CERCA I GESTIÓ BIBLIOGRÀFICA

Emilio Jiménez Martínez. PhD, MSN, RN
Infermer Clínic Control Infecció
Hospital Universitari de Bellvitge

CONTINGUTS

1

INTRODUCCIÓ A LA RECERCA

2

INTRODUCCIÓ A LA CERCA BIBLIOGRÀFICA

3

CERCADORS

4

GESTORS BIBLIOGRÀFICS

INTRODUCCIÓ A LA RECERCA

QUÈ ÉS LA RECERCA?

QUÈ ÉS LA RECERCA?

Procés sistemàtic, organitzat, controlat i destinat a respondre una pregunta

QUÈ ÉS LA RECERCA?

Procés sistemàtic, organitzat, controlat i destinat a respondre una pregunta

SISTEMÀTIC: recollida de dades segons un pla

ORGANITZAT: treball en base un protocol previ

CONTROLAT: cap acció es deixa a l'atzar

DESTINAT: les conclusions es basen en fets que s'han observat i mesurat

QUÈ ÉS LA RECERCA?

Procés sistemàtic, organitzat, controlat i destinat a respondre una pregunta

SISTEMÀTIC: recollida de dades segons un pla
ORGANITZAT: treball en base un protocol previ
CONTROLAT: cap acció es deixa a l'atzar
DESTINAT: les conclusions es basen en fets que s'han observat i mesurat

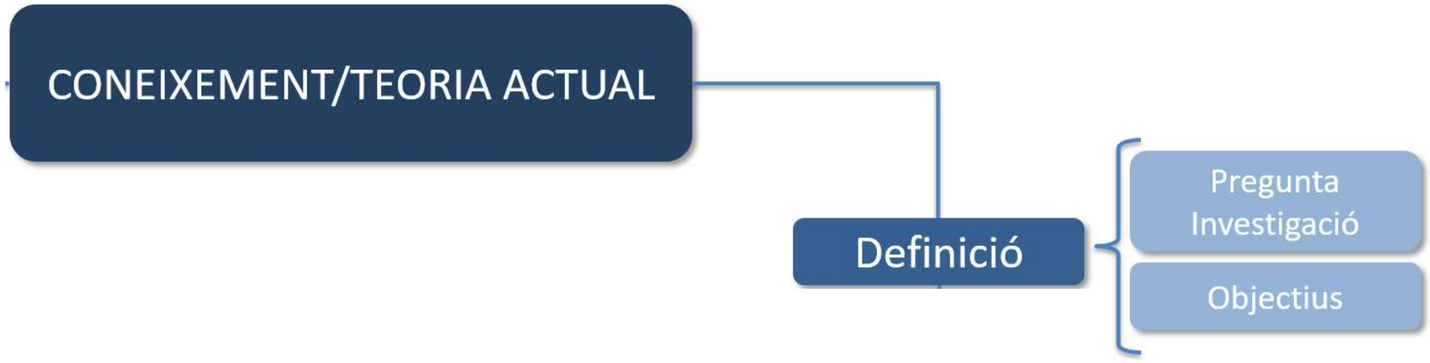
Valida coneixements existents o en desenvolupa de nous

PROCÈS DE RECERCA

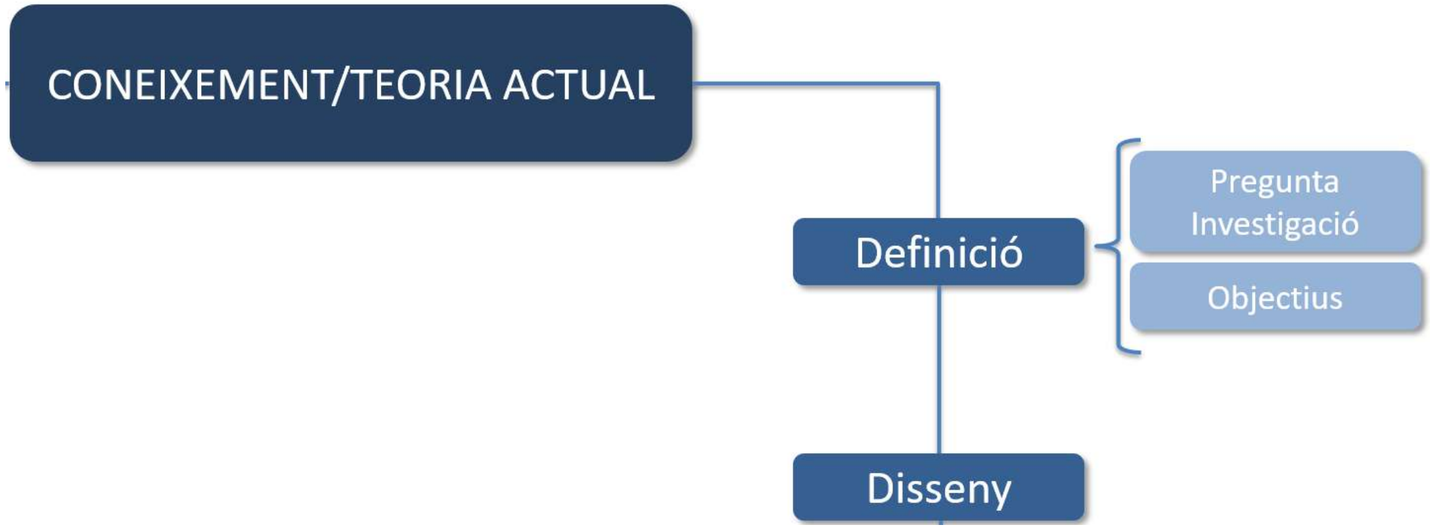
CONEIXEMENT/TEORIA ACTUAL

PROCÈS DE RECERCA

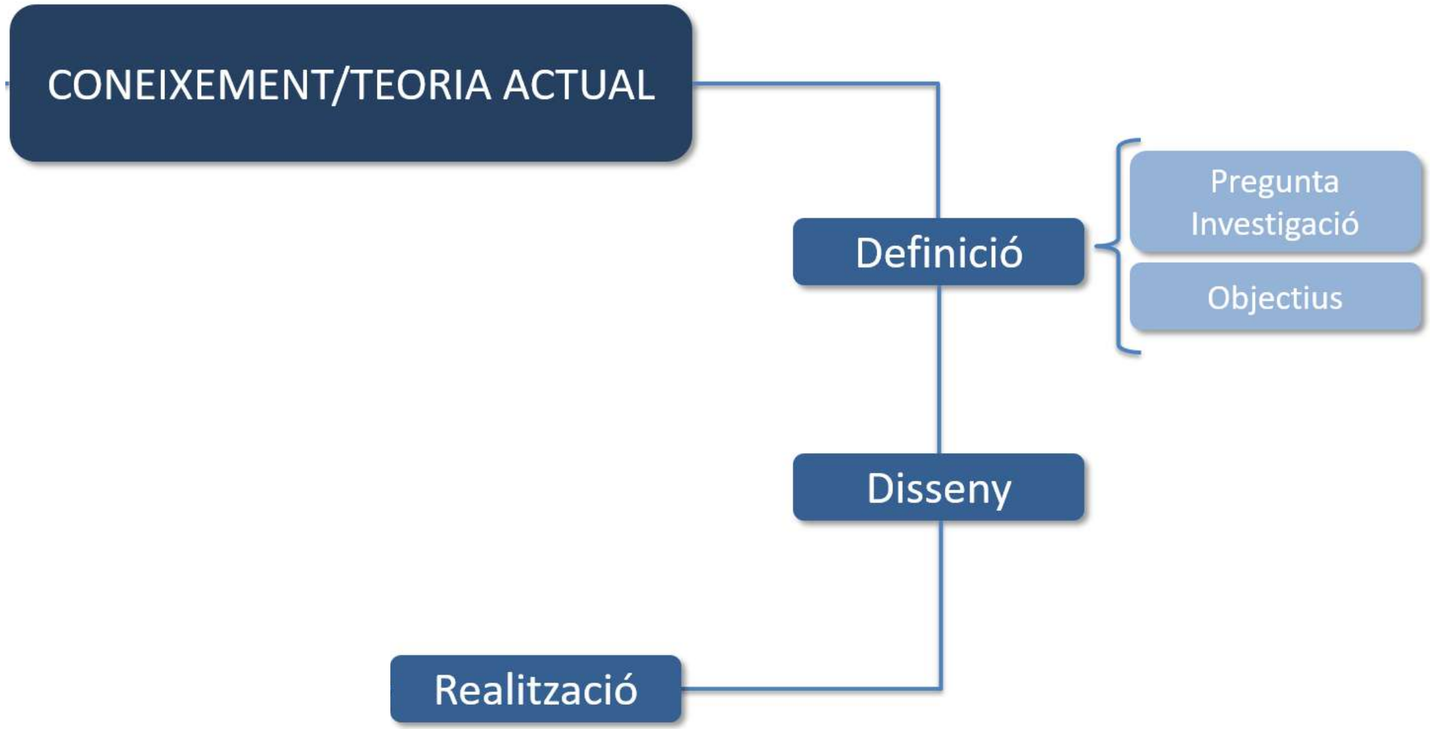
PROCÈS DE RECERCA



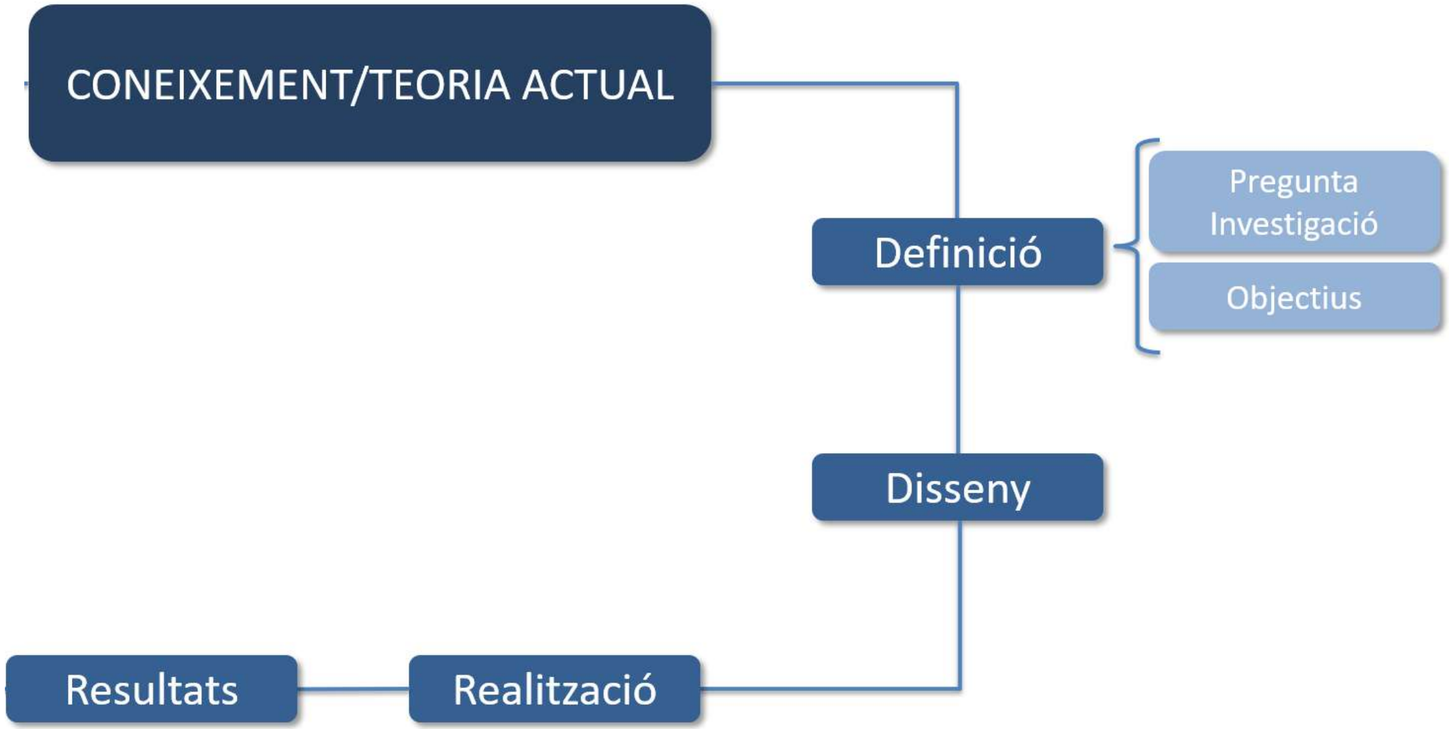
PROCÈS DE RECERCA



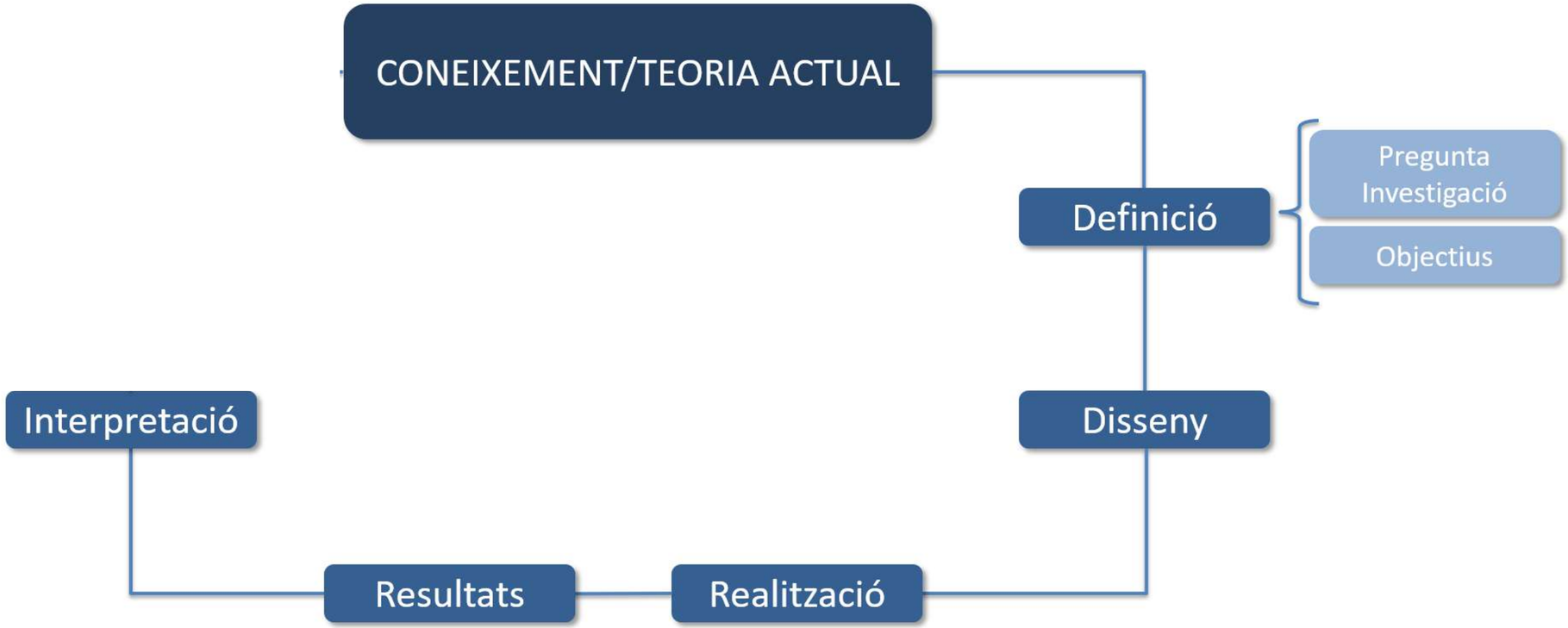
PROCÈS DE RECERCA



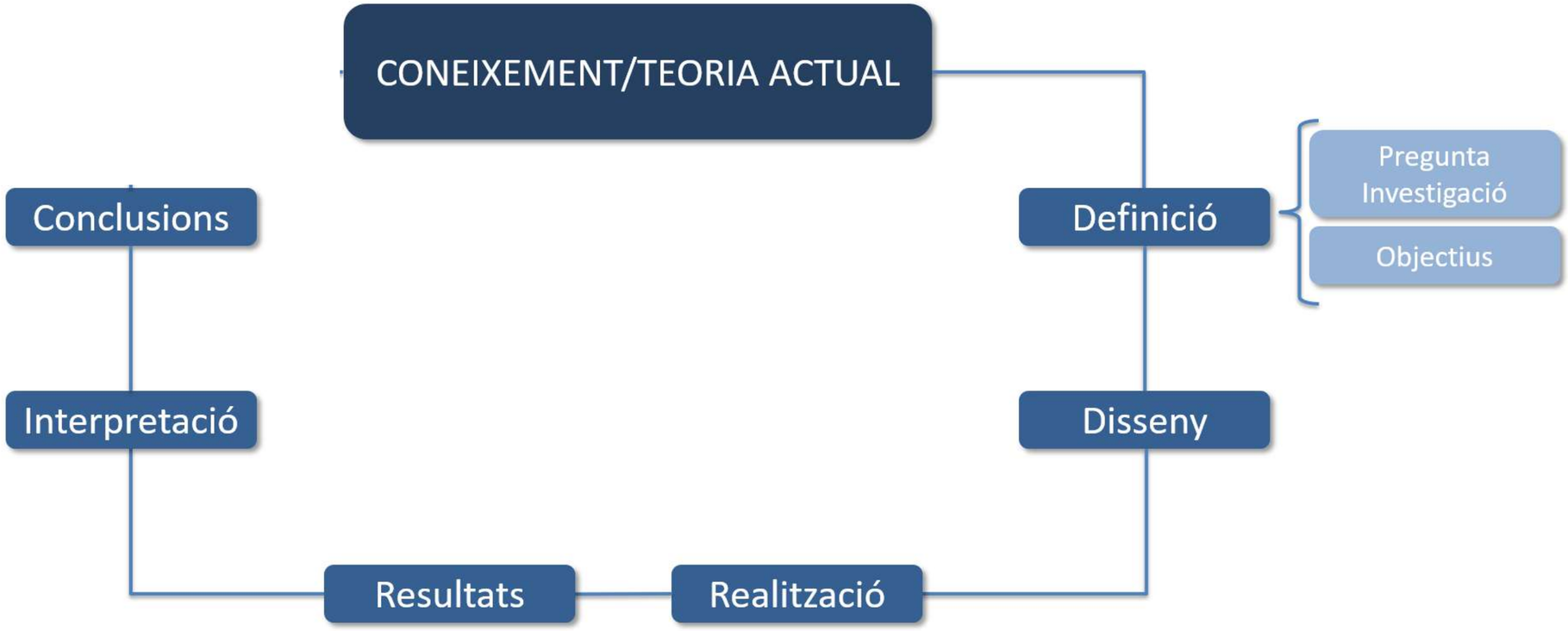
PROCÈS DE RECERCA



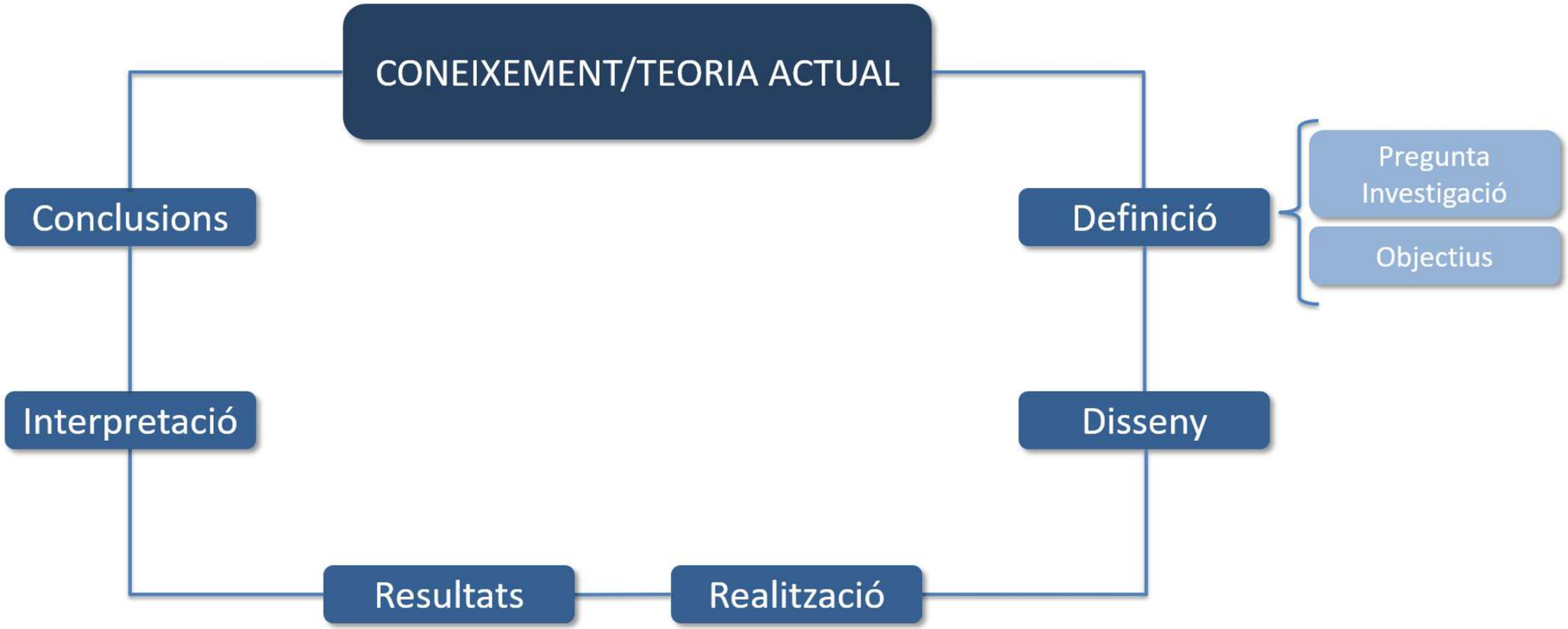
PROCÈS DE RECERCA



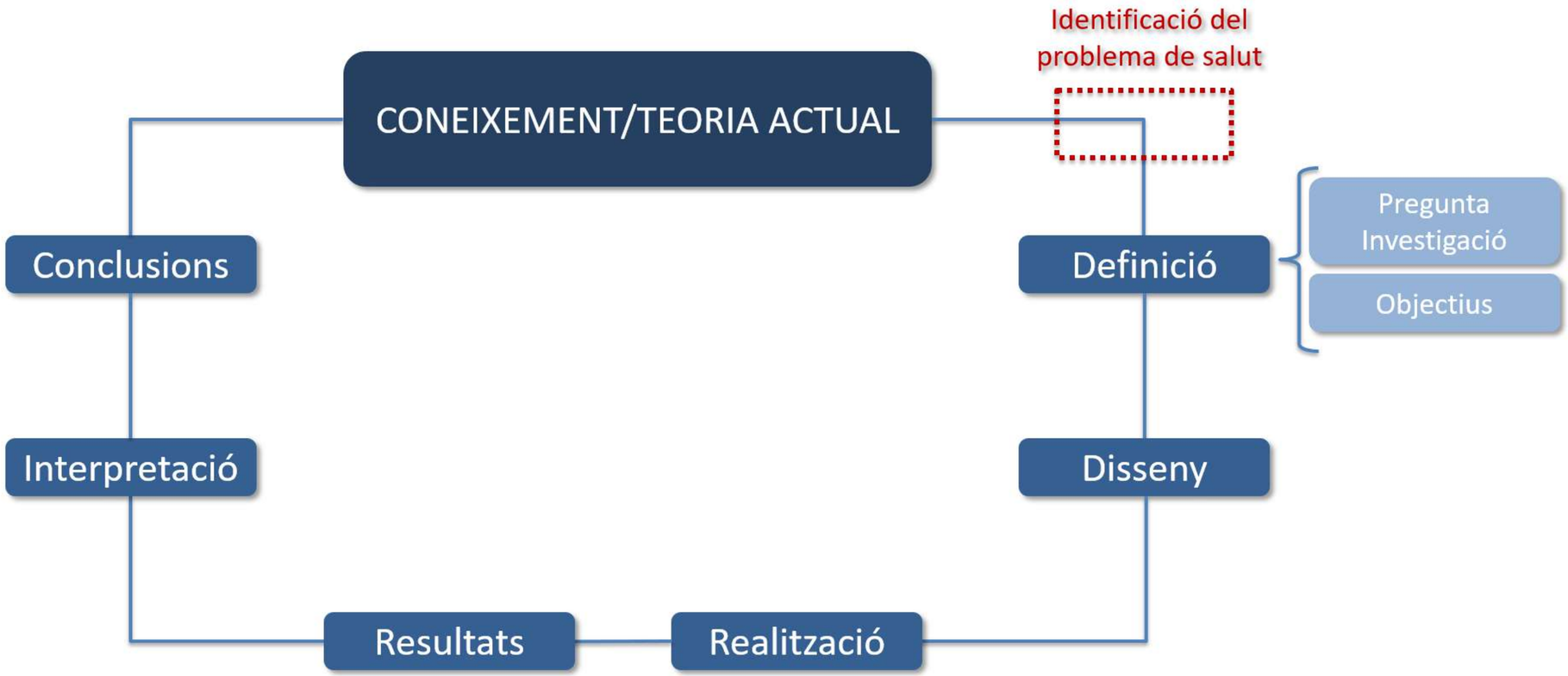
PROCÈS DE RECERCA



PROCÈS DE RECERCA



PROCÈS DE RECERCA



PROCÈS DE RECERCA

INVESTIGACIÓ CIENTÍFICA

PROCÈS DE RECERCA

INVESTIGACIÓ CIENTÍFICA

Procés sistemàtic

METODOLOGIA (PARADIGMA)

PROCÈS DE RECERCA

INVESTIGACIÓ CIENTÍFICA

Procés sistemàtic

METODOLOGIA (PARADIGMA)

Paradigma quantitatiu

Cerca l'objectivitat

Ciències bàsiques/naturals

Matemàtiques, física, biologia, infermeria, medicina

PROCÈS DE RECERCA

INVESTIGACIÓ CIENTÍFICA

Procés sistemàtic

METODOLOGIA (PARADIGMA)

Paradigma quantitatiu

Cerca l'objectivitat

Paradigma qualitatiu

Cerca la subjectivitat

Ciències bàsiques/naturals

Matemàtiques, física, biologia, infermeria, medicina

Ciències socials

Antropologia, psicologia, sociologia, infermeria

PARADIGMES

QUANTITATIU

POSITIVISME

POST-POSITIVISME

Raonament deductiu

QUALITATIU

DESCRIPTIU

INTERPRETATIU

SOCIO-CRÍTIC

Raonament inductiu

ESTUDIS QUANTITATIUS

Es fa una intervenció?

ESTUDIS QUANTITATIUS

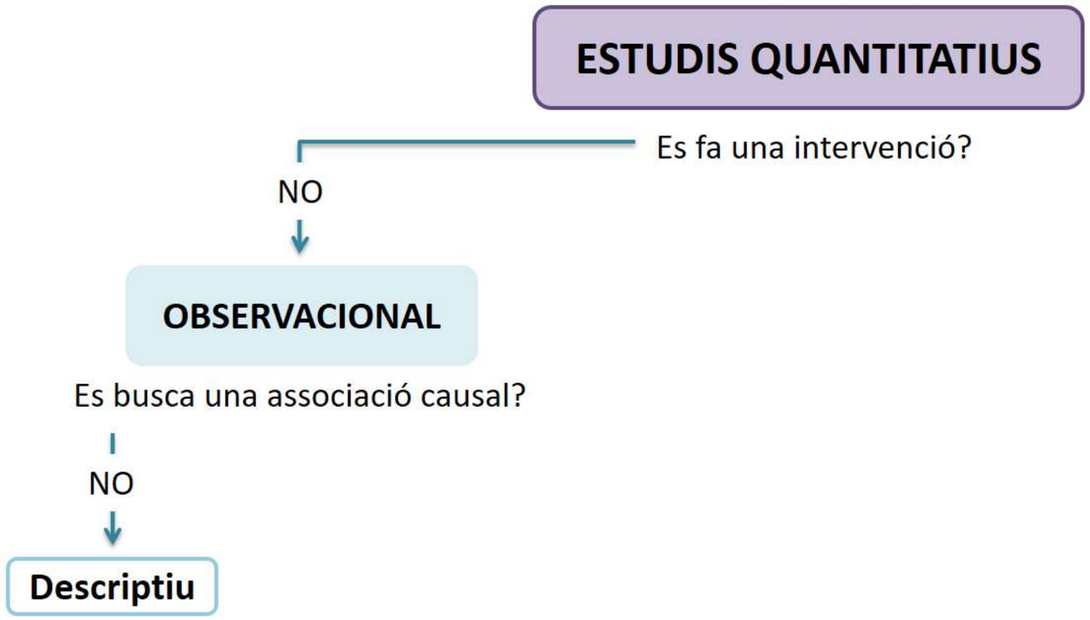
Es fa una intervenció?

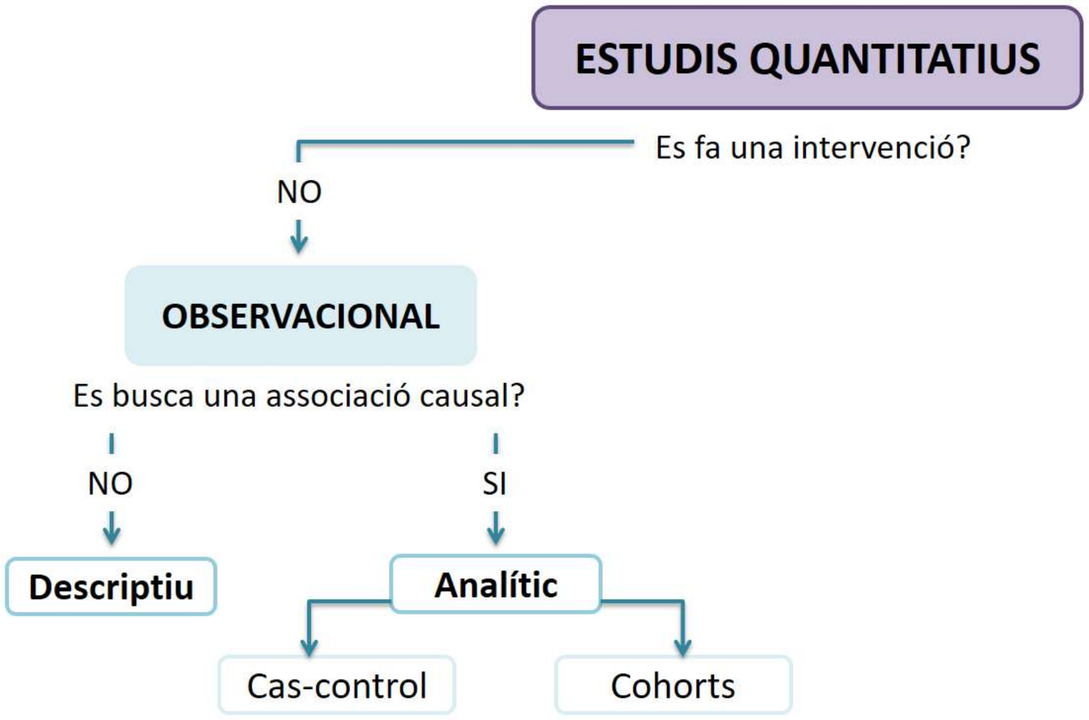
NO

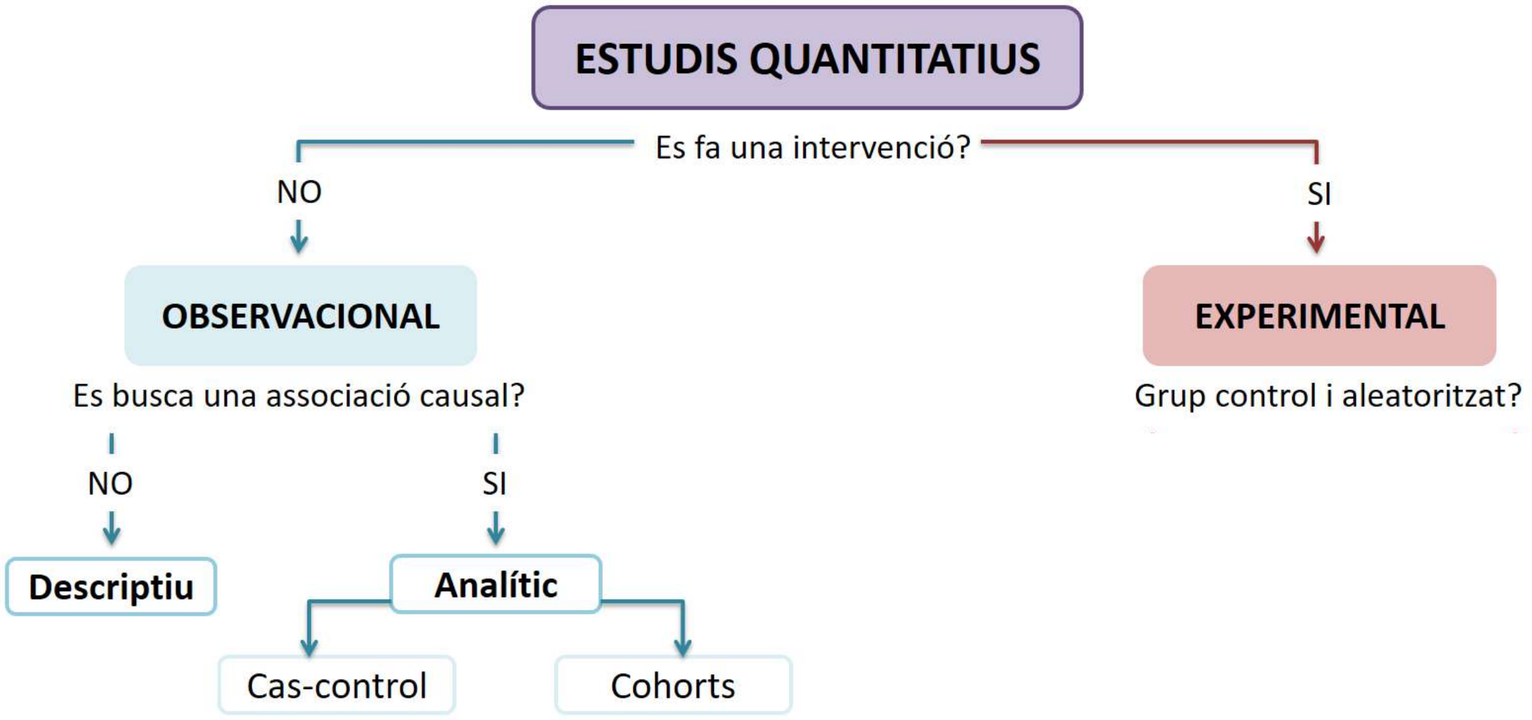
↓

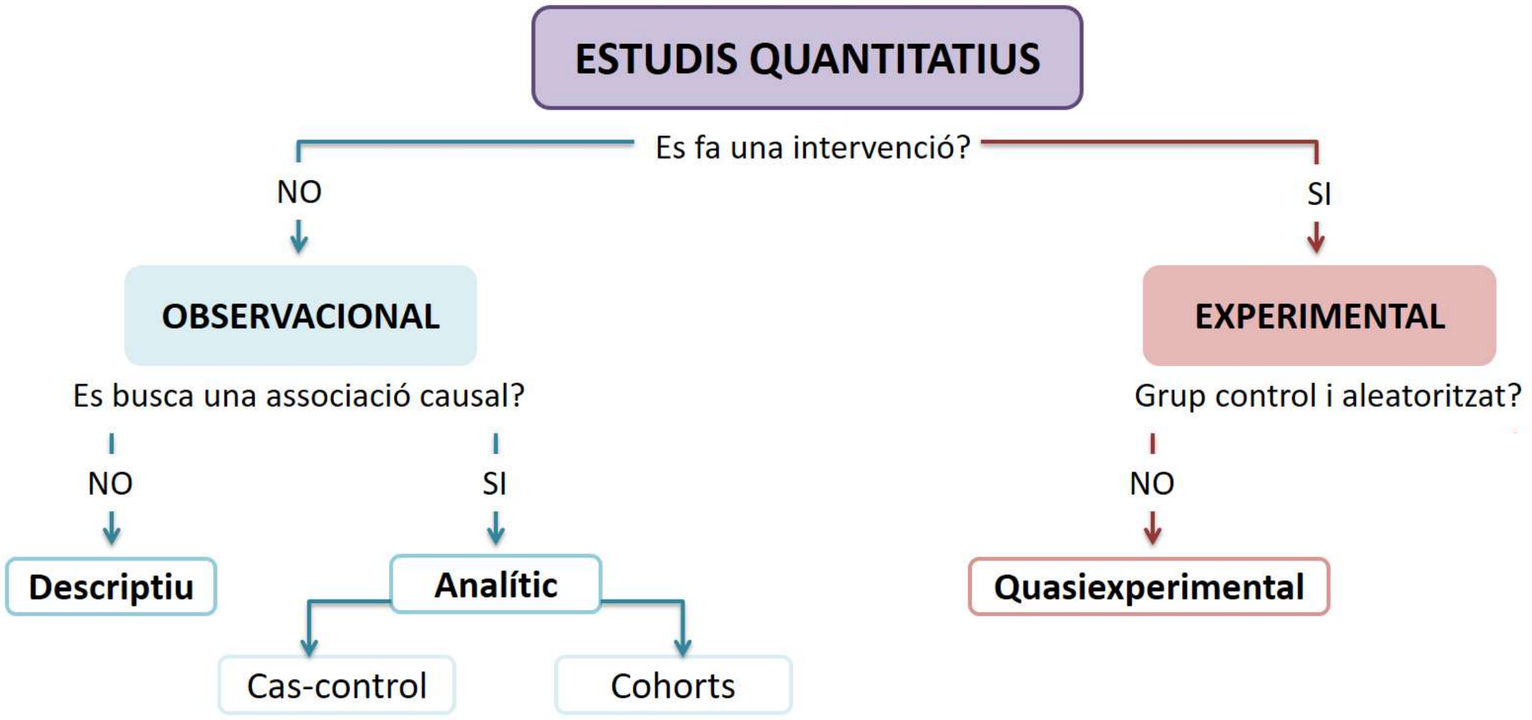
OBSERVACIONAL

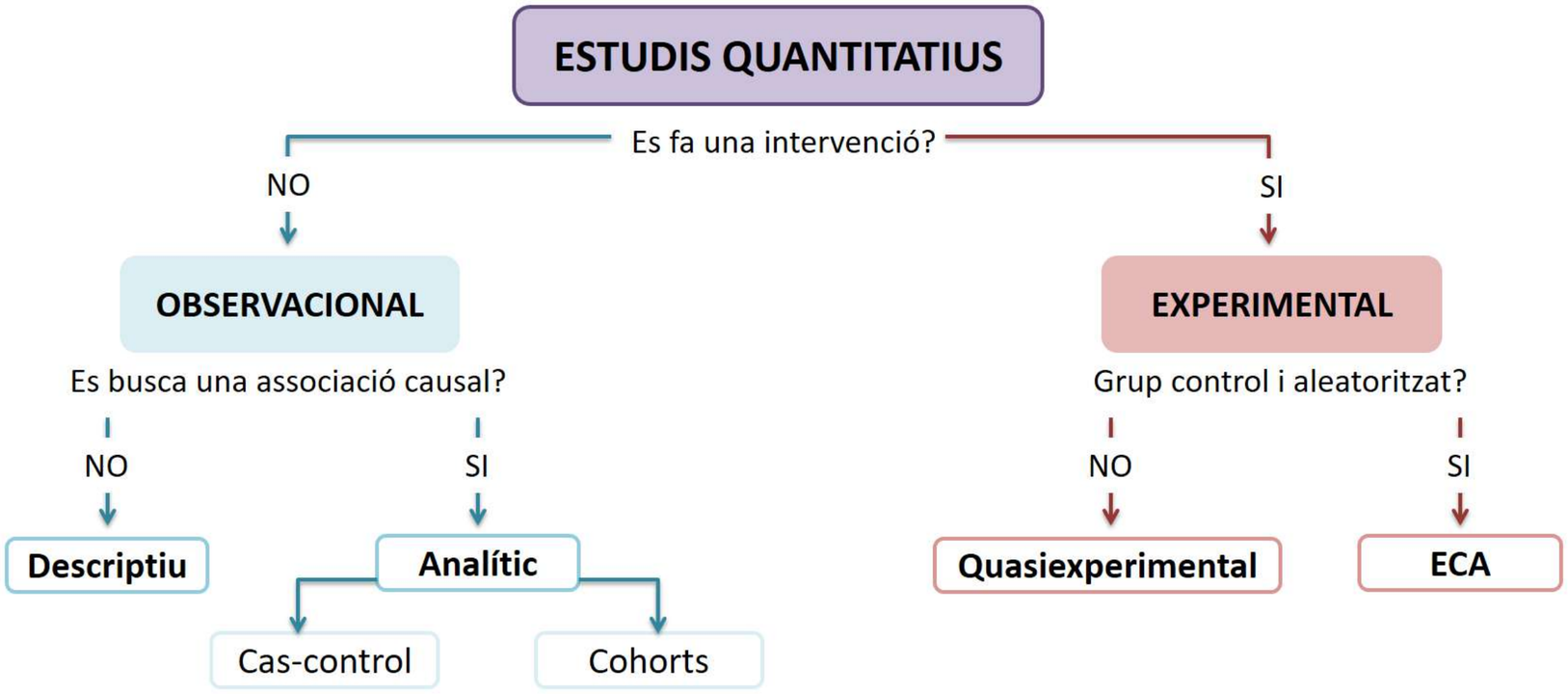
Es busca una associació causal?

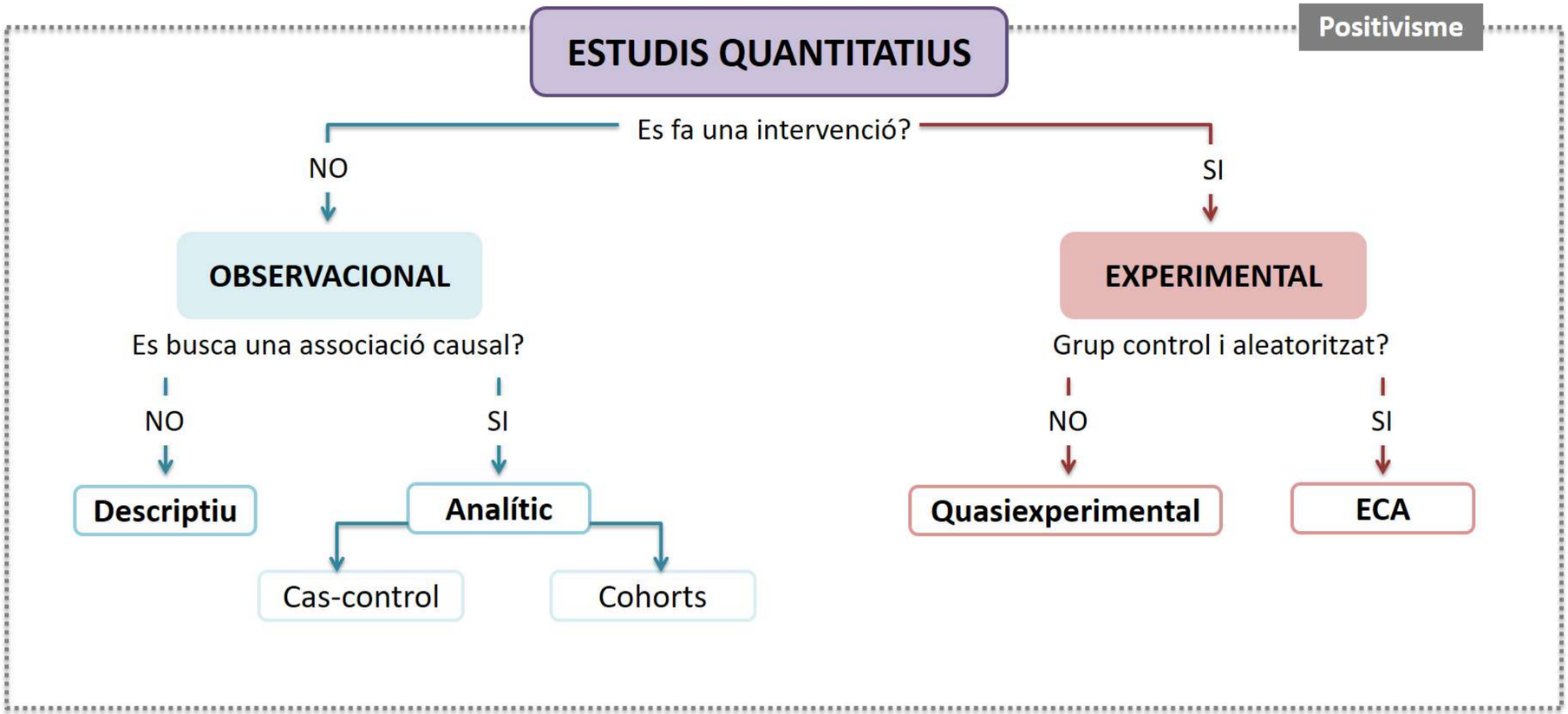

ESTUDIS QUANTITATIUS
Es fa una intervenció?
NO
OBSERVACIONAL
Es busca una associació causal?
NO
Descriptiu


ESTUDIS QUANTITATIUS
Es fa una intervenció?
NO
OBSERVACIONAL
Es busca una associació causal?
NO
SI
Descriptiu
Analític
Cas-control
Cohorts

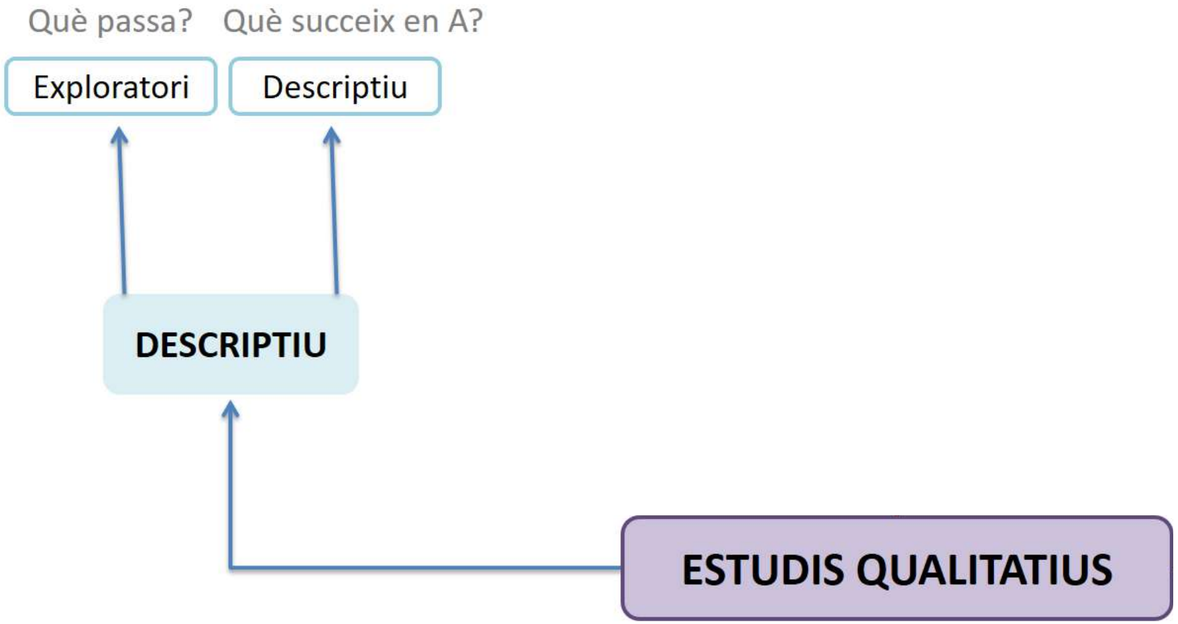

ESTUDIS QUANTITATIUS
Es fa una intervenció?
NO
SI
OBSERVACIONAL
EXPERIMENTAL
Es busca una associació causal?
Grup control i aleatoritzat?
NO
SI
Descriptiu
Analític
Cas-control
Cohorts

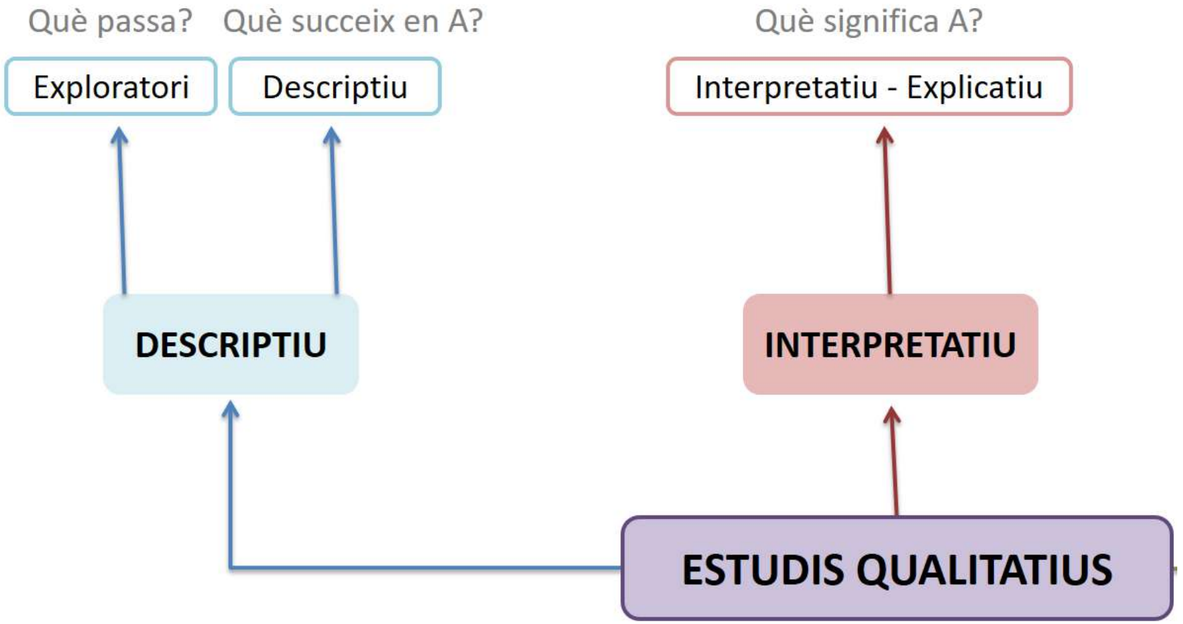

ESTUDIS QUANTITATIUS
Es fa una intervenció?
NO
SI
OBSERVACIONAL
EXPERIMENTAL
Es busca una associació causal?
Grup control i aleatoritzat?
NO
SI
NO
Descriptiu
Analític
Quasiexperimental
Cas-control
Cohorts

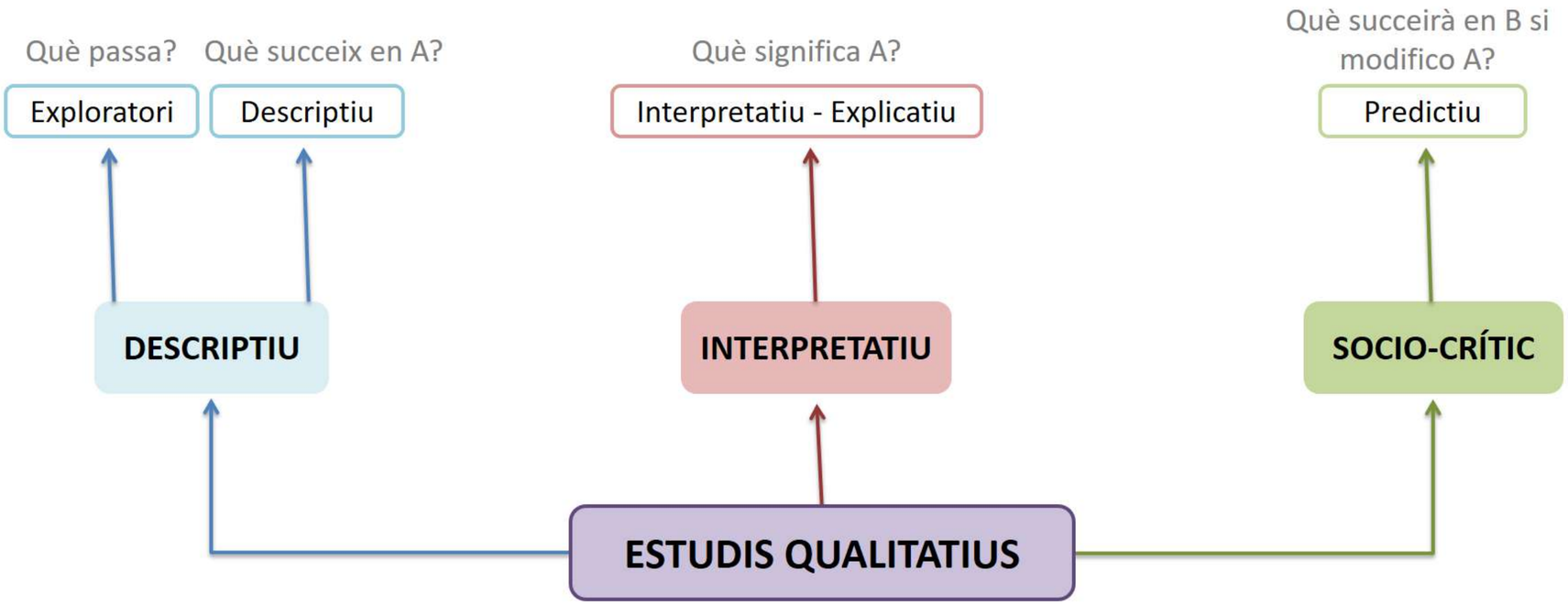

ESTUDIS QUANTITATIUS
Es fa una intervenció?
NO
SI
OBSERVACIONAL
EXPERIMENTAL
Es busca una associació causal?
Grup control i aleatoritzat?
NO
SI
NO
SI
Descriptiu
Analític
Quasiexperimental
ECA
Cas-control
Cohorts

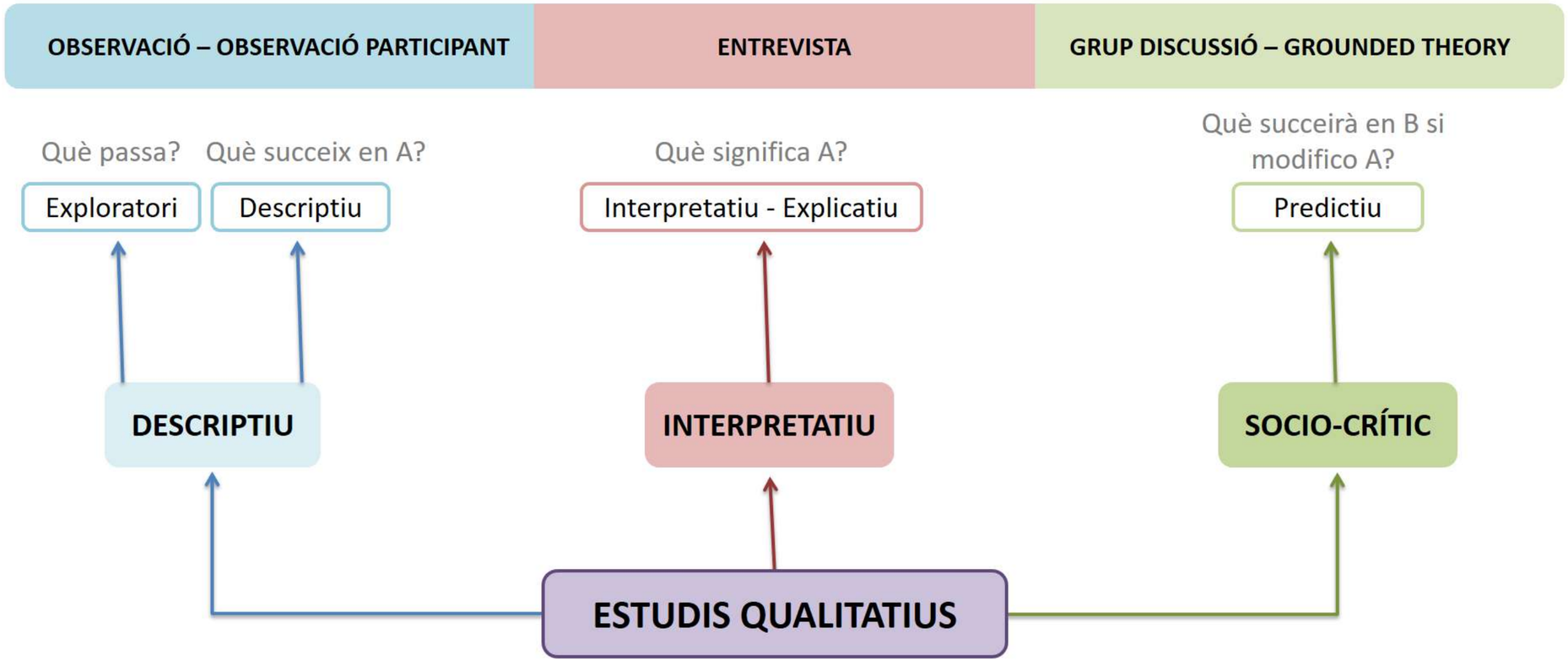

Positivisme
ESTUDIS QUANTITATIUS
Es fa una intervenció?
NO
SI
OBSERVACIONAL
EXPERIMENTAL
Es busca una associació causal?
Grup control i aleatoritzat?
NO
SI
NO
SI
Descriptiu
Analític
Quasiexperimental
ECA
Cas-control
Cohorts

ESTUDIS QUALITATIUS


Què passa?
Què succeix en A?
Exploratori
Descriptiu
DESCRIPTIU
ESTUDIS QUALITATIUS


Què passa?
Què succeix en A?
Exploratori
Descriptiu
Què significa A?
Interpretatiu - Explicatiu
DESCRIPTIU
INTERPRETATIU
ESTUDIS QUALITATIUS


Què passa?
Què succeix en A?
Exploratori
Descriptiu
Què significa A?
Interpretatiu - Explicatiu
Què succeirà en B si modifico A?
Predictiu
DESCRIPTIU
INTERPRETATIU
SOCIO-CRÍTIC
ESTUDIS QUALITATIUS

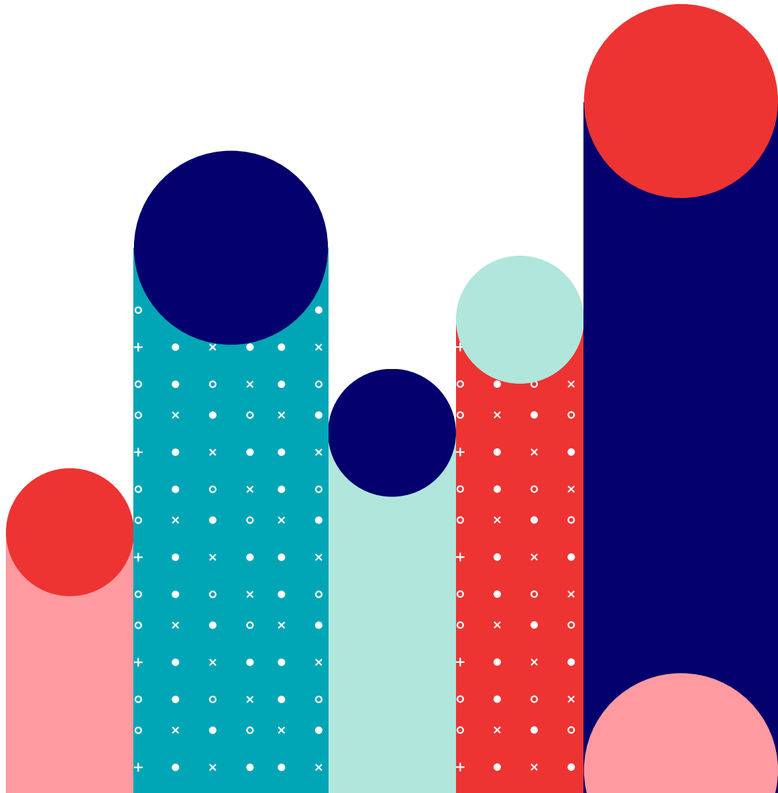

OBSERVACIÓ – OBSERVACIÓ PARTICIPANT
ENTREVISTA
GRUP DISCUSSIÓ – GROUNDED THEORY
Què passa?
Què succeix en A?
Exploratori
Descriptiu
Què significa A?
Interpretatiu - Explicatiu
Què succeirà en B si modifico A?
Predictiu
DESCRIPTIU
INTERPRETATIU
SOCIO-CRÍTIC
ESTUDIS QUALITATIUS

INTRODUCCIÓ A LA CERCA BIBLIOGRÀFICA

PER QUÈ FER UNA BONA CERCA BIBLIOGRÀFICA?

PER QUÈ FER UNA BONA CERCA BIBLIOGRÀFICA?

ACUMULACIÓ INFORMACIÓ CIENTÍFICA



PER QUÈ FER UNA BONA CERCA BIBLIOGRÀFICA?

ACUMULACIÓ INFORMACIÓ CIENTÍFICA

- Article científic vehicle principal per a la disseminació del coneixement científic
- Cada any es publiquen >30.000
- Per mantenir-se actualitzat de les revistes rellevants, a d'examinar: uns 19 articles/dia els 365 dies/any

PER QUÈ FER UNA BONA CERCA BIBLIOGRÀFICA?

REALITZAR UNA BONA EQUACIÓ DE CERCA

- Saber si la pregunta ja té resposta
- Delimitar l'objectiu de l'estudi
- Facilitar el disseny
- Conèixer altres experiències i resultats publicats per altres investigadors

Revisió Sistemàtica

Estudis observacionals

Metasíntesis

ECAs

Estudis experimentals

Meta-anàlisis

Guia Pràctica Clínica

TIPUS D'ESTUDIS

Primaris

Estudis observacionals

Estudis experimentals

Secundaris

Revisions bibliografiques

Revisions Sistemàtiques

Meta-anàlisis/Metasíntesis

Estudis observacionals

Estudis observacionals

BRITISH JOURNAL OF NEUROSURGERY, 2017
VOL. 31, NO. 1, 10–15
http://dx.doi.org/10.1080/02688697.2016.1260687

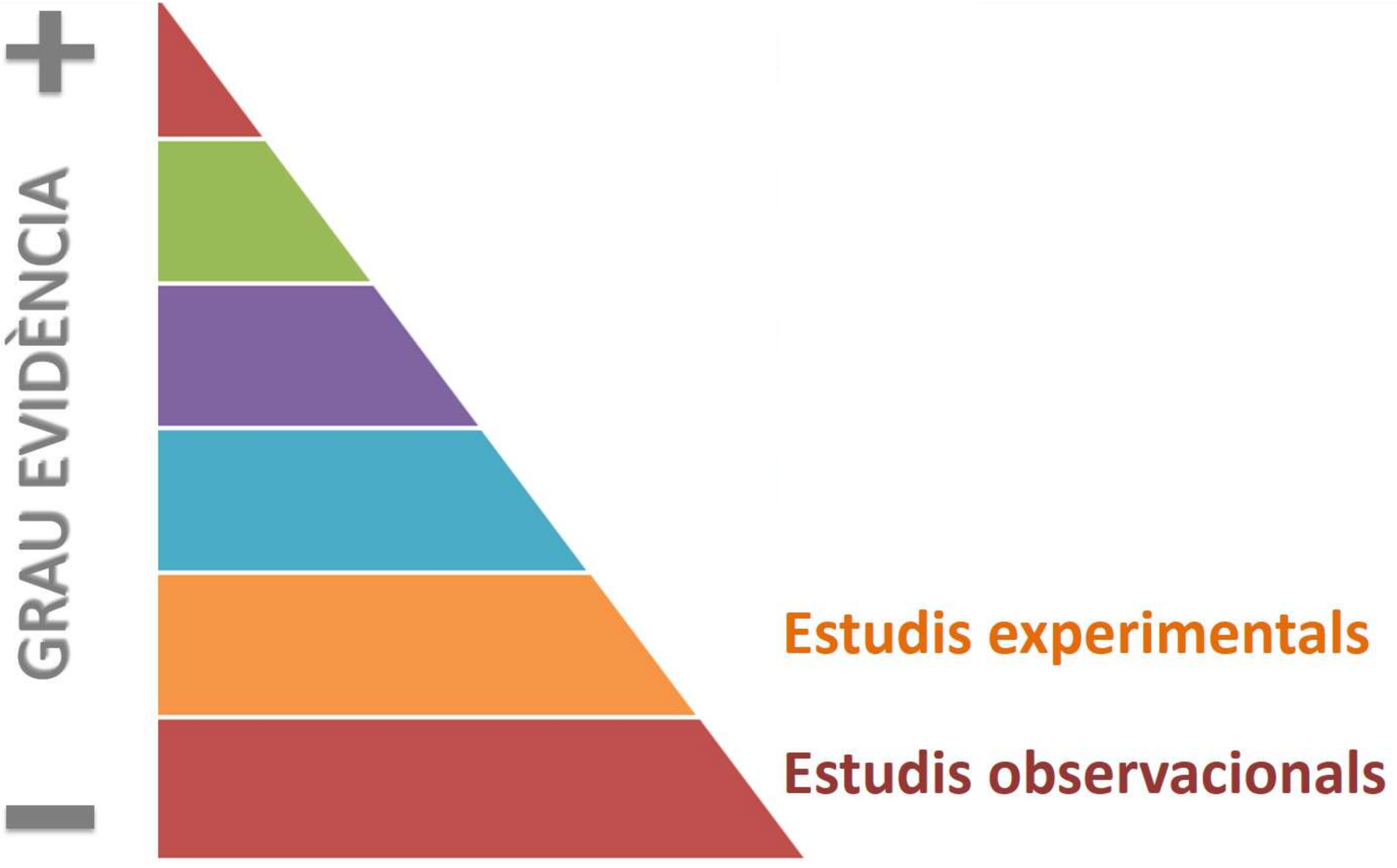
Taylor & Francis
Taylor & Francis Group

ORIGINAL ARTICLE

'Epidemiology of surgical site infection in a neurosurgery department'

Patricia López Pereira[a,b], Cristina Díaz-Agero Pérez[a,b], Nieves López Fresneña[a,b], Julio Las Heras Mosteiro[a,b], Aurelio Palancar Cabrera[a,b], Ángela Lourdes Rincón Carlavilla[a,b] and Jesús María Aranaz Andrés[a,b]

[a]Department of Preventive Medicine, Ramon y Cajal University Hospital, Madrid, Spain; [b]Ramon y Cajal Institute of Research (IRYCIS), Madrid, Spain


+
GRAU EVIDÈNCIA
–
Estudis experimentals
Estudis observacionals

Estudis experimentals

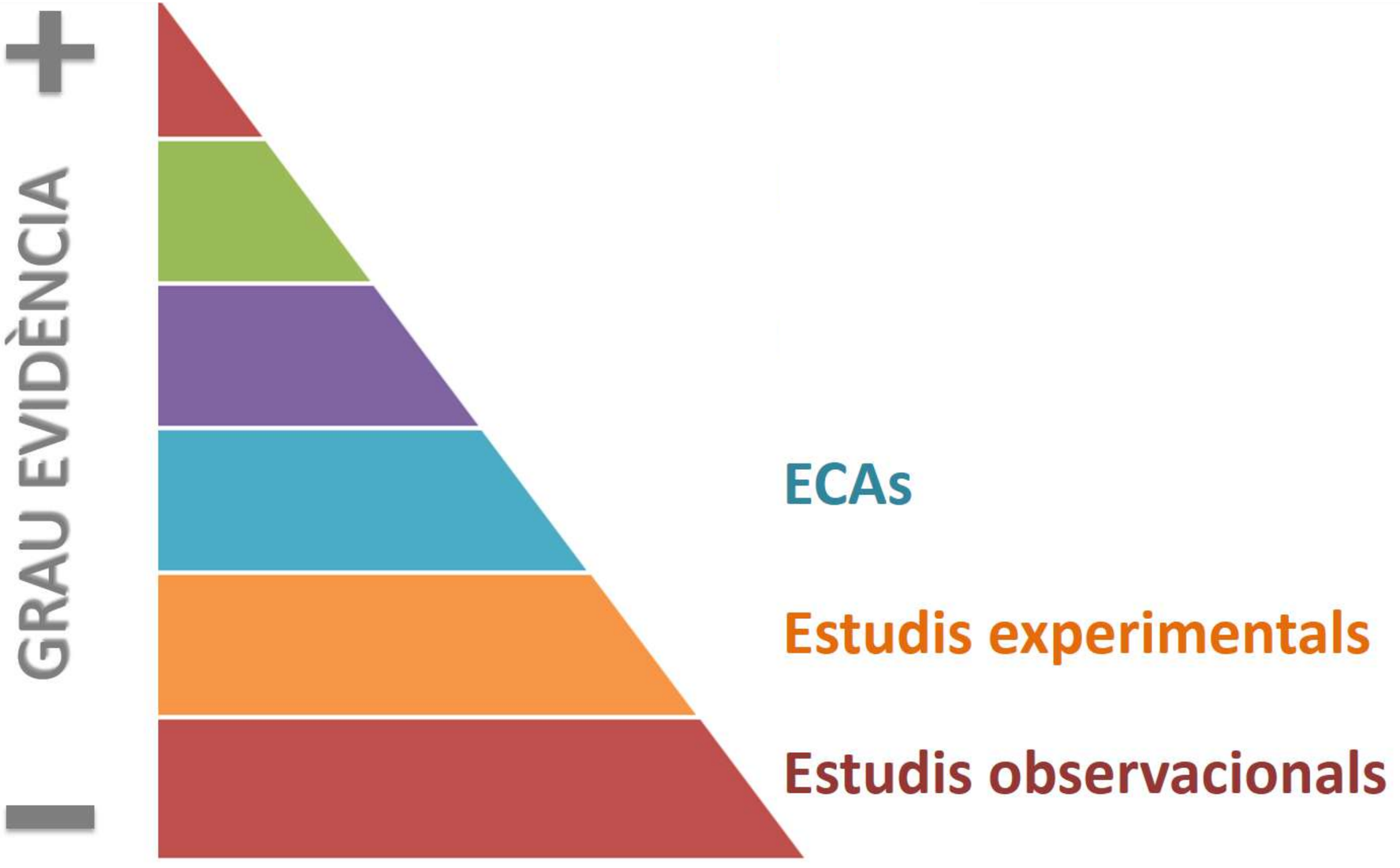
Clinical Infectious Diseases

MAJOR ARTICLE

IDSA Infectious Diseases Society of America · hivma hiv medicine association · OXFORD

A Care Bundle Intervention to Prevent Surgical Site Infections After a Craniotomy

Emilio Jiménez-Martínez,[1,a] Guillermo Cuervo,[1,2,a] Jordi Carratalà,[1,2,3] Ana Hornero,[1] Pilar Ciercoles,[1] Andres Gabarrós,[4] Carmen Cabellos,[1,2] Ivan Pelegrin,[5] Maria Angeles Dominguez Luzón,[2,3,6] Dolores García-Somoza,[6] Jordi Càmara,[3,7] Cristian Tebé,[8] Jordi Adamuz,[3,9] and Miquel Pujol[1,2]


+
GRAU EVIDÈNCIA
–
ECAs
Estudis experimentals
Estudis observacionals

ECAs

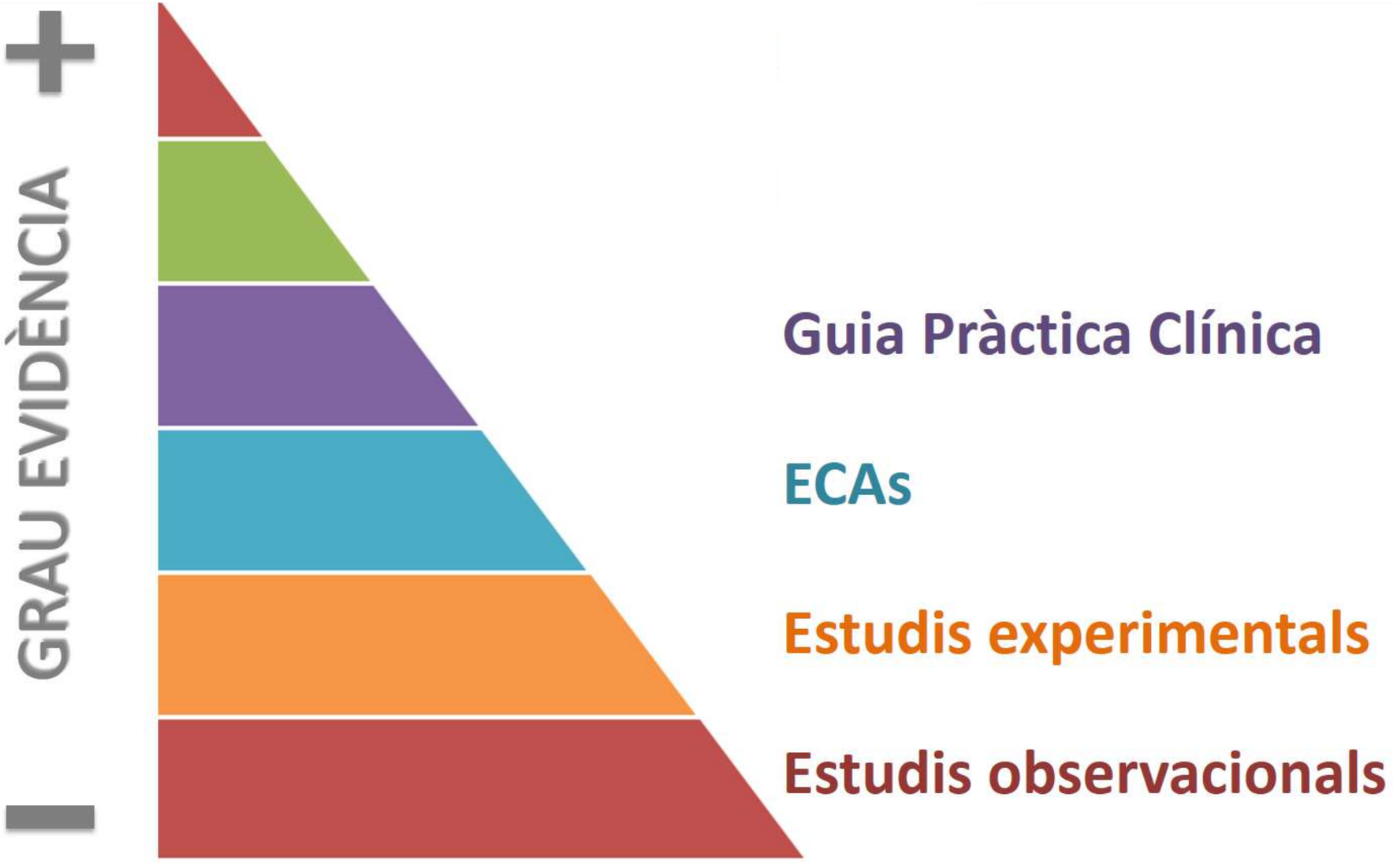
PLOS | ONE

RESEARCH ARTICLE

Impact of an Educational Program to Reduce Healthcare Resources in Community-Acquired Pneumonia: The EDUCAP Randomized Controlled Trial

Jordi Adamuz[1,2,3]*, Diego Viasus[1,4], Antonella Simonetti[1], Emilio Jiménez-Martínez[1,2], Lorena Molero[1,2], Maribel González-Samartino[2,5], Elena Castillo[1,2], María-Eulalia Juvé-Udina[5,6], María-Jesús Alcocer[7], Carme Hernández[7], María-Pilar Buera[7], Asunción Roel[7], Emilia Abad[7], Adelaida Zabalegui[7], Pilar Ricart[8], Anna Gonzalez[8], Pilar Isla[5], Jordi Dorca[9], Carolina Garcia-Vidal[1], Jordi Carratalà[1,10]

CrossMark


+
GRAU EVIDÈNCIA
–
Guia Pràctica Clínica
ECAs
Estudis experimentals
Estudis observacionals

Guia Pràctica Clínica

Guidelines for the Prevention of Intravascular Catheter-Related Infections, 2011

Naomi P. O'Grady, M.D.[1], Mary Alexander, R.N.[2], Lillian A. Burns, M.T., M.P.H., C.I.C.[3], E. Patchen Dellinger, M.D.[4], Jeffery Garland, M.D., S.M.[5], Stephen O. Heard, M.D.[6], Pamela A. Lipsett, M.D.[7], Henry Masur, M.D.[1], Leonard A. Mermel, D.O., Sc.M.[8], Michele L. Pearson, M.D.[9], Issam I. Raad, M.D.[10], Adrienne Randolph, M.D., M.Sc.[11], Mark E. Rupp, M.D.[12], Sanjay Saint, M.D., M.P.H.[13] and the Healthcare Infection Control Practices Advisory Committee (HICPAC)[14].

+
GRAU EVIDÈNCIA
–
Revisió Sistemàtica
Guia Pràctica Clínica
ECAs
Estudis experimentals
Estudis observacionals

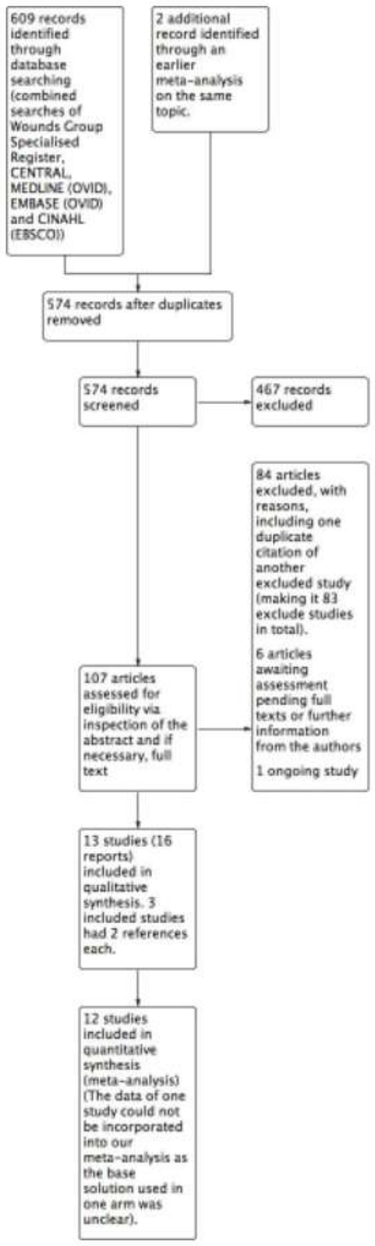
Revisió Sistemàtica

Cochrane Library

Cochrane Database of Systematic Reviews

Skin antisepsis for reducing central venous catheter-related infections (Review)

Lai NM, Lai NA, O'Riordan E, Chaiyakunapruk N, Taylor JE, Tan K



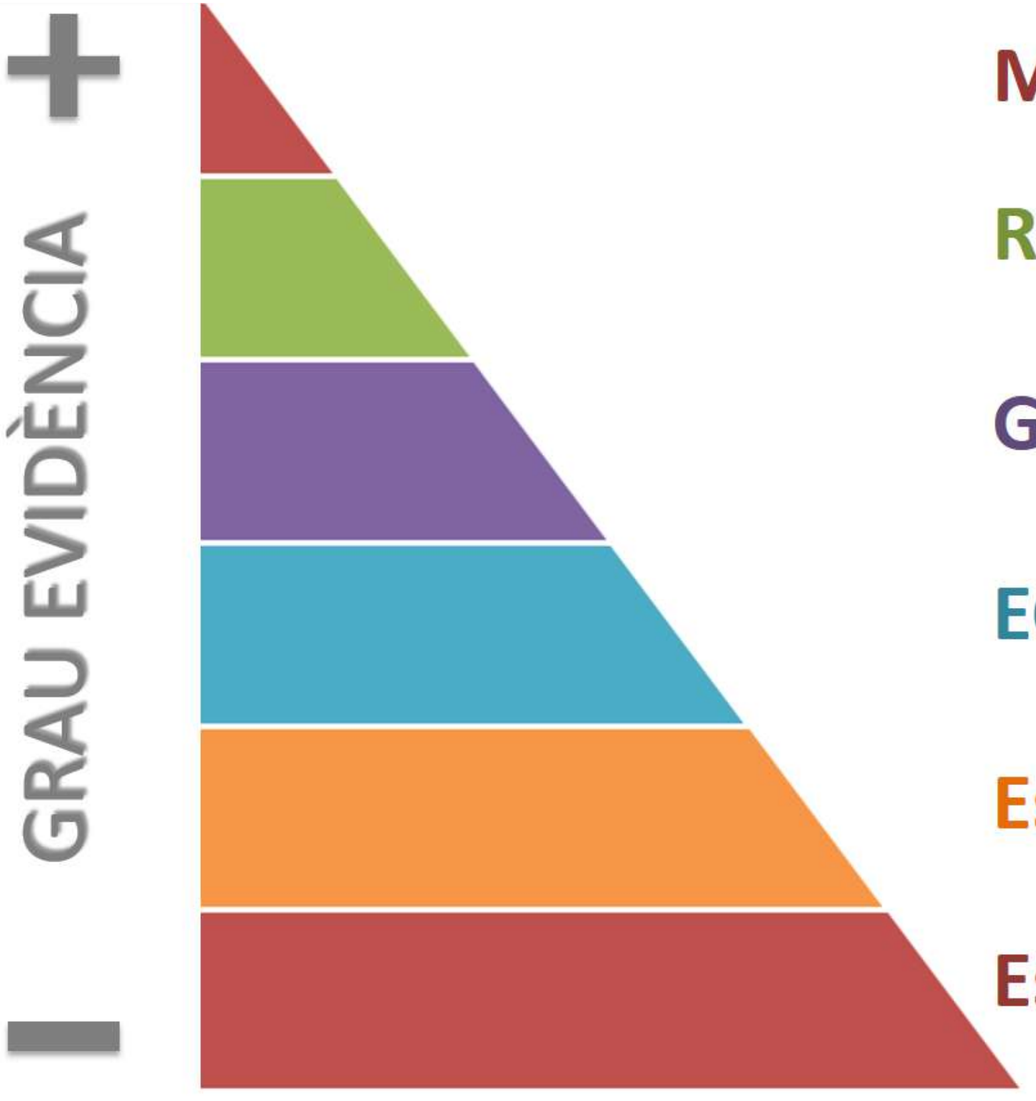
ht © 2016 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.

Summary of findings for the main comparison. Chlorhexidine compared to povidone-iodine in reducing catheter related infections

Chlorhexidine compared to povidone-iodine for patients with a central venous catheter

Patient or population: patients with a central venous catheter
Settings: hospital inpatients
Intervention: chlorhexidine
Comparison: povidone-iodine

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No. of Participants (studies)	Quality of the evidence (GRADE)
	Assumed risk	Corresponding risk			
	Povidone-iodine	Chlorhexidine			
Catheter-related BSI - overall comparison between chlorhexidine and povidone-iodine (during in-patient stay)	Study population		RR 0.64 (0.41 to 0.99)	1436 (4 RCTs)	⊕⊝⊝⊝ Very low[b,c]
	64 per 1000	41 per 1000 (26 to 63)			
	Moderate[a]				
	46 per 1000	29 per 1000 (19 to 45)			
Catheter-related BSI - subgroup: chlorhexidine in aqueous solution versus povidone-iodine in aqueous solution	Study population		RR 0.64 (0.32 to 1.28)	452 (2 RCTs)	⊕⊝⊝⊝ Very low[c,d]
	86 per 1000	55 per 1000 (28 to 110)			
	Moderate				
	84 per 1000	54 per 1000 (27 to 108)			
Catheter-related BSI - subgroup: chlorhexidine in alcohol versus povidone-iodine in aqueous solution	Study population		RR 0.77 (0.39 to 1.53)	503 (2 RCTs)	⊕⊝⊝⊝ Very low[c,d]
	70 per 1000	54 per 1000 (27 to 108)			
	Moderate				



Meta-anàlisis/Metasíntesis

Revisió Sistemàtica

Guia Pràctica Clínica

ECAs

Estudis experimentals

Estudis observacionals

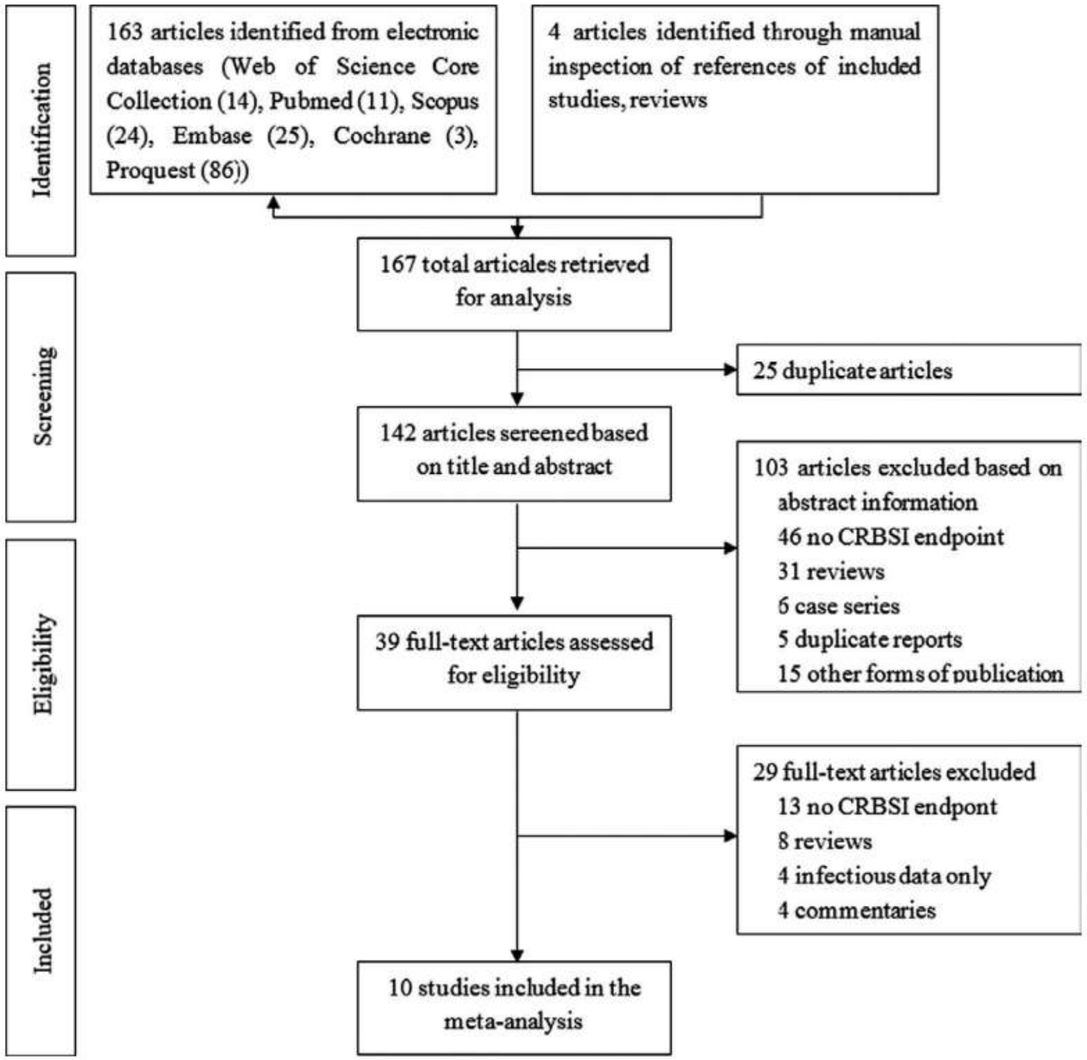
Meta-anàlisis/Metasíntesis

RESEARCH ARTICLE

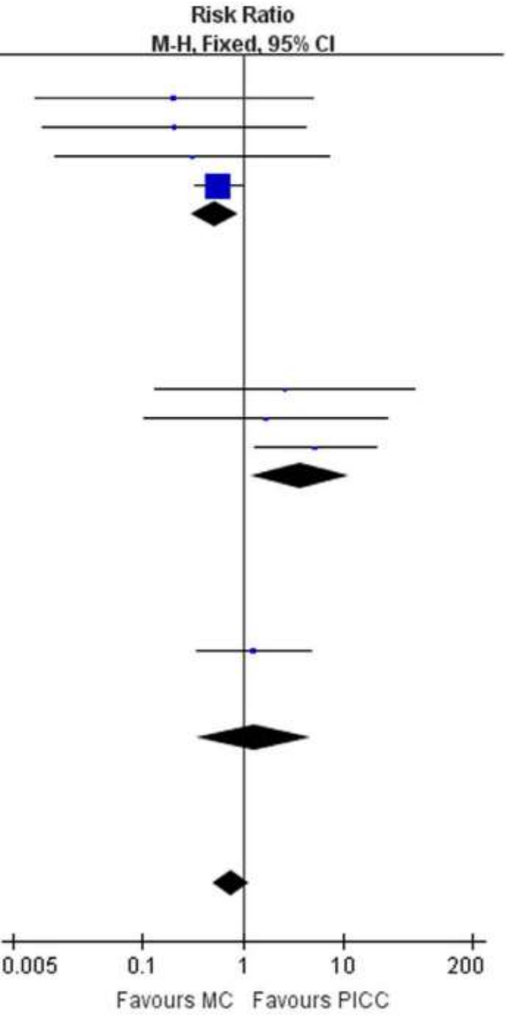
NursingOpen Open Access WILEY

Risk of catheter-related bloodstream infection associated with midline catheters compared with peripherally inserted central catheters: A meta-analysis

Huapeng Lu[1] | Yeru Hou[2] | Jiejie Chen[2] | Yan Guo[3] | Lan Lang[1] | Xuemei Zheng[4] | Xia Xin[4] | Yi Lv[1] | Qinling Yang[1]



Study or Subgroup	MC Events	MC Total	PICC Events	PICC Total	Weight	Risk Ratio M-H, Fixed, 95% CI	Year
2.1.1 US							
Seo et al 2020[21]	0	82	1	50	3.5%	0.20 [0.01, 4.93]	2020
Xu et al 2016[23]	0	200	2	206	4.6%	0.21 [0.01, 4.26]	2016
Caparas et al 2014[25]	0	30	1	28	2.9%	0.31 [0.01, 7.35]	2014
Moureau 2002[29]	14	5423	117	25707	75.8%	0.57 [0.33, 0.99]	2002
Subtotal (95% CI)		**5735**		**25991**	**86.7%**	**0.53 [0.31, 0.89]**	
Total events	14		121				
Heterogeneity: Chi² = 0.88, df = 3 (P = 0.83); I² = 0%							
Test for overall effect: Z = 2.40 (P = 0.02)							
2.1.2 UK							
Snooks et al 2019[22]	2	43	0	22	1.2%	2.61 [0.13, 52.19]	2019
Barr et al 2012[28]	12	648	0	43	1.7%	1.69 [0.10, 28.16]	2012
Sargent et al 1997[30]	7	12	2	18	3.0%	5.25 [1.31, 21.11]	1997
Subtotal (95% CI)		**703**		**83**	**5.9%**	**3.67 [1.18, 11.37]**	
Total events	21		2				
Heterogeneity: Chi² = 0.59, df = 2 (P = 0.74); I² = 0%							
Test for overall effect: Z = 2.25 (P = 0.02)							
2.1.3 The other nations							
Lisova et al 2015[24]	5	162	4	167	7.3%	1.29 [0.35, 4.71]	2015
Sharp et al 2014[26]	0	231	0	97		Not estimable	2014
Benali et al 2013[27]	0	69	0	84		Not estimable	2013
Subtotal (95% CI)		**462**		**348**	**7.3%**	**1.29 [0.35, 4.71]**	
Total events	5		4				
Heterogeneity: Not applicable							
Test for overall effect: Z = 0.38 (P = 0.70)							
Total (95% CI)		**6900**		**26422**	**100.0%**	**0.77 [0.50, 1.17]**	
Total events	40		127				
Heterogeneity: Chi² = 11.74, df = 7 (P = 0.11); I² = 40%							
Test for overall effect: Z = 1.23 (P = 0.22)							
Test for subgroup differences: Chi² = 9.93, df = 2 (P = 0.007), I² = 79.9%							



ON BUSCAR?

1 Metacercadors:

Trip
Liberating the literature

Epistemonikos

2 Cercadors primaris:

PubMed.gov
US National Library of Medicine
National Institutes of Health

Cochrane Library

CINAHL®

JOANNA BRIGGS INSTITUTE

ABANS DE CERCAR...

P

I

C

O

ABANS DE CERCAR...

P

I

C

O

+

EQUACIÓ CERCA

ABANS DE CERCAR...

ABANS DE CERCAR...

P

I

C

O

PACIENT O PROBLEMA (tipus de pacient o problema, precís)

ABANS DE CERCAR...

P	PACIENT O PROBLEMA (tipus de pacient o problema, precís)
I	INTERVENCIÓ (què volem explorar)
C	
O	

ABANS DE CERCAR…

P	PACIENT O PROBLEMA (tipus de pacient o problema, precís)
I	INTERVENCIÓ (què volem explorar)
C	COMPARADOR (no s'inclou sempre si no volem comparar)
O	

ABANS DE CERCAR…

P	PACIENT O PROBLEMA (tipus de pacient o problema, precís)
I	INTERVENCIÓ (què volem explorar)
C	COMPARADOR (no s'inclou sempre si no volem comparar)
O	OUTCOME (amb quin resultat relacionem la intervenció?)

ABANS DE CERCAR...

P	PACIENT O PROBLEMA (tipus de pacient o problema, precís)
I	INTERVENCIÓ (què volem explorar)
C	COMPARADOR (no s'inclou sempre si no volem comparar)
O	OUTCOME (amb quin resultat relacionem la intervenció?)

¿Es redueix la BRCV amb la introducció de bioconnectors en comparació amb el sistema obert de clau de tres passos?

ABANS DE CERCAR...

EQUACIÓ CERCA

- Termes adequats
- Ordre adequat

ABANS DE CERCAR...

1r ELABORAR L'EQUACIÓ DE CERCA

Exemple pregunta de cerca:
QUINA ÉS LA INCIDÈNCIA DE FLEBITIS EN PACIENTS HOSPITALITZATS?

ABANS DE CERCAR...

1r ELABORAR L'EQUACIÓ DE CERCA

Exemple pregunta de cerca:
QUINA ÉS LA INCIDÈNCIA DE FLEBITIS EN PACIENTS HOSPITALITZATS?

-Definir paraules clau (paraules DeCS i/o MESH)
-Idioma de cerca: Anglès

ABANS DE CERCAR...

1r ELABORAR L'EQUACIÓ DE CERCA

Exemple pregunta de cerca:
QUINA ÉS LA INCIDÈNCIA DE FLEBITIS EN PACIENTS HOSPITALITZATS?

-Definir paraules clau (paraules DeCS i/o MESH)
-Idioma de cerca: Anglès

Flebitis ***Phlebitis***	**Incidencia** ***Incidence***	**Hospital** ***Hospital***

biblioteca virtual en salud

DeCS/MeSH
Descriptores en Ciencias de la Salud

OPS Organización Panamericana de la Salud Organización Mundial de la Salud Américas

BIREME
Centro Latinoamericano y del Caribe de Información en Ciencias de la Salud

Búsqueda

Cualquier término

flebitis

biblioteca virtual en salud

DeCS/MeSH
Descriptores en Ciencias de la Salud

OPS Organización Panamericana de la Salud Organización Mundial de la Salud Américas

BIREME
Centro Latinoamericano y del Caribe de Información en Ciencias de la Salud

Búsqueda

Cualquier término

flebitis

Buscado: **flebitis** | Resultados: 4

Ordernar por

Formato de lista

1 / 4

Descriptor en español:	**Flebitis**
	Término(s) alternativo(s):
Descriptor en inglés:	**Phlebitis**
Descriptor en portugués:	[illegible]
Descriptor en francés:	**Phlébite**

Vea detalles

2 / 4

Descriptor en español:	**Trombosis del Seno Sagital**
	Término(s) alternativo(s): Flebitis Séptica del Seno Sagital
Descriptor en inglés:	**Sagittal Sinus Thrombosis**
Descriptor en portugués:	**Trombose do Seio Sagital**
Descriptor en francés:	**Thrombose du sinus sagittal**

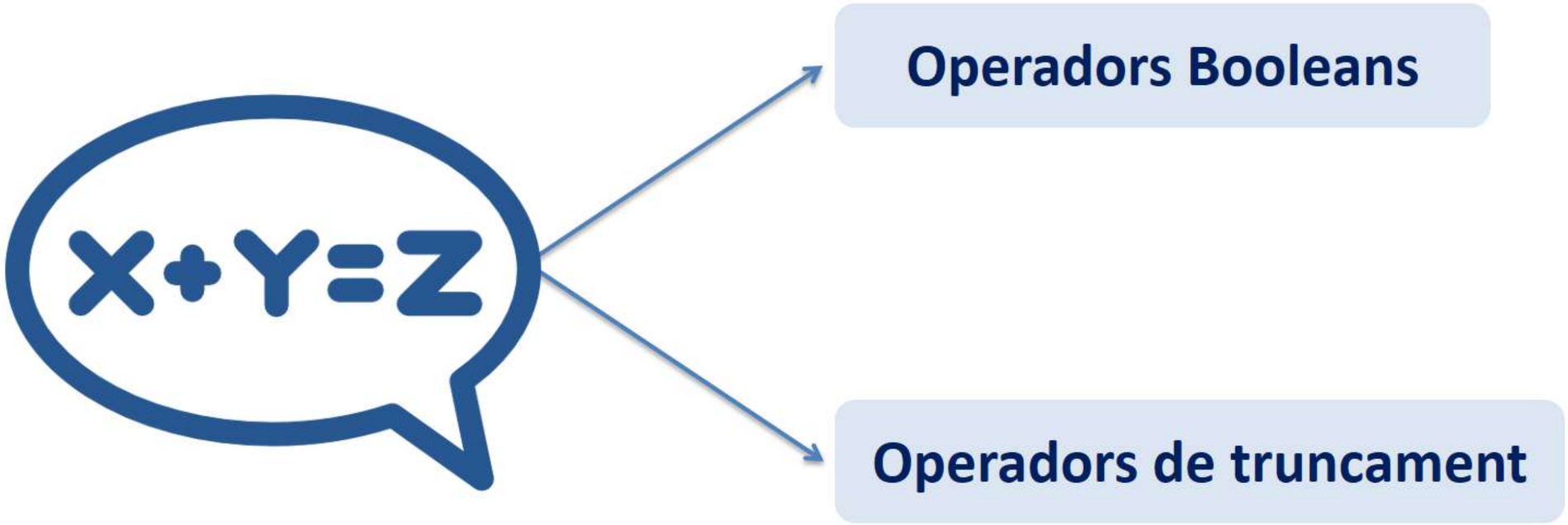
Vea detalles

3 / 4

Descriptor en español:	**Trombosis del Seno Cavernoso**
	Término(s) alternativo(s): Flebitis Séptica del Seno Cavernoso
Descriptor en inglés:	**Cavernous Sinus Thrombosis**
Descriptor en portugués:	**Trombose do Corpo Cavernoso**
Descriptor en francés:	**Thrombose du sinus caverneux**

Vea detalles

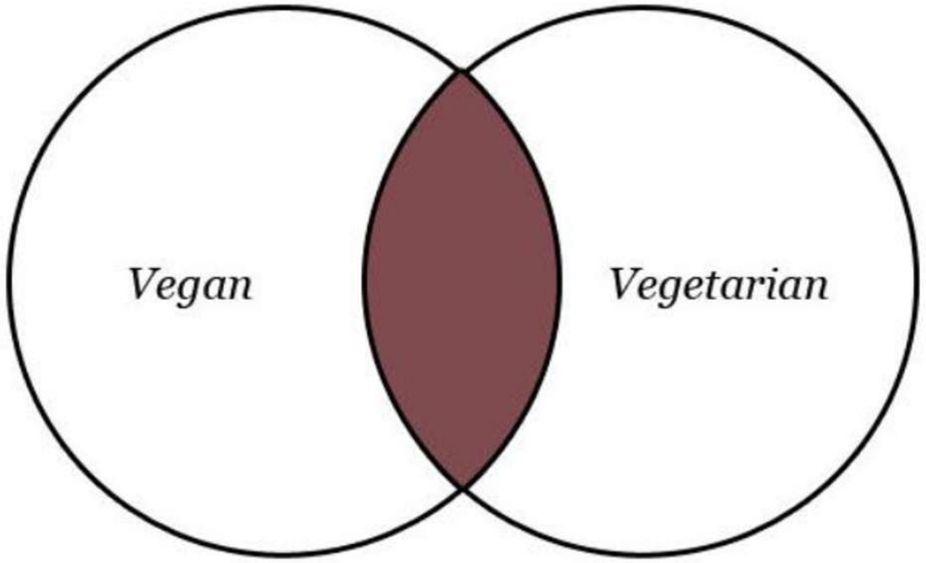
ABANS DE CERCAR...



ABANS DE CERCAR...

Operadors Booleans

AND

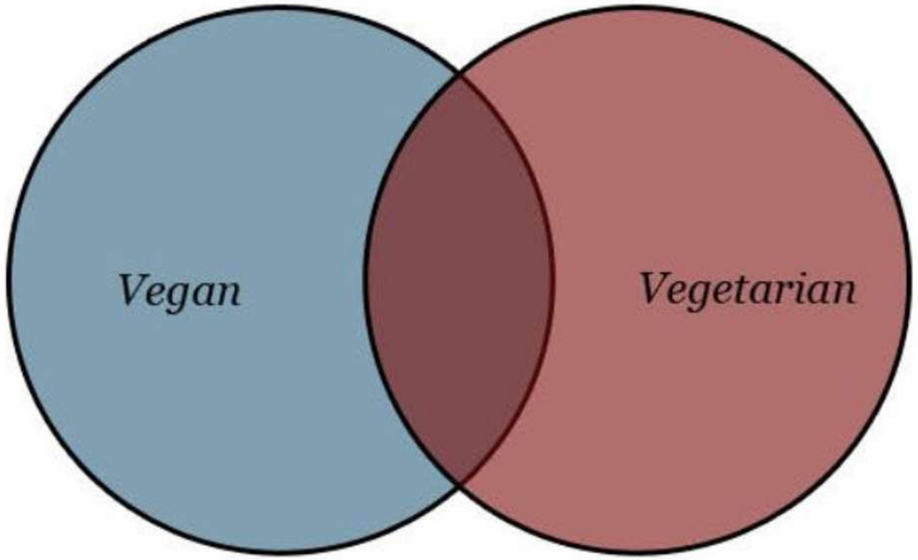


ABANS DE CERCAR...

Operadors Booleans

AND

OR



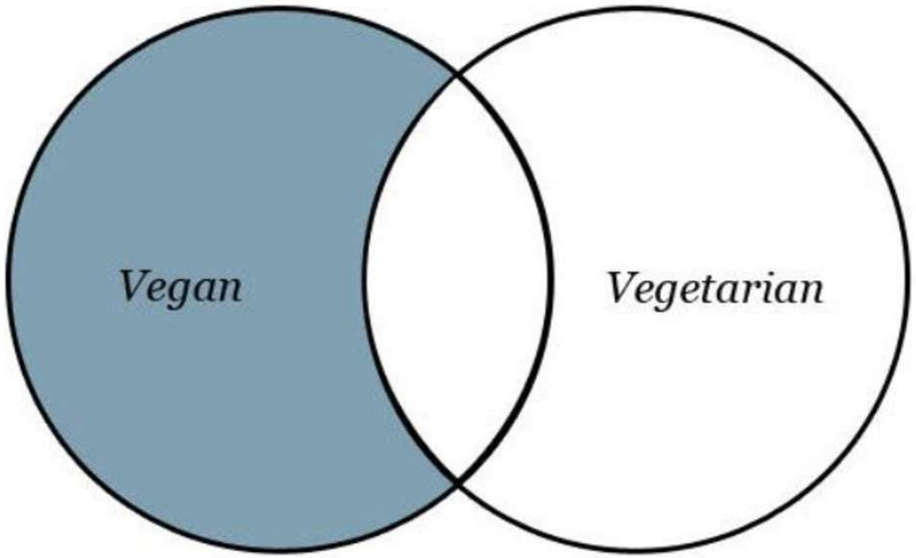
ABANS DE CERCAR...

Operadors Booleans

AND

OR

NOT



ABANS DE CERCAR...

Operadors Booleans

AND

OR

NOT

Operadors de truncament

(*)

treat*	therap*	cognit*
✓ treat	✓ therapy	✓ cognitive
✓ treatment	✓ therapies	✓ cognition
✓ treated	✓ therapeutic	X cognize
✓ treating	✓ therapeutical	X cognizant

La implementació de un *bundle* quirúrgic redueix les infeccions en pacients intervinguts d'una craniotomia?

La implementació de un *bundle* quirúrgic redueix les infeccions en pacients intervinguts d'una craniotomia?

Paquet de mesures
Bundle

La implementació de un *bundle* quirúrgic redueix les infeccions en pacients intervinguts d'una craniotomia?

Paquet de mesures
Bundle

Antibotic prophylaxis

Preoperative skin care

Surgical wound care

La implementació de un *bundle* quirúrgic redueix les infeccions en pacients intervinguts d'una craniotomia?

Paquet de mesures
Bundle

Craniotomia
Craniotomy

Antibotic prophylaxis

Preoperative skin care

Surgical wound care

La implementació de un *bundle* quirúrgic redueix les infeccions en pacients intervinguts d'una craniotomia?

Paquet de mesures
Bundle

Craniotomia
Craniotomy

Infecció
Surgical site Infection

Antibotic prophylaxis

Preoperative skin care

Surgical wound care

La implementació de un *bundle* quirúrgic redueix les infeccions en pacients intervinguts d'una craniotomia?

Paquet de mesures
Bundle

Antibotic prophylaxis

Preoperative skin care

Surgical wound care

Craniotomia
Craniotomy

Infecció
Surgical site Infection

(bundle) AND (craniotomy) AND (surgical site infection)

La implementació de un *bundle* quirúrgic redueix les infeccions en pacients intervinguts d'una craniotomia?

Paquet de mesures
Bundle

Craniotomia
Craniotomy

Infecció
Surgical site Infection

Antibotic prophylaxis

Preoperative skin care

Surgical wound care

(bundle) AND (craniotomy) AND (surgical site infection)

(antibiotic prophylaxis OR preoperative skin care OR surgical wound care) AND (craniotomy) AND (infection)

La implementació d’un programa educatiu disminueix el consum de recursos sanitaris en pacients hospitalitzats amb pneumònia adquirida en la comunitat?

La implementació d’un programa educatiu disminueix el consum de recursos sanitaris en pacients hospitalitzats amb pneumònia adquirida en la comunitat?

Programa educatiu
Health education

La implementació d’un programa educatiu disminueix el consum de recursos sanitaris en pacients hospitalitzats amb pneumònia adquirida en la comunitat?

Programa educatiu
Health education

Consum de recursos sanitaris
Health resources

La implementació d’un programa educatiu disminueix el consum de recursos sanitaris en pacients hospitalitzats amb pneumònia adquirida en la comunitat?

Programa educatiu
Health education

Consum de recursos sanitaris
Health resources

Pneumònia adquirida en la comunitat
Community-acquired pneumonia

La implementació d’un programa educatiu disminueix el consum de recursos sanitaris en pacients hospitalitzats amb pneumònia adquirida en la comunitat?

Programa educatiu
Health education

Consum de recursos sanitaris
Health resources

Pneumònia adquirida en la comunitat
Community-acquired pneumonia

(health education) AND (health resources) AND (community-acquired pneumonia)

P

I

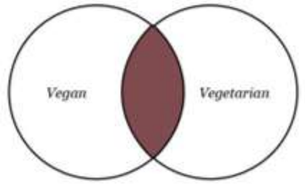
C

O

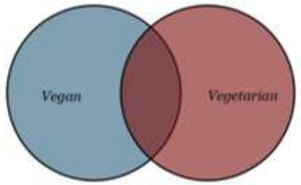
bvs DeCS
biblioteca virtual en salud Descriptores en Ciencias de la Salud

Operadors Booleans

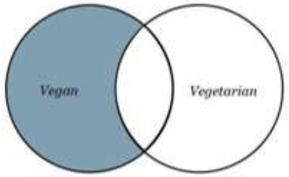
AND



OR



NOT



Operadors de truncament

(*)

CERCADORS

TRIPDATA BASE

Trip Free

Trip Free

About Blog Why Go Pro? | Sign Up Login

Trip medical database
A smart, fast tool to find high quality clinical research evidence

Search PICO Advanced Pro Recent Pro

Search terms Search

Trip Free

Trusted Answers

A smart, fast tool to find high quality clinical research evidence.

- Searched over 125,000,000 times

Trip Pro

Upgrade to Trip PRO

Trip Pro is the most advanced version of Trip it has extra content and functionality, including:

- 100,000+ extra systematic reviews

Trip Free

About Blog Why Go Pro? | Sign Up Login

Search PICO Advanced Pro Recent Pro

Population

craniotomy

Intervention

bundle

Comparison

any comparison intervention

Outcome

surgical site infection

Search

PICO search is not designed for exhaustive searches, click here for more information

craniotomy, bundle, surgical site infection

25 results Pro users have access to +14 Systematic Reviews

Filter Results

Toggle All Types

- All Secondary Evidence
- Systematic Reviews 5
- Evidence Based Synopses 2
- Guidelines
  - Aus. & NZ 1
  - Canada

Order By Quality Show Snippets

Results page key Export Articles

1 **A Care Bundle Intervention to Prevent Surgical Site Infections after a Craniotomy.**

Primary research 2020 Clinical Infectious Diseases

A Care **Bundle** Intervention to Prevent **Surgical Site Infections** after a **Craniotomy** . Although **surgical site infections** after a **craniotomy** (SSI-CRANs) are a serious problem that involves significant morbidity and costs, information on their prevention is scarce. We aimed to determine whether the implementation of a care **bundle** was effective in preventing SSI-CRANs. A historical control study was used to evaluate the care **bundle** , which included a preoperative shower with 4% chlorhexidine soap , appropriate hair removal, adequate preoperative systemic antibiotic prophylaxis, the administration of 1 g of vancomycin powder into the subgaleal space before closing, and a postoperative dressing of the incisional **surgical** wound with a sterile absorbent cover. Patients were divided into 2 groups: preintervention (January 2013 to December 2015) and intervention (January 2016 to December 2017). The primary study end point was the incidence of SSI-CRANs within 1 year postsurgery. Propensity score matching

Broken Link?

Filter Results

Toggle All Types

- All Secondary Evidence
- Systematic Reviews 5
- Evidence Based Synopses 2
- Guidelines
  - Aus. & NZ 1
  - Canada
  - USA 3
  - UK
  - Other 2
- Regulatory Guidance
- Key primary research
- Clinical Q&A
- Controlled Trials
  - Quality:high
  - Quality: Uncertain
- Primary research 3
- Ongoing Systematic Reviews
- Ongoing Clinical Trials 4 Pro
- Patient Information Leaflets
- Blogs 3
- eTextbooks 3
- Medical Images Pro
- Videos Pro

Order By Quality Show Snippets

1 **A Care Bundle Intervention to Prevent Su**

Primary research 2020 Clinical Infectious Diseases

A Care **Bundle** Intervention to Prevent **Surgical Site Infecti**
information on their prevention is scarce. We aimed to determi
included a preoperative shower with 4% chlorhexidine soap , ap
and a postoperative dressing of the incisional **surgical** wound
The primary study end point was the incidence of SSI-CRANs w

2 **Surgical Site Infection after Malignant Br**

Primary research 2017 Neurologia medico-chirurg

Surgical Site Infection after Malignant Brain Tumor Resecti
considering the various medical situations associated with the
investigate the incidence of SSI following malignant brain tumo
using a care **bundle** technique in the same units. The SSI incid
bundle does not appear to enhance prevention of SSI. Howeve

3 **Point prevalence survey of healthcare-as**

Evidence Based Synopses 2016 European Centre f

as an abbreviation of the current survey) PVC Peripheral vascula
the surveillance of **communicable** diseases) TRICE Training in
use in European acute care hospitals – protocol version 5.3 1 .....
INFECTION 53

4 **2022 Guideline for the Management of P Association/American Stroke Associatior**

USA Guidelines 2022 American Heart Association

PUBMED

PubMed.gov

NIH National Library of Medicine
National Center for Biotechnology Information

Log in

PubMed.gov

Search

Advanced

PubMed® comprises more than 35 million citations for biomedical literature from MEDLINE, life science journals, and online books. Citations may include links to full text content from PubMed Central and publisher web sites.

Learn

About PubMed
FAQs & User Guide
Finding Full Text

Find

Advanced Search
Clinical Queries
Single Citation Matcher

Download

E-utilities API
FTP
Batch Citation Matcher

Explore

MeSH Database
Journals

National Library of Medicine
National Center for Biotechnology Information

Log in

PubMed.gov

craniotomy bundle

Search

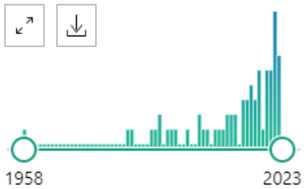
Advanced Create alert Create RSS User Guide

Save Email Send to Sorted by: Best match Display options

MY NCBI FILTERS

61 results Page 1 of 7

RESULTS BY YEAR



TEXT AVAILABILITY

- Abstract
- Free full text
- Full text

ARTICLE ATTRIBUTE

- Associated data

ARTICLE TYPE

- Books and Documents
- Clinical Trial
- Meta-Analysis

1 Cite Share

A Care **Bundle** Intervention to Prevent Surgical Site Infections After a **Craniotomy**.

Jiménez-Martínez E, Cuervo G, Carratalà J, Hornero A, Ciercoles P, Gabarrós A, Cabellos C, Pelegrin I, Dominguez Luzón MA, García-Somoza D, Càmara J, Tebé C, Adamuz J, Pujol M.

Clin Infect Dis. 2021 Dec 6;73(11):e3921-e3928. doi: 10.1093/cid/ciaa884.

PMID: 32594119

BACKGROUND: Although surgical site infections after a **craniotomy** (SSI-CRANs) are a serious problem that involves significant morbidity and costs, information on their prevention is scarce. ...CONCLUSIONS: The care **bundle** intervention was effective in reducing SSI-CR ...

2 Cite Share

Economic impact of a care **bundle** to prevent surgical site infection after **craniotomy**: a cost-analysis study.

Jiménez-Martínez E, Cuervo G, Carratalà J, Hornero A, Ciercoles P, Gabarrós A, Cabellos C, Pelegrin I, Domínguez-Luzón MA, Càmara J, Moreno-Fuentes R, Adamuz J, Pujol M.

Antimicrob Resist Infect Control. 2021 Oct 13;10(1):146. doi: 10.1186/s13756-021-01016-4.

PMID: 34645525 Free PMC article.

RESULTS: A total of 595 patients were included in the pre-care **bundle** period and 422 in the care **bundle** period. Mean cost of a **craniotomy** procedure was approximately 8000, rising to 24,000 in the case of SSI-CRAN. ...Overall, implementation of the care **bun** ...

3

Corrigendum to: A Care **Bundle** Intervention to Prevent Surgical Site Infections After a **Craniotomy**.

[No authors listed]

An official website of the United States government Here's how you know

NIH National Library of Medicine
National Center for Biotechnology Information

Log in

All Databases | Search

All Databases
Assembly
Biocollections
BioProject
BioSample
Books
ClinVar
Conserved Domains
dbGaP
dbVar
Gene
Genome
GEO DataSets
GEO Profiles
GTR
HomoloGene
Identical Protein Groups
MedGen
MeSH
NLM Catalog

NCBI Home
Resource List (A-Z)
All Resources
Chemicals & Bioassays
Data & Software
DNA & RNA
Domains & Structures
Genes & Expression
Genetics & Medicine
Genomes & Maps
Homology
Literature
Proteins
Sequence Analysis
Taxonomy
Training & Tutorials
Variation

NCBI

ter for Biotechnology Information advances science and health by providing access to enomic information.

l | Mission | Organization | NCBI News & Blog

bmit
r manuscripts
bases

Download
Transfer NCBI data to your computer

Learn
Find help documents, attend a class or watch a tutorial

Develop
Use NCBI APIs and code libraries to build applications

Analyze
Identify an NCBI tool for your data analysis task

Research
Explore NCBI research and collaborative projects

COVID-19 Information

Public health information (CDC) | Research information (NIH) | SARS-CoV-2 data (NCBI) | Prevention and treatment information (HHS) | Español

Popular Resources

PubMed
Bookshelf
PubMed Central
BLAST
Nucleotide
Genome
SNP
Gene
Protein
PubChem

NCBI News & Blog

New annotations in RefSeq!
14 Feb 2023
In December and January, the NCBI Eukaryotic Genome Annotation Pipeline released twenty-nine new

Announcing New Names for Eukaryotic Genome Annotations in RefSeq!
09 Feb 2023
The RefSeq eukaryotic genome annotation pipeline (EGAP) is moving to

NCBI at ACMG 2023
08 Feb 2023
Join us March 14-18 in Salt Lake City, Utah We are excited to celebrate ClinVar's 10th anniversary and look

More...

An official website of the United States government Here's how you know

National Library of Medicine
National Center for Biotechnology Information

Log in

MeSH

MeSH | craniotomy | Search

Create alert Limits Advanced Help

Summary

Send to:

Search results

Items: 2

1. **Craniotomy**
   Surgical incision into the cranium.
   Year introduced: 1965(1964)

2. Decompressive Craniectomy
   Excision of part of the skull. This procedure is used to treat elevated intracranial pressure that is unresponsive to conventional treatment.
   Year introduced: 2010

PubMed Search Builder

Add to search builder AND

Search PubMed

YouTube Tutorial

Find related data

Database: Select

Find items

An official website of the United States government Here's how you know

Craniotomy

Surgical incision into the cranium.
Year introduced: 1965(1964)

PubMed search builder options
Subheadings:

- adverse effects
- classification
- economics
- education
- ethics
- history
- instrumentation
- legislation and jurisprudence
- methods
- mortality
- nursing
- psychology
- rehabilitation
- standards
- statistics and numerical data
- trends
- veterinary

Restrict to MeSH Major Topic.
Do not include MeSH terms found below this term in the MeSH hierarchy.

Tree Number(s): E04.525.190
MeSH Unique ID: D003399
Entry Terms:

- Craniotomies
- Craniectomy
- Craniectomies

All MeSH Categories
Analytical, Diagnostic and Therapeutic Techniques and Equipment Category
Surgical Procedures, Operative
Neurosurgical Procedures
Craniotomy
Decompressive Craniectomy
Trephining

An official website of the United States government Here's how you know

Patient Care Bundles

Small sets of evidence-based interventions for a defined patient population and care setting.
Year introduced: 2014

PubMed search builder options
Subheadings:

- adverse effects
- classification
- economics
- ethics
- history
- instrumentation
- methods
- mortality
- nursing
- psychology
- standards
- statistics and numerical data
- trends
- veterinary

Restrict to MeSH Major Topic.
Do not include MeSH terms found below this term in the MeSH hierarchy.

Tree Number(s): E02.765
MeSH Unique ID: D064872
Entry Terms:

- Bundle, Patient Care
- Bundles, Patient Care
- Care Bundle, Patient
- Care Bundles, Patient
- Patient Care Bundle
- Care Bundles
- Bundle, Care
- Bundles, Care
- Care Bundle

All MeSH Categories
Analytical, Diagnostic and Therapeutic Techniques and Equipment Category
Therapeutics
Patient Care Bundles

An official website of the United States government Here's how you know

National Library of Medicine
National Center for Biotechnology Information

Log in

PubMed.gov

("Craniotomy"[Mesh]) AND "Patient Care Bundles"[Mesh]

Search

Advanced Create alert Create RSS User Guide

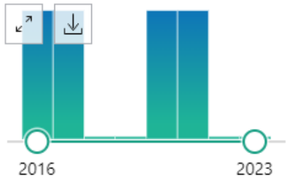
Save Email Send to Sorted by: Most recent Display options

MY NCBI FILTERS

4 results

Page 1 of 1

RESULTS BY YEAR



TEXT AVAILABILITY

- Abstract
- Free full text
- Full text

ARTICLE ATTRIBUTE

- Associated data

ARTICLE TYPE

- Books and Documents
- Clinical Trial
- Meta-Analysis

1. A Care Bundle Intervention to Prevent Surgical Site Infections After a Craniotomy.
Jiménez-Martínez E, Cuervo G, Carratalà J, Hornero A, Ciercoles P, Gabarrós A, Cabellos C, Pelegrin I, Dominguez Luzón MA, García-Somoza D, Càmara J, Tebé C, Adamuz J, Pujol M.
Clin Infect Dis. 2021 Dec 6;73(11):e3921-e3928. doi: 10.1093/cid/ciaa884.
PMID: 32594119

2. Simulating Episode-Based Bundled Payments for Cranial Neurosurgical Procedures.
Medress Z, Ugiliweneza B, Parker J, Wang D, Burton E, Boakye M, Skirboll S.
Neurosurgery. 2020 Jul 1;87(1):86-95. doi: 10.1093/neuros/nyz353.
PMID: 31515558

3. Surgical Site Infection after Malignant Brain Tumor Resection: A Multicenter Study for Induction of a Basic Care Bundle.
Uzuka T, Takahashi H, Nakasu Y, Okuda T, Mitsuya K, Hayashi N, Hirose T, Kurai H.
Neurol Med Chir (Tokyo). 2017 Oct 15;57(10):542-547. doi: 10.2176/nmc.oa.2017-0034. Epub 2017 Jul 26.
PMID: 28747588 Free PMC article.

4. Implementation of a care bundle and evaluation of risk factors for surgical site infection in cranial neurosurgery.
Davies BM, Jones A, Patel HC.
Clin Neurol Neurosurg. 2016 May;144:121-5. doi: 10.1016/j.clineuro.2016.03.025. Epub 2016 Mar 29.

GESTORS BIBLIOGRÀFICS

MENDELEY

Mendeley Reference Manager

Mendeley Reference Manager File Edit Tools Help

Library | Notebook

Emilio Jiménez-Martínez

+Add new

- All References
- Recently Added
- Recently Read
- Favorites
- My Publications
- Trash

COLLECTIONS

- BRCV
- CAPA
- COVID Nos
- NRC
- Tesis

New Collection

GROUPS

- Catheter Failure
- prueba

New Group

All References

Search | Filters

AUTHORS	YEAR	TITLE	SOURCE	ADDED	FILE
Ong C, Chen S, Clark J, Halliday C, Kidd S, Marriott D, Mar…	2019	Diagnosis, management and prevention of Candida auris in hospitals: position statement of the	Internal medicine journal	6/7/2022	
Alastruey-Izquierdo A, Asensio A, Besoli A, Calabuig E, Fer…	2019	[GEMICOMED/GEIRAS-SEIMC recommendations for the management of Candida auris infec	Revista iberoamericana de micolog	6/7/2022	
Erman T, Demirhindi H, Göçer A, Tuna M, İldan F, Boyar B	2005	Risk factors for surgical site infections in neurosurgery patients with antibiotic prophylaxis	Surgical Neurology	14/6/2022	
Wloch C, Wilson J, Lamagni T, Harrington P, Charlett A, Sh…	2012	Risk factors for surgical site infection following caesarean section in England: results from a m	BJOG: An International Journal of (	14/6/2022	
Phung J, Mathern G, Krogstad P	2013	Timing and predictors of fever and infection after craniotomy for epilepsy in children.	The Pediatric infectious disease jou	14/6/2022	
Berríos-Torres S, Umscheid C, Bratzler D, Leas B, Stone E,…	2017	Centers for Disease Control and Prevention Guideline for the Prevention of Surgical Site Infec	JAMA Surgery	14/6/2022	
López Pereira P, Díaz-Agero Pérez C, López Fresneña N, …	2017	'Epidemiology of surgical site infection in a neurosurgery department'	British Journal of Neurosurgery	14/6/2022	
Mesini A, Mikulska M, Giacobbe D, Del Puente F, Gandolfo…	2020	Changing epidemiology of candidaemia: Increase in fluconazole-resistant Candida parapsilosi	Mycoses	14/6/2022	
Abode-Iyamah K, Chiang H, Winslow N, Park B, Zanaty M, …	2018	Risk factors for surgical site infections and assessment of vancomycin powder as a preventive	Journal of Neurosurgery	14/6/2022	
Stanic S, Bojanic J, Grubor P, Mijovic B, Maric V	2017	Examination of Risk Factors for the Development of Surgical Site Infections.	Materia socio-medica	14/6/2022	
Mracek J, Hommerova J, Mork J, Richtr P, Priban V	2015	Complications of cranioplasty using a bone flap sterilised by autoclaving following decompress	Acta Neurochirurgica	14/6/2022	
Chiang H, Kamath A, Pottinger J, Greenlee J, Howard M, C…	2014	Risk factors and outcomes associated with surgical site infections after craniotomy or craniect	Journal of Neurosurgery	14/6/2022	
Davies B, Jones A, Patel H	2016	Implementation of a care bundle and evaluation of risk factors for surgical site infection in cran	Clinical Neurology and Neurosurge	14/6/2022	
Fang C, Zhu T, Zhang P, Xia L, Sun C	2017	Risk factors of neurosurgical site infection after craniotomy: A systematic review and meta-ana	American Journal of Infection Contı	14/6/2022	
Jiménez-Martínez E, Cuervo G, Carratalà J, Hornero A, Cie…	2021	A Care Bundle Intervention to Prevent Surgical Site Infections After a Craniotomy	Clinical infectious diseases : an offi	14/6/2022	
Pfaller M, Diekema D, Turnidge J, Castanheira M, Jones R	2019	Twenty Years of the SENTRY Antifungal Surveillance Program: Results for Candida Species F	Open Forum Infectious Diseases	25/5/2022	
Demirci-Duarte S, Arikan-Akdagli S, Gülmez D	2021	Species distribution, azole resistance and related molecular mechanisms in invasive Candida	Mycoses	25/5/2022	
Huang J, Wang T, Wu S, Liu C, Fan J	2021	Post-craniotomy fever and its associated factors in patients with traumatic brain injury	Nursing in critical care	10/5/2022	
López-Rojas R, Fernández-Cuenca F, Serrano-Rocha L, P…	2017	In vitro activity of a polyhexanide–betaine solution against high-risk clones of multidrug-resista	Enfermedades Infecciosas y Microb	4/11/2021	
Kramer A, Dissemond J, Kim S, Willy C, Mayer D, Papke R…	2018	Consensus on Wound Antisepsis: Update 2018	Skin Pharmacology and Physiology	26/10/2021	
Kaehn K	2010	Polihexanide: A safe and highly effective biocide	Skin Pharmacology and Physiology	26/10/2021	

A Care Bundle Intervention to P

pubmed.ncbi.nlm.nih.gov/32594119/

An official website of the United States government Here's how you know

NIH National Library of Medicine
National Center for Biotechnology Information

Log in

PubMed®

craniotomy bundle

Search

Advanced

User Guide

Search results

Save | Email | Send to | Display options

Clin Infect Dis. 2021 Dec 6;73(11):e3921-e3928. doi: 10.1093/cid/ciaa884.

A Care Bundle Intervention to Prevent Surgical Site Infections After a Craniotomy

Emilio Jiménez-Martínez [1], Guillermo Cuervo [1 2], Jordi Carratalà [1 2 3], Ana Hornero [1], Pilar Ciercoles [1], Andres Gabarrós [4], Carmen Cabellos [1 2], Ivan Pelegrin [5], Maria Angeles Dominguez Luzón [2 3 6], Dolores García-Somoza [6], Jordi Càmara [3 7], Cristian Tebé [8], Jordi Adamuz [3 9], Miquel Pujol [1 2]

Affiliations + expand

PMID: 32594119 DOI: 10.1093/cid/ciaa884

Erratum in

Corrigendum to: A Care Bundle Intervention to Prevent Surgical Site Infections After a Craniotomy.

[No authors listed]

Clin Infect Dis. 2021 May 4;72(9):1686. doi: 10.1093/cid/ciaa1778.

PMID: 33524099 No abstract available.

Abstract

FULL TEXT LINKS

OXFORD ACADEMIC

ACTIONS

Cite

Collections

SHARE

PAGE NAVIGATION

Title & authors

Erratum in

Abstract

NEXT RESULT
2 of 62

Ver PDF

A Care Bundle Intervention to P

pubmed.ncbi.nlm.nih.gov/32594119/

An official website of the United States government Here's how you know

NIH National Library of Medicine
National Center for Biotechnology Information

Log in

PubMed®

craniotomy bundle

Search

Advanced

User Guide

Search results

Save | Email | Send to | Display options

Clin Infect Dis. 2021 Dec 6;73(11):e3921-e3928. doi: 10.1093/cid/ciaa884.

A Care Bundle Intervention to Prevent Surgical Site Infections After a Craniotomy

Emilio Jiménez-Martínez [1], Guillermo Cuervo [1 2], Jordi Carratalà [1 2 3], Ana Hornero [1], Pilar Ciercoles [1], Andres Gabarrós [4], Carmen Cabellos [1 2], Ivan Pelegrin [5], Maria Angeles Dominguez Luzón [2 3 6], Dolores García-Somoza [6], Jordi Càmara [3 7], Cristian Tebé [8], Jordi Adamuz [3 9], Miquel Pujol [1 2]

Affiliations + expand

PMID: 32594119 DOI: 10.1093/cid/ciaa884

Erratum in

Corrigendum to: A Care Bundle Intervention to Prevent Surgical Site Infections After a Craniotomy.

[No authors listed]

Clin Infect Dis. 2021 May 4;72(9):1686. doi: 10.1093/cid/ciaa1778.

PMID: 33524099 No abstract available.

Abstract

FULL TEXT LINKS

OXFORD ACADEMIC

ACTIONS

Cite

Collections

SHARE

PAGE NAVIGATION

Title & authors

Erratum in

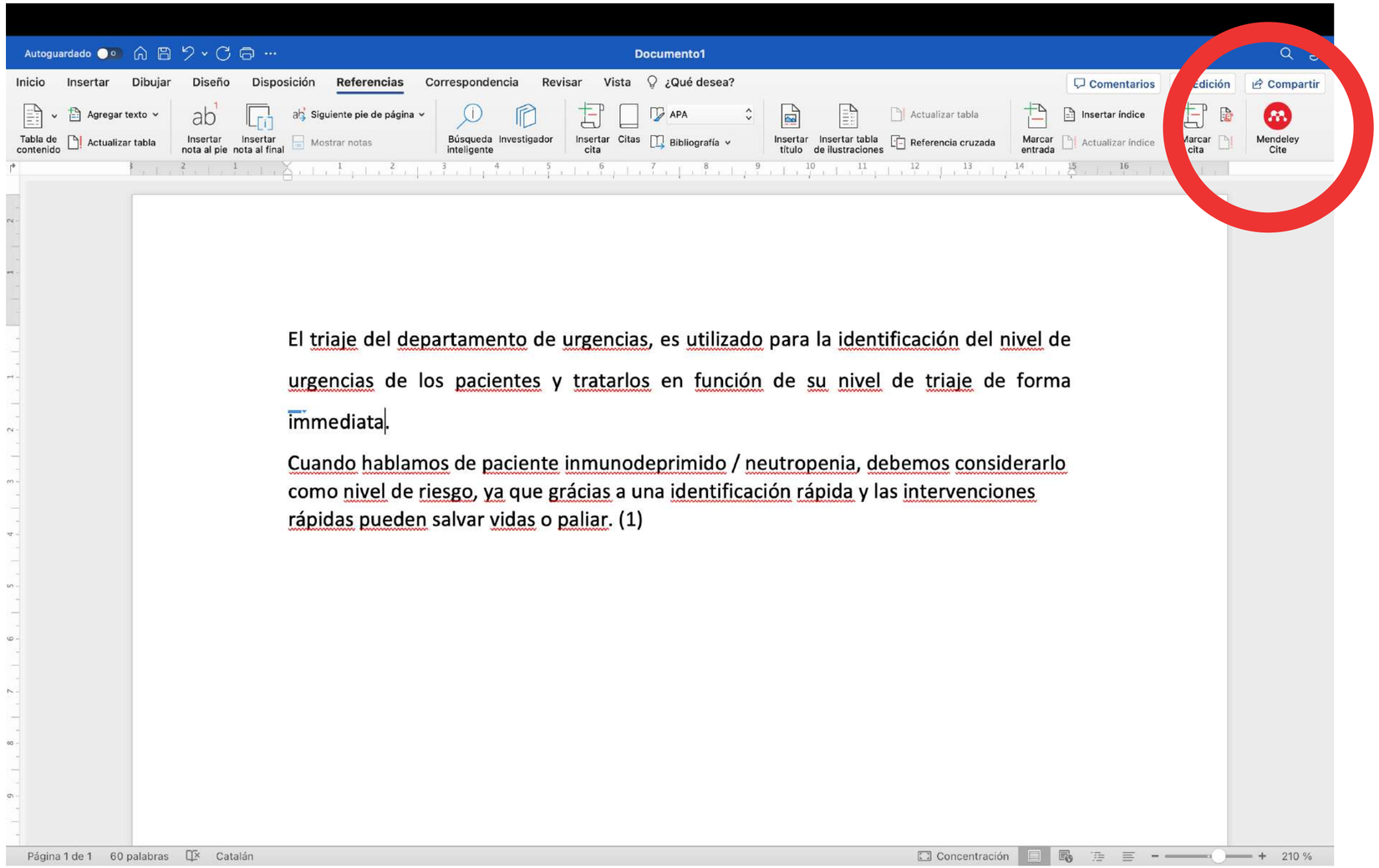
Abstract

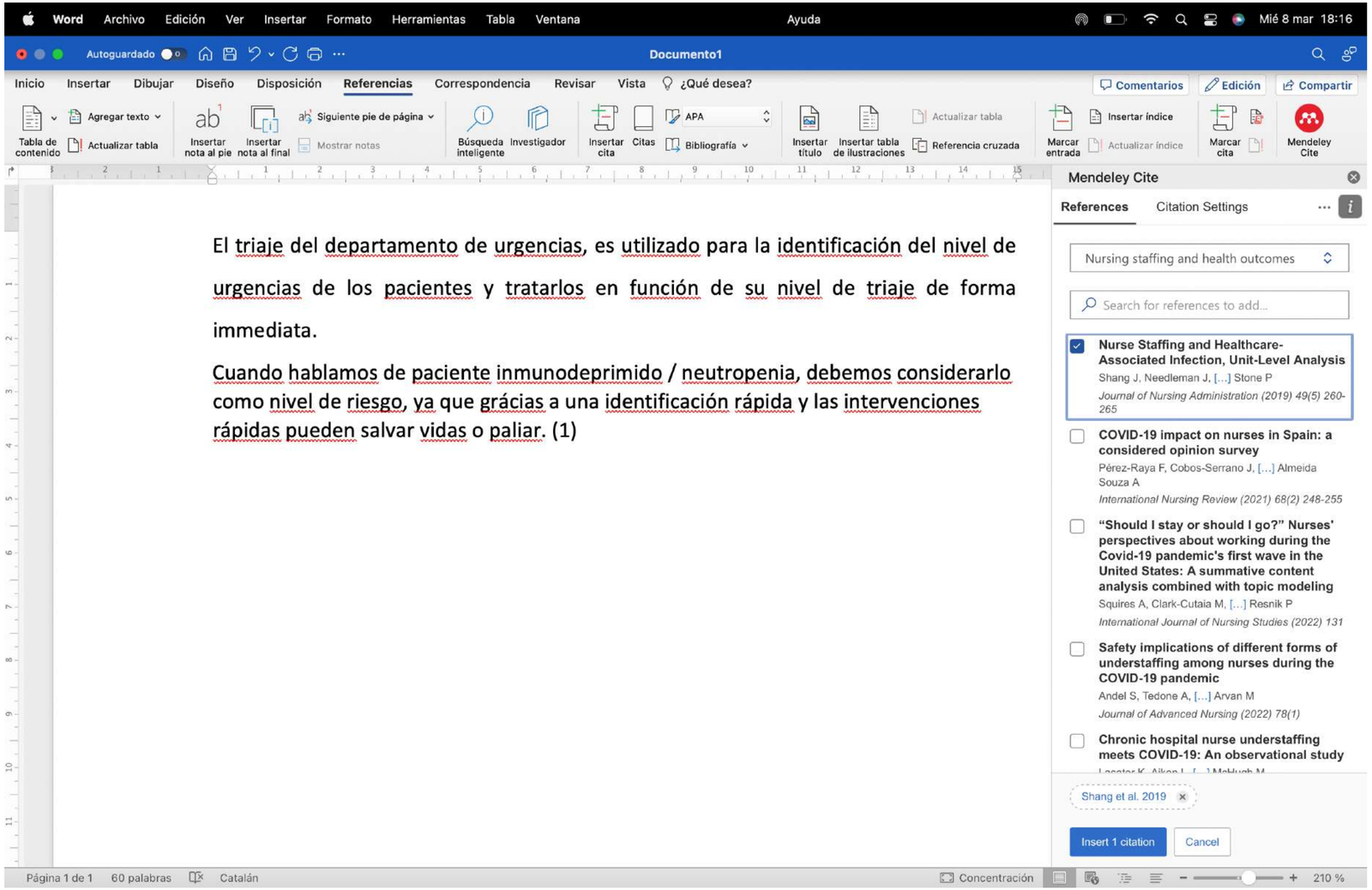
NEXT RESULT
2 of 62

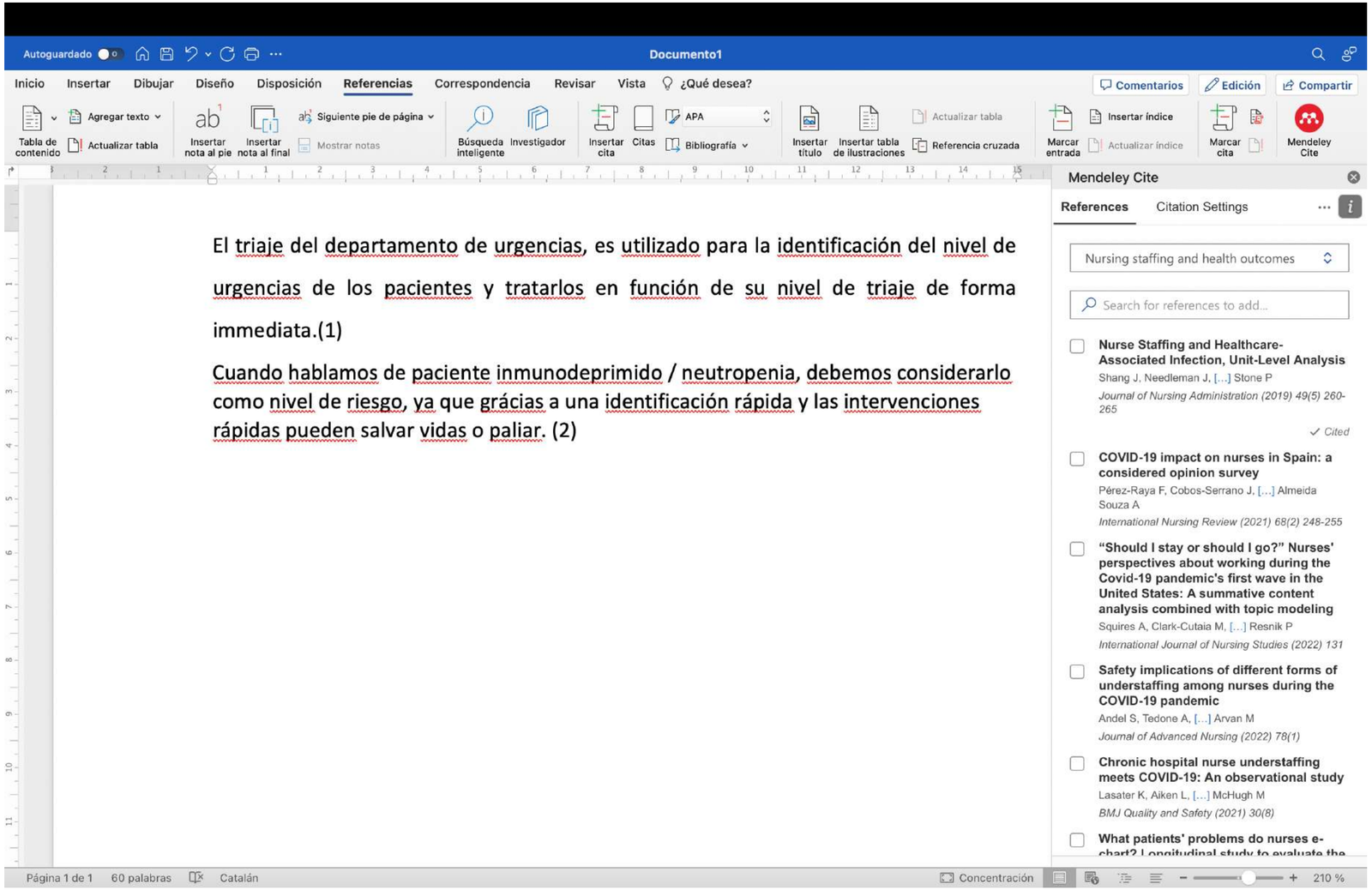
Ver PDF

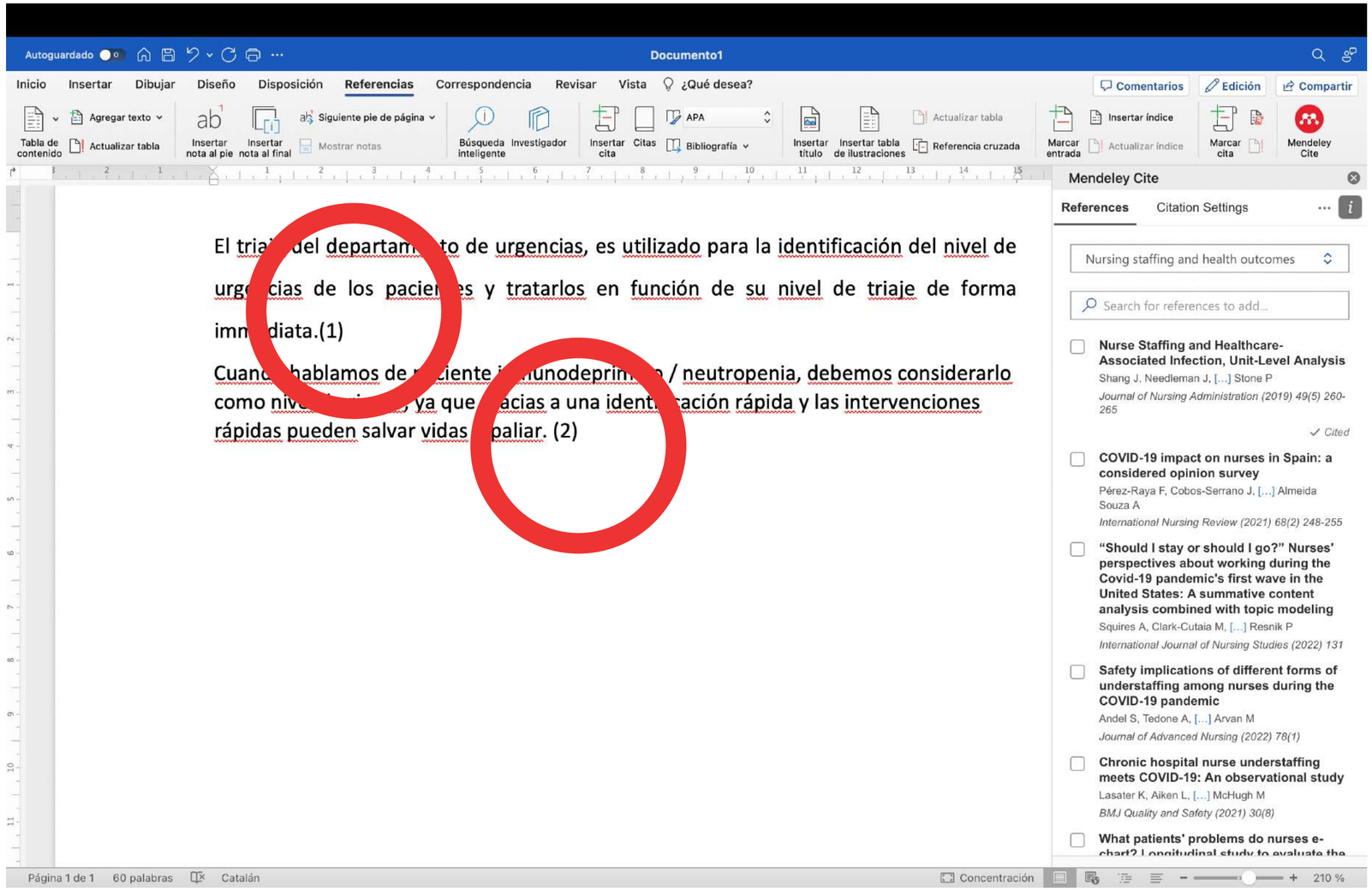
El triaje del departamento de urgencias, es utilizado para la identificación del nivel de urgencias de los pacientes y tratarlos en función de su nivel de triaje de forma immediata.

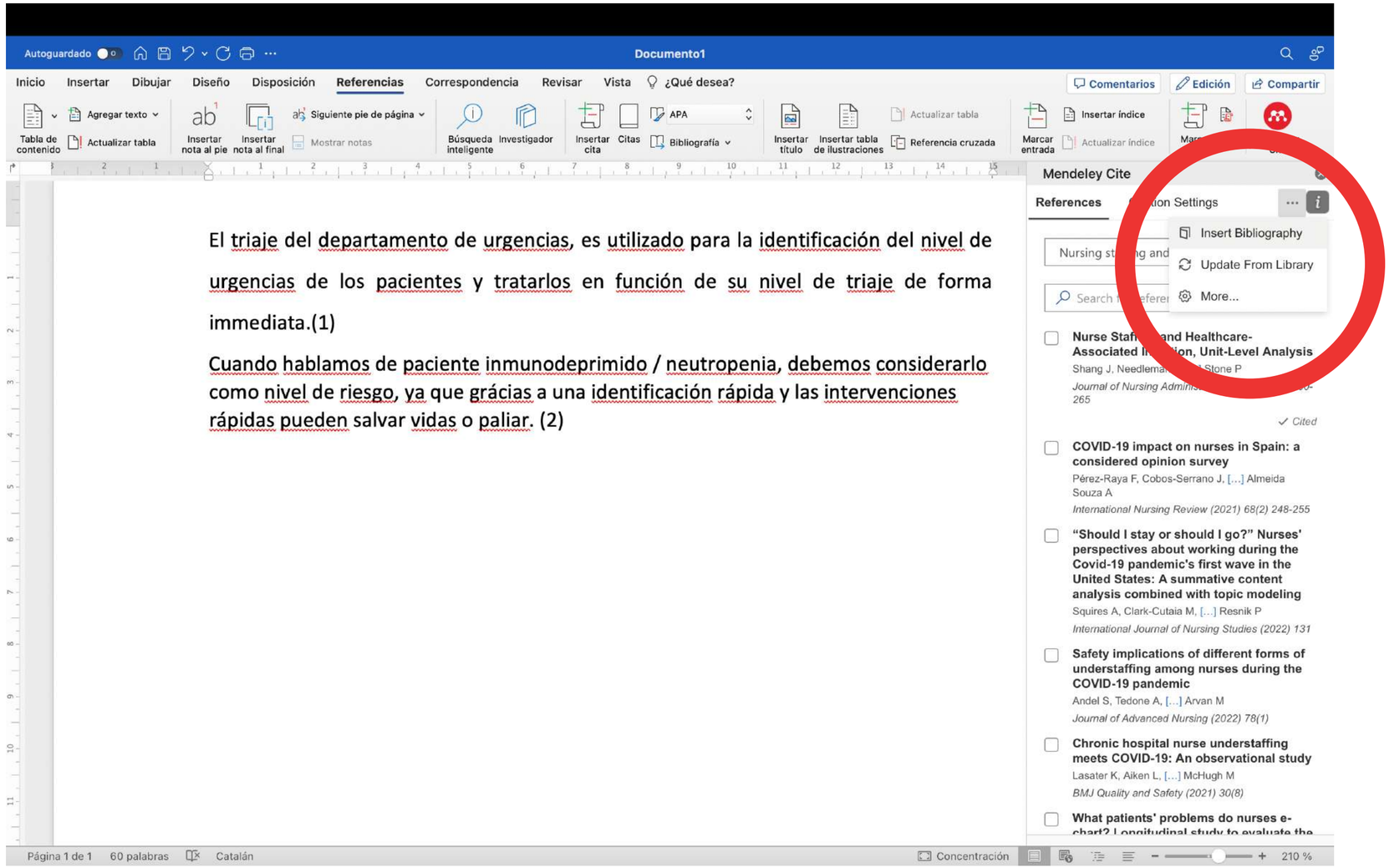
Cuando hablamos de paciente inmunodeprimido / neutropenia, debemos considerarlo como nivel de riesgo, ya que grácias a una identificación rápida y las intervenciones rápidas pueden salvar vidas o paliar. (1)


Autoguardado
Documento1
Inicio
Insertar
Dibujar
Diseño
Disposición
Referencias
Correspondencia
Revisar
Vista
¿Qué desea?
Comentarios
Edición
Compartir
Tabla de contenido
Agregar texto
Actualizar tabla
Insertar nota al pie
Insertar nota al final
Siguiente pie de página
Mostrar notas
Búsqueda inteligente
Investigador
Insertar cita
Citas
APA
Bibliografía
Insertar título
Insertar tabla de ilustraciones
Actualizar tabla
Referencia cruzada
Marcar entrada
Insertar índice
Actualizar índice
Marcar cita
Mendeley Cite
El triaje del departamento de urgencias, es utilizado para la identificación del nivel de urgencias de los pacientes y tratarlos en función de su nivel de triaje de forma immediata.
Cuando hablamos de paciente inmunodeprimido / neutropenia, debemos considerarlo como nivel de riesgo, ya que grácias a una identificación rápida y las intervenciones rápidas pueden salvar vidas o paliar. (1)
Página 1 de 1
60 palabras
Catalán
Concentración
210 %


Word Archivo Edición Ver Insertar Formato Herramientas Tabla Ventana Ayuda
Mié 8 mar 18:16
Documento1
Inicio Insertar Dibujar Diseño Disposición Referencias Correspondencia Revisar Vista ¿Qué desea?
Comentarios Edición Compartir
Mendeley Cite
References Citation Settings
Nursing staffing and health outcomes
Search for references to add...
Nurse Staffing and Healthcare-Associated Infection, Unit-Level Analysis
Shang J, Needleman J, [...] Stone P
Journal of Nursing Administration (2019) 49(5) 260-265
COVID-19 impact on nurses in Spain: a considered opinion survey
Pérez-Raya F, Cobos-Serrano J, [...] Almeida Souza A
International Nursing Review (2021) 68(2) 248-255
"Should I stay or should I go?" Nurses' perspectives about working during the Covid-19 pandemic's first wave in the United States: A summative content analysis combined with topic modeling
Squires A, Clark-Cutaia M, [...] Resnik P
International Journal of Nursing Studies (2022) 131
Safety implications of different forms of understaffing among nurses during the COVID-19 pandemic
Andel S, Tedone A, [...] Arvan M
Journal of Advanced Nursing (2022) 78(1)
Chronic hospital nurse understaffing meets COVID-19: An observational study
Shang et al. 2019
Insert 1 citation
Cancel
El triaje del departamento de urgencias, es utilizado para la identificación del nivel de urgencias de los pacientes y tratarlos en función de su nivel de triaje de forma immediata.
Cuando hablamos de paciente inmunodeprimido / neutropenia, debemos considerarlo como nivel de riesgo, ya que grácias a una identificación rápida y las intervenciones rápidas pueden salvar vidas o paliar. (1)
Página 1 de 1 60 palabras Catalán
Concentración
210 %

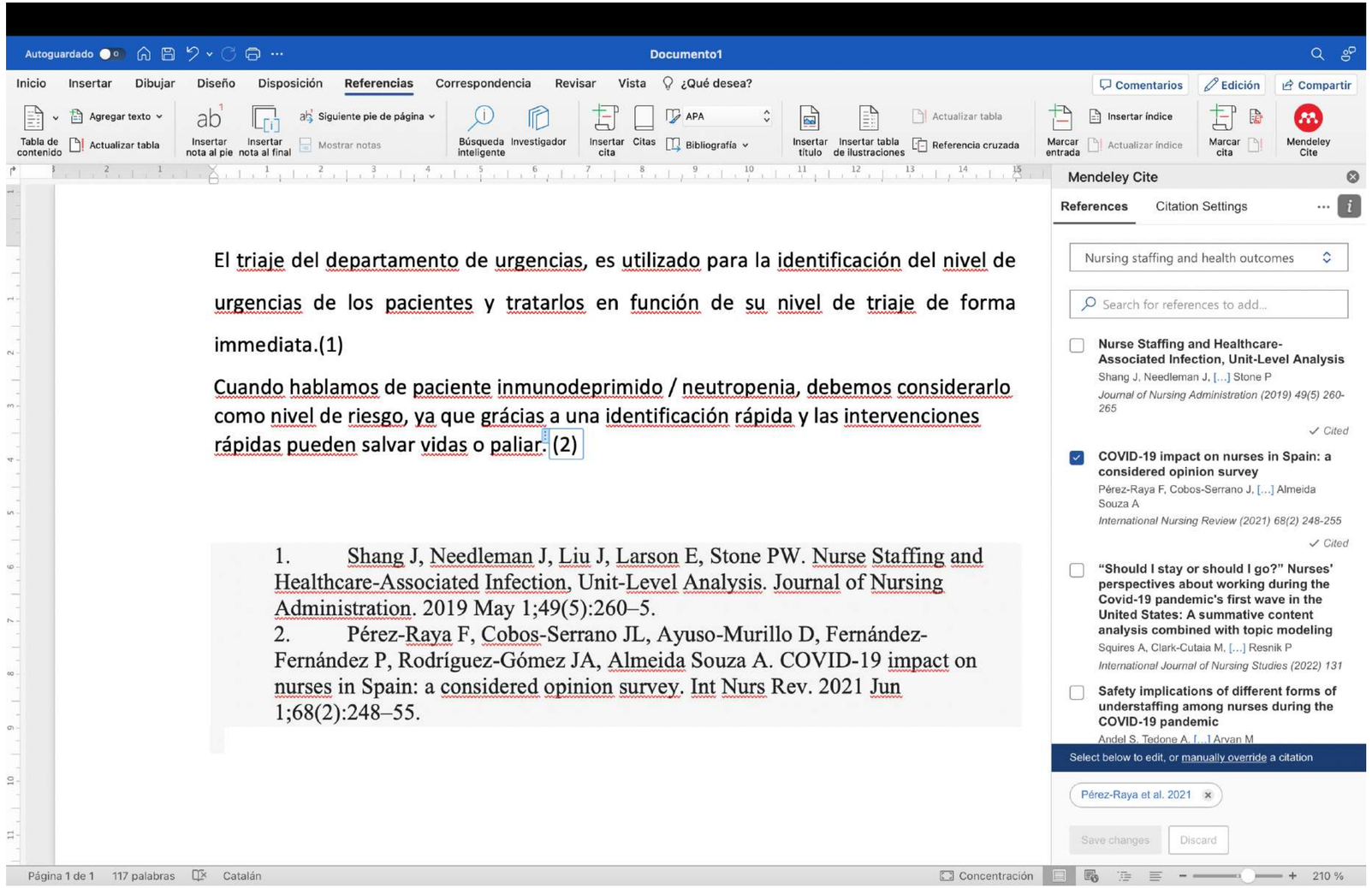

Autoguardado
Documento1
Inicio
Insertar
Dibujar
Diseño
Disposición
Referencias
Correspondencia
Revisar
Vista
¿Qué desea?
Comentarios
Edición
Compartir
Tabla de contenido
Agregar texto
Actualizar tabla
Insertar nota al pie
Insertar nota al final
Siguiente pie de página
Mostrar notas
Búsqueda inteligente
Investigador
Insertar cita
Citas
APA
Bibliografía
Insertar título
Insertar tabla de ilustraciones
Actualizar tabla
Referencia cruzada
Marcar entrada
Insertar índice
Actualizar índice
Marcar cita
Mendeley Cite
El triaje del departamento de urgencias, es utilizado para la identificación del nivel de urgencias de los pacientes y tratarlos en función de su nivel de triaje de forma immediata.(1)
Cuando hablamos de paciente inmunodeprimido / neutropenia, debemos considerarlo como nivel de riesgo, ya que grácias a una identificación rápida y las intervenciones rápidas pueden salvar vidas o paliar. (2)
Mendeley Cite
References
Citation Settings
Nursing staffing and health outcomes
Search for references to add...
Nurse Staffing and Healthcare-Associated Infection, Unit-Level Analysis
Shang J, Needleman J, [...] Stone P
Journal of Nursing Administration (2019) 49(5) 260-265
Cited
COVID-19 impact on nurses in Spain: a considered opinion survey
Pérez-Raya F, Cobos-Serrano J, [...] Almeida Souza A
International Nursing Review (2021) 68(2) 248-255
"Should I stay or should I go?" Nurses' perspectives about working during the Covid-19 pandemic's first wave in the United States: A summative content analysis combined with topic modeling
Squires A, Clark-Cutaia M, [...] Resnik P
International Journal of Nursing Studies (2022) 131
Safety implications of different forms of understaffing among nurses during the COVID-19 pandemic
Andel S, Tedone A, [...] Arvan M
Journal of Advanced Nursing (2022) 78(1)
Chronic hospital nurse understaffing meets COVID-19: An observational study
Lasater K, Aiken L, [...] McHugh M
BMJ Quality and Safety (2021) 30(8)
Página 1 de 1
60 palabras
Catalán
Concentración
210 %


Autoguardado
Documento1
Inicio
Insertar
Dibujar
Diseño
Disposición
Referencias
Correspondencia
Revisar
Vista
¿Qué desea?
Comentarios
Edición
Compartir
Tabla de contenido
Agregar texto
Actualizar tabla
Insertar nota al pie
Insertar nota al final
Siguiente pie de página
Mostrar notas
Búsqueda inteligente
Investigador
Insertar cita
Citas
APA
Bibliografía
Insertar título
Insertar tabla de ilustraciones
Actualizar tabla
Referencia cruzada
Marcar entrada
Insertar índice
Actualizar índice
Marcar cita
Mendeley Cite
El triaje del departamento de urgencias, es utilizado para la identificación del nivel de urgencias de los pacientes y tratarlos en función de su nivel de triaje de forma inmediata.(1)
Cuando hablamos de paciente inmunodeprimido / neutropenia, debemos considerarlo como nivel [illegible], ya que gracias a una identificación rápida y las intervenciones rápidas pueden salvar vidas o paliar. (2)
Mendeley Cite
References
Citation Settings
Nursing staffing and health outcomes
Search for references to add...
Nurse Staffing and Healthcare-Associated Infection, Unit-Level Analysis
Shang J, Needleman J, [...] Stone P
Journal of Nursing Administration (2019) 49(5) 260-265
Cited
COVID-19 impact on nurses in Spain: a considered opinion survey
Pérez-Raya F, Cobos-Serrano J, [...] Almeida Souza A
International Nursing Review (2021) 68(2) 248-255
"Should I stay or should I go?" Nurses' perspectives about working during the Covid-19 pandemic's first wave in the United States: A summative content analysis combined with topic modeling
Squires A, Clark-Cutaia M, [...] Resnik P
International Journal of Nursing Studies (2022) 131
Safety implications of different forms of understaffing among nurses during the COVID-19 pandemic
Andel S, Tedone A, [...] Arvan M
Journal of Advanced Nursing (2022) 78(1)
Chronic hospital nurse understaffing meets COVID-19: An observational study
Lasater K, Aiken L, [...] McHugh M
BMJ Quality and Safety (2021) 30(8)
Página 1 de 1
60 palabras
Catalán
Concentración
210 %



El triaje del departamento de urgencias, es utilizado para la identificación del nivel de urgencias de los pacientes y tratarlos en función de su nivel de triaje de forma immediata.(1)

Cuando hablamos de paciente inmunodeprimido / neutropenia, debemos considerarlo como nivel de riesgo, ya que grácias a una identificación rápida y las intervenciones rápidas pueden salvar vidas o paliar. (2)



El triaje del departamento de urgencias, es utilizado para la identificación del nivel de urgencias de los pacientes y tratarlos en función de su nivel de triaje de forma immediata.(1)

Cuando hablamos de paciente inmunodeprimido / neutropenia, debemos considerarlo como nivel de riesgo, ya que grácias a una identificación rápida y las intervenciones rápidas pueden salvar vidas o paliar.(2)

1. Shang J, Needleman J, Liu J, Larson E, Stone PW. Nurse Staffing and Healthcare-Associated Infection, Unit-Level Analysis. Journal of Nursing Administration. 2019 May 1;49(5):260–5.
2. Pérez-Raya F, Cobos-Serrano JL, Ayuso-Murillo D, Fernández-Fernández P, Rodríguez-Gómez JA, Almeida Souza A. COVID-19 impact on nurses in Spain: a considered opinion survey. Int Nurs Rev. 2021 Jun 1;68(2):248–55.

MOLTES GRÀCIES

e.jimenez@bellvitgehospital.cat

932607500 ext:2970