

ARTICLES FEATURING CONTINUING EDUCATION UNITS (CEUs)

NOVEMBER 2014

CULTURAL COMPETENCE

Arritt, T. (2014). "[Caring for... Patients of different religions.](#)" *Nursing Made Incredibly Easy* **12**(6): 38-45.

TEST: (2014). "[Caring for... Patients of different religions.](#)" *Nursing Made Incredibly Easy* **12**(6): 45-46.

Valid for 2.0 accredited hours.

DEMENTIA

Volland, J. and A. Fisher (2014). "[Best practices for engaging patients with dementia.](#)" *Nursing* **44**(11): 44-50.

TEST: (2014). "[Best practices for engaging patients with dementia.](#)" *Nursing* **44**(11): 50-51. **Valid for 2.0 accredited hours.**

INTENSIVE CARE UNITS

Albert, N. M., E. Slifcak, et al. (2014). "[INFECTION RATES IN INTENSIVE CARE UNITS BY ELECTROCARDIOGRAPHIC LEAD WIRE TYPE: DISPOSABLE VS REUSABLE.](#)" *American Journal of Critical Care* **23**(6): 460-468.

Background: It is unknown if disposable electrocardiographic lead wires (ECG-LWs) reduce infection rates compared with cleaned, reusable lead wires. Purpose: To compare infection rates in intensive care unit (ICU) patients receiving disposable versus reusable ECG-LWs. Methods: Matched adult ICUs were randomly assigned to disposable or reusable ECG-LWs. Outcomes were bloodstream infection, ventilator-associated pneumonia, and chest surgical site infections. Patients' characteristics and infections were collected from hospital databases. Event rates were described by using total counts and rates per 100 patient days and were compared between groups by using generalized linear mixed-effect models weighted by patients' ICU length of stay. Results: Overall, 4056 patients from 6 ICUs received disposable and 3184 patients from 5 ICUs received reusable ECG-LWs. The characteristics of the 2 groups were similar, except patients receiving disposable ECG-LWs were less likely to be discharged home ($P = .03$) and had more comorbid conditions ($P = .002$). Overall infection rates did not differ between ECG-LW groups, between groups in matched ICUs, between groups by infection type, or when only patients with ICU stays longer than 48 hours were considered (2578 cases). In multivariate analyses, infection rates did not differ between all patients in ECG-LW groups or for patients with ICU stays beyond 48 hours (both $P = .10$). Conclusions: No difference was observed in infection rates of ICU patients receiving disposable versus reusable ECG-LWs.

TEST: Included with the article. **Valid for 1.0 accredited hours.**

Sookyung, H., L. Xiaobai, et al. (2014). "[BODY MASS INDEX AND PRESSURE ULCERS: IMPROVED PREDICTABILITY OF PRESSURE ULCERS IN INTENSIVE CARE PATIENTS.](#)" American Journal of Critical Care **23**(6): 494-501.

Background: Obesity contributes to immobility and subsequent pressure on skin surfaces. Knowledge of the relationship between obesity and development of pressure ulcers in intensive care patients will provide better understanding of which patients are at high risk for pressure ulcers and allow more efficient prevention. Objectives: To examine the incidence of pressure ulcers in patients who differ in body mass index and to determine whether inclusion of body mass index enhanced use of the Braden scale in the prediction of pressure ulcers. Methods: In this retrospective cohort study, data were collected from the medical records of 4 groups of patients with different body mass index values: underweight, normal weight, obese, and extremely obese. Data included patients' demographics, body weight, score on the Braden scale, and occurrence of pressure ulcers. Results: The incidence of pressure ulcers in the underweight, normal weight, obese, and extremely obese groups was 8.6%, 5.5%, 2.8%, and 9.9%, respectively. When both the score on the Braden scale and the body mass index were predictive of pressure ulcers, extremely obese patients were about 2 times more likely to experience an ulcer than were normal weight patients. In the final model, the area under the curve was 0.71. The baseline area under the curve for the Braden scale was 0.68. Conclusions: Body mass index and incidence of pressure ulcers were related in intensive care patients. Addition of body mass index did not appreciably improve the accuracy of the Braden scale for predicting pressure ulcers.

TEST: Included with the article. **Valid for 1.0 accredited hours.**

PATIENT ASSESSMENT

Morrison, D., J. Sgrillo, et al. (2014). "[Managing alcoholic liver disease.](#)" Nursing **44**(11): 30-40.

TEST: (2014). "[Managing alcoholic liver disease.](#)" Nursing **44**(11): 40-41. **Valid for 2.5 accredited hours.**

PEDIATRICS

Harding, A. and L. Clark (2014). "[Pediatric migraine.](#)" Nurse Practitioner **39**(11): 22-32.

Migraine headache is a common problem among children and adolescents that is now recognized as a significant and often debilitating condition in this population. Improved recognition and management of pediatric migraine in primary care is necessary, as there is a knowledge gap in understanding the unique features of this condition and a general reluctance to treat children.

TEST: online at <https://nursing.ceconnection.com/nu/public/modules/4202>. **Valid for 2.5 accredited hours.**

Smith McAlvin, S. and A. Carew-Lyons (2014). "[FAMILY PRESENCE DURING RESUSCITATION AND INVASIVE PROCEDURES IN PEDIATRIC CRITICAL CARE: A SYSTEMATIC REVIEW.](#)" American Journal of Critical Care **23**(6): 477-485.

Background: In pediatric critical care, family-centered care is a central theme that ensures holistic care of the patient and the patient's family. Parents expect and are encouraged to be involved in the care of their child throughout all phases of the child's illness. Family presence is generally accepted when the child's condition is stable; however, there is less consensus about family presence when the child becomes critically ill and requires resuscitation and/or invasive procedures. Methods: The PRISMA model guided this systematic literature search of

CINAHL, MEDLINE, Ovid, and PubMed for articles published between 1995 and 2012. Specific search terms used included pediatric intensive care, parent presence, family presence, pediatrics, invasive procedures, and resuscitation. Results: This literature search yielded 117 articles. Ninety-five abstracts were evaluated for relevance. Six articles met criteria and were included in this review. The findings indicate that parents want to be present during invasive procedures and resuscitation, would choose to be present again, recommend being present to others, and would not have changed anything about the presence experience. Parents who were present had better coping and better adjustment to the child's death. Parents who were not present reported more distress. Conclusions: These studies support the suggestion that family presence during resuscitation and invasive procedures increases parents' satisfaction and coping. However, the generalizability of these findings is limited by small sample sizes and inconsistent evaluation of confounding variables. Further research is needed to determine the benefits of family presence and prevent barriers to true implementation.

TEST: Included with the article. **Valid for 1.0 accredited hours.**

TERMINAL CARE

Nelson, J. M. and T. C. Nelson (2014). "[Advance directives.](#)" Nurse Practitioner **39**(11): 34-40.

Advance directives were conceived as a prospective means of empowering patients to direct their own end-of-life care. Unfortunately, these directives have been inadequately incorporated into healthcare decisions due to less-than-optimal execution and implementation. The authors explore challenges to implementing advance directives and propose potential solutions.

TEST: (2014). "[Advance directives.](#)" Nurse Practitioner **39**(11): 40-41. **Valid for 2.0 accredited hours.**

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