Nursing Library Orientation

Important Nursing Databases
Important Databases

• CINAHL
• Nursing Reference Center Plus
• PEPID
• MICROMEDEX

These are generally the best databases for Nursing students overall. We will, however, be reviewing different databases during our session together.
There are two ways to access CINAHL: the first way is through the CINAHL link on the web site under “Popular Resources”. The second is through the SON popular resources page.
Notice the box above the search bars called “Suggest Subject Terms” that’s automatically checked. This will search CINAHL’s Subject Headings (one term at a time recommended). If you want to bypass that, uncheck that box, then construct your search in the (multiple) bars below it.
First, notice that "heart attack" has been corrected to “Myocardial Infarction”. Check the box next to the term that best matches what you’re looking for, and a list of subheadings will appear. You can check the boxes next to the ones you want, or not choose any at all. Not choosing any by default will tell the database to search for all of them. When you’re finished making your selections, click the green button that says “Search Database”.
If your research question involves a second term, it's best to search for that separately, then combine them. Clear the search bar and put in “aspirin”.

1. Nurse Treats Himself for Myocardial Infarction Using Telehealth.
   **Subjects:** Telehealth, Nurses as Patients, Myocardial Infarction

2. The effects of prescribing varenicline on two-year health outcomes: an observational cohort study using electronic medical records.
   **Subjects:** Smoking Cessation, Primary Health Care, Varenicline Therapeutic Use; Nicotine Replacement Therapy Utilization; Varenicline Adverse Effects, Health Status Evaluation, Mortality Risk Factors; Pulmonary Disease, Chronic Obstructive Risk Factors, Myocardial Infarction Risk Factors; Hospitalization

Again, follow the same steps as before. Select the subject heading you want, any subheadings, then click “Search Database”.
To combine terms, clear the search box again and this time, click “Search History”. You’ll see the two searches you just performed. Check the boxes next to the searches, then choose “Search with AND”.

2. Study suggests aspirin and minocycline both can benefit patients with bipolar depression.

To the left is the filter sidebar, where you can limit the results to Year, Age, Language, and more. Beneath each article title is the full text availability option. The red “Check TTUHSC” button will search the TTUHSC library holdings for your article, either online or in print. To the right of the title are two icons. The magnifying glass allows you to view the abstract of the article, and the folder allows you to add the article citation to a folder in CINAHL. From there, you can e-mail or export the information you’ve found.
To narrow these results to only articles from peer-reviewed journals, select “Show More” under “Limit To” on the filter bar at the left of the page (directly below the “publication date” sliding scale). A smaller screen of options will appear over the search results. Check the box under “Peer Reviewed” in the right column, then click “Search” in the upper right corner.
1. Review: Adding clopidogrel to ASA reduces CV morbidity but increases bleeding in patients at high risk for CV events.

2. PFA-100-measured aspirin resistance is the predominant risk factor for hospitalized cardiovascular events in aspirin-treated patients: A 5-year cohort study.

3. Myocardial infarction in Kawasaki disease in a nine-month old boy.
1. Core Measure: Acute Myocardial Infarction – Median Time to Primary Percutaneous Coronary Intervention

Mernella H; Pravikoff D. CINAHL Nursing Guide. EBSCO Publishing, 2017 Mar 03 (Evidence-Based Care Sheet)

[HTML Full Text] [PDF Full Text]

2. Core Measure: Acute Myocardial Infarction: Fibrinolytic Therapy -- Received within 30 Minutes of Hospital Arrival

Mernella H; Pravikoff D. CINAHL Nursing Guide. EBSCO Publishing, 2017 Mar 03 (Evidence-Based Care Sheet)

[HTML Full Text] [PDF Full Text]

3. Acute Myocardial Infarction: Medications for Left Ventricular Systolic Dysfunction

Mernella H; Pravikoff D. CINAHL Nursing Guide. EBSCO Publishing, 2017 Feb 24 (Evidence-Based Care Sheet)

[HTML Full Text] [PDF Full Text]

4. Acute Myocardial Infarction: Cardiac Biomarkers

Schub T; Pravikoff D. CINAHL Nursing Guide. EBSCO Publishing, 2018 Mar 02 (Evidence-Based Care Sheet)

[HTML Full Text] [PDF Full Text]

5. Core Measure: Acute Myocardial Infarction: Primary Percutaneous Coronary Intervention -- Received within 90 Minutes of Hospital Arrival

Mernella H; Pravikoff D. CINAHL Nursing Guide. EBSCO Publishing, 2017 Mar 17 (Evidence-Based Care Sheet)

[HTML Full Text] [PDF Full Text]
Core Measure: Acute Myocardial Infarction: Primary Percutaneous Coronary Intervention – Received within 90 Minutes of Hospital Arrival

Evidence-Based Care Sheet

By: Hillary Mennella, DNP, MSN, ANCC-BC
Cinnah Information Systems, Glendale, CA
Edited by: Diane Pravikoff, RN, PhD, FAAN
Cinnah Information Systems, Glendale, CA

What We Know

Introduction

The Joint Commission (TJC) is a national, non-profit organization that accredits and certifies nearly 21,000 health care organizations (e.g., hospitals, ambulatory care centers) and programs in the United States. TJC seeks to continuously improve health care, patient safety, and patient outcomes through performance standards.[12, 13, 14] In 1987, TJC inaugurated performance measures for improved patient outcomes with the Agenda for Change, eventually titled the ORYX® initiative. Through ORYX, hospitals could choose from thousands of performance measures to meet hospital accreditation. This approach led to an inability to compare health care organization data across systems. TJC utilized advisory panels in 1999 to reframe the next phase of ORYX for identification and use of evidence-based and standardized performance measures. Core measures were developed and pilot tested for reliability, validity, and feasibility in 83 hospitals in nine states (California, Connecticut, Georgia, Michigan, Missouri, Rhode Island, Texas, South Carolina, and Virginia).[15] For a discussion of core measures and those specific criteria, as well as changes for 2016, please see the Evidence-Based Care Sheet: Core Measures: an Overview.
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>Published meta-analysis</td>
</tr>
<tr>
<td>SR</td>
<td>Published systematic or integrative literature review</td>
</tr>
<tr>
<td>RCT</td>
<td>Published research (randomized controlled trial)</td>
</tr>
<tr>
<td>R</td>
<td>Published research (not randomized controlled trial)</td>
</tr>
<tr>
<td>C</td>
<td>Case histories, case studies</td>
</tr>
<tr>
<td>G</td>
<td>Published guidelines</td>
</tr>
<tr>
<td>RV</td>
<td>Published review of the literature</td>
</tr>
<tr>
<td>RU</td>
<td>Published research utilization report</td>
</tr>
<tr>
<td>QI</td>
<td>Published quality improvement report</td>
</tr>
<tr>
<td>L</td>
<td>Legislation</td>
</tr>
<tr>
<td>PGR</td>
<td>Published government report</td>
</tr>
<tr>
<td>PFR</td>
<td>Published funded report</td>
</tr>
<tr>
<td>PP</td>
<td>Policies, procedures, protocols</td>
</tr>
<tr>
<td>X</td>
<td>Practice exemplars, stories, opinions</td>
</tr>
<tr>
<td>GI</td>
<td>General or background information/texts/reports</td>
</tr>
<tr>
<td>U</td>
<td>Unpublished research, reviews, poster presentations or other such materials</td>
</tr>
<tr>
<td>CP</td>
<td>Conference proceedings, abstracts, presentation</td>
</tr>
</tbody>
</table>

(n.d.). Acute **myocardial infarction**. Retrieved April 8, 2016, from medicalpubs/disease-management/cardiology/acute-myocardial-infarction (GI)


Welcome back,
Texas Tech University HSC User
Not Texas Tech University HSC User? Click here.

- Pharmacist Pro with AHFS
- Clinical Rotation Companion Platinum Suite
- RN Student Clinical Companion Platinum Suite
- Primary Care Plus Platinum Suite
- Portable Drug Companion Platinum Suite
Here is PEPID’s Nursing page. You’ll notice a variety of options towards the top of the page to explore areas like medical calculators, drug-allergy checker, drug interactions, and more! As an example, let’s see what this database has regarding educating patients on smoking cessation. To look up “smoking cessation”, just type it into the search bar on the upper left of the page.
**Tobacco Abuse: Cessation of Smoking**

**Background**

1. AHCPR recommends tobacco status of every pt treated be assessed and documented
   - Incl likelihood of discussion between pt and MD
   - Incl smoking cessation rates
2. Screening all adults for tobacco use and providing tobacco cessation interventions for those who use it is strongly recommended
3. MD advice
   - Smoking cessation rates incr in response to length & number of counseling sessions (Go to Evidence-Based Inquiry)
   - In one study of smokers, only 51% were spoken to regarding smoking by their MD
4. Methods for smoking cessation
   - Counseling
   - Behavioral approaches
   - Group counseling
   - Alternative methods
   - Nicotine replacement therapy
   - Other drug therapies
   - In all methods, quitting cold turkey on a defined quitting-day is preferred method and shown to be most effective
5. Two critical components to smoking cessation
   - Smokers must have reason for quitting
   - Smokers must have ability (assistance) to quit
   - Majority of smokers have desire to quit but are insufficiently motivated
6. MD/clinician should maximize options available for each pt
   - Provide most intensive Tx that will be accepted by pt
7. Factors predictive of successful cessation attempt (Go to Evidence-Based Inquiry)
   - Sustained release **Bupropion**
   - Higher dosage of **Bupropion**
   - Male sex
   - Longest previous abstinent period of less than 24 hr or longer than 4 wks
   - Fewer cigarettes smoked per day
varenicline
Dosing/Administration

Adult Dosing

Smoking cessation assistance
- Initial, 0.5 mg orally once daily for days 1 through 3, then 0.5 mg twice daily for days 4 through 7, then 1 mg twice daily; duration of treatment is 12 weeks; 12 additional weeks of therapy may increase likelihood of long-term abstinence in patients who successfully stop smoking [1]
- Ask patient to choose a quit date; begin therapy 1 week prior to quit date. Alternatively, patient may begin therapy and set a quit date between days 8 and 35 of the regimen [1].
- Gradual cessation in patients not able or willing to quit abruptly: Begin dosing and reduce smoking by 50% within the first 4 weeks, by an additional 50% in the next 4 weeks with continued reductions reaching complete abstinence by 12 weeks or sooner; continue treatment for an additional 12 weeks (24 weeks total) [1].
- Restart treatment is appropriate for motivated patients who did not successfully stop smoking during prior therapy for reasons other than intolerance of adverse events or patients who relapsed after treatment [1].
Drug Interactions

Type the drug name (brand or generic) in the search field. Select the drug and click the > (Add) button.

Enter search term:

Matching drug names: (4664)
A & D
A & D Jr.
A & D Ointment
A Thru Zinc
A To Z
A&B Otic
A+D
A+D First Aid Ointment
A-200 Pyrine
A-25
A-3 Revised
A-4 Revised
A-B Revised

Drugs to check:

Acetaminophen
Coumadin

Capitalized item with asterisk (*) indicates allergy.

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## Drug Interaction Results

### Drug-DRUG Interactions (1)

<table>
<thead>
<tr>
<th>Drugs</th>
<th>Severity</th>
<th>Documentation</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACETAMINOPHEN – WARFARIN SODIUM</td>
<td>![Moderate]</td>
<td>Excellent</td>
<td>Concurrent use of ACETAMINOPHEN and WARFARIN may result in an increased risk of bleeding.</td>
</tr>
</tbody>
</table>

### Ingredient Duplication (None found)

### Drug-ALLERGY Interactions (None found)

### Drug-FOOD Interactions (14)

<table>
<thead>
<tr>
<th>Drugs</th>
<th>Severity</th>
<th>Documentation</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>WARFARIN SODIUM</td>
<td>![Major]</td>
<td>Good</td>
<td>Concurrent use of WARFARIN and POMEGRANATE may result in increased warfarin plasma concentrations and increased risk of bleeding.</td>
</tr>
<tr>
<td>WARFARIN SODIUM</td>
<td>![Major]</td>
<td>Good</td>
<td>Concurrent use of WARFARIN and CRANBERRY JUICE may result in an increased risk of bleeding.</td>
</tr>
<tr>
<td>ACETAMINOPHEN</td>
<td>![Moderate]</td>
<td>Good</td>
<td>Concurrent use of ACETAMINOPHEN and CABBAGE may result in decreased acetaminophen effectiveness.</td>
</tr>
<tr>
<td>WARFARIN SODIUM</td>
<td>![Moderate]</td>
<td>Good</td>
<td>Concurrent use of WARFARIN and NONI JUICE may result in risk of acquiring warfarin resistance.</td>
</tr>
<tr>
<td>WARFARIN SODIUM</td>
<td>![Moderate]</td>
<td>Good</td>
<td>Concurrent use of WARFARIN and BLACK TEA may result in decreased warfarin effectiveness.</td>
</tr>
<tr>
<td>Image</td>
<td>Imprint</td>
<td>Drug Name</td>
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<tr>
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<td>---------------</td>
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</tr>
<tr>
<td><img src="image1" alt="Image" /></td>
<td>0140</td>
<td>Vitamin D</td>
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<td>Thiacide</td>
<td></td>
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<td>Iobid DM</td>
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<td>122</td>
<td>Loperamide HCl</td>
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<td>136</td>
<td>Vitamin D</td>
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<td>1385</td>
<td>Metoclopramide</td>
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