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Content List

- **BOOKS** มีจำนวนหนังสือออนไลน์ไม่น้อยกว่า **45** รายการ
- **JOURNALS** มีจำนวนวารสาร มากกว่า**30** รายการ สามารถเก็บข้อมูลเป็น **PDF File**
(ข้อมูลวารสารไม่มี **Embargo day** หรือ ไม่มีการกำหนดให้ดูข้อมูลล่าช้า)
- มีข้อมูล **Evidence-based Nursing** มากกว่า **60 monograph**
- **Drug Database** : ฐานข้อมูลยาจาก **Gold Standard**
- **Guideline**: จากองค์กรต่างประเทศ
- **Patient Education** : คู่มือดูแลรักษาผู้ป่วย มากกว่า **15,000** โรค
- **Clinical Trial & Clinical Update** มากกว่า **190** ชื่อ
- **Procedure Consult** พร้อม **Video procedure** มากกว่า **300 procedure**
- **Practice Guidelines** มากกว่า **1,600 guideline**
- **Multimedia** : Image & Video
- **And More..**



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The screenshot shows the ClinicalKey for Nursing search interface. The search bar contains the text 'pediatric' and has a search icon (magnifying glass) and a close icon (X). Below the search bar, there are three columns of results: Suggestions, Books and Journals, and Authors. The Suggestions column lists various terms related to pediatrics, such as 'primary health care', 'Children's health', 'pediatric disorder', 'childhood asthma', 'Child Nutrition Physiology', 'Malignant Childhood Neoplasm', 'Childhood Immunizations', and 'Pediatric Neoplasm'. The Books and Journals column lists titles like 'Journal of Pediatric Health Care', 'Journal of Pediatric Nursing', 'Pediatric Clinics of North America', 'Mosby's Pediatric Nursing Reference', 'Pediatric Physical Examination', 'Pediatric Primary Care', and 'Wong's Clinical Manual of Pediatric Nursing'. The Authors column lists organizations like 'Pediatric Society', 'Society of Pediatrics', 'US Pediatric MS Network', 'OPTEFF Pediatric Group', 'Pediatric Committee', 'Pediatric Expert Panel', 'Pediatric Study Group', and 'Pediatric TMAA Group'.

All Types ▾	pediatric	×	Q
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	Children's health	Journal of Pediatric Nursing	Society of Pediatrics,
macology	pediatric disorder	Pediatric Clinics of North America	US Pediatric MS Network
atory Syndrome	childhood asthma	Mosby's Pediatric Nursing Reference	OPTEFF Pediatric Group
	Child Nutrition Physiology	Pediatric Physical Examination	Pediatric Committee
	Malignant Childhood Neoplasm	Pediatric Primary Care	Pediatric Expert Panel
	Childhood Immunizations	Wong's Clinical Manual of Pediatric Nursing	Pediatric Study Group
	Pediatric Neoplasm		Pediatric TMAA Group

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DISEASE OVERVIEW

Hypertension NURSING

Clinical Companion to Medical/Surgical Nursing

[More Results](#) Q ▾ Definition

Description

One in three adults in the United States has *hypertension*, or high BP. An additional 30% of adults have prehypertension, and approximately 8% have undiagnosed hypertension. There is a direct relationship between hypertension and cardiovascular disease (CVD). As BP increases, so does the risk of MI, heart failure, stroke, and renal disease .

Hypertension is defined as a persistent systolic BP (SBP) of 140 mm Hg or greater, diastolic BP (DBP) of 90 mm Hg or greater, or current use of antihypertensive medication. *Prehypertension* is defined as SBP 120 to 139 mm Hg or DBP 80 to 89 mm Hg. Classification of hypertension for adults according to stages is described in Table 50 .

■ The classification is based on the average of two or more properly measured BP readings on two or more office visits.

Table 50
Classification of Hypertension

Category	SBP (mm Hg)	and	DBP (mm Hg)
Normal	<120		<80

Dirksen, Shannon Ruff, RN, PhD, FAAN, Lewis, Sharon L., RN, PhD, FAAN, Heitkemper, Margaret McLean, RN, PhD, FAAN, and Bucher, Linda, RN, PhD, CEN, CNE

View book

Hypertension

Description

Pathophysiology of primary hypertension

Clinical manifestations

Diagnostic studies

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Ferri's Clinical Advisor 2016.
Ferri, Fred F., M.D., F.A.C.P.. Published January 1, 2016. Pages 666-671.e4. © 2016.

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High versus low blood-pressure target in patients with septic shock.
The New England journal of medicine.
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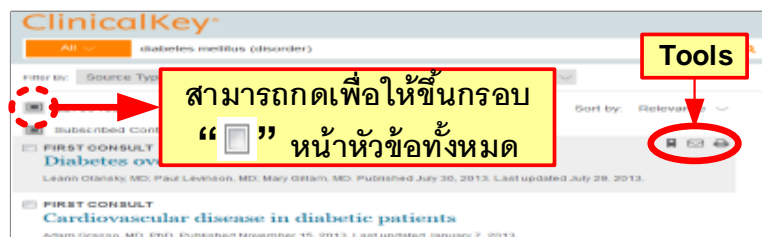
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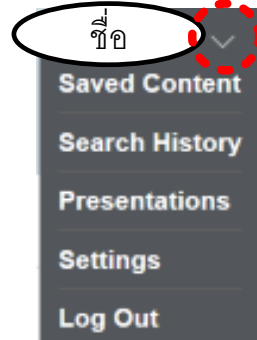
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- Acute and Chronic Wounds
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- Advanced Critical Care Nursing
- A Nurse's Survival Guide to Mentoring

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Manual of Medical-Surgical Nursing, Seventh Edition

Monahan, Frances D., PhD, RN, ANEF

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Clinics Review Articles

CHILD AND ADOLESCENT PSYCHIATRIC CLINICS OF NORTH AMERICA

Global Mental Health

EDITORS
Paramjit T. Joshi
Lisa M. Cullins
CONSULTING EDITOR
Harsh K. Trivedi

Child and Adolescent Psychiatric Clinics of North America 

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Articles in this issue:

[Global Mental Health](#) 

Pages i-i. Joshi, Paramjit T., and Cullins, Lisa M..

CHILD AND ADOLESCENT PSYCHIATRIC CLINICS OF NORTH AMERICA www.childpsych.theclinics.com Consulting Editor HARSH K. TRIVEDI October 2015 • Volume 24 • Number 4

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Pages ii-ii.

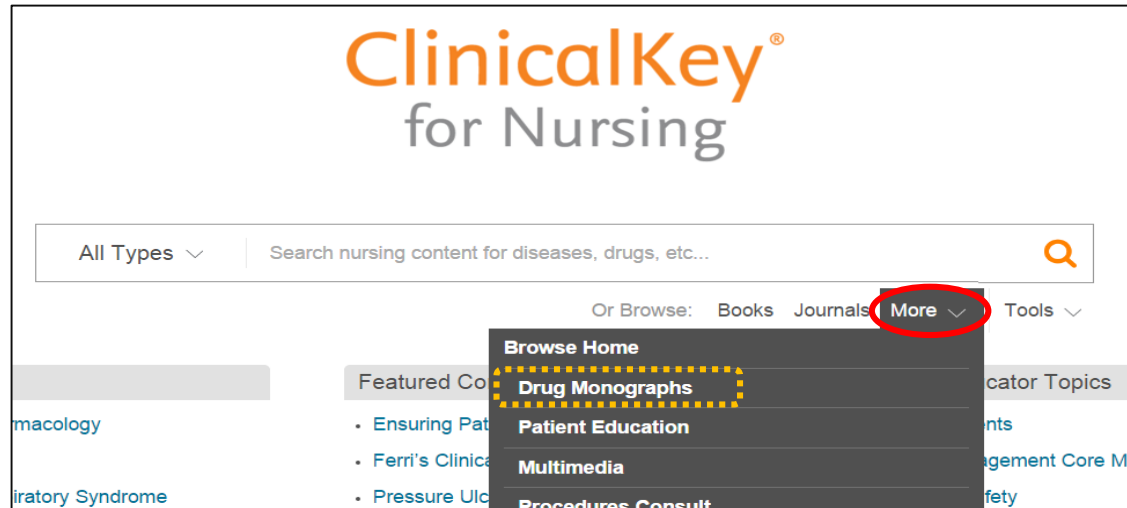
ELSEVIER 1600 John F. Kennedy Boulevard • Suite 1800 • Philadelphia, Pennsylvania, 19103-2899 http://www.theclinics.com CHILD AND ADOLESCENT PSYCHIATRIC CLINICS OF NORTH AMERICA Volume 24, Number 4 October 2015 ISSN 1056-4993, ISBN-13: 978-0-323-4...

[Contributors](#) 

Pages iii-v.

Consulting Editor HARSH K. TRIVEDI, MD, MBA Executive Director and Chief Medical Officer; Behavioral Health Vice Chair for Clinical Affairs; Associate Professor of Psychiatry, Vanderbilt University School of Medicine, Nashville, Tennessee Consult...

Drugs



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Filter By: Drug Class ▾ Adverse Reactions ▾ Indications ▾ Contraindications ▾

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Indications & Dosage

Administration

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DRUG MONOGRAPH

Abacavir; Lamivudine, 3TC

Epzicom

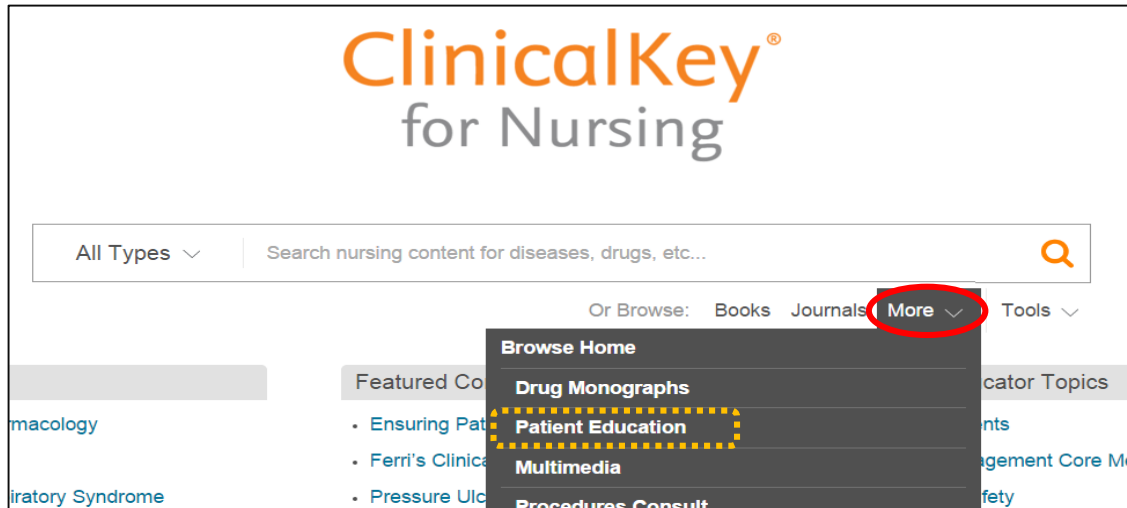
Drug Information Provided By Gold Standard

Description: Abacavir; lamivudine, 3TC (Epzicom) is a combination of two nucleoside analog reverse transcriptase inhibitors (NRTIs) used for the treatment of human immunodeficiency virus (HIV) infection. Double NRTI therapy is not considered highly active antiretroviral therapy (HAART); thus, it must be used in combination with other antiretroviral agents. Epzicom received FDA-approval in August 2004; it was approved in pediatric patients weighing 25 kg or more in September 2015.²⁹⁹⁸³

Mechanism of Action: Abacavir and lamivudine inhibit viral reverse transcriptase, and are both active



Patient Education



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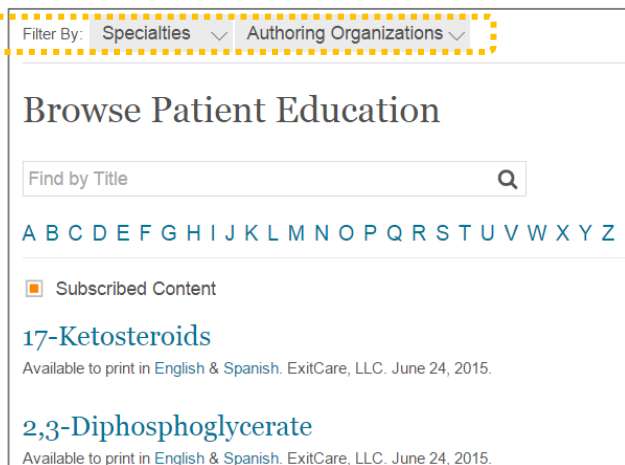
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17-Ketosteroids
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2,3-Diphosphoglycerate
Available to print in English & Spanish. ExitCare, LLC. June 24, 2015.



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PATIENT EDUCATION
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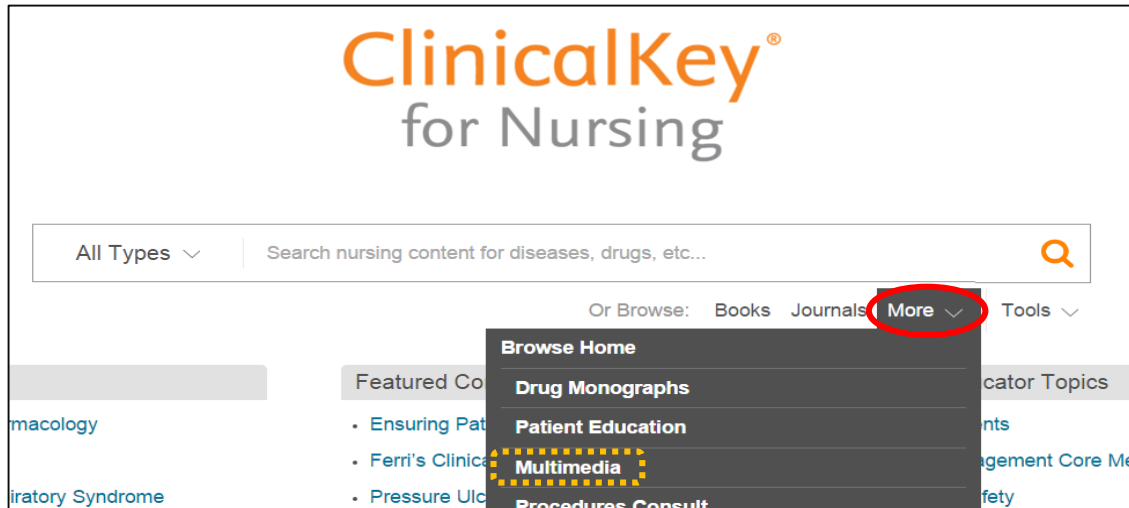
PREPARATION FOR TEST

Medications that interfere with the test should be held for several days prior to testing. Ask your caregiver which medications should be withheld and for how long.

NORMAL FINDINGS



Multimedia



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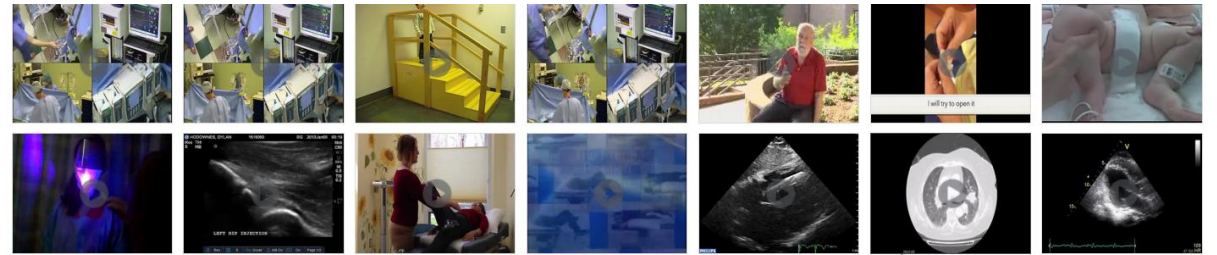
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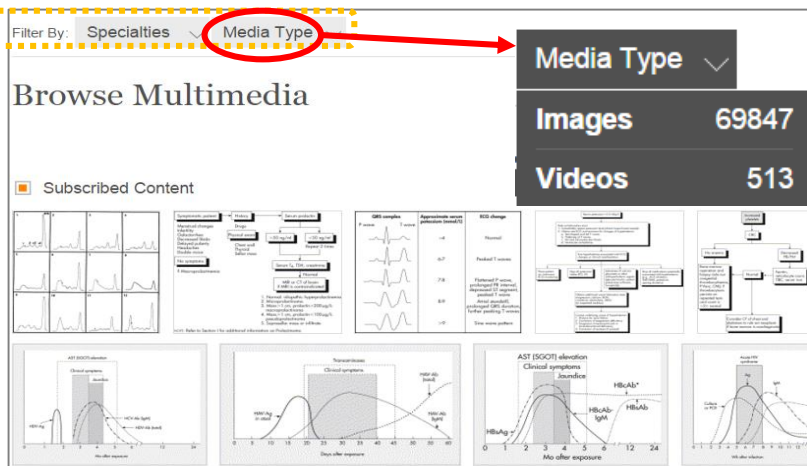
VIDEO

Video 2 - New onset right ventricular enlargement in recent dyspnea: Is echocardiography enough for a diagnosis of pulmonary thromboembolism?

Heart & Lung: The Journal of Acute and Critical Care.

De Gennaro, Luisa, MD, PhD, De Gennaro, Luisa, MD, PhD... [Show all](#). © 2014.

CT scan showing an irregular mass within left lung partly infiltrating left pulmonary artery branches.



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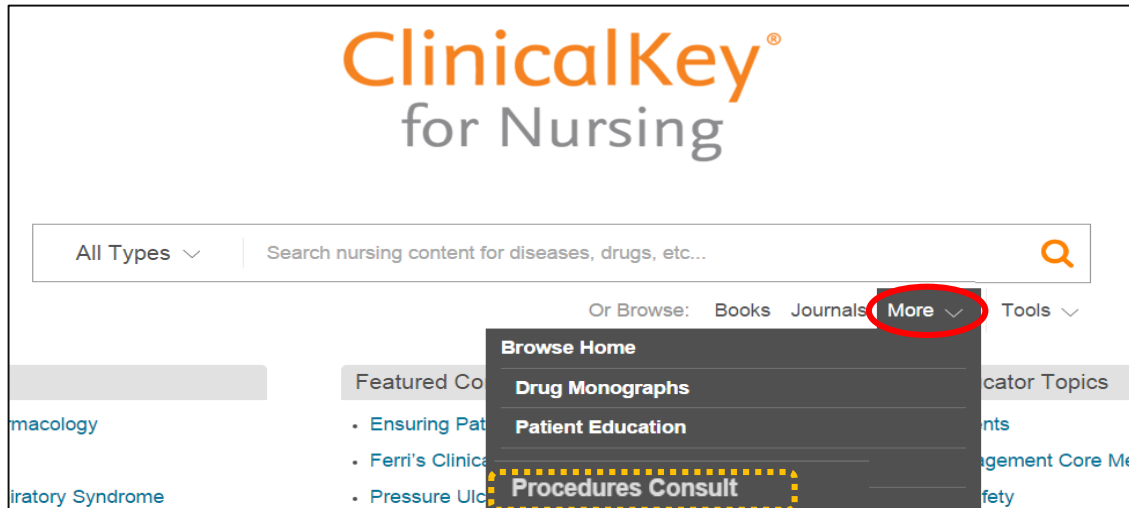
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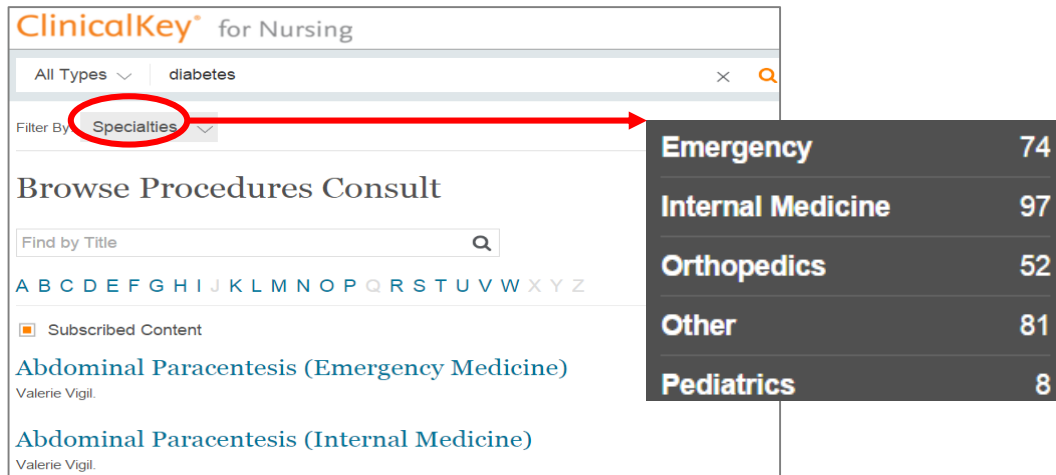
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Influenza and Respiratory Syndrome



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- Abdominal Paracentesis (Emergency Medicine)**
Valerie Vigil.
- Abdominal Paracentesis (Internal Medicine)**
Valerie Vigil.

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PROCEDURES CONSULT Vaginal Delivery



Last Reviewed Date: 12/17/08

Editors: Michael L. Tuggy, MD, Jorge Garcia, MD

Contributors: Dale Patterson, MD, Coral Matus, MD, Jacob Curtis, MD

Medical Writer: Donna Coffman, MD

CPT codes

59400 Global vaginal delivery (routine obstetric care, including antepartum care, vaginal delivery [with or without episiotomy, and/or forceps, and postpartum care])



Nursing Scales

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Alcohol, Smoking, and Substance Involvement Screening Test

Behavioral Pain Scale

Brief Psychiatric Rating Scale

NURSING SCALE

Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)

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Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)

A. WHO - ASSIST V3.0

INTERVIEWER ID: COUNTRY: CLINIC:

PATIENT ID: DATE:

INTRODUCTION (Please read to patient)

Thank you for agreeing to take part in this brief interview about alcohol, tobacco products and other drugs. I am going to ask you some questions about your experience of using these substances across your lifetime and in the past three months. These substances can be smoked, swallowed, snorted, inhaled, injected or taken in the form of pills (show drug card).

Some of the substances listed may be prescribed by a doctor (like amphetamines, sedatives, pain medications). For this interview, we will not record medications that are used as prescribed by your doctor. However, if you have taken such medications for reasons other than prescriptions, or taken them more frequently or at higher doses than prescribed, please let me know. While we are also interested in knowing about your use of various illicit drugs, please be assured that information on such use will be treated as strictly confidential.

NOTE: BEFORE ASKING QUESTIONS, GIVE ASSIST RESPONSE CARD TO PATIENT

Question 1
(If completing follow-up please cross check the patient's answers with the answers given for Q1 at baseline. Any differences on this question should be queried.)

In your life, which of the following substances have you ever used? (NON-MEDICAL USE ONLY)	No	Yes
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	3
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	3
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	3
d. Cocaine (coke, crack, etc.)	0	3
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	3
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	3
g. Sedatives or Sleeping Pills (Valium, Serenax, Rohypnol, etc.)	0	3
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	3
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	3
j. Other - specify:	0	3

Probe if all answers are negative: "Not even when you were in school?"

If "No" to all items, stop interview.
If "Yes" to any of these items, ask Question 2 for each substance ever used.

Question 2
In the past three months, how often have you used the substances you mentioned (FIRST DRUG, SECOND DRUG, ETC)?

	Never	Once or Twice Monthly	Weekly	Daily or Almost Daily	
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	2	3	4	6
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	2	3	4	6
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	2	3	4	6
d. Cocaine (coke, crack, etc.)	0	2	3	4	6
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	2	3	4	6
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	2	3	4	6
g. Sedatives or Sleeping Pills (Valium, Serenax, Rohypnol, etc.)	0	2	3	4	6
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	2	3	4	6
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	2	3	4	6
j. Other - specify:	0	2	3	4	6

If "Never" to all items in Question 2, skip to Question 4.

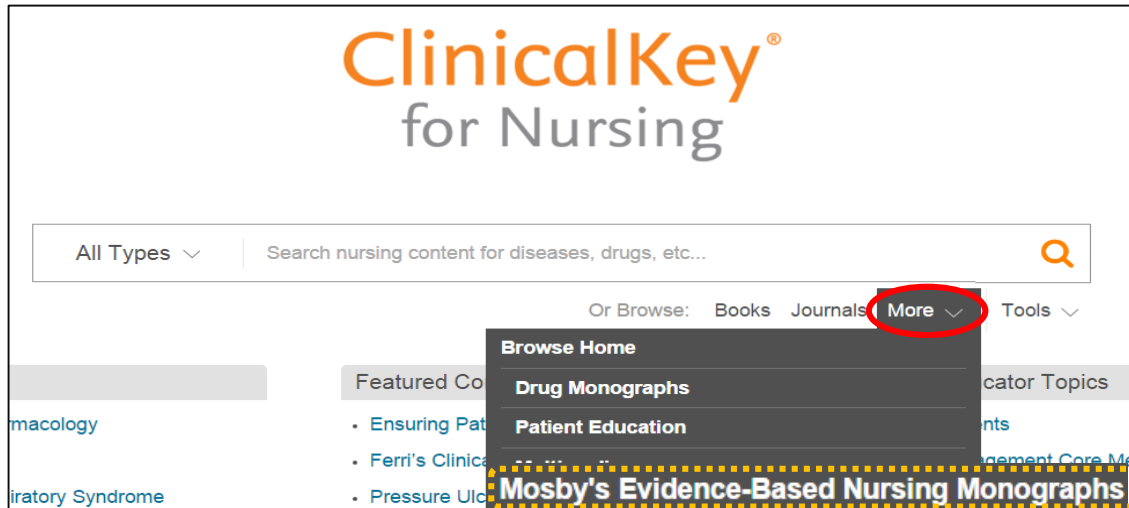
If any substances in Question 2 were used in the previous three months, continue with Questions 3, 4 & 5 for each substance used.

Question 3
During the past three months, how often have you had a strong desire or urge to use (FIRST DRUG, SECOND DRUG, ETC)?

	Never	Once or Twice Monthly	Weekly	Daily or Almost Daily	
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	3	4	5	6
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	3	4	5	6
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	3	4	5	6
d. Cocaine (coke, crack, etc.)	0	3	4	5	6
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	3	4	5	6
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	3	4	5	6
g. Sedatives or Sleeping Pills (Valium, Serenax, Rohypnol, etc.)	0	3	4	5	6
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	3	4	5	6
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	3	4	5	6
j. Other - specify:	0	3	4	5	6



Evidence-Based Nursing



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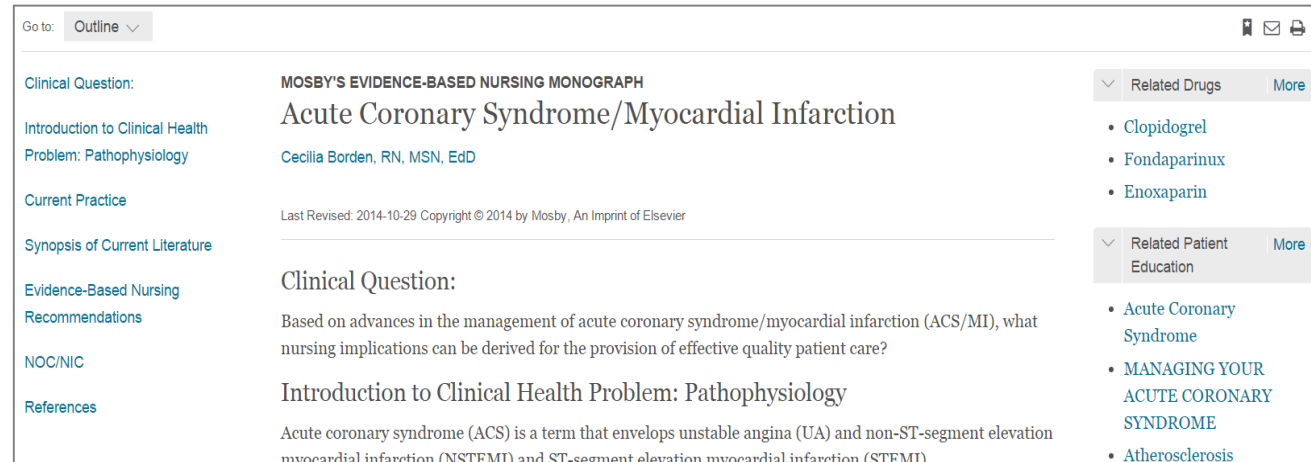
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Clinical Question: **MOSBY'S EVIDENCE-BASED NURSING MONOGRAPH**
Acute Coronary Syndrome/Myocardial Infarction
Cecilia Borden, RN, MSN, EdD

Introduction to Clinical Health Problem: Pathophysiology

Current Practice

Synopsis of Current Literature

Evidence-Based Nursing Recommendations

NOC/NIC

References

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Clinical Question:
Based on advances in the management of acute coronary syndrome/myocardial infarction (ACS/MI), what nursing implications can be derived for the provision of effective quality patient care?

Introduction to Clinical Health Problem: Pathophysiology
Acute coronary syndrome (ACS) is a term that envelops unstable angina (UA) and non-ST-segment elevation myocardial infarction (NSTEMI) and ST-segment elevation myocardial infarction (STEMI).

Related Drugs **More**

- Clopidogrel
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- Addison's Disease and Cushing's Syndrome: The Role of the Nurse in Patient Education and Interventions
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- Objectives
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- Cushing's Syndrome
- Side-by-Side Comparison of Addison's Disease and Cushing's Syndrome
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CLINICAL UPDATE

Addison's Disease and Cushing's Syndrome: The Role of the Nurse in Patient Education and Interventions

Mark A. Meyer, PhD, RN

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Objectives

1. Describe the role of cortisol and aldosterone in the body and its relationship to Addison's disease and Cushing's syndrome.
2. Differentiate between the pathophysiology and clinical manifestations of Addison's disease and Cushing's syndrome.
3. Describe current treatment recommendations for patients with Addison's disease and Cushing's syndrome.
4. Discuss nursing management of patients with Addison's disease and Cushing's syndrome.

Addison's Disease

Partial or complete failure of adrenocortical function—that is, glucocorticoid, mineralocorticoid, and androgenic function—marks life-threatening Addison's disease.¹ Addison's disease is associated with elevated serum levels of adrenocorticotrophic hormone (ACTH), causing insufficient corticosteroid (primarily

Core Measures

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- Acute Myocardial Infarction (AMI)
- Chest Pain (CP)

Global	4
Inpatient	9
Outpatient	7

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CORE MEASURE
Acute Myocardial Infarction (AMI)

Fara Bowler, MS, APN, ANP-C

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All Core Measures Sets:

Acute Myocardial Infarction (AMI)

- Aspirin at Arrival (AMI-1)
- Aspirin Prescribed at Discharge (AMI-2)
- ACEI or ARB for LVSD (AMI-3)
- Beta-Blocker Prescribed at Discharge (AMI-5)
- Primary PCI Received Within 90 Minutes of Hospital Arrival (AMI-8a)
- Median Time to Primary PCI (AMI-8)
- Median Time to Fibrinolysis (AMI-7)
- Fibrolytic Therapy Received Within 30 Minutes of Hospital Arrival (AMI-7a)

Practice Guideline

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- [ADHD, diagnosis and management](#)

PRACTICE GUIDELINE

ACLS, Adult - Advance cardiovascular life support

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Advance cardiovascular life support

Key changes from the 2005 ACLS Guidelines include: 1) Continuous quantitative waveform capnography is recommended for confirmation and monitoring of endotracheal tube placement. 2) Cardiac arrest algorithms are simplified and redesigned to emphasize the importance of high-quality CPR (including chest compressions of adequate rate and depth, allowing complete chest recoil after each compression, minimizing interruptions in chest compressions and avoiding excessive ventilation. 3) Atropine is no longer recommended for routine use in the management of pulseless electrical activity (PEA)/asystole. 4) Increased emphasis on physiologic monitoring to optimize CPR quality and detect ROSC. 5) Chronotropic drug infusions are recommended as an alternative to pacing in symptomatic and unstable bradycardia. 6) Adenosine is recommended as a safe and potentially effective therapy in the initial management of stable undifferentiated regular monomorphic wide-complex tachycardia.

REFERENCE:

American Heart Association. 2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science: Part 8: Adult Advanced Cardiovascular Life Support. *Circulation*. 2010;122:S729-S767. 2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care.

Lab

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Subscribed Content

- Acid Phosphatase
- Activated Partial Thromboplastin Time (aPTT)
- Adrenocorticotrophic Hormone (ACTH)
- Alanine aminotransferase (ALT)

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Normal Values* LABS

Activated Partial Thromboplastin Time (aPTT) – plasma

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Category: Endocrine & Hormone

Normal Values*

Adult	35 seconds
Child, newborn	<90 seconds
Child, infants	24-40 seconds
Child	24-40 seconds

*from Chenecky, Laboratory Tests and Diagnostic Procedures

Nursing Implications of Abnormal Values

- Prolonged aPTT is associated with disseminated intravascular coagulation (DIC) and blood clotting



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