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Searching for Evidence on the Web: 5 Steps for Nursing Researchers

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Objectives

- Identify **5 ways to improve research skills** in searching for evidence on the web
- Describe **web resources for evidence-based nursing**
- Locate e-resources on **HEAL-WA**, the health evidence website for Washington State

#1

***Clarify Your Topic
and
Create a Plan***

Clarify Your Topic

- What is your question?
- What do you already know?
- Any research by others?
- Consider using a stepwise process, e.g. PICO, to clarify and create a question that can be answered

PICO

- **P** = Patient or Problem
- **I** = Intervention, prognostic factor, or exposure
- **C** = Comparison
- **O** = Outcomes

Scenario

- You have been asked to sit on a quality improvement committee working on Emergency Room issues. The new ED head wants to streamline the triage of patients coming into “Fast Track,” the ED’s Pediatric Emergency Unit. Fever is one of the criteria being suggested as a way to triage patients quickly. A discussion followed about who should objectively measure the temperature before assigning the child to a waiting room. The nurses favor taking the mother’s word as part of the triage and then taking the temperature as part of the physical exam. The Medical Director says that she will accept this as policy **if there is good evidence to show that mothers can accurately detect fever without using a thermometer.**

PICO

- **Initial question:** Can mothers accurately diagnose fevers in children?
- **Reformulated question:** In children, can a mother accurately detect the presence or absence of a fever without using a thermometer?

PICO

PATIENT/PROBLEM - children with fever

INTERVENTION - mother's touch/palpitation

COMPARISON, IF ANY - thermometer

OUTCOME - diagnosis (assignment to a room)

What type of question is it?

- Diagnosis
- Therapy
- Harm/Etiology
- Prognosis
- Prevention
- Costs/economics

Create a Plan

- Time Line
- Outline
- Background searches
- Focused searches
- Obtaining literature
- Analysis/research
- Writing

What can be “shared”?

- Literature searching: your librarian can work with you to create a focused search
 - Sometimes this takes **several iterations** because you will discover new information and ideas
 - You may need to **revise** your research question
 - You need to **think critically** about the search

Organize Your Research

- Citation managers (RefWorks, EndNote)
 - Save references
 - Keep track of references and articles
 - Create bibliographies quickly and easily



ED crowding AND patient satisfaction Folder Switch to: Standard View

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Sort by Authors, Primary

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Authors:
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Where to Publish

- Based upon your research question, your librarian can help you identify the most appropriate journal in which you might like to publish.

Journal Citation Reports

Journal Summary List

Journals from: **subject categories NURSING** VIEW CATEGORY SUMMARY LIST

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<input type="checkbox"/>	2	NURS ECON	0746-1739	380	1.810	0.162	37	5.7
<input type="checkbox"/>	3	AM J CRIT CARE	1062-3264	852	1.685			6.4
<input type="checkbox"/>	4	NURS RES	0029-6562	2250	1.604	0.224	67	>10.0
<input type="checkbox"/>	5	ONCOL NURS FORUM	0190-535X	1955	1.475	0.157	70	7.6
<input type="checkbox"/>	6	J CLIN NURS	0962-1067	1399	1.430	0.259	158	4.8
<input type="checkbox"/>	7	NURS OUTLOOK	0029-6554	489	1.419	0.846	39	5.6
<input type="checkbox"/>	8	J ADV NURS	0309-2402	6362	1.342	0.133	264	7.0
<input type="checkbox"/>	9	RES NURS HEALTH	0160-6891	1621	1.337	0.137	51	9.8
<input type="checkbox"/>	10	ADV NURS SCI	0161-9268	826	1.271	0.000	28	>10.0
<input type="checkbox"/>	11	J NURS SCHOLARSHIP	1527-6546	531	1.250	0.051	59	4.2
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<input type="checkbox"/>	13	MIDWIFERY	0266-6138	426	1.169	0.091	33	6.1
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<input type="checkbox"/>	19	CIN-COMPUT INFORM NU	1538-2931	138	1.042	0.115	26	2.8
<input type="checkbox"/>	20	JOGNN-J OBST GYN NEO	0884-2175	702	0.987	0.056	89	4.7

Use Your Valuable Time Wisely

- Learn when to work with a librarian so that you spend your time thinking about your topic and doing the research.
- Let the librarian spend the time searching and locating needed documents.



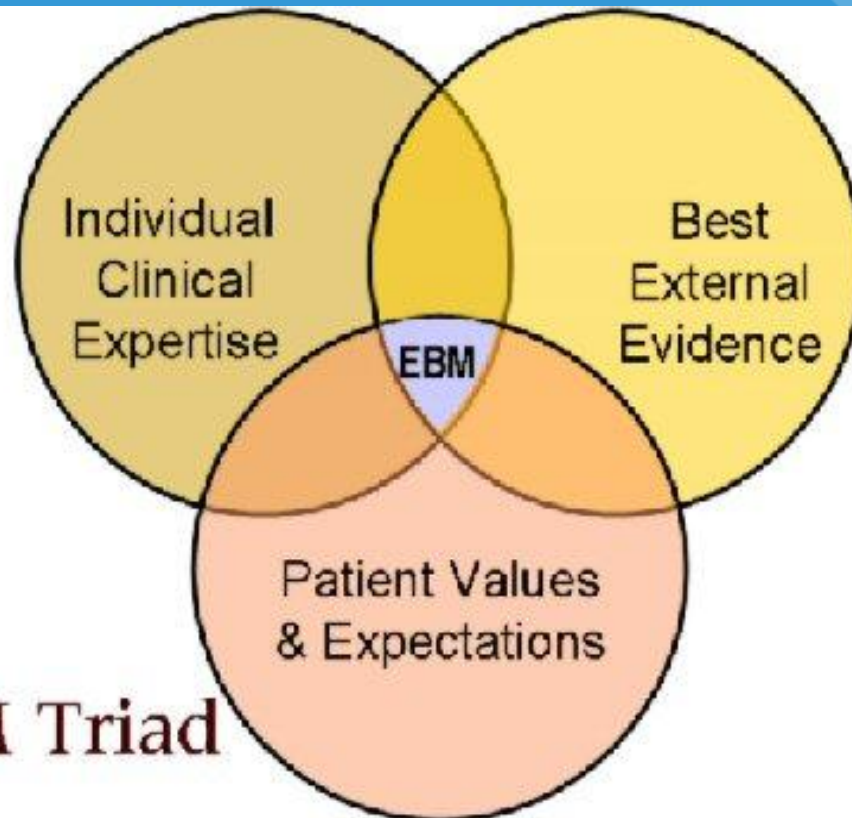
#2

*Search for Evidence
in a Database*

What is evidence-based medicine?

- 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.

Evidence-Based Medicine

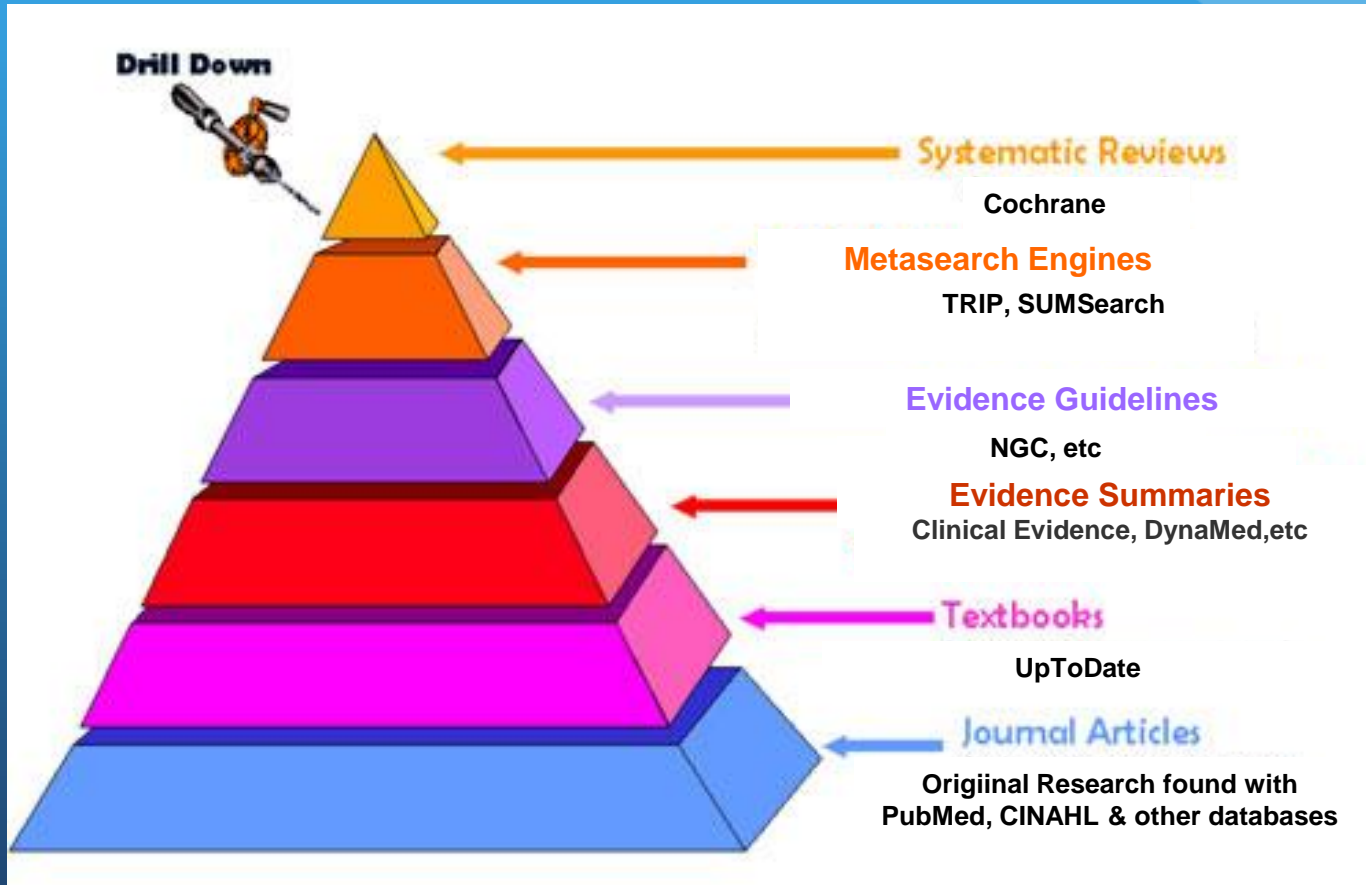


The EBM Triad

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.

Searching for Evidence Categories



Search Databases Efficiently for Research Journal Articles

- PubMed pubmed.gov
- CINAHL (\$) cinahl.com

PubMed

pubmed.gov

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

Two 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 Go Clear

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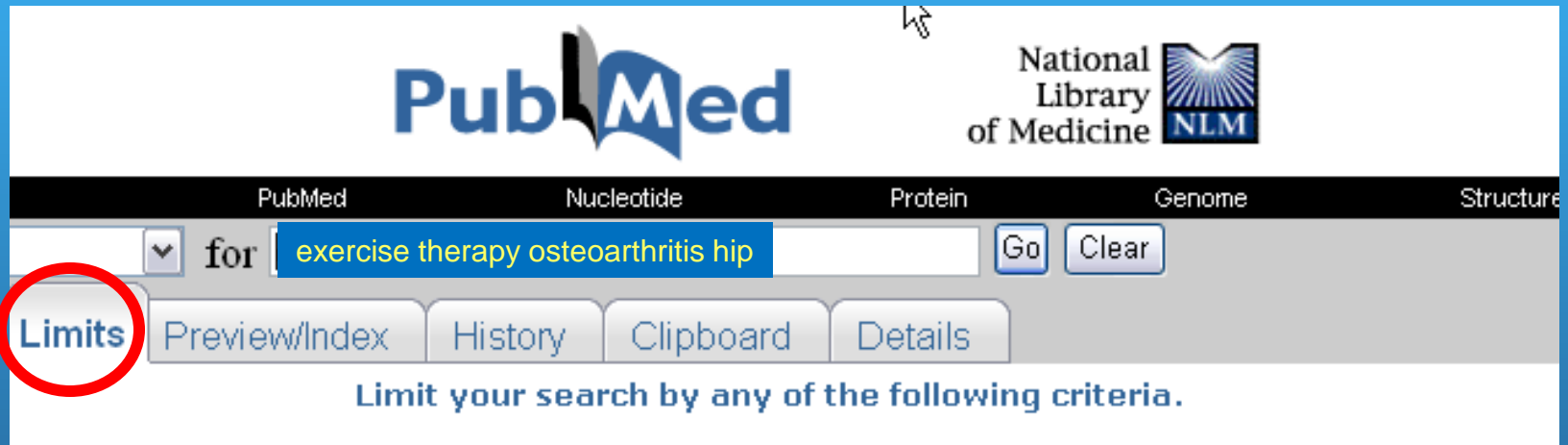
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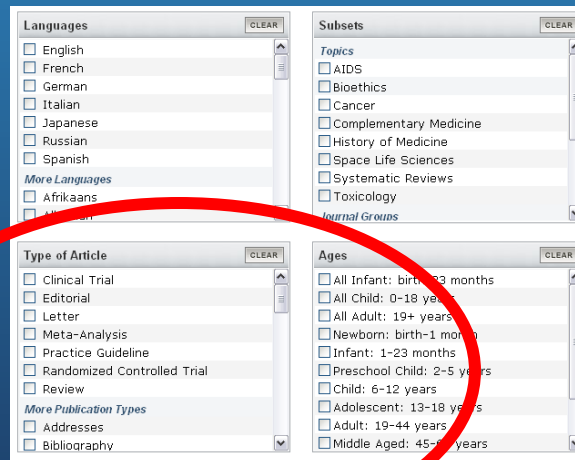
PubMed National Library of Medicine NLM

PubMed Nucleotide Protein Genome Structure

for exercise therapy osteoarthritis hip Go Clear

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Limit your search by any of the following criteria.



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- English
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- AIDS
- Bioethics
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- Complementary Medicine
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- Space Life Sciences
- Systematic Reviews
- Toxicology

Journal Groups

Type of Article CLEAR

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

More Publication Types

- Addresses
- Bibliography

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- All Adult: 19+ years
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- 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

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Limits: **Humans, Randomized Controlled Trial, English**

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- 1:** [Wang TJ, Belza B, Elaine Thompson F, Whitney JD, Bennett K.](#) Related Articles, Links
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J Adv Nurs. 2007 Jan;57(2):141-52.
PMID: 17214750 [PubMed - indexed for MEDLINE]
- 2:** [Hinman RS, Heywood SE, Day AR.](#) Related Articles, Links
Aquatic physical therapy for hip and knee osteoarthritis: results of a single-blind randomized controlled trial.
Phys Ther. 2007 Jan;87(1):32-43. Epub 2006 Dec 1.
PMID: 17142642 [PubMed - indexed for MEDLINE]
- 3:** [Veenhof C, Koke AJ, Dekker J, Oostendorp RA, Bijlsma JW, van Tulder MW, van den Ende CH.](#) Related Articles, Links
Effectiveness of behavioral graded activity in patients with osteoarthritis of the hip and/or knee: A randomized clinical trial.
Arthritis Rheum. 2006 Dec 15;55(6):925-34.
PMID: 17139639 [PubMed - indexed for MEDLINE]
- 4:** [Rooks DS, Huang J, Bierbaum BE, Bolus SA, Rubano J, Connolly CE, Alpert S, Iversen MD, Katz JN.](#) Related Articles, Links
Effect of preoperative exercise on measures of functional status in men and women undergoing total hip and knee arthroplasty.

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1: J Adv Nurs. 2007 Jan;57(2):141-52.



Related Articles

Effects of aquatic exercise on flexibility, strength and aerobic fitness in adults with osteoarthritis of the hip or knee.

Wang TJ, Belza B, Elaine Thompson F, Whitney JD, Bennett K.

Department of Nursing, National Taipei College of Nursing, Taipei, Taiwan. tsaejyy@ntcn.edu.tw

AIM: This paper reports a study of the effects of aquatic exercise on physical fitness (flexibility, strength and aerobic fitness), self-reported physical functioning and pain in adults with osteoarthritis of the hip or knee. BACKGROUND: Osteoarthritis is a common cause of disability and a primary reason for hip and knee joint replacement. Exercise is important for preventing and/or managing the functional limitations associated with joint disease. Aquatic exercise is thought to be beneficial and often recommended for people with osteoarthritis; however, few studies have examined the effects on people with osteoarthritis, and these have yielded inconsistent results. METHODS: A two-group randomized controlled trial with a convenience sample was used. Participants were recruited from community sources and randomly assigned to a 12-week aquatic programme or a non-exercise control condition. Data for 38 participants were collected at baseline, week 6, and week 12 during 2003 and 2004. Instruments were a standard plastic goniometer, a handheld dynamometer, the 6-minute walk test, the multidimensional Health Assessment Questionnaire, and a visual analogue scale for pain. RESULTS: Repeated measures analysis of variance showed that aquatic exercise statistically significantly improved knee and hip flexibility, strength and aerobic fitness, but had no effect on self-reported physical functioning and pain. The exercise adherence rate was 81.7%, and no exercise-related adverse effect was observed or reported. CONCLUSIONS: Beneficial short-term effects of aquatic

Effects of aquatic exercise on flexibility, strength and aerobic fitness in adults with osteoarthritis of the hip or knee

Tsae-Jyy Wang¹, Basia Belza², F. Elaine Thompson³, Joanne D. Whitney⁴ & Kim Bennett⁵

Accepted for publication 2 August 2006

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Professor

WANG T.-J., BELZA B., THOMPSON F.E., WHITNEY J.D. & BENNETT K. (2007) Effects of aquatic exercise on flexibility, strength and aerobic fitness in adults with osteoarthritis of the hip or knee. *Journal of Advanced Nursing* 57(2), 141–152
doi: 10.1111/j.1365-2648.2006.04102.x

Abstract

Title. Effects of aquatic exercise on flexibility, strength and aerobic fitness in adults with osteoarthritis of the hip or knee.

Aim. This paper reports a study of the effects of aquatic exercise on physical fitness (flexibility, strength and aerobic fitness), self-reported physical functioning and pain in adults with osteoarthritis of the hip or knee.

Background. Osteoarthritis is a common cause of disability and a primary reason for hip and knee joint replacement. Exercise is important for preventing and/or managing the functional limitations associated with joint disease. Aquatic exercise is thought to be beneficial and is often recommended for people with osteoarthritis; however, few studies have examined the effects on people with osteoarthritis, and these have yielded inconsistent results.

Methods. A two-group randomized controlled trial with a convenience sample was

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#2 Strategy: Clinical Queries

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<input type="radio"/> diagnosis	<input type="radio"/> broad, sensitive search
<input checked="" type="radio"/> therapy	
<input type="radio"/> prognosis	

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Bo

for (zinc common cold) AND (randomized controlled trial) Go Clear Save Search

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Limits: **Humans, Randomized Controlled Trial, English**

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1: [Kurugol Z, Akilli M, Bayram N, Koturoglu G.](#)

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The prophylactic and therapeutic effectiveness of zinc sulphate on common cold in children.
Acta Paediatr. 2006 Oct;95(10):1175-81.
PMID: 16982486 [PubMed - indexed for MEDLINE]

2: [Eby GA, Halcomb WW.](#)

Related Articles

Ineffectiveness of zinc gluconate nasal spray and zinc orotate lozenges in common-cold treatment: a double-blind, placebo-controlled clinical trial.
Altern Ther Health Med. 2006 Jan-Feb;12(1):34-8.
PMID: 16454145 [PubMed - indexed for MEDLINE]

3: [Silk R, LeFante C.](#)

Related Articles

Safety of zinc gluconate glycine (Cold-Eeze) in a geriatric population: a randomized, placebo-controlled, double-blind trial.
Am J Ther. 2005 Nov-Dec;12(6):612-7.
PMID: 16280656 [PubMed - indexed for MEDLINE]

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Scope

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 therapy

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 narrow, specific search

 broad, sensitive search

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Search

Medical Genetics Searches

Results for Systematic Reviews

□ 6: [Hulisz D.](#)

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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

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Basic Search Techniques VIDEO

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- **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



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- [Single citation matcher](#) (0:30)
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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+ [3400+] journals indexed including virtually all English-language nursing journals
- Can easily search for **Research** articles

CINAHL Search Screen

EBSCO Research Databases

Basic Search | Advanced Search | Visual Search | Choose Databases

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Find: postoperative complications in Select a Field (optional) Search Clear ?

and (MH "Nausea and Vomiting+/PC") in Select a Field (optional)

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in: CINAHL Plus with Full Text

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[The efficacy of ginger for the prevention of postoperative nausea and vomiting: a meta-analysis.](#)

(includes abstract); Chaiyakunapruk N; Kitikannakorn N; Nathisuwan S; Leeprakobboon K; Leelasettagool C; American Journal of Obstetrics & Gynecology, 2006 Jan; 194 (1): 95-9 (journal article - **research**, systematic review, tables/charts) ISSN: 0002-9378 PMID: 16389016 CINAHL AN: 2009094663

Abstract: OBJECTIVE: The aim of this study was to specifically determine the impact of a fixed dose of ginger administration, compared with placebo, on the 24-hour **postoperative** nausea and vomiting. STUDY DESIGN: The design was a systematic review and metaanalysis of trials revealed by searches. Randomized controlled trials comparing ginger with placebo to prevent **postoperative** nausea and vomiting and **postoperative** vomiting from Medline, IPA, CINAHL, Cochrane CENTRAL, HealthStar, Current Contents, bibliographies of retrieved articles, contact of authors, and experts in the field. Two reviewers selected studies for inclusion and independently extracted data. RESULTS: Five randomized trials including a total of 363 patients were pooled for analysis of preventing **postoperative** nausea and vomiting and **postoperative** vomiting. The summary relative risks of ginger for **postoperative** nausea and vomiting and **postoperative** vomiting were 0.68 (95% confidence interval 0.54 to 0.89) and 0.61 (95% confidence interval 0.45 to 0.84), respectively. Only one side effect, abdominal discomfort, was reported. CONCLUSIONS: This meta-analysis demonstrates that a fixed dose at least 1 g of ginger is more effective than placebo for the prevention of **postoperative** nausea and vomiting and **postoperative** vomiting. Use of ginger is an effective means for reducing **postoperative** nausea and vomiting.

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[The efficacy of acupuncture 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

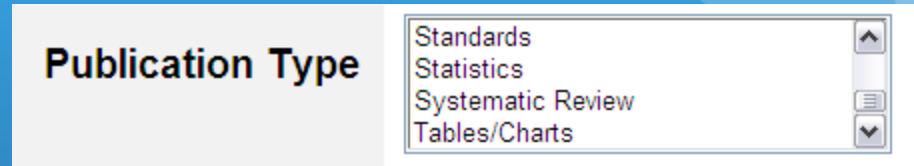
Abstract: BACKGROUND: Post-operative nausea and vomiting is a common complication following general anaesthesia. Evidence in medicine indicates that acupuncture therapy may reduce nausea and vomiting in certain ailments. AIM(S) OF THE STUDY: The aim of this study was to examine the effect of stimulating two acupuncture points on prevention of post-operative nausea and vomiting. METHODS: A randomized block experimental design was used. The Rhodes Index of Nausea, Vomiting and Retching was used as a tool to measure incidence. To control the motion sickness variable, the subjects who underwent fundoplication 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 the same for 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 acupuncture, wrist-band groups, with a reduction in the incidence rate of nausea from 73.0% to 43.2% and vomiting incidence rate from 90.0% to 43.2% in the former. The amount of vomitus and the degree of discomfort were, respectively, less and lower in the former group. CONCLUSIONS: In view of the total absence of side-effects in acupuncture, its application is worthy of use. This study confirmed the effectiveness of acupuncture in preventing post-operative nausea and vomiting.

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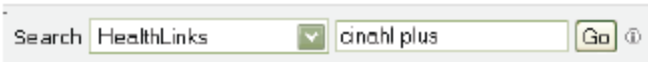
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Child health

Asthma and other wheezing disorders in children

Duncan Keeley and Michael McKean

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 [Print page](#)

We have searched the evidence for systematic and rigorous answers to the clinical questions and situations below, focusing on the outcomes that matter most to patients and clinicians. We have then categorised each treatment or intervention according to its harms and benefits in those situations.

Updates

We provide updates on this review evidence.

Respond

Remember to respond to comments that have not been addressed.

What are the effects of treatments for acute asthma in children?

Beneficial



- * [Beta₂ agonists \(high dose nebulised\)](#) *
- * [Corticosteroids \(high dose inhaled\)](#)
- * [Corticosteroids \(systemic\)](#)
- * [Metered dose inhaler plus spacer devices for delivery of beta₂ agonists \(as effective as nebulisers\)](#)
- * [Multiple dose ipratropium bromide \(inhaled\) added to beta₂ agonists for severe acute asthma \(in emergency room\)](#)
- * [Oxygen](#) *

Likely to be beneficial



- * [Theophylline \(intravenous\)](#)

Unknown effectiveness



- * [Ipratropium bromide \(inhaled\) added to salbutamol \(after initial stabilisation\)](#)
- * [Single dose ipratropium bromide \(inhaled\) added to beta₂ agonists \(in emergency room\)](#)

High dose inhaled corticosteroids versus oral corticosteroids:

We found one systematic review (search date 2003, 4 RCTs, [13], one subsequent RCT, [14] and one additional RCT. [15] The systematic review compared the effects of initial treatment with high dose inhaled corticosteroids versus oral corticosteroids in hospital emergency departments on admission rates. [13] The review did not pool results from the RCTs because of marked heterogeneity among the studies. One RCT (103 children with moderate to severe asthma, aged 5–16 years, mean initial forced expiratory volume in 1 second [FEV₁], 45%) compared fluticasone (2 mg through metered dose inhaler with spacer) versus prednisolone 2 mg/kg orally. [16] It found that prednisolone reduced hospital admission (31% with inhaled fluticasone v 10% with oral prednisolone; P = 0.01) and increased mean FEV₁ at 4 hours (9% with inhaled fluticasone v 19% with oral prednisolone; P = 0.001). [16] The second RCT (128 children with mild to moderate asthma, aged 1–17 years) in the review compared dexamethasone (1.5 mg/kg through nebuliser) versus prednisolone 2 mg orally. [17] It found no significant difference between nebulised dexamethasone and oral prednisolone in rates of hospital admission (12/56 [21%] with nebulised dexamethasone v 17/55 [31%] with oral prednisolone; ARR +9.5%, 95% CI –8.0% to +21.0%; RR 0.69, 95% CI 0.36 to 1.27), but found fewer relapses with nebulised dexamethasone within 48 hours after discharge (0/44 [0%] with nebulised dexamethasone v 6/38 [16%] with oral prednisolone; ARR 16.0%, 95% CI 27.0% to 4.5%); however, all children in the RCT received a 5 day course of prednisolone (2 mg/kg/day) on discharge. [17] In the remaining two RCTs (104 children with mild to moderate asthma, budesonide (800 µg through nebuliser at 1, 30, and 60 minutes; [18] 1600 µg through turbohaler [19]) was compared with prednisolone 2 mg/kg orally. [18] [19] One RCT found no significant difference between treatments in hospital admission (1/41 [2.4%] with inhaled corticosteroids v 5/39 [12.8%] with oral corticosteroids; OR 0.17, 95% CI 0.02 to 1.53). [18] The other RCT reported no admissions. [19] The subsequent RCT (321 children aged 4–16 years, peak expiratory flow rate 40–75% predicted) compared nebulised fluticasone (1 mg twice daily for 7 days) versus oral prednisolone (2 mg/kg for 4 days then 1 mg/kg for 3 days). It found that nebulised fluticasone significantly improved mean morning peak expiratory flow rate over 7 days compared with oral prednisolone (difference 9.5 L/minute, 95% CI 2.0 L/minute to 17.0 L/minute). No significant differences were found in symptom scores or withdrawals. [14] The additional RCT (46 children, aged 5–16 years, admitted to hospital with severe exacerbations of asthma) compared nebulised budesonide (2 mg/hour) versus oral prednisolone 2 mg/kg at admission and after 24 hours. [15] It found no significant difference between groups in FEV₁ at 24 hours, or at 3 and 24 days after admission. All children in this trial were treated with budesonide 800 µg daily after discharge from hospital.

Harms

The systematic review found no significant adverse effects with inhaled corticosteroids. [13] The subsequent RCT found no significant difference in the profile of adverse events between inhaled fluticasone and oral prednisolone, except

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Carpal tunnel syndrome

Updated 2009 Jan 14 11:15 PM: Work Loss Data Institute disability guideline (National Guideline Clearinghouse 2009 Jan 5) surgery (open carpal tunnel release) is more effective than splinting (Cochrane Database Syst Rev 2008 Oct 8) Arthritis Rheum 2008 Jun commentary (intensive keyboard use may be inversely related to carpal tunnel syndrome)

Related Summaries:

- [Carpal tunnel steroid injection](#)

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Treatment overview:

DynaMed

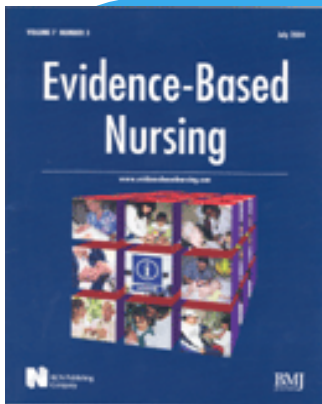
*Level 1
evidence*

- treat any underlying disorder
- avoid, reduce or modify exacerbating activities (including ergonomic changes)
- **treatments with randomized trial evidence for short-term efficacy**
 - local corticosteroid injection - systematic review of 12 trials (level 1 [likely reliable] evidence)
 - oral corticosteroids - 2 trials (level 1 [likely reliable] evidence)
 - yoga - 1 trial (level 2 [mid-level] evidence)
 - continuous low-level heat wrap therapy - 1 trial (level 2 [mid-level] evidence)
 - carpal bone mobilization - 1 trial (level 2 [mid-level] evidence)
 - lidocaine patch 5% - 1 trial compared to injection (level 2 [mid-level] evidence)
 - local insulin injection - 1 trial in patients with diabetes (level 2 [mid-level] evidence)
- **treatments with inconsistent evidence for short-term efficacy**
 - splinting (hand brace) (level 2 [mid-level] evidence)
 - exercises (level 2 [mid-level] evidence)
 - pyridoxine (vitamin B6) - likely ineffective (level 2 [mid-level] evidence)
 - therapeutic ultrasound (level 2 [mid-level] evidence)
 - ergonomic keyboards (level 2 [mid-level] evidence)
 - topical steroids via iontophoresis/phonophoresis (level 2 [mid-level] evidence)
- **treatments unlikely to be beneficial** - ineffective in randomized trials
 - NSAIDs (level 2 [mid-level] evidence)
 - diuretics (level 2 [mid-level] evidence)
 - magnet therapy (level 2 [mid-level] evidence)
 - chiropractic care (level 2 [mid-level] evidence)
 - internal neurolysis in conjunction with open carpal tunnel release

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



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 in relation between soft drink consumption and outcomes listed below. 88 articles (cross-sectional, longitudinal studies, and randomised controlled trials) included in the analysis



Outcomes: main outcomes were energy intake, milk intake, and calcium intake. Secondary outcomes were nutrition and health. Effect sizes were calculated as follows: ≤ 0.10 was considered a small effect, ≥ 0.40 as large.

MAIN RESULTS

Only the results of meta-analyses of randomised and longitudinal studies are reported here. Soft drink consumption associated with increased energy intake and reduced milk and calcium intake (table). The as

Commentary

CONCLUSION

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

review: the greater the soft drink consumption, the greater the food energy intake. Using clinical expertise, most practitioners would agree 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 Yost, RN, MA
New York University College of Nursing
New York, NY, USA

Associations between soft drink consumption and various outcomes*

Outcomes	Number and type of studies	Mean effect size (p value)
Energy intake	5 longitudinal studies	0.24 (p<0.001)
	4 long-term randomised controlled trials (consumption over 3-10 wks)	0.30 (p<0.001)
	12 short-term randomised controlled trials (consumption over a meal or single day)	0.21 (p=0.004)
Body weight	(10)† longitudinal studies	0.09 (p<0.001)
	7 randomised controlled trials	0.24 (p<0.001)
Milk intake	5 longitudinal studies	-0.21 (p<0.001)
Calcium intake	5 longitudinal studies	-0.13 (p=0.004)

*Effect sizes ≤ 0.10 were considered to be small, 0.25 to be medium, and ≥ 0.40 to be large.
†Information provided by author.

Evidence-Based Nursing

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Evidence-Based Care Sheet

By: Sharon Richman, MSPT

Edited by: Diane Pravikoff, RN, PhD, FAAN

Cinahl Information Systems; Diane Pravikoff, RN, PhD, FAAN

Cinahl Information Systems

What We Know

- Low back pain (LBP) is a very common health problem, with an 80% lifetime incidence in the United States⁽⁸⁾
- The costs related to LBP are significant (approximately \$90 billion per year in the U.S.), and a significant percentage of patients (25%) are not satisfied with the care they receive for LBP⁽⁸⁾
- Acute LBP is defined as LBP lasting less than 4 weeks⁽⁶⁾
- Subacute LBP is defined as LBP lasting 4–12 weeks⁽⁵⁾⁽⁶⁾
- Chronic LBP is defined as LBP lasting more than 12 weeks⁽⁵⁾⁽⁶⁾
- Multiple alternative therapy options have been investigated for patients with LBP
 - Alternative therapy treatments are healthcare practices, such as homeopathy, naturopathy, and herbal medicine, that are not considered conventional medicine by the traditional medical community
 - Massage reduces subacute and chronic LBP⁽⁵⁾
 - Massage is more effective when performed by an experienced or licensed massage therapist and when used in conjunction with exercise and patient education
 - Preliminary evidence suggests that acupressure or pressure point massage reduces pain to a greater extent than classic/Swedish massage
 - Pain reduction lasts for up to 1 year after treatment for subacute and chronic LBP ends
 - There is insufficient evidence to support massage in the treatment of acute LBP
 - Acupuncture and dry needling both reduce chronic LBP and improve function⁽⁶⁾
 - Dry needling, like acupuncture, involves the placement of solid needles in the patient's skin. Dry needling, however, is based on Western medicine philosophy (e.g., anatomy and physiology oriented) rather than Eastern philosophy
 - Pain reduction lasts for up to 3 months after treatment for chronic LBP ends
 - The combination of acupuncture and conventional therapy is more effective than conventional treatments alone in improving function and reducing pain
 - There is insufficient evidence to support acupuncture or dry needling to treat acute LBP
 - Spinal manipulation is equally as effective as conventional treatments (e.g., physical therapy, medications, back school) for acute or chronic LBP⁽¹⁾
 - Prolotherapy refers to the injection of irritant solutions into the lumbosacral area to strengthen ligaments⁽³⁾
 - There is preliminary evidence that prolotherapy, used in conjunction with other alternative or conventional treatments, may reduce chronic LBP and improve function
 - Prolotherapy does not reduce chronic LBP when used alone
 - Other interventions that seem promising to treat LBP but require further clinical investigation to ensure efficacy and/or safety include the following herbal medications: *Harpagophytum procumbens* (devil's claw), ginger, rose hip and seed powder, *Salix alba* (white willow bark), and topical *Capsicum frutescens* (cayenne)⁽²⁾⁽⁷⁾
 - There is insufficient evidence to support the use of nonsurgical spinal decompression therapy (i.e., a type of intermittent motorized traction) to treat LBP and improve function⁽⁴⁾

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Title

- [Diagnosis and management of attention deficit hyperactivity disorder in primary care for school age children](#)
Institute for Clinical Systems Improvement - Private Nonprofit Organization. 1997 Oct (revised 2000)
- [Clinical practice guideline: diagnosis and evaluation of the child with attention-deficit/hyperactivity disorder](#)
Pediatrics - Medical Specialty Society. 2000 May. 13 pages. NGC:001506
- [Clinical practice guideline: treatment of the school-aged child with attention-deficit/hyperactivity disorder](#)
Pediatrics - Medical Specialty Society. 2001 Oct. 12 pages. NGC:002298
- [Practice parameters for the assessment and treatment of children, adolescents, and adults with mental disorders](#).
American Academy of Child and Adolescent Psychiatry - Medical Specialty Society

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GUIDELINE TITLE

Clinical practice guideline: diagnosis and evaluation of the child with attention-deficit/hyperactivity disorder.

BIBLIOGRAPHIC SOURCE(S)

American Academy of Pediatrics. Clinical practice guideline: diagnosis and evaluation of the child with attention-deficit/hyperactivity disorder. Pediatrics 2000 May;105(5):1158-70. [60 references]

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- [EVIDENCE SUPPORTING THE RECOMMENDATIONS](#)
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[Go to the Complete Summary](#)

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Excerpted by the National Guideline Clearinghouse:

RECOMMENDATION 1: In a child 6 to 12 years old who presents with inattention, hyperactivity, impulsivity, academic underachievement, or behavior problems, primary care clinicians should initiate an evaluation for attention-deficit/hyperactivity disorder (**ADHD**) (**strength of evidence: good; strength of recommendation: strong**).

Presentations of **ADHD** in clinical practice vary. Symptoms may not be apparent in a structured clinical setting that is free from the demands and distraction of the home and school. The following general questions may be useful at all visits for school-aged children to heighten attention about **ADHD** and as an initial screening for school performance:

1. How is your child doing in school?
2. Are there any problems with learning that you or the teacher has seen?
3. Is your child happy in school?
4. Are you concerned with any behavioral problems in school, at home, or when your child is playing with friends?
5. Is your child having problems completing classwork or homework?

Alternatively, a previsit questionnaire may be sent to parents or given while the family is waiting in the reception area.

RECOMMENDATION 2: The diagnosis of **ADHD** requires that a child meet *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* criteria (**strength of evidence: good; strength of recommendation: strong**).

The DSM-IV criteria define three subtypes of **ADHD** (see Table 1 in the guideline document for specific inattention and hyperactive-

Search NGC:

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Browse NGC:

[Disease/Condition](#)[Treatment/Intervention](#)[Organization](#)

Compare Guidelines

[View Guideline Collection](#)

Guideline Comparison

	Am Acad Child Adolesc Psychiatr 1997 Feb 14	Am Acad Pediatr 2000 May
TITLE:	Practice parameters for the assessment and treatment of children, adolescents, and adults with attention-deficit/hyperactivity disorder.	Clinical practice guideline: Diagnosis and evaluation of the child with attention-deficit/hyperactivity disorder.
ADAPTATION:	Not applicable: The guideline was not adapted from another source.	Not applicable: Guideline was not adapted from another source.
LENGTH:	37 pages	13 pages
DEVELOPER(S):	American Academy of Child and Adolescent Psychiatry - Medical Specialty Society	American Academy of Pediatrics - Medical Specialty Society
FUNDING SOURCE:	Not stated	American Academy of Pediatrics (AAP)
RATING SCHEME:	The validity of scientific findings was judged by design, sample selection and size, inclusion of comparison groups, generalizability, and agreement with other studies.	Not applicable
METHODS TO ANALYZE EVIDENCE:	Review	Systematic Review with Evidence Tables
VIEW MAJOR RECOMMENDATIONS:	View Major Recommendations	View Major Recommendations
AVAILABILITY OF FULL TEXT:	View Availability Information	View Full-text Guideline

Searching for Practice Guidelines in *PubMed*

Limit under Type of Article to
Practice Guideline

The screenshot shows the PubMed search interface. At the top, the search box contains 'acute maxillary sinusitis' and the 'PubMed' database is selected. Below the search box are buttons for 'Go' and 'Clear'. A navigation bar includes 'Limits', 'Preview/Index', 'History', 'Clipboard', and 'Details'. The 'Limits' section is active, displaying the instruction: 'Limit your search by any of the following criteria.' Under the 'Type of Article' section, the 'Practice Guideline' option is selected with a green checkmark and is circled in red. Other options include Clinical Trial, Editorial, Letter, Meta-Analysis, Randomized Controlled Trial, and Review. The 'Ages' section on the right lists various age groups with checkboxes, including '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', and 'Child: 6-12 years'.

Search PubMed

Limits Preview/Index History Clipboard Details

About Entrez Limit your search by any of the following criteria.

Type of Article

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

Ages

- 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

Searching for Practice Guidelines in CINAHL

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

The screenshot displays the EBSCOhost search interface. At the top left is the EBSCOHOST logo with the text 'Research Databases'. To the right are links for 'Sign In', 'Folder', 'Preferences', and 'New Features'. Below the logo are four buttons: 'Basic Search', 'Advanced Search', 'Visual Search', and 'Choose Databases'. A green navigation bar contains links for 'New Search', 'Keyword', 'Publications', 'CINAHL Headings', 'Evidence-Based Care Sheets', 'Quick Lessons', 'Cited References', and 'Indexes'. The search results section shows 'Results for: sinusitis AND PT practice guidelines' with options to 'Add search to folder' and 'Display link to search'. A red circle highlights the search criteria table:

Find:	sinusitis	in	Select a Field (optional)	Search	Clear	?
and	practice guidelines	in	PT Publication Type			
and		in	Select a Field (optional)	Add Row		

Below the table, the search is limited to 'CINAHL Plus with Full Text'. A note indicates '(Searching: CINAHL Plus with Full Text)'. At the bottom, there are buttons for 'Refine Search', 'Search History/Alerts', and 'Results', along with a note: 'To store items added to the folder for a future session, Sign In to My EBSCOhost.'

Special Meta -Search Engines that find evidence sites

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


TRIP search: prevention of pressure ulcers


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Results by Relevance Year


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[Risk assessment tools for the prevention of pressure ulcers](#) 
Cochrane Database of Systematic Reviews. 2008


[Pressure relieving devices: the use of pressure relieving devices for the prevention of pressure ulcers in primary and secondary care](#) 
National Institute for Health and Clinical Excellence - Clinical Guidelines (UK). 2003


[Pressure ulcer prevention](#) 
NHS Quality Improvement Scotland. 2005


[Risk assessment & prevention of pressure ulcers.](#) 
National Guideline Clearinghouse (USA). 2005

[Alternating pressure air mattresses as prevention for pressure ulcers: A literature review](#) 
EvidenceUpdates. 2008

[Enteral nutritional support in prevention and treatment of pressure ulcers: a systematic review and meta-analysis](#) 
DARE.. 2005


[Cost-effectiveness of pressure-relieving devices for the prevention and treatment of pressure ulcers](#) 
NHS EED.. 2005

[Randomised, controlled trial of alternating pressure mattresses compared with alternating pressure overlays for the prevention of pressure ulcers: PRESSURE \(pressure relieving support surfaces\) trial.](#) 
BMJ. 2006

Search Results:
113 records
[See the synonyms used](#)
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Filter by:

Systematic Reviews	33
Evidence Based Synopses	17
Guidelines	
- North America	5
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- Other	1
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Filter by Specialisation
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SUMSearch

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SUMSearch - Documents found

Search for PRESSURE ULCERS
(Focus: NOFOCUS, ages: all, subjects: HUMAN)



[New Online EBP calculator](#)

For broad discussions that are easy to read, but not as up-to-date

Texts



 Wikipedia	276 documents.
<i>Scroll down or Click here to view first 10</i>	
 Selected journals at PubMed	0 documents.
<small>PubMed-FullText did not complete a response within time, consider searching PubMed-FullText directly or searching later.</small>	

Practice Guidelines (*some guidelines are systematic reviews*)

 National Guideline Clearinghouse™	29 documents.
<i>Scroll down or Click here to view first 20</i>	
<small>Additional guidelines for your topic may be available from: AHRQ-Practice Guidelines</small>	
 PubMed (possible guidelines)	30 documents.
<i>Scroll down or Click here to view first 20</i>	

For more up-to-date answers to specific questions, but are harder to read

Systematic reviews (*what is so good about systematic reviews?*)

 DARE (includes Cochrane abstracts)	33 documents.
<i>Scroll down or Click here to view first 20</i>	
 PubMed (possible systematic reviews)	284 documents.
<i>Scroll down or Click here to view first 20</i>	

Systematic Review/Meta-Analyses Resources

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



Systematic Reviews and Meta-Analyses

A ***Systematic review***: is 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: are systematic reviews that combine the results of several studies using quantitative statistics.



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SEARCH

pressure ulcers beds

Title, Abstract or

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[Review] Support surfaces for pressure ulcer prevention

[PDF](#) (Size 366K)

- [Abstract](#)
- [Plain language summary](#)
- [Background](#)
- [Objectives](#)
- [Criteria for considering studies for this review](#)
- [Search methods for identification of studies](#)
- [Methods of the review](#)
- [Description of studies](#)
- [Methodological quality](#)
- [Results](#)
- [Discussion](#)
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- [Acknowledgements](#)
- [Characteristics of included studies](#)
- [Characteristics of excluded studies](#)

[Review] Support surfaces for pressure ulcer prevention

N Cullum, E McInnes, SEM Bell-Syer, R Legood

Cochrane Database of Systematic Reviews 2007 Issue 1

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DOI: 10.1002/14651858.CD001735.pub2 This version first published online: 19 July 2004 in Issue 3, 2004

Date of Most Recent Substantive Amendment: 20 May 2004

This record should be cited as: Cullum N, McInnes E, Bell-Syer SEM, Legood R. Support surfaces for pressure ulcer prevention. *Cochrane Database* No.: CD001735. DOI: 10.1002/14651858.CD001735.pub2.

Abstract

Background

Pressure ulcers (also known as bedsores, pressure sores, decubitus ulcers) are areas of localised damage to the skin and underlying tissue caused by prolonged pressure and friction. They are common in the elderly and immobile and costly in financial and human terms. Pressure-relieving beds, mattresses and overlays are used to prevent pressure ulcers. This review assesses the effectiveness of pressure-relieving beds, mattresses and overlays in preventing pressure ulcers in both institutional and non-institutional settings.

Objectives

This systematic review seeks to answer the following questions:

- to what extent do pressure-relieving cushions, beds, mattress overlays and mattress replacements reduce the incidence of pressure ulcers on support surfaces?
- how effective are different pressure-relieving surfaces in preventing pressure ulcers, compared to one another?

Search strategy

The Specialised Trials Register of the Cochrane Wounds Group (compiled from regular searches of many electronic databases including

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, clinical trials, evidence-based medicine, consensus development conferences, and guidelines.

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

Search

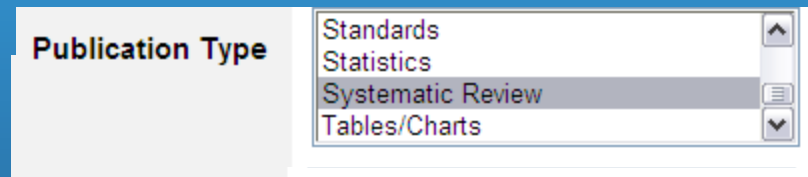
- **Limit** to Type of Article: Meta-Analyses

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

Finding Systematic Reviews and Meta-Analyses in *CINAHL Plus*

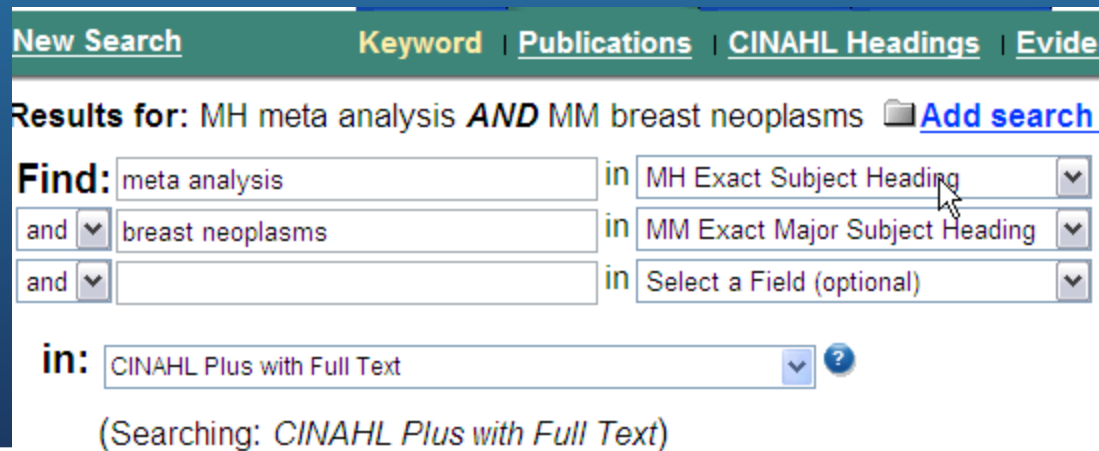
- Refine search to Publication Type:

Systematic Reviews



A screenshot of a dropdown menu labeled "Publication Type". The menu is open, showing four options: "Standards", "Statistics", "Systematic Review" (which is highlighted), and "Tables/Charts". Each option has a small arrow icon to its right.

- Search for Meta Analysis as a Subject Heading

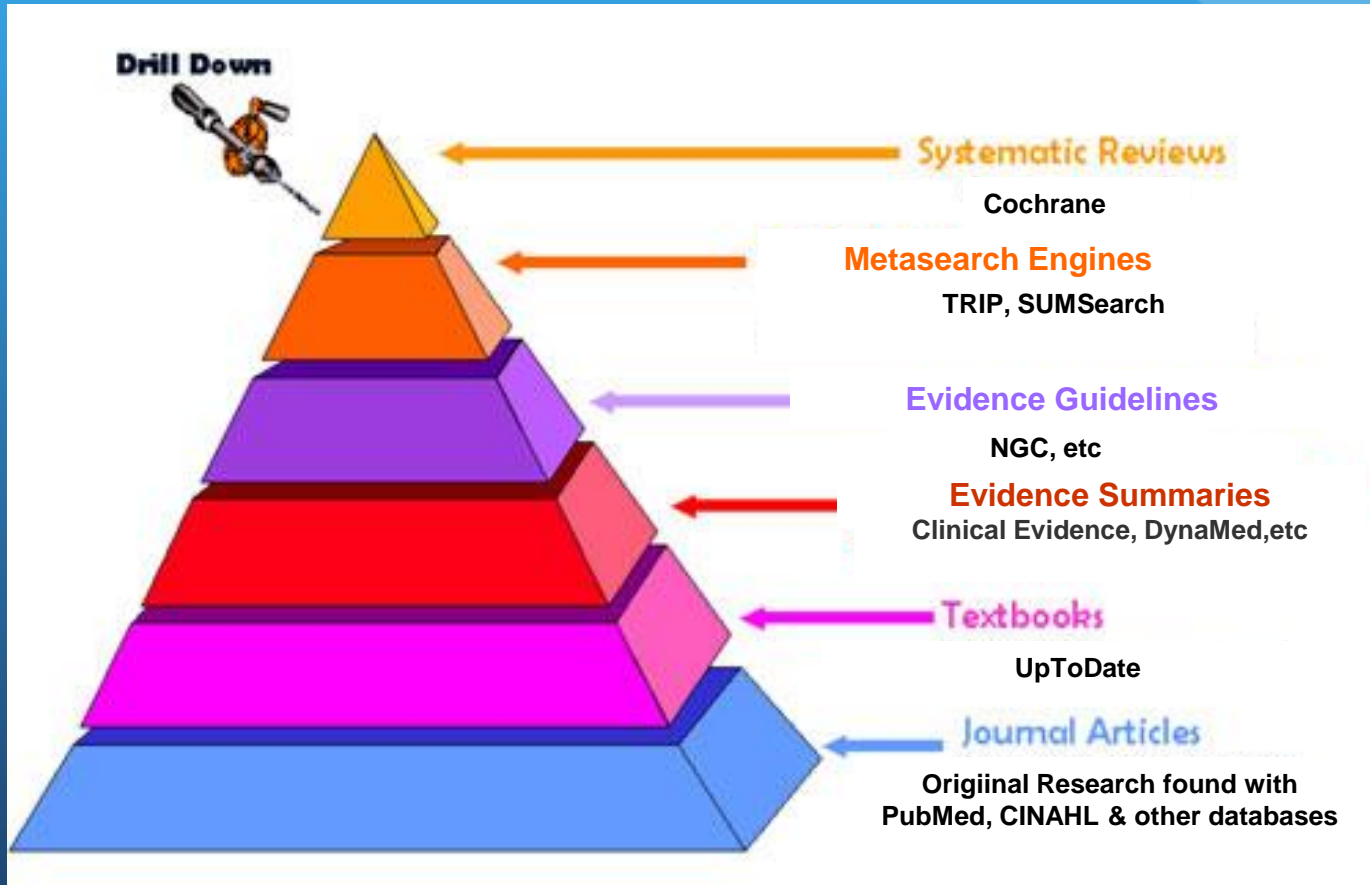


A screenshot of the CINAHL Plus search interface. The top navigation bar includes "New Search", "Keyword", "Publications", "CINAHL Headings", and "Evide". Below the navigation bar, the search results are displayed for the query "MH meta analysis AND MM breast neoplasms". The search criteria are shown in a table format:

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

Below the table, the search is set to be performed in "CINAHL Plus with Full Text". A status message at the bottom indicates "(Searching: CINAHL Plus with Full Text)".

Searching for Evidence Categories



Search for Evidence in Drug and Natural Medicines Databases

- Micromedex (\$)
 - www.micromedex.com
- Natural Medicines Comprehensive Database (\$)
 - www.naturaldatabase.com
- Natural Standard Online [coming to HEAL-WA]
 - Available partially now through *MedlinePlus*
 - www.nlm.nih.gov/medlineplus/druginformation.html

Micromedex (\$)

www.micromedex.com

- Clinical information on toxicology, drugs, drug interactions, and reproductive risks
- Provides evidence-based medical information: DiseaseDex
- Provides evidence-based drug information
- Available at most hospitals and on the UW HealthLinks Care Provider Toolkit

Natural Medicines Comprehensive Database (\$)

Search:

Go

[Advanced Search](#)

NATURAL MEDICINES
COMPREHENSIVE DATABASE



Scientific Gold Standard for Evidence-Based, Clinical Information on Natural Medicines

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[Search Results](#) > FENUGREEK

Home

Search

FENUGREEK

Also Known As

Scientific Names

People Use This For

Safety

Effectiveness

Mechanism of Action

Adverse Reactions

Herb Interaction

Drug Interaction

Food Interaction

Lab Test Interaction

Disease Interaction

Dosage

FENUGREEK

Quick Links:

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[Safety](#)

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[People Use This For](#)

[Effectiveness](#)

[Adverse Reactions](#)

[Dosage/Adm](#)

[View Product](#)

Also Known

Alholva, Bird's Foot
Foenugreek, Gre

Scientific N

Trigonella foenu
Family: Fabacea

People Use

Orally, fenugreek
gastritis, constip

Adverse Reactions:

Orally, fenugreek can cause diarrhea, dyspepsia, abdominal distention, and flatulence (622,12534). With high doses, hypoglycemia is possible (164). Fenugreek can cause allergic reactions including nasal congestion, hoarseness, persistent coughing, wheezing, facial angioedema, and shock (719). The paste of fenugreek applied to the scalp can cause allergic symptoms, including head numbness, facial swelling, and wheezing (719). Consumption of fenugreek by pregnant women just before delivery may cause the neonate to have an unusual body odor, which may be confused with maple syrup disease. It does not appear to cause long-term sequelae (9781). This unusual body odor may occur in children drinking fenugreek tea. Loss of consciousness may also occur in children drinking tea made from fenugreek (9782).

Interactions with Herbs & Supplements:

HERBS WITH ANTICOAGULANT/ANTIPLATELET POTENTIAL: Concomitant use of herbs that have anticoagulant/antiplatelet potential that might affect platelet aggregation could theoretically increase the risk of bleeding in some people (5191,7162,7389). These herbs include angelica, clove, danshen, garlic, ginger, ginkgo, red clover, turmeric, and others.

HERBS WITH HYPOGLYCEMIC POTENTIAL: Theoretically, fenugreek might have additive effects with herbs that decrease blood glucose levels (10283,10284). Herbs with hypoglycemic potential include devil's claw, fenugreek, guar gum, Panax ginseng, and Siberian ginseng.

Interactions with Drugs:

ANTICOAGULANT/ANTIPLATELET DRUGS <<interacts with>> FENUGREEK

Interaction Rating = **Moderate** Be cautious with this combination

Drugs, Supplements & Herbal Information page

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

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Drug Information

Browse by first letter of generic or brand name drug:

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Information on thousands of prescription and over-the-counter medications is provided through two drug resources

- MedMaster™†, a product of the [American Society of Health-System Pharmacists \(ASHP\)](#)
- USP DI® Advice for the Patient® ‡, a product of the [United States Pharmacopeia \(USP\)](#).

For additional drug information, see the MedlinePlus [drug therapy](#) topic pages.

Herbs and Supplements

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

Natural Standard is an international research collaboration that aggregates and synthesizes data on complementary and alternative therapies.

- Using a comprehensive methodology and reproducible grading scales, information is created that is evidence-based, consensus-based, and peer-reviewed
- Tapping into the collective expertise of a multidisciplinary Editorial Board.

For additional herb and supplement information, see the MedlinePlus [herbal medicine](#) topic page.

105 Herbs and Supplements Monographs in English & Spanish

Peppermint oil

Peppermint oil (*Mentha x piperita* L.)

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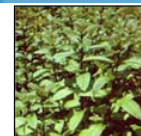
While some complementary and alternative techniques have been studied scientifically, high-quality data regarding safety, effectiveness, and mechanism of action are limited or controversial for most therapies. Whenever possible, it is recommended that practitioners be licensed by a recognized professional 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®.

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 arvenis, 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, rutin, 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®.

Evidence [Return to top](#)

These uses have been tested in humans or animals. Safety and effectiveness have not always been proven. Some of these conditions should be evaluated by a qualified healthcare provider.

Uses based on scientific evidence	Grade*
Indigestion (non-ulcer dyspepsia) <p>There is preliminary evidence from a small number of controlled trials that a combination of peppermint oil and caraway oil may be beneficial for dyspepsia (heartburn) symptoms. However, most studies have been poorly designed (methodologically weak with small sample sizes, inadequate use of control or placebo groups, unclear descriptions of blinding and randomization, and lack of use of standardized scales for identifying subjects or assessing endpoints). It is not clear which constituent(s) may be beneficial. Nonetheless, the existing evidence does suggest efficacy of this combination. It should be noted that heartburn can actually be a side effect of taking oral peppermint oil, which has been reported by patients in several controlled trials of peppermint oil. Patients with chronic heartburn should be evaluated by a qualified healthcare provider and may be advised to undergo a diagnostic endoscopy prior to initiating any treatment for heartburn.</p>	B
Irritable bowel syndrome (IBS) <p>Multiple randomized controlled trials of peppermint suggest significant improvements in irritable bowel syndrome (IBS) symptoms. Although the mechanism of action is not clear, pre-clinical studies suggest smooth muscle relaxing properties of peppermint (calcium antagonism may play a role). Enteric-coated peppermint preparations are generally recommended. Overall, studies have been brief with small sample sizes and methodological weaknesses (unclear diagnostic criteria, lack of validated measurement scales, unclear blinding and randomization procedures). Well-designed large trials are necessary before a strong recommendation can be made. Future studies should use standardized symptom scales and established diagnostic criteria to classify patients prior to enrollment (such as Rome II Diagnostic Criteria), uniform dosing and standardization, and longer duration.</p>	B
Antispasmodic (gastric spasm) <p>One study reports that peppermint oil solution administered intraluminally can be used as an antispasmodic agent with superior efficacy and fewer side effects than hyoscine-N-butylbromide administered by intramuscular injection during upper endoscopy.</p>	C
Tension headache <p>Application of diluted peppermint oil to the forehead and temples has been tested in people with headache. Studies have not been well conducted, and it is not clear if this is an effective treatment.</p>	C

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- Spanish version
- Preformulated *PubMed* searches
- Interactive tutorials
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MedlinePlus Content

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175 total

ClinicalTrials
links on
display:
640

NIH-
Seniorhealth
40 topics

OR-Live
surgery
videos:
73

Health topics:
750 English
657 Spanish

2 drug and
herbal
databases:
approx 1700
monographs

ADAM.com
encyclopedia:
approx 4000
monographs

Health news:
Approx 15-20
new stories
added per day



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

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Cystic Fibrosis

Also called: CF

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

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

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

National Heart, Lung, and Blood Institute

Start Here

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

Basics	Learn More	Multimedia & Cool Tools
<ul style="list-style-type: none">• Overviews• Latest News• Diagnosis/Symptoms• Treatment• Prevention/Screening	<ul style="list-style-type: none">• Nutrition• Disease Management• Related Issues	<ul style="list-style-type: none">• Tutorials
Research	Reference Shelf	For You
<ul style="list-style-type: none">• Financial Issues• Clinical Trials• Genetics• Research• Journal Articles	<ul style="list-style-type: none">• Organizations	<ul style="list-style-type: none">• Children• Teenagers

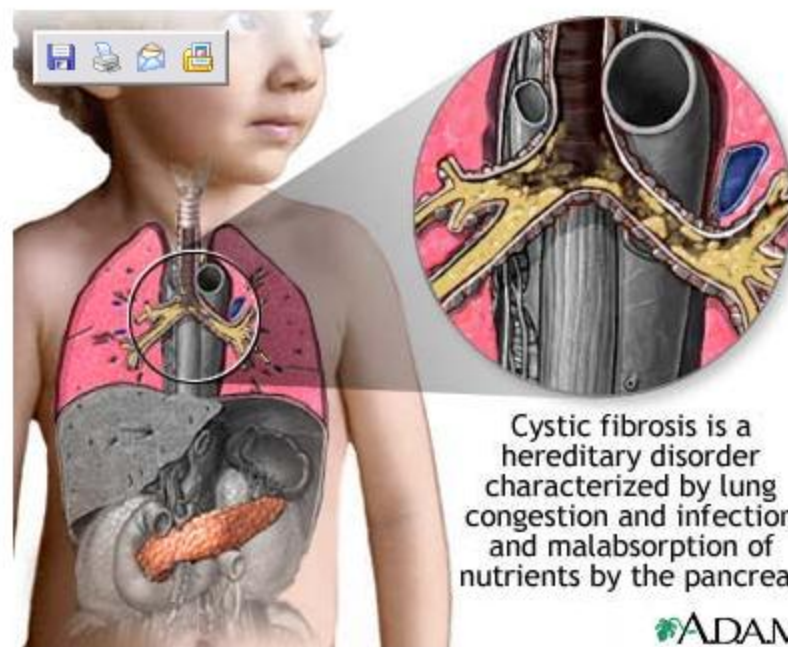
Overviews

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

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

Medical Encyclopedia

Cystic fibrosis



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

 ADAM.

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

Update Date: 3/23/2001

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

#3

*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* and full-text articles

PubMed: MY NCBI

- Your personal space on the NLM computer system for **storing search strategies** to generate updates
- **Free** registration required
- Recent *PubMed* citations sent **automatically** to your email

My NCBI

Table of Contents

My NCBI Home

My Saved Data

Search Filters

Preferences

About My NCBI

Use My NCBI to save your searches and data, and to set NCBI Web site preferences [About My NCBI...](#)

Sign into My NCBI

Username

Password

Keep me signed in

Sign In

[My NCBI partner organizations.](#)

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?
- Yes, once a week.
Which day?
- Yes, every day.

Formats:

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

Report format:

My NCBI
 Go to: *pubmed.gov*
 And click on My NCBI

Alerting Services

healthlinks.washington.edu/howto/alerts.html

Alert Service	Database Coverage	RSS
My NCBI	PubMed	yes
AutoAlerts	CINAHL Plus	yes
ScienceDirect Search	ScienceDirect Journals	yes

#4

Use e-Textbooks

e-Textbooks

- UpToDate (\$)
 - Concise comprehensive uptodate reviews of clinical topics in multiple specialties
 - www.uptodate.com
- HealthLinks Textbooks page
 - 800+ e-Texts
 - healthlinks.washington.edu/textbooks

Overview of the management of osteoporosis in women

- ▶ [INTRODUCTION](#)
- ▶ [NONPHARMACOLOGIC THERAPY](#)
 - [Calcium/Vitamin D](#)
 - [Diet](#)
 - [Exercise](#)
 - [Intensity of exercise](#)
 - [Cessation of smoking](#)
- ▶ [DRUG THERAPY](#)
 - [Monitoring the response to therapy](#)
 - [Option 1](#)
 - [Option 2](#)
 - [Option 3](#)
 - [Option 4](#)
 - [Bisphosphonates](#)
 - [Selective estrogen receptor modulators](#)
 - [Estrogen/progestin therapy](#)
 - [Premenopausal women with hypothalamic amenorrhea](#)
 - [Parathyroid hormone](#)
 - [PTH plus bisphosphonate therapy](#)
 - [Calcitonin](#)
 - [Calcitriol](#)
 - [Sodium fluoride](#)
 - [Combination therapy](#)
 - [Isoflavones](#)
 - [Thiazide diuretics](#)
 - [Tibolone](#)
 - [Recommendations](#)
- ▶ [MEDICAL INTERVENTION AFTER FRACTURE](#)
- ▶ [OTHER POTENTIAL THERAPIES](#)
 - [Androgens](#)
 - [Growth factors](#)
 - [Statins](#)
 - [Strontium ranelate](#)
 - [Folate and vitamin B12](#)
- ▶ [REFERENCES](#)

GRAPHICS

- ▶ [FIGURES](#)
 - [Alendronate dose osteoporosis](#)
 - [Alendronate prevents bone loss](#)
 - [Continuous alendronate and BMD](#)
 - [HRT and hip fracture WHI](#)
 - [CT and osteoporotic bone pain](#)
 - [Estrogen plus CT osteoporosis](#)
- ▶ [TABLES](#)
 - [Cost of Rx of osteoporosis](#)

RELATED TOPICS

- ▶ [Overview of osteoporosis in men](#)
- ▶ [Epidemiology and causes of osteoporosis](#)

Overview of the management of osteoporosis in women

[Hillel N Rosen, MD](#)
[Marc K Drezner, MD](#)

UpToDate performs a continuous review of over 330 journals and other resources. Updates are added as important new information is published. The literature review for version 13.3 is current through August 2005; this topic was last changed on September 13, 2005. The next version of UpToDate (14.1) will be released in February 2006.

INTRODUCTION — Prevention and treatment of osteoporosis consists of non-drug and drug or hormonal therapy [1,2]. This topic review will provide an overview of the approach to therapy of osteoporosis in postmenopausal women. The treatment of osteoporosis in men, and the pathogenesis, causes, and diagnosis of osteoporosis are discussed separately. (See "[Overview of osteoporosis in men](#)", see "[Epidemiology and causes of osteoporosis](#)", and see "[Pathogenesis of osteoporosis](#)" and see "[Clinical manifestations and diagnosis of osteoporosis](#)", section on Suggested approach to exclude secondary causes).

In the past, estrogen replacement was considered a primary therapy for the prevention of postmenopausal osteoporosis. Estrogen had the additional advantages of controlling menopausal symptoms and presumptive prevention or delay of cardiovascular disease. However, data from the Women's Health Initiative (WHI) revealed that estrogen-progestin therapy does not reduce the risk of coronary heart disease, and increases the risk of breast cancer, stroke, and venous thromboembolic events [3]. (See "[Postmenopausal hormone therapy: Benefits and risks](#)").

As a result of these findings, other antiresorptive agents are now the drugs of choice, and are prescribed more frequently for the prevention and treatment of osteoporosis in postmenopausal women [4].

NONPHARMACOLOGIC THERAPY — There are three components to the nondrug therapy of osteoporosis: diet, exercise, and cessation of smoking. In addition, affected patients should avoid, if possible, drugs that increase bone loss, such as glucocorticoids. (See "[Glucocorticoids and osteoporosis: Pathogenesis and clinical features](#)" and see "[Drugs that affect bone metabolism](#)").

Calcium/Vitamin D — An optimal diet for treatment (or prevention) of osteoporosis includes an adequate intake of calories (to avoid malnutrition), calcium, and [vitamin D](#).

Postmenopausal women (and older men) should take adequate supplemental elemental calcium (generally 500 to 1000 mg/day), in divided doses, at mealtime, such that their total calcium intake, inclusive of food calcium, approximates 1500 mg/day [5]. (See "[Calcium supplementation in osteoporosis](#)"). In addition to its beneficial effects on the skeleton, calcium supplementation may favorably affect serum lipids [6]. Furthermore, there is some evidence that calcium intake is inversely associated with cardiovascular disease in postmenopausal women. (See "[Lipid lowering with diet or dietary supplements](#)", section on Calcium).

Women should also ingest a total of 800 IU of [vitamin D](#) daily. Higher doses are required if they have malabsorption or rapid metabolism of vitamin D due to concomitant anticonvulsant drug therapy. Data on the efficacy of vitamin D replacement for osteoporosis are discussed in detail elsewhere. (See "[Vitamin D therapy in osteoporosis](#)", section on Recommendations).

Diet — When celiac disease is a major contributor to osteopenia, a gluten-free diet will result in improvement in bone mineral density [7]. (See "[Management of celiac disease in adults](#)").

Protein intake may be an important component of the diet, particularly in women who already have osteoporotic fractures. This was

#5

***Navigate the Web
Beyond Basic Google***

Navigation Difficulties

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



Google

google.com

- Largest: over *8 billion* pages
- *Relevance ranking* based on link analysis

- Google Advanced Search

www.google.com/advanced_search?hl=en

- Google Scholar *scholar.google.com*

Google Advanced Search Features

www.google.com/advanced_search?hl=en

- File Format, *i.e.* pdf
- Date, *i.e.* pages updated in last 3 months
- Occurrences, *i.e.* terms appear in title
- Domain, *i.e.* .gov, .edu
- Links, *i.e.* pages that link to the page



Advanced Search

sinusitis guideline filetype: pdf site: .gov

Find web pages that have...

all these words:

sinusitis guideline

this exact wording or phrase:

one or more of these words:

OR

But don't show pages that have...

any of these unwanted words:

Need more tools?

Results per page:

10 results

Language:

English

File type:

Adobe Acrobat PDF (.pdf)

Search within a site or domain:

.gov

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

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

[\[PDF\] ADULT ACUTE SINUSITIS GUIDELINE](#)

File Format: PDF/Adobe Acrobat - [View as HTML](#)

ADULT ACUTE **SINUSITIS GUIDELINE**. This **guideline** is to be used to assist in clinical efficiency, but is not a substitute for clinical judgement. ...

health.ucsd.edu/ClinicalResources/sinusitisadult.pdf - [Similar pages](#)

[\[PDF\] Sinusitis Guideline: General Comments](#)

File Format: PDF/Adobe Acrobat - [View as HTML](#)

Related National **Guidelines**. The UMHHC Clinical **Guideline** on Rhinosinusitis is consistent with Diagnosis and Treatment of Acute Bacterial. **Sinusitis** (1999) ...

cme.med.umich.edu/pdf/guideline/rhino05.pdf - [Similar pages](#)

[\[PDF\] CPG - Sinusitis](#)

File Format: PDF/Adobe Acrobat - [View as HTML](#)

Clinical Practice **Guideline** for. **Sinusitis** Treatment (Rhinosinusitis). Acute bacterial **sinusitis** is an infection of the paranasal **sinuses** with inflammation ...

www.mahealthcare.com/practice_guidelines/Sinusitis.pdf - [Similar pages](#)

[\[PDF\] AMERICAN ACADEMY OF PEDIATRICS Clinical Practice Guideline](#)

File Format: PDF/Adobe Acrobat - [View as HTML](#)

erbatons of chronic **sinusitis** are not included in this. **guideline**. CLINICAL PRACTICE **GUIDELINE: MANAGEMENT OF SINUSITIS** ...

www.antibioticos.msc.es/PDF/AAP_management_of_sinusitis.pdf - [Similar pages](#)

Google Scholar

scholar.google.com

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

All Results

[J Graneto](#)
[L Harrison](#)
[I Loudon](#)
[D Soglin](#)
[L Olivet](#)

Did you mean: [mother fevertouch thermometer](#)

[Diagnosing fever by touch: observational study - Find UW Holdings - all 3 versions »](#)

K Whybrew, M Murray, C Morley - BMJ, 1998 - [pubmedcentral.nih.gov](#)

... whether mothers and medical students could use **touch** to determine if children had **fever**. ... medical students and the child's **mother** felt children's ...

[Cited by 12](#) - [Related Articles](#) - [Web Search](#) - [Import into RefWorks](#)

[Maternal screening of childhood fever by palpation. - Find UW Holdings - all 3 versions »](#)

JW Graneto, DF Soglin - [Pediatr Emerg Care](#), 1996 - [ncbi.nlm.nih.gov](#)

... The interventions were interviewing the **mother** and the performance of ... about the presence or absence of **fever** in their children by **touch** and without the ...

[Cited by 27](#) - [Related Articles](#) - [Web Search](#) - [Import into RefWorks](#)

[Palpation as a method of fever determination in Malawian children who are less than 5 years versions »](#)

OC Nwanyanwu, C Ziba, SC Redd, SP Luby - [Annals of Tropical Medicine and Parasitology](#), 1997 - [informav](#)

... Whenever and wherever possible, information from the **mother** and **thermometer** readings ... is palpation as a screening method for **fever**: can **touch** substitute for ...

[Cited by 8](#) - [Related Articles](#) - [Web Search](#) - [Import into RefWorks](#)

[The Accuracy of Mother's Touch to Detect Fever in Children: A Systematic Review - Fi](#)

CL Teng, CJ Ng, H Nik-Sherina, AH Zailinawati, SF ... - [Journal of Tropical Pediatrics](#), 2007 - [Oxford Univ Pr](#)

... 8] mentioned blinding of the assessment by **mother** and healthcare ... is palpation as a screening method for **fever**? can **touch** substitute for **thermometer** readings? ...

Meta-Search Engines

Allow you to send searches to more than one search engine at a time



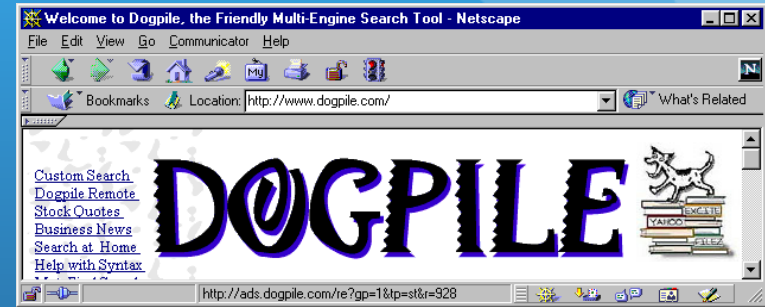
Meta -Search Engines

DogPile

dogpile.com

Clusty

clusty.com



Dogpile

dogpile.com

- Makes searching the web easier by returning the best results from these leading search engines:

Google · Yahoo! · Ask.com

LiveSearch

- Search for audio, images, and multimedia formats

Web Search Results for "infant gerd"

Getting results for query: infant GERD

AltaVista: 10 references returned

Webcrawler: 10 references returned

Thunderstone: 8 references returned

Lycos: 1 references returned

Excite: 10 references returned

Infoseek: 10 references returned

Looksmart: 0 references returned

Finished sending hits ...

Web Search Results for "infant gerd"

Metasearch results for "infant GERD" (1 - 20 of 97)

1 | 2 | 3 | 4 | 5 | [Next >](#)

▼ **Refine Your Results**

- "infant GERD"

- + [Disease](#)
- + [Infants and Children](#)
- + [Disorders](#)
- + [Pediatric](#)
- + [Story](#)
- + [TIPS](#)
- + [Health](#)
- + [Asthma](#)
- [Tucker Sling](#)
- [More...](#)

View By Relevance **View By Search Engine**

1. [Shae Lynne Brooke ~ Infant Reflux ~ What is GERD?](#)
Personal story of an **infant** suffering from a severe case of **infant** reflux disease or **GERD**, includes links for information and support on Gastroesophageal ...
<http://www.infantrefluxdisease.com/gerdinfo.htm>
2. [Infant Dyschezia](#)
Introduction **Infant** dyschezia is one of the childhood functional gastrointestinal disorders defined by the Rome Pediatric Working Group.
<http://www.aboutkidsgi.org/InfantDyschezia.html>
3. [Gastroesophageal Reflux in Infants](#)
Multimedia Tutorial about childhood gastroesophageal reflux written for parents and children...
<http://galen.med.virginia.edu/~smb4v/tutorials/reflux/ger.ht...>
4. [Tucker Sling Therapeutic Baby Mattress](#)
By keeping babies in an inclined position, the Tucker Sling safely alleviates some of the more uncomfortable symptoms of **Gerd**. Visit us online for more on **infant Gerd**.
Sponsored by: <http://www.tuckersling.com>
5. [The Tucker Sling](#)
Learn about this safe alternative to medicine for **infant** acid reflux.
Sponsored by: <http://www.tuckersling.com/>
6. [Shae Lynne Brooke ~ Infant Reflux](#)
Within this site you will find out what **infant** reflux is, current treatment options for **infant** reflux disease (**GERD**) , and some wonderful links...
<http://www.infantrefluxdisease.com/>
7. [Infants with GERD](#)
Credit Card Order - Mail Payment. Infants with **GERD**. Most infants occasionally "spit up" or "throw up" after they eat.
<http://www.restright.com/infants.htm>
8. [Gastroesophageal Reflux Disease \(GERD\) / Heartburn - Lucile ...](#)
... death syndrome). Infants and children with **GERD** who vomit frequently may not gain weight and grow normally. Inflammation (esophagitis ...
<http://www.lnch.org/DiseaseHealthInfo/HealthLibrary/digest/n>

Tips and Strategies

- Select one or **two tools** and get to know them well
 - Read the **Help**
 - Try **Advanced Search** options
- Know when **NOT** to search: **10 minute rule**
 - Is it worth your time?
 - Would a phone call to a colleague or librarian be more productive?
 - Is the information you seek likely to be on the web?

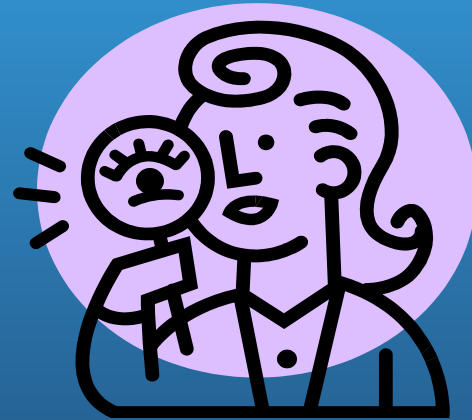
Must Evaluate Web Resources: Evaluation Strategies

- 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

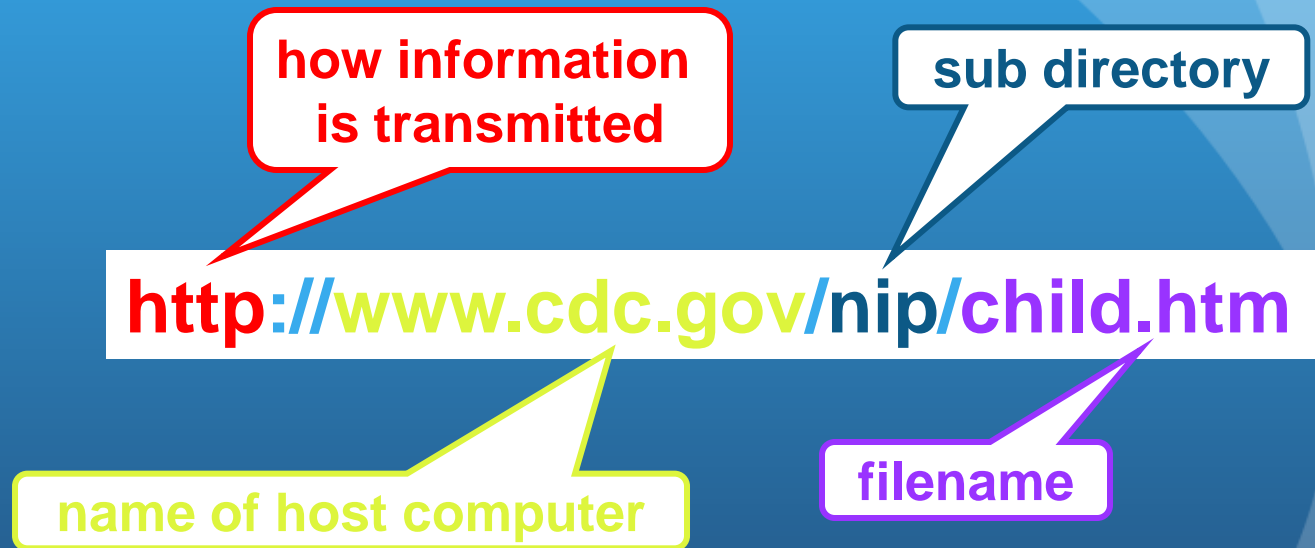
healthlinks.washington.edu/howto/navigating/criteria.pdf

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



Analyze the Website Address: URL (Uniform Resource Locator)

- edu
- org
- com
- gov
- net



Final Thoughts

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

For more information...

- **Affiliated with the UW:** contact the *nursing library liaison*:
Janet G Schnall, MS,AHIP
206.543.7474
schnall@u.washington.edu
- **At HMC,** contact the *KK Sherwood librarian*:
Amy Harper, MLIS
206.604.9876
alharper@u.washington.edu
- Or, contact your institution's librarian



Searching for Evidence on the Web: 5 Steps for Nurse Researchers

PowerPoint presentation located:

healthlinks.washington.edu/hsl/liaisons/schnall/vmmc2009.ppt