

Nursing Reference Center™ *Plus*



Agenda



- What is it?
- Editorial Policy
- Users
- Content Summary
- Content Detail
- Features
- Integration Options

What is it?

Nursing Reference Center Plus (NRC Plus), is a web-based nursing reference system designed to provide the latest evidence-based clinical information for nursing practice, education, management, and research at the point of care, including more unique content, such as images & videos

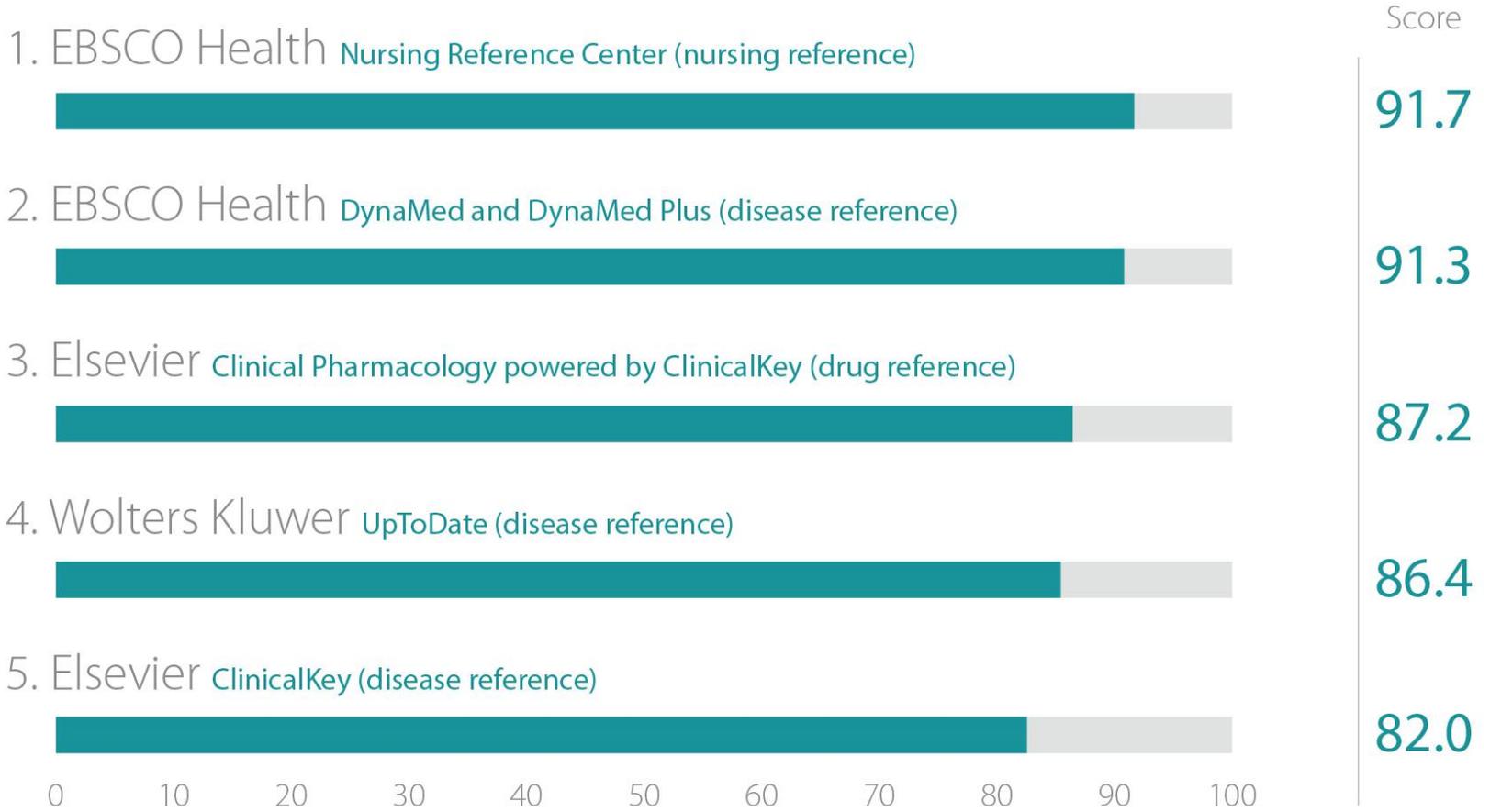
The Report Is In

Nursing Reference Center™
Plus

Nursing Reference Center™ Plus has been named 2018 KLAS Category Leader for Clinical Decision Support – Point of Care Clinical Reference in the 2018 Best in KLAS: Software & Services report.



How do **Clinical Decision Support—Point of Care Clinical Reference** solutions compare?





“Nursing Reference Center Plus is my favorite nursing resource because I feel like there is so much information in there. It is easy to use. I love how it has all of the content from different areas, drug information, patient-education information, and evidence-based practice information. Nursing Reference Center Plus is a very well rounded, comprehensive resource.”

- User Quote: collected by KLAS about EBSCO Nursing Reference Center Plus August 2017. For a complete view visit www.klasresearch.com

Are you familiar with *CINAHL*?

CINAHL stands for:

Cumulative Index to Nursing and Allied Health Literature.

CINAHL databases are...

- The most widely-used and respected research tools for nurses, students and allied health professionals
- Peer-reviewed
- Evidence-based
- Unmatched in coverage with over 3.4 million records

Did you know...

- *Nursing Reference Center Plus* is created by the same world-class team of nurses, allied health professionals and librarians as the *CINAHL* databases
- *Nursing Reference Center Plus* meets the same high standards for evidence-based nursing practice that anyone familiar with *CINAHL* is accustomed to

Nursing Reference Center Plus Evidence-Based Methodology

-  1 **Identify** the Evidence
-  2 **Select** the Best
-  3 **Critically** Appraise
-  4 **Objectively** Report
-  5 **Synthesize** the Evidence
-  6 **Report** Conclusions and Make Recommendations
-  7 **Adjust** Conclusions When New Evidence is Published

Nursing Reference Center Plus Evidence-Based Methodology

Evidence-based is a descriptor that is often used to describe medically-related reference sources.

Unfortunately, it is often used indiscriminately and without merit. For a clinical reference resource to truly be called 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.

Who uses *NRC Plus*?

- Advanced practice nurses
- Ancillary health practitioners
- Clinical risk managers
- Hospital librarians
- Staff nurses
- Nurse educators
- Nurse researchers
- Nursing executives
- Nursing students



What's new in NRC *Plus*?

- Care plans
- Core measures topics
- Images & Videos
- Nursing management topics
- Regulatory topics
- Risk management topics

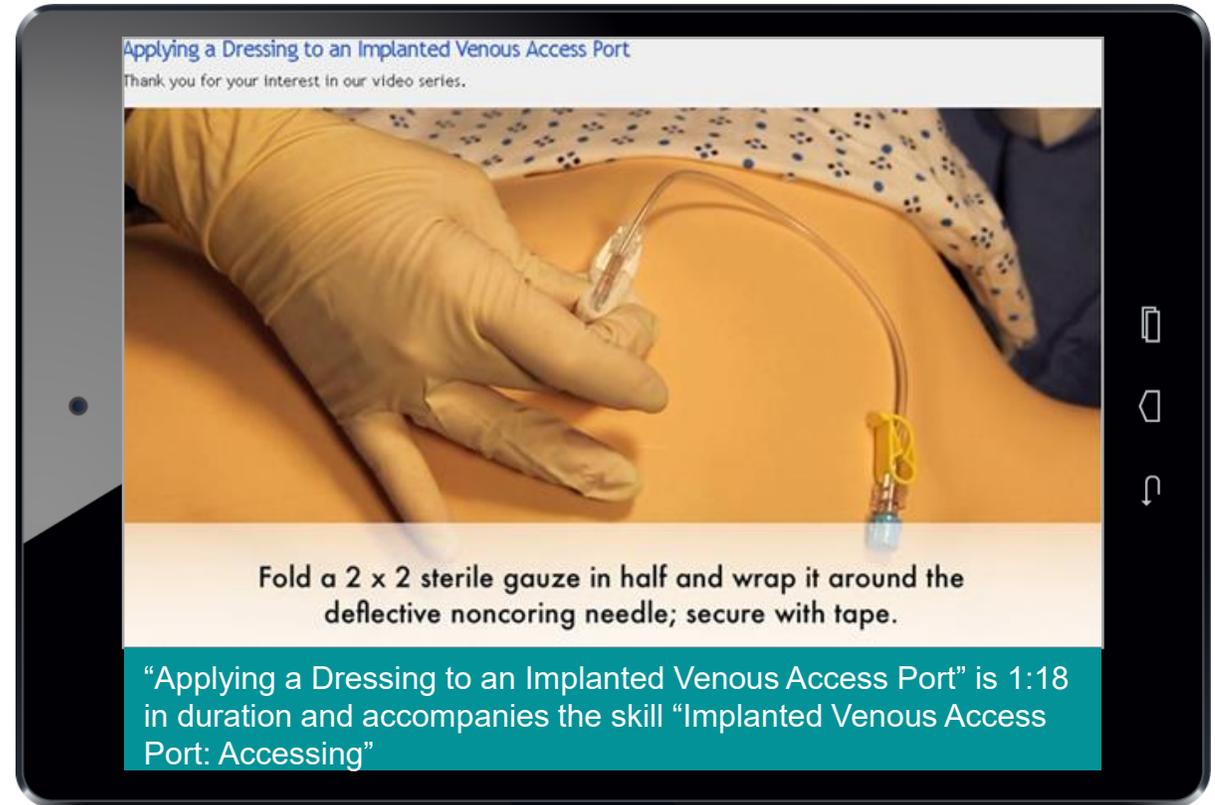


Content Summary

Unique Content	NRC	NRC Plus
Care Plans	0	50
Core Measure Topics	0	50+
Disease Topics	2,100+	2,300+
Leadership & Management CEs	0	220+
Management Topics	120+	380+
Regulatory Topics	0	250+
Risk Management Topics	100+	200+
Skills (w/ competency checklists)	2,300+	2,900+
Images	350+	1,300+
Videos	0	680+
Patient Education Handouts	3,300+	8,300+
Total	8,200+	16,000+

Nursing Videos

- Videos provide overviews of how to perform skills
- Videos are brief: a few minutes per video, maximum



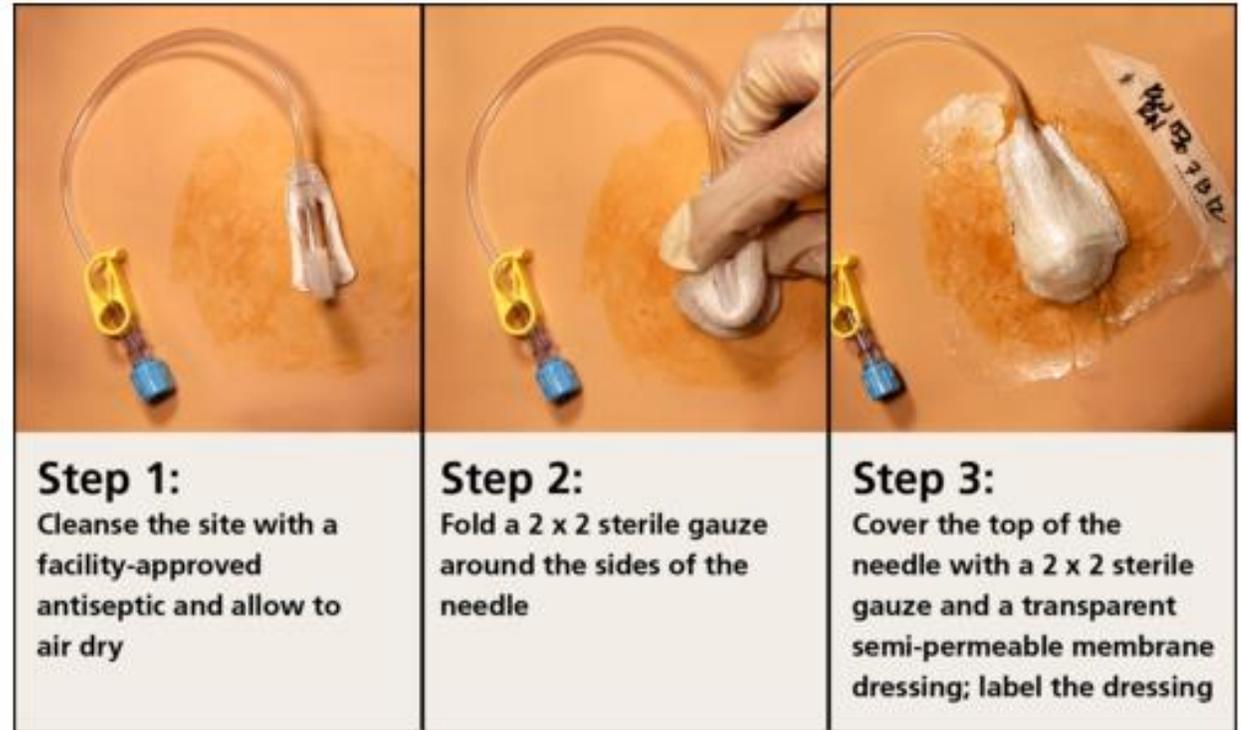
Use Case - Video

- As a nurse, I am treating a patient with lung cancer and I need to use an Ambu-bag to support my patient's ability to breathe
- It has been a long time since I've had to use an Ambu-bag and I'm not sure how often I need to ventilate the bag to enable appropriate breathing
- I have 2 minutes before I have to care for the patient
- I quickly search Ambu-bag and find a video for "Using an Ambu Bag for an Intubated Patient" which indicates "ventilate every 6 to 8 seconds, over 1 second each"
- I now feel more prepared to care for my patient in a moment



Nursing Images

- Nursing images display a particular step within a skill
- Images can be found alone or within skills and one or more images may apply to a single skill topic



Nursing Care Plans

- Focus on problems that can be present across diseases/conditions presented
- Each care plan includes
 - Suggestions for interventions
 - Desired patient outcome
- Examples of problem-based care plans include:
 - Fatigue
 - Impaired Mobility
 - Nutritional Imbalance

CARE PLAN | Nutritional Imbalance

Related to: <i>Check all that apply</i>				
Nonadherence to recommended dietary intake				
Lack of knowledge				
Anorexia				
Depression				
Nausea/vomiting				
Other _____				
Date/Select	Outcome	Select	Interventions	Status: Achieved/ Progressing/Not Met (comment for negative variances)
	Patient will maintain adequate nutrition sufficient to meet metabolic needs		Assess patient's nutritional status and monitor for associated complications like fatigue, depression, paleness, dry mouth, digestion discomfort	
			Monitor glucose and serum albumin levels, and report abnormalities to the treating clinician	
			Refer to Nutritional Consult for thorough nutritional assessment and planning	
			Medicate, as prescribed by the treating clinician, for nausea and vomiting	
	Patient and caregiver will be knowledgeable of importance of maintaining adequate nutritional intake		Instruct patient/caregiver of importance of appropriate diet	
			Evaluate and encourage patient's own food choices and diet plan	



Published by Cinahl Information Systems, a division of EBSCO Information Services. Copyright©2018, Cinahl Information Systems. All rights reserved. No part of this may be reproduced or utilized in any form or by any means, electronic or mechanical, including photocopying, recording, or by any information storage and retrieval system, without permission in writing from the publisher. Cinahl Information Systems accepts no liability for advice or information given herein or errors/omissions in the text. It is merely intended as a general informational overview of the subject for the healthcare professional. Cinahl Information Systems, 1809 Wilson Terrace, Glendale, CA 91206

Core Measures

- Core measures are a nationally recognized standardized performance measurement system that meet certain criteria
- Topics in Nursing Reference Center Plus cover the core measure sets in detail E.g. “Core Measure: Acute Myocardial Infarction”

EVIDENCE-BASED CARE SHEET

Core Measure: Acute Myocardial Infarction – Aspirin at Arrival

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 (U.S.). The Joint Commission seeks to continuously improve health care, patient safety, and patient outcomes through performance standards.⁽⁴⁾

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. Since the measures selected were vastly variable, 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). Core measures are a nationally recognized standardized performance measurement system that must meet the following criteria:⁽⁴⁾ For a discussion of core measures and these specific criteria, as well as changes for 2017, please see the *Evidence-Based Care Sheet ... Core Measures: an Overview*)

–have precisely defined specifications

–can be uniformly embedded in multiple performance measurement systems

–have standardized data collection protocols based on a uniform medical language

–meet established evaluation criteria

–can be implemented in stages within and across accreditation programs

–permit comparisons of organization performance over time

–foster the use of national performance benchmarks

• **Core measure** sets consist of process measures, defined by TJC as “a measure that focuses on one or more steps that lead to a particular outcome”, and outcome measures, defined by TJC as “measures the focus on the result of the performance or nonperformance of a process”⁽⁶⁾

• TJC and the U.S. Centers for Medicare & Medicaid Services (CMS) began working together in 2003 in an effort to align standardized common measures. The resultant measures are called the National Hospital Quality Measures and aim to improve quality of care. The relationship between the two organizations allows for greater ease and less cost in the collection and reporting of data because the measures satisfy requirements of both the CMS and TJC⁽⁸⁾

• Beginning January 1, 2012, TJC integrated performance expectations with emphasis on accountability measures (i.e., evidence-based care that is closely linked to positive patient outcomes as a result of hospital demonstrated improvement with implementation) into accreditation standards. In an effort to improve performance on ORYX core measures of patient care, Joint Commission-accredited hospitals must meet the new performance improvement conditions at an 85% composite compliance target

ICD-9
410.90, E935.3

ICD-10
I21.3

Author

Hilary Mennella, DNP, ANCC-BC
Cinahl Information Systems, Glendale, CA

Reviewers

Jennifer Pilgrim, RN, BSN, MA
Cinahl Information Systems, Glendale, CA

Helle Heering, RN, CRRN
Cinahl Information Systems, Glendale, CA

Nursing Executive Practice Council
Glendale Adventist Medical Center,
Glendale, CA

Editor

Diane Pravikoff, RN, PhD, FAAN
Cinahl Information Systems, Glendale, CA

April 21, 2017



The Acute Myocardial Infarction – Aspirin at Arrival” is just one core measures topic included in *Nursing Reference Center Plus*.

Nursing Management Topics

- Nursing management topics cover the process of planning, organizing, leading and controlling the work of organization members
- They also cover the process of directing, coordinating and influencing the operations of an organization
- Content supports nurses in their efforts to meet organizational goals, including attaining and maintaining accreditations/Magnet status, improving outcomes and decreasing costs

EVIDENCE-BASED CARE SHEET

Accountability in Nursing Practice

What We Know

- › Accountability is often referred to as “the hallmark of professionalism,” but accountability in nursing practice is difficult to define^(1,5,6,8,9,12)
- The Registered Nurses’ Association of Ontario defines accountability as “a person’s answerability for their actions or the ability and willingness to assume responsibility for one’s own actions [and] ... implies that the person or individual will accept the consequences of one’s behavior”⁽²⁾
- According to the American Nurses Association (ANA), “[a]ccountability means to be answerable to oneself and others for one’s own actions. In order to be accountable, nurses act under a code of ethical conduct that is grounded in the moral principles of fidelity, loyalty, veracity, beneficence, and respect for the dignity, worth, and self-determination of patients. Systems and technologies that assist in clinical practice are an adjunct to—not a replacement for—the nurse’s knowledge and skill. Therefore, nurses are accountable for their practice even in instances of system or technology failure. Nurses are accountable for judgments made and actions taken in the course of nursing practice, irrespective of health care organizations’ policies or providers’ directives”^(2,3)
- Alternative definitions for accountability in nursing practice include
 - answerability of the nurse to his or her patients, fellow nurses, and employer⁽¹²⁾
 - the nurse’s authority and autonomy to act in the best interests of the patient, coupled with the capacity to explain and defend his or her actions⁽⁶⁾
- Although the terms “accountability” and “responsibility” are often used interchangeably, they are not synonyms; one way to understand the difference is to recognize that an individual is responsible for something (e.g., administering prescribed medications) and accountable to something (e.g., to uphold the standards of nursing practice)^(1,3)
- Similarly, the concept of accountability is closely related to—but distinct from—autonomy and authority. The authority to make decisions is a prerequisite for autonomy (i.e., independence or freedom of will or actions) and accountability. Nursing departments may be held accountable for activities only if they have autonomy over these activities. Practicing nurses can be held accountable only if they have a certain degree of autonomy over their activities⁽⁹⁾
- The ANA Code of Ethics states that “[i]ndividual registered nurses (RNs) bear primary responsibility for the nursing care their patients receive and are individually accountable for their own practice”⁽²⁾
- › Accountability in nursing practice can be viewed as comprising the following aspects:^(6,8,10,12)
 - *Professional accountability* describes the nurse’s accountability to his or her patients,

This management topic cites research that indicates a positive correlation between job satisfaction and accountability in nurses. Developing accountability in nursing staff supports nursing excellence, specifically as outlined in Magnet “Force 5: Professional Models of Care”

Authors
Tanja Schub, BS
Cinahl Information Systems, Glendale, CA
Nathalie Smith, RN, MSN, CNP
Cinahl Information Systems, Glendale, CA

Reviewers
Eliza Schub, RN, BSN
Cinahl Information Systems, Glendale, CA
Teresa-Lynn Spears, RN, BSN, PHN, AEC
Cinahl Information Systems, Glendale, CA
Nursing Executive Practice Council
Glendale Adventist Medical Center,
Glendale, CA

Diane
Cinahl Information Systems



Use Case: Management Topic

- A nurse manager observes that some staff members may be experiencing burnout
- She wants to have a discussion with other managers about what we can do to reduce/eliminate this.
- Nurse searches “burnout staff” in NRC Plus and finds several documents
- With this information the nurse brings this discussion topic to a forthcoming management meeting

EVIDENCE-BASED CARE SHEET

Burnout in Oncology Nursing Staff

What We Know

- › Burnout is typically described as a syndrome characterized by emotional exhaustion, depersonalization (i.e., a feeling of being disconnected from coworkers), cynicism, reduced perception of personal ability, and reduced personal accomplishment. Burnout is an important health condition that can result from chronic job-related stress (for more information, see *Evidence-Based Care Sheet ... Job Stress and Burnout in Nurses*). Healthcare professionals, including nurses, are among the groups that are most at risk for developing burnout^(1,2,5,8,9,10,11,12)
- Burnout contributes to physical and psychological illness, which can lead to absenteeism and staff turnover, reduce productivity and efficiency, cause compassion fatigue (i.e., a severe malaise that develops as a result of caring for patients who are in pain or are otherwise suffering and that can lead to chronic fatigue, irritability, dread regarding going to work, aggravation of physical ailments, and lack of joy in life), and compromise patient care. Burnout can lead to nurses leaving the profession^(1,5,8,11)
- › Nurses who care for patients in certain specialty areas—including oncology—may be more susceptible to stress and burnout than those who work in other specialty areas^(4,5,8,9,10,11,13)
- Researchers who conducted a study of 243 oncology/hematology nurses in Australia found that over 70% experienced moderate to high levels of emotional exhaustion and over 48% reported uncertainty regarding whether they would remain in the specialty for the next year⁽²⁾
 - The Institute of Medicine and the National Cancer Policy Board predict that there will be an imminent crisis related to a shortage of sufficiently trained nurses to deliver the required care to the growing number of patients with cancer in the United States; this highlights the importance of retaining oncology nurses in the workforce⁽²⁾
- › Factors that may lead to job stress and burnout in oncology nurses include coping with patient death and suffering, managing severe clinical symptoms and complex pathologies in patients who have a poor prognosis, and administering complex and invasive treatment that can diminish patient quality of life. Oncology nurses can feel unable to properly handle events related to death and dying, feel powerless to relieve patient suffering, and experience guilt and anger related to their nursing role^(1,5,11,14)
- Additional factors associated with stress and burnout in nurses include role ambiguity, lack of social support, poor staffing and excessive workload, and weekend and evening hours^(11,13)
 - Authors of a systematic review found that substandard staffing on oncology units was associated with more job dissatisfaction, stress, and burnout, which contributed to turnover in nursing; nurses who had higher qualifications and a higher position, were working full time, and were working in a non-Magnet hospital were more likely to blame substandard staffing as a primary contributor to job dissatisfaction, stress, and burnout⁽¹⁴⁾
 - Researchers in a study of survey data collected from 4,047 nurses who worked in 282 hospitals in 3 different states found that compared with medical-surgical nurses, oncology nurses reported less burnout, a more favorable practice environment

Author
Tanja Schub, BS
Cinahl Information Systems, Glendale, CA

Reviewers
Darlene Strayer, RN, MBA
Cinahl Information Systems, Glendale, CA
Nursing Executive Practice Council
Glendale Adventist Medical Center,
Glendale, CA

Editor
Diane Pravikoff, RN, PhD, FAAN
Cinahl Information Systems, Glendale, CA

July 1, 2016



Published by Cinahl Information Systems, a division of EBSCO Information Services. Copyright©2017, Cinahl Information Systems. All rights reserved. No part of this may be reproduced or utilized in any form or by any means, electronic or mechanical, including photocopying, recording, or by any information storage and retrieval system, without permission in writing from the publisher. Cinahl Information Systems accepts no liability for advice or information given herein or errors/omissions in the text. It is merely intended as a general informational overview of the subject for the healthcare professional. Cinahl Information Systems, 1509 Wilson Terrace, Glendale, CA 91206

Nursing Regulatory Topics

- Content includes detailed explanation of the regulation, possible organizational impact of regulations, strategies to support prevention of occurrence and more
- Topics cover
 - Joint Commission Regulations National
 - Patient Safety Goals
 - Sentinel Events
 - DHS Regulations
 - OSHA Regulations
 - And more.

EVIDENCE-BASED CARE SHEET

Infection Prevention and Control Plan (The Joint Commission, 2015)

What We Know

- › Healthcare-associated infections (HAIs; i.e., infections acquired while a patient is receiving medical care) are an important cause of morbidity and mortality^(1,3,5)
- The incidence of HAIs is increasing due to several factors, including an aging population, the emergence or reemergence of antibiotic resistant microorganisms, and the increasing use of complex therapeutic interventions⁽²⁾
- An estimated 722,000 HAIs occurred in acute care hospitals in the United States in 2011, resulting in about 75,000 deaths. Pneumonia is the most common HAI, affecting 157,500 hospitalized patients in 2011; other common HAIs were gastrointestinal illnesses (123,100), urinary tract infections (93,300), bloodstream infections (71,900), and surgical-site infections (157,500)⁽⁴⁾
 - In the Medicare population in the United States, healthcare-associated bloodstream infections caused by *Staphylococcus aureus* accounted for healthcare costs of more than \$2.5 billion in 2005⁽¹⁾
- Statistics such as these highlight the need for hospitals to develop individualized infection prevention and control plans and have led regulatory and accrediting bodies—including The Joint Commission (TJC)—to develop standards to address this need⁽²⁾
- › TJC is an independent, not-for-profit organization that is responsible for accrediting and certifying more than 20,000 healthcare organizations in the U.S.⁽²⁾
- TJC evaluates healthcare organizations (e.g., ambulatory care facilities, hospitals, critical access hospitals [i.e., rural health facilities with ≤ 25 beds and lengths of stay ≤ 96 hours], home health agencies, long-term care facilities, laboratory services, practitioners' offices that provide office-based surgery) to verify that they consistently provide high-quality, safe, and effective care
 - Healthcare organizations are evaluated according to standards that are developed with input from healthcare clinicians and other professionals, consumers, experts in certain subject matters, focus groups, and governmental agencies
 - TJC standards are based on results of current research findings; new standards that are added must be readily measurable, meet or surpass current healthcare regulations, positively affect health outcomes, and be related to either quality of healthcare or patient safety
- › TJC standards for planning regarding infection prevention and control were formulated to help hospitals develop and maintain effective programs that cover a wide range of situations and lead to improvements in patient safety and quality of care. The standards for infection control and prevention planning, implementation, and follow up are as follows:⁽²⁾
- Planning (Standards IC.01.01.01 through IC.06.01)
 - Responsibility (IC.01.01.01): This standard states that the hospital must identify the individual(s) who are responsible for the infection prevention and control program
 - The responsible person(s) has/have clinical authority over the program

ICD-9
136.9

ICD-10
B99.9, Y95

Authors

Tanja Schuh, BS
Cinahl Information Systems, Glendale, CA
Mary Woten, RN, BSN
Cinahl Information Systems, Glendale, CA

Reviewers

Darlene Strayer, RN, MBA
Cinahl Information Systems, Glendale, CA
Nursing Executive Practice Council
Glendale Adventist Medical Center,
Glendale, CA

Editor

Diane Pravikoff, RN, PhD, FAAN
Cinahl Information Systems, Glendale, CA

November 6, 2015



Nursing regulatory topics include topics like Infection Prevention and Control Plan (The Joint Commission, 2014).

Risk Management Topics

- Information includes strategies on managing risk, evidence and examples of risk management improvement, supporting resources and more
- Topics cover the application of policies, procedures and practices involved in identifying, assessing and controlling risk to an organization

EVIDENCE-BASED CARE SHEET

Falls, Accidental: Incident Reports – Risk Management

What We Know

- › A fall is defined by the World Health Organization (WHO) as “an event that results in a person inadvertently coming to rest on the ground, floor, or other lower level.” An accidental fall is a result of extrinsic or environmental factors.^(1,2,3,6)
- › Falls are the second leading cause of accidental death worldwide and the leading cause of accidental death in older adults. (For more information, see *Evidence-Based Care Sheet: Falls, Accidental: Resulting in Injury*)^(1,2,3,3,7,8)
 - Over 424,000 fatal falls occur annually worldwide
 - Accidental falls are the most frequently reported inpatient adverse events in the adult population
 - Older adults ≥ 65 years of age have the highest rate of fatal accidental falls
 - In the United States, approximately 30% of community dwellers and 50% of patients living in long term residential facilities fall each year
 - Medical attention is required in nearly 20% of falls by persons ≥ 65 years of age, most commonly as a result of hip fractures, lacerations, severe head injuries, joint injuries and dislocations, soft-tissue injuries, and proximal humerus fractures
- › Documentation of accidental falls is extremely important to legally protect the healthcare organization, document quality of care, promote patient safety, and perform root cause analysis (RCA) of risk factors for accidental falls. (For more information, see *Evidence-Based Care Sheet: Root Cause Analysis*)^(1,4,5,6)
- › Incident reports are written, detailed records of unusual or unexpected events that occur during the course of a patient’s treatment. Incident reports are used in a court of law to defend healthcare organizations against legal action. Depending on the state, incident reports generally cannot be subpoenaed by the plaintiff; to be used as evidence to support lawsuits because they are considered confidential information. Incident reports that are inadvertently disclosed to the plaintiff are no longer considered confidential and can be subpoenaed. Incident reports should not be kept in a patient’s chart and reference to an incident report should not be made in the medical record. (For more information, see *Nursing Practice & Skill ...Incident Report: Writing*)^(1,3,8,9)
- › Incident reports can be used to gather data for research and quality assurance analysis, but should not be used as the sole source of data to implement research and improvement processes.^(8,10)
- › Accidental falls in the acute care setting are traditionally viewed as avoidable, adverse events. The perception of being blamed or fear of blame, time constraints, insufficient training for computerized incident reporting systems, limited access to computerized systems, and a lack of definition of an accidental fall contribute to underreporting of accidental falls by staff members.^(3,9)
- › The American Nurses Association created the National Database of Nursing Quality Indicators (NDNQI) to include data comprised of process and outcome indicators for fall rates among hospitals; the data is provided voluntarily by hospitals and can be used as a benchmark for other hospitals of similar type and size. Incident reports in the acute care setting generally use the following criteria established by NDNQI to report fall-related injuries:^(3,9)

ICD-9
E888.9

ICD-10
W19

Author

Hilary Mennella, DNP, MSN, ANCC-BC
Cinahl Information Systems, Glendale, CA

Reviewers

Darlene Strayer, RN, MBA
Cinahl Information Systems, Glendale, CA
Nursing Executive Practice Council
Glendale Adventist Medical Center,
Glendale, CA

Editor

Diane Pravittkoff, RN, PhD, FAAN
Cinahl Information Systems, Glendale, CA

August 1, 2014



Published by Cinahl Information Systems, a division of EBSCO Information Services. Copyright©2014, Cinahl Information Systems. All rights reserved.

Risk management topics include topics like Falls: accidental; Incident Reports; Risk Management

Use Case: Risk Management

- A nurse manager I recognize the hospital is in transition, having been acquired by a hospital system and we are migrating to a different EMR that is already in use.
- She wants to better understand the types of risks that need to mitigate in this process so she can document and help implement plans to mitigate
- The nurse manager searches “EMR safety” in NRC Plus and reviews the topic “Electronic Medical Record and Patient Safety”
- It indicates EMR associated variables that may decrease patient safety
- Nurse manager now discusses these risks with colleagues and they be addressed in the migration plan

EVIDENCE-BASED CARE SHEET

Electronic Medical Record and Patient Safety

What We Know

- › An electronic medical record (EMR) is a digital version of a patient’s medical record that is maintained by a single healthcare organization (e.g., hospital, primary care outpatient practice), used to serially track the progress of the patient’s care and treatment, and intended to increase patient safety⁽¹⁾
- An electronic health record (EHR) is a digital version of a patient’s medical record that includes information from multiple providers and can be accessed by multiple providers in multiple healthcare facilities; an EHR can “move” with the patient from one healthcare provider to another. Although an EMR is not considered to be the same as an EHR, the terms are often used interchangeably^(1,17)
- › An EMR can increase patient safety by^(7,17,19,21)
 - reducing errors in order transcription through use of a computerized patient order entry (CPOE) system
 - reducing medication and other healthcare errors through integration of a clinical decision support system (CDSS) that alerts the clinician regarding
 - potential drug interactions or medication errors
 - laboratory tests that are necessary when certain medications are ordered
 - routine preventive healthcare needs (e.g., immunizations)
 - reducing medication administration errors through the use of an electronic medication administration record (eMAR) system
 - alerting the clinician regarding critical laboratory values and other test results by linking information from different services and departments in the hospital (e.g., laboratory, X-ray)
 - increasing clinician compliance with guidelines for patient care
 - reducing patient length of stay
 - improving communication by embedding a computerized physician sign-out note (CSON) tool into the EMR that automatically imports patient demographics and medical information (e.g., lab values, dietary status)⁽¹³⁾
- › The term e-iatrogenesis refers to the occurrence of patient harm through the use of information technology (IT); variables associated with use of an EMR that can decrease patient safety (i.e., cause e-iatrogenesis) include^(4,6,8,12,16,20,21)
 - patients with matching first and last names who are admitted to the same healthcare facility/organization. This can result in sending laboratory and other reports to the wrong EMR^(4,8)
 - In one healthcare facility that had > 425,000 medical records, 40% of medical records were for one or more patients with the same first and last names and 13% of medical records were for one or more patients with matching first names, last names, and birthdates⁽⁸⁾
 - Accurate patient identification is essential to avoid making EMR-related healthcare errors⁽⁴⁾
 - duplicate EMRs in which one patient has more than one EMR in a single healthcare facility/organization. This can result in laboratory and other reports being missed because they are not sent to the EMR for the patient the treating clinician is accessing⁽⁸⁾

Authors

Mary Woten, RN, BSN
Cinahl Information Systems, Glendale, CA
Bryan Boling, RN, DNP, CCRN-CSC
Cinahl Information Systems, Glendale, CA

Reviewers

Darlene Strayer, RN, MBA
Cinahl Information Systems, Glendale, CA
Obiamaka Oji, DNP, APRN, FNP-BC
Cinahl Information Systems, Glendale, CA
Nursing Executive Practice Council
Glendale Adventist Medical Center,
Glendale, CA

Editor

Diane Pravikoff, RN, PhD, FAAN
Cinahl Information Systems, Glendale, CA

January 5, 2018



Published by Cinahl Information Systems, a division of EBSCO Information Services. Copyright©2018, Cinahl Information Systems. All rights reserved. No part of this may be reproduced or utilized in any form or by any means, electronic or mechanical, including photocopying, recording, or by any information storage and retrieval system, without permission in writing from the publisher. Cinahl Information Systems accepts no liability for advice or information given herein or errors/omissions in the text. It is merely intended as a general informational overview of the subject for the healthcare professional. Cinahl Information Systems, 1509 Wilson Terrace, Glendale, CA 91206

NRC Plus Features



Easy to Use Interface



LMS Integration



EMR Integration



CE Modules



Full Text Nursing Journals Integration



Alerting



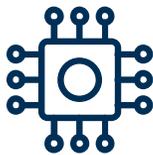
Localized Notes



Full-Text Nursing Journal Integration



Mobile App



Unlimited Access Points



Landing Pages



eBook Integration

All Areas

Diseases

Skills

Drugs

Management

More ▾

Search all content in NRC Plus

Search

[Advanced Search](#)

[Search History](#)

Spotlight

New: [Skills with Videos](#)

New: [Management Topics](#)

New: [CCMC Approved CE Modules](#)

New NRC Plus iPhone and Android Apps:
[Learn More!](#)

Here's the latest nursing newsletter: [Check it Out!](#)

Easy-To-Use Interface

[Search Other Services](#)

Introduce Yourself to Our:

 [Editorial Team & Policies](#)

New to Nursing Reference Center Plus?

 [Take Our Tour](#)

New: [Care Plans](#)

Featured Videos



Procedure

Performing Venipuncture: Inserting and Removing the Needle

All Areas ▾

postpartum depression



Search



Basic Search

Advanced Search

Search History ▶

Refine Results

Current Search ▶

Material Types ▾

- All Results
- Quick Lesson (11)
- Evidence-Based Care Sheets (17)
- Skills (19)
- Cultural Competencies (6)
- Drug Monographs (1)
- Patient Handouts (10)
- CEUs (19)
- Books (11,013)
- Research Instruments (4)
- News (27)
- Journals (12,382)
- Quick Lessons (24)

Result List

Search Results: 1 - 17 of 17

Relevance ▾

Page Options ▾

Share ▾

1. Breastfeeding and Postpartum Depression



Evidence-Based Care Sheet

Cabrera G; Pravikoff D; CINAHL Nursing Guide, EBSCO Publishing, 2015 Jan 09 (Evidence-Based Care Sheet - CEU)
CE Module: [Breastfeeding and Postpartum Depression--CE Module](#)

[HTML Full Text](#) [PDF Full Text](#)

2. Postpartum Depression: Assessment and Screening



Evidence-Based Care Sheet

Schub T; Pravikoff D; CINAHL Nursing Guide, EBSCO Publishing, 2014 Dec 12 (Evidence-Based Care Sheet)

[HTML Full Text](#) [PDF Full Text](#)

3. Postpartum Depression in Fathers



Evidence-Based Care Sheet

Strayer D; Pravikoff D; CINAHL Nursing Guide, EBSCO Publishing, 2015 Jul 17 (Evidence-Based Care Sheet)

[HTML Full Text](#) [PDF Full Text](#)

All Areas administration of medication in adults Search

Basic Search Advanced Search Search History

Result List Refine Search 1 of 4,898

Create Alert

Email me when this topic has been updated.

Your E-mail: *

How often: *

Once a day

Create Alert

Cancel

Title: Administration of Medication in Adults: Intramuscular By: Schub T, Caple C, Pravikoff D, CINAHL Nursing Guide, October 9, 2015

Database: Nursing Reference Center Plus

Administration of Medication in Adults: Intramuscular

Contents

What is Intramuscular

Listen American Accent

Nursing Practice and Skill

Tools

- E-mail Alert
- Add to folder
- Print
- E-mail
- Save
- Export
- Create Note
- Permalink
- Share

- Detailed Record
- HTML Full Text
- PDF Full Text

- Related Information
- Quick Lesson
 - Evidence-Based Care Sheets
 - Skills
 - Drug Monographs
 - Patient Handouts
 - CEUs
 - Legal Issues
 - Books
 - Journals
 - Guidelines

Easy Alerting

All Areas AN T703808 Search

Basic Search Advanced Search Search History

Result List Refine Search 1 of 1

As noted, "DO NOT instill any liquids through the NGT or connect it to suction until correct placement has been confirmed according to facility/unit specific protocol." Please refer to NGT-542B policy from the nursing policy & procedure manual regarding confirmation of correct tube placement, linked from our intranet and also the Nursing Reference Center Plus homepage. Nurse Educator MGE, 08/04/14

Title: Nasogastric Tube: Inserting and Verifying Placement in the Adult Patient By: Walsh K, Schub E, Pravikoff D, CINAHL Nursing Guide, February 6, 2015

Database: Nursing Reference Center Plus

Nasogastric Tube: Inserting and Verifying Placement in the Adult Patient

Contents

Listen American Accent

Nursing Practice and Skill

By: Kathleen Walsh, RN, MSN, CCRN
Cinahl Information Systems, Glendale, CA
Eliza Schub, RN, BSN
Cinahl Information Systems, Glendale, CA
Edited by: Diane Pravikoff, RN, PhD, FAAN
Cinahl Information Systems, Glendale, CA

Link to Skill Competency Checklist

Detailed Record

HTML Full Text

PDF Full Text

Related Information

- Quick Lesson
- Evidence-Based Care Sheets
- Skills
- Drug Monographs

Tools

- E-mail Alert
- Add to folder
- Print
- E-mail
- Save
- Export
- Create Note
- Permalink
- Share

Localized Notes

- Journals
- Guidelines

What is the Desired Outcome of Inserting and Verifying Placement of a Nasogastric Tube in

All Areas

Diseases

Skills

Drugs

Management

More ▾

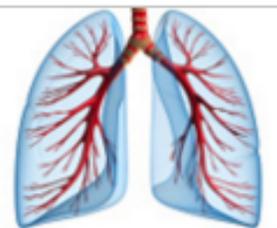
Search[Advanced Search](#)[Search History](#)

Explore Evidence-based Information about Diseases and Conditions

Consult thousands of disease and condition topics that map to the nursing workflow and include the latest evidence known today. Topics focus on disease overviews, risk factors, prevention, diagnosis, comorbidities, prevalence in various populations, complications, treatment strategies, outcomes, and much more. [All Disease Topics](#)

Diseases Landing Page

Most Common Diseases



Chronic Obstructive Pulmonary Disease

COPD is the 4th leading cause of death worldwide and nurses should be aware of effective management of the disease to decrease health care costs. [View Topics](#)



Care Plans

Use these problem-based care plans, including impaired gas exchange and more, to effectively address patient problems and support patients in reaching the desired goals. [View Topics](#)



Heart Diseases

The body of evidence related to heart diseases supports many approaches, including the provision of aspirin on arrival for AMI, as discussed in the core measure. [View Topics](#)

All Areas

Diseases

Skills

Drugs

Management

Continuing Ed

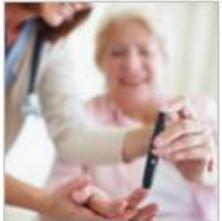
More ▾

Search Skills

Search

[Advanced Search](#)[Search History](#)

Skill Highlights



Teaching the Patient with Diabetes Mellitus, Type 2

Patient education about DM2 will support the patient to have improved healthcare outcomes, including improved glycemic control, which can prevent future complications. [View Topics](#)



Hand Hygiene

Nurses that engage in appropriate hand hygiene will help their patients avoid infection, thus improving outcomes and reducing healthcare costs. [View Topics](#)



Nasogastric Tube Insertion

This suite of skills will assist navigation of this typically "blind" procedure which is very important to administer medication and provide nutrition to the patient. [View Topics](#)

Featured Videos



Procedure
Administering Capsules Through Enteral Feeding Tubes

Critical Skills

1. Administration of Medication in Adults: Intramuscular
2. Arterial Blood Gases: Interpreting Results
3. Chest Tubes: Monitoring, Care, and Dressing Changes
4. Intravenous Therapy: Preventing Complications
5. Nursing Report: Patient Hand-Off
6. Peripherally Inserted Central Catheter (PICC) Care: Performing -- an Overview
7. Tracheostomy Care: Providing

Skills Landing Page

All Areas

Diseases

Skills

Drugs

Management

Continuing Ed

More ▾

[Advanced Search](#)[Search History](#)

Drugs Landing Page

Drug Highlights



Antidepressants

These drugs can be part of a treatment plan for moderate or severe depression.



Antidiabetics

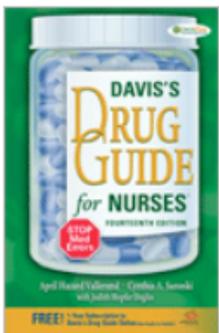
In combination with diet and exercise, antidiabetic agents can also help patients effectively manage their blood glucose level.



Beta Blockers

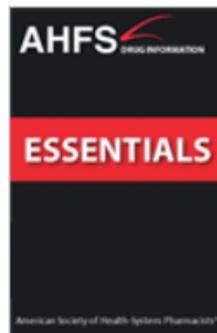
By blocking the sympathetic nervous system of the heart, beta blockers reduce stress on the heart and can be used to hypertension, myocardial infarction, and much more.

Drug Reference Books



Davis's Drug Guide for Nurses

This core reference includes coverage of over 5,000 trade and generic drugs; 50 comprehensive drug classes; IV therapy tips organized by direct IV, intermittent infusion, and continuous infusion; and comprehensive patient/family teaching and home care tips.



AHFS Drug Information Essentials

This comprehensive reference includes over 11,700 drugs plus manufacturers of drug products; separate drug monographs for systemic topical and EENT drug formulations; drug interactions, cautions and toxicity; and extensive dosage and methods of administration.

All Areas

Diseases

Skills

Drugs

Management

Continuing Ed

More ▾

Search

[Advanced Search](#) [Search History](#)

Explore Nursing Management Topics

Management topics focus on nursing leadership in a wide variety of domains, including financial management, governance, decision-making, driving organizational change, fostering employee growth, strategic planning, and much more. [All Management Topics](#)

Essential Leadership and Management Topics



Assessing Clinical Competencies

Check out these assessment topics as food for thought when evaluating a nurse's ability to perform tasks based on clinical skills, knowledge, education, and experience. [View Topic](#)



Developing Leaders & Succession Planning

Nurturing personnel to become leaders in healthcare organizations is vital to enable a reduction in medical errors and the delivery of cost-effective, high-quality care. [View Topic](#)



Clinical Decision Making

Review topics on decision making in nursing and the knowledge that should inform decisions to improve patient outcomes. [View Topic](#)

Management Landing Page

All Areas

Diseases

Skills

Drugs

Management

Continuing Ed

More ▾

Search

[Advanced Search](#) [Search History](#)

Take a Continuing Education Course

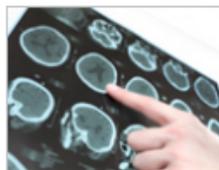
CINAHL Information Systems is accredited as a provider of continuing education by the American Nurses Credentialing Center (ANCC), which promotes the highest standards of nursing practice and quality care. CINAHL Information Systems is also accredited by the International Association for Continuing Education and Training (IACET). Each course consists of course materials, an interactive review, a final test, and a module evaluation. [View all topics](#)

Core Courses



Preventing Medication Errors

Medication errors can occur in any environment where medications are administered. Learn more about preventing errors in medication administration. [View Topic](#)



Ischemic Stroke and Other Stroke Topics

Stay current on the latest evidence related to stroke and other cardiovascular diseases, given their impact on the patient's quality of life and healthcare costs. [View Topic](#)



Pain Assessment and Pain Management

Learn more about assessing and managing patients' pain, whether acute or chronic. [View Topic](#)

Continuing Education Landing Page

CINAHLeducation

Welcome to CINAHLeducation.

The CINAHLeducation program provides nursing, social work, and allied health professionals a convenient way to obtain their certificates of completion for continuing education required by the states in which they practice or the facilities in which they work. These interactive modules allow health professionals to satisfy CE requirements online. Each module consists of course material, an interactive review, a competency test, and a module evaluation. A certificate is awarded upon satisfactory completion of the competency tests. Completion requirements are provided in each module.

If you are a **NEW** user and have not registered before, please [click here to pre-register](#).

If you are a **RETURNING** user, log in using the form below:

Email Address:	<input type="text"/>	I forgot my email address .
Password:	<input type="password"/>	I forgot my password .
<input type="button" value="Login"/>		I lost my activation email .

Continuing education modules are provided free to you with your facility's subscription to one of the EBSCO nursing and allied health products: CINAHL Complete, CINAHL Plus, CINAHLPlus with Full Text, Nursing Reference Center, Nursing Reference Center with Patient Education Reference Center, Nursing Reference Center Plus, Rehabilitation Reference Center, Social Work Reference Center, and Nutrition Reference Center.

If there is a conflict of interest with potential influencing relationships for planners or authors for any continuing education module, a statement disclosing that fact will be displayed for the appropriate continuing education module.

For information about **technical requirements, accreditation, and other important information**, please visit our [FAQ section](#).

All Areas

Diseases

Skills

Drugs

Management

Continuing Ed

More ▾

Search

[Advanced Search](#)[Search History](#)

Explore Evidence-based Patient Education Handouts

These handouts are based on the best available evidence, and include detailed medical illustrations and Spanish-language versions for nearly all handouts. Nurses can custom print handouts for each patient, adding personalized care notes. Patients will find them easy to read and use. [All Patient Education Topics](#)

Top Handouts



Handouts for Diabetes

Handouts to help educate patients, in important areas like lifestyle changes, to better manage this chronic condition. [View Topics](#)



Handouts on Wound Care

Handouts related to wound care, including topics on drain care to prevent infection and promote healing. [View Topics](#)



Heart Disease Handouts

Over 100 handouts related to heart diseases, including topics on management of high blood pressure to improve heart health. [View Topics](#)

Patient Education Landing Page

- All Areas
- Diseases
- Skills
- Drugs
- Management
- Continuing Ed
- More ▾

Search

[Advanced Search](#) [Search History](#)

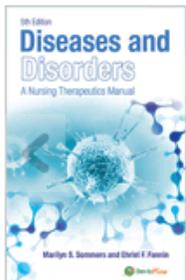


Books

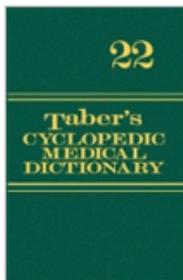
Browse and search through these popular reference resources to access additional quick information in support of clinical questions on lab tests, diseases, drugs, care plans, assessment data, and much more. [All Book Content](#)

Reference Landing Page

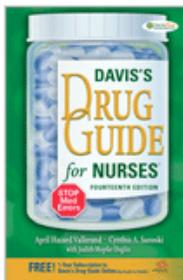
Featured Books



Diseases & Disorders:...



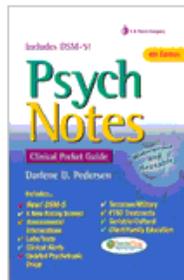
Taber's Cyclopedic...



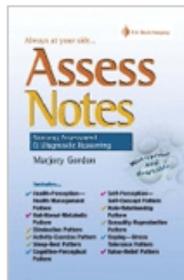
Davis's Drug Guide for...



AHFS Drug Information...



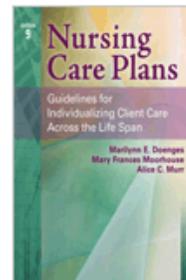
PsychNotes: Clinical...



Assess Notes: Nursing...



Concept Mapping: A...



Nursing Care Plans:...



Books Search ?

[Basic Search](#) [Advanced Search](#) [Search History](#)

Refine Results

Current Search >

Material Types

- All Results
- eBooks (78,573)

Database

- All Databases
- Point-of-Care eBook Collection (78,573)
- Nursing Reference Center Plus (73)

Search Results: 1 - 50 of 78,573

Relevance Page Options Share

1. Triple-Negative Breast Cancer : A Clinician's Guide

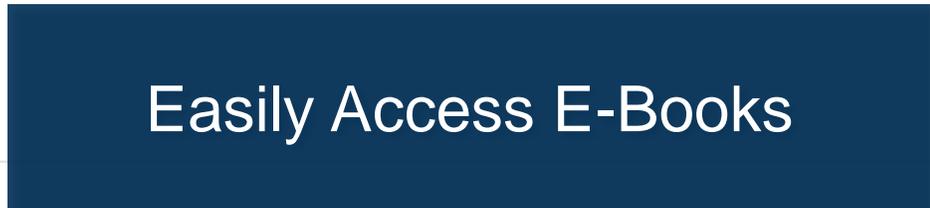


By: Tan, Antoinette R. Cham, Switzerland : Springer. 2018. eBook.

PDF Full Text Download (Offline)

Table of Contents Most Relevant Pages From This eBook

eBook



2. Changing Paradigms in the Management of Breast Cancer



By: Howard-McNatt, Marissa. Cham : Springer. 2018. eBook.

PDF Full Text Download (Offline)

Table of Contents Most Relevant Pages From This eBook

eBook



3. Optimizing Breast Cancer Management



By: Gradishar, William J. Series: Cancer Treatment and Research, volume 173. Cham, Switzerland : Springer. 2018. eBook.

PDF Full Text Download (Offline)

Table of Contents Most Relevant Pages From This eBook

eBook



4. Breast Cancer: Risks, Detection, and Treatment



By: Denton, Michelle. [N.p.] : Greenhaven Publishing LLC. 2018. eBook.

PDF Full Text

Table of Contents Most Relevant Pages From This eBook



eBook Nursing Collection

- Collection features over 350 hand-selected, quality titles focused on the needs of nursing professionals, including:
 - Clinical guides
 - Evidence-based practice manuals
 - Practical handbooks
 - Professional growth titles

All titles are available with unlimited user access, and titles are regularly added to the collection at no additional cost



eBook Nursing Collection

Notable Titles in this Collection

Include:

- Comprehensive Neonatal Nursing Care
- Family Practice Guidelines
- Mastering Simulation: A Nurse's Handbook for Success
- Staff Educator's Guide to Clinical Orientation: Onboarding Solutions for Nurses
- Transforming Interprofessional Partnerships: A New Framework for Nursing and Partnership-based Health Care
- Workplace Mental Health Manual for Nurse Managers

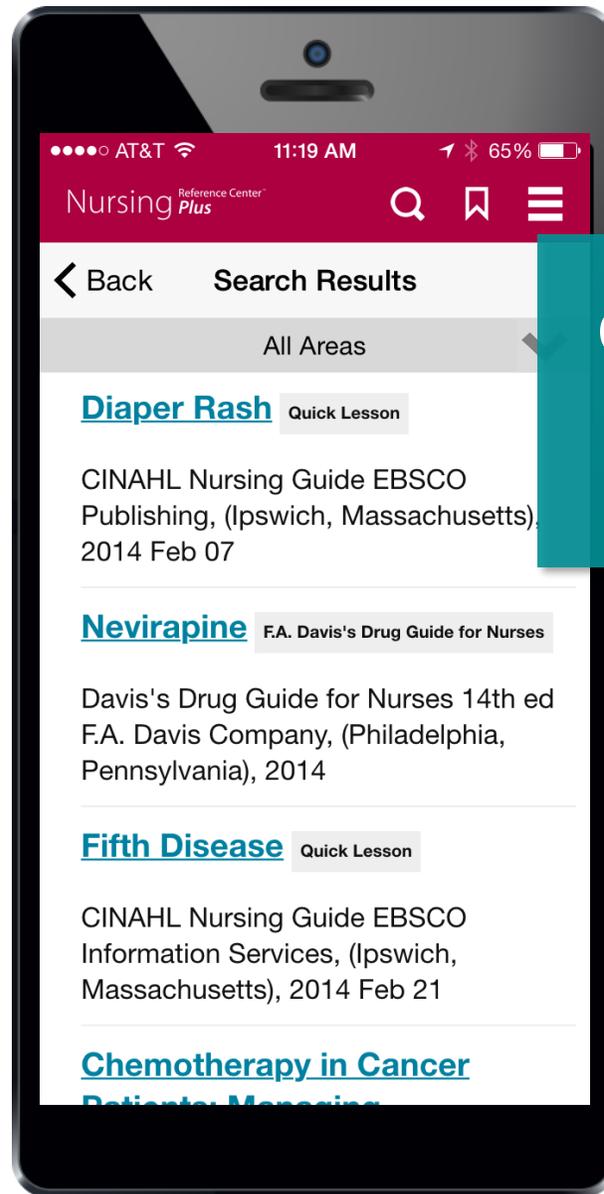
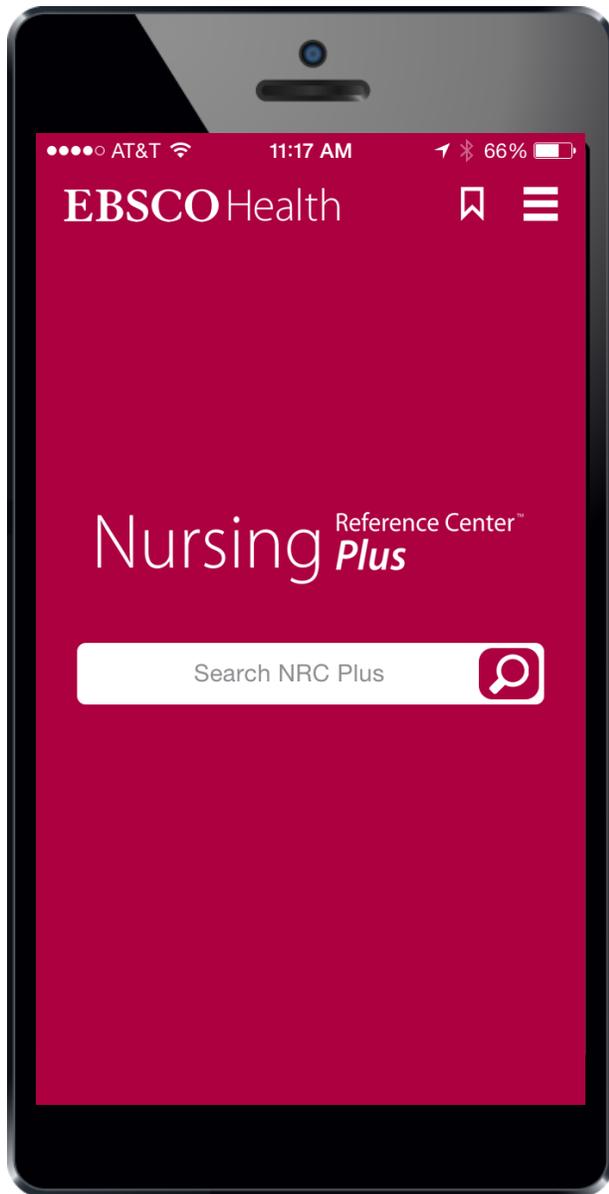
Publishers Highlighted in this Collection

include:

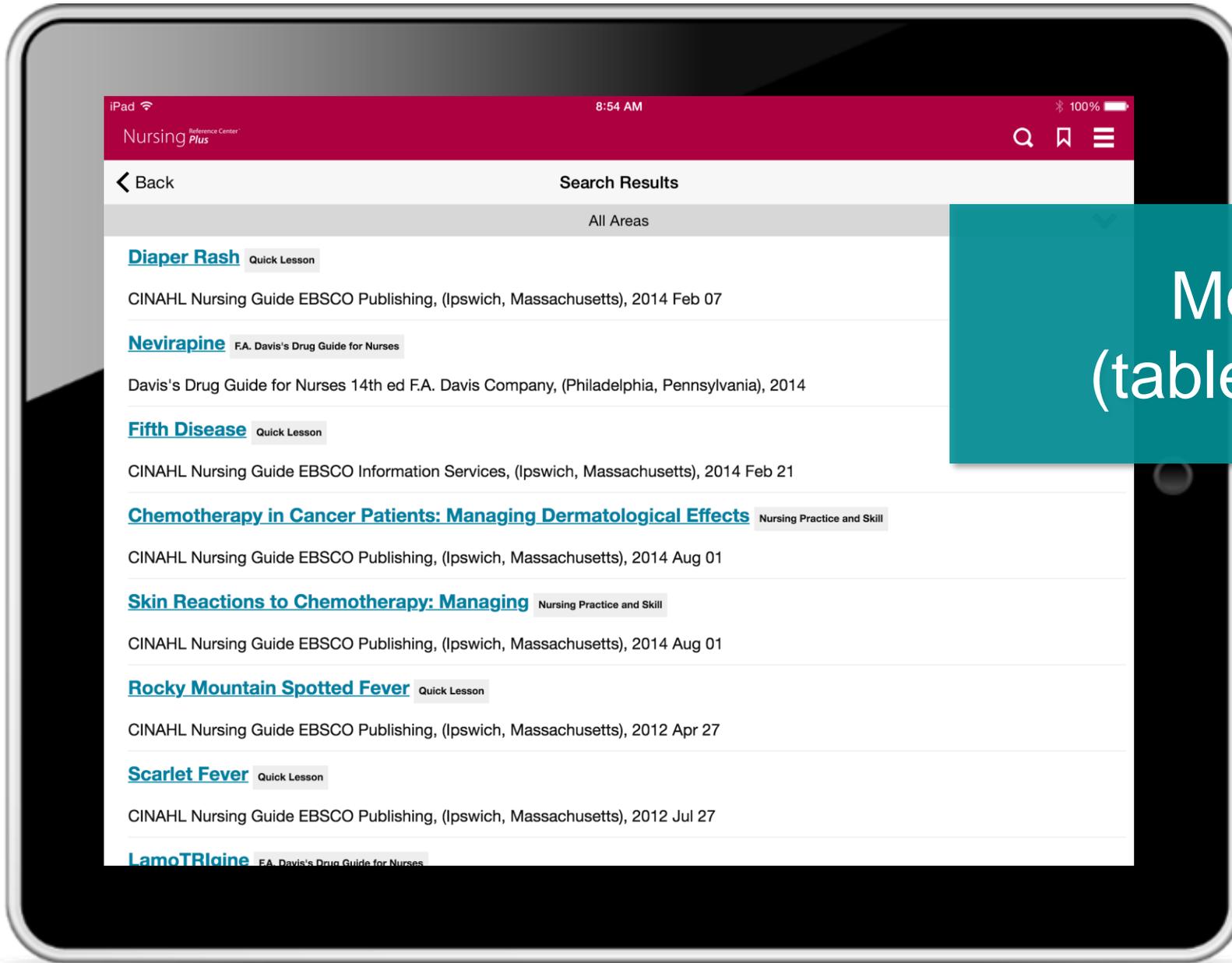
- Thieme Medical Publishing Inc.
- HCPro,
- Open International Publishing Limited
- Oxford University Press
- Sigma Theta Tau International
- Springer Publishing Company
- And more

CINAHL Core eBook Package

- Supports common nursing and allied health specialties, serving as a key resource for all medical professionals
- eBooks were selected with medical institutions in mind, and serve as topical complements to point-of-care resources like *CINAHL* and *Nursing Reference Center*
- Both packages include current authoritative eBooks on:
 - Anesthesia and perioperative care
 - Emergency medicine
 - Pediatric nursing
 - Critical care
 - Rehabilitation
 - Imaging
 - General nursing practice
 - Health care technology
 - And more



Complimentary mobile app gives user access to NRC Plus anywhere they go!



Mobile
(tablet view)

iPad 8:54 AM 100%

Nursing Reference Center Plus

Search Results

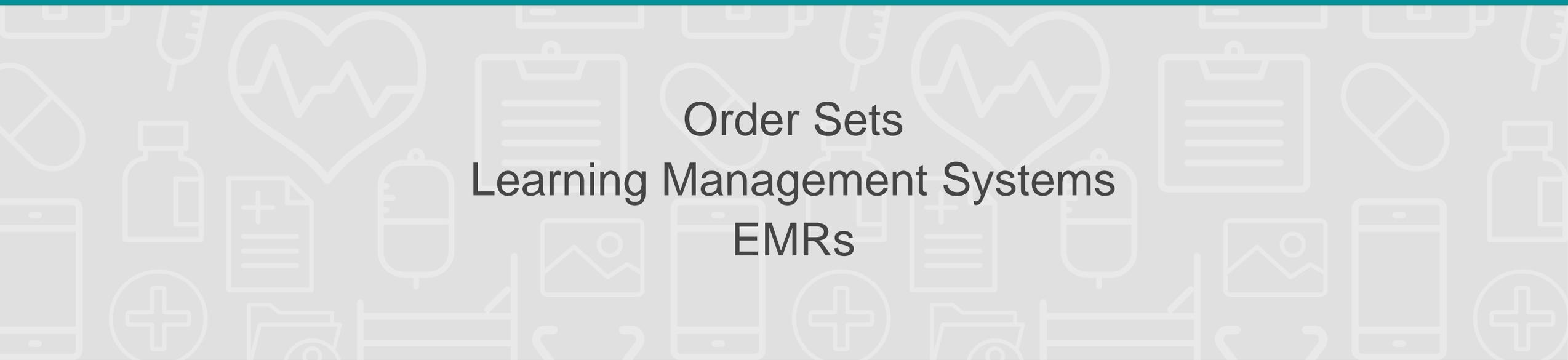
All Areas

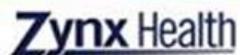
- Diaper Rash** Quick Lesson
CINAHL Nursing Guide EBSCO Publishing, (Ipswich, Massachusetts), 2014 Feb 07
- Nevirapine** F.A. Davis's Drug Guide for Nurses
Davis's Drug Guide for Nurses 14th ed F.A. Davis Company, (Philadelphia, Pennsylvania), 2014
- Fifth Disease** Quick Lesson
CINAHL Nursing Guide EBSCO Information Services, (Ipswich, Massachusetts), 2014 Feb 21
- Chemotherapy in Cancer Patients: Managing Dermatological Effects** Nursing Practice and Skill
CINAHL Nursing Guide EBSCO Publishing, (Ipswich, Massachusetts), 2014 Aug 01
- Skin Reactions to Chemotherapy: Managing** Nursing Practice and Skill
CINAHL Nursing Guide EBSCO Publishing, (Ipswich, Massachusetts), 2014 Aug 01
- Rocky Mountain Spotted Fever** Quick Lesson
CINAHL Nursing Guide EBSCO Publishing, (Ipswich, Massachusetts), 2012 Apr 27
- Scarlet Fever** Quick Lesson
CINAHL Nursing Guide EBSCO Publishing, (Ipswich, Massachusetts), 2012 Jul 27
- Lamotrigine** F.A. Davis's Drug Guide for Nurses



Integration Options

Order Sets
Learning Management Systems
EMRs





Reminder

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

Sort by: Year then by: Class Go Reset

1. Smith J, Liles C. Information needs before hospital discharge of myocardial infarction patients: a comparative, descriptive study. *J Clin Nurs.* 2007;16:662-671.
Class of Evidence: C PubMed
2. Buckley T, McKinley S, Gallagher R, Dracup K, Moser DK, Aitken LM. The effect of education and counselling on knowledge, attitudes and beliefs about responses to acute myocardial infarction symptoms. *Eur J Cardiovasc Nurs.* 2006;6:105-11.
Class of Evidence: A PubMed
3. Soiza RL, Leslie SJ, Harrild K, Peden NR, Hargreaves AD. Age-dependent differences in presentation, risk factor profile, and outcome of suspected acute coronary syndrome. *J Am Geriatr Soc.* 2005;53:1961-1965.
Class of Evidence: B CINAHL . PubMed
4. DeVon HA, Zerwic JJ. Differences in the symptoms associated with unstable angina and myocardial infarction. *Prog Cardiovasc Nurs.* 2004;19:6-11.
Class of Evidence: C CINAHL . PubMed
5. Milner KA, Funk M, Richards S, Vaccarino V, Krumholz HM. Symptom predictors of acute coronary syndromes in younger and older patients. *Nurs Res.* 2001;50:233-241.
Class of Evidence: C CINAHL . PubMed
6. Goldberg R, Goff D, Cooper L, Luepker R, Zapka J, Bittner V, et al. Age and sex differences in presentation of symptoms among patients with acute coronary disease: the REACT Trial. Rapid Early Action for Coronary Treatment. *Coron Artery Dis.* 2000;11:399-407.
Class of Evidence: C CINAHL . PubMed

Related Information

-  **NURSING REFERENCE CENTER**
powered by EBSCOhost [Acute Myocardial Infarction](#)
-  **NURSING REFERENCE CENTER**
powered by EBSCOhost [Acute Myocardial Infarction in Women](#)
-  **NURSING REFERENCE CENTER**
powered by EBSCOhost [Acute Myocardial Infarction in Older Adults](#)

Integration with Zynx



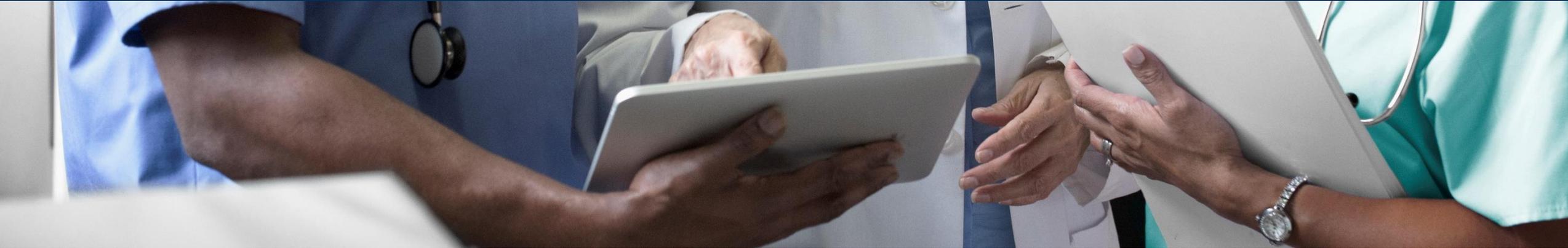
EBSCO Health is a preferred partner of



What does this mean?

All of the skills and procedures, decision support and CE content from *Nursing Reference Center Plus* seamlessly integrate with HealthStream's Learning Center allowing for our valuable content to smoothly fit into the workflow of nurses competency learning and testing.

EBSCO Health is a preferred partner of HealthStream



Clinical Skills Center™

A Product of EBSCO Health

Improve Nursing Skills and promote evidence-based nursing practice.

Clinical Decision Support™

A Product of EBSCO Health

Optimize patient outcomes with evidence-based, clinical decision support at the point of care

Continuing Education

NRC Plus CEs will be included in HealthStream's CE Center product



EBSCO - Feeding Tube Irrigation

COURSE

STATUS: Not Yet Started EST. TIME: 25m

Learning Activities Overview

Learning Activities *in this Course*

Skill - Feeding Tube Irrigation

COURSE ATTACHMENT STATUS: Not Yet Started

Exam

TEST STATUS: Not Yet Started

Checklist - Feeding Tube Irrigation

COURSE ATTACHMENT STATUS: Not Yet Started

Description

This is where the course description would go.

NURSING PRACTICE & SKILL

Feeding Tube Irrigation: Performing

What is the Procedure for Feeding Tube Irrigation?

- Feeding tube (FT) is the general term used for a tube placed in the gastrointestinal (GI) tract for the purpose of delivering enteral nutrition (EN), hydration, or medication
- What:* FT irrigation, also known as flushing the FT, is a procedure that clears the internal lumen of residue to maintain or restore patency when the intraluminal pathway becomes occluded by medication or enteral feeding solution. The purpose of this paper is to provide detailed information about performing FT irrigation. For more information about FTs, see the series of *Nursing Practice & Skill* papers about FTs, particularly *Nursing Practice & Skill ... Enteral Feeding: an Overview*
- How:* Typically, FT irrigation is a routine procedure that involves flushing a patient's FT with clean or sterile water. In general, the nurse clinician must perform the following tasks when irrigating a FT:
 - Verify placement of the patient's FT, per facility/unit protocol
 - Ensure the patient is properly positioned to reduce the risk of aspiration (i.e., upper body elevated at least 30°, preferably 45°)
 - Irrigate the FT in accordance with facility/unit protocols and the treating clinician's orders
 - Complete ongoing patient assessments to monitor for the desired response to and for any complications of using a FT (e.g., observe for abdominal distention, firmness, and discomfort)
- Where:* FTs are irrigated in all environments in which they are used, including inpatient, outpatient, and home care settings
- Who:* Nurses, physicians, and other trained clinical professionals are permitted to perform FT irrigation. In the home care setting, patients, family members, and other caregivers can be taught to irrigate FTs

ICD-9
96

What is the Desired Outcome of Irrigating a Feeding Tube?

- The desired outcome of irrigating a FT is maintenance or restoration of intraluminal patency

Why is Irrigating a Feeding Tube Important?

- Proper use and care of FTs is important to prevent complications that could
 - interrupt enteral access
 - result in injury to the patient
 - result in damage to the FT, requiring the need for replacement

Facts and Figures

- Estimates of small-bore FT occlusion rates range from 23% to 37% (Han-Geurtset al., 2007)
- Intraluminal caliber is not the only factor to be considered when assessing the risk of FT occlusion: the acidity of gastric secretions is cited as the reason why FTs inserted in the stomach occlude more frequently than similarly sized FTs placed in the small intestine (Simon et al., 1999)



Published by Cinahl Information Systems, a division of EBSCO Information Services. Copyright©2016, Cinahl Information Systems. All rights reserved. No part of this may be reproduced or utilized in any form or by any means, electronic or mechanical, including photocopying, recording, or by any information storage and retrieval system, without permission in writing from the publisher. Cinahl Information Systems accepts no liability for advice or information given herein or errors/omissions in the text. It is merely intended as a general informational overview of the subject for the healthcare professional. Cinahl Information Systems, 1509 Wilson Terrace, Glendale, CA 91206

Integration with LMS

Easily integrate NRC Plus
CE content with any
SCORM 1.2-compliant LMS

Learning Manager

Home | My Learning | Learning Catalog

My Learning

Current | Completed

Competency ▼

- Lung Abscess

Online Training ▼

- Alopecia in Children and Adolescents
- Deep Vein Thrombosis
- Fall Prevention
- Fracture, Ankle
- Fracture, Sesamoid

CINAHL education

Available Modules | How To Use | FAQs | Course Materials | Interactive Review | Take Test

Welcome | Notifications | Transcript | Profile | Logout

This is not you? Please [click here](#).

[Nursing Reference Center Plus](#) » [Nursing](#)

Lung Abscess *Disclaimer*

Amy E. Beddoe, RN, PhD; Tanja Schub, BS; Gina DeVesty, BSN, MLS

Quick Lesson ...about

Lung Abscess

author(s)
Amy E. Beddoe, RN, PhD
Tanja Schub, BS
Gina DeVesty, BSN, MLS

Cinahl Information Systems accepts no liability for advice or information given herein or errors/omissions in the text. It is merely intended as a general informational overview of the subject for the healthcare professional. Any commercial product discussed or displayed in conjunction with this topic is not endorsed by Cinahl

Additional LMS Integration Option

LEARNING SERVER Help | My Profile | Log Off

Home | My Learning | Learning Catalog Learner

My Learning

Current | Completed

Status Title

Competency:

- Stroke (Signs, Symptoms, and Emergency Treatment)

Online Training

- Alopecia in Children and Adolescents
- Deep Vein Thrombosis
- Fall Prevention
- Fracture, Ankle

Stroke (Signs, Symptoms, and Emergency Treatment) EXIT COURSE

Click to View course outline

- Stroke: Treatment Strategies in the Emergency Department
- Stroke: an Overview
- Stroke: Risk Factors - an Overview
- Stroke: Diagnosis

QUICK LESSON

Stroke: Treatment Strategies in the Emergency Department

Description/Etiology

Stroke is a sudden loss of function that results from an alteration in the brain's blood supply. Ischemic stroke occurs when an artery leading to or within the brain is blocked by a clot or embolism, resulting in decreased oxygen supply to the brain that can kill brain tissue within minutes (for more information, see *Quick Lesson About ... Stroke, Ischemic*). Hemorrhagic stroke floods the brain with blood when a brain artery leaks or ruptures (for more information, see *Quick Lesson About ... Stroke, Hemorrhagic*).

Because stroke is considered a **medical emergency**, diagnosis and treatment are extremely time sensitive. The recombinant tissue plasminogen activator (tPA) alteplase is approved for I.V. thrombolysis in patients with ischemic stroke within 3 hours after onset of stroke symptoms. American Heart Association/American Stroke Association (AHA/ASA) guidelines have expanded the window of treatment with alteplase to 4.5 hours after stroke onset for selected patients (for information on selection criteria, see *Quick Lesson About ... Stroke: Drug (Thrombolytic) Therapy*). The American College of Emergency Physicians and the American Academy of Neurology endorse the use of the expanded window; however, use of tPA in the 3–4.5-hour window has yet to be approved by the U.S. Food and Drug Administration (FDA). Early neurosurgical intervention can be beneficial for patients with hemorrhagic stroke.

In the emergency department (ED), the priorities are to stabilize the patient; take a complete history; obtain a CT scan to identify the type and location of stroke; obtain baseline laboratory values; perform an EKG to evaluate for atrial fibrillation (AF), myocardial infarction (MI), and other abnormalities; and begin treatment as soon as possible to limit damage to the brain. If the stroke is ischemic, symptom onset was less than 3 hours prior to arrival in the ED, and all criteria for use of tPA are met, tPA therapy should be initiated. Delay in treatment increases the risk of death and disability; in the U.S., certain hospitals are designated as stroke centers because of their expertise in treating stroke patients.

ICD-9
434.91

CD-10
I64

Authors

Facts and Figures

Content items can be grouped and tracked for usage in the LMS. A link to NRC Plus 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.

Epic - Nursing Reference Today's Pts Home Chart Patient Station Patient Lists BT OB Suite Log LBJ OB Suite Log Schedule In Basket Encounter Telephone Call

Doe, Jane
 CSN: 20 DOB: 06/04/1965 Rm: 2A01 Code: FULL Allergies: No Known Allergies Iso: None
 MRN: 071759849 Age/Sex: 45y.o./F Bed: 01 WT: None Inf: None

None Patient Summary Chart Review Results Review History Allergies Immunizations Doc Flow Sheets Intake/Output MAR Notes Patient Education **Care Plan** Order Entry N: Admission N: Meds Rec - Ord N: Daily Care N: Discharge N: Procedure

Care Plan - Documentation
 Back Forward Document Modify Problem New Problem Apply Template Bring Forward Resolve Problems Delete Problem

Care Plan

- Overview
 - Care Plan Progress Notes
 - Event Log
- Individual Plan Of Care
 - Healing Environment
- Acute Renal Failure
 - Altered Patterns Of Urinary Elimination
- Aggression
 - Aggression
 - Aggression Will Be Managed
 - Monitor For Increase In Agitation And / Or Behavior
 - Patient Respects Established Boundaries
 - Establish And Communicate Limits
 - The Patient Chooses Other Options To Manage Agg
- Anxiety Disorders
 - Anxiety Disorders
- Behavioral Health General
 - Nutrition Imbalance
- Breastfeeding
 - Breastfeeding
- Cardiac Catheterization
 - Aspiration
- Cardiology - General
 - Ineffective Cerebral Perfusion
- Chest Pain - Acute Myocardial Infarction
 - Acute Chest Pain
- Congestive Heart Failure
 - Excess Fluid Volume
- CVA
 - Altered Patterns Of Urinary Elimination
- Depression
 - Depression
- Genitourinary - General
 - Non - Adherence Or Non - Compliance
- Psychosis
 - Psychosis
- Treatment Team

Care Plan Documentation

Aggression

Aggression Will Be Managed

+ Add Variance

Description
 Patient will learn and demonstrate behavioral strategies to manage anger and aggression. The behavior will be non-aggressive to self or others.
 Individualization: Patient will be...

Outcome:
 Outcome:

Initiated
 Met This Shift
 Not Met This Shift
 Ongoing
 Resolved
 Unable to Meet Prior to Discharge
 Potential Problem, Will Continue to Monitor
 See Care Plan Note For Plan/Goal Details
 See Pt Snyy Rpt for Therapy Notes
 N/A

Restore

Monitor For Increase In Agitation And / Or Behavioral Change
 Description...

Patient Respects Established Boundaries
 Description...

Establish And Communicate Limits
 Description...

The Patient Chooses Other Options To Manage Aggression (I.e. Medication, Express Feelings, Retire To An Area With Decre...
 Description...

Integration of Care Plans within an EMR

Integration with EMRs

A link to *Nursing Reference Center Plus* 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 Plus*.

The screenshot displays an EMR interface with a patient record for Hagen, Thomas. A red arrow points to a link in the top navigation bar. Below this, a 'New Search' window for Nursing Reference Center Plus is open. The window features a search bar, navigation tabs for 'All Areas', 'Diseases', 'Skills', 'Drugs', and 'Management', and a 'Search' button. The main content area includes a 'Spotlight' section with links to 'Skills with Videos', 'Management Topics', 'CCMC Approved CE Modules', and 'NRC Plus iPhone and Android Apps'. A 'Featured Videos' section shows a video titled 'Performing Venipuncture: Inserting and Removing the Needle'. At the bottom, there are links for 'Search Other Services' including DynaMed, Rehabilitation Reference Center, and PEMSsoft.

Integration with EMRs with Contextual Search

A link to *Nursing Reference Center Plus* 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 *Nursing Reference Center Plus*.

The image displays two overlapping screenshots. The left screenshot shows an EMR 'Problem List' interface. The 'Hospital' section is expanded, and 'Acute Appendicitis' is highlighted. A context menu is open over it, with 'ClnKB Search' selected. A red arrow points from this menu to the right screenshot. The right screenshot shows the 'Nursing Reference Center Plus' search interface. The search bar contains 'acute appendicitis'. The search results show 'Appendicitis, Acute' and 'Discharge Instructions for Appendicitis -- Adult'.

Key Differences & Similarities Within NRC Line

Unique Content	NRC	NRC w/ PERC	NRC Plus*
Compatible with all <i>CINAHLs</i> / all <i>MEDLINEs</i>	Yes	Yes	Yes
Compatible with <i>EBSCO eBooks</i> on <i>EBSCOhost</i> (as a secondary database)	No	No	Yes
Contains content superset	No	No	Yes
Contains images	Yes	Yes	Yes
Contains videos	No	No	Yes
New interface design	No	No	Yes
100% of patient education (i.e. PERC) included	No	Yes	Yes

Nursing Reference Center™ *Plus*

Questions?

