

Searching the literature for HNE Staff.

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Instruction and Liaison Librarian HNE Health Libraries Ph: 02 4940335075



6. CITE YOUR SOURCES

1: WHAT DO YOU KNOW?

2: WHAT DO YOU WANT TO LEARN?

5. EVALUATE

The Research Process

3: WHERE WILL YOU FIND RESOURCES

4: REFINE YOUR SEARCH

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Participating in an	News			ACCESSSS Smart Search
project? Developing a guideline? Undertaking a systematic review or meta-analysis? Librarians can support you. Find out more	Lippincott Advisor Lippincott Procedures	13.09.23 Have you tried these new resources for nurses, m health professionals? They are now available w	w evidence-based idwives and allied via CIAP	Medline@HNE UpToDate CIAP TRIP Standards Australia







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Sort by Relevance *	0 selected 1-4 of 4 Results Personalise
Resource Type ∽ Publication Date ∽	Book Image: Book <
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Advanced Search



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Library eResources: Journals

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The time invested in planning and organising an effective search of the literature on a topic is vital to the production of a comprehensive literature review











Don't know where to start ?













Ovid<mark>SP</mark>







- Mater grand rounds Mental health grand rounds Paediatric grand rounds Surgical education
- New books lists
 Previous news items from library website

Library newsletter

To browse resources in print and electronic formats please use the library catalogue. Please be aware that CIAP resources are not included in the catalogue.

Access is restricted to HNELHD sites and employees. Remote access is available to HNE Health Libraries members. You can join the library here or apply in person at any HNE Health Library.







Via Hunter New England Health



Summary Clinical Texts ←	Systematic Reviews	A Non-Appraised			
DynaMed (50 Items)	ACP Journal Club (0 Items)	PubMed CQ* - Therapy (50 Items)			
Best Practice (50 Items)	McMaster PLUS (49 Items)	PubMed CQ* - Clinical Prediction Guides (50 Items)			
EBM Guidelines (8 Items)		PubMed CQ [*] Diagnosis (10 Items)			
UpToDate's search results would qualify to be listed here, but they don't allow being incorporated into search engines.	A Original Studies	PubMed CQ* - Prognosis (50 Items)			
Click here to be transferred to UpToDate.	ACP Journal Club (1 Item)	PubMed CQ* - Systematic Reviews (50 Items)			
🚖 Systematic Guidelines	McMaster PLUS (50 Items)	PubMed CQ [*] - Etiology (50 Items)			
	•	PubMed Unfiltered (50 Items)			
Guidelines in McMaster PLUS (0 Items)		*CQ refers to Clinical Queries search filters for MEDLINE.			
		CO filters reduce the number of off target and low quality			

studies retrieved.

"pain management"

UpToDate[®]

🗐 New South Wales Health 🗸

Contents 🗸 🛛	Calculators	Drug Interactions	UpToDate Pathways	Register	Log In
< Back			"pain management" Find	ð	«° А
Topic Outline	←	- <	Cancer pain management with opioids: Optimizing ana	lgesia	
SUMMARY AND RE	ECOMMENDAT	IONS	Authors: Russell K Portenoy, MD, Zankhana Mehta, MD, Ebtesam Ahmed, PharmD, MS		
INTRODUCTION			Deputy Editor: Diane MF Savarese, MD		
OPIOID DRUGS US	SED IN CANCER	RPAIN	Contributor Disclosures		
MANAGEMENT			All topics are updated as new evidence ecomes available and our <u>peer review process</u> is complete.		
Mechanism of act	tion		Literature review current through: Dec 2020. This topic last updated: Jan 12, 2021.		
Pure mu agonists pain	s commonly use	d for cancer			
 Morphine 			INTRODUCTION		
 Oxycodone, hy hydromorphone 	/drocodone, ie, and oxymorp	hone	Opioids are widely used for treatment of cancer-related pain because of their safety, multiple administration, ease of titration, reliability, and effectiveness for all types of pain (ie, somation	e routes of , visceral,	
Fentanyl			neuropathic). Although neuropathic pain may be more difficult to treat, a favorable respons	e to opioid-b	ased
Levorphanol			analgesia is often possible. (See <u>"Assessment of cancer pain", section on 'Inferred pathophy</u>	<u>siology (type</u>	<u>s of</u>
 Methadone 			<u>cancer pain)'</u> .)		
Pure mu agonists	s rarely used for	cancer pain	Opioids are also drugs that can be misused. The public health consequences of opioid misu	se drive the	
Codeine			imperative that all clinicians assume responsibility for risk management when these drugs a	re prescribe	d for
Meperidine			legitimate medical purposes. These issues are discussed elsewhere. (See "Cancer pain mana	igement: Ger	<u>neral</u>
Mixed-mechanism	n drugs: Tramad	dol and	principles and risk management for patients receiving opioids", section on 'Risk assessment	and manage	ement ğ
tapentadol			<u>for patients receiving opioids'</u> .)		Feed
Mixed agonist-an	itagonist drugs		This topic review will cover the use of opicids for concer related pain with an emphasis and	ntimizina	opic
Buprenorphine	e		analgesia and minimizing side effects. Assessment of cancer pain, a review of specific cancer	r pain syndro	omes,

general principles of cancer pain management, an overview of risk management in patients treated with opioids, prevention and management of opioid side effects, the clinical use of non-opioid analgesics (including

nonsteroidal anti-inflammatory drugs [NSAIDs] and adjuvant analgesics), nonpharmacologic methods of

concernain management, management of acute nain lag, from a new injury or currical procedure) in the

XQ

Other drugs

PRACTICAL CONSIDERATIONS IN OPIOID

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THEORY	DIAGNOSIS		FOLLOW UP	RESOURCES	
Epidemiology Etiology Case history	Approach History and exam Investigations Differentials Criteria Last updated: 13 Jul 20	Approach Treatment algorithm Emerging Prevention Patient discussions	Monitoring Complications Prognosis Differen	Guidelines Images and v References Patient leafle Evidence	rideos ts ←
ne most common reason pain may be based on r anical), neuropathic, fibro he age of 65 years is affo res and/or lumbar spinal	ns for seeing a primary care major pain features or by b omyalgia, and chronic head ected by chronic pain, ofte I stenosis. These condition	e physician. ody region: myofascial, dache syndromes. n due to arthritis, s are treatable and	Hypot Polym Giant Guideli Neuropa pharmad specialis	thyroidism nyalgia rheumatica (PMF cell arteritis (GCA) More nes athic pain in adults: cological management i st settings &	R) differentials
	Specialties Syndromes THEORY Epidemiology Etiology Case history o he most common reasor pain may be based on pain(a), neuropathic, fibro he age of 65 years is aff res and/or lumbar spina d part of the normal agi	SpecialtiesCalculatorsSpecialtiesINEORYDIAGNOSISEpidemiologyApproachEtiologyHistory and examCase historyInvestigationsDifferentialsCriteria0CLast updated: 13 Jul 20he most common reasons for seeing a primary carepain may be based on major pain features or by bne age of 65 years is affected by chronic pain, offerers and/or lumbar spinal stenosis. These condition	Specialties Calculators Patient I Syndromes THEORY DIAGNOSIS MANAGEMENT Epidemiology Approach Approach Etiology History and exam Treatment algorithm Case history Investigations Emerging Differentials Prevention Criteria Patient discussions o	Specialties Calculators Patient leaflets Syndromes THEORY DIAGNOSIS MANAGEMENT FOLLOW UP Epidemiology Approach Complications Emerging Prevention Criteria Prevention Criteria Prevention Criteria Patient discussions Differentials Prevention Criteria Patient discussions Differentials Prevention Criteria Patient discussions Differentials Prevention Criteria Patient discussions Complications Pregnosis Prevention Criteria Patient discussions Complications Pregnosis Pregnosis Prevention Criteria Patient discussions Complications Pregnosis Pregnosis Prevention Criteria Patient discussions Complications Pregnosis Pregnosis Prevention Criteria Patient discussions Pregnosis Pregnosis Prevention Criteria Patient discussions Prevention Criteria Patient discussions Prevention Criteria Patient discussions Complications Prevention Criteria Prevention Criteria Prevention Criteria Prevention Complications Prevention	Image: Specialties Image: Calculators Image: Patient leaflets Image: Videos English Portuge Synchromes THEORY DIAGNOSIS MANAGEMENT ← FOLLOW UP RESOURCES Epidemiology Approach Approach Monitoring Guidelines Etiology History and exam Treatment algorithm Complications Images and videoins Case history Investigations Emerging Prognosis References Differentials Prevention Patient leafle Patient leafle O Last updated: 13 Jul 2018 et most common reasons for seeing a primary care physician. pain may be based on major pain features or by body region: myofascial, inical), neuropathic, fibromyalgia, and chronic headache syndromes.

← Previous Ret	um to Search Results	Next →	
Mascarenhas RO, Souza MB, Oliveira MX, et al. Association of Therapies Wit Systematic Review and Meta-analysis. JAMA Intern Med. 2021 Jan 1;181(1):	th Reduced Pain and Improved Quality of Lif 104-112. doi: 10.1001/jamainternmed.2020.565	e in Patients With Fibromyalgia: A 1.	Register wit
🚰 Read full-text (subscription needed) 🛛 🗳 View on PubMed 🛛 🖈 Read (rater comments		McMaster
Abstract			Plus to have
ADSTRACT			alerts sent t
Importance: Fibromyalgia is a chronic condition that results in a significant burd	den to individuals and society.		vour email
Objective: To investigate the effectiveness of therapies for reducing pain and in	nproving quality of life (QOL) in people with fibro	omyalgia.	your email
Data Sources: Searches were performed in the MEDLINE, Cochrane, Embase, 11, 2018, and updated on July 15, 2020.	, AMED, PsycInfo, and PEDro databases without	it language or date restrictions on December	for your are
Study Selection: All published randomized or quasi-randomized clinical trials th	hat investigated therapies for individuals with fib	romyalgia were screened for inclusion.	of interest.
Data Extraction and Synthesis: Two reviewers independently extracted data a were pooled using random-effects models. The quality of evidence was assessed	and assessed risk of bias using the 0 to 10 PED ed using the Grading of Recommendations Asse	ro scale. Effect sizes for specific therapies essment (GRADE) approach.	
Main Outcomes and Measures: Pain intensity measured by the visual analog s Fibromyalgia Impact Questionnaire.	scale, numerical rating scales, and other valid in	struments and QOL measured by the	
Results: A total of 224 trials including 29?962 participants were included. High- difference [WMD], -0.9; 95% CI, -1.4 to -0.3) for pain in the short term and was f antidepressants (WMD, -0.5 [95% CI, -0.7 to -0.4]) for pain in the medium term. to -5.2]) for QOL in the short term and in favor of central nervous system depres -2.5]) in the medium term. However, these associations were small and did not (14 points on a 101-point scale for QOL). Evidence for long-term outcomes of inf	quality evidence was found in favor of cognitive found in favor of central nervous system depress There was also high-quality evidence in favor o ssants (WMD, -8.7 [95% CI, -11.3 to -6.0]) and a exceed the minimum clinically important change terventions was lacking.	behavioral therapy (weighted mean sants (WMD, -1.2 [95% CI, -1.6 to -0.8]) and f antidepressants (WMD, -6.8 [95% CI, -8.5 ntidepressants (WMD, -3.5 [95% CI, -4.5 to e (2 points on an 11-point scale for pain and	
Conclusions and Relevance: This systematic review and meta-analysis sugge supported by high-quality evidence. Some therapies may reduce pain and impro be clinically important to patients.	ests that most of the currently available therapies ove QOL in the short to medium term, although t	s for the management of fibromyalgia are not the effect size of the associations might not	
H Save			
Ratings by Clinicians (at least 3 per Specialty)			
Specialty	Relevance to Practice	Is this News?	
Physical Medicine and Rehabilitation	*****	******	



The key principles for guiding a literature search include being systematic, explicit, thorough and rigorous





What is PICO?

• A useful model to help structure an answerable question

Used to formulate clinical questions

 Breaks down the question into four key elements





PICO Model

• Patient, Population, Problem

Intervention

Comparison

Outcome



Patient, Population, Problem

- Who are the patients? Gender, age, ethnicity
- Disease or condition, health concern
- Stage of the illness
- Care setting





Intervention

- What intervention are you considering for your patient? (Drug, procedure, therapy)
- Intervention level (dosage, frequency)
- Stage of Intervention (preventative, early, advanced)
- Delivery (Who delivers and where?)





Comparison

 Alternative interventions (standard treatment, placebo, another intervention)

• There may not always be a comparison





Outcome

- The outcome or effects you are interested in, for eg
 - Improvement of symptoms, healing
 - Side effects
 - Improved quality of life
 - Cost effectiveness and benefits for the service provider



Search Strategy Work Sheet

Concept <u>1 (</u>and) Concept 2 (and) Concept 3(and) Concept 4

		Patient with Frozen shoulder	Interventions	Treatment outcomes	
<u>Keywords</u>					
or	or	Bursitis	management	prognosis	
<u>Related terms</u>	or	Adhesive capsulitis	Therapeutics		
<u>or</u>	or	Age group ?	particular therapies ???		
<u>Synonyms</u>		Community or hospital based ?			

- Time period:
- Databases :
- Notes:





Evidence-Based Practice Q





Medications

Evidence-Based Practice

Search CIAP Resources

Clinical Information Access Portal

Guidelines

Diseases & Conditions

Emergency Care

Journals

Books & Dictionaries

Databases

Tools

Patient Education

Mobile Apps

Podcast / Media



Register of controlled trials UpToDate



Cochrane Library

Database of systematic reviews



Reviews / RCT / guidelines



77

BITE

speechBITE Speech pathology Best interventions / treatment



- Systematic reviews, evidence gap maps
- Social welfare, disability, policy, education



Cochrane Clinical Answers Systematic reviews

Summaries





OTseeker Occupational therapy

interventions Reviews / RCTs / guidelines





 Treatment efficacy for psychological problems of acquired brain injury





Lippincott Procedures Evidence-based procedures written by nurses for nurses







EBM Reviews Systematic reviews Register of controlled trials





 Systematic reviews, practice & guidance, grey literature



TRIP Database · High quality clinical evidence PICO search tool





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Databases

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Medications

Evidence-Based Practice

Guidelines

Diseases & Conditions

Emergency Care

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Mobile Apps

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ProQuest

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Nursing | Allied Health

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Emcare

ProQuest

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PsycINFO



 Psychology | Education | Behaviour

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Preclinical Science



PubMed • US National Library of Medicine Open access records

Medicine | Nursing | Dentistry |



PREMEDLINE In process bibliographic citations for MEDLINE



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| Birth | Postnatal | Neonatal



Lit Search (Lowitja Institute)

- Searches PubMed Database
- Aboriginal and Torres Strait Islander Focus
- Provided by the Lowitja Institute



Article Finder

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Use a subject heading and a keyword search to include synonyms for the chosen term.





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- Hints:
 - Subheadings can be used to restrict the focus of your search. Choose one or more subheadings by selecting the checkbox that precedes each desired subheading.
 - Choose Combine with AND to search for the intersection of two or more subheadings.
 - Choose Combine with OR to search for the union of two or more subheadings.
 - If you do not wish to restrict the focus of your search, then select Include All Subheadings.
 - Trigger the i icon to get more information about the scope of the subheading.

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 Hints: Trigger Select t Select t If your : If your : 	a Subject Heading link to view its tree - related terms that are more general and more specific. the Explode box if you wish to retrieve results using the selected term and all of its more specific term the Focus box if you wish to limit your search to those documents in which your subject heading is co search did not map to a desirable subject heading, select the box Search as Keyword. select more than one term, you can combine them using a boolean operator (AND or OR).	s. Isidered the major point of the article.		x





Scope Note for: Lower Extremity

Ovid[®]

MeSH HEADING: LOWER EXTREMITY

←

SCOPE: The region of the lower limb in animals, extending from the gluteal region to the FOOT, and including the BUTTOCKS; HIP; and LEG.

NOTE: prefer specifics

YEAR of ENTRY: 2003; use LEG 1987-2002

PREVIOUS INDEXING: Leg (1964-2002)

REFERENCES:

LOWER EXTREMITY/abnormalities see LOWER EXTREMITY DEFORMITIES, CONGENITAL

Used For:

extremities, lower extremity, lower limb, lower limbs, lower lower extremities lower extremity lower limb lower limbs membrum inferius



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Your term mapped to the following Subject Headings:

Click on a subject heading to view more general and more specific terms within the tree. See term mapped to thesaurus term

Include All Subheadings

Combine with:	Continue			
Select	Subject Heading	Explode	Focus	Scope
~	Lower Extremity			\bigcirc
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Hints:

- Trigger a Subject Heading link to view its tree related terms that are more general and more specific.
- · Select the Explode box if you wish to retrieve results using the selected term and all of its more specific terms.
- · Select the Focus box if you wish to limit your search to those documents in which your subject heading is considered the major point of the article.
- If your search did not map to a desirable subject heading, select the box Search as Keyword.
- If you select more than one term, you can combine them using a boolean operator (AND or OR).

You could choose to include a keyword search as well by combining the heading and the keyword with **or** here





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Secil M, Sarisoy HT, Hazan E, Goktay AY Journal of Emergency Medicine. 24(1):65-7, 2003 Jan.

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