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CINAHL で文献を検索する際に利用者が必ず目にする画面である「論文の書誌詳細ページ」に焦点を当てて説明します。

書誌詳細ページ情報を理解し活用することで、皆様の検索効率をより高められると思います。

モデル論文：

Rohlik GM, Fryer KR, Tripathi S, Duncan JM, Coon HL, Padhya DR, et al.

Overcoming Barriers to Delirium Screening in the Pediatric Intensive Care Unit.

Critical Care Nurse [Internet]. 2018 Aug [cited 2021 Jul 19];38(4):57-67.

Available from:

<http://search.ebscohost.com/login.aspx?direct=true&db=ccm&AN=131246593&site=ehost-live>

論文名のリンクをクリックし、書誌詳細ページを開きます。

The screenshot shows the EBSCO CINAHL Complete search results page. The search results are displayed in a table. The first result is highlighted with a red box. A yellow box with Japanese text points to this article title, indicating that clicking it leads to the full record page.

論文名をクリックすると書誌の詳細ページに移動します

論文の書誌詳細ページでは箇条書きになった書誌情報を確認することができます。

< 書誌詳細ページ >

新着情報 出版情報 CINAHL サブジェクトのヘディング 医学的根拠に基づくケアシート クイックレッスン その他 サインイン フォルダ ユーザー設定 言語 ヘルプ

検索中: CINAHL Complete データベース選択

フィールドの選択 (オプション) 検索

1. 詳細なレコード

2. 各書誌項目

3. HTML 全文

4. 各種ツール

Overcoming Barriers to Delirium Screening in the Pediatric Intensive Care Unit.

著者: Rohik, Gina M., Fryer, Karen R., Tripathi, Sandeep, Duncan, Julie M., Coon, Heather L., Padhya, Digil R., Kahoud, Robert J.

所属: Gina M. Rohik is a certified clinical nurse specialist in the **pediatric intensive care unit**, Mayo Clinic Children's Center, Rochester, Minnesota, and an instructor in nursing at the Mayo Clinic School of Medicine, Rochester, Minnesota.

要約: Division of **Pediatric Critical Care Medicine**, Mayo Clinic, Rochester, Minnesota

資料: **Critical Care Nurse** (CRIT CARE NURSE), Aug2018; 38(4): 57-67, (11p)

出版タイプ: Article - research, tables/charts

言語: English

主要サブジェクト: ICU Psychology - Diagnosis - In Infancy and Childhood
ICU Assessment - In Infancy and Childhood
ICU Psychology - Nursing - In Infancy and Childhood
Pediatric Critical Care Nursing

副サブジェクト: Human: Intensive Care Units, Pediatric Surveys, Case Control Studies, Severity of Illness, Time Factors, Documentation, Quality Improvement, Midwestern United States, Retrospective Design, Clinical Assessment, Tools, Scales, T-Tests, Wilcoxon Rank Sum Test, Kruskal-Wallis Test, Chi Square Test, Data Analysis Software, Female, Male, Child, Adolescence, Comparative Studies, Ventilator Patients, Inpatients

抄録: BACKGROUND Delirium is associated with poor outcomes in adults but is less extensively studied in children. OBJECTIVES To describe a quality improvement initiative to implement delirium assessment in a pediatric intensive care unit and to identify barriers to delirium screening completion. METHODS A survey identified perceived barriers to delirium assessment. Failure modes and effects analysis characterized factors likely to impede assessment. A randomized case-control study evaluated factors affecting assessment by comparing patients always assessed with patients never assessed. RESULTS Delirium assessment was completed in 57% of opportunities over 1 year, with 2% positive screen results. Education improved screening completion by 20%. Barriers to assessment identified by survey (n = 25) included remembering to complete assessments, documentation outside workflow, and "busy patient." Factors with high risk prediction numbers were lack of time and paper charting. Patients always assessed had more severe illness (median Pediatric Index of Mortality 2 score, 0.90 vs 0.36; P < .001), more developmental disabilities (moderate to severe pediatric central performance category score, 54% vs 32%; P < .007), and admission during lower pediatric intensive care unit census (median [interquartile range], 10 [9-12] vs 12 [10-13]; P < .001) than did those never assessed (each group, n = 80). Patients receiving mechanical ventilation were less likely to be assessed (41.0% vs 51.2%, P < .001). CONCLUSIONS Successful implementation of pediatric delirium screening may be associated with early use of quality improvement tools to identify assessment barriers, comprehensive education, monitoring system with feedback, multidisciplinary team involvement, and incorporation into nursing workflow models.

学術データベース: Pediatric Care, Quality Assurance

特定領域: Pediatric Confusion Assessment Method for the Intensive Care Unit (pCAM-ICU), Pediatric Anesthesia Emergence Delirium Scale,

ISSN: 0279-5442

MEDLINE 情報: NLM UID: R207799

登録日: 20180821

改訂日: 20190710

DOI: 10.4037/cn.2018.227

登録番号: 131246593

画像: 1枚の画像

Overcoming

内容

- Methods
- Clinical Setting
- Implementation of Delirium Assessment
- Outcome Measures
- Delirium Awareness and Education
- Nursing Survey
- Retrospective Case-Control Study
- Failure Modes and Effects Analysis
- Results
- Interim Data Analysis
- Postintervention Delirium Assessment Rate
- Overall Data Analysis
- Identification of Perceived Barriers to Delirium Assessment
- Patient and Environmental Barriers to Delirium Assessment
- Failure Modes and Effects Analysis
- Discussion
- Limitations
- Conclusion
- Footnotes
- References

BACKGROUND

Delirium is associated with poor outcomes in adults but is less extensively studied in children.

OBJECTIVES

To describe a quality improvement initiative to implement delirium assessment in a pediatric intensive care unit and to identify barriers to delirium screening completion.

METHODS

A survey identified perceived barriers to delirium assessment. Failure modes and effects analysis characterized factors likely to impede assessment. A randomized case-control study evaluated factors affecting assessment by comparing patients always assessed with patients never assessed.

RESULTS

Delirium assessment was completed in 57% of opportunities over 1 year, with 2% positive screen results. Education improved screening completion by 20%. Barriers to assessment identified by survey (n = 25) included remembering to complete assessments, documentation outside workflow, and "busy patient." Factors with high risk prediction numbers were lack of time and paper charting. Patients always assessed had more severe illness (median Pediatric Index of Mortality 2 score, 0.90 vs 0.36; P < .001), more developmental disabilities (moderate to severe pediatric central performance category score, 54% vs 32%; P < .007), and admission during lower pediatric intensive care unit census (median [interquartile range], 10 [9-12] vs 12 [10-13]; P < .001) than did those never assessed (each group, n = 80). Patients receiving mechanical ventilation were less likely to be assessed (41.0% vs 51.2%, P < .001).

CONCLUSIONS

Successful implementation of pediatric delirium screening may be associated with early use of quality improvement tools to identify assessment barriers, comprehensive education, monitoring system with feedback, multidisciplinary team involvement, and incorporation into nursing workflow models.

Delirium is a manifestation of cerebral dysfunction,^[1] defined as an acute disturbance in attention, awareness, and cognition that fluctuates in severity and is not explained by an established neurocognitive disorder.^[2] Delirium is estimated to occur in 20% to 60% of critically ill adults.^[3-7] It has been associated with increased mortality rates, longer hospital stays, prolonged mechanical ventilation, greater reinsertion rates, short- and long-term cognitive impairment, and posttraumatic stress disorder.^[8,9,10]

Pediatric delirium has been studied less extensively. Investigators suggest that the incidence is 5% to 29% in critically ill pediatric patients.^[11-16] Risk factors associated with delirium include young age (< 5 years), developmental delay, increased illness severity, and mechanical ventilation.^[13,16,17] Delirium in pediatric intensive care unit (PICU) patients has been associated with prolonged hospitalization and increased hospital cost.^[18] Furthermore, long-term outcome data support the association between delirium and increased mortality rate in children,^[19] highlighting the need to recognize, prevent, and treat delirium in the PICU. Despite increasing recognition of the potential harm of delirium in children, recent survey data indicate that routine delirium screening occurs in only 2% of PICUs.^[20] Although implementing a validated delirium assessment tool is a crucial first step in delirium management, using it effectively and consistently may present challenges to a busy PICU practice. Identification of barriers to implementation is critical to both process improvement and reliable data collection.

Delirium rates as high as 29% have been reported in critically ill children.

* HTML 形式で全文収録している場合。

1. 詳細なレコード

PDF 全文： 該当論文の PDF 版全文にアクセスします。

HTML 全文： 該当論文の HTML 版全文にアクセスします（HTML 全文は検索結果詳細画面下部に続きます）。

* 論文により PDF/ HTML 全文の収録状況は異なります。

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2. 書誌項目（抜粋）

著者： 著者名をクリックすると、同じ著者の他の論文が確認できます。

所属： 著者の肩書及び所属機関情報です。

資料： 検索した論文が収録されている雑誌名と巻号情報です。雑誌名をクリックすると雑誌の詳細情報ページに移ります。

主要サブジェクト (Major Subjects)： 論文の主題

副サブジェクト (Minor Subjects)： 論文の中で説明または議論されるが主題ではないサブジェクト

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論文のトピック全体をカバーするサブジェクトは主要サブジェクト (Major Subjects) となり、論文のメイントピックではないトピックと判断されるサブジェクトは、副サブジェクト (Minor Subjects) となります。

【例】喘息 (asthma) に関する論文が、食事療法 (diet therapy) ・手術 (surgery) ・薬物療法 (drug therapy) について論じた場合、asthma-therapy が主要サブジェクト、asthma-diet therapy, asthma-drug therapy and asthma-surgery が副サブジェクトとして割り当てられます。

なお、研究調査 (research studies) に関する論文では、実施された研究のタイプ、

研究対象の人口、年齢層、地理的領域などの情報が副サブジェクトに割り当てられます。

※ サブジェクト名をクリックするとそのサブジェクトが含まれている他の論文の検索ができます（CINAHL Heading と同じ検索効果）。

抄録： 論文の概要です。出版社または著者によって作成されます。

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画像： 全文に含まれている画像やグラフです。

3. HTML 全文

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Overcoming Barriers to Delirium Screening in the Pediatric Intensive Care Unit

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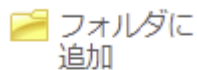
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4. 各種ツール

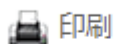
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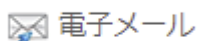
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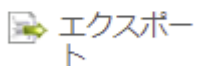
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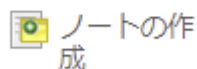
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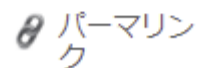
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論文に任意のノートを付します



論文への URL（パーマリンク）を表示します



論文を音声読み上げします（HTML 全文のみ）

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