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Click, Click, Click on HEAL-WA: Finding Evidence on the Web to Improve Patient Care

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Health Sciences Libraries
University of Washington, Seattle, WA
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Objectives

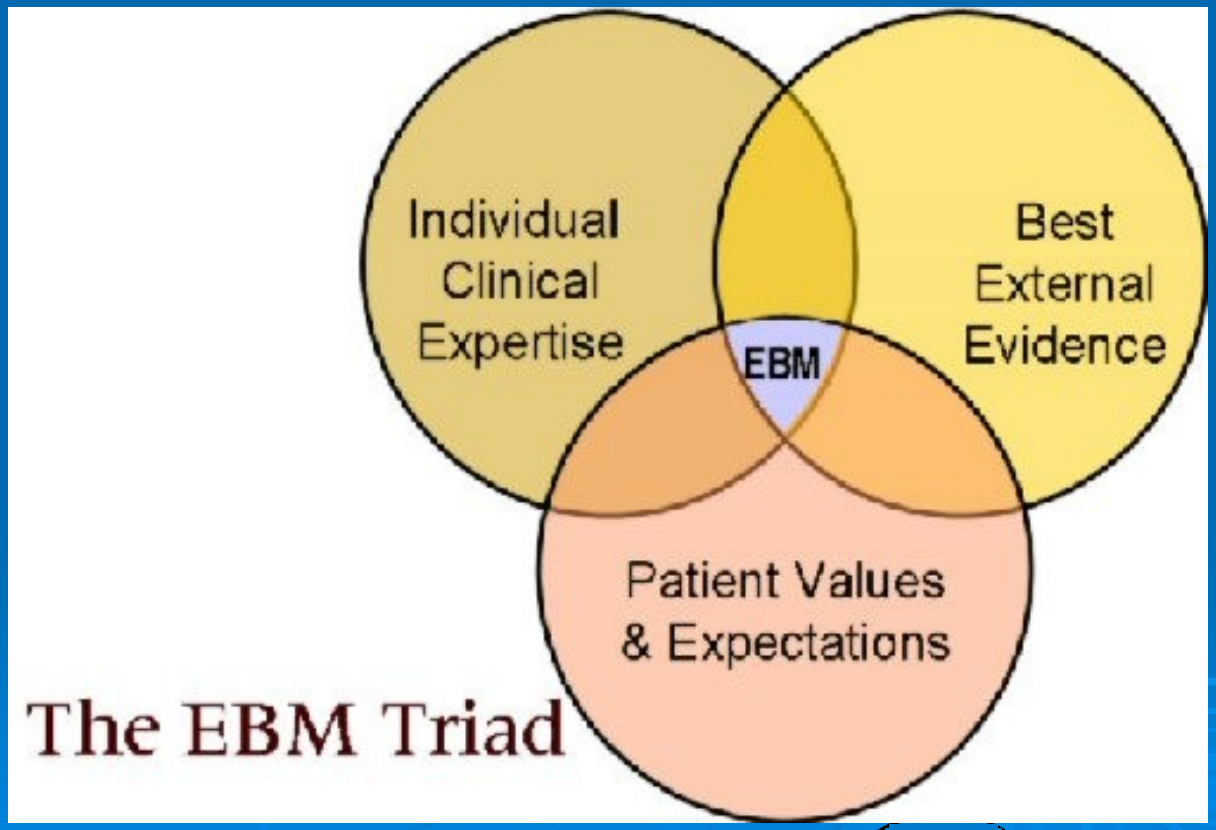
- Describe web resources to use for evidence-based nursing rehabilitation practice
- Locate e-resources on HEAL-WA, the health evidence website for WA state nurses
- Identify strategies to improve searching skills to find appropriate evidence on the web to answer clinical questions

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:

  Failure to use evidence results in lower quality, less effective, and more expensive care.

  - Berwick DM. Disseminating innovations in health care. *JAMA* 2003 Apr 16;289(15):1969-75.
- Standards of practice and “best practices” change over time
- Keeps practice current and relevant
- Increases confidence in decision making

What makes good evidence?

Good

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

Shoddy

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

Are nurses ready for evidence-based practice?

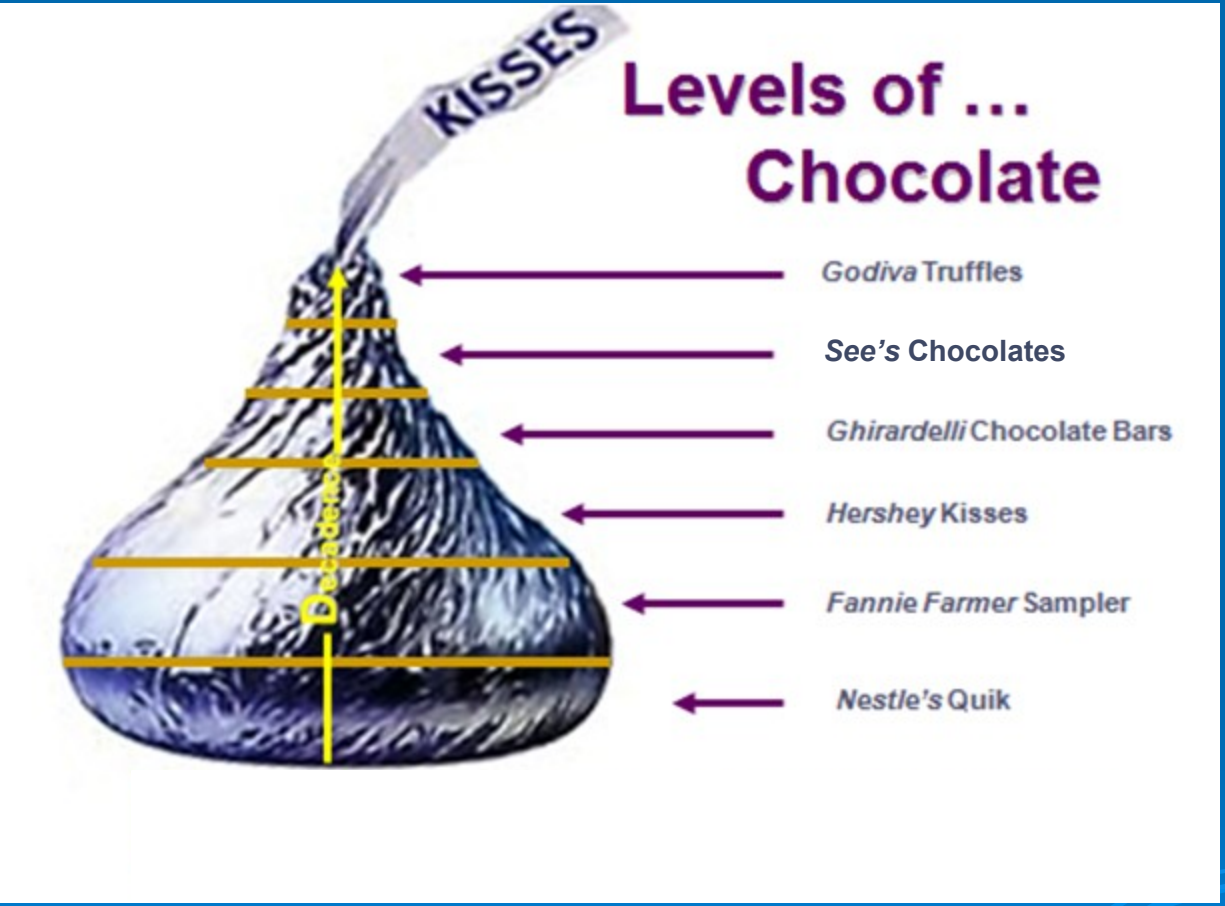
- Many don't understand or value research
- Many have little or no training to help find evidence on which to base their practice

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

Barriers to Nurses using EBP

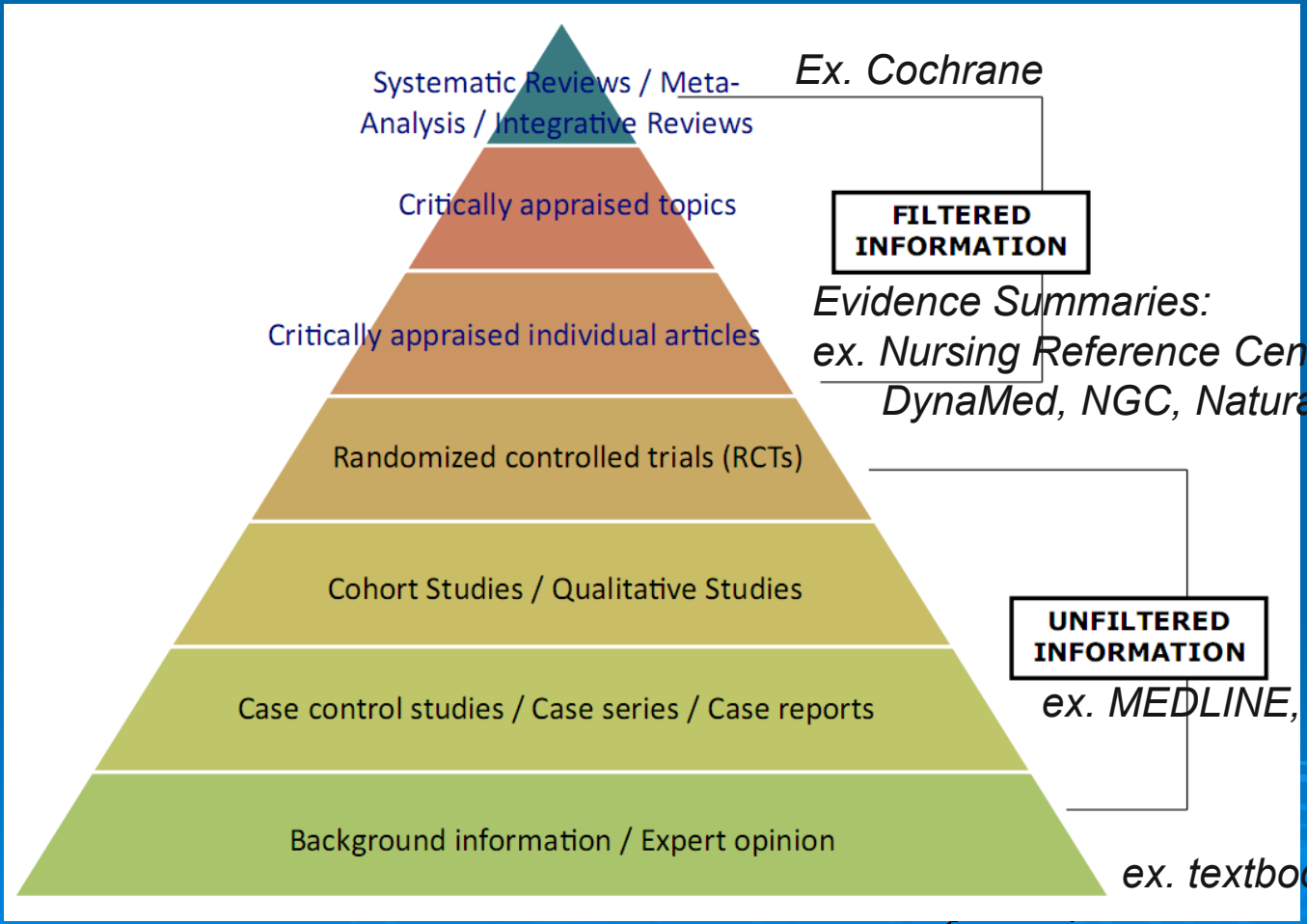
- Lack of time
- Lack of value of research in practice
- Lack of understanding of electronic databases
- Lack of computer skills
- Difficulty understanding research articles

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



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

Searching for Evidence Pyramid



Where can you find evidence a click away?

HEAL-WA *heal-wa.org*

Health Electronic Resource for Washington

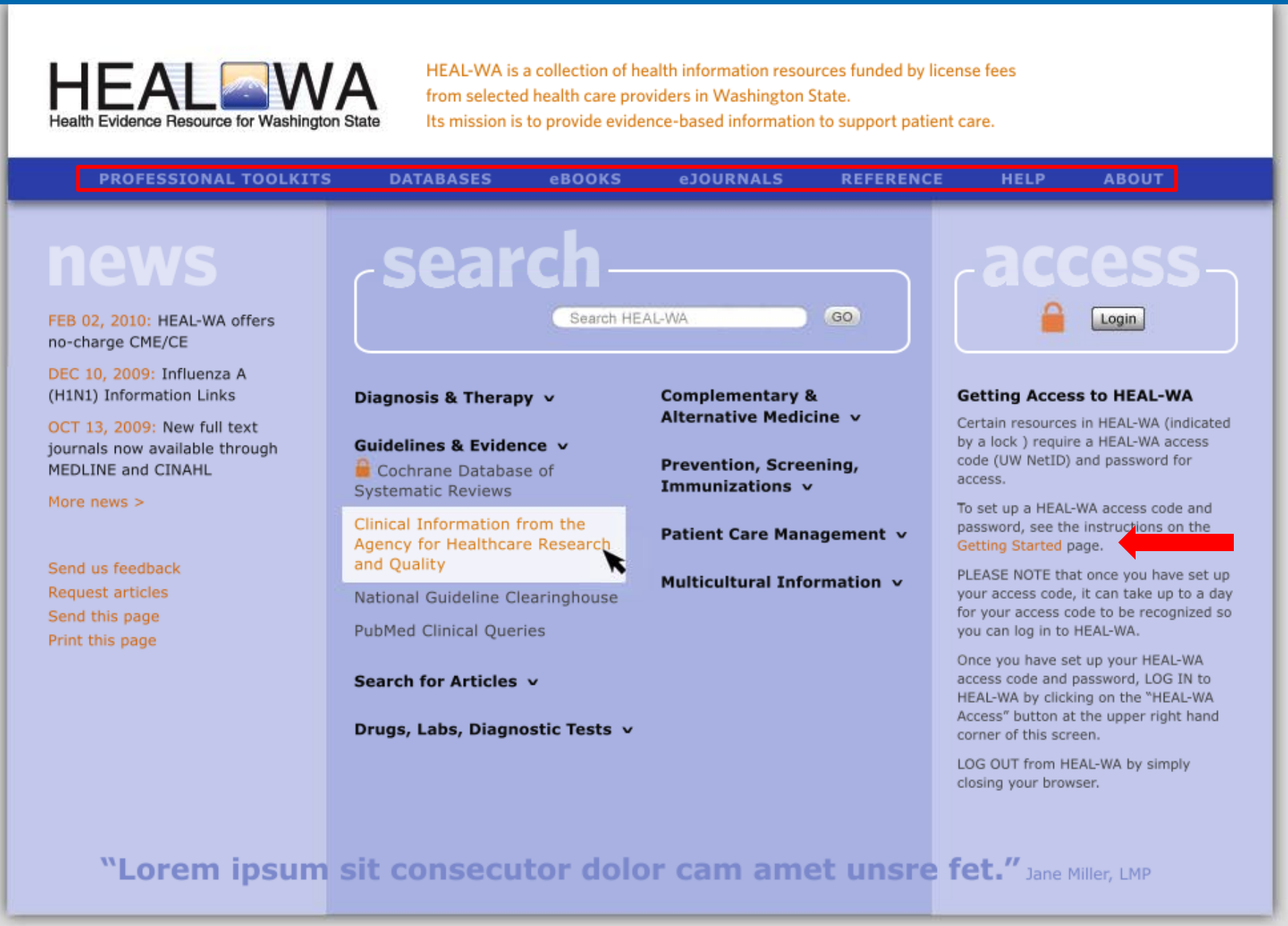
- Began: January 2009
- Website: offers online access to a collection of health information resources
- Who has access? selected health care providers in Washington YES, NURSES !
- Funded by: license fees
- Mission: provide you with evidence-based information to support patient care

What is included in HEAL-WA?

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

How do I get to HEAL-WA?

- Site address: *heal-wa.org*
- Use the "Getting Started" link to set up your UW NetID and password
- You will need your RN license number in order to set up your UW NetID (even if you hold an advanced practice license)
- May take up to 24 hours for your access code to be recognized


HEAL WA
Health Evidence Resource for Washington State
HEAL-WA is a collection of health information resources funded by license fees from selected health care providers in Washington State.
Its mission is to provide evidence-based information to support patient care.
PROFESSIONAL TOOLKITS
DATABASES
eBOOKS
eJOURNALS
REFERENCE
HELP
ABOUT
news
FEB 02, 2010: HEAL-WA offers no-charge CME/CE
DEC 10, 2009: Influenza A (H1N1) Information Links
OCT 13, 2009: New full text journals now available through MEDLINE and CINAHL
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National Guideline Clearinghouse
PubMed Clinical Queries
Search for Articles
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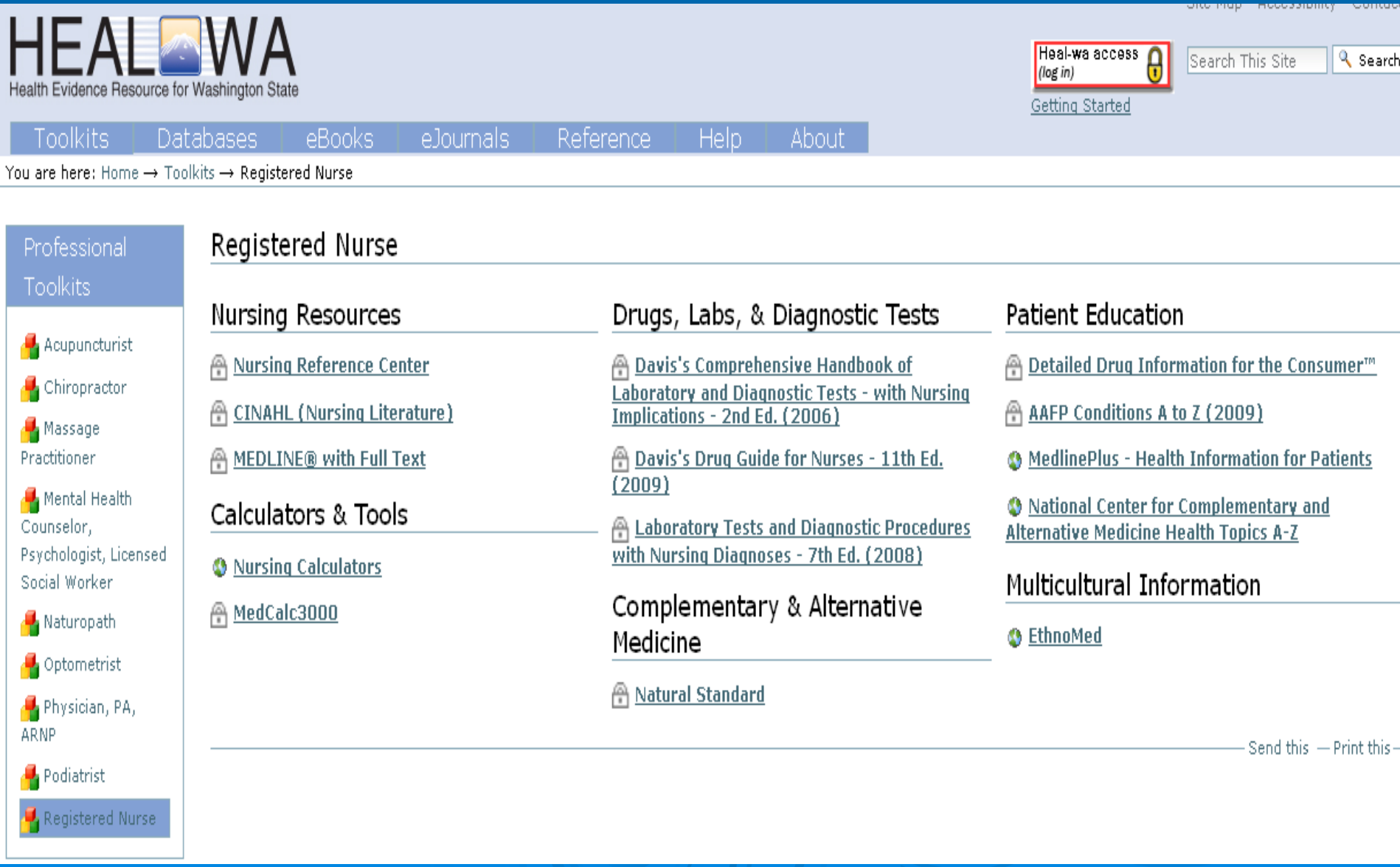
Complementary & Alternative Medicine
Prevention, Screening, Immunizations
Patient Care Management
Multicultural Information
access
Login
Getting Access to HEAL-WA
Certain resources in HEAL-WA (indicated by a lock) require a HEAL-WA access code (UW NetID) and password for access.
To set up a HEAL-WA access code and password, see the instructions on the Getting Started page.
PLEASE NOTE that once you have set up your access code, it can take up to a day for your access code to be recognized so you can log in to HEAL-WA.
Once you have set up your HEAL-WA access code and password, LOG IN to HEAL-WA by clicking on the "HEAL-WA Access" button at the upper right hand corner of this screen.
LOG OUT from HEAL-WA by simply closing your browser.
"Lorem ipsum sit consecutor dolor cam amet unsre fet." Jane Miller, LMP
HealWA - a Plone 3 portal for Health professionals
Plone® and the Plone logo are registered trademarks of the Plone Foundation. Distributed under the GNU GPL license.

Registered Nurse



ARNP


HEAL WA
Health Evidence Resource for Washington State
Heal-wa access (log in)
Search This Site
Search
Getting Started
Toolkits
Databases
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eJournals
Reference
Help
About
You are here: Home → Toolkits → Physician, PA, ARNP
Professional Toolkits
Acupuncturist
Chiropractor
Massage Practitioner
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Optometrist
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Podiatrist
Registered Nurse
Physician, PA, ARNP
Diagnosis & Therapy
DynaMed (Diseases & Conditions)
Merck Manual of Diagnosis and Therapy
Current Medical Diagnosis & Treatment (2009)
Search for Articles
PubMed Clinical Queries
MEDLINE® with Full Text
MANTIS
Drugs
AHFS Drug Information® (2008)
Drug Information Portal
LactMed
Tools & Calculators
MedCalc3000
Reference & Other Resources
PAL: Partnership Access Line (Mental Health Consultation Outreach for children)
Information for Patients
AAFP Conditions A to Z (2009)
MedlinePlus - Health Information for Patients
MedlinePlus Health Information in Other Languages (for patients)
Complementary & Alternative Medicine
Natural Standard
Multicultural Information
EthnoMed
Send this
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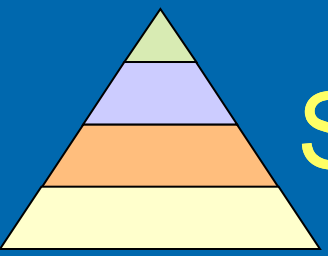
Search for the Best Evidence to answer your Clinical Question



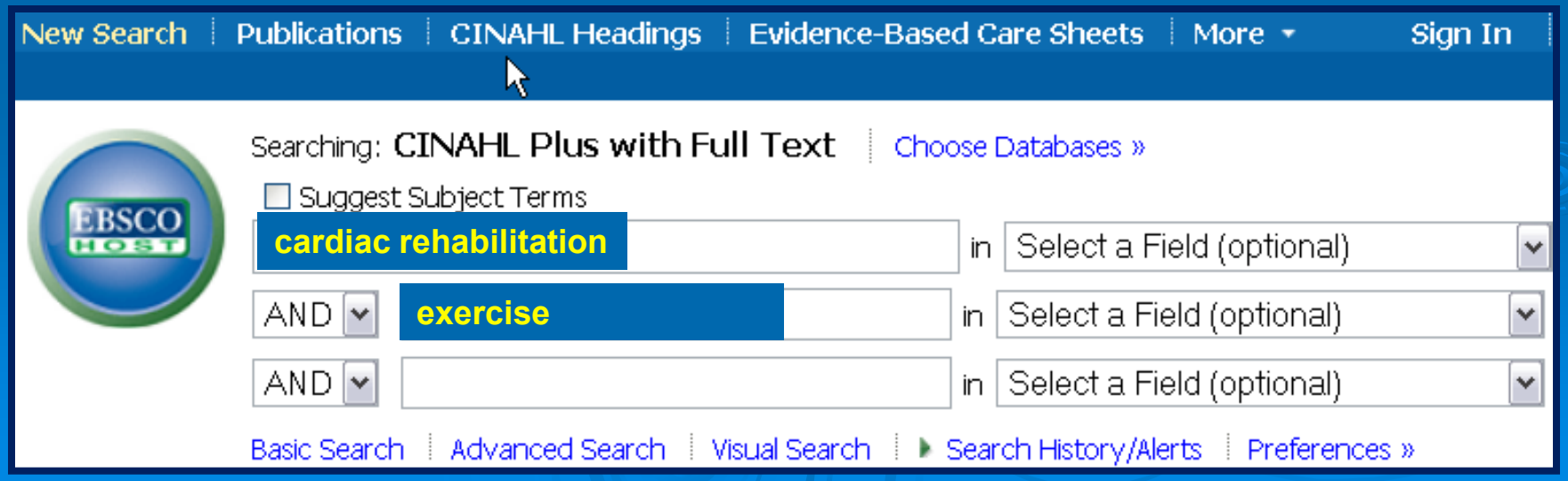
Search Databases Efficiently for Research Journal Articles

- MEDLINE/PubMed or CINAHL

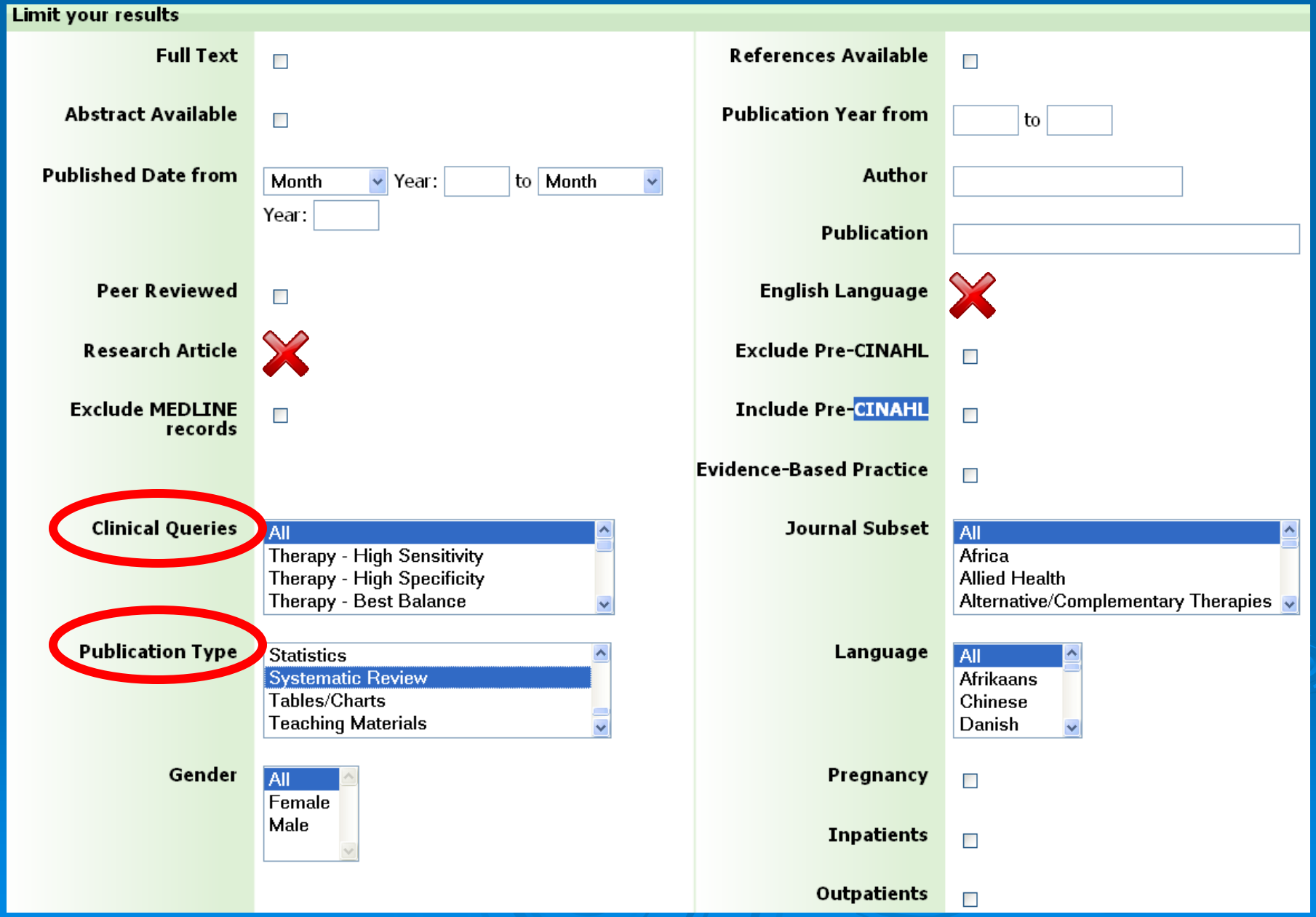
  Includes references to original research articles on a topic:
  - Some with full-text links
  - Most with abstracts
- You will see same interface when searching *MEDLINE* or *CINAHL* (or *Cochrane*) on HEAL-WA

CINAHL

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

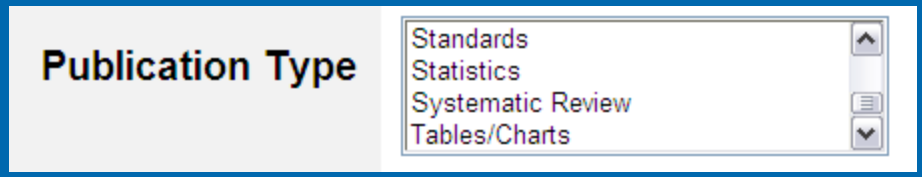


Limit your Results



CINAHL Publication Type Limits

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



CINAHL Results

Results: 1-20 of 47 Page: 1 2 3 Next Sort by: Date Descending Add (1-20)

Results for: cardiac rehabilitation and exercise
✓Options set
Alert / Save / Share »

Search Mode: Boolean/Phrase

1. Gender differences in cardiac rehabilitation outcomes: do women benefit equally in psychological health?
(includes abstract); Barth J; Volz A; Schmid J; Kohls S; von Kanel R; Znoj H; Saner H; Journal of Women's Health (15409996), 2009 Dec; 18 (12): 2033-9 (journal article - ***research***, tables/charts) ISSN: 1540-9996 PMID: 20044867 CINAHL AN: 2010522267

BACKGROUND: Psychological factors are important in the etiology and prognosis of coronary heart disease (CHD). Cardiac rehabilitation (CR) aims to reduce psychological distress, besides other som...

Subjects: Coronary Disease; Health Services Accessibility; Mental Health Services; Rehabilitation, Cardiac; Sex Factors; Middle Aged: 45-64 years; Female; Male

Database: CINAHL with Full Text

Show all 4 images

Add to folder | Cited References: (55)

PDF Full Text

link to full text

2. Phase III cardiac rehabilitation after CABG: combined aerobic and strengthening exercise protocols... including commentaries by Shaw BS and Kang J.
(includes abstract); Moghadam BA; Tavakol K; Hadian MR; Bagheri H; Jalaei S; International Journal of Therapy & ***Rehabilitation***, 2009 Aug; 16 (8): 420-30 (journal article - clinical trial, commentary, ***research***, tables/charts) ISSN: 1741-1645 CINAHL AN: 2010373608

Aims: Little is known of the short-term effects of combined aerobic and strengthening exercises--as components of phase III cardiac rehabilitation-- in patients of Middle Eastern origin who have ...

Subjects: Aerobic Exercises; Rehabilitation, Cardiac; Weight Lifting; Middle Aged: 45-64 years; Female; Male

Abstracts

A prospective examination of patterns and correlates of exercise maintenance in coronary artery disease patients.

(includes abstract); Leung YW; Ceccato N; Stewart DE; Grace SL; Journal of Behavioral Medicine, 2007 Oct; 30 (5): 411-21 (journal article - *research*) ISSN: 0160-7715 PMID: 17616799 CINAHL AN: 2009653111

Abstract: This longitudinal study examine irregular, and inactive) in *cardiac* patien psychosocial, and environmental correlat in-patients from three hospitals consente re-assessed 9 and 18 (81% retention) m via the Health-Promoting Lifestyle Profile (mean age 63.1+/-10.2) with complete d 21.3% as Irregular Exercisers, and 26.1 that *Exercise* Maintainers were more lik attend *cardiac rehabilitation*, perceive current-smokers, past-smokers, or attribu Patients more likely to maintain *exercis rehabilitation*.

Predictors of fitness improvements in phase III cardiac rehabilitation exercise.

(includes abstract); McKee G; International Journal of Therapy & *Rehabilitation*, 2008 Mar; 15 (3): 138-42 (journal article - *research*, tables/charts) ISSN: 1741-1645 CINAHL AN: 2009897614

Abstract: This study aimed to determine if age, gender body mass index and pre-programme fitness were predictors of fitness improvements in phase III *cardiac rehabilitation* programmes. The main objective was to propose how this information could be used to further tailor *exercise* intervention to individual needs. A sample of 119 patients were included in this single site, practice-based, longitudinal observational investigation of patients before and after attending a structured *cardiac rehabilitation* programme. Patient fitness was measured both before and after participation in a phase III *cardiac rehabilitation* programme, using a Bruce protocol sub-maximal *exercise* stress test. Significant increases in fitness occurred after participation in the *cardiac rehabilitation* programme. The factor that significantly influenced pre-programme fitness was age. The factors that significantly influenced fitness improvements were pre-programme fitness and gender with the least fit participants and males improving fitness most. Findings suggest potential methods of further individualizing the *exercise* component of *cardiac rehabilitation* and highlight areas for further exploration.

Full text article

Predictors of fitness improvements in phase III cardiac rehabilitation exercise

Gabrielle McKee

This study aimed to determine if age, gender, body mass index and pre-programme fitness were predictors of fitness improvements in phase III cardiac rehabilitation programmes. The main objective was to propose how this information could be used to further tailor exercise intervention to individual needs.

A sample of 119 patients were included in this single site, practice-based, longitudinal observational investigation of patients before and after attending a structured cardiac rehabilitation programme. Patient fitness was measured both before and after participation in a phase III cardiac rehabilitation programme, using a Bruce protocol sub-maximal exercise stress test.

Significant increases in fitness occurred after participation in the cardiac rehabilitation programme. The factor that significantly influenced pre-programme fitness was age. The factors that significantly influenced fitness improvements were pre-programme fitness and gender, with the least fit participants and males improving fitness most. Findings suggest potential methods of further individualizing the exercise component of cardiac rehabilitation and highlight areas for further exploration.

Key words: ■ cardiac rehabilitation ■ exercise capacity ■ gender ■ age ■ obesity

Submitted 12 December 2007, accepted for publication following double-blind peer review 6 February 2008

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is Senior Lecturer in Physiology, School of Nursing and Midwifery, Trinity College Dublin
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Correspondence to: G McKee

The ultimate aim of cardiac rehabilitation is to achieve and maintain the optimal physical and psychosocial health of the patient (Coats, 1995). Traditionally cardiac rehabilitation is made up of four phases. Phase III is usually an outpatient formal cardiac rehabilitation programme occurring approximately 4–6 weeks after a cardiac event or procedure.

The positive effects of participation in cardiac rehabilitation programmes have long been established (Joliffe et al, 2001). Participation in moderate physical activity has contributed greatly to these positive effects. Physical fitness has been shown to improve significantly after participation in cardiac rehabilitation programmes (Shiran et al, 1997; Dugmore et al, 1999; Gulanick et al, 2002; Lavie and Milani, 2004) with fitness improvements ranging from 13%–19% (Shiran et al, 1997; Dugmore et al, 1999).

There is great variation in the level of fitness of patients entering cardiac rehabilitation. Baseline fitness has been shown to be significantly influenced by many demographic factors. Women entering cardiac rehabilitation tend to have significantly lower fitness levels than men (Balady et al, 1996; Ades et al, 2006). Older patients tend to have significantly lower fitness than younger patients (Balady et al, 1996; Ades et al, 2006) and obesity also significantly influences baseline fitness (Shubair et al, 2004).

However, only some of these factors have been shown to significantly influence improvements in fitness during cardiac rehabilitation. Studies have shown that improvements were not related to age, gender, or time since cardiac event (Shiran et al, 1997). More recent studies have shown the opposite trend, with women (Gulanick et al, 2002; Ades et al, 2006) and older people (Gulanick et al, 2002; Lavie and Milani, 2004) showing greater improvements. Some research has found that improvement in fitness was greatest in non-obese patients (Lavie and Milani, 1996), whereas others found that the more obese had significantly improved fitness (Shubair et al, 2004). Initial exercise capacity has also been shown to be a predictor of significant improvement in fitness (Balady et al, 1996; Shiran et al, 1997; Pierson et al, 2004).

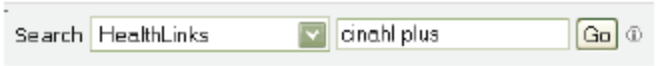
Searching CINAHL Plus: Cumulative Index to Nursing and Allied Health Literature

What is CINAHL Plus?

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

Getting Connected

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



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

Step 3: Combining Sets/Search History

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

Search MEDLINE [on HEAL-WA] or PubMed for Research Articles

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

2 MEDLINE/PubMed Strategies for Finding Evidence-Based Citations

1. Use Publication Type limits
   - Randomized Controlled Trial
   - Meta-Analysis
   - Practice Guideline
   - Clinical Trial
   - Consensus Development Conference
2. Use Clinical Queries

MEDLINE Search Screen

Searching: MEDLINE with Full Text | Choose Databases »

HEAL-WA

Suggest Subject Terms

heart diseases/rehabilitation in Select a Field (optional)

AND exercise therapy in Select a Field (optional)

AND in Select a Field (optional) Add Row

Search Clear

Limit your results

Full Text

Publication

Abstract Available

EBM Reviews

Human

Gender: All, Female, Male

Clinical Queries: All, Therapy - High Sensitivity, Therapy - High Specificity, Therapy - Best Balance

Journal & Citation Subset: All, AIDS, Bioethics, Core Clinical (AIM)

Date of Publication from Month Year: to Month Year:

Author

English Language

Review Articles

Animal

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

Subject Subset: All, AIDS, Bioethics, Cancer

Publication Type: All, Addresses, Bibliography, Biography

Medline Results

Results: 1-20 of 138 **Page: 1** 2 3 4 5 Next **Sort by:** Date Descending Add (1-20)

Results for: heart diseases/rehabilitation and exercise therap...
✓Options set
Alert / Save / Share »

Women's and men's exercise adherence after a cardiac event.

(***eng***) By Dolansky MA, Stepanczuk B, Charvat JM, Moore SM, Research In Gerontological Nursing [Res Gerontol Nurs], ISSN: 1940-4921, 2010 Jan; Vol. 3 (1), pp. 30-8; PMID: 20128541; The purpose of this secondary analysis was to determine whether age affects women's and men's ***exercise*** adherence after a cardiac event. In a convenience sample of 248 adults ages 38 to 86 who had a cardiac event, ***exercise*** adherence (three ***exercise*** sessions per week) was compared between men and women in three age groups (younger than 60, 61 to 70, and older than 70). ***Exercise*** patterns were recorded by ***heart*** rate monitors worn during ***exercise***. No differences were found in adherence between the age groups for women; older men were nonadherent sooner than younger men when controlling for fitness level, pain, comorbidity, self-efficacy, depressed mood, and social support. ***Exercise*** adherence after a cardiac event was higher for younger men compared with older men. For all age groups, less than 37% of the total sample adhered to a three-times-per-week ***exercise*** regimen after 1 year, suggesting that interventions to maintain ***exercise*** adherence are needed. (Copyright 2010, SLACK Incorporated.)

Subjects: Exercise Therapy psychology; Heart Diseases psychology; Heart Diseases rehabilitation; Men psychology; Patient Compliance psychology; Women psychology; Aged: 65+ years; Middle Aged: 45-64 years; All Adult: 19+ years; Female; Male

Database: MEDLINE with Full Text

Add to folder

PDF Full Text

Physical activity readiness in patient withdrawals from cardiac rehabilitation.

(***eng***) By Rivett MJ, Tsakirides C, Pringle A, Carroll S, Ingle L, Dudfield M, British Journal Of Nursing (Mark Allen Publishing) [Br J Nurs], ISSN: 0966-0461, 2009 Feb 12-25; Vol. 18 (3), pp. 188-91; PMID: 19223806; BACKGROUND: Adherence to cardiac ***rehabilitation*** (CR) programmes may be an important element for improving and maintaining physical activity (PA) behaviour in secondary prevention. Little is known about the PA behaviour in patients who have withdrawn from CR programmes. Therefore, a study was carried out to identify the reasons for withdrawal and the stage of PA readiness in those patients previously engaged in a Leeds-based community CR programme. METHODS: A cross-sectional study was conducted using a telephone questionnaire to determine causes of withdrawal. A questionnaire based on the transtheoretical model of change was used to assess changes in PA readiness in these patients. RESULTS: 101 withdrawn patients (mean age = 61 years; 72% male) were identified. It was found that 20 patients had relapsed beyond baseline (preparation phase) into pre-contemplation and contemplation phases and 15 reported they were in the preparation phase. However, the majority of patients remained in the action (18) and maintenance (48) phases of the transtheoretical model. Patients reported the following reasons

PubMed.gov
U.S. National Library of Medicine
National Institutes of Health

Search: PubMed

Advanced search Help

heart diseases rehabilitation exercise therapy

Search Clear

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

Limits

Dates

Published in the Last: Any date

Type of Article

- [ ] Meta-Analysis
- [ ] Practice Guideline
- [x] Randomized Controlled Trial
- [ ] Review

Languages

- [x] English
- [ ] French
- [ ] German
- [ ] Italian
- [ ] Japanese

Species

- [x] Humans
- [ ] Animals

Gender

- [ ] Male
- [ ] Female

Subsets

Journal Groups

- [ ] Core clinical journals
- [ ] Dental journals
- [ ] Nursing journals

Ages

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

PubMed Clinical Queries

This page provides the following specialized PubMed searches for clinicians:

- Search by Clinical Study Category
- Find Systematic Reviews
- Medical Genetics Searches

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

Results of searches on these pages are limited to specific clinical research areas. For comprehensive searches, use Pub

Search by Clinical Study Category

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

Search heart diseases rehabilitation exercise therapy

Category	Scope
○ etiology	◉ narrow, specific search
○ diagnosis	○ broad, sensitive search
◉ therapy	
○ prognosis	
○ clinical prediction guides	

Find Systematic Reviews

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

For more information, see Help. See also related sources for systematic review searching.

Search heart diseases rehabilitation exercise therapy

Results for Clinical Study Category (RCTs)

Efficacy and safety of exercise training in patients with chronic heart failure: HF-ACTION randomized controlled trial.

O'Connor CM, Whellan DJ, Lee KL, Keteyian SJ, Cooper LS, Ellis SJ, Leifer ES, Kraus WE, Kitzman DW, Blumenthal JA, Rendall DS, Miller NH, Fleg JL, Schulman KA, McKelvie RS, Zannad F, Piña IL; HF-ACTION Investigators.

JAMA. 2009 Apr 8;301(14):1439-50.

PMID: 19351941 [PubMed - indexed for MEDLINE] **Free Article**

Related citations

Resistance exercise training improves heart function and physical fitness in stable patients with heart failure.

Palevo G, Keteyian SJ, Kang M, Caputo JL.

J Cardiopulm Rehabil Prev. 2009 Sep-Oct;29(5):294-8.

PMID: 19561521 [PubMed - indexed for MEDLINE]

Related citations

Maximizing patient benefit from cardiac resynchronization therapy with the addition of structured exercise training: a randomized controlled study.

Patwala AY, Woods PR, Sharp L, Goldspink DF, Tan LB, Wright DJ.

J Am Coll Cardiol. 2009 Jun 23;53(25):2332-9.

PMID: 19539142 [PubMed - indexed for MEDLINE]

Related citations

Effects of an exercise adherence intervention on outcomes in patients with heart failure.

Duncan K, Pozehl B.

Rehabil Nurs. 2003 Jul-Aug;28(4):117-22.

PMID: 12875144 [PubMed - indexed for MEDLINE]

Related citations

Results for Systematic Reviews

Cardiac rehabilitation for women a systematic review.

Budnick K, Campbell J, Esau L, Lyons J, Rogers N, Haennel RG.

Can J Cardiovasc Nurs. 2009;19(4):13-25. Review.

PMID: 19947307 [PubMed - indexed for MEDLINE]

Related citations

The effect of cardiac rehabilitation exercise programs on feelings of energy and fatigue a meta-analysis of research from 1945 to 2005.

Puetz TW, Beasman KM, O'Connor PJ.

Eur J Cardiovasc Prev Rehabil. 2006 Dec;13(6):886-93.

PMID: 17143119 [PubMed - indexed for MEDLINE]

Related citations

Exercise based rehabilitation for heart failure.

Rees K, Taylor RS, Singh S, Coats AJ, Ebrahim S.

Cochrane Database Syst Rev. 2004;(3):CD003331. Review.

PMID: 15266480 [PubMed - indexed for MEDLINE]

The role of exercise training in patients with chronic heart failure.

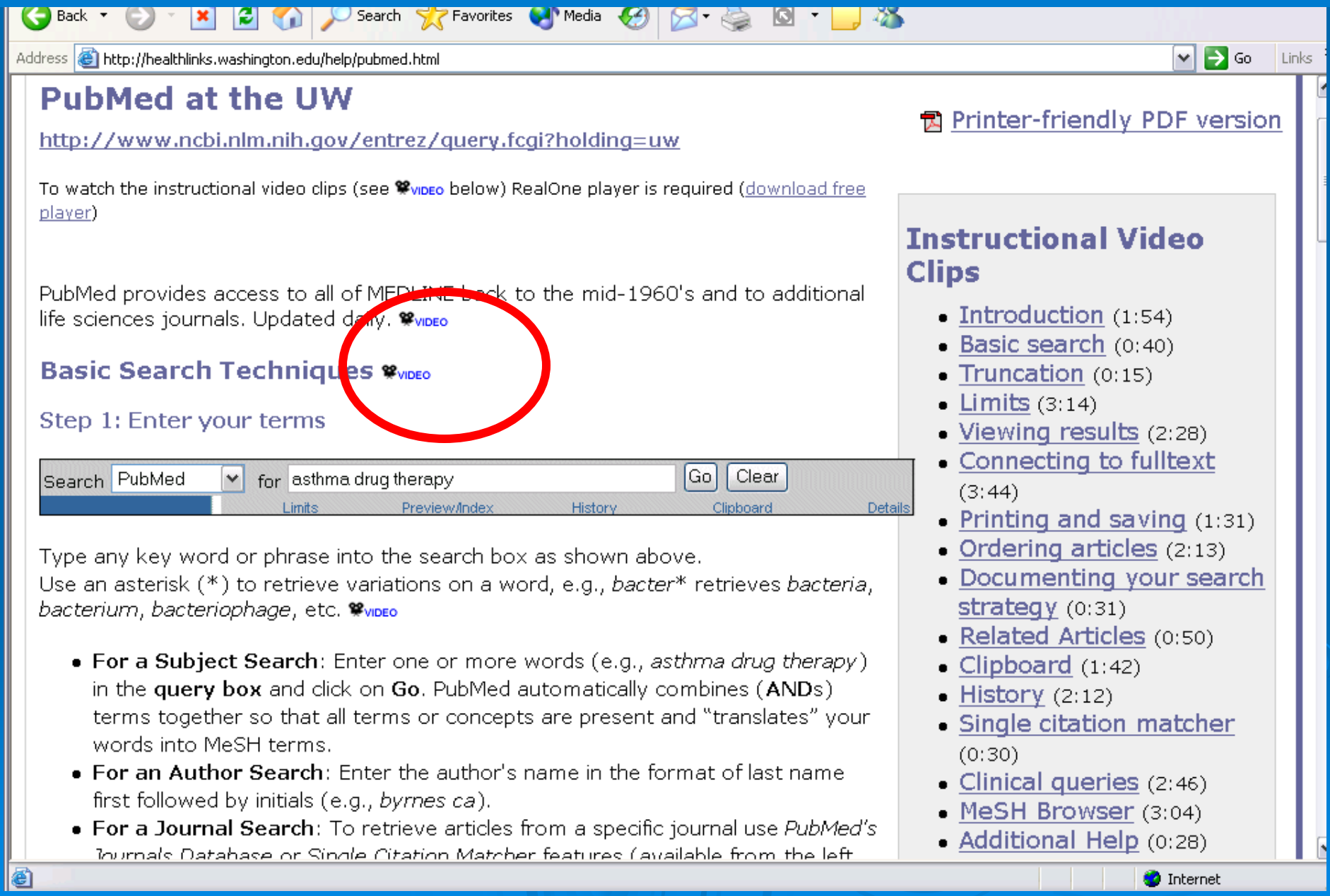
Appleton B.

Br J Nurs. 2004 Apr 22-May 12;13(8):452-6. Review.

PMID: 15150460 [PubMed - indexed for MEDLINE]

Related citations

healthlinks.washington.edu/howto/pubmed



CINAHL vs MEDLINE/PubMed

CINAHL

- Coverage: 1982+
- Indexes 1700 journals
- Focuses on nursing and allied health literature
- CINAHL Thesaurus with more nursing terms
- Has peer-reviewed limit
- Includes cited references at end of many refs

MEDLINE

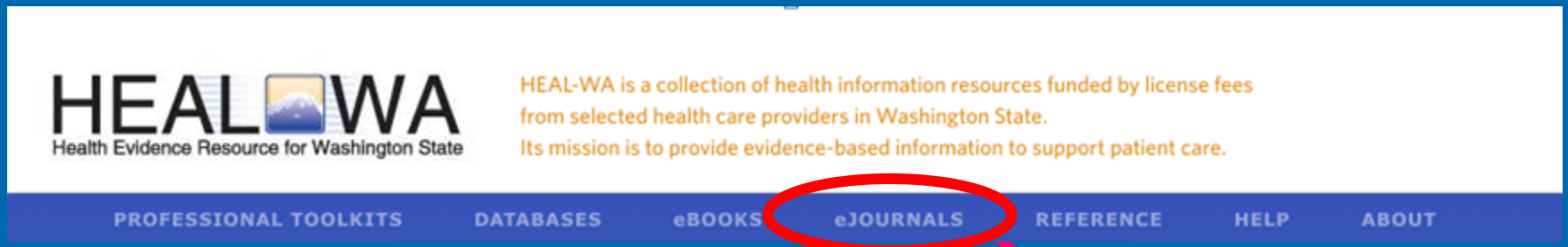
- Coverage: late 1940's+
- Indexes 5000 journals
- Focuses on biomedical literature
- Uses MeSH as its controlled vocabulary
- No peer-reviewed limit
- No cited references

Locating E-Journals

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

HEAL-WA Journals A-Z

2,600 full-text health-related journals



Open Access Journal Sites

- BioMed Central 

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

- PubMed Central 

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

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.

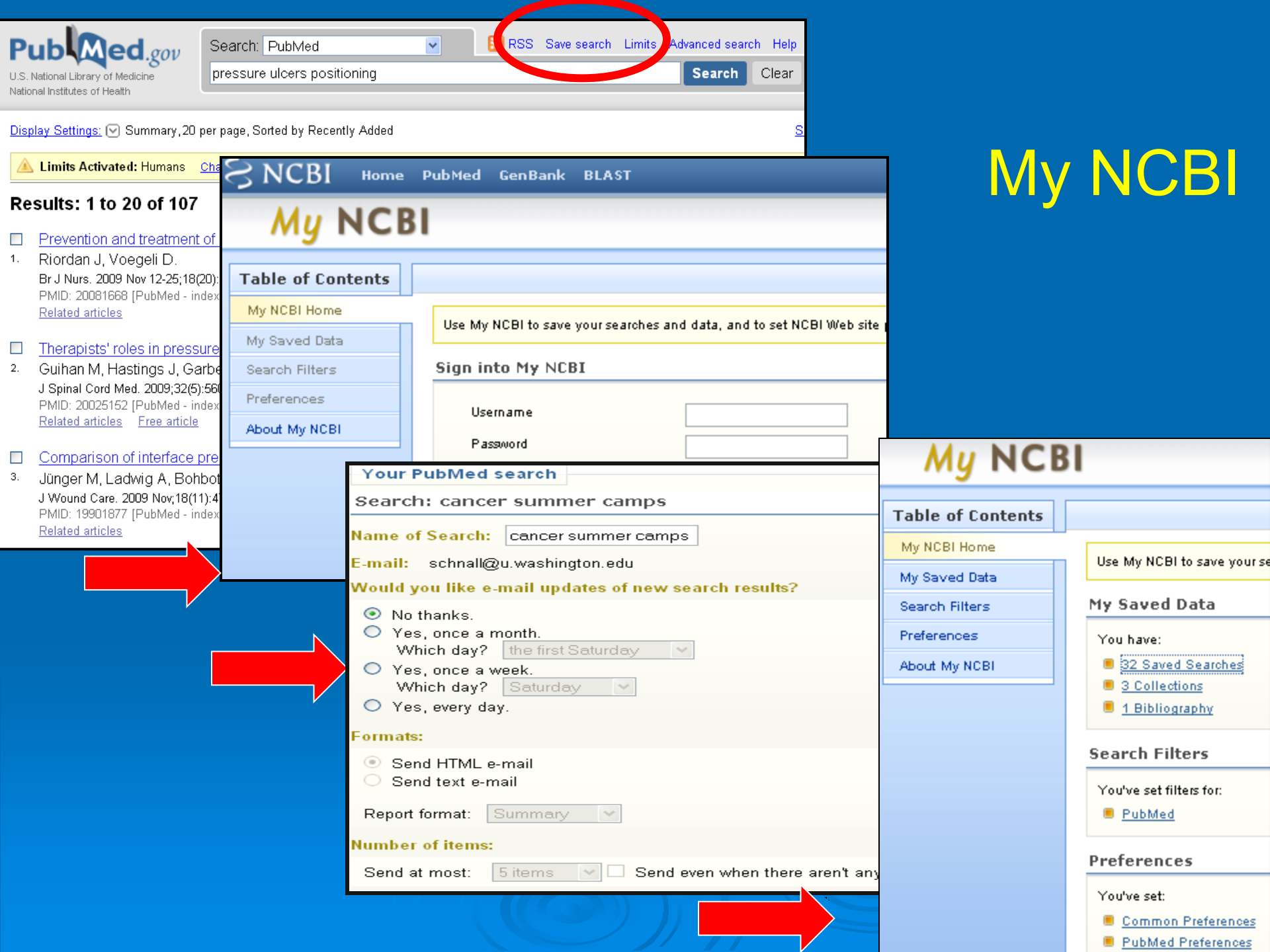
Lundberg GD. Perspective from the editor of JAMA, The Journal of the American Medical Association. *Bull Med Libr Assoc.* 1992 Apr;80(2):110-4.

What are Email Alert Services?

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

PubMed: My NCBI

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


PubMed.gov
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RSS Save search Limits Advanced search Help
pressure ulcers positioning
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Limits Activated: Humans
Results: 1 to 20 of 107
Prevention and treatment of
1. Riordan J, Voegeli D.
Br J Nurs. 2009 Nov 12-25;18(20):
PMID: 20081668 [PubMed - index
Related articles
Therapists' roles in pressure
2. Guihan M, Hastings J, Garbe
J Spinal Cord Med. 2009;32(5):56
PMID: 20025152 [PubMed - index
Related articles Free article
Comparison of interface pre
3. Jünger M, Ladwig A, Bohbot
J Wound Care. 2009 Nov;18(11):4
PMID: 19901877 [PubMed - index
Related articles
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My NCBI
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My NCBI Home
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Preferences
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Use My NCBI to save your searches and data, and to set NCBI Web site
Sign into My NCBI
Username
Password
Your PubMed search
Search: cancer summer camps
Name of Search: cancer summer camps
E-mail: schnall@u.washington.edu
Would you like e-mail updates of new search results?
No thanks.
Yes, once a month.
Which day? the first Saturday
Yes, once a week.
Which day? Saturday
Yes, every day.
Formats:
Send HTML e-mail
Send text e-mail
Report format: Summary
Number of items:
Send at most: 5 items
Send even when there aren't any
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Table of Contents
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3 Collections
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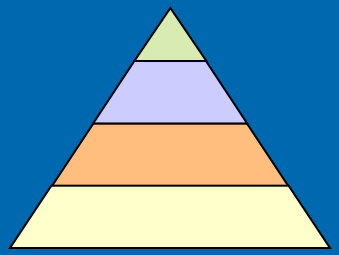
My NCBI

Alerting Services

healthlinks.washington.edu/howto/alerts.html

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



Search for Clinical Practice Guidelines

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

Practice Guideline Resources

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

National Guideline Clearinghouse

guideline.gov

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

Search

pressure ulcers
Results per page 20
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To view a guideline summary, click on a title below.

Limit Search | Select All | Add to My Collection | Next 20

Items 1 to 20

Title

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

Other Guidelines from this Developer

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

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

Other Guidelines from this Developer

Pressure ulcers in the long-term care setting. American Medical Directors Association - Professional Association. 1996 (revised 2008). 44 pages. NGC:006410

Other Guidelines from this Developer

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

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

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

Go to the Complete Summary

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
INTENDED USERS	Advanced Practice Nurses Allied Health Personnel Dietitians Nurses Pharmacists Physician Assistants Physicians Social Workers	Advanced Practice Nurses Allied Health Personnel Health Care Providers Hospitals Nurses Physician Assistants Physicians	Advanced Practice Nurses Allied Health Personnel Health Care Providers Health Plans Hospitals Managed Care Organizations Nurses Physician Assistants Physicians
METHODS USED TO COLLECT/SELECT EVIDENCE	Searches of Electronic Databases	Hand-searches of Published Literature (Primary Sources) Hand-searches of Published Literature (Secondary Sources) Searches of Electronic Databases	Searches of Electronic Databases
METHOD OF GUIDELINE VALIDATION	External Peer Review Internal Peer Review	External Peer Review Internal Peer Review	Internal Peer Review
VIEW MAJOR RECOMMENDATIONS	View Major Recommendations	View Major Recommendations	View Major Recommendations
VIEW AVAILABILITY OF FULL TEXT	View Availability Information	View Full-text Guideline	View Full-text Guideline

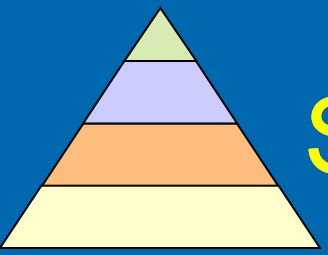
Searching for Practice Guidelines in CINAHL and MEDLINE/PubMed

- In CINAHL:

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

- In MEDLINE/PubMed:

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



Search for Evidence Summaries

- DynaMed [on HEAL-WA]
  - Evidence-based clinical resource providing summaries of 3000+ diseases and conditions
- Nursing Reference Center [on HEAL-WA]
  - Comprehensive point-of-care resource for nurses that includes Evidence-based Care Sheets
- UpToDate *uptodate.com*

DynaMed

www.ebscohost.com/dynamed

- Provides summaries of the best evidence for over 3,000 clinical topics
- Can quickly browse and find key recommendations
- Updated daily
- Monitors content of over 500 journals and systematic review databases
- Download available for PDA and iPhones

Rheumatoid arthritis (RA)

Updated 2010 Apr 27 11:47 AM: anti-CCP2 antibody may help rule in rheumatoid arthritis in patients with early symptoms (Ann Intern Med 2010 Apr 6) update
addition of pamapimod may not improve symptoms in patients taking methotrexate (Ann Rheum Dis 2010 Feb)
Bacillus coagulans probiotic may improve clinical outcomes in patients with rheumatoid arthritis (BMC Complemer Med 2010 Jan 12) update

Related Summaries:

- Combination therapies for rheumatoid arthritis
- Nonbiologic disease-modifying antirheumatic drugs (DMARDs)
- Biologic disease-modifying antirheumatic drugs (DMARDs) for rheumatoid arthritis
- Low-dose corticosteroids for rheumatoid arthritis
- NSAIDs for rheumatoid arthritis
- Tumor necrosis factor inhibitors for rheumatoid arthritis
- Physician Quality Reporting Initiative (PQRI) 2009 Physician Quality Measures
- Rheumatoid arthritis therapies not shown to be effective

DynaMed

Treatment overview:

- nonpharmacologic patient management
  - patient education provides short-term physical, functional and psychological benefits (level 2 [mid-level] evidence)
  - exercise safe and improves functional ability
  - occupational therapy appears to improve functional ability in rheumatoid arthritis
  - periodic follow-up needed with assessment of disease activity, drug toxicity, and effectiveness of treatment program (grac lation [lacking direct evidence])
- early intensive medication management improves c physical function and quality of life (level 1 [likely reliable] evidence)
  - late aggressive management no better than symptomatic therapy in patients with stable rheumatoid arthritis (level 1 [likely reliable] evidence)
  - general medication strategy after initial diagnosis is disease-modifying antirheumatic drugs (DMARDs) plus nonsteroidal anti-inflammatory drugs (NSAIDs) with or without corticosteroid (grade C recommendation [lacking direct evidence])
- specific medication options
  - NSAIDs
    - preferred over acetaminophen by more rheumatoid arthritis patients but acetaminophen has less toxicity
    - topical NSAIDs safe and effective for chronic pain relief at 2 weeks (level 1 [likely reliable] evidence)
    - celecoxib (Celebrex) has similar efficacy to NSAIDs, but celecoxib

Level 1 evidence

- **omega-3 fatty acids may reduce tender joint counts and anti-inflammatory drug requirements (level 2 [mid-level] evidence)**
  - based on systematic review
  - meta-analysis of 21 trials evaluating effect of omega-3 fatty acids in treatment of RA with 1,156 patients
  - effect on tender joint count based on previously published meta-analysis (J Clin Epidemiol 1995 Nov;48(11):1379)
    - 10 trials met inclusion criteria and 6 trials used in meta-analysis for tender joint count
    - statistically significant improvement in tender joint count compared to placebo with rate difference -
  - effect on anti-inflammatory drug requirements evaluated in qualitative analysis of 7 trials
    - 3 trials found significant improvement relative to placebo (including 1 trial reporting outcomes specific to corticosteroid requirements)
    - 3 trials found significant improvement relative to baseline
    - 1 trial found no differences in nonsteroidal anti-inflammatory drug (NSAID) requirement
  - no evidence that omega-3 fatty acids improves swollen joint count, pain, erythrocyte sedimentation rate, patient's global assessment of health, or joint damage
  - no studies evaluated requirements for disease modifying antirheumatic drugs
  - no studies used American College of Rheumatology response criteria
  - Reference - AHRQ Evidence Report 2004 Mar:89 PDF
- review of nutritional management of RA suggests use of long-chain n-3 polyunsaturated fatty acids (PUFAs) (based on consistent evidence of symptom improvement and reduced NSAID use) and antioxidants (J Hum Nutr Diet 2003 Apr;16(2):97 EBSCOhost Full Text)
- American Association of Clinical Endocrinologists medical guidelines for the clinical use of dietary supplements and nutraceuticals can be found in Endocr Pract 2003 Sep-Oct;9(5):417
- extreme diet (uncooked vegan diet) associated with some subjective benefit in randomized trial but no objective benefit and most patients could not tolerate diet (Br J Rheumatol 1998 Mar;37(3):274 PDF)
- calcium pantothenate may have improved symptoms in small case series of 12 patients with rheumatoid arthritis (Practitioner 1980;224:208)

Activity:

- exercise safe and may improve functional ability
  - important to maintain physical functioning
  - range of motion exercises, aerobic exercise
  - **dynamic exercise therapy may improve physical capacity, but long-term studies needed**
    - based on withdrawn Cochrane review of trials with varying methodological limitations
    - review of 6 randomized trials of dynamic exercise therapy in RA patients with an exercise program with intensity level such that heart rates > 60% maximal heart rate at least 20 minutes, exercise frequency twice weekly and duration of intervention 6 weeks
    - no study adequately described allocation concealment, 4 studies did not use blinded assessors, 4 studies did not use intent-to-treat analysis
    - results suggest that dynamic exercise therapy is effective in increasing aerobic capacity and muscle strength, no detrimental effects on disease activity and pain were observed, effects of dynamic exercise therapy on functional ability and radiological progression are unclear
    - Reference - systematic review last updated 1998 Aug 19 (Cochrane Library 1999 Issue 1:CD000322), withdrawn 2009 May 12 following publication of protocol for new Cochrane review of topic not published as of 2009 Sep 2
  - **aerobic capacity training combined with muscle strength training should be routinely recommended for patients with RA (grade B recommendation [inconsistent or limited evidence])**
    - based on Cochrane review of trials with methodologic limitations
    - systematic review of 8 randomized trials comparing supervised dynamic exercise therapy of > 6 weeks duration vs. control in 575

Reviews:

- review can be found in Lancet 2009 Feb 21;373(9664):659
- review can be found in BMJ 2006 Jan 21;332(7534):152 full-text
- Clinical Evidence review (search date 2002 Jul) can be found in Am Fam Physician 2003 Nov 1;68(9):1821 full-text
- discussion of advances in rheumatoid arthritis can be found in BMJ 1998 Jun 13;316(7147):1810 full-text, commentary can be found in BMJ 1998 Dec 12;317(7173):1653 full-text
- review can be found in Lancet 2001 Sep 15;358(9285):903 **EBSCO*host* Full Text**, commentary can be found in Lancet 2001 Jan 26;359(9303):352
- review can be found in Mayo Clin Proc 2000 Jan;75(1):69
- review can be found in N Engl J Med 2004 Jun 17;350(25):2591, correction can be found in N Engl J Med 2005 Feb 3;352(5):524, commentary can be found in N Engl J Med 2004 Aug 26;351(9):937 (commentary can be found in N Engl J Med 2004 Dec 16;351(25):2659), N Engl J Med 2004 Sep 23;351(13):1360)
- review can be found in J Musculoskel Med 2006 Jun;23(6):399
- review can be found in J Musculoskel Med 2004 Mar;21(3):133
- review series on rheumatoid arthritis can be found in J Musculoskel Med 2005 Oct;22(10 suppl):S1-S34
- review of integrated framework for rheumatoid arthritis care (Canadian perspective) can be found in Arthritis Rheum 2008 Aug 15;59(8):1171 full-text
- review of medical management of rheumatoid arthritis can be found in New Zealand Family Physician 2007 Dec;34(6):427

Guidelines:

Multinational guidelines:

- American College of Rheumatology/European League Against Rheumatism (ACR/EULAR) consensus statement on definition of remission in rheumatoid arthritis can be found in Arthritis Rheum 2009 May 15;61(5):704
- Pan-American League of Associations of Rheumatology (Grupo Latino Americano De Estudio De Artritis Reumatoide [PANLAR/GLADAR]) consensus statement on management of patients with rheumatoid arthritis can be found in J Clin Rheumatol 2009 Jun;15(4):203
- Multinational evidence-based recommendations on use of methotrexate in rheumatic disorders can be found in Ann Rheum Dis 2009 Jul;68(7):1086 full-text

United States guidelines:

- American College of Rheumatology (ACR) recommendations for treatment of rheumatoid arthritis can be found in Nat Clin Pract Rheumatol 2009 Jan;5(1):8
- American College of Rheumatology 2008 recommendations for nonbiologic and biologic disease-modifying antirheumatic drugs (DMARDs) in rheumatoid arthritis can be found in Arthritis Rheum 2008 Jun 15;59(6):762 full-text, editorial can be found in Arthritis Rheum 2008 Jun 15;59(6):757 full-text

Levels and Grades of Evidence

Levels of Evidence and Grades of Recommendations

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

UpToDate

uptodate.com

- UpToDate
  - Concise comprehensive up-to-date reviews of clinical topics in multiple specialties
  - Advantages
    - Scope: many topics covered
    - Easy to use
  - Disadvantages
    - Not always current
    - Evidence base not always explicit or consistent across topics
    - Cost; individual $495/yr [NOT ON HEAL-WA]

UpToDate

Management and prognosis of cerebral palsy

Author
Geoffrey Miller, MD

Section Editors
Marc C Patterson, MD, FRACP
Teresa K Duryea, MD
Marilyn Augustyn, MD

Deputy Editor
Alison G Hoppin, MD

Last literature review version 18.1: January 2010 | **This topic last updated:** January 28, 2010 **(More)**

INTRODUCTION — Cerebral palsy (CP) consists of a heterogeneous group of nonprogressive clinical syndromes that are characterized by motor and postural dysfunction. These conditions, which range in severity, are due to abnormalities of the developing brain resulting from a variety of causes. Although the disorder itself is not progressive, the appearance of neuropathologic lesions and their clinical expression may change over time as the brain matures.

The management and prognosis of CP are reviewed here. The epidemiology, etiology, clinical manifestations, and diagnosis are discussed separately. (See "Epidemiology and etiology of cerebral palsy" and "Clinical features and diagnosis of cerebral palsy".)

TREATMENT GOALS — Psychological development, communication, and education are priorities in the management of CP. Longitudinal social, language, and psychometric assessment provides a rational basis for training in communication and activities of daily living and allows the child to derive the maximum benefit from school [1,2]. As the child becomes older, assessment and training for a potential occupation become important (table 1).

Interventions for CP should be directed at maximizing the quality of life by improvement in daily function and reduction of the extent of disability. Initially, the parents and other caregivers should learn how to seat, dress, feed, communicate with, transfer, transport, and toilet the child [3]. With growth and development, the child should achieve maximal independence in these activities.

Multidisciplinary team — Management of the child with CP requires a multidisciplinary team to address the multiple medical, social, psychological, educational, and therapeutic needs. Team members should have a goal-oriented approach that is based upon an adequate knowledge base and an understanding and appreciation of contributions from all the disciplines. Management should be directed at promoting the child's

- Social and emotional development
- Communication
- Education
- Nutrition
- Mobility
- Maximal independence in activities of daily living
- Appearance as nearly normal as possible

The team should set functional goals for the child that are realistic and periodically reevaluated. The aim of these goals is for the child to achieve maximal potential in all areas of development and promote independence. Participation of the principal care givers and teachers in treatment

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[on HEAL-WA]

- Evidence-based Care Sheets
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- Quick Lessons
- Drug information
- Skills & Procedures
- Practice Guidelines
- Patient Education materials
- NEW CE modules

Stroke Rehabilitation: Cardiovascular and Strengthening Exercise Following Stroke EB

Stroke Rehabilitation: Constraint-Induced Movement Therapy for the Hemiparetic Arm EB

Stroke Rehabilitation: Driving After Stroke EB

Stroke Rehabilitation: Electrical Stimulation for the Hemiparetic Arm EB

Stroke Rehabilitation: Evaluation and Nonmedical Treatment of Dysphagia EB

Stroke Rehabilitation: Evaluation and Treatment of Aphasia EB

Stroke Rehabilitation: Evaluation of Unilateral Neglect EB

Stroke Rehabilitation: Gait Retraining Using a Treadmill EB

Stroke Rehabilitation: Gait Retraining Using Functional Electrical Stimulation EB

Stroke Rehabilitation: Instruments to Measure Functional Outcome EB

Stroke Rehabilitation: Methods to Assess Balance EB

Stroke Rehabilitation: Motor Imagery EB

Stroke Rehabilitation: Music Therapy EB

Stroke Rehabilitation: Pharmacologic Treatment of Dysphagia EB

Stroke Rehabilitation: Taking Care of the Caregiver EB

Stroke Rehabilitation: Treatment of Impaired Balance Following Stroke EB

Stroke Rehabilitation: Treatment of Unilateral Neglect EB

Nursing Reference Center
Evidence-Based Care Sheet

EVIDENCE-BASED
CARE SHEET

Stroke Rehabilitation: Treatment of Impaired Balance Following Stroke

What We Know

- Stroke often results in balance dysfunction due to paresis, sensory loss, change in muscle tone, ataxia, and spatial neglect[2,5, 7,9, 13]
  - Impaired balance has serious detrimental effects on stroke survivors by increasing fall risk and limiting independence in activities of daily living (ADLs)[5, 7, 8]
  - Improving balance is major component of rehabilitative interventions for stroke patients[7]
- A variety of balance tests and scales are used for assessment of balance problems in stroke patients[5, 9] (See *Evidence-Based Care Sheet...Stroke Rehabilitation: Methods to Assess Balance*; CINAHL Accession Number: 5000003492)
  - Among these are the Berg Balance Scale, which involves the evaluation of a patient in 14 positions and movement tasks, and the Timed Get Up & Go Test, in which the patient is asked to stand up, walk 3 meters, turn back, and sit again
- The goals of the physical rehabilitation process for stroke patients include restoration of function and ability to participate socially in the community, as well as reducing risk of secondary complications (e.g., falls, contractures)[7, 9]
  - Stroke patients generally exhibit delayed, varied, or absent balance responses; it is crucial that the physical rehabilitation process proceed slowly, with selection of challenges appropriate for the patient's ability
  - Once the patient is able to maintain postural alignment and static stability, he or she can progress to center-of-mass control training with a focus on symmetrical weight bearing
  - The therapist gradually increases the difficulty of rehabilitation activities by manipulating any number of factors, including the base of support, the support surface, upper extremity position, lower extremity position, trunk movements, and environmental conditions
    – Supportive devices, including a posterior leg splint, gait belt, or body-weight support harness, may be used early in the rehabilitation process to instill confidence and prevent falls
      - Research suggests that ankle-foot orthoses are effective in improving balance in stroke survivors when used early in the rehabilitation process; when used within 6 months of stroke, these orthoses decrease postural sway[12]
- Multiple additional rehabilitative therapies for impaired balance following stroke have been investigated. These include
  - vibration
    – Stroke survivors treated with whole body vibration while standing exhibit a slight improvement in balance[11]
  - electrical stimulation (e-stim)
    – Stroke survivors were treated with transcutaneous electrical stimulation (TENS) to the sternocleidomastoid muscle on the opposite side of their lesion while sitting on a rocking board[10]
      - Only those patients with neglect (i.e., lack of awareness of the affected side) had improved sitting balance for 20 minutes after treatment[10]
    – Although the maximum dose remains unknown, it appears that 20 minutes/day is the minimum amount that produces functionally relevant motor, balance, and ambulation changes[3]
  - dynamic trunk control exercises
    – Stroke survivors participating in sitting and standing rotational trunk control exercises exhibit improved balance[6, 9]
  - force platform biofeedback[1,7, 9]
    – Balance training in which the patient stands on a computerized force-plate device and practices voluntary movement shifts in response to computer-generated visual feedback is associated with improvement in steadiness, postural symmetry, and dynamic stability[9]
    – This method, however, has not been shown to have additional effects on balance compared with conventional balance training methods (e.g., without the use of a mechanized device or computer-generated feedback)[7, 9]
  - balance exercises with occluded vision
    – The benefit of performing balance exercises without benefit of vision is unclear; one study found the method to be associated with greater improvement in balance than performing the same exercises without occluded vision, while another found similar results in vision-occluded and control groups[4, 13]
  - aquatic therapy
    – Compared with conventional therapy involving gym exercises, aquatic therapy that focuses on balance and weight-bearing exercises is associated with improved postural balance and knee flexor strength[8]
  - Tai Chi
    – Twelve weeks of Tai Chi practice at up to 4 hours per week is associated with improved standing balance but is not accompanied by changes in functional mobility[2]
- Research indicates that, in general, physical therapy following stroke results in improved balance, but there is no evidence to favor one approach over another[7]

What We Can Do

- Learn about treatment of balance dysfunction following stroke so you can accurately assess your patients' personal characteristics and health education needs; share this knowledge with colleagues
- Screen stroke patients for balance dysfunction early, before any independent out-of-bed activities
- Refer patients to physical therapy (PT) and occupational therapy (OT) for comprehensive assessment and formulation of an individualized treatment regimen for balance dysfunction
- Reduce fall risk by following OT and PT recommendations for patient safety
- To provide quality patient care, rehabilitation professionals should carefully tailor the treatment plan for each patient following stroke according to the extent and types of impairments present, the patient's goals, and the patient's prior functional level. Consistent monitoring of patient progress and subsequent modification of the treatment plan based on patient response is critical

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Cinahl Information Systems

October 2, 2009

Coding Matrix

References

October 2009

Nursing Skills in NRC

NURSING PRACTICE & SKILL

Skin Assessment

PDF Full Text

What is Skin Assessment?

- Skin assessment is the orderly examination and recording of the condition of a patient's skin
  - *Where:* Skin assessment is performed at the bedside or in a clinician's office
  - *What:* Skin assessment is the examination of all areas of the skin for injury, abnormal growths, inflammation or allergy, and indicators of systemic disease
  - *How:* No special equipment is needed except for a good lighting source; a measuring device and magnifier can be helpful
  - *Who:* Skin assessment should be performed by a nurse, physician, or other professional with the necessary training

Why Skin Examination was Ordered

- To assess the extent and seriousness of an injury or ulcer
- To assess the effect of treatment for an injury or ulcer
- As part of diagnosing a systemic disease
- As part of an assessment of a patient's hydration or nutritional status
- As part of an investigation of allergy
- To assess for insect bites or the presence of parasites

Why Skin Assessment is Important

- Some inherited diseases are often first suspected based on an examination of the skin
- Melanoma and other skin cancers can be detected and treated
- To diagnose infectious diseases, such as chickenpox or measles
- To detect systemic conditions, such as liver disease or dehydration

Facts and Figures

- About a third of the general population is affected by some type of skin disease or condition
- Eczema is the skin condition most commonly brought to the attention of healthcare professionals
- There are two types of abnormally raised scars—hypertrophic and keloid. Keloid scars, unlike hypertrophic scars, extend beyond the margins of the original wound and do not regress spontaneously
- Acanthosis nigrans is a thickening and darkening of the skin on the neck, axilla, or groin. It is caused by hyperinsulinemia, a precursor of diabetes mellitus, type 2, but is not necessarily followed by diabetes mellitus itself
- Urinary incontinence can damage the skin due to maceration caused by constant dampness and irritation by ammonia and other substances in urine
- Obese patients are at risk for skin injury, especially during hospitalization. Surgical incisions heal slowly because the blood supply to fatty tissue is poor. Skin folds are common sites of tissue breakdown. It is difficult to move obese patients without causing friction that may result in skin breakdown
- The skin of older adults tends to be dry, inelastic, and thinner than that of younger people, and so is more vulnerable to injury

What You Need to Know Before Skin Assessment

- The patient's medical history, including medications, illnesses, and known allergies
- Whether any relatives have or have had skin conditions
- Whether the patient has travelled recently
- Patient's exposure to animals, insects, and/or parasites

How to Perform a Skin Assessment

- Explain to the patient what the examination will involve
- Wash hands
- After providing privacy for the patient, expose the skin area to be examined. Assess one area, such as a leg, an arm, or the chest, replace the patient's clothing in that area, then move on to assess skin on another part of his or her body; symmetrical comparison is important

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Cinahl Information Systems

December 19, 2008

- Inspect and palpate the area being examined. Use strong, natural light to avoid color distortion
- Observe skin color. Use your fingertips to assess temperature, texture, and moisture level of the skin
- Examine the mobility and turgor of the skin under the clavicles to assess fluid status
- Press down over a site on the tibia or ankle to check for edema
- Look for lesions or growths: note their location, size, shape, distribution, elevation and color, and whether odor or exudate are present
- Note the color, texture, and distribution of hair on the patient's skin and scalp
- Lift the hair on the patients head to look for scalp abnormalities and infestations
- Note the color, shape, contour, smoothness, and thickness of the patient's nails; note the attachment of the nails to the nail beds
- Note the capillary refill time in the nails
- Assess the mucous membranes of the patient's mouth for moisture. Evaluate the patient's mouth and throat for lesions
- Record your findings on the patient's chart

Other Tests, Treatments, or Procedures That May Be Necessary Before or After Skin Assessment

- If malignancy is suspected, a biopsy will be performed
- If burn or other injury is severe, skin grafting may be performed

What to Expect After Skin Assessment

- The patient will return to his or her pre-assessment level of activity

Red Flags

- Some patients feel physically ill in addition to having skin abnormalities. A rash combined with fever and malaise is of particular concern, as it may indicate meningitis
- Skin and mucous membrane dryness, reduced skin turgor and slow capillary refill may indicate severe dehydration
- Pronounced yellow coloration of the skin may indicate jaundice, which is typically accompanied by yellow coloration of the sclera. Yellow skin coloration not accompanied by yellow sclera may be due instead to high dietary intake of beta-carotene
- Burns covering a large area of the patient's skin increase his or her risk of dehydration and/or shock

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

- Findings of the skin assessment should be explained to the patient or the patient's family
- If a skin abnormality is diagnosed by the patient's primary healthcare provider, the patient and/or family should be given oral and written instructions about how the skin condition should be treated
- The importance of protection from the sun may also be taught

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Languages Available	Spanish

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

Patient Education

Meniscal Tear

Contents

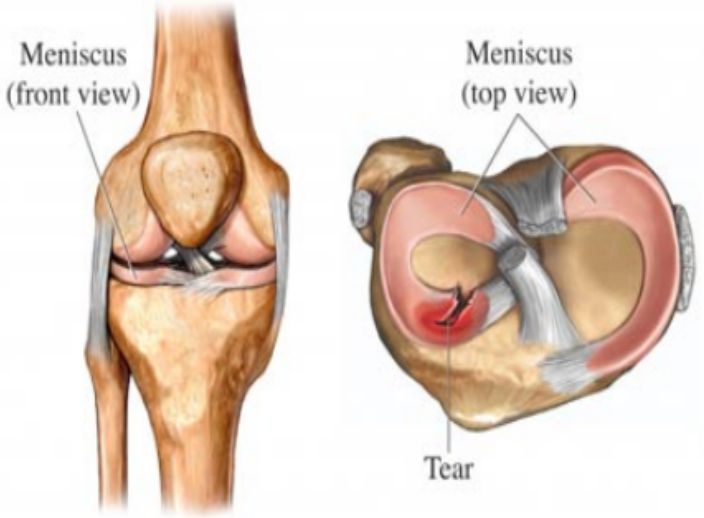
(Torn Meniscus)

by: Carrie Myers Smith

Definition

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

Torn Meniscus



Related Information

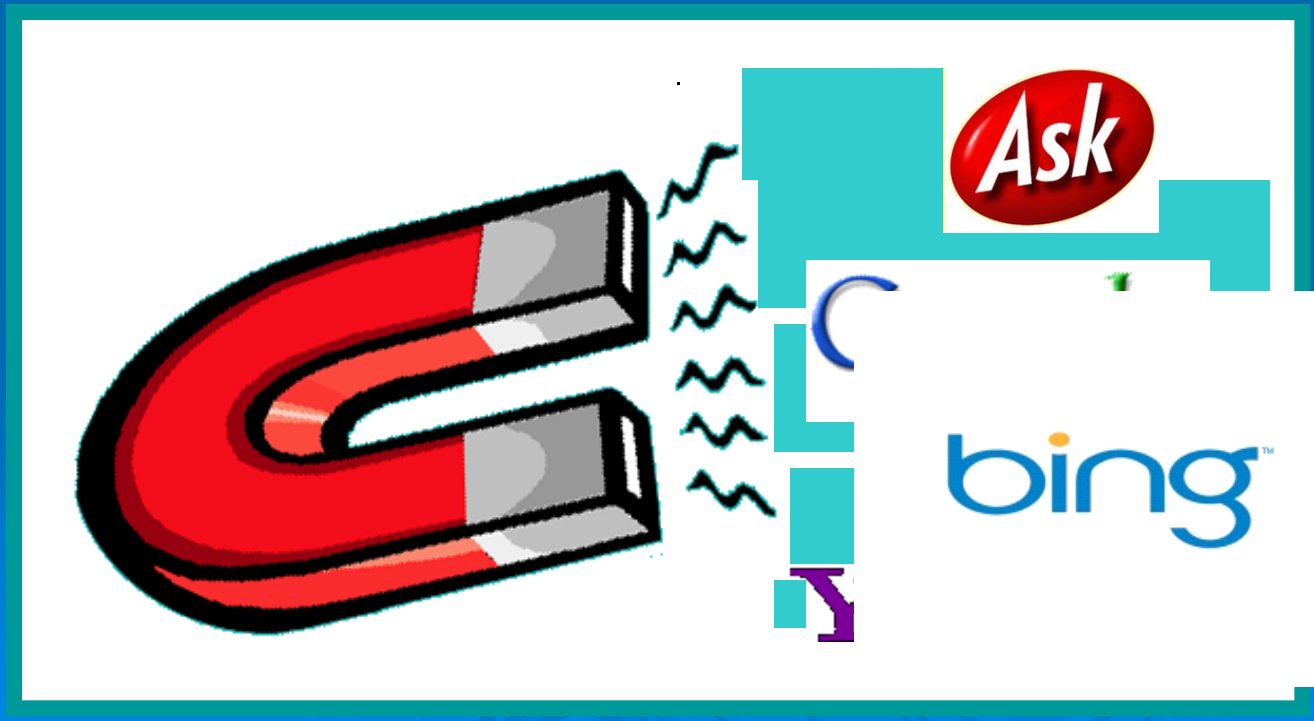
- Quick Lessons
- Skills
- Patient Education
- Guidelines
- CE
- Books
- Legal Cases
- News

Causes

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

Use Meta-Search Engines to find evidence sites

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



TRIP Database

www.tripdatabase.com

- Meta-search engine
- Performs a simple search 75+ databases
- Finds evidence-based resources
- Includes links to peer-reviewed journals and other publications
- Searches *Cochrane, National Guideline Clearinghouse, Bandolier,* etc.

trip database

burns rehabilitation

Search Advanced Search History Search Tips

Order By: Date **Relevance**

SELECT ALL Choose Your Action

1. Rehabilitation for older people in long-term care
   Cochrane Database of Systematic Reviews 2009
   Developing World? CPD/CME Preview Conclusion Related

2. Alloderm for deep superficial and full thickness burns (update)
   ASERNIP-S 2008
   Developing World? CPD/CME Preview ~~Conclusion~~ Related

3. The uses of heparin to treat burn injury
   DARE. 2006
   Developing World? CPD/CME Preview Conclusion Related

4. Is goal planning in rehabilitation effective: a systematic review
   DARE. 2006
   Developing World? CPD/CME Preview Conclusion Related

5. Alloderm for deep superficial and full thickness burns
   ASERNIP-S 2005
   Developing World? CPD/CME Preview ~~Conclusion~~ Related

6. Dermal regeneration template (Integra) for deep hand burns
   ASERNIP-S 2004
   Developing World? CPD/CME Preview ~~Conclusion~~ Related

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UK	16
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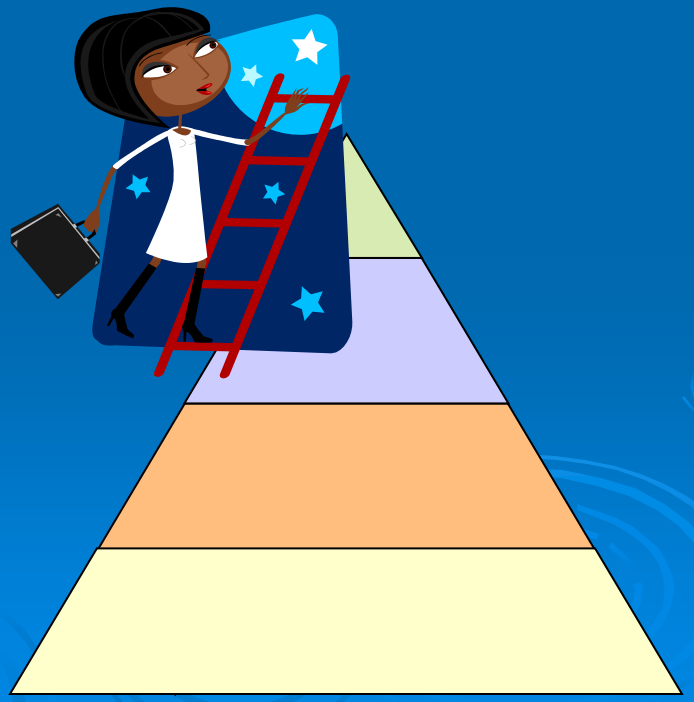
Other	4
Clinical Q&A	2
Core primary research	2
Extended primary research	50
eTextbooks	256
Patient Information	13

Search for Systematic Review and Meta-Analyses Resources

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

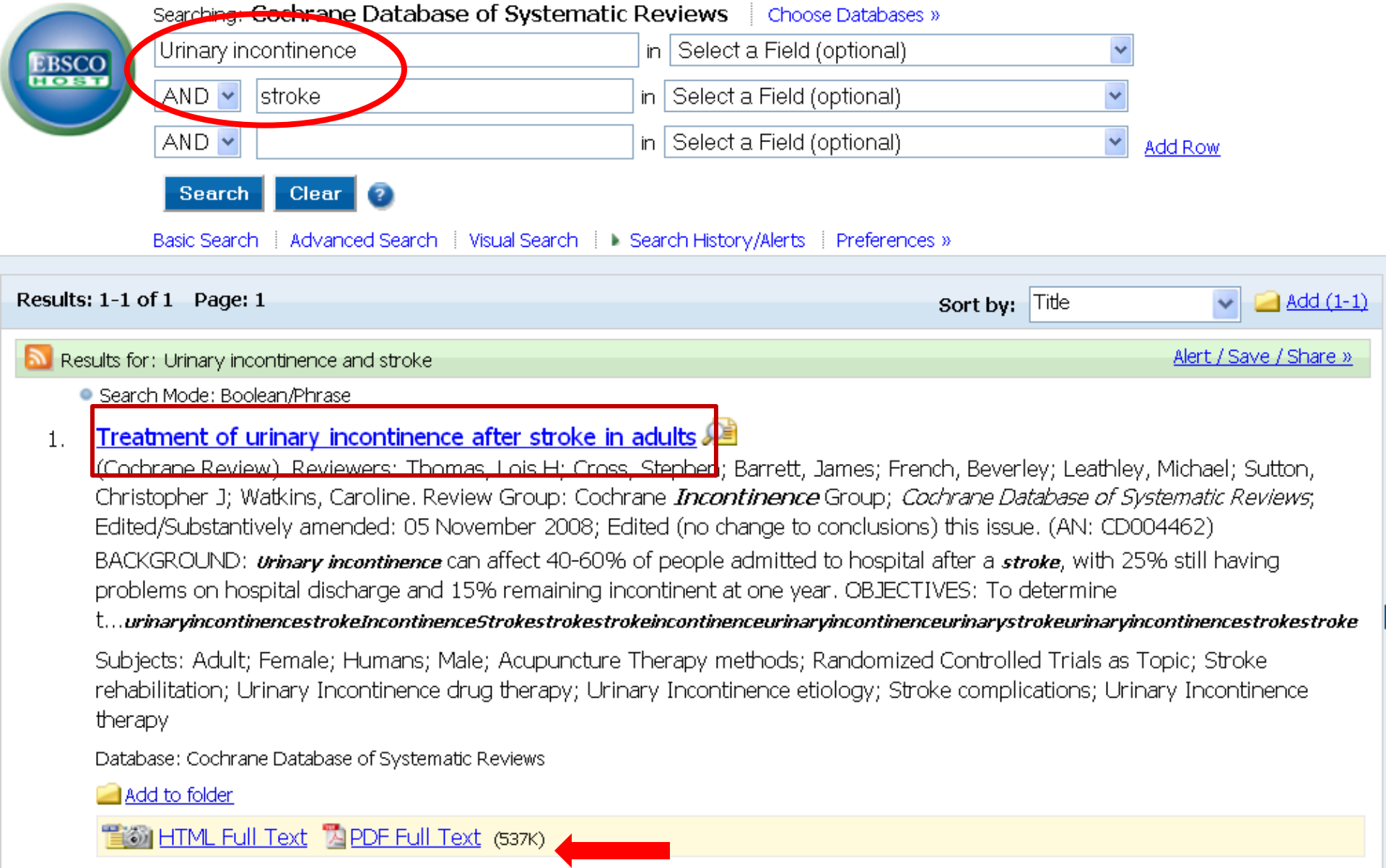


Systematic review vs Meta-analysis

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

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

Cochrane Database



[Intervention Review] Treatment of urinary incontinence after stroke in adults

Abstract

Background
Urinary incontinence can affect 40-60% of people admitted to hospital after a stroke, with 25% still having problems on hospital discharge and 15% remaining incontinent at one year.

Objectives
To determine the optimal methods for treatment of urinary incontinence after stroke in adults.

Search strategy
We searched the Cochrane Incontinence and Stroke Groups specialised registers (searched 15 March 2007 and 5 March 2007 respectively), CINAHL (January 1982 to January 2007), national and international trial databases for unpublished data, and the reference lists of relevant articles.

Selection criteria
Randomised or quasi-randomised controlled trials evaluating the effects of interventions designed to promote continence in people after stroke.

Data collection and analysis
Data extraction and quality assessment were undertaken by two reviewers working independently. Disagreements were resolved by a third reviewer.

Main results
Twelve trials with a total of 724 participants were included in the review. Participants were from a mixture of settings, age groups and phases of stroke recovery.

Behavioural interventions
Three trials assessed behavioural interventions, such as timed voiding and pelvic floor muscle training. All had small sample sizes and confidence intervals were wide.

Specialised professional input interventions
Two trials assessed variants of professional input interventions. Results tended to favour the intervention groups: in a small trial in early rehabilitation, fewer people had incontinence at discharge from hospital after structured assessment and management than in a control group (1/21 vs. 10/13; RR 0.06, 95% CI 0.01 to 0.43); in the second trial, assessment and management by Continence Nurse Advisors was associated with fewer participants having urinary symptoms (48/89 vs. 38/54; RR 0.77, 95% CI 0.59 to 0.99) and statistically significantly more being satisfied with care.

Complementary therapy interventions
Three small trials all reported fewer participants with incontinence after acupuncture therapy (overall RR 0.44; 95% 0.23 to 0.86), but there were particular concerns about study quality.

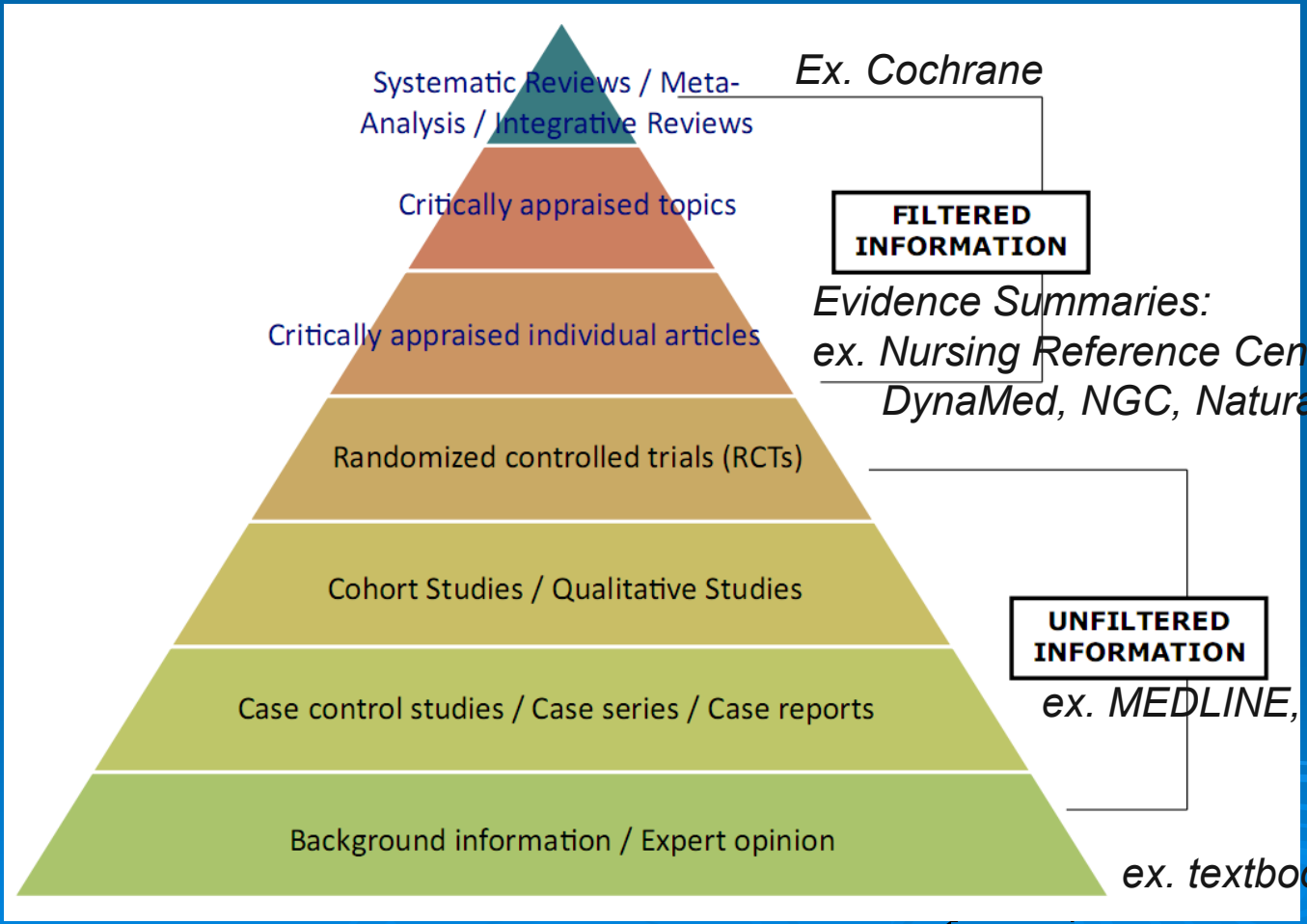
Pharmacotherapy and hormonal interventions
There were three small trials that included groups allocated meclofenoxate, oxybutinin or oestrogen. There were no apparent differences other than in the trial of meclofenoxate where fewer participants had urinary symptoms in the active group than in the control group (9/40 vs. 27/40; RR 0.33, 95% CI 0.18 to 0.62).

Authors' conclusions
Data from the available trials are insufficient to guide continence care of adults after stroke. However, there was suggestive evidence that professional input through structured assessment and management of care and specialist continence nursing may reduce urinary incontinence and related symptoms after stroke. Better quality evidence is required of the range of interventions that have been suggested for continence care after stroke.

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

- In CINAHL:
  - Refine search to Publication Type: Systematic Review
  - Search Meta Analysis as a Subject Heading
- In PubMed/MEDLINE:
  - Select Systematic Reviews in Clinical Queries section
  - Limit to Meta-analysis as Publication/Type of Article

Searching for Evidence Pyramid



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

AHFS Drug Information

ahfsdruginformation.com

Escitalopram Oxalate

Introduction

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

• 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 Rat
Impression Improvement and Sever
aspects of depressive disorder, inc
HAM-D scores was noted in patient
therapy.[2, 14, 16] In addition, escita
of 20-40 mg daily.[2, 16] There is som
selective serotonin-reuptake inhibit
however, additional studies are nee
established to date.[1, 8] For further
choosing the most appropriate anti
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

Lexapro 5M

Lexapro 5M

References

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

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]

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 .

MedlinePlus

medlineplus.gov

- **#1 SOURCE** for basic quality consumer/patient information
- Includes drug information
- Medical Encyclopedia – full-text with illustrations
- Spanish version
- Preformulated *PubMed* searches
- Interactive tutorials
- Current health news

MedlinePlus Content

Health topics (today):

800 English

700 Spanish

3 drug and herbal databases:

approx 1700 monographs

ADAM.com encyclopedia:

approx 4000 monographs

Health news:

Approx 15-20 new stories added per day

Interactive tutorials:

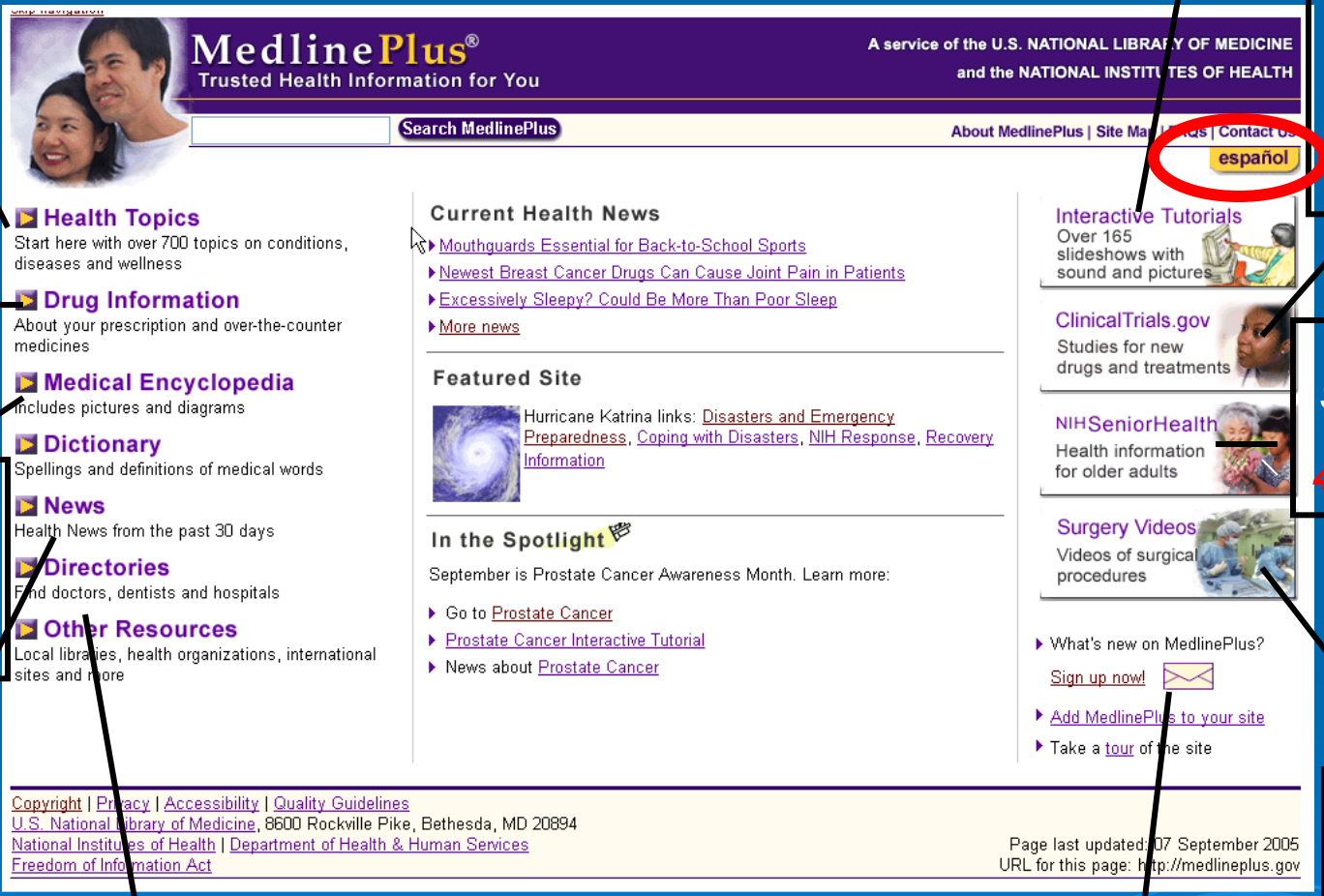
165 total

ClinicalTrials links on display:

640 (today)

NIH-Seniorhealth

43 topics



Directories:

Over 100 directories covering doctors, hospitals, clinics and libraries.

Announcement listservs:

11 daily & weekly

OR-Live surgery videos:

73

Diabetic Foot

Printer-friendly version | E-mail to a friend

If you have diabetes, your blood sugar levels are too high. Over time, this can damage your nerves or blood vessels. Nerve damage from diabetes can cause you to lose feeling in your feet. You may not feel a cut, a blister or a sore. Foot injuries such as these can cause ulcers and infections. Serious cases may even lead to amputation. Damage to the blood vessels can also mean that your feet do not get enough blood and oxygen. It is harder for your foot to heal, if you do get a sore or infection.

You can help avoid foot problems. First, control your blood sugar levels. Good foot hygiene is also crucial.

National Institute of Diabetes and Digestive and Kidney Diseases

Start Here

- Diabetes - Foot Care *Interactive Tutorial* (Patient Education Institute)
  Also available in Spanish
- Diabetes: Foot Care (American Academy of Family Physicians)
  Also available in Spanish
- Take Care of Your Feet for a Lifetime *NIH* (National Diabetes Education Program)
  Also available in Spanish

Basics

- Overviews
- Latest News
- Treatment
- Prevention/Screening

Learn More

- Specific Conditions
- Related Issues

Multimedia & Cool Tools

- Pictures & Photographs
- Tutorials

Research

- Clinical Trials
- Research
- Journal Articles

Reference Shelf

- Dictionaries/Glossaries
- Directories
- Organizations
- Statistics

For You

No links available

Overviews

- Diabetic Complications and Amputation Prevention (American College of Foot and Ankle Surgeons)

Latest News

- Health Tip: Foot Care for People with Diabetes (10/27/2009, HealthDay)

Treatment

- Total Contact Cast: What It Is and Why It's Used (American Academy of Family Physicians)

Related Topics

- Diabetes
- Diabetes Complications
- Diabetic Nerve Problems
- Foot Health
- Foot Injuries and Disorders
- Blood, Heart and Circulation
- Bones, Joints and Muscles
- Brain and Nerves
- Endocrine System

Go Local

Services and providers for **Diabetic Foot** in the U.S.

Select Location GO

Select from map

Languages

- Amharic (amarunya)
- Somali (af Soomaali)
- Spanish (español)

Overviews

- Diabetic Complications and Amputation Prevention (American College of Foot and Ankle Surgeons)
- Foot Care (American Diabetes Association)

Prevention/Screening

- Diabetic Foot and Risk: How to Prevent Losing Your Leg (American Orthopaedic Foot and Ankle Society)
- Prevent Diabetes Problems: Keep Your Feet and Skin Healthy *Easy-to-Read* *NIH* (National Institute of Diabetes and Digestive and Kidney Diseases)
  Also available in Spanish

Disease Management

- Diabetic Neuropathy: What is a Total Contact Cast? (American Academy of Family Physicians)

Specific Conditions

- Diabetic Neuropathy *NIH* (National Institute of Neurological Disorders and Stroke) - Short Summary
- Diabetic Wound Care (American Podiatric Medical Association)
- Foot Complications (Arthritis Foundation)

Return to top

Related Issues

- Charcot Foot (American College of Foot and Ankle Surgeons)
  Also available in Spanish
- Warning for Regranex - Cream for Leg and Foot Ulcers (Food and Drug Administration)

Return to top

Pictures & Photographs

- Diabetic Ulcer (Neurogenic Ulcer) (Logical Images)

Return to top

Tutorials

- Diabetes - Foot Care (Patient Education Institute)
  Also available in Spanish

Return to top

Clinical Trials

- ClinicalTrials.gov: Diabetic Foot *NIH* (National Institutes of Health)

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Research

- Access: Diabetes Research (American Diabetes Association)
- Using Botulinum Toxin to Treat Diabetic Foot Pain (American Academy of Neurology)

Return to top

Journal Articles

References and abstracts from MEDLINE/PubMed (National Library of Medicine)

- Article: Hyperbaric oxygen therapy for refractory wounds.
- Article: Realignment and extended fusion with use of a medial column...
- Article: An interview with Paul Chadwick.
- Diabetic Foot -- see more articles

Return to top

Dictionaries/Glossaries

- Diabetes Dictionary *Easy-to-Read* *NIH* (National Institute of Diabetes and Digestive and Kidney Diseases)

Interactive tutorial

Inspect your feet every day. Look between your toes. Check for any cracks, blisters, scratches, cuts, redness, or swelling. If you cannot see the bottom of your feet, use a hand mirror.

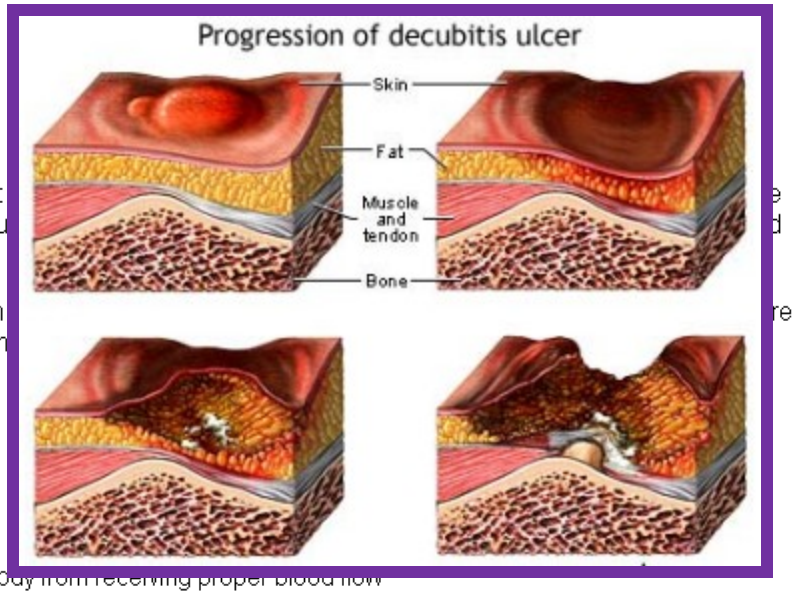
Print this page Close this window

Pressure ulcer

URL of this page: http://www.nlm.nih.gov/medlineplus/ency/article/007071.htm

A pressure ulcer is an area of skin that breaks down when you stay in one position for too long without
bedridden, even for a short period of time (for example, after surgery or an injury). The constant pressu
tissue dies.

A pressure ulcer starts as reddened skin but gets progressively worse, forming a blister, then an open
bony prominences (bones close to the skin) like the elbow, heels, hips, ankles, shoulders, back, and th



Causes

These factors increase the risk for pressure ulcers:

- Being bedridden or in a wheelchair
- Fragile skin
- Having a chronic condition, such as diabetes or vascular disease, that prevents areas of the body from receiving proper blood flow
- Inability to move certain parts of your body without assistance, such as after spinal or brain injury or if you have a neuromuscular disease (like multiple sclerosis)
- Malnourishment
- Mental disability from conditions such as Alzheimer's disease -- the patient may not be able to properly prevent or treat pressure ulcers
- Older age
- Urinary incontinence or bowel incontinence

Symptoms

Pressure sores are categorized by severity, from Stage I (earliest signs) to Stage IV (worst):

- **Stage I:** A reddened area on the skin that, when pressed, is "non-blanchable" (does not turn white). This indicates that a pressure ulcer is starting to develop.
- **Stage II:** The skin blisters or forms an open sore. The area around the sore may be red and irritated.
- **Stage III:** The skin breakdown now looks like a crater where there is damage to the tissue below the skin.
- **Stage IV:** The pressure ulcer has become so deep that there is damage to the muscle and bone, and sometimes tendons and joints.

First Aid

Once a pressure ulcer is identified, steps must be taken immediately:

- Relieve the pressure on that area. Use pillows, special foam cushions, and sheepskin to reduce the pressure.
- Treat the sore based on the stage of the ulcer. Your health care provider will give you specific treatment and care instructions.

Natural Standard
[on HEAL-WA]

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

Natural Standard

Aloe

Professional reading level

12th grade reading level

Patient handout 5th grade

Natural Standard

Aloe

Scientific Evidence for Common/Studied Uses:

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

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

Skin inflammation and related conditions

Levels of scientific evidence for specific therapies

Grade: A (Strong Scientific Evidence)

Therapy	Specific therapeutic Use(s)
Probiotics	Atopic dermatitis (eczema)
Vitamin D	Psoriasis

Grade: B (Good Scientific Evidence)

Therapy	Specific therapeutic Use(s)
Aloe	Psoriasis vulgaris
Aloe	Seborrheic dermatitis
Evening primrose oil	Atopic dermatitis (children and adults)
Oregon grape	Psoriasis
Para-aminobenzoic acid	Melasma (prevention)
Phenylalanine	Vitiligo
Podophyllum	Warts (genital warts, plantar warts)

Grade: C (Unclear or Conflicting Scientific Evidence)

Therapy	Specific therapeutic Use(s)
Acupuncture	Skin disorders
Agrimony	Cutaneous disorders
Aloe	Lichen planus
Alpha-lipoic acid	Skin aging
Aromatherapy	Atopic eczema (pediatric)
Avocado	Psoriasis
Ayurveda	Lichen planus (of the mouth)
Biotin	Brittle fingernails
Birch	Actinic keratosis
Bishop's weed	Psoriasis

Navigate the Web Beyond Basic Google To Find Evidence?

Navigation Difficulties:

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

So, you want to use Google?

CINAHL results

- 150 articles
- Top result:

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

Google results

- 2, 530,00 hits
- Top result:

  Asthma in pregnancy. *eMedicine Health*. Last editorial review 10/24/2005

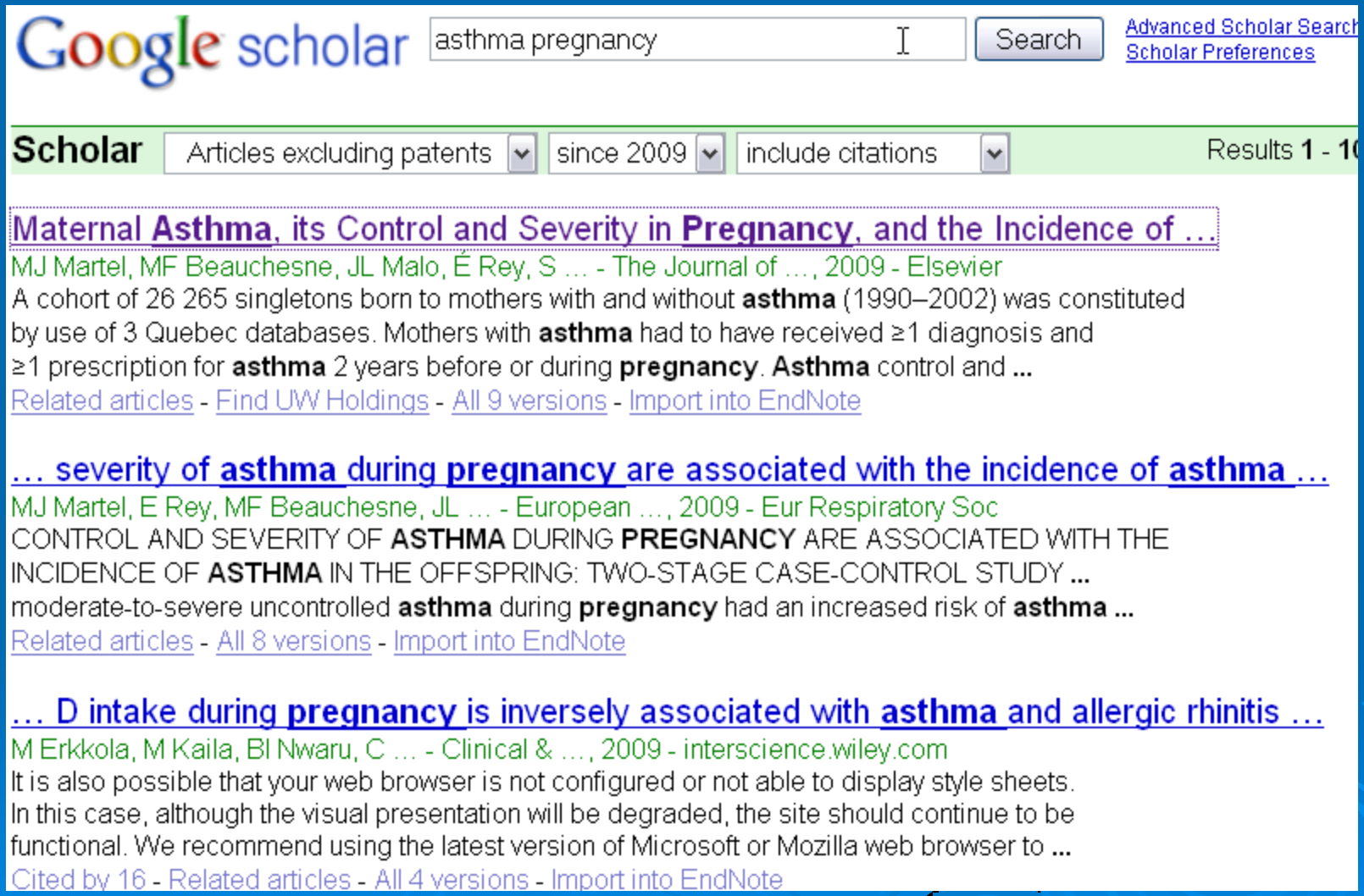
Search June 2009: asthma and pregnancy
by Dolores Judkins, OHSU Library, Portland, OR

Google Scholar

scholar.google.com

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

Google Scholar



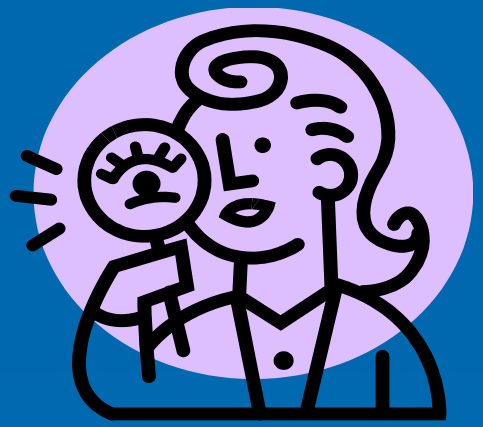
Must Evaluate Web Resources: Evaluation Strategies

- 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

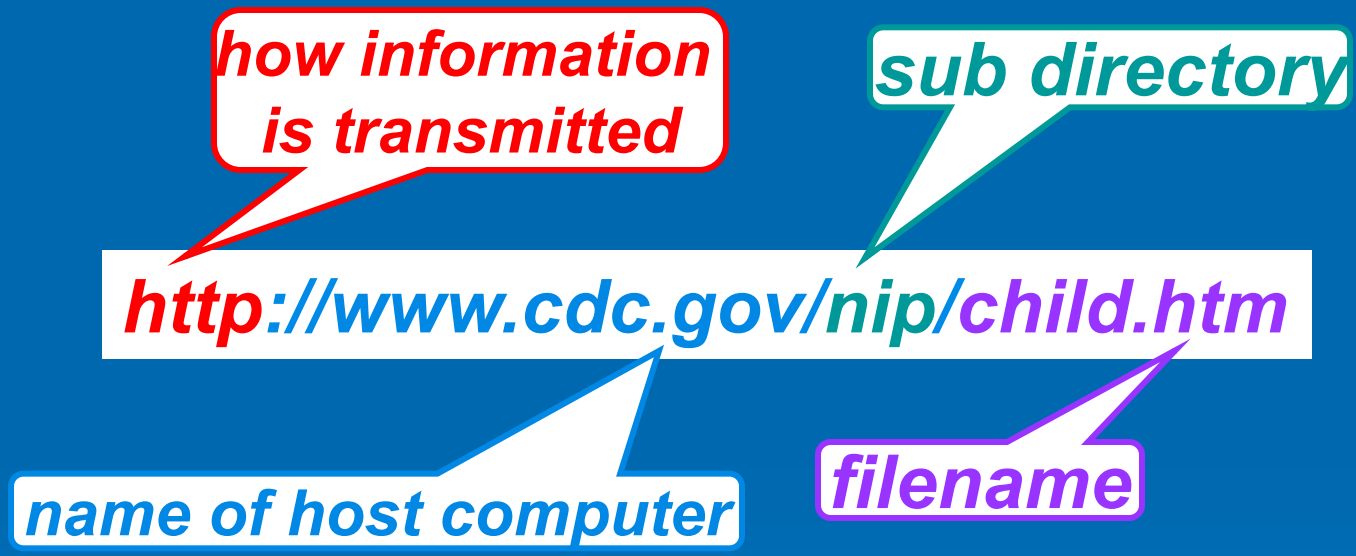
healthlinks.washington.edu/howto/navigating/criteria.pdf

- 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.

Final Thoughts

- Contact Your Ultimate Search Engine*…a librarian*
- Remember key evidence-based practice resources on HEAL-WA:
  - MEDLINE and CINAHL
  - DynaMed, Cochrane, Natural Standard
  - Nursing Reference Center
- Investigate **HEAL-WA!**

Health Sciences Libraries
UNIVERSITY OF WASHINGTON

Click, Click, Click on HEAL-WA: Finding Evidence on the Web to Improve Patient Care

PowerPoint presentation located:

healthlinks.washington.edu/hsl/liaisons/schnall/rehabnurs2010.ppt

Handout:

healthlinks.washington.edu/hsl/liaisons/schnallrehabnurs2010.doc