施宏明
教育訓練講師
Training Specialist
歡迎您參加
今天的資料庫講習
Nursing Reference Center

The first true point-of-care resource for nurses, from the provider of CINAHL®
大綱

• 什麼是 EBSCO
• 什麼是 NRC
• NRC 的APP
• 上機操作
• Q&A
什麼是EBSCO？

- **1944**
  - EBSCO創立於1944年，目前已有超過40個事業群，除大家所熟知的資料庫與期刊代訂的服務外，還有房地產製造業等。

- **5,700**
  - EBSCO在全球目前已有超過5,700名員工。

- **200**
  - EBSCO是美國富比世(Forbes)雜誌，排名前200大的私人企業。

- **5A1**
  - EBSCO經美國Dun & Bradstreet Financial Strength財務公司評定為財務狀況為5A1等級的公司。

- **2010**
  - EBSCO被美國的Birmingham Business Alliance評定為綠色企業。
2012年全球用戶的日搜尋量超過8千5百萬次

(Google約為10億次)
Nursing Reference Center 簡介

• 相較於研究性的期刊文獻資料庫，NRC提供一簡易單一的檢索方式，讓讀者透過一關鍵字，迅速查詢到不同類型之主題評論資料

• 亦可利用瀏覽的概念，按照字母排列查找各種不同類型之文獻內容與其所屬之主題評論資訊

• 適用於需要於短時間內或定點照護(Point of Care)之護理人員，在最短的時間之內，查詢到可實際應用於臨床上的照護方式。

• 實證護理文獻提供最新的實證等級與資訊，協助護理人員於臨床狀況及問題上做出最好的判斷
Why is Nursing Reference Center Preferred?

It is…

• Truly evidence-based information defined by a transparent process
• Current information, carefully evaluated and synthesized
  – Results in improved patient outcomes
  – References content across a breath of sources (Cochrane’s, CINAHL, MEDLINE databases)
• Accessible where and when nurses need it, (EMR, intranet/portal, nursing station, iPhone/iPad, etc.)
• Offering a breadth of content needed across nursing specialties and needs
• Developed and maintained by the experts at CINAHL (Cumulative Index of Nursing & Allied Health) & integrates with CINAHL, the premier source for nursing literature
• Has been used as a critical resource to aid hospitals in achieving magnet status
• Constantly evolving – we respond to your feedback!
How Nursing Reference Center™ Supports Magnet Certification

The Commission on Magnet created five model components to communicate the importance of Magnet organizations in shaping future changes essential to the continued development of the nursing profession and to quality outcomes in patient care.

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<th>Magnet Requirement</th>
<th>Description</th>
<th>NRC Supports Requirement*</th>
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<tr>
<td>Transformational Leadership</td>
<td>Hospital leadership committed to nursing excellence while fostering new ideas and innovations</td>
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<td>Structural Empowerment</td>
<td>Nursing staff is developed, directed and empowered to accomplish organizational goals and achieve desired outcomes</td>
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<td>Exemplary Professional Practice</td>
<td>Establishment of strong professional nursing practice utilizing the latest available, evidence-based information</td>
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<td>New Knowledge, Innovation, Improvements</td>
<td>Includes new models of care, application of existing evidence, new evidence and visible contributions to the science of nursing</td>
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<td>Empirical Quality Results</td>
<td>Compares nursing and workforce outcomes, patient and consumer outcomes and organizational outcomes to quantitative benchmarks</td>
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* See back cover for examples of how Nursing Reference Center supports the 5 Magnet model components
Use NRC’s Synthesized Evidence to create care plans

David W. Burnett, RN, MSN, Nursing Director, Clinical Information Systems, Harris County Hospital District

describes the entire experience as highly beneficial “because to review literature across thousands of journal titles, evaluate, and synthesize the evidence, and then create care plans would be highly time-consuming; instead, we used Nursing Reference Center’s synthesized evidence, which enabled us to create effective care plans rather quickly!”
EBSCO’s Nursing Reference Center

Content: ★★★★★
Nursing Reference Center is an extraordinarily rich resource for nursing professionals. It is carefully organized to stay consistent with how nurses think and work. NRC delivers a myriad of content with unusual dexterity.

Searchability: ★★★★★
In terms of searchability, form follows function. The fact that NRC is simple to use, available at the point-of-care, and contains such a wide variety of integrated resources makes it a valuable resource for hospitals and healthcare facilities. Basic and advanced search capacities are efficient and effective.
Nursing Reference Center Components

CINAHL Nursing Guide

• Over 7,000 lessons on procedures, diseases and conditions, legal cases and drugs
  – Over 3,000 Quick Lessons & Evidence-based Care Sheets
  – 750+ legal cases
  – 350+ research instruments
  – Over 1,000 CEU Modules
  – Nearly 2,000 Nursing Practice Skills & Competency Checklists
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* Figures as of March 1, 2013
Nursing Reference Center 之資料類型

- Quick Lessons: 快速學習課程
- Evidence Based Care sheets: 實證護理照護清單
- Skills: 護理技能
- Cultural Competencies: 跨文化護理
- Drugs: 藥物資訊
- Patient Education: 衛教資訊 (部份提供繁體中文，須加購)
- Guidelines: 指南
- CE (Continuing Education): 持續教育
- Books: 參考書籍
- Research Instruments: 研究工具 (問卷、量表)
- Legal Cases: 法律案件
- News: 護理新知
Quick Lessons & Evidence-Based Care Sheets – What’s the Difference?

Quick Lessons (快速學習課程)
提供護理人員關於某疾病之相關資訊，包括其描述、症狀、跡象，以及針對此疾病醫師們大多會採取之檢查方式。此外，亦提供護理人員於照顧這些病患時，醫師們往往會進行且需護理人員高度協助之治療方式。

Evidence-Based Care Sheets (實證照護清單)
提供一實證的觀點，以協助使用者了解某一疾病或是症狀的相關資訊與處理方式。每一份實證醫療收集資料皆提供其資料來源之文獻類型與代碼，以使用者協助判斷其於臨床應用上之可應用性。
Deep Vein Thrombosis: Prevention – an Overview

Description/Etiology
Deep vein thrombosis (DVT) is the development of one or more blood clots (i.e., thrombus) in the deep veins of the pelvis or extremities. Usually, a lower extremity is involved, but occasionally DVT can originate in an upper extremity. The thrombus obstructs venous flow, eliciting a local inflammatory response, can lead to damage of valves of the deep veins, or may embolize (i.e., become dislodged and travel through the blood and lodge in the brain, heart, or lungs. DVT can lead to pulmonary embolism (PE), a potentially fatal condition. DVT and PE—manifestations of the same disease process, termed venous thromboembolism—are among the most common causes of preventable death in hospitalized patients. Other potential complications of DVT include post-thrombotic syndrome (PTS), chronic venous insufficiency, venous ulcerations, and phlebitis/cordlike lesions (i.e., swollen, blue, painful leg). For additional information on DVT and PE, see Quick Lesson About... Pulmonary Embolism: An Overview, and the Evidence-Based Care Sheet and Quick Lessons in the series about deep vein thrombosis.

The etiology of DVT is typically multifactorial. Conditions that produce stasis, intrinsic (inner) vessel wall damage, and/or hypercoagulability can lead to the formation of DVT. These conditions include increased age, trauma, surgery, obesity, certain drugs, varicose veins, chronic medical conditions, atrial fibrillation, and inherited and acquired hypercoagulable states (for more information, see Risk Factors, below).

DVT prevention strategies include early ambulation postoperatively, use of graduated compression stockings and/or intermittent pneumatic compression, and prophylactic anti-coagulant therapy with low molecular weight heparins or unfractionated heparins. A filter may be placed in the inferior vena cava if anticoagulation therapy is contraindicated.

Risk Factors
- Obesity, increasing age, and limb pain (i.e., partial paralysis)
- History of abnormal venous conditions, including varicose veins, previous superficial vein thrombosis, previous varicose veins, and previous congenital venous malformations
- Trauma, especially crush injuries or long bone fractures to the pelvis or lower extremities
- Surgery (e.g., more frequently orthopedic, gastrointestinal, or gynecologic) and prolonged (>30 minutes) anesthesia
- Acute medical illness (e.g., acute myocardial infarction), acute infection (e.g., urinary tract infection), cancer (especially of the lung, gastrointestinal, or genitourinary tract), heart failure, inflammatory bowel disease, nephrotic syndrome, or osteomyelitis/vasculitis
- Prolonged bed rest, immobilization, extended immobility during travel (>4 hours), high altitude
- Pregnancy and puerperium (i.e., the 6-week period post partum)
- Intubated and acquired hypercoagulable states (e.g., antiphospholipid antibodies, antiphospholipid syndrome)
- Use of oral contraceptives, hormone replacement therapy (HRT), especially estrogen plus progesterin
- Certain drugs used in the treatment of patients with cancer (e.g., the antineoplastic agents bevacizumab, docetaxel, paclitaxel, and tamoxifen) and the cytotoxic/plant–derived agents cyclophosphamide and carboplatin
- Heparin-induced thrombocytopenia
- Central venous catheter use

Signs and Symptoms/Clinical Presentation
Many cases of DVT are asymptomatic and are only diagnosed after a PE develops. Symptomatic patients may complain of limb pain, tenderness, and edema. They may have warm skin, erythema, and elevated temperature >100.4°F (38°C). A positive “Pitman” sign (i.e., pain on forced dorsiflexion of the foot when the leg is raised) may be present, although this is not a consistent indicator of DVT. The lower extremities may become cyanotic and edematous if the DVT involves the inferior vena cava. Symptoms of pain, tenderness, and edema may develop in the face, neck, and extremities if the DVT involves the superior vena cava. Clinical manifestations of PTS include persistent pain and swelling of the involved limb that worsens by walking or standing.

Assessment
- Patient History
  - Review medical history for risk factors; history of DVT increases the risk of recurrence
- Physical Findings of Particular Interest
  - See Signs and Symptoms/Clinical Presentation, above. (For additional information on assessment, see Quick Lesson About... Deep Vein Thrombosis)

Prevention Goals
- Monitor Patient for Potential Complications and Provide Comfort Measures
  - Monitor vital signs, assess all physiologic systems (especially cutaneous, respiratory, and circulatory), and monitor laboratory/diagnostic study results. Promptly monitor for development of DVT and immediately report abnormalities
  - Provide postoperative care and/or prescribed treatment for any underlying condition that increases risk of developing DVT
  - Assess for fall risk and maintain patient safety (e.g., assist, walk, positioning, and prevention of injury)
  - Apply graduated compression stockings or intermittent pneumatic compression, as ordered for prevention of DVT
  - Reposition patient regularly and ambulate postoperatively as soon as possible. Encourage regular leg movement (e.g., move toes, feet, and knees) to increase venous flow and encourage calf muscle (e.g., rotate and flex feet, bend knees, contract muscles)
  - Reassess need for physical therapy of appropriate, for examination and formulation of an individualized exercise regimen

- Administer Prescribed Medications and Promote Optimum Physiologic Status
  - Administer unfractionated heparin for prophylaxis or as acute anticoagulation therapy if DVT develops, followed by warfarin for maintenance, as prescribed
  - Low molecular weight heparins (e.g., enoxaparin or fondaparinux) in effective prophylaxis or initial acute treatment
  - For patients receiving anticoagulation therapy, use foam swabs or soft-bristled toothbrushes for oral care and, if oxygen is ordered, humidify supplemental oxygen source in order to prevent retefluencing
  - Refer to physical therapy of appropriate, for examination and formulation of an individualized exercise regimen

- Support Emotional Well-Being and Educate
  - Assess patient/family anxiety level and coping ability. Educate and encourage discussion about DVT etiology/risk, potential complications, prevention strategies, treatment risks and benefits, early ambulation/participation in rehabilitation, and individualized prognosis

Food for Thought
- Thigh-length graduated compression stockings may be more effective than below-the-knee graduated compression stockings for prevention of DVT. (CLOTS Trial Collaboration, 2010)
- Although antithrombotic prophylaxis for patients at high risk for VTE has been widely implemented, a recent study revealed that the incidence of DVT in hospitalized patients increased in the United States from 1991 to 2006 (van Staa et al., 2007)

Red Flags
- Closely monitor patients receiving anticoagulation therapy, consult a drug information resource for a complete listing of contraindications, adverse effects, and complications of anticoagulant therapy
- Monitor for various side effects, a rare complication of DVT

What Do I Need to Tell the Patient/Patient’s Family?
- Educate about and emphasize the importance of: changing modifiable risk factors associated with DVT, including oral contraceptive use, HRT, cigarette smoking, sedentary lifestyle, and obesity
- Regular exercise and avoiding prolonged sitting or standing in one position
- Frequent ambulation and flexing bending when traveling longer than 4 hours
- Knowing the signs and symptoms of DVT, as well as the potential for development of PE and its clinical presentation (e.g., sudden onset of dyspnea, tachypnea, and pleuritic chest pain). Educate to seek immediate medical attention for new or worsening signs and symptoms
- Strive to prevent the prescribed anticoagulation regimen, including taking the medication at the same time each day, avoiding smoking, and avoiding trans-fats that may cause bleeding or bruising
- Knowing the effects of anticoagulation therapy, the necessity of monitoring for signs and symptoms of bleeding (e.g., headache, unusual bruising, back pain, joint pain, and swelling), and when to seek medical attention

References
Diabetes Mellitus: Treatment of Older Patients

What We Know

- More than one fifth of the U.S. population aged 60 and older has been diagnosed with diabetes mellitus (DM) by 2050, 147 million people aged 60 and older will have DM worldwide.10

- DM complications tend to be more severe in older adults (> age 60), who are at higher risk than younger patients with DM for peripheral and cardiovascular disease (CVD), stroke, neuropathy, and visual loss.8, 4, 8

- Older patients with DM have increased rates of comorbid conditions that are common in older persons without DM including hypertension, dyslipidemia, and declining functional status.5, 12

- Medical conditions and disease states that are more common among older adults—depression, urinary incontinence, chronic pain, inpatient falls, and cognitive impairment—occur with even greater frequency in older adults with DM.5, 9, 13

- Polypharmacy regimens (i.e., the use of multiple medications for treatment of one or more conditions) are common in older adults with DM who have higher risk for adverse drug effects than younger patients with DM.5, 7, 9

- Many older patients with DM have decreased bone strength in spite of normal bone mineral density, leading to increased risk for fracture as a result of a fall.10

- Health status can change quickly in older adults with DM.10

- Hypoglycemic unawareness (i.e., not recognizing the physical symptoms of abnormally low blood glucose) is more common among older adults with DM than younger adults with DM.5, 12

- Older adults with DM frequently have physical and functional impairments (e.g., gait disturbances, visual deficit, lack of balance) that reduce their capacity to perform activities of daily living (ADLs), and increase the risk for falls.10

- Diagnosis of DM in the older adult population can be complicated by a lack of classic signs and symptoms associated with hyperglycemia (e.g., older adults often experience decompensation, unexplained weight loss, and symptoms associated with hyperglycemia and DM in older adults include confusion, fall risk, incontinence, and ophthalmologic hypoplasia).13

- Although the overall treatment goals for older adults with DM are similar to those for younger individuals with DM to prevent acute metabolic decompensation and decrease morbidity and mortality from long-term complications—the primary goal for many older adults with DM is simply to achieve and maintain good quality of life.10

- Management of DM includes a regimen of diet, weight reduction, and exercise, and, when necessary, oral and subcutaneous insulin therapy. However, aggressive regimens involving strict glycemic control may be unreasonable and even risky for older adults with DM.5, 8, 12

- Older adults with DM are at even higher risk for hypoglycemia than younger patients with DM who achieve strict glycemic control.

- Older adults with DM who have cognitive impairment and failing memory may forget to administer the scheduled insulin or administer additional doses, increasing the risk for hypoglycemia.8, 10

- Older adults with DM may not be able to afford the high cost of an aggressive treatment regimen.10

- Older adults are more susceptible to adverse drug effects and are at high risk for adverse affects from the multiple medications necessary in many aggressive treatment regimens.5, 12

- Sodium-glucose cotransporter 2 (SGLT2) inhibitors are not recommended for older adults with DM due to the risk of hypoglycemia.10

- Metformin may result in lactic acidosis and should be used only in patients with adequate renal function.10

- Thiazolidinediones increase the risk for fracture by decreasing bone density, and may cause fluid retention and worsening heart failure.10

- QOL in older adults with DM may be severely compromised by the strict dietary regulation and frequent self-monitoring of blood glucose (SMBG) that is usual in an aggressive treatment regimen.10

What We Can Do

- Learn about treatment of DM in older patients, share the information with your colleagues.

- Encourage your patients and their caregivers to schedule regular clinical visits for review of physical health status, functional ability (e.g., fine motor skills necessary for SMBG, swallowing ability, ability to acquire and prepare food, ability to self-feed), mental health status, comorbid conditions, health risk factors, medication regimen, DM education, and SMBG and other skill assessments, and for clinician/patient collaboration on updating treatment goals.10

- Identify an achievable method of routine SMBG for your patients with DM can experience an improved level of cognitive function and QOL.10

- Educate your patients and their caregivers that even a small decrease in hyperglycemia levels can reduce anxiety, depression, complications, hospitalizations, risk for death, and medical costs.10

- Encourage discussion of individualized QOL choices and target modifiable risk factors.

- Emphasize the importance of regular screening examinations (e.g., of feet, vision, hearing, dental health, blood pressure, lipid levels, renal function).10

Coding Matrix

- Functional ability (e.g., poor coordination, lack of manual dexterity, impaired vision) may make insulin administration difficult and limit strict adherence to an aggressive treatment regimen.5, 8, 10

- Rehabilitation programs and physical/occupational therapy effectively improve mobility and autonomy, and reduce the functional impairment in older adults with DM.5, 10

- Formulating an individualized DM treatment regimen after a thorough body system assessment in older adults is essential.5, 9, 10

- Reduce DM complication risk and progression

- Control of risk factors for complications of DM is frequently inadequate in older adults; poor treatment adherence usually results in poor glycemic control.4, 8

- In older patients with DM, control of cardiovascular risk factors (e.g., hypertension, obesity, smoking, physical inactivity) has a greater impact on mortality and morbidity than tight glycemic control; however, lifestyle modifications (e.g., exercise regimen) may be particularly difficult for older patients who often suffer from chronic conditions and other limitations that modulate them.5, 7

- Promote adequate DM treatment adherence

- Obtain adequate blood glucose monitoring to evaluate DM treatment success

- Honor patient wishes for QOL10

- Coordinate DM treatment with the treatment goals for comorbid disease conditions, treatment goals, and strategies for DM often conflict with those for comorbid conditions or increase risk for age-related dysfunction.10

- Treatment of hypercholesterolemia to reduce risk for CVD may be so effective that hypercholesterolemia develops, which requires treatment because it increases risk for early death.10

- Treatment of osteoporosis with regular weight-bearing exercise may conflict with treatment for arthritis or with treatment for poorly controlled hyperglycemia because controlling hyperglycemia often causes hyperglycemic episodes during exercise, which increases risk for injury and fracture.10

- Treatment of osteoporosis—assuming good nutrition with increased food sources of calcium for increasing bone strength—may conflict with a prescribed weight loss regimen in older adults with DM.

- Decreased appetite or gastrointestinal dysfunction may interfere with the need for improved nutrition in older patients with DM.

- Polypharmacy treatment and comorbid conditions can increase the risk for depression, falls, cognitive decline, and urinary incontinence.10

References


### Coding Matrix

*References are rated in order of strength:*

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Coding Matrix

• M: 已發表的統合分析
  Published meta-analysis
• SR: 已發表的系統性/整合性的文獻回顧
  Published systematic or integrative literature review
• RCT: 已發表的研究(隨機對照實驗)
  Published research (randomized controlled trial)
• R: 已發表的研究(非隨機對照實驗)
  Published research (not randomized controlled trial)
• G: 已發表的指引
  Published guidelines
• RV: 已發表的文獻回顧
  Published review of the literature
• RU: 已發表的研究利用報告
  Published research utilization report
• QI: 已發表的品質改善報告
  Published quality improvement report
• L: 有立法
  Legislation
• PGR: 已發表的政府報告
  Published government report
• PFR: 已發表的贊助報告
  Published funded report
• PP: 政策、程序、協議
  Policies, procedures, protocols
• X: 實踐範例、故事、意見
  Practice exemplars, stories, opinions
• GI: 一般訊息及報告
  General or background information/texts/reports
• U: 未發表的研究, 文獻, 壁報論文等
  Unpublished research, reviews, poster presentations
• CP: 會議論文簡介,文摘,簡報
  Conference proceedings, abstracts, presentations
Nursing Practice & Skill

Clinical papers detailing the necessary steps to achieve proficiency in a specific nursing task

Skill Competency Checklist

Forms that can be used to mark off each skill, as the competency of the nurse is demonstrated in that particular skill
What is Providing Preoperative Medication to Adults?

- The act of giving medication to an adult patient prior to a surgical procedure
- Medications commonly administered before surgery include:
  - prophylactic antibiotics
  - agents that enhance the effect of general anesthesia
  - antiemetics
  - medications to reduce airway secretions or prevent bradycardia

Why is Preoperative Medication Important?

- Prophylactic medications are administered to prevent complications and enhance the patient's recovery.
- They are designed to reduce the risk of postoperative complications such as infection, cardiac events, and respiratory issues.
- Some preoperative medications may be administered to patients based on their individual needs, such as those with a history of allergies or those undergoing major surgery.

What You Need to Know Before Providing Preoperative Medication to Adults

- Preoperative medication should be administered according to the prescribed protocol and before the surgical procedure.
- The nurse should document the medications administered and the patient's response to each medication.
- The nurse should monitor the patient's vital signs and observe for any adverse reactions to the medications.
- The nurse should provide education to the patient and family regarding the preoperative medications and the importance of following the prescribed protocol.

How to Provide Preoperative Medication to Adults

- Administer the medications according to the prescribed protocol and before the surgical procedure.
- Monitor the patient's vital signs and observe for any adverse reactions to the medications.
- Provide education to the patient and family regarding the preoperative medications and the importance of following the prescribed protocol.

Facts and Figures

- Meta-analyses have demonstrated the superiority of multi-dose versus single-dose antibiotic prophylaxis for patients undergoing surgery for closed fractures resulting from orthopedic trauma.
- Researchers reported that the main reason for the lack of evidence was that patients were often discharged before completing the prescribed number of postoperative doses.
- Single-dose prophylactic antibiotic regimens have been associated with a more effective clinical outcome for this population of patients.
- Preoperative statin therapy, given in combination with postoperative doses of statins, was associated with a decrease in the risk of postoperative complications.
- Melatonin may be a useful medication for adults to take prior to surgery because of its sedative, hypnotic, analgesic, anti-inflammatory, anticoagulant, and antioxidant properties.
- A systematic review of literature evaluating the periparative use of melatonin identified 10 studies on this subject.
- Nine studies revealed significant reductions in levels of preoperative anxiety in adults before premedication with melatonin compared with patients who received placebo. Statistically significant opioid-sparing effects or reductions in pain scores were noted in five studies, while results of three studies provided inconclusive data on these topics.
- Melatonin is an effective anxiolytic when used preoperatively in adults, but its usefulness as an anxiolytic premedication is not fully known.
- An overview of meta-analyses concluded that more randomized, controlled trials are needed to compare melatonin with other premedications, especially regarding its effect on various surgical populations and the optimal dosing regimen.
# Medication, Preoperative: Providing to Adults

## Prerequisite Skills

<table>
<thead>
<tr>
<th>Standard Met/Initials</th>
<th>Competency Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Awareness of the following common reasons for providing preoperative medication:</strong></td>
<td></td>
</tr>
<tr>
<td>- To reduce the patient's risk for postoperative infection</td>
<td></td>
</tr>
<tr>
<td>- To reduce airway secretions</td>
<td></td>
</tr>
<tr>
<td>- To prevent bronchospasm</td>
<td></td>
</tr>
<tr>
<td>- To increase pH and reduce volume of gastric secretions</td>
<td></td>
</tr>
<tr>
<td>- To minimize the risk for aspiration of stomach contents</td>
<td></td>
</tr>
<tr>
<td>- To weaken vagal reflexes</td>
<td></td>
</tr>
<tr>
<td>- To maintain hemodynamic stability</td>
<td></td>
</tr>
<tr>
<td>- To reduce patient anxiety prior to the procedure</td>
<td></td>
</tr>
</tbody>
</table>

| **Aware of medications most often provided before surgery, including:** |  |
| - Prophylactic antibiotics |  |
| - Medications that enhance the effect of or promote the patient's safety during general anesthesia |  |
| - Anxiolytics |  |
| - Sedatives, which are prescribed to promote sleep the night before surgery |  |

| **Knowledge of nursing responsibilities involved in administering preoperative medications, which include the following:** |  |
| - Confirming that all preoperative orders have been carried out prior to surgery |  |
| - Safe and timely administration of all preoperative medications |  |
| - Identification of contraindications to preoperative medication and/or the planned surgery; informing the treating surgeon of these problems, if present |  |
| - Verifying that all documentation is complete prior to sending the patient to the immediate preoperative area |  |

| **Knowledge of the "6 rights" of safe medication practices:** |  |
| - Awareness of measures that will reduce risk for aspiration of stomach contents during surgery or the immediate postoperative recovery period |  |
| - Nothing by mouth for 8–12 hours prior to surgery |  |
| - With few exceptions, preoperative medications must not be given by any route that administers the medication directly into the patient’s stomach within a few hours of the surgery |  |

## Preparation

<table>
<thead>
<tr>
<th><strong>Standard Met/Initials</strong></th>
<th><strong>Competency Areas</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preparation</strong></td>
<td></td>
</tr>
<tr>
<td>- Reviews the facility/unit specific protocol for preoperative medication administration, if one is available</td>
<td></td>
</tr>
<tr>
<td>- Reviews the treating clinician's order(s) pertaining to patient preparation for surgery</td>
<td></td>
</tr>
<tr>
<td>- Notes details of the prescribed medication, including its indications, potential adverse effects, usual dosage, and method of administration</td>
<td></td>
</tr>
<tr>
<td>- Reviews the manufacturer's instructions for all equipment to be used and verifies that the equipment is in good working order</td>
<td></td>
</tr>
<tr>
<td>- Verifies completion of facility informed consent documents</td>
<td></td>
</tr>
<tr>
<td>- Reviews the patient's medical history/medical record for any allergies (e.g., to latex, medications, or other substances); uses alternative materials, as appropriate, and/or notifies the prescribing clinician of the need for an alternative drug if a medication to which the patient is allergic has been ordered</td>
<td></td>
</tr>
</tbody>
</table>

| **Procedure** |  |
| - Performs hand hygiene and dons PPE |  |
| - Identifies the patient according to facility protocol |  |
| - Establishes privacy by closing the door to the patient’s room and/or drawing the curtain surrounding the patient's bed |  |
| - Introduces self to the patient and family member(s), if present; explains clinical role; assesses the coping ability of the patient and family and for knowledge deficits and anxiety regarding preoperative medication administration and/or the scheduled surgical procedure |  |
| - Determines if the patient/family requires special considerations regarding communication (e.g., due to illiteracy, language barriers, or deafness); makes arrangements to meet these needs if they are present |  |
| - Uses professional certified medical interpreters, either in person or via phone, when language barriers exist |  |
| - Explains preoperative medication administration and its purpose; answers any questions and provides emotional support as needed |  |
| - As appropriate, asks family members and other visitors to leave the patient's room in order to promote privacy |  |
| - Assesses the patient's general health status, including his/her pain level using a facility-approved pain assessment tool |  |
| - If the patient will receive surgery as an outpatient, confirms prior administration of any medications prescribed for in-home administration before the patient's arrival at the hospital/surgical facility |  |
| - Confirms that the patient has followed the treating clinician's instructions regarding fluid and food intake (e.g., nothing by mouth for 8–12 hours prior to surgery) |  |
| - Obtains verbal consent prior to any injections or the establishment of I.V. access |  |
| - Positions the patient for privacy, comfort, and accessibility to the anatomical site of medication administration; if the patient is in bed, raises the bed to a height that is optimal for access to patient |  |
| - Observes general aseptic non-touch technique (ANTT), as appropriate (e.g., if establishing I.V. access and/or administering medications via the I.V. route) |  |
| - Administers the preoperative medication |  |
| - Prepares medications to be administered according to the treating clinician's orders and in accordance with facility protocols |  |
| - Observes the "6 rights" of safe medication practices before administering each medication, as follows: |  |
| - Right patient |  |
| - Right medication |  |
| - Right dose |  |
| - Right time |  |
| - Right route |  |
| - Right documentation |  |
| - Administers each medication by the appropriate method at the time ordered, briefly telling the patient the name of each medication and explaining why it is being given |  |
| - Follows facility protocols (e.g., institutes fall precautions) to promote patient safety in the event that he/she experiences dizziness as an adverse effect of the medication(s) |  |
| - Assesses the patient (e.g., vital signs, respiratory status, and neurologic status) at regular intervals for potential side effects of the preoperative medications according to facility protocol |  |
| - Discards used materials according to facility protocol |  |
| - Discards PPE and performs hand hygiene |  |
Nursing Reference Center Components

• Point-of-Care Drug Information for Nurses
  – Davis’s Drug Guide for Nurses
  – AHFS Drug Essentials
  – Current Drug News and Updates

• Unique Reference Books, such as:
  – Taber’s Cyclopedic Medical Dictionary
  – Laboratory & Diagnostic Tests with Nursing Implications
  – Diseases and Disorders: A Nursing Therapeutics Manual

• Links to journals in CINAHL and MEDLINE for subscribing institutions
CINAHL Plus with Full Text
（需視單位是否有訂購）

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

Total Full-Text Journals 768

* Figures as of March 1, 2013
MEDLINE Complete
（需視單位是否有訂購）
The world’s largest full-text companion to MEDLINE

<table>
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<th>Total Active Full-Text Journals</th>
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<tr>
<td>MEDLINE with Full Text</td>
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<tr>
<td>MEDLINE Complete</td>
<td>2,398</td>
<td>2,039</td>
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Updated on April 29, 2013
Additional Books

- AHFS DRUG INFORMATION
- Essentials
- Always at your side... Assess Notes
- A Critical-Thinking Approach to Care Planning
- Concept Mapping
- Comprehensive Handbook of Laboratory and Diagnostic Tests—with Nursing Implications
- Davis’s Drug Guide for Nurses
- Diseases and Disorders
- Fundamental Aspects of Adult Nursing Procedures
- Fundamental Aspects of Nursing
Additional Books
Nursing Reference Center Components

• Patient Education
  – Over 3,200 Health Library documents in English and Spanish with Custom Print

• Health Nursing News:
  – Health Day News with FDA updates and Clinical and Drug Updates Daily
Nursing Reference Center – Patient Education

• Provides the world’s highest quality patient handouts
  – Created by a combined editorial network of hundreds of health experts, editors, researchers, writers and reviewers
  – Evidence-Based
  – Written at a 3rd to 7th Grade reading level
  – Highly graphical with color illustrations
  – 3,200 full-text documents in English and Spanish
  – 15 additional languages available
15 Additional Patient Education Languages

• Most common topics translated into 15 languages:
  – French (Canadian)
  – Chinese (Simplified)
  – Arabic
  – Vietnamese
  – Tagalog (Philippines)
  – Russian
  – Portuguese (Brazilian)
  – Japanese
  – German
  – Hindi
  – Chinese (Traditional)
  – Italian
  – Polish
  – Korean
  – Farsi
Language Availability – View from Result List

Available in:
- Arabic
- Russian
- Italian
- Hindi
- Chinese, Simplified
- Chinese, Traditional
- Polish
- Korean
- Vietnamese
- Japanese
- Tagalog
- Farsi
- Chinese, Traditional
- German
- French (Canadian)
- Portuguese
- Spanish

Patient Education includes:
- Nearly 6,700 evidence-based patient handouts
- Spanish language versions available for most all handouts
- Easy to read content and user friendly formatting
- Thousands of detailed medical illustrations
- Custom Print to allow users to add personalized care notes
- And much more!
Searching for Point-of-Care Information
<p>| ABG: Drawing |
| ABG: Interpreting Results |
| Aboriginal People in North America with Diabetes Mellitus, Type 2: Providing Culturally Competent Care |
| Aboriginal Population, Australia: Providing Culturally Competent Care |
| Aboriginal Population, New Zealand: Providing Culturally Competent Care |
| Aboriginal, Navajo Patients: Providing Culturally Competent Care |
| Abuse, Child: Identifying Suggestive Signs and Symptoms |
| Abuse, Child: Reporting |
| Access Device, Central Venous, Blood Sampling through a |
| Access Device, Intermittent (Saline Lock) |
| Access Devices, Vascular: Assessment to Reduce Risk of Complications |
| Accidental Hypothermia Management |
| Accidental Hypothermia Management: Neonate and Infant |
| Accidental Poisoning: Prevention |
| Accidental Poisoning: Response |
| Activase for Acute Myocardial Infarction |
| Acute Ischemic Stroke, tPA for: Administration |
| Administration of Eye Drops |</p>
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-Methapred</td>
<td>MethylPREDNISolone</td>
</tr>
<tr>
<td>A-Spas S/L</td>
<td>Hyoscyamine</td>
</tr>
<tr>
<td>Abacavir</td>
<td></td>
</tr>
<tr>
<td>Abarelix</td>
<td></td>
</tr>
<tr>
<td>Abatacept</td>
<td></td>
</tr>
<tr>
<td>Abciximab</td>
<td></td>
</tr>
<tr>
<td>Abelcet</td>
<td>Amphotericin B deoxycholate</td>
</tr>
<tr>
<td>Abenol</td>
<td>Acetaminophen</td>
</tr>
<tr>
<td>Abilify</td>
<td>Aripiprazole</td>
</tr>
<tr>
<td>AbobotulinumtoxinA</td>
<td></td>
</tr>
<tr>
<td>Abraxane</td>
<td>Paclitaxel</td>
</tr>
<tr>
<td>Abrova</td>
<td>Docosanol</td>
</tr>
<tr>
<td>Abstral</td>
<td>Fentanyl (sublingual)</td>
</tr>
<tr>
<td>Acamprosate calcium</td>
<td></td>
</tr>
<tr>
<td>Acarbose</td>
<td></td>
</tr>
<tr>
<td>Accolate</td>
<td>Zafirlukast</td>
</tr>
<tr>
<td>Accuneb</td>
<td>Albuterol</td>
</tr>
</tbody>
</table>
What are CINAHL Continuing Education Modules?

Actively practicing nursing professionals are required to continue their education in order to remain licensed. Continuing education (CE) requirements vary by employer and state. Many US states and other countries have no absolute requirement for CE hours, but individual hospitals might have specific requirements for their employees. End-users may wish to check with their licensing or regulatory body as to content requirements.

CINAHL CE modules are interactive educational modules that allow nurses to satisfy CE requirements online. They contain the latest topics on patient care and drug administration. Each CE module consists of course material, an interactive review, and a competency test with a certificate of completion.

Cinahl Information Systems is accredited as a provider of continuing nursing education by the American Nurses Credentialing Centers Commission on Accreditation.

CINAHL Education received International Association for Continuing Education and Training (IACET) accreditation.

Depending on the course, it can take from one to several hours to complete a CE course. A course must be completed in a single session. You cannot save a partially-completed course and return to it at a later time. When a course is completed, CINAHL can automatically send an email to your hospital’s education coordinator. Select from 614 continuing education modules.

Note that any personal information provided for CE modules is protected. It is not used for any other purposes.

New User Enrollment

Pre-register today for free access to all CE modules. Click here for pre-registration.

If you have questions, please visit our FAQ page by click here.

Returning Enrollees

If you are an EBSCOhost user, please click here to pre-register.

E-mail Address [input field]
I forgot my email address. Please help.

Password [input field]
I forgot my password. Please help.

I lost my unlock code. Please help.

Login
醫事人員登錄區說明：

(1)「醫事人員」查詢繼續教育積分，請登入公共衛生資訊入口網(https://this-portal.doh.govtw)查詢。

(2)各醫事人員之帳號（身分證字號）均建置完成，不需進行帳號申請。

(3)原使用衛生資訊通報服務入口網之帳號密碼可繼續使用，或採用預設密碼。

(4)若從未使用無法登入或忘記密碼，請使用公共衛生資訊入口網「一般登入」之「忘記密碼」功能，自Email取得新密碼後重新登入即可。

＊開課單位及審查單位帳號登入有問題，請洽(02)8952-1508或email至dohcs@csc.tradevan.com.tw

＊若醫事人員以個人身分登入有問題，請洽0800-093123
Evidence-Based Information:

"Evidence-based" is a descriptor that is often used to describe health care-related reference resources.

For a clinical reference resource to truly be evidence-based, conclusions must be based on the best available evidence. Conclusions can be based on the best available evidence only if the evidence is consistently and systematically identified, evaluated and selected.

The CINAHL Nursing Guide editorial process adheres to the following strict 7-Step Evidence-Based Methodology and protocol:

1. Systematically identify the evidence
2. Systematically select the best available evidence from that identified
3. Systematically evaluate the selected evidence (critical appraisal)
4. Objectively reflect the relevant findings and quality of the evidence
5. Synthesize multiple evidence reports
6. Derive conclusions and recommendations from the evidence synthesis; obtain peer review
7. Change the conclusions when new evidence alters the best available evidence

Every article considered for inclusion in the CINAHL Nursing Guide is processed using this system, and the system ensures the integrity of the conclusions.

Step 1: Identify the Evidence

• Perform systematic searching

When adding a new CINAHL Nursing Guide topic or critically revising an existing topic, appropriate databases (MEDLINE, CINAHL and others) are searched to identify the best available evidence. In addition, numerous sources are searched for evidence-based reviews (such as Cochrane Database of Systematic Reviews), for guidelines (such as National Guideline Clearinghouse), and more.

• Perform systematic literature surveillance and update schedule

The content is updated as follows:
APP：可離線使用

行動載具中安裝NRC App的使用截圖
NRC iPhone/iPod Touch 應用程式

輸入您的電子郵件地址，將下載應用程式的說明、驗證碼以及連結傳送給自己。

電子郵件目的地

以分號分隔每個電子郵件地址。

傳送 取消 瞭解更多
The Nursing Reference Center iPhone App Gives You Access To:

- NRC content offline
- Clinically organized quick lessons
- Evidence-based care sheets
- Point-of-care drug information
- Nursing Practice & Skills
- Skill Competency Checklists
- Automatically saved 25 most recent searches
Pressure Ulcers: Complications

Description/Etiology

PrUs (also called decubitus ulcers and bedsores) are localized areas of ischemic tissue caused by pressure, shearing, or friction that compromises blood flow. They are a feared complication of long-term care and are caused by a breakdown of soft tissue from compression, usually between a bony prominence and an outside surface. Most PrUs develop in hospitals, with some developing at home in patients confined to bed or a chair. Patients with spinal cord injury (SCI) are particularly at risk for development of PrUs because their mobility and sensory perception are impaired (see Quick Lesson About... Pressure Ulcers, Patients with Spinal Cord Injuries).

The most common complications of PrUs are pain and infection.
Pressure Ulcers: Complications

Description/Etiology
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Table of Contents
1. Description/Etiology
2. Facts and Figures
3. Risk Factors
4. Signs and Symptoms/Clinical Presentation
5. Assessment
6. Treatment Goals
7. Food for Thought
8. What Do I Need to Tell the Patient/Patient’s Family?
9. References
10. Reviewer(s)
Pressure Ulcers: Complications

Description:

Pressure Ulcers: Complications

Do you want to save this item?

Cancel  OK

Notes:

Pressure Ulcers:

Caused by a breakdown of soft tissue from compression, usually between a bony prominence and an outside surface. Most PrUs develop in hospitals, with some developing at home in patients confined to bed or a chair. Patients with spinal cord injury (SCI) are particularly at risk for development of PrUs because their mobility and sensory perception are impaired (see Quick Lesson About...Pressure Ulcers: Patients with Spinal Cord Injuries).
與其他系統整合的範例
Integration with Zynx

For patients with or at risk of ACS, consider educating patients on monitoring signs and symptoms.

An abbreviations list appears below.

Rationale

A randomized controlled trial by Buckley et al (2006) finds that in patients with a history of coronary heart disease, an individualized education and counseling intervention describing acute MI symptoms improves patient knowledge of coronary heart disease and acute MI symptoms, and appropriate response to symptoms at 12 months as compared with usual care. The study also finds no significant between-group difference in patients’ beliefs or attitudes following the intervention.

Abbreviations: ACS, acute coronary syndrome(s). ECG, electrocardiogram/ electrocardiograph/ electrocardiography. ED, emergency department/emergency room. MI, myocardial infarction.

References


Related Information

Acute Myocardial Infarction
Acute Myocardial Infarction in Women
Acute Myocardial Infarction in Older Adults
LMS Integration: Single Document

A link to NRC content can be configured to allow for tracking of content usage in the LMS. When the link is clicked, a new window is opened displaying the document.
LMS Integration: Multiple Content Items

Many content items can be grouped and tracked for usage in the LMS.
Referential Linking
（與EMR介面整合）
A link to Nursing Reference Center can be configured to allow quick access from the EMR tool bar. When the link is clicked, the embedded authentication information is passed via URL and opens a new window to the main page in NRC.
Contextual Searching

EMR integration also provides the ability to access contextually relevant content from within the workflow. In the example below the user right clicks on the item in the problem list to launch a search for Acute Appendicitis in *Nursing Reference Center*. 
Welcome!

Welcome back to our free evidence-based Nursing Reference Center Update. We will periodically send news on the latest evidence in nursing. Please share this with your colleagues, students, practitioners and others who would appreciate awareness of this information.

Nursing Reference Center in Daily Practice

Breastfeeding: Maternal Candidiasis and Infant Thrush

The nurse takes a telephone call from Dara, a 32 year old woman who is experiencing stabbing pain in her right breast while breastfeeding her 7 month old infant. Dara describes white patches on her infant’s tongue. The nurse tells Dara to come to the outpatient clinic to be examined.

Before examining Dara, the nurse consults Nursing Reference Center, searching for breastfeeding and thrush and locates the Quick Lesson, “Breastfeeding: Maternal Candidiasis and Infant Thrush.” The nurse reviews important material about candidiasis and thrush.

The nurse assesses Dara and her infant. After the treating clinician diagnoses the dyad with maternal candidiasis and thrush, the nurse educates Dara to apply the topical antifungal medication to her infant’s tongue after every feeding and to apply topical antifungal medication to her nipple prior to breastfeeding.

In addition, the nurse explains to Dara that she can take ibuprofen to help reduce her breast pain.

After her clinic visit Dara feels confident in her knowledge of how to treat her and her infant’s candidiasis and thrush.

Note: The above referenced Quick Lesson is freely accessible to all readers of the Nursing Reference Center Update.

Quick Overview

Persian Gulf Syndrome

Every nurse has cared for a patient who is irritable or depressed, and has headaches and fatigue. When the patient is a war veteran, the nurse’s index of suspicion should be raised since veterans who served in the Persian Gulf War are at risk for Persian Gulf Syndrome (PGS).

Before assessing a patient who is a veteran of the Persian Gulf War, the nurse must be prepared for possible findings of Persian Gulf Syndrome.
STEP 5 Confirm Your Search Box

Test-drive your search box. Try it out here.

Limit Your Results

- Full Text
- Scholarly (Peer Reviewed) Journals

Create Search Box

Reset form

STEP 6 Copy Your Search Box Code

Copy code to clipboard. Paste this code in your web page.

```html
<!-- EBSCOhost Custom Search Box Begins -->
<script src="http://support.ebscohost.com/eit/scripts/ebscohostsearch.js" type="text/javascript">
</script>
<style type="text/css">
  .choose-db-list{ list-style-type:none;padding:0;margin:10px 0 0 0;font-family:Verdana,Arial,Helvetica,sans-serif;font-size:9pt;width:
  {{selectedInterface().layout.width()}}px; }
  .choose-db-check{ width:20px;float:left;padding-left:5px;padding-top:5px; }
  .choose-db-detail{ margin-left:30px;border-left:solid 1px #E7E7E7;padding:5px 11px 7px 11px;line-height:1.4em; }
  .summary { background-color:#1D5DA7;color:#FFFFFF;border:solid 1px #1D5DA7; }
</style>
```
上機操作
問與答

你為什麼不問問神奇海螺呢？
線上教學資源

中文
• 線上教育訓練平台：
  • [https://ebsco-chinese.webex.com/](https://ebsco-chinese.webex.com/)

英文
• EBSCOhost Support Center：
  • [http://support.epnet.com/](http://support.epnet.com/)

線上滿意度問卷：[goo.gl/aIvBP](https://goo.gl/aIvBP)
Email: eshih@ebscohost.com

謝謝聆聽
Thank You