



Nursing Reference CenterTM *Plus*

實證護理主題評論資料庫：進階版

由CINAHL編輯群，針對臨床所需之護理相關人員，所製作一符合實證護理研究流程之參考資源，此資料庫內容涵括以下主要內容：

CINAHL護理指南 (CINAHL Nursing Guide)

此部分內容收錄了近3,600種實證護理案例資源 (Evidence-based lessons)，其中包括：護理流程揭示，疾病與病情控制，依法護理照顧指導以及藥物的依法使用。這些內容以四大模組的方式出現：

- 2,708種實證護理的快速學習課程 (Quick Lessons) 和 1,579種實證護理案例 (Evidenced-Based-Care Sheets)
- 791種法律案例 (Legal Cases)
- 254種護理學研究工具 (Research Instruments)
- 1,886種進修教育模組 (CEU Modules)

護理人員須瞭解的即時治療及臨床照護的藥品資訊

- Davis' s護理藥物服用與臨床照護導引 (Davis' s Drug Guide for Nurses)
- AHFS護理藥品資訊資料庫 (AHFS Drug Essentials)及最新的護理藥物資訊
- 獨家收錄的參考文獻，包括：Taber' s Cyclopedic Medical Dictionary 《Taber' s醫學詞典》、Laboratory & Diagnostic Tests with Nursing Implications 《護理臨床應用的實驗分析》、Diseases and Disorders: A Nursing Therapeutics Manual 《疾病與生理失調的臨床護理診療手冊》

病患教育 (Patient Education)

逾6,770種以病患教育為題材的英文和西班牙文的醫學圖書館資料

護理新聞 (Health Nursing News)

每日健康新聞，包括：FDA updates(美國食品和藥物管理署法規資訊)與藥品資訊的每日更新



疾病與症狀(Diseases& Conditions)之主題資源，此部份之文獻主要涵括以下兩大部分：

快速學習課程 (Quick Lessons)

提供護理人員關於某一疾病之相關資訊，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。

實證護理照護表單(Evidence-Based Care sheets)

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，以協助使用者判斷其於臨床應用上之可應用性。

EVIDENCE-BASED CARE SHEET

實證護理照護表單之
文獻形式

Alcohol Withdrawal Syndrome: Delirium Tremens

參考文獻之實證等級

Coding Matrix

References are rated using the following codes, listed in order of strength:

M	Published meta-analysis	RV	Published review of the literature	PP	Policies, procedures, protocols
SR	Published systematic or integrative literature review	RU	Published research utilization report	X	Practice exemplars, stories, opinions
RCT	Published research (randomized controlled trial)	QI	Published quality improvement report	GI	General or background information/texts/reports
R	Published research (not randomized controlled trial)	L	Legislation	U	Unpublished research, reviews, poster presentations or other such materials
C	Case histories, case studies	PGR	Published government report	CP	Conference proceedings, abstracts, presentation
G	Published guidelines	PFR	Published funded report		

References

- Barrons, R., & Roberts, N. (2010). The role of carbamazepine and oxcarbazepine in alcohol withdrawal syndrome. *Journal of Clinical Pharmacy and Therapeutics*, 35(2), 153-167. doi:10.1111/j.1365-2710.2009.01098.x (RV)
- Burns, M. J., Lekawa, M. E., & Price, J. B. (2013, April 9). Delirium tremens (DTs). *Medscape Reference*. Retrieved May 30, 2014, from <http://emedicine.medscape.com/article/166032-overview> (GI)
- DynaMed. (2014, May 20). Alcohol withdrawal. Ipswich, MA: EBSCO Publishing. Retrieved May 30, 2014, from <http://search.ebscohost.com/login.aspx?direct=true&db=dme&AN=114807> (SR)
- Lemon, S. J., Winstead, P. S., & Weant, K. A. (2010). Alcohol withdrawal syndrome. *Advanced Emergency Nursing Journal*, 32(1), 20-27. doi:10.1097/TME.0b013e3181cae050 (RV)
- Maldonado, J. R., Nguyen, L. H., Schader, E. M., & Brooks, J. O., III. (2012). Benzodiazepine loading versus symptom-triggered treatment of alcohol withdrawal: a prospective randomized trial. *General Hospital Psychiatry*, 34(6), 611-617. doi:10.1016/j.genhosppsych.2012.06.016 (RCT)
- Yang, Z., & Xiong, G. L. (2013). Alcohol-related psychosis. *Medscape reference*. Retrieved May 30, 2014, from <http://emedicine.medscape.com/article/289848-overview> (GI)

亦可連結至相關之原始參考文獻
(如果有提供連結之URL)

2,575種藥物資訊(Drug Guide Information)之文獻資源，此部份文獻之主要來源涵括以下兩大部分：

Davis Drug Guide for Nurses (護理藥品參考指南)

- 提醒護理人員針對特定藥物之不當使用所造成的風險
- 如何給予病患正確之藥品劑量、稀釋與比例等資訊
- 易混淆之藥物分辨資訊
- 提供病患於家中用藥時之注意事項

AHFS Drug Information for essentials (藥品資訊快速參考資源)

- 專為忙碌之護理人員所設計之藥品快速參考資訊
- 以臨床照護為導向提供快速與正確之藥品資訊

衛教資訊(Patient Information)之文獻資源

- 逾3,200種以衛教及病患教育為主題之手冊、文獻資訊
- 同時提供英文、西班牙版本，部份提供 繁體中文 之版本參考內容
- 此部份之衛教文獻資訊皆獲得URAC (資源利用審查評鑑委員會) 之認可
- 以美國小學3-4年級之閱讀程度所編彙之，協助護理人員編寫相關之衛教手冊

實務資源(Practice Resources)文獻，此部份之文獻主要涵括以下三大部分：

研究工具 (Research Instruments)

包括研究工具、臨床評估工具、心理測驗、態度測量及其他項目等的說明；分析包括測量之目的與變數、項目與問題數、樣本數群、方法論、取得方法及工具來源。

法律案例 (Legal Cases)

醫療訴訟案例

實務指導原則(Practice Guidelines)

收錄來自NGC所建立及提供之指導原則



功能特色	
醫療風險管理主題	
護理實務與領導主題	
快速方便的閱覽方式	
內容更新通知	
與電子書整合	
本地醫院註記	
可將搜尋結果客製化主題分類	

Nursing Reference Center™	
No	
No	
Yes	
No	
No	
No	
No	

Nursing Reference Center™ Plus	
Yes	
Yes	
Yes	
Yes	
Yes	
Yes	
Yes	

收錄內容與數量	
全文書籍專論	
進修教育模組	
研究工具(問卷與量表)	
實證護理全文案例	
護理快速學習課程	
藥物資訊與指南	
病患照護指南	
醫療訴訟案例	
護理技能與程序	
照護計畫表單	
護理教學圖片	
護理教學視頻	

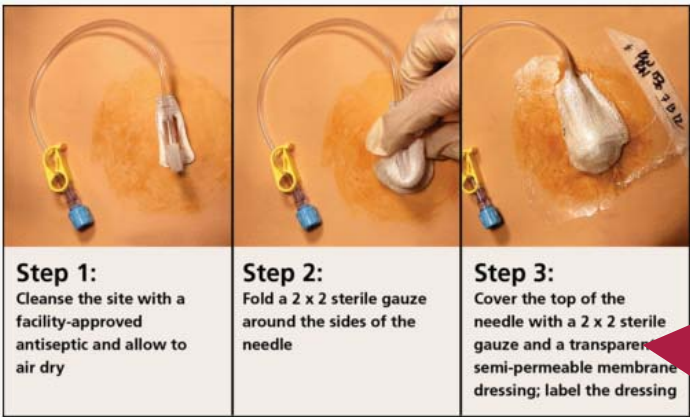
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Nursing Reference Center™ Plus	
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6,770	
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275	

Nursing Reference Center™ Plus 全新收錄

護理教學視頻與圖片參考 (Nursing Videos & Images)

提供快速易懂的護理技巧視頻介紹以及步驟拆解圖示，讓護理人員能夠在最短時間內了解護理器材或是醫療技巧的執行步驟。



視頻內容最多僅有幾分鐘，強調以最簡潔扼要的方式，讓時間寶貴的護理人員快速上手

護理參考圖片展示細微的醫療步驟。護理人員可以利用關鍵字被查找相關圖片。查找結果可能會以單一圖片或是以圖組的方式呈現所查找的相關醫療步驟

護理核心措施(Core Measures)

核心措施(Core Measures)是符合特定標準的國家認可標準化績效評鑑系統。Nursing Reference Center Plus中收錄的主題涵蓋了Core Measures詳細的整套措施，例如：Core Measure: Acute

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 ^(1,3,5,6,7,11)
	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" ⁽⁸⁾
	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 and respect for the dignity, worth, and self-determination of patients. 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⁾

護理規範主題(Nursing Regulatory Topics)

主題涵蓋照護監控的詳細解釋、規範對於醫療機構可能產生的影響、避免感染發生的策略等內容。收錄聯合委員會條例(joint commission regulations)、國家病患安全目標、醫療警訊事件或醫療疏失(Sentinel Event)、美國國土安全部規定、OSHA規範等等。

CARE PLAN	Nutritional Imbalance			
Related to: Check all that apply				
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 an adequate nutrition sufficient to meet metabolic needs		Assess patient's nutritional status and monitor for associated complications Monitor glucose, serum albumin levels and report abnormalities	
			Refer to Nutritional Consult for thorough nutritional assessment and planning	
			Medicate as prescribed 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	
			Provide emotional/psychological support and educate	

照護計畫表單 (Nursing Care Plans)

照護計畫表單著重於可在多種疾病中產生的症狀照護，例如：噁心、疲勞、或行動不便等等。每一篇照護計畫表單皆包含建議措施和所需的患者預後計畫。

EVIDENCE-BASED CARE SHEET

Core Measure: Acute Myocardial Infarction – Aspirin at Arrival

What We Know

Acute myocardial infarction (AMI) is a leading cause of mortality and morbidity in the United States and worldwide. In the United States, the overall prevalence for AMI is 3.1% in adults over 20 years of age; the prevalence is 4.3% for men and 2.2% for women. The American Heart Association (AHA) estimates an annual incidence of AMI to be 630,000

護理管理主題(Nursing Management Topics)

護理管理主題(Nursing Management Topics)涵蓋規劃過程、組織、領導和控制組織成員工作以及指揮過程、協調、以及對於組織運作的影響力。內容旨在支援護理人員達成機構組織的目標，包括考取和保有證照資格、改善病患治療效果、降低成本等等。

EVIDENCE-BASED CARE SHEET

Infection Prevention and Control Plan (The Joint Commission, 2014)

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^(1,2,3,4)

- 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⁽⁵⁾
- An estimated 1.7 million HAIs occur in the United States each year, resulting in about 99,000 deaths; of these deaths, about 36,000 are from pneumonia, 31,000 from bloodstream infections, 13,000 from urinary tract infections, 8,000 from surgical site infections, and 11,000 from infections at other sites^(1,4)
- 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⁾

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^(1,2,5,6)

- 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*)^(1,2,3,5,7,8)
- 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 plaintiffs to be used as evidence to support lawsuits because they are considered confidential information. Incident reports that are

ICD-9
E888.9

醫療風險管理主題 (Risk Management Topics)

內容包括風險管理、與風險管理相關的證據以及改善範例、相關配套措施等等。主題涵蓋政策的執行、程序以及參與辨別的實際應用、評估與控制醫療組織的風險。

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