NER Hospital Librarians: Resources for Nursing and Allied Health Care Professionals

Margot G. Malachowski
University of Massachusetts Medical School

Let us know how access to this document benefits you.
Follow this and additional works at: https://escholarship.umassmed.edu/ner

Part of the Health Sciences and Medical Librarianship Commons, Information Literacy Commons, Medical Education Commons, Nursing Commons, and the Public Health Education and Promotion Commons

Repository Citation

Creative Commons License
This work is licensed under a Creative Commons Attribution 4.0 License.
This material is brought to you by eScholarship@UMMS. It has been accepted for inclusion in National Network of Libraries of Medicine New England Region (NNLM NER) Repository by an authorized administrator of eScholarship@UMMS. For more information, please contact Lisa.Palmer@umassmed.edu.
Welcome

Introductions

Alexandria Brackett
Clinical Support Librarian and Coordinator of Search Services

Janene Batten
Nursing Librarian

Yale Harvey Cushing/John Hay Whitney Medical Library
Hospital Librarian’s Guide to NLM

Nursing and Allied Health Resources
Session Objectives

- Increase awareness of NLM tools and resources for supporting hospital librarians.
- Encourage the use of established search strategies in support of nursing research and patient care.
- Demonstrate how hospital librarians can navigate NLM resources to stay on top of higher demands for service with limited resources.
Focus

- PubMed
  - Clinical Queries
  - Topic Specific Queries
- MedlinePlus
- LactMed
Scenario

- A nurse walks into your library wanting more information to help with a plan for patient care, including information to give their patient.

- The patient has type 2 diabetes and is one month pregnant. She is worried that her diabetes might affect the baby’s health in utero and later with breastfeeding.
Oral Hygiene in Intensive Care Unit Patients With Photodynamic Therapy: Study Protocol for Randomised Controlled Trial

Prospective, Randomised, Controlled Study Evaluating Early Modification of Oral Microbiota Following Admission to the Intensive Care Unit and Oral Hygiene With Chlorhexidine

Oral Care in Ventilated Intensive Care Unit Patients: Observing Nursing Behavior Through Standardization of Oral Hygiene Tool Placement

Controlling the Diffusion of Multidrug-Resistant Organisms in Intensive Care Units.
Kremeis S and Lucet JC. Semin Respir Crit Care Med 2019. PMID 31585481
The prevalence of multidrug-resistant organisms (MDROs) in intensive care units (ICUs) is increasing worldwide, with very large variations across countries, microorganisms, and settings. Selective oral and digestive decontaminations have shown positive impact on clinical outcomes in ICUs with low levels of antibiotic resistance, but raised ecological concerns in high-prevalence settings...
PubMed Clinical Queries

Results of searches on this page are limited to specific clinical research areas. For comprehensive searches, use PubMed directly.

Clinical Study Categories

This column displays citations filtered to a specific clinical study category and scope. These search filters were developed by Haynes RB et al. See more filter information.

Systematic Reviews

This column displays citations for systematic reviews. See filter information or additional related sources.

Medical Genetics

This column displays citations pertaining to topics in medical genetics. See more filter information.

You are here: NCBI > Literature > PubMed

GETTING STARTED
NCBI Education
NCBI Help Manual
NCBI Handbook
Training & Tutorials
Submit Data

RESOURCES
Chemicals & Bioassays
Data & Software
DNA & RNA
Domains & Structures
Genes & Expression
Genetics & Medicine
Genomes & Maps
Homology
Literature
Proteins
Sequence Analysis

POPULAR
PubMed
Bookshelf
PubMed Central
BLAST
Nucleotide
Genome
SNP
Gene
Protein
PubChem

FEATURED
Genetic Testing Registry
GenBank
Reference Sequences
Gene Expression Omnibus
Genome Data Viewer
Human Genome
Mouse Genome
Influenza Virus
Primer-BLAST
Sequence Read Archive

NCBI INFORMATION
About NCBI
Research at NCBI
NCBI News & Blog
NCBI FTP Site
NCBI on Facebook
NCBI on Twitter
NCBI on YouTube
Privacy Policy
diabetes AND (breast feed* OR breastfeed*)
Dopamine agonists in prolactinomas: when to withdraw?  

Are Viruses and Parasites linked to Celiac Disease? A question that still has no definite answer.  

Early life factors contributing to type 1 diabetes.  

Prevalence and associated factors of breastfeeding in women with gestational diabetes in a University Hospital in Thailand.  

Obesity risk factors in American Indians and Alaska Natives: a systematic review.  

Effect of different dietary patterns on glycemic control in individuals with type 2 diabetes mellitus: a systematic review.  

Association of Maternal Lactation With Diabetes and Hypertension: A Systematic Review and Meta-analysis.  

Interventions for supporting the initiation and continuation of breastfeeding among women who are overweight or obese.  

Results: 5 of 40
Association of Maternal Lactation With Diabetes and Hypertension: A Systematic Review and Meta-analysis.  

Interventions for supporting the initiation and continuation of breastfeeding among women who are overweight or obese.  

Results: 5 of 117
Factors Influencing Atopic Dermatitis Incidence in Offspring of Women Exposed Egyptian Infants and Unmarked Linkage Disequilibrium with DR3-DQA1*05-DQB1*02 Haploype.  

Temporal development of the gut microbiome in early childhood from the TEDDY study.  

The human gut microbiome in early-onset type 1 diabetes from the TEDDY study.  
Potential health hazards of eating red meat

Wolk A. J Intern Med 2017 - Review. PMID 27593529 Free article.

Here, a comprehensive summary is provided of the accumulated evidence based on prospective cohort studies regarding the potential adverse health effects of red meat consumption on major chronic diseases, such as diabetes, coronary heart disease, heart failure, stroke and cancer at several sites, and mortality. ...Based on at least six cohorts, summary results for the consumption of unprocessed red meat of 100 g day(-1) varied from non-significant to statistically significantly increased risk (11%) for stroke and for breast cancer, 15% for cardiovascular mortality, 17% for colorectal and 11% for advanced prostate cancer; for the consumption of 50 g day(-1) processed meat, the risks were statistically significantly increased for most of the studied diseases. 44% for total prostate cancer, 8% for cancer mortality, 9% for breast, 18% for colorectal and 19% for pancreatic cancer, 13% for stroke, 22% for total and 24% for cardiovascular mortality and 32% for diabetes. ...
Up Next: Topic Specific Queries
Scenario: The patient has type 2 diabetes and is one month pregnant. She is worried that her diabetes might affect the baby’s health in utero and later with breastfeeding.
PubMed® Special Queries
Directory of Topic-Specific PubMed Queries
<table>
<thead>
<tr>
<th>Subjects</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Limits search to the PubMed AIDS subset. View search strategy.</td>
</tr>
<tr>
<td>Bioethics</td>
<td>A PubMed Bioethics subset search. View search strategy. See also Bioethics Information Resources.</td>
</tr>
<tr>
<td>Cancer</td>
<td>Limits search to the PubMed Cancer subset. View search strategy.</td>
</tr>
<tr>
<td>Complementary Medicine</td>
<td>Limits search to the PubMed Complementary Medicine subset. View search strategy.</td>
</tr>
<tr>
<td>Developmental and Reproductive Toxicology (BART)</td>
<td>A PubMed Developmental and Reproductive Toxicology search. View search strategy.</td>
</tr>
<tr>
<td>Dietary Supplements</td>
<td>Limits search to the PubMed Dietary Supplements subset. View search strategy.</td>
</tr>
<tr>
<td>Health Disparities</td>
<td>A PubMed Health Disparities search. View search strategy. See also Health Disparities Information Resources.</td>
</tr>
<tr>
<td>Health Literacy</td>
<td>A PubMed Health Literacy search. View search strategy. See also links to other Health Literacy Information Resources.</td>
</tr>
<tr>
<td>History of Medicine</td>
<td>Limits search to the PubMed History of Medicine subset. View search strategy.</td>
</tr>
<tr>
<td>Research Reporting Guidelines and Initiatives</td>
<td>A PubMed Research Reporting Guidelines search. View search strategy. See also links to organizations responsible for developing the guidelines and more information.</td>
</tr>
<tr>
<td>Smallpox</td>
<td>A PubMed Smallpox search. View search strategy. See also Smallpox Information Resources.</td>
</tr>
<tr>
<td>Toxicology</td>
<td>Limits search to the PubMed Toxicology subset. View search strategy.</td>
</tr>
<tr>
<td>Veterinary Science</td>
<td>Limits search to the PubMed Veterinary Science subset. View search strategy. See also Veterinary Information Resources.</td>
</tr>
<tr>
<td>Additional Search Queries / Interfaces</td>
<td>Description</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>ALTBIB</td>
<td>Provides a PubMed interface to search animal alternatives for biomedical research and testing</td>
</tr>
<tr>
<td>CAM on PubMed</td>
<td>Provides information on searching for complementary and alternative medicine citations in PubMed</td>
</tr>
<tr>
<td>MedlinePlus Health Topics</td>
<td>Provides several search mechanisms for searching for health topics of interest to the general public in PubMed</td>
</tr>
<tr>
<td>National Institutes of Health Funding Support</td>
<td>Provides a search in PubMed for citations designated as funded by NIH Institutes.</td>
</tr>
<tr>
<td>Retracted Publication</td>
<td>Provides a search in PubMed for all citations designated as a retracted publication.</td>
</tr>
<tr>
<td>TOXNET</td>
<td>Provides a series of toxicological databases, several of which include a PubMed search option/function</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Journal Collections</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core clinical journals</td>
<td>Limits search to the PubMed Core clinical journal subset.</td>
</tr>
<tr>
<td>Dental journals</td>
<td>Limits search to the PubMed Dental journal subset. Includes records from the subset of MEDLINE Dental journals (see list of dental journals in NLM Catalog) and individual records selected by indexers.</td>
</tr>
<tr>
<td>Nursing Journals</td>
<td>Limits search to the PubMed Nursing Journals. Includes records from the subset of MEDLINE Nursing journals (see list of nursing journals in NLM Catalog) and individual records selected by indexers.</td>
</tr>
<tr>
<td>Clinicians and Health Services Researchers Queries</td>
<td>Description</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>-------------</td>
</tr>
</tbody>
</table>
| **Clinical Queries** | A search interface to find citations in the areas of:  
- **Clinical Study Categories**: Find citations corresponding to a specific clinical study category.  
- **Systematic Reviews**: Find citations for systematic reviews, meta-analyses, reviews of clinical trials, evidence-based medicine, consensus development conferences, and guidelines.  
- **Medical Genetics**: Find citations related to various topics in medical genetics. |
| **Electronic Health Records** | A PubMed Electronic Health Records search. View search strategy. See also Electronic Health Records Information Resources. |
| **Comparative Effectiveness Research** | Specialized searches of published research and research in progress to help inform investigations of comparative effectiveness. |
| **Health Services Research (HSR) Queries** | A search interface to find PubMed citations relating to health care quality or health care costs, e.g.: Appropriateness; Process assessment; Outcomes assessment; Costs; Economics; Qualitative research; and Quality Improvement. |
| **Healthy People 2020** | An interface providing searches - Structured Evidence Queries (SEQs) - to retrieve citations to published literature related to Healthy People 2020 topic areas and objectives. |
Healthy People 2020 Structured Evidence Queries

Practice Informed by Research. This resource provides pre-formulated PubMed search strategies to find published literature to support achieving Healthy People 2020 objectives.

VIEW BY TOPIC AREA

ACCESS TO HEALTH SERVICES

- ADOLESCENT HEALTH
- ARTHRITIS, OSTEOPOROSIS, AND CHRONIC BACK CONDITIONS
- BLOOD DISORDERS AND BLOOD SAFETY
- CHRONIC KIDNEY DISEASE
- DEMENTIAS, INCLUDING ALzheimer'S DISEASE

[DIABETES]

About HP2020

The National Library of Medicine (NLM), National Institutes of Health (NIH), and the U.S. Department of Health and Human Services (HHS) Office of Disease Prevention and Health Promotion, have worked together to develop pre-formulated search strategies (structured evidence queries) that search high-quality, peer-reviewed scientific literature to identify research evidence for selected Healthy People 2020 objectives.

These one-click strategies search PubMed, an NLM database that provides access to millions of citations from MEDLINE, life science and public health journals, and online books. PubMed includes links to many sites providing full-text articles and other related resources.

Click on the topic areas listed above to link to specific search strategies.

This site is supported by the NLM, the assistance of the collaboration, Partners in Information Access for the Public Health Workforce. Your feedback is important to this project and will be greatly appreciated.

To share the resource with colleagues and staff, this handout a project overview.
DIABETES

D-1 Reduce the annual number of new cases of diagnosed diabetes in the population (Objective D-1)

D-2.1 Reduce the rate of all-cause mortality among the population with diabetes (Objective D-2.1 all-cause)

D-2.2 Reduce the rate of cardiovascular disease deaths in persons with diagnosed diabetes (Objective D-2.2)

D-3 Reduce the diabetes death rate (Objective D-3)

D-4 Reduce the rate of lower extremity amputations in persons with diagnosed diabetes (Objective D-4)

D-5 Improve glycemic control among the population with diagnosed diabetes (Objective D-5)

D-6 Improve lipid control among persons with diagnosed diabetes (Objective D-6)

D-7 Increase the proportion of the population with diagnosed diabetes whose blood pressure is under control (Objective D-7)

D-8 Increase the proportion of persons with diagnosed diabetes who have at least an annual dental examination (Objective D-8)
Scenario: A nurse wants more information to help educate their patient who has type 2 diabetes and is one month pregnant.

D-14 Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education (Objective D-14)
Search results
Items: 1 to 20 of 878

1. Sparapani VC, Fels S, Kamal N, Nascimento LC.
   Similar articles

2. Enhancing diabetes care through care coordination, telemedicine, and education: Evaluation of a rural pilot program.
   McLendon SF, Wood FG, Stanley N.

3. DTEXT - text messaging intervention to improve outcomes of people with type 2 diabetes: protocol for randomised controlled trial and cost-effectiveness analysis.
   Similar articles

   Katangwe T, Bhattacharya D, Twigg MJ.
Search results

Items: 1 to 20 of 168

1. Enhancing diabetes care through care coordination, telemedicine, and education: Evaluation of a rural pilot program.
   McLendon SF, Wood FG, Stanley N.
   PMID: 30686661
   [Similar articles]

2. Diabetes knowledge of primary health care and specialist nurses in a major urban area.
   Daly BM, Arroll B, Scragg RKR.
   PMID: 30302838
   [Similar articles]

   Pinchera B, DelloIacono D, Lawless CA.
   PMID: 30148541
   [Similar articles]

4. Using qualitative data to enhance our understanding of the reasons young people decline Structured Diabetes Education programmes.
   Coates V, Horigan G, Carey M, Davies M.
   PMID: 29752855
   [Similar articles]

5. Improving the Documentation Process for Referrals into Diabetes Education: A Quality Improvement Project.

[Additional filters and options available]
Up Next: MedlinePlus
Diabetes is a disease in which your blood glucose, or blood sugar, levels are too high. Glucose comes from the foods you eat. Insulin is a hormone that helps the glucose get into your cells to give them energy. With type 1 diabetes, your body does not make insulin. With type 2 diabetes, the more common type, your body does not make or use insulin well. Without enough insulin, the glucose stays in your blood. You can also have prediabetes. This means that your blood sugar is higher than normal but not high enough to be called diabetes. Having prediabetes puts you at a higher risk of getting type 2 diabetes.

Over time, having too much glucose in your blood can cause serious problems. It can damage your eyes, kidneys, and nerves. Diabetes can also cause heart disease, stroke and even the need to remove a limb. Pregnant women can also get diabetes, called gestational diabetes.

(Read more)
Summary

Diabetes is a disease in which your blood glucose, or blood sugar, levels are too high. Glucose comes from the foods you eat. Insulin is a hormone that helps the glucose get into your cells to give them energy. In diabetes, there is either too little insulin or the body does not respond to the insulin that is produced. Glucose builds up in your blood instead of being taken into your cells. When blood glucose levels are too high, symptoms of diabetes may appear. These include frequent urination, extreme thirst, extreme hunger, weight loss, and fatigue.
Patient Handouts

- A1C test (Medical Encyclopedia)
  Also in Spanish

- Blood sugar test - blood (Medical Encyclopedia)
  Also in Spanish

- Diabetes (Medical Encyclopedia)
  Also in Spanish

- Diabetes - keeping active (Medical Encyclopedia)
  Also in Spanish

- Diabetes - low blood sugar - self-care (Medical Encyclopedia)
  Also in Spanish

- Diabetes - tests and checkups (Medical Encyclopedia)
  Also in Spanish

- Diabetes - when you are sick (Medical Encyclopedia)
  Also in Spanish

- Diabetes and exercise (Medical Encyclopedia)
  Also in Spanish

- Diabetes myths and facts (Medical Encyclopedia)
  Also in Spanish

- Giving an insulin injection (Medical Encyclopedia)
  Also in Spanish

- High blood sugar - self-care (Medical Encyclopedia)
  Also in Spanish
Diabetes is a disease in which your blood glucose, or blood sugar, levels are too high. When you are pregnant, high blood sugar levels are not good for your baby.

About seven out of every 100 pregnant women in the United States get gestational diabetes. Gestational diabetes is diabetes that happens for the first time when a woman is pregnant. Most of the time, it goes away after you have your baby. But it does increase your risk for developing type 2 diabetes later on. Your child is also at risk for obesity and type 2 diabetes.

1. **Diabetes and Pregnancy** (National Library of Medicine)
   - ... possible before and during pregnancy. Either type of diabetes during pregnancy increases the chances of problems for you and ...
   - https://medlineplus.gov/diabetesandpregnancy.html - Health Topics

2. **Pre-existing diabetes and pregnancy**
   - https://medlineplus.gov/ency/patientinstructions/000999.htm - Medical Encyclopedia

3. **Diabetes and Pregnancy** *Easy-to-Read* (National Institute of Diabetes and Digestive and Kidney Diseases)
   - ... could I develop during pregnancy because of my diabetes? Pregnancy can worsen
Pregnancy and Prenatal Care

During your pregnancy, you will work with a health care team to make sure you and your baby remain healthy. Because your pregnancy is considered high-risk, you will work with an obstetrician who specializes in high-risk pregnancies (maternal-fetal medicine specialist). This provider may do tests to check your baby’s health. The tests may be done at any time while you are pregnant. You will also work with a diabetes educator and dietitian.

During pregnancy, as your body changes and your baby grows, your blood glucose levels will change. Being pregnant also makes it hard to notice symptoms of low blood sugar. So you will need monitor your blood sugar as often as 8 times a day to make sure you stay in your target range. You may be asked to use continuous glucose monitoring (CGM) during this time.

Here are common target blood sugar goals during pregnancy:

- Fasting: Less than 95 mg/dL
- One hour: Less than 140 mg/dL
- Two hour: Less than 120 mg/dL

Ask your provider if you need different goals.

You will need to monitor your blood sugar:

- Pregnanat women and healthy foods
- Plenty of healthy foods
- Moderate snacks
- Moderate exercise

References


Review Date 6/18/2019
Up Next: LactMed
Scenario: The patient has type 2 diabetes and is one month pregnant. She is worried that her diabetes medication might affect the baby's while breastfeeding.
Metformin

Last Revision: October 31, 2018.
Estimated reading time: 5 minutes

CASRN: 657-24-9

Drug Levels and Effects

Summary of Use during Lactation

Data from well-conducted studies indicate that metformin levels in milk are low and infants would receive less than 0.5% of their mother's weight-adjusted dosage. Milk metformin levels are relatively constant during maternal metformin use, so timing of breastfeeding with respect to the administration times is of little benefit. Although the dose in milk is low, metformin is sometimes detectable in low levels in the serum of breastfed infants. One sizeable prospective study found no adverse effects in breastfed infants. Metformin should be used with caution while nursing newborn and premature infants and those with renal impairment.

Drug Levels

Maternal Levels: Seven women (time postpartum not stated) were taking metformin with a median dose of 1500 mg daily for 1 year. Milk samples were collected 2 hours after the dose, and metformin levels were measured. The levels ranged from 0.5 to 1.2 mg/L.
Effects in Breastfed Infants

Seven infants aged 5 to 25 months whose mothers were taking metformin (start date and duration not stated) were judged to be healthy with growth and development progressing as expected. Two of the infants also had normal Denver Developmental Screening tests. [1]

Three infants aged 2, 5 and 14 months whose mothers were taking metformin 500 mg twice daily had no detectable adverse effects from metformin. [3]

In 3 breastfed (extent not stated) infants aged 10 to 11 days postpartum whose mothers were taking an average metformin dosage of 9.6 mg/kg (range 7.5 to 12.4 mg/kg) daily, none of the infants had low blood glucose levels. Their mothers reported no adverse reactions in the infants. [4]

Ninety-two mothers of 111 infants were treated with metformin in a mean dosage of 2.2 grams daily (range 1.5 to 2.55 mg daily) throughout pregnancy and postpartum. A 6-month, nonrandomized, prospective trial followed 61 predominantly breastfed and 50 formula-fed infants of these women. No differences in 3- and 6-month outcomes were found by blinded observers between the 2 groups of infants in height, weight, motor-social development or rates of illness. [6][7]

Effects on Lactation and Breastmilk

In a study of 250 women who received metformin 500 mg to 2 grams daily in either the immediate- or extended-release formulation for polycystic ovary syndrome, information on breastfeeding was available on 164 women. Of these, 97 (59%) were successful at breastfeeding. 27 (17%) failed, and 40 (27%) made no attempt to breastfeed. Of the 124 who attempted to breastfeed, 78% were successful. Failures were attributed to poor milk production in 4 women, demands of multiple births, infant prematurity, cleft palate and mastitis. [8]

In a follow-up to a placebo-controlled study on metformin use during pregnancy in women with polycystic ovary syndrome, women were asked about the duration and extent of breastfeeding. No difference in breastfeeding in the duration of exclusive or partial breastfeeding was observed between the women who received metformin during pregnancy and those who received placebo. [9]

Alternate Drugs to Consider

Acarbose, Glipizide, Glyburide, Insulin, Miglitol
Up Next: Additional Resources
Review

- PubMed
  - Clinical Queries
  - Topic Specific Queries
- MedlinePlus
- LactMed
Additional Resources

- DailyMed
- Health Reach
- NLM Technical Bulletin
- Musings from the Mezzanine
Thank you!

Questions?

Janene Batten

Alexandria Brackett