Nursing and Allied Health Resources: CINAHL Versions

EBSCO Publishing
Integrated Healthcare Content Solutions from EBSCO Publishing

~Evidence-based Information for Patients and Healthcare Providers~

**Clinical Point-of-Care**
- DynaMed™
- Nursing Reference Center™
- Rehabilitation Reference Center™
- Patient Education Reference Center™
- Toolkit for EHR/EMR Integration
  - GIDEON

**Nursing Resources**
- CINAHL™
- CINAHL™ Plus
- CINAHL™ with Full Text
- CINAHL™ Plus with Full Text
- Nursing Reference Center™

**Marketing & Community Outreach (Patient Information)**
- Health Library™
- Health Library™ Weekly E-Newsletter
- Centers of Excellence

**Social Work**
- SocINDEX™ with Full Text

**Hospital Administration**
- Health Business™ FullTEXT
- Health Business™ Elite

**CME/CEU**
- CINAHL™
- CINAHL™ Plus with Full Text
- DynaMed™
- Nursing Reference Center™

**Research**
- MEDLINE® with Full Text
- CINAHL™ with Full Text
- SPORTDiscus™ with Full Text
- Psychology & Behavioral Sciences Collection™
- SMART Imagebase
- Cochrane Collection Plus

**Rehabilitation & Sports Medicine**
- Rehabilitation Reference Center™
- Rehabilitation & Sports Medicine Source™

**Patient Education**
- Patient Education Reference Center™
- Multilingual Patient Education
中国大陆及港澳台用户(70+ sites)
CINAHL or Nursing Reference Center
## Comparison of CINAHL Versions and NRC

<table>
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<tr>
<th>Differences Between Versions of CINAHL via EBSCOhost</th>
<th>The CINAHL Database</th>
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CINAHL Plus with Full Text

The world’s highest quality research tool for nursing & allied health literature

Total Full-Text Journals 753

* Figures as of March 31, 2009
Full Text for Over 750 Journals Indexed in CINAHL

Examples of publications with no embargo

• AANA Journal
  (American Association of Nurse Anesthetists)
• AAOHN Journal
• American Journal of Critical Care
• American Nurse
• Annual Review of Nursing Research
• AORN Journal
  (Association of Operating Room Nurses)
• Australian Journal of Advanced Nursing
• Australian Nursing Journal
• British Journal of Community Nursing
• British Journal of Midwifery
• British Journal of Nursing (BJN)
• Canadian Nurse
Full Text for Over 750 Journals Indexed in CINAHL

Examples of publications with no embargo

- Canadian Operating Room Nursing Journal
- Clinical Journal of Oncology Nursing
- Creative Nursing
- Critical Care Nurse
- Dermatology Nursing
- Emergency Nurse
- Florida Nurse
- Geriatrics
- International Journal of Palliative Nursing
- Journal of Community Nursing
- Journal of Continuing Education in Nursing
- Journal of Gerontological Nursing
- Journal of Gynecologic Oncology Nursing
Examples of publications with no embargo

- Journal of Nursing Education
- Journal of Nursing Law
- Journal of Nursing Measurement
- Journal of Nursing Research
- Journal of Psychosocial Nursing & Mental Health Services
- Journal of the New York State Nurses Association
- Journal of Trauma Nursing
- MEDSURG Nursing
- Neonatal, Paediatric & Child Health Nursing
- Nephrology Nursing Journal
- Nurse Prescribing
- Nurse Researcher
- Nursing & Residential Care
Full Text for Over 750 Journals Indexed in CINAHL

Examples of publications with no embargo

- Nursing Economic$
- Nursing Management - UK
- Nursing Older People
- Nursing Standard
- Nursing Update
- Oncology Nursing Forum
- Paediatric Nursing
- Pediatric Nursing
- Practice Nurse
- Progress in Cardiovascular Nursing
- Research & Theory for Nursing Practice
- RN
- Texas Nursing
- Urologic Nursing
CINAHL Plus with Full Text offers Superior Backfiles

Indexing, abstracts and PDFs from 1937 to present
CINAHL Plus with Full Text
The definitive research tool for nursing and allied health

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* Figures as of March 31, 2009
Building Scenarios

• Once the methodology is established
• Begin building practice scenarios
SCENARIO
You are a school nurse who regularly visits a number of elementary and middle schools (children aged 5 to 13 years) in your region. It is cold and flu season once again. One of the teachers stops you in the hall to ask you a question about his 10-year-old daughter who also has a cold. He has heard that zinc lozenges can help to relieve cold symptoms and wonders if they really do work and if it is OK to give them to children.

FORMULATE a QUESTION
“Children with colds, are zinc lozenges (锌锭) safe and effective for relief of cold symptoms?”

KEYWORDS:
“zinc” and “cold” and “child”

Borrowed from University of Toronto School of Nursing
SCENARIO
You are a nurse practitioner working in a family practice setting. One of your patients is a 28-year old woman who has been taking oral contraceptives (OCs) for the past 6 years. She telephones you to say that she is growing increasingly anxious about taking OCs because recently she has read in magazines and heard from friends that they may increase the risk of cardiovascular disease. She has never smoked, is in good health, and has no history of cardiovascular disease in her family. She asks to see you to discuss whether she should discontinue taking the OCs and begin using a different birth control method.

FORMULATE a QUESTION
“In women taking oral contraceptives, is there an association between their use and cardiovascular disease?”

KEYWORDS:
“oral contraceptives” and “cardiovascular disease”

Borrowed from University of Toronto School of Nursing
SCENARIO
You are a nurse caring for a 28-year old woman who has just had a D & C (Dilatation and Curettage: 子宫颈扩张刮除术) following a spontaneous miscarriage. She was 10 weeks pregnant and this was her first pregnancy. You want to look for an article to determine whether your patient is at risk of severe or prolonged grief.

FORMULATE a QUESTION
“In healthy women who have recently had a miscarriage, what is the usual grieving process and are any factors associated with longer than normal grieving?”

KEYWORDS:
“Grief” and “Pregnancy”
Search Result for “Grief” and “Pregnancy”
Limited to Full-text

Results for: (grief AND pregnancy) AND Full Text

Find: grief and pregnancy

in: CINAHL Plus with Full Text

(Searching: CINAHL Plus with Full Text)

To store items added to the folder for a future session, Sign In to My EBSCOhost.

All Results: 150 of 66 Page: 1 2 Next

See: All Results Periodicals CEUs

Narrow Results by Subject

Female
Pregnancy
Grief
Perinatal Death-Psychosocial Factors
Support, Psychosocial
Fetus
Parents-Psychosocial Factors
Infant, Newborn

1. **Our first child was incompatible with life: understanding miscarriage as a lived experience.** (includes abstract) Morrissey MV; International Journal of Psychiatric Nursing Research, Jan 2007; 12 (2): 1415-28 (journal article - tables/charts) PMID: 17233965 CINAHL AN: 2009490825

   [Cited References (46)]

   [PDF Full Text]


   [PDF Full Text]

3. **Shrouds of silence; three women’s stories of prenatal loss.** (includes abstract) St. John A; Australian Journal of Advanced Nursing, Mar-May 2006; 23 (3): 8-12 (journal article - research) PMID: 16558873 CINAHL AN: 2009139261

   [Cited References (28)]

   [PDF Full Text]
CITED References help you quickly evaluate the quality of the article using our linking functionality.

**Cited References**

Original Results

To store it

View records related to the article shown above, mark checkboxes and click Related Records.

Related Records

   - PDF Full Text

2. Perinatal periods of risk: analysis of fetal-infant mortality rates in Kansas City, Missouri. Cai J; Hoff GL; Dev Health J, 2005, 9, 199-205. (Article Citation)
   - PDF Full Text

   - PDF Full Text

4. State health agencies and quality improvement in perinatal care. Johnson KA; Little GA; Pediatrics, 1999; 1
   - HTML Full Text PDF Full Text
Same methodology is being used to practice Evidence-Based Medicine (EBM)/Nursing (EBN)

The “5S” Model Pyramid

- Studies
- Syntheses
- Synopses
- Summaries
- Systems

Electronic Health Record Integration (Available with DynaMED)

DynaMED/Nursing Reference Center

Evidence based journal abstracts

Systematic Reviews

Original journal articles MEDLINE/CINAHL

EBN Taught in Nursing Schools

Welcome to Evidence Based Practice Tutorial

See the introduction video by Dr. Schirm.
Read the letter from Dr. Schirm.

There are 4 basic steps in Evidence Based Practice:

- Step 1 - Convert your information need into an answerable question
- Step 2 - Find the best evidence
- Step 3 - Appraise search results for validity and usefulness
- Step 4 - Apply the findings to your clinical practice and evaluate your professional performance

The basic aim of this tutorial is to walk you through these steps in an effort to make the process easier and more understandable for you.

Let’s take an example and work through the process.
You may want to use this worksheet as you proceed through the tutorial.

Scenario:

Infections in hospitals can be spread on the hands of healthcare workers. It takes minutes to follow the hand hygiene policy exactly before entering a room to deliver patient care. On a busy hospital unit where nurses care for many critically ill patients, those minutes add up. Many hospitals have turned to alcohol-based hand rubs to save time and put hand cleaners closer to patients. You are wondering if alcohol-based hand rubs placed inside the patients rooms would increase the incidence of handwashing and decrease nosocomial infection.
CINAHL护理指引
目前收录3,600种循证护理相关文献
2,200+ 照护指南及快速简表(care sheet and lessons)
700+ 法律案例(legal cases)
300+ 研究工具(research instruments)
300+ 继续教育模块(CEU Modules)
Bipolar Disorder in Children and Adolescents

What We Know

- Bipolar disorder (BD) is a chronic psychiatric disorder characterized by recurrent, alternating episodes of depression and mania. Two types exist: BD I, which is characterized by one or more manic or mixed (symptoms of mania and depression) episodes, usually with a major depressive episode; and BD II, which is characterized by one or more major depressive episodes with at least one mild episode of mania. Episodes usually last for 1 week or more, and four or more episodes (rapid cycling) may occur in a year\(^1,2,3\)
- Facts and figures\(^1,2,3,5\)

What We Can Do

- Learn more about BD in children and adolescents, including diagnostic differences between children/adolescents and adults, comorbid disorders, and treatment; share knowledge with colleagues
- When conducting psychiatric assessments in children and adolescents, assess for signs/symptoms of BD, including history of mood changes, sleep disturbances, depression, and family history of BD. Assess for psychosocial stressors, comorbid medical and mental disorders, and **risk for suicide**\(^3\)
- Provide patient with BD with written information on BD, including types, signs/symptoms, prognosis, and treatment
- Educate patient/family on need for medication, medication side effects, and warning signs of relapse
- Educate the patient and family about the pattern and cycle of BD episodes. Encourage patient to establish regular patterns of sleep to help prevent episodes
- Discuss with family the warning signs of suicide and procedures for assistance
- Educate patient on cognitive-behavior therapy (CBT) techniques to change perceptions and behaviors
- Discuss need for follow-up with psychiatrist or clinician to monitor symptoms, medication side effects, and laboratory results\(^3\)
- If possible, provide patient/family with local, state, and national resources, including BD support groups, licensed mental health therapists, psychiatrists, substance abuse treatment centers, Alcoholics/Narcotics Anonymous meetings, disability resources, and vocational rehabilitation
- More information can be obtained from U.S. National Institute of Mental Health at [www.nimh.nih.gov](http://www.nimh.nih.gov) and the U.S. National Alliance for the Mentally Ill at [www.nami.org](http://www.nami.org)
XML format will allow links to full text of referenced sources (when available)
护理的16种Coding Matrix

- M: 已发表的整合分析/统合分析（Published meta-analysis）
- SR: 已发表的系统性/整合性的文献回顾（Published systematic or integrative literature review）
- RCT: 已发表的研究(随机对照实验) [Published research (randomized controlled trial)]
- R: 已发表的研究(非随机对照实验) [Published research (not randomized controlled trial)]
- G: 已发表的指南(Published guidelines)
- RV: 已发表的文献回顾( Published review of the literature)
- RU: 已发表的研究利用报告(Published research utilization report)
- QI: 已发表的品质改善报告( Published quality improvement report)
- L : 有立法(Legislation)
- PGR: 已发表的政府报告(Published government report)
- PFR: 已发表的赞助报告(Published funded report)
- PP: 政策,程序, 协议(Policies, procedures, protocols)
- X: 实践范例,故事,意见(Practice exemplars, stories, opinions)
- GI: 一般讯息及报告(General or background information/texts/reports)
- U: 未发表的研究,文献,墙报论文等 Unpublished research, reviews, poster presentations or other such materials
- CP: 会议论文简介,文摘,简报 (Conference proceedings, abstracts, presentations)
Quick Lesson
Pressure Ulcers: Complications

Description/Etiology
A pressure ulcer (also c structures caused by un Pressure ulcers develop break down overlying t on thin skin), and shear bones with attached m SCI are particularly a (see Quick Lesson about Number: 5000003911).

The most common com exudates. Pain may be after wound debri thing (e.g., tube, dressi stabbing. Surveys have

Wound malodor and ex Wound infection can be treated with broad-spec
  › methicillin-resist pathogen; if colo novobiocin and r
  › Bacteroides spp., Clostridium spp., osteomyelitis -> over a bony pron gery or applicat

Although extremely rare malignant tumor is usu

Facts and Figur
Approximately 60,000 believe that 95% of pre ulcers experience pain occurs in about 3.5 per

Assessment
  › Patient History
    • Assess history of chronic illnesses and nutritional status, both ulcer risk factors
  › Physical Findings of Particular Interest
    • Measure the parameters of wounds (e.g., dimensions, location, color, presence and consistency of exudate, odor, and moisture)
    • Assess intrinsic (e.g., nutritional status, mobility, incontinence, and neurological dysfunction) and extrinsic factors (e.g., skin
    • Assess intrinsic (e.g., nutritional status, mobility, incontinence, and neurological dysfunction) and extrinsic factors (e.g., skin
      hygiene, current medications, and use of support surfaces to prevent pressure ulcers)
  › Laboratory Tests That May Be Ordered
    • Ulcer swab culture may indicate bacterial infection; accurate results are more likely during or just after debridement
    • Blood culture and bone biopsy may be positive, indicating osteomyelitis
    • Tumor biopsy tissue analysis may indicate Marjolin’s ulcer
    • Elevated WBC count or SED rate may be elevated if infection is present
  › Other Diagnostic Tests/Studies
    • Use a pain assessment scale (i.e., McGill Pain Questionnaire, a Visual Analogue Scale, or Faces Rating Scale) to measure
      patient’s experience of pain and need for pain medication
    • CT scan, MRI, and bone scintigraphy will determine the stage of Marjolin’s ulcer
    • X-rays or CT scan may show bone destruction from osteomyelitis

Treatment Goals
  › Treat Pressure Ulcer Complications and Monitor for Treatment Efficacy
    • Assess for pain and other discomfort; administer prescribed oral analgesics for pain, especially prior to debridement
    • Assess ulcer characteristics and photograph; apply topical inflammation inhibitors (e.g., benzoyl peroxide gel, morphine gel, or
    • EMLA Cream [Eutectic Mixture of Local Anesthetics]), as ordered
    • Assess for signs of infection (e.g., exudates [both type and amount], odor, and no evidence of healing 2–4 weeks after debridement)
    • Gise systemic antibiotics and apply topical antibiotics or antimicrobials (e.g., silver-based topical treatments), as ordered
    • Select type of dressing, loosely pack wound space, and change dressing as ordered, depending on ulcer characteristics
    • Suggest referral to wound care specialist if pressure ulcer is resistant to healing, size or drainage increases, or signs of infections develop
  › Treat Malodor and Exudates and Prevent Additional Complications
    • Regularly cleanse the wound with normal saline, dress with a hydrocolloid dressing that keeps wound moist but prevents leak-age, as ordered
    • Request order for whirlpool treatment for those ulcers that contain thick exudate, slough, or necrotic tissue
  › Support Emotional Well-Being and Educate
    • Assess anxiety level and coping ability; educate and encourage discussion about risk factors for pressure ulcers and their development,
    • Aseptic technique, ulcer and ulcer complication prevention strategies (e.g., mobility, exercise, and nutritious diet), treatment
    • Risks and benefits, and individualized prognosis; request clinician referral, if appropriate, to physical therapy for development of
    • An individualized exercise/mobility program to decrease the risk of pressure ulcer complications

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Nursing Reference Center will contain the below core content and will be compatible with CINAHL/MEDLINE Product

Point of Care Drug & Reference Information for Nurses
- Davis’s Drug Guide for Nurses
- Current Drug News and Updates
- Taber’s Cyclopedic Medical Dictionary
- Davis’s Laboratory & Diagnostic Tests with Nursing Implications
- Diseases and Disorders: A Nursing Therapeutics Manual
- AHFS Drug Essentials

Links to full-text journals are available to current CINAHL subscribers.
Taber’s Cyclopedic Medical Dictionary

For more than 65 years, Taber’s has provided students, nurses, and health professionals with the definitions and information they need to provide superior care for their patients.

- Provides 56,000, easy-to-understand definitions – almost 50% more than other health-care dictionaries – so you are sure to find the word you are looking for!
- Includes more than 8,400 new and revised terms and 700 illustrations (more than 500 in full color)
- Written using a unique cyclopedic format that offers much more than just definitions. You’ll find caution statements to help you provide safe health care; disease entries that include symptoms, diagnosis, and treatment; and much more!
The authoritative handbook used by nursing students in clinical courses and by nurses in clinical settings as a quick reference

- Tables showing how all the tests and procedures relate to each body system are included as an appendix.
- Provides an outline of pretest, intratest, and post-test concerns.
- The pretest section includes features such as:
  - Reminders for the nurse regarding social and cultural considerations.
  - Overviews on the interrelationship between various body systems.
Nursing Implications and Procedure Pretest:
Inform the patient that the test is used to evaluate fetal well-being.
Obtain a history of the patient's complaints, including a list of known allergens (especially allergies or sensitivities to latex or anesthetics), and inform the appropriate health care practitioner accordingly.
Obtain a history of the patient's reproductive system, previous pregnancies, and results of previously performed laboratory tests, surgical procedures, and other diagnostic procedures. Include any family history of genetic disorders such as cystic fibrosis, Duchenne's muscular dystrophy, hemophilia, sickle cell disease, Tay-Sachs disease, thalassemia, and trisomy 21. Obtain maternal Rh type. If Rh-negative, check for prior sensitization. A standard RhoGAM dose is indicated after amniocentesis; repeat doses should be considered if repeated amniocentesis is performed. For related laboratory tests, refer to the Reproductive System table.
Note any recent procedures that can interfere with test results.
Record the date of the last menstrual period and determine the pregnancy weeks' gestation and expected delivery date.
The Leading Drug Guide for Nurses

More high alert coverage for patient safety information than any other Drug Guide

- Indicates high alert medications that have a high risk for patient injury and why a drug is high alert and what a nurse can do to ensure patient safety
- How to administer: Dose, Dilution, Rate
- Clinical Precautions
- Which drugs are commonly confused
- How to educate patients for safe medication use in the home
Thank You