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論文の書誌詳細ページの見方について

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 EBSCOhost search results page. The search criteria are: TI Overcoming Barriers to Delirium Screening in the Pediatric Intensive Care Unit. The search results list one article: 'Overcoming Barriers to Delirium Screening in the Pediatric Intensive Care Unit' by Rohlik GM, Fryer KR, Tripathi S, Duncan JM, Coon HL, Padhya DR, et al. The article title is highlighted with a red box. A yellow callout box with Japanese text points to the title, stating: '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' (Clicking the article title moves you to the detailed bibliography page).

論文の書誌詳細ページでは簡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 >

1. 詳細なレコード

2. 各書誌項目

3. HTML 全文
* HTML 形式で全文収録している場合。

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, Digi 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. Julie M. Duncan is an assistant professor of **pediatrics** at the Mayo Clinic School of Medicine, Rochester, Minnesota. Heather L. Coon is an assistant professor of **pediatrics** at the Mayo Clinic School of Medicine, Rochester, Minnesota. Digi R. Padhya is an assistant professor of **pediatrics** at the Mayo Clinic School of Medicine, Rochester, Minnesota. Robert J. Kahoud is a **pediatric intensivist and physician scientist**, Mayo Clinic Children's Center, Rochester, Minnesota, and an assistant professor of neurology and **pediatrics**, Mayo Clinic School of Medicine, Rochester, Minnesota.

資料: *Critical Care Nurse (CRIT CARE NURSE)*, Aug2016; 38(4): 57-67. (11p)

出版種タイプ: Article - research, tables/charts

言語: English

主要サブジェクト: ICU Psychosis - Diagnosis - In Infancy and Childhood
ICU Psychosis - 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 Adolecence; 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 cerebral 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 = 60). 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 modes.

学術誌サブセット: Blind Peer Reviewed; Core Nursing; Double Blind Peer Reviewed; Editorial Board Reviewed; Expert Peer Reviewed; Nursing; Peer Reviewed; USA

特定領域: Pediatric Care; Quality Assurance

権原: Pediatric Confusion Assessment Method for the Intensive Care Unit (pCAM-ICU); Pediatric Anesthesia Emergence Delirium Scale.

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画像: 0 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
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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 cerebral 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 = 60). 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 modes.

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.

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。

類似した検索結果： 検索論文名とその抄録を基に、同じキーワードを持った論文を自動検索します。

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

◆CINAHL の「主要サブジェクト」と「副サブジェクト」の定義◆

CINAHL に収録されるすべての情報(雑誌名、書誌情報、全文など)は CINAHL の専門インデクサーによってレビューされます。インデクサーは情報をレビューする際、まずトピック(病気、処置、概念、問題など)を決め、トピックをさらに細かい領域(治療、診断など)に分けます。その後トピック全体をカバーするサブジェクトと、トピックのアウトラインを構成する具体的な内容、例えば看護、治療法、研究対象などのサブジェクトを決めます。

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。

DOI： デジタルオブジェクト識別子。URL をクリックすると雑誌元に飛びます。





画像： 全文に含まれている画像やグラフです。

3. HTML 全文

詳細なレコード下にある HTML 全文をクリックするとこの部分に直接移動します。HTML 論文では「全文読み上げ機能」がご利用頂けます（PDF 全文では読み上げ機能をご利用いただけません）。

The screenshot shows a browser window displaying a full-text HTML article titled "Overcoming Barriers to Delirium Screening in the Pediatric Intensive Care Unit". A text-to-speech player is overlaid on the article content. The player includes a language selection dropdown menu with options like "American English - Male 1", "American English - Male 2", "Australian English - Male 1", "Australian English - Male 2", "British English - Female", and "British English - Male". A yellow box highlights this menu with the text "アクセントの選択". To the right of the player, another yellow box highlights the play button with the text "読み上げ箇所のハイライト表示". The article text is partially visible, showing sections like "RESULTS" and "CONCLUSIONS".

4. 各種ツール

ツール	
 Google Drive	Google Drive に書誌データ/ 全文データ（利用可能な場合）を保存します。
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 引用	論文を引用する際の Style Guide を提示します
 エクスポート	論文の書誌情報を文献管理ツール等にエクスポートします
 ノートの作成	論文に任意のノートを付します
 パーマリンク	論文への URL（パーマリンク）を表示します
 再生	論文を音声読み上げします（HTML 全文のみ）

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