review by Vartanian *et al* adds to our knowledge of the negative effects of soft drink consumption on nutrition and health. Overall, this review of 88 randomised controlled trials, longitudinal, and cross-sectional studies was strong. The authors considered variables such as funding sources, and the results of the review are strengthened by greater associations found across these studies with more robust designs.

review: the greater the soft drink consumption, the greater the energy intake. Using clinical expertise, most practitioners would recommend that the benefits of limiting soft drink consumption outweigh the risks. Thus, the review by Vartanian *et al* provides practitioners with evidence to recommend limiting soft drink consumption to their clients.

Jennifer
New York University College
New York

Associations between soft drink consumption and various outcomes*

Outcomes	Number and type of studies	Mean effect size (p)
Energy intake	5 longitudinal studies	0.24 (p < 0.001)

Evidence-Based Nursing

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- Concise comprehensive up-to-date reviews of clinical topics in multiple specialties
- Most heavily used clinical e-resource at the UW Health Sciences Libraries

Postoperative fever

TOPIC OUTLINE

INTRODUCTION

PATHOPHYSIOLOGY OF POSTOPERATIVE FEVER

DIFFERENTIAL DIAGNOSIS BASED ON THE TIMING OF FEVER

- Immediate
- Acute
- Subacute
- Delayed

CAUSES OF POSTOPERATIVE FEVER

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- Noninfectious
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 - Cardiovascular and stroke
 - Transfusion reaction
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 - Atelectasis (not causal)

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Postoperative fever

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Last literature review version 17.2: May 2009 | This topic last updated: November 15, 2007 (More)

INTRODUCTION — Fever above 38°C (100.4°F) is common in the first few days after major surgery [1,2]. Most early postoperative fever is caused by the inflammatory stimulus of surgery and resolves spontaneously [3-6]. However, postoperative fevers can also be a manifestation of a serious complication.

A thorough differential diagnosis of postoperative fever includes infectious and noninfectious conditions that occur following surgery. Fever may arise due to a surgical site infection (SSI), or from other hospital-related conditions, including nosocomial pneumonia, urinary tract infection, drug fever, and deep vein thrombosis (show table 1). In evaluating a postoperative patient with fever, it is important to consider a broad differential, and not to assume that fever is due to infection.

PATHOPHYSIOLOGY OF POSTOPERATIVE FEVER — Fever is a manifestation of cytokine release in response to a variety of stimuli [7-9]. Fever-associated cytokines, including interleukin (IL)-1, IL-6, tumor necrosis factor (TNF)-alpha, and interferon (IFN)-gamma, are produced by a variety of tissues and cells (show figure 1). There is some evidence that IL-6 is the cytokine most closely correlated with postoperative fever [10] (See "Pathophysiology and treatment of fever in adults").

Fever-associated cytokines are released by tissue trauma and do not necessarily signal infection. The magnitude of the trauma is correlated with the degree of the fever response. As an example, laparoscopic cholecystectomy is associated with less tissue trauma and fewer episodes of postoperative fever than is open cholecystectomy [11]. Similarly, there is less postoperative fever when coronary artery grafting is performed without the use of a cardiopulmonary bypass pump [12].

Genetic factors may influence the magnitude of the cytokine release in response to tissue trauma, and thus the magnitude of self-limited postoperative fever. For example, children with osteogenesis imperfecta undergoing orthopedic surgery appear to have a greater and more sustained febrile response than matched controls [13].

In addition to tissue trauma, elevated blood levels of bacterial endotoxins and exotoxins can stimulate cytokine release and cause postoperative fever. Using polymerase chain reaction (PCR) testing, one group demonstrated elevated levels of bacterial DNA in the blood of surgical patients, including those with negative blood cultures [14]. Thus, surface components of bacteria or bacteria themselves, translocated from the colon as a consequence of perioperative ileus and/or hypotension, may be responsible for some self-limited postoperative fever.

NSAIDs and steroids, administered to reduce postoperative pain can suppress cytokine release, reduce the magnitude of the febrile response, and speed recovery [15,16].

DIFFERENTIAL DIAGNOSIS BASED ON THE TIMING OF FEVER — The timing of fever after surgery is one of the most important factors to consider in generating a prioritized differential diagnosis of postoperative fever (show figure 2). The timing of postoperative fever can be usefully described as:

- Immediate — onset in the operating suite or within hours after surgery
- Acute — onset within the first week after surgery
- Subacute — onset from one to four weeks following surgery
- Delayed — onset more than one month after surgery

Immediate — The potential causes of fever in the immediate operative and postoperative period are mainly limited to: medications or blood products to which the patient was exposed during preoperative care, in the operating room or in the recovery area; trauma suffered prior to surgery or as part of surgery; and infections that were present prior to surgery.

Adverse medication reactions that produce immediate fever include immune-mediated reactions, such as reactions to antimicrobials and to transfused blood products, and malignant hyperthermia. (See "Drug fever"). The vasodilation that often accompanies these reactions makes hypotension a common presenting sign; rash may accompany fever in some patients with medication reactions. Fever due to malignant hyperthermia usually presents within 30 minutes of starting inhalation anesthesia, but has also been reported up to several hours later, including after surgery was completed and anesthesia discontinued [17,18]. (See "Severe hyperthermia in adults: Heat stroke and malignant hyperthermia").

Fever due to the trauma of surgery usually resolves within two to three days. The severity and duration of these self-limited postoperative fevers tend to be greater in patients with longer and more extensive surgical procedures [11,19]. Fever caused by severe head trauma can be persistent and resolve gradually over days or even weeks [20].

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Evidence-Based Care Sheet

Pancreatitis, Acute: Pain Control

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Evidence-Based Care Sheet

By: Darlene A. Strayer, RN, MBA
Edited by: Diane Pravikoff, RN, PhD, FAAN
Cinahl Information Systems

What We Know

- Acute pancreatitis (AP) is a rapidly developing, potentially fatal inflammatory disorder of the pancreas, with diverse involvement of other organ systems; AP can be mild or severe, with a clinical course that varies widely among patients⁽²⁾⁽³⁾ (see *Quick Lesson About... Pancreatitis*,

Acute; CINAHL Accession Number: 5000000256)

- The inflammation caused by dysfunctionally activated pancreatic enzymes has a direct effect on sensory nerves at spinal cord level T5–T9, which results in visceral pain⁽³⁾
 - Gradually increasing abdominal pain that plateaus after several hours is the primary symptom of mild AP; pain that persists more than a few days is associated with the development of complications that characterize severe AP⁽²⁾
 - Pain may radiate from the abdomen to the back or chest
 - Pain is exacerbated by eating foods high in fat or drinking alcoholic beverages
 - Although rare, painless mild AP may occur in association with postoperative states, renal transplantation, peritoneal dialysis, diabetic ketoacidosis, and shock of unknown origin
- Adequate pain control is essential for the timely recovery of patients with AP⁽²⁾⁽³⁾
 - Narcotic (i.e., opioid) analgesia is usually required because alternatives (i.e., nonopioid analgesia medications) are completely ineffective in alleviating the severe pain of AP⁽¹⁾⁽²⁾⁽³⁾
 - The historic belief that opioid analgesia causes additional pancreatic dysfunction is unsupported by clinical trial evidence⁽²⁾⁽³⁾⁽⁵⁾
 - Pain management with patient-controlled analgesia (PCA) is common because oral intake is restricted; PCA-infused narcotic analgesics typically prescribed for AP patients include⁽¹⁾⁽³⁾⁽⁵⁾
 - morphine sulfate (Avinza[®], Kadian[®], MS Contin[®], MSIR[®], Roxanol[®], Astramorph PF[®], Duramorph[®], Infumorph[®])
 - fentanyl citrate (Sublimaze[®])
 - A transdermal system using a fentanyl patch (Duragesic[®]) may be used
 - hydromorphone hydrochloride (Dilaudid[®])
 - meperidine hydrochloride (Demoral Hydrochloride[®]), occasionally given for pain, is currently prescribed less frequently because accumulating evidence indicates increased neurotoxicity risk with its use⁽⁴⁾⁽⁵⁾⁽⁶⁾

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EVIDENCE-BASED CARE SHEET

I

Stroke and Hormone Replacement Therapy

What We Know

- ▶ Stroke (see series of *Quick Lessons* and *Evidence-Based Care Sheets* on stroke) is a **medical emergency** that occurs as a result of cerebral ischemia (ischemic stroke) or cerebral hemorrhage (hemorrhagic stroke), reducing the flow of blood and oxygen to the brain and resulting in permanent damage.⁽¹⁰⁾
- ▶ Risk factors for stroke include older age, high blood pressure, high cholesterol, cigarette smoking, heart disease, diabetes, history of transient ischemic attack (TIA), family history of stroke, and alcohol abuse.^(1, 6, 10, 11)
- ▶ **Facts and figures**
 - Approximately 3 million American women suffered a stroke in 2003⁽¹⁾
 - In the United States, stroke occurs more often in Black women than in White women^(1, 9, 10)
 - Worldwide, more women than men die from stroke. In 2003, stroke was the third leading cause of death among American women; in 2003, strokes killed 96,000 American women^(1, 4, 6)
 - Stroke is a leading cause of disability among women⁽¹⁾
- ▶ Menopause (see series of *Quick Lessons* and *Evidence-Based Care Sheets* on menopause) usually occurs between the ages of 45 and 54. Surgery (e.g., hysterectomy) can also result in menopause^(5, 11)
 - Symptoms of menopause include hot flashes, night sweats, insomnia, vaginal dryness, mood swings, impaired memory, and bone density loss (osteoporosis)
 - Hormone Replacement Therapy (HRT) is the primary treatment used to relieve symptoms of menopause and improve quality-of-life
 - HRT consists of the use of estrogen alone (e.g., conjugated equine estrogen, micronized estradiol, estropipate, or esterified estrogens) or estrogen with progesterone (e.g., medroxyprogesterone acetate) or progestin (e.g., megestrol)
 - HRT drugs comes in oral form, as a transdermal skin patch, and as a vaginal cream/gel, ring, and tablet
 - HRT is usually taken daily or cyclically and often taken for less than 5 years
- ▶ Because of its ability to lower cholesterol, estrogen was once believed to decrease the risk of cardiovascular disease. However, **research in the past 2 decades has shown that estrogen may increase the risk of stroke.**⁽⁸⁾ **The exact mechanism by which estrogen increases this risk is unclear**

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Red Flags

- **Respiratory distress** during medication administration through the NG tube may indicate migration of tube into the bronchus, cyanosis, decreased oxygen saturation by pulse oximetry, vomiting, increasing restlessness, stridor, and wheezing. If these symptoms occur, stop the medication and remove the tube. Alert the clinician immediately and, if needed, initiate oxygen therapy and other emergency measures
- **Sustained-release drugs** must not be administered by NG tube. The crushing that is necessary in order for the pill to pass through the tube may result in a high dose of medication into the patient's stomach, making overdose likely to occur. Contact the clinician for an adjustment to the dose prescribed for NG administration
- **Resistance** when attempting to flush the tube, it may have become blocked by the precipitation of medication. Stop the medication, pull back on the plunger of the syringe, then pressing on the plunger to create a moderate amount of positive pressure within the tube

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Cochrane Database of Systematic Reviews. 2008

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National Institute for Health and Clinical Excellence - Clinical Guidelines (UK). 2003

Pressure ulcer prevention
NHS Quality Improvement Scotland. 2005

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BMJ. 2006

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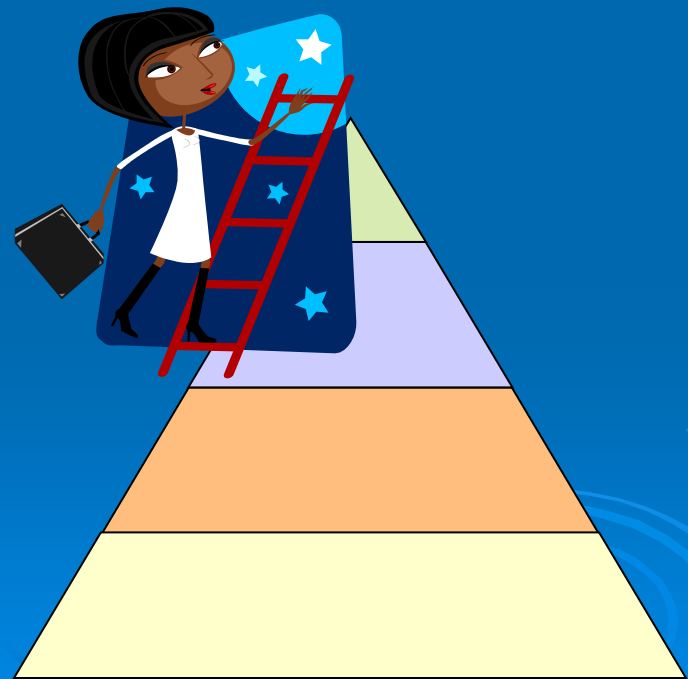
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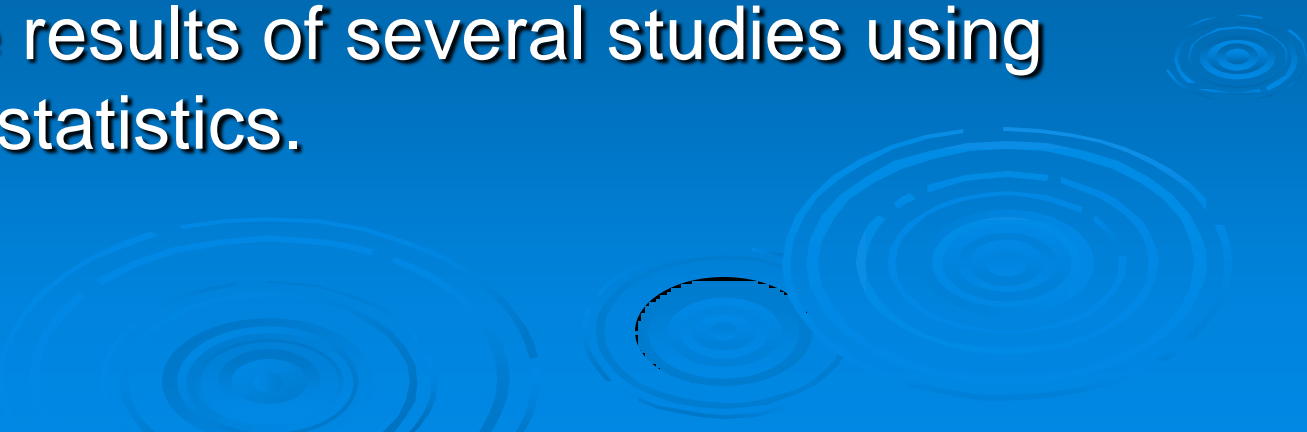
- Cochrane Database of Systematic Reviews (\$) [on HEAL-WA]
- PubMed Systematic Reviews
- CINAHL/CINAHL Plus (\$) [on HEAL-WA]



Systematic review vs Meta-analysis

Systematic review: a literature review 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.

A decorative graphic consisting of several sets of concentric circles, resembling ripples in water, located in the bottom right corner of the slide.



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[Intervention Review] Peri-operative glycaemic control regimens for preventing surgical site infections in adults

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The review

- [Background](#)
- [Objectives](#)
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[Intervention Review]

Peri-operative glycaemic control regimens for preventing surgical site infections in adults

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³University of Texas at Houston, Houston, Texas, USA

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(Editorial group: [Cochrane Wounds Group](#).)

Cochrane Database of Systematic Reviews, Issue 3, 2009 (Status in this issue: *New*)

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DOI: 10.1002/14651858.CD006806.pub2

This version first published online: 8 July 2009 in Issue 3, 2009. Last assessed as up-to-date: 24 March 2009. (Help document - [Dates and Statuses](#) explained).

This record should be cited as: Kao LS, Meeks D, Moyer VA, Lally KP. Peri-operative glycaemic control regimens for preventing surgical site infections in adults. *Cochrane Database of Systematic Reviews* 2009, Issue 3. Art. No.: CD006806. DOI: 10.1002/14651858.CD006806.pub2.

Abstract

Background

Surgical site infections (SSIs) are associated with significant morbidity, mortality, and resource utilization and are potentially preventable. Peri-operative hyperglycaemia has been associated with increased SSIs and previous recommendations have been to treat glucose levels above 200 mg/dL. However, recent studies have questioned the optimal glycaemic control regimen to prevent SSIs. Whether the benefits of strict or intensive glycaemic control with insulin infusion as compared to conventional management outweigh the risks remains controversial.

Objectives

To summarise the evidence for the impact of glycaemic control in the peri-operative period on the incidence of surgical site infections, hypoglycaemia, level of glycaemic control, all-cause and infection-related mortality, and hospital length of stay and to investigate for differences of effect between different levels of glycaemic control.

Search strategy

A search strategy was developed to search the following databases: Cochrane Wounds Group Specialised Register (searched 25 March 2009), The Cochrane Central Register of Controlled Trials, The Cochrane Library 2009, Issue 1; Ovid MEDLINE (1950 to March Week 2 2009); Ovid EMBASE (1980 to 2009 Week 12) and EBSCO CINAHL (1982 to

[Next >](#)

Finding Systematic Reviews and Meta-Analyses in *PubMed*

- Use **Clinical Queries** Section: Systematic Reviews

Find Systematic Reviews

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

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

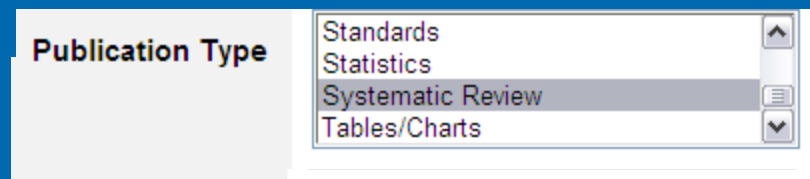
Search

- **Limit** to Type of Article: Meta-Analysis

Type of Article		CLEAR
<input type="checkbox"/>	Clinical Trial	↑ ☰ ↓
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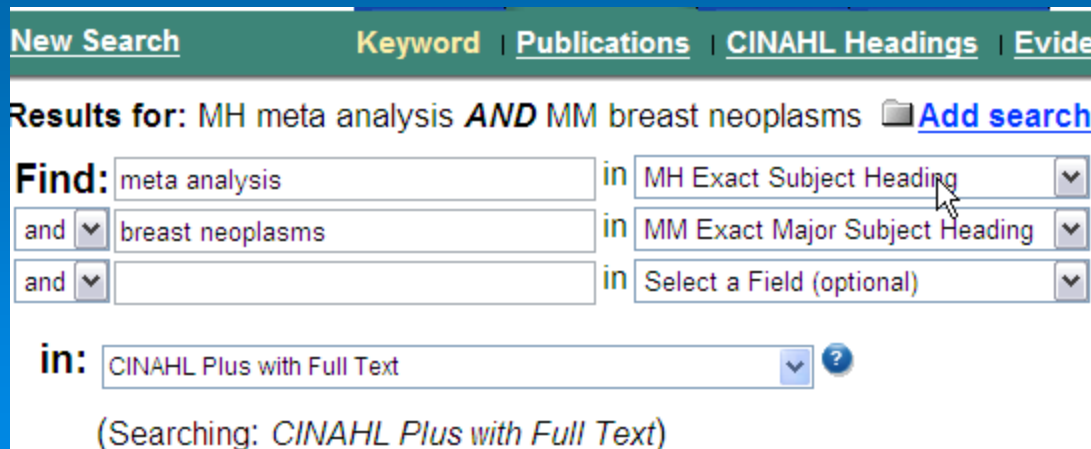
Finding Systematic Reviews and Meta-Analyses in *CINAHL Plus*

- Refine search to Publication Type: Systematic Reviews



A screenshot of a web interface showing a dropdown menu for 'Publication Type'. The menu is open, displaying four options: 'Standards', 'Statistics', 'Systematic Review', and 'Tables/Charts'. The 'Systematic Review' option is highlighted with a grey background. The dropdown has up and down arrow buttons on the right side.

- Search for Meta Analysis as a Subject Heading

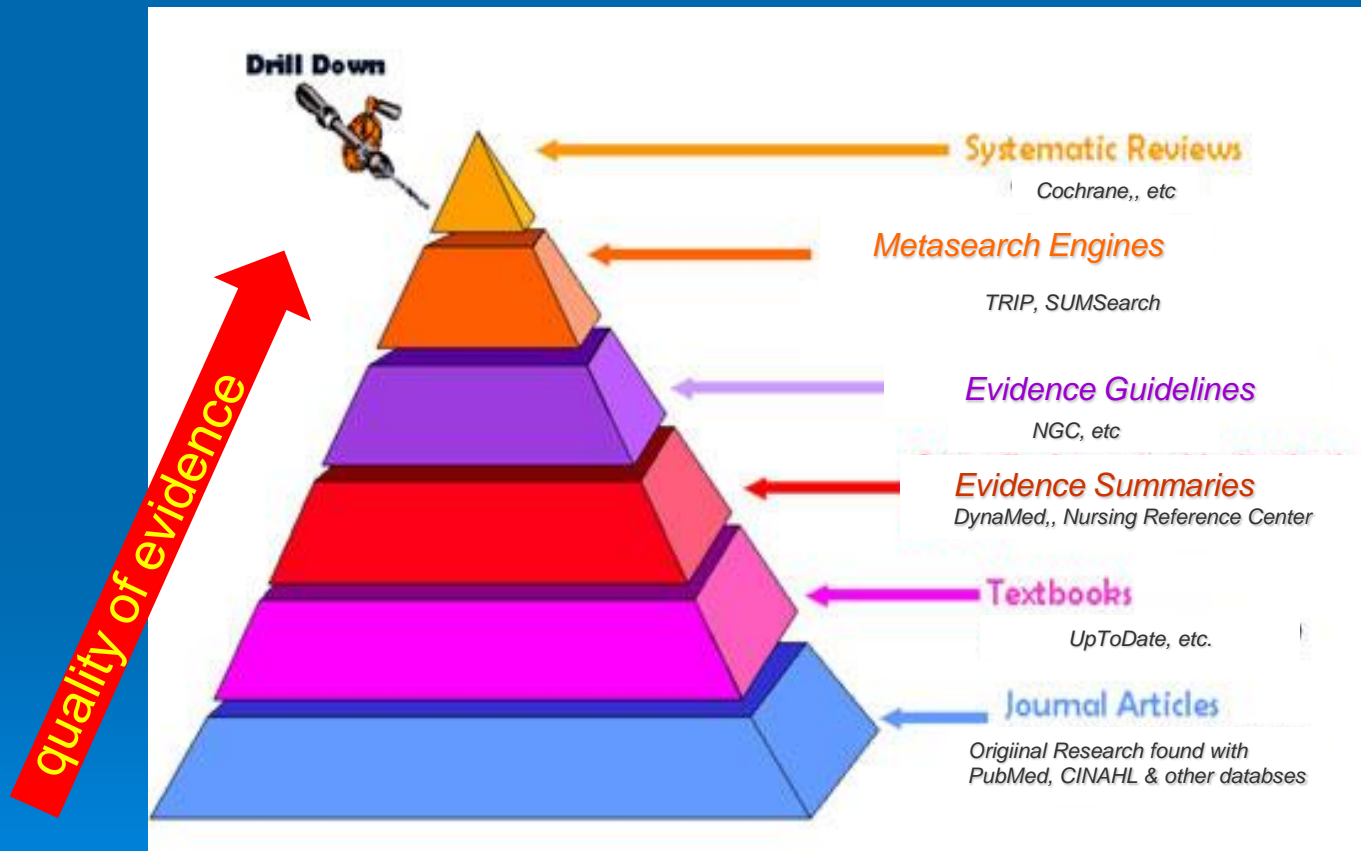


A screenshot of the CINAHL Plus search results page. The page has a green header with navigation tabs: 'New Search', 'Keyword', 'Publications', 'CINAHL Headings', and 'Evide'. Below the header, the search results are displayed for the query 'MH meta analysis AND MM breast neoplasms'. The search criteria are shown in a table-like format:

Find:	in
meta analysis	MH Exact Subject Heading
and	breast neoplasms
and	MM Exact Major Subject Heading
	Select a Field (optional)

Below the search criteria, there is a field for 'in:' with the value 'CINAHL Plus with Full Text' and a question mark icon. At the bottom, it says '(Searching: CINAHL Plus with Full Text)'. There is also a blue 'Add search' button next to the search results.

Searching for Evidence Categories



Search for Evidence in Drug and Natural Medicines Databases

- AHFS Drug Information (\$) [on HEAL-WA]
ahfsdruginformation.com
- Davis's Drug Guide for Nurses (\$) [on HEAL-WA]
- Natural Standard (\$) [on HEAL-WA]
naturalstandard.com
 - Also available partially through *MedlinePlus*
www.nlm.nih.gov/medlineplus/druginformation.html

AHFS Drug Information (\$)

ahfsdruginformation.com

Escitalopram Oxalate

Introduction

$C_{20}H_{21}FN_2O \cdot C_2H_2O_4$

- Escitalopram, the S-enantiomer of citalopram, is a selective serotonin-reuptake inhibitor (SSRI) and an antidepressant.¹

Uses

• Major Depressive Disorder

Escitalopram oxalate is used in the established in 3 placebo-controlled disorder.^{1, 2} In these studies, 10-Montgomery Asberg Depression Ra Impression Improvement and Seve aspects of depressive disorder, inc HAM-D scores was noted in patien therapy.^{2, 14, 16} In addition, esciti: of 20-40 mg daily.^{4, 16} There is som selective serotonin-reuptake inhibi however, additional studies are ne established to date.^{1, 8} For further choosing the most appropriate ant Hydrobromide 28:16.04.20.

Routes	Dosage Forms	Strengths	Brand Names
Oral	Solution	5 mg (of escitalopram) per 5 mL	Lexapro ®
	Tablets, film-coated	5 mg (of escitalopram)	Lexapro ®
		10 mg (of escitalopram)	Lexapro ® (scored)
		20 mg (of escitalopram)	Lexapro ® (scored)

• Comparative Pricing

This pricing information is subject to change at the sole discretion of DS Pharmacy. For the information, please visit drugstore.com.

Lexapro 10MG Tablets (FOREST): 30/\$92.99 or 90/\$259.97

Lexapro 20MG Tablets (FOREST): 30/\$95.99 or 90/\$265.98

References

Lexapro 5M

Lexapro 5M

1. Forest Pharmaceuticals, Inc. **Lexapro**® (escitalopram oxalate) tablets/oral solution prescribing info

2. Burke WJ, Gergel I, Bose A. Fixed-dose trial of the single isomer SSRI escitalopram in depressed c 63:331-6. [IDIS 479908] [\[PubMed 12000207\]](http://pubmed.ncbi.nlm.nih.gov/12000207/)

3. Anon. Forest **Lexapro**® approval includes label claim of greater potency than celexa. FDC Rep. Au

Davis's Drug Guide for Nurses 2009

NURSING IMPLICATIONS

ASSESSMENT

- Monitor mood changes and level of anxiety during therapy.
- Assess for suicidal tendencies, especially during early therapy. Restrict amount of drug available to patient. Risk may be increased for children or adolescents. After starting therapy, children and adolescents should be seen by health care professional at least weekly for 4 wks, every 2 wks for next 4 wks, and on advice of health care professional thereafter .
- Assess for sexual dysfunction (erectile dysfunction; decreased libido) .

POTENTIAL NURSING DIAGNOSES

Ineffective coping (Indications).
Risk for injury (Side Effects).
Sexual dysfunction (Side Effects).
(Indications).

IMPLEMENTATION

- Do not administer escitalopram and citalopram concomitantly. Taper to avoid potential withdrawal reactions. Reduce dose by 50% for 3 days, then again by 50% for 3 days, then discontinue.
- **PO:** Administer as a single dose in the morning or evening without regard to meals.

PATIENT/FAMILY TEACHING

- Instruct patient to take escitalopram as directed. Take missed doses on the same day as soon as remembered and consult health care professional. Resume regular dosing schedule next day. Do not double doses. Do not stop abruptly, should be discontinued gradually .
- May cause dizziness. Caution patient to avoid driving or other activities requiring alertness until response to medication is known.
- Advise patient to avoid alcohol and other CNS-depressant drugs during therapy and to consult a health care professional before taking other Rx or OTC medications or herbal products.
- Instruct female patients to notify health care professional if pregnancy is planned or suspected or if they plan to breastfeed an infant.
- **Caution patients that escitalopram should not be used for at least 14 days after discontinuing MAO inhibitors, and at least 14 days should be allowed after stopping escitalopram before starting an MAO inhibitor.**
- Emphasize importance of follow-up exams to monitor progress.
- Encourage patient participation in psychotherapy to improve coping skills .
- Refer patient/family to local support groups.

EVALUATION/DESIRED OUTCOMES

- Increased sense of well-being - Renewed interest in surroundings. May require 1-4 wk of therapy to obtain antidepressant effects. Full antidepressant effects occur in 4-6 wks .

Natural Standard

[on HEAL-WA]



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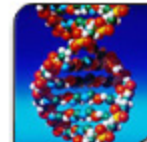
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For each therapy covered by **Natural Standard**, a research team systematically gathers scientific data and expert opinions. Validated rating scales are used to evaluate the quality of available evidence. Information is incorporated into comprehensive monographs which are designed to facilitate clinical decision making. All monographs undergo blinded editorial and peer review prior to inclusion in **Natural Standard** databases.



Natural Standard

Peppermint oil

Scientific Evidence for common/studied use:

Indication	Evidence Grade
Antispasmodic	B
Cough	B
Dyspepsia	B
Irritable bowel syndrome (IBS)	B
Tension headache treatment (topical)	B
Abdominal distention	C
Asthma	C
Bad breath	C

Indication	Level of Evidence Grade
Breast tenderness (preventing cracked nipples)	A (Strong Scientific Evidence)
Functional bowel disorders	A (Strong Scientific Evidence)

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

Depression (mild-to-moderate) and related conditions**Levels of scientific evidence for specific therapies****Grade: A (Strong Scientific Evidence)**

Therapy	Specific therapeutic Use(s)
Music therapy	Mood enhancement
Sage	Mood enhancement
St. John's wort	Depression (mild-to-moderate)

Grade: B (Good Scientific Evidence)

Therapy	Specific therapeutic Use(s)
5-HTP	Depression
Art therapy	Suicidal adolescents
DHEA	Depression
Hypnotherapy, hypnosis	Psychosomatic disorders
Music therapy	Depression
Music therapy	Grief (children)
Phenylalanine	Depression
Psychotherapy	Attachment disorder
Psychotherapy	Conversion disorder (motor type)
Psychotherapy	Depression (ante- and postpartum)
Psychotherapy	Depression (children)
Psychotherapy	Depression (dysthymia)
Psychotherapy	Depression (elderly)
Psychotherapy	Depression (major)
Psychotherapy	Depression (mild to moderate)
Psychotherapy	Suicide prevention
St. John's wort	Somatoform disorders
Yoga	Depression

Grade: C (Unclear or Conflicting Scientific Evidence)

Therapy	Specific therapeutic Use(s)
Acupressure, shiatsu, tuina	Depression
Acupuncture	Depression
Aromatherapy	Depression

MedlinePlus: Drugs, Supplements & Herbal Information

www.nlm.nih.gov/medlineplus/druginformation.html

105 Herbs and Supplements Monographs in English & Spanish
adapted from *Natural Standard*

Peppermint oil (*Mentha x piperita* L.)

Natural Standard Bottom Line Monograph, Copyright © 2005 (www.naturalstandard.com). Commercial distribution prohibited. This monograph is intended for informational purposes only, and should not be interpreted as specific medical advice. You should consult with a qualified healthcare provider before making decisions about therapies and/or health conditions.



While some complementary and alternative techniques have been studied scientifically, high-quality data regarding safety, effectiveness, and mechanism of action are limited or controversial for most therapies. Whenever possible, it is recommended that practitioners be licensed by a recognized professional organization that adheres to clearly published standards. In addition, before starting a new technique or engaging a practitioner, it is recommended that patients speak with their primary healthcare provider(s). Potential benefits, risks (including financial costs), and alternatives should be carefully considered. The below monograph is designed to provide historical background and an overview of clinically-oriented research, and neither advocates for or against the use of a particular therapy.

Related Terms:

- Balm mint, black peppermint, brandy mint, curled mint, Feullis de menthe, Japanese peppermint, Katzenkraut (German), lamb mint, *Mentha arvensis* L. var *piperascens*, menta prima (Italian), *Menthae piperitae aetheroleum* (peppermint oil), *Menthae piperita* var *officinalis*, *Menthae piperitae folium* (peppermint leaf), *Menthe anglaise*, *Menthe poivre*, *Menthe poivree*, *Mentha piperita* var *vulgaris*, Our Lady's mint, pebermynte (Danish), Pfefferminz (German), Porminzen, Schmecker, spearmint (*Mentha spicata* L.), water mint (*Mentha aquatica*), white peppermint, WS(R) 1340.
- **Essential oil constituents:** Cineol, isomenthone, liminene, menthofuran, menthol, menthone, menthyl acetate, terpenoids.
- **Leaf constituents:** Caffeic acid, chlorogenic acid, luteolin, hesperidin, rutin, "volatile" oil.
- **Selected brand names:** Ben-Gay®, Colpermin®, China Maze, Cholaktol, Citaethol, Enteroplant® (contains peppermint and caraway oil), Kiminto, Mentacur, Mentholatum, Mintec, Rhuli Gel®, Robitussin® cough drops, SX Mentha®, Vicks VapoRub®.
- **Combination products:** Absorbine Jr.®, Iberogast®, Listerine®.

Peppermint oil

Aceite de menta (*menta piperita*)

Natural Standard Bottom Line Monograph, Copyright © 2005 (www.naturalstandard.com). Se prohíbe su distribución comercial. Esta monografía tiene la intención de servir para fines informativos únicamente, por lo cual no se debe interpretar como un consejo médico específico. Usted deberá consultar con un proveedor médico calificado antes de tomar decisiones respecto a terapias y/o afecciones de salud.



No obstante se han estudiado de forma científica ciertas técnicas complementarias y alternas, para la mayoría de las terapias hay limitación o controversia sobre los datos de alta calidad respecto a la seguridad, eficacia y mecanismo de acción. Se recomienda, al máximo posible, que los practicantes cuenten con licencias expedidas por una organización profesional reconocida que se adhiera a normas claramente publicadas. Además, antes de iniciar una nueva técnica o contratar a un practicante, se recomienda que los pacientes consulten con su(s) proveedor(es) médico(s) principal(es). Se deben considerar atentamente los beneficios y riesgos potenciales (incluye los costos financieros) así como las alternativas. La siguiente monografía está diseñada para ofrecer una historia y un resumen de la investigación con orientación clínica, y la misma ni defiende ni se opone al uso de una terapia en particular.

Términos relacionados:

- Bálsamo de menta, menta negra, menta de brandy, menta crespá, Feullis de menthe, menta japonesa, Katzenkraut (alemán), menta de cordero, menta arvensis, L. var *piperascens*, menta prima (italiano), *Menthae piperitae aetheroleum* (aceite de menta) *Menthae piperita* var *officinalis*, *Menthae piperitae folium* (hoja de menta), *Menthe anglaise*, *Menthe poivree*, *Mentha piperita* var *vulgaris*, Our Lady's mint, pebermynte (danés), Pfefferminz (alemán), Porminzen, Schmecker, hierbabuena (*Mentha spicata*), menta acuática (*Mentha aquatica*), menta blanca, WS (R) 1340.
- **Elementos constituyentes esenciales del aceite:** Cineol, isomentona, limoneno, mentofurano, mentol, mentona, acetato de mentilo, terpenoides.
- **Elementos constituyentes de la hoja:** Ácido cafeico, ácido clorogénico, luteolina, hesperidina, rutín, aceite "volátil".
- **Selección de marcas registradas:** BenGay®, Colpermin®, China Maze, Cholaktol, Citaethol, Enteroplant® (contiene aceite de menta y alcaravea), Kiminto, Mentacur, Mentholatum, Mintec, Rhuli Gel®, Robitussin® cough drops (pastillas para la tos), SX Mentha®, Vicks VapoRub®.

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ADAM.com encyclopedia:
approx 4000 monographs

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September is Prostate Cancer Awareness Month. Learn more:
 - ▶ Go to [Prostate Cancer](#)
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Prostate Cancer

The prostate is the gland below a man's bladder that produces fluid for semen. Prostate cancer is the third most common cause of death from cancer in men of all ages. It is rare in men younger than 40.

Levels of a substance called prostate specific antigen (PSA) is often high in men with prostate cancer. However, PSA can also be high with other [prostate conditions](#). Since the PSA test became common, most prostate cancers are found before they cause symptoms. Symptoms of prostate cancer may include

- Problems passing urine, such as pain, difficulty starting or stopping the stream, or dribbling
- Low back pain
- Pain with ejaculation

Prostate cancer treatment often depends on the stage of the cancer. How fast the cancer grows and how different it is from surrounding tissue helps determine the stage. Treatment may include surgery, radiation therapy, chemotherapy or control of hormones that affect the cancer.

Start Here

- [Prostate Cancer - What Is It? Interactive Tutorial](#) (Patient Education Institute)
Also available in [Spanish](#)
- [Prostate Cancer Risk: Understanding the Puzzle](#) [NIH](#) (National Cancer Institute)
- [What You Need to Know about Prostate Cancer](#) [NIH](#) (National Cancer Institute)
Also available in [Spanish](#)



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Overviews

- [Detailed Guide: Prostate Cancer](#) (American Cancer Society)
Also available in [Spanish](#)
- [JAMA Patient Page: Prostate Cancer](#) (American Medical Association) - PDF

Related Topics

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Services and providers for **Prostate Cancer** in the U.S.

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National Institutes of Health

The primary NIH organization for research on *Prostate Cancer* is the [National Cancer Institute](#)

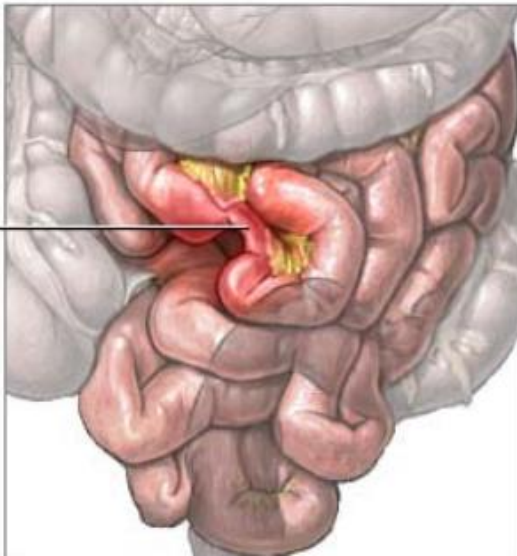
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MedlinePlus Medical Encyclopedia: Small bowel resection

Intestinal
obstruction

1



Procedure



Diseased part of small
bowel removed



Healthy ends
reattached

2

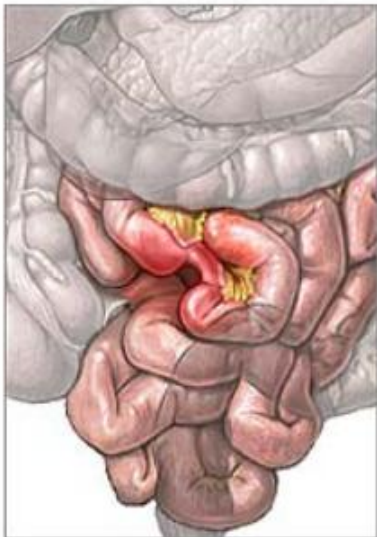
ADAM

Aftercare

3

Before

After



Navigate the Web Beyond Basic Google To Find Evidence?

Navigation Difficulties:

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



Navigating the Web Beyond Google

➤ Google google.com

- Largest search engine: over **11.5 billion** pages
- **Relevance ranking** based on link analysis

➤ Google Advanced Search

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➤ Google Scholar scholar.google.com

Google Advanced Search Features

www.google.com/advanced_search?hl=en

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

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Guideline for the Management of Cancer Pain in Adults and Children.

[www.ampainsoc.org/pub/cancer.htm](#) - [Cached](#) - [Similar](#)[**Guideline For Treating Chronic Non-Cancer Pain With Opioid Medications**](#)

Feb 9, 2009 ... A national panel of pain management experts representing the American Pain Society (APS) and the American Academy of Pain Medicine (AAPM) ...

[www.medicalnewstoday.com/articles/138282.php](#) - [Cached](#) - [Similar](#)[**\[PDF\] The New Cancer Pain Guideline: Educating Northern California ...**](#)

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The New Cancer Pain Guideline: Educating Northern California Health Professionals About New Evidence-based Practice. Mid-Contract Report (Agreement No. ...

[home.earthlink.net/~norcalpain/.../NCPI_Unv_of_Wisconsin_Grant_6-mos_Rept.pdf](#) - [Similar](#)[**Management of Cancer Pain — AHRQ Clinical Practice Guideline #9**](#)

Apr 14, 2008 ... Path: Home : Public_Health_And_Science : Education_And_Quality_Projects : Physician_Oncology_Education_Program ...

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Google Scholar (beta)

scholar.google.com

- Searches for **scholarly literature**, including peer-reviewed papers, theses, books, abstracts and technical reports
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- "**Cited by**" link identifies # that have cited the original
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C Zhan, A Elixhauser, CL Richards Jr, Y Wang ... - *Medical Care*, 2009 - [lww-medicalcare.com](#)

... Identification of Hospital-Acquired Catheter-Associated **Urinary Tract Infections**

From Medicare Claims: Sensitivity and Positive Predictive Value. ...

[Cited by 1](#) - [Related articles](#) - [Import into EndNote](#) - [All 3 versions](#)

[The prevention of hospital-acquired urinary tract infection](#) - [Find UW Holdings](#)

LE Nicolle - *Clinical Infectious Diseases*, 2007 - [UChicago Press](#)

... of major hospital-acquired infections—**urinary tract infection**—has received ... Health care-acquired **urinary infection** is a ... 80% of these **infections** are ...

[Cited by 5](#) - [Related articles](#) - [Import into EndNote](#) - [BL Direct](#) - [All 3 versions](#)

[Preventing hospital-acquired urinary tract infection in the United States: a national study](#) - [careatmichigan.org](#)

S Saint, CP Kowalski, SR Kaufman, TP Hofer, ... - *Clinical Infectious Diseases*, 2007 - [UChicago Press](#)

... of what practices US hospitals are currently using to prevent hospital-acquired

UTI. ... Biofilms and **catheter-associated urinary tract infections**. ...

[Cited by 23](#) - [Related articles](#) - [Import into EndNote](#) - [BL Direct](#) - [All 8 versions](#)

[Epidemiology of intensive care unit-acquired urinary tract infections.](#) - [Find UW Holdings](#)

SM Bagshaw, KB Laupland - *Current Opinion in Infectious Diseases*, 2006 - [critcaremed.org](#)

... Given that patients may **acquire** a nosocomial ... development of intensive care unit-acquired **urinary tract infections** TOP. ... of an indwelling **urinary catheter** [23,24 ...

[Cited by 26](#) - [Related articles](#) - [Cached](#) - [Import into EndNote](#) - [BL Direct](#) - [All 5 versions](#)

[The management of urinary and male genital tract infections](#)

KG Naber, MC Bishop, TE Bjerklund-Johansen, ... - *European Association of Urology*, 2006 - [urotoday.org](#)

... **Urinary tract infections** account for more than 100,000 hospital ... 40% of all hospital-acquired **infections** and are in the majority of cases **catheter-associated** (...

[Cited by 156](#) - [Related articles](#) - [View as HTML](#) - [Import into EndNote](#) - [BL Direct](#) - [All 17 versions](#)

[... review: antimicrobial urinary catheters to prevent catheter-associated urinary tract infection ...](#) - [annals.org](#)

JR Johnson, MA Kuskowski, TJ Wilt - *Annals of internal medicine*, 2006 - [Am Coll Physicians](#)

... multi-centre trial of the effects of a **catheter** coated with hydrogel and silver salts on the incidence of hospital-acquired **urinary tract infections**. ...

[Cited by 61](#) - [Related articles](#) - [Import into EndNote](#) - [BL Direct](#) - [All 5 versions](#)

[Catheter-related urinary tract infection.](#) - [co-anaesthesiology.com](#) - [Find UW Holdings](#)

LE Nicolle - *Drugs & aging*, 2005 - [aging.adisonline.com](#)

... antimicrobials for treatment of **urinary tract** as well as other **infections**, so organisms ...

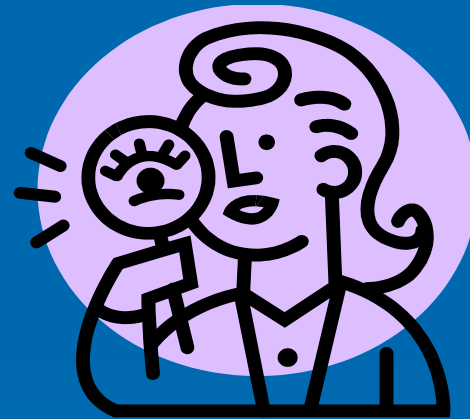
Must Evaluate Web Resources: Evaluation Strategies

- 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

Criteria for Evaluating Web Sites

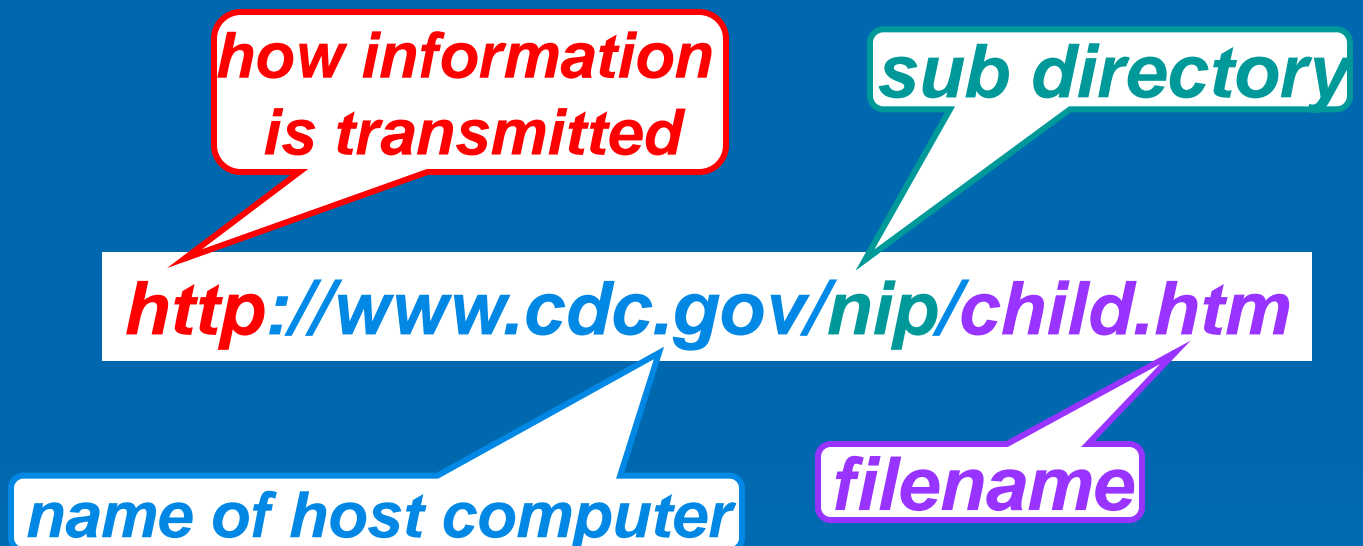
healthlinks.washington.edu/howto/navigating/criteria.pdf

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



Web Site Address: URL (Uniform Resource Locator)

- edu
- org
- com
- gov
- net



The URL includes the name of the host computer which can indicate the purpose of the web site.

***Keep Current with
Alerting Services***



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
- **Free** registration required
- Recent *PubMed* citations sent **automatically** to your email
- *PubMed: My NCBI* help page:
healthlinks.washington.edu/howto/myncbi.html

My NCBI

The image displays the My NCBI interface, which is a personalized workspace for users. At the top, the NCBI logo and the PubMed logo are visible, along with the text "A service of the U.S. National Library of Medicine and the National Institutes of Health" and the URL "www.pubmed.gov". Below this, there is a navigation bar with links to "All Databases", "PubMed", "Nucleotide", "Protein", "Genome", "Structure", "OMIM", and "PMC". A search bar is present with a dropdown menu set to "PubMed" and buttons for "Go", "Clear", and "Advanced Search".

On the left side, there is a sidebar with various links. The "My NCBI" link is circled in red, and a red arrow points from it towards the main content area. Other links include "About Entrez", "Text Version", "Entrez PubMed", "Overview", "Help | FAQ", "Tutorials", "New/Noteworthy", "E-Utilities", "PubMed Services", "Journals Database", "MeSH Database", "Single Citation Matcher", "Batch Citation Matcher", "Clinical Queries", "Special Queries", "LinkOut", and "My NCBI".

The main content area is titled "My NCBI" and features a "Table of Contents" menu with options: "My NCBI Home", "My Saved Data", "Search Filters", "Preferences", and "About My NCBI". Below this menu, there is a section titled "Sign into My NCBI" with input fields for "Username" and "Password", checkboxes for "Keep me signed in" and "Remember my username", and a green "Sign In" button. A yellow box highlights the text "Use My NCBI to save your searches and data, and to se".

On the right side, there is a "My Saved Data" section with the heading "You have:" and a list of items: "32 Saved Searches", "3 Collections", and "1 Bibliography". Below this is a "Search Filters" section with the heading "You've set filters for:" and a list of filters: "PubMed". At the bottom, there is a "Preferences" section with the heading "You've set:" and a list of preferences: "Common Preferences" and "PubMed Preferences".

Two red arrows are present: one pointing from the "My NCBI" link in the sidebar to the main content area, and another pointing from the bottom of the main content area towards the right side of the image.

Alerting Services

healthlinks.washington.edu/howto/alerts.html

Alert Service	Database Coverage	RSS
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My NCBI	PubMed	yes
---------	--------	-----

OVID	MEDLINE [on HEAL-WA]	yes
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Alerts	CINAHL [on HEAL-WA]	yes
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Final Thoughts

- Contact Your **Ultimate Search Engine...**
a librarian!
- Remember **key resources:**
 - PubMed/MEDLINE and CINAHL
 - Evidence-based practice resources
 - Advanced Google and Google Scholar
- And **HEAL-WA!**

Professional Toolkits

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

News

- New, easier full text journal access Jul 28, 2009
- MEDLINE@ with Full Text is now available! Jun 23, 2009
- New Clinical Calculators in DynaMed May 14, 2009
- PsycInfo and other databases now available Mar 06, 2009

Welcome to HEAL-WA

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.

MEDLINE@ with Full Text is now available!

Getting Started

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

Set up HEAL-WA access - If you need to set up a HEAL-WA access code (UW NetID) and password, or if you have a UW NetID and need to add HEAL-WA affiliation to it, see the instructions on the Getting Started page.

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

If you have already set up your HEAL-WA access code (UW NetID) and password, log in to HEAL-WA by clicking on the "HEAL-WA Access" button at the upper right hand corner of the screen.

Dec 19, 2008 09

Influenza A (H1N1) Information

Influenza (Dynamed)

- US Centers for Disease Control and Prevention - Influenza A (H1N1)
- Washington State Department of Health Swine Influenza (H1N1) information
- H1N1 Influenza - Patient information on MedlinePlus
- Links to other Federal and Washington State information

Apr 17, 2009 11

Diagnosis & Therapy

- Dynamed (Diseases & Conditions)
- Merck Manual of Diagnosis and Therapy
- Merck Manual of Geriatrics

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

- MEDLINE@ with Full Text

Drugs, Labs, Diagnostic Tests

- AHFS Drug Information@ (2008)
- Drug Information Portal
- LactMed

Complementary & Alternative Medicine

- AMED (Alternative & Natural Medicine Database)
- Alt-HealthWatch
- Natural Standard

Prevention, Screening, Immunizations

- Guide to Clinical Preventive Services
- Immunization Schedules
- Red Book@: 2006 Report of the Committee on Infectious Diseases - 27th Ed.
- The Guide to Community Preventive Services (Community

Patient Care Management

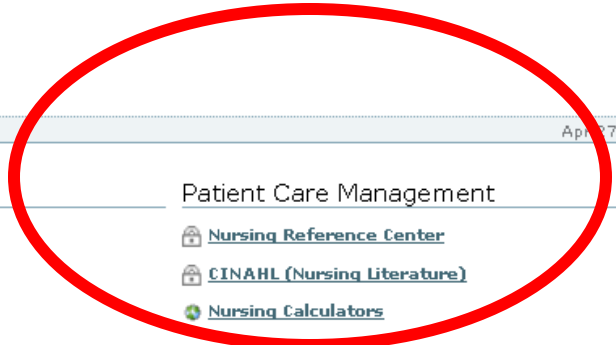
- Nursing Reference Center
- CINAHL (Nursing Literature)
- Nursing Calculators

Information for Patients

- AHFS Consumer Medication Information
- MedlinePlus - Health Information for Patients
- MedlinePlus Health Information in Other Languages (for patients)
- Merck Manual - Home Edition

Contact HEAL-WA

- Send Us Feedback
- Requesting Articles



For more information...

- If you are affiliated with the UW: contact the nursing library liaison:

Janet G Schnall, MS,AHIP
206.543.7474
schnall@u.washington.edu



- Or, contact your institution's librarian



Health Sciences Libraries
UNIVERSITY OF WASHINGTON

Evidence-Based Resources for Answering Clinical Questions: *Only a Click Away*

PowerPoint presentation located:

healthlinks.washington.edu/hsl/liaisons/schnall/medsurg2009.ppt

Handout:

healthlinks.washington.edu/hsl/liaisons/schnall/medsurg2009.doc