

CEU ALERT SERVICE FOR MUHC NURSES

JANUARY 2015

AUTOIMMUNE DISEASES

Julian, M. K. (2014). "[Autoimmune disease: Cost-effective care.](#)" *Nursing Management* **45**(11): 24-29.

- Test: (2014). "[Autoimmune disease: Cost-effective care.](#)" *Nursing Management* **45**(11): 29-30.
- Cost: \$17.95 (USD)
- Registration deadline: November 30, 2016
- **Valid for 1.5 accredited hours**

BRAIN INJURIES

Hyatt, K. S. (2014). "[Mild Traumatic Brain Injury.](#)" *American Journal of Nursing* **114**(11): 36-42.

Mild traumatic brain injury (mTBI) can have a profoundly negative effect on the injured person's quality of life, producing cognitive, physical, and psychological symptoms; impeding postinjury family reintegration; creating psychological distress among family members; and often having deleterious effects on spousal and parental relationships. This article reviews the most commonly reported signs and symptoms of mTBI, explores the condition's effects on both patient and family, and provides direction for developing nursing interventions that promote patient and family adjustment.

- Test: Contrada, E. (2014). "[Mild Traumatic Brain Injury.](#)" *American Journal of Nursing* **114**(11): 42-44.
- Cost: \$21.95 (USD)
- Registration deadline: November 30, 2016
- **Valid for 2.0 accredited hours**

PALLIATIVE CARE

O'Shea, M. F. (2014). "[Staff Nurses' Perceptions Regarding Palliative Care for Hospitalized Older Adults.](#)" *American Journal of Nursing* **114**(11): 26-34.

Purpose: This exploratory study addressed the research question "What are the perceptions of staff nurses regarding palliative care for hospitalized older adults?" Design: A qualitative descriptive study design using focus groups was selected. Methods: Eighteen staff nurses participated in semistructured focus group interviews. The audio-recorded data were transcribed, sorted, and coded using NVivo 9 software and analyzed using Ritchie and Spencer's framework approach to qualitative data analysis. Findings: Five main thematic categories emerged that captured the essence of the nurses' perceptions: ambiguity regarding the concept of palliative care, communication challenges, a sense of informed advocacy, cognitive and emotional dissonance, and health care system constraints. Conclusions: For many seriously ill hospitalized older patients, staff nurses can be pivotal as informed advocates for palliative care early in the course of an illness trajectory. But nurses (and other providers) often confuse palliative and hospice care; thus there is a need for increased understanding and knowledge in this area. Collaborative interdisciplinary education regarding the evolving concept of palliative care may be useful. Further research into the perceptions and experiences of staff nurses who care for hospitalized older adults is warranted.

- Test: (2014). "[Staff Nurses' Perceptions Regarding Palliative Care for Hospitalized Older Adults.](#)" *American Journal of Nursing* **114**(11): 35, 44.
- Cost: \$24.95 (USD)
- Registration deadline: November 30, 2016
- **Valid for 2.5 accredited hours**

PERIOPERATIVE NURSING

Camp, M. A. (2014). "[Hemostatic Agents: A Guide to Safe Practice for Perioperative Nurses.](#)" *AORN Journal* **100**(2): 131-147.

Perioperative hemostasis, the effective management of bleeding during operative and other invasive procedures, can involve the use of blood, blood products, and hemostatic agents to augment the patient's natural clotting abilities. Currently, more than 50 hemostatic products are available in the marketplace and dozens more are in development. It is important for perioperative nurses to understand each of the hemostatic agent categories and their actions, properties, applications, and limitations. This article provides an overview of the normal coagulation process (ie, clotting cascade) that is activated by the body when there is a bleeding episode; the management of blood products and the rationale for reducing their use; the financial implications of hemostatic agent use; and how these agents are used, their clinical indications, and potential complications from their use.

- Test online at: http://www.aorn.org/Member_Apps/Product/Detail?productID=8659
- Cost: \$24.00 (USD) for members, \$48.00 (USD) for nonmembers
- Registration deadline: August 31, 2017
- **Valid for 3.0 accredited hours**

Overbey, D. M., E. L. Jones, et al. (2014). "[How Hemostatic Agents Interact With the Coagulation Cascade.](#)" *AORN Journal* **100**(2): 148-59

Hemostasis is a critical component of the preservation of hemodynamic stability and operative visibility during surgery. Initially, hemostasis is achieved via the careful application of direct pressure to allow time for the coagulation cascade to create a fibrin and platelet plug. Other first-line methods of hemostasis in surgery include repair or ligation of the bleeding vessel with sutures, clips, or staples and coagulation of the bleeding site with a thermal energy-based device. When these methods are insufficient to provide adequate hemostasis, topical hemostatic agents can be used to augment the creation of a clot during surgery. A basic understanding of how and where these products interact with the coagulation cascade is essential to achieving optimal hemostasis outcomes

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- Cost: \$13.60 (USD) for members, \$27.20 (USD) for nonmembers
- Registration deadline: August 31, 2017
- **Valid for 1.7 accredited hours**

Wood, A., R. L. Conner, et al. (2014). "[Clinical Issues.](#)" *AORN Journal* **100**(2): 213-23.

- Test online at: http://www.aorn.org/Member_Apps/Product/Detail?productID=8658
- Cost: \$15.20 (USD) for members, \$30.40 (USD) for nonmembers
- Registration deadline: August 31, 2017
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