



MOUNT CARMEL
Health Sciences Library



Searching the Nursing Research Literature

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Introduction



This self-directed learning resource includes demonstrations on how to effectively search 4 databases located on the Mount Carmel Health Sciences Library [Nursing Resources page](https://library.mchs.com/nurses) (<https://library.mchs.com/nurses>)

Demonstrations include:

- Ø Formulating a focused, “searchable” question based on the P.I.C.O.(T.) elements used for searching the literature
- Ø Choosing effective terms to search and retrieve research literature including the use of *CINAHL Headings* and *MeSH terms (Medical Subject Headings)*
- Ø Searching *CINAHL* using Advanced Search features including *Full-Text Finder* to locate Academic Peer-Reviewed articles in PDF format
- Ø Searching 3 additional databases: *ClinicalKey for Nursing*, *Lippincott Advisor (Health Library)*, and *PubMed's Clinical Queries* to find research articles using effective keyword searches



The P.I.C.O.(T.) Formula

Formulate a **P.I.C.O.(T.)** before searching the nursing literature.

Use the grid below to construct a question based on the **P.I.C.O.(T.)** elements:

◆ E L E M E N T S ◆

P- Patient population or problem	What patient population or problem are you trying to address?
I- Intervention or issue of interest	What will you do for the patient or problem?
C- Comparison with another intervention or issue	Alternative (or placebo) to your chosen intervention? (optional)
O-Outcome of interest	What will be improved for the patient or problem?
T-Time (Not always appropriate)	Duration of intervention



Formulating a P.I.C.O.(T.) Question

Clinical Scenario:

*A nurse in an intensive care unit is taking care of a man with **dementia**. She needs to find research that can help her determine if **observation** is more effective than **other instruments** used in assessing **pain in patients with dementia**.*

“P.I.C.O.” is a systematic way to formulate a question based upon the elements :

P=Patient, population or problem:

(Patients with dementia)

I=Intervention or exposure:

(Observation)

C=Comparison or placebo:

(Other pain assessment methods)

O=Outcome:

(More effective pain measure)



After choosing the P.I.C.O. elements ask a focused question:



Question



Searching P.I.C.O.(T.) using *CINAHL*

Based on the P.I.C.O.(T.) elements the question is:
*“In patients with **dementia**, is **observation** more effective than other methods for accurately **measuring pain**?”*

Home Books E-Journals E-Books Databases PubMed ClinicalKey Library Services Tutorials & Training About the Library

Home » Nurses

Nurses

- Nurses
- ACLS Manual
- CE Resources
- Pain Management
- Nursing Certifications
- E-Journals & E-Books
- EBP Resources
- Nursing Research
- Web Sites

Quick Links

- FAQ
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- Find Articles
- Find Books
- Touch Base with Your Librarian!
- Create a Library Account
- Library Orientation
- Library Workshops
- Off Campus Access
- Tool Sets

Nursing Resources

The following list of resources is made available especially for Mount Carmel Health System nurses. Hover your mouse over the title of each resource to see a brief description of the resource. If your browser does not display the descriptions when you hover your mouse over the link, read all the MCHSL-provided database descriptions here.

After formulating a P.I.C.O.(T.) question select *CINAHL* from the **Nursing Resources** page:
<https://library.mchs.com/nurses> and begin a search using the P.I.C.O.(T.) elements that represent the topic.

Visit the site you are looking for. Call us at (614) 234-5214 or email us at library@mchsl.org

5 Minute Clinical Consult has been discontinued, please try: Ferri's Clinical Advisor (2017) in ClinicalKey

Access Emergency Medicine

CINAHL

New! ClinicalKey for Nursing

EBP Guide

Nursing Specialties

Perioperative Nursing
OB/GYN Guide
Residency Program Guide
Nursing Guide

Workshops

Evidence-Based Practice
Using Your Nursing Literature

Library Services

Request Article(s)
Request a Literature Search

i ? I ▶

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i ? I ▶



Searching *CINAHL*

*"In patients with **dementia**, is **observation** more effective than other methods for accurately **measuring pain**?"*

Note: Formulating a **P.I.C.O.(T.)** helps define and shape your question as well as provide relevant terms for searching and retrieving articles. Unlike Google, databases such as *CINAHL* have “limiters” or “refiners” designed for more consistent and relevant searches, including access to reliable research, guidelines and other high level studies.

The screenshot shows the EBSCOhost search interface for the CINAHL Plus with Nursing & Allied Health database. The search term "dementia" is entered in the first search box. Below it, two additional search boxes are shown, each containing "AND" followed by a search term: "observation" and "pain measurement". A red arrow points from the text "Use ‘AND’ to find articles that contain ALL 3 elements of the P.I.C.O.(T.)" to the "AND" operators between the search terms. A callout bubble above the search boxes says "For best results enter terms separately in the search boxes." Another callout bubble to the right says "After entering all 3 elements, search the CINAHL database." At the bottom of the interface are links for "Advanced Search" and "Search History".

EBSCOhost

Searching: CINAHL Plus with Nursing & Allied Health

dementia

AND observation

AND pain measurement

Select a Field (optional)

Select a Field (optional)

Advanced Search Search History ▶

For best results enter terms separately in the search boxes.

Use “AND” to find articles that contain ALL 3 elements of the P.I.C.O.(T.)

After entering all 3 elements, search the CINAHL database.

Search Clear ?



CINAHL Detailed Records



Detailed Records are very helpful in determining relevancy of an article to a specific P.I.C.O.(T.) topic and save time by providing important information about an article's content.

[Find Similar Results](#)
using SmartText Searching.

The majority of articles indexed in *CINAHL* are critiqued by experts in their field and go through a *Peer Review* process before they are published in journals. *Peer Reviewed* articles are also likely to be more reliable and less biased than non-peer reviewed articles.



Pain assessment in persons with dementia: relationship between self-report

Authors: Horgas AL; Elliott AF; Marsiske M

Affiliation: Department of Adult and Elderly Nursing, University of Florida, College of Nursing, Gainesville, Florida

Source: Journal of the American Geriatrics Society (J AM GERIATR SOC), Jan2009; 57(1): 126-132. (7p)

Publication Type: Journal Article - research, tables/charts

Language: English

Major Subjects: Behavioral Sympto
Dementia -- Comp
Mental Status
Pain Meas
Self Report

Minor Subjects: Aged; Aged, 80 an
Florida; Funding St
Coefficient; Post Hoc Analysis; Prescribing Patterns; Protocols; Quasi-Experimental Studies; Reference

View Major and Minor Subjects in each *Detailed Record* and use them for conducting additional database searches. Standardized terms like Major Subjects are indexed to help make your search results more consistent and relevant.

: Behavior
tic; Male; M

Abstract: OBJECTIVES: To investigate the relationship between self-report and behavioral indicators of pain in older adults. SETTING: Data were collected from residents of nursing homes, assisted living, and retirement facilities. Participants included 83 cognitively intact, 64 cognitively impaired, and 62 cognitively impaired elderly people. MEASUREMENTS: Pain interviews (pain present, pain intensity, pain location, pain duration, pain quality, pain relief, pain medication), analgesics, and demographic characteristics. Participants completed an activity-based pain assessment tool. Analgesics, cognitively impaired participants reported less pain than cognitively intact participants after pain relief. Total number of pain behaviors was significantly related to self-reported pain intensity. Impaired elderly people self-report less pain than cognitively intact elderly people, independent of analgesic use. The relationship between self-report and pain behaviors supports the validity of behavioral assessment in persons with dementia.

Journal Subset: Biomedical; Peer Reviewed; USA

Special Interest: Gerontologic Care; Pain and Pain Management

Instrumentation: Mini-Mental Status Examination (MMSE) (Folstein et al)
McGill Pain Questionnaire
Structured Pain Interview (SPI)
Pain Behavior Measure [modified]



EBSCO's Full-Text Finder

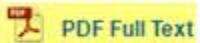


5. The relative meaning of absolute numbers: the case of pain intensity scores as decision support for patients with dementia.



Academic
Journal

Author	Title	Journal	Volume	Issue	Page	Date
Lichtner, Valentina; Dowding, Dawn; Closs, S. José	The relative meaning of absolute numbers: the case of pain intensity scores as decision support for patients with dementia.	BMC Medical Informatics & Decision Making	12	24	20	12/24/20



6. Mobilization-observational pain assessment tool for use with dementia and pain in older adults



Academic
Journal

(includes abstract) Husebo BS, Strand KB, et al. J Pain Symptom Manag. 2009;38(4):885-892 PMID: 19509814

Subjects: Dementia Nursing; Dementia; Measurement Methods; Pain Measurement Standards; Pain Diagnosis; Pain Nursing; Aging

Times Cited in this Database (7)



Full Text Finder



Check Mount Carmel's catalog for this journal

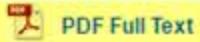
7. Biopsychosocial model & direct observation of behavior...review by Curyto, Van Haitsma, and behavior: a review of current measures for use with older adults with dementia' (Vol. 1, No. 1, pp



Academic
Journal

Monroe TB; Carter MA; Curyto KJ; Van Haitsma K; Vriesman DK; Research in Gerontological Nursing, Jan2009; 2(1): 4-5. pp. 20077987

Subjects: Dementia; Gerontologic Nursing; Pain Measurement; Pain Therapy; Aged: 65+ years





Accessing Full Text Article

6. Mobilization-observation-behavior-intensity-dementia pain scale (MOBID): development pain assessment tool for use in dementia.



Academic Journal

(includes abstract) Husebo BS; Strand LI; Moe-Nilssen R; Husebo SB; Snow AL; Ljunggren AE; Journal of Pain & Symp 0885-3924 PMID: 17509814

Subjects: Dementia Nursing; Pain Measurement Methods; Pain Measurement Standards; Pain Diagnosis; Pain Nurs

Times Cited

Full Te

After selecting *Full-Text Finder*, a new window will include a link to the PDF icon and full-text article.

for this journal

FULL TEXT ARTICLE

Mobilization-Observation-Behavior-Intensity-Pain Scale (MOBID): Development and Validation of a Nurse-Administered Pain Assessment Tool for Use in Dementia



Bettina Sandgathe Husebo MD, Liv Inger Strand PhD, Rolf Moe-N Snow PhD and Anne Elisabeth Ljunggren PhD

Journal of Pain and Symptom Management, 2007-07-01, Volume 34, Issue 1 Committee

Abstract

The screenshot shows the abstract page of the article. At the top right, there are links for 'View in This Issue' and 'View in Journal'. Below that is the journal title 'Journal of Pain and Symptom Management' and its subtitle 'Advancing Research, Analysis and Practice Since 1987'. The abstract itself is titled 'Original Article' and discusses the development and validation of the MOBID scale. It includes author names, institutions, and a detailed description of the study's purpose, methods, and results. The abstract concludes with a statement about the potential impact of the tool on pain management in dementia patients.



Journal of Pain and Symptom Management
Volume 34, Issue 1



Requesting Articles



After clicking on *Full-Text Finder* a new window will appear with the ILL Form.

Full Text Finder

ILL Form

Request this article through Interlibrary Loan

The MOBID-2 pain scale: reliability and responsiveness to pain

Not all articles are accessible in PDF full-text through the library's online journal collection. In such cases click on the **Full Text Finder** option and fill out an Interlibrary Loan Form OR go to the library website at: <https://library.mchs.com> and click on *Library Services* and *Request Article(s)*.

Request Article(s)

First Name:

Last Name:

Department:



Searching Additional Databases

*“In patients with **dementia**, is **observation** more effective than other methods for accurately **measuring pain**? ”*

Note: The examples in the next 3 databases are demonstrated using a simple keyword search approach based upon the P.I.C.O.(T.) elements. The databases searched are: **ClinicalKey for Nursing**, **Lippincott Advisor (Health Library)** and **PubMed's Clinical Queries**. These databases include quick access to clinical guidelines, links to research articles in PubMed and a pre-filtered search tool from PubMed called **Clinical Queries**, designed to effectively find high level research studies.

[ClinicalKey for Nursing \(Practice Guidelines\)](#)



[Lippincott Advisor \(Health Library\)](#)



[PubMed Clinical Queries \(Pre-filtered\)](#)





ClinicalKey for Nursing



From the *Nursing Resources* page located on the library website select *ClinicalKey for Nursing*.

The screenshot shows the library's website navigation bar at the top with links for Home, Books, E-Journals, E-Books, Databases, PubMed, ClinicalKey, Library Services, and Tutorials & Trainin. Below this is a sidebar titled "Nurses" containing links for Nurses, ACLS Manual, CE Resources, and several external links like Paragon, NCCES, EJ, and EBSCOhost. The main content area is titled "Nursing Resources" and describes available resources for nurses. A red circle highlights the "New! ClinicalKey for Nursing" link, which is part of a larger list including Cochrane Library, Davis's Drug Guide for Nurses, Drugs and Lactation Database (LactMed), and EBSCO Databases.

ClinicalKey® for Nursing

ClinicalKey for Nursing

To learn more about **ClinicalKey for Nursing** go to the [databases menu](#) and choose from the selection of items including more information, tutorials, mobile device instructions and multimedia tutorials.

ClinicalKey for Nursing



Searching ClinicalKey for Nursing

ClinicalKey®
for Nursing

Prac. Guide

dementia pain measurement



BROWSE: Books Journals More ▾ Tools ▾

ClinicalKey for Nursing has options to limit to specific types of publications, such as *Practice Guidelines*. There is a pull-down menu for making selections before searching.

Drug Monographs

Patient Education

MEDLINE®

Multimedia

Procedures Consult

Nursing Scales

Mosby's Evidence-Based Nursing Monographs

Clinical Updates

Core Measures

Practice Guidelines

ClinicalKey for Nursing includes a single search box for entering terms. After selecting "Practice Guidelines" enter several elements of the P.I.C.O.(T.) to find the guideline in full-text PDF.

The screenshot shows a search result for a position statement titled "Pain Assessment in the Patient Unable to Self-Report: Position Statement with Clinical Practice Recommendations". The result is from the National Institute of Nursing Research (NINR) and the American Pain Society. It includes a summary, author information, and links to related resources.



Full-Text Practice Guidelines in *ClinicalKey for Nursing*



PRACTICE GUIDELINE

Pain Assessment, nonverbal Patient Unable to Self-Report

Nursing Guidelines are accessible in full-text from
ClinicalKey for Nursing.

Pain Assessment in the Patient Unable to Self-Report

Individuals who are unable to communicate their pain are at greater risk for under-treatment of pain. This position paper describes the magnitude of the problem, identifies the associated risks, and offers clinical practice recommendations for appropriate pain assessment and management in those unable to self-report.

REFERENCE:

American Society for Pain Management Nursing (ASPMN). 2011. *Pain Assessment in the Patient Unable to Self-Report*. Lenexa, KS.

Similar to Peer Reviewed articles that are published in *CINHAL* by nursing experts, many Nursing Guidelines are written and maintained by nursing organizations and associations.

The image shows a thumbnail of a document page. At the top right, it says "Position Statement". Below that, the title "Pain Assessment in the Patient Unable to Self-Report: Position Statement with Clinical Practice Recommendations" is listed. The authors' names are listed as "Krisl Hixson, PhD, RN, AGNP-C, FAAN¹; Peter J. Goyne, MSN, RN, APRN, FAAN²; Margo McCaffery, MS, RN, FAAN³; Renée Morehouse, PhD, RN, CRNP, PCNS-BC⁴; and Sandra Morley, MS, RN, BC⁵". A blue arrow points from the text "Nursing Guidelines are accessible in full-text from ClinicalKey for Nursing" towards this thumbnail.

¹Faculty, School of Nursing, University of Louisville, Louisville, KY; ²Adjunct Faculty, University of Louisville, Louisville, KY; ³Adjunct Faculty, University of Louisville, Louisville, KY; ⁴Adjunct Faculty, University of Louisville, Louisville, KY; ⁵Adjunct Faculty, University of Louisville, Louisville, KY

POSITION STATEMENT

This is a summary statement, and no individual work cited or written by the author(s) or editor(s) of this document is necessarily the position espoused, although the views expressed in this document may be consistent with the views of the author(s) or editor(s). The American Society for Pain Management Nursing (ASPMN) is a voluntary organization whose members are health care professionals who provide a subspecialty of pain therapy or research, or the other services such as legal issues, Disaster relief, or training. Please note to assess you or the patient.

This position statement addresses the populations of patients who may be unable to communicate their pain. These include older adults and children, persons with cognitive impairments, persons with physical disabilities, and patients at the end of life. Much of these populations may be unable to self-report pain correctly or adequately, developmentally, or pharmacologically. Issues, including the ethical principles of beneficence, nonmaleficence, autonomy, justice, and achieving optimal pain control, are used to provide a reliable report about pain levels for the patient's healthcare provider to interpret and treat the patient's pain effectively.

ETHICAL TENETS

The ethical principles of beneficence (the duty to benefit another) and nonmaleficence (the duty not to harm) obligate health care professionals to provide pain relief to all patients. Patients have the right to pain relief, and healthcare professionals have the responsibility to provide pain relief. Patients have the right to informed consent, and healthcare professionals have the responsibility to inform patients about pain relief options and the potential side effects of pain relief. Patients have the right to privacy, and healthcare professionals have the responsibility to respect patient privacy.

J Pain Management Nursing, Vol 30, No 4 (December), 2011 pp 296-304



Lippincott Advisor (Health Library)



Lippincott Advisor is a multifunctional point-of-care online resource written by and for nurses. It includes a *Health Library* with links to full-text research articles indexed in the *PubMed* database.

The screenshot shows the Lippincott Advisor interface. On the left, there's a sidebar for 'Nurses' with links to 'ACLS Manual', 'CE Resources', 'Pain Management', 'Nursing Certifications', and 'E-Journals & E-Books'. The main content area displays various medical resources like 'Diseases and Conditions', 'Drugs', 'Care Planning', 'Patient Teaching Handouts', 'Quality and Safety Initiatives', and 'Lexicomp'. A red callout box highlights the 'Health Library' link at the top right of the interface. Another red circle highlights the 'Lippincott Advisor' link at the bottom left of the page.

After selecting *Lippincott Advisor* from the Nursing Resources page, there is a link to “*Health Library*” at the top right corner.

Lippincott's Health Library



LWW Health Library

Enter several P.I.C.O.(T.) elements in the *Health Library* search box to access research articles in *PubMed*.

TEXTS VIDEO & AUDIO CASES CLINICAL SKILLS FROM THE WEB RESOURCES

dementia pain assessment  ADVANCED SEARCH

SEARCH RESULTS FOR **dementia pain assessment**

SHOWING 1–20 OF 20

Pain

Subject: Oncology | Content: Texts

.... Anxious or agitated patients often perceive anxiety as a **painful** sensation. Diazepam (Valium), alprazolam (Xanax), or lorazepam (Ativan) may be used if narcotic analgesics alone are not effective. These drugs should be avoided in patients with **dementia** and may produce paradoxical agitated, confusional...

Manual of Clinical Oncology, 7e > Supportive Care

Chapter Overview: The Aging Adult

Subject: Physical Examination Clinical Diagnosis and Treatment | Content: Texts

...; medications; acute and persistent **pain**; smoking and alcohol; nutrition; frailty; advance directives and palliative care. Includes when to screen, vision and hearing, exercise, immunizations, household safety and fall prevention, cancer screening, depression, **dementia**, mild cognitive impairment and...

Bates' Guide to Physical Examination and History Taking, 11e > The Older Adult

The Search Results page in *Health Library* includes links to *PubMed* articles available on the right sidebar menu.

PubMed ARTICLES

CE: Assessing and Managing Pain, Agitation, and Delirium in Hospitalized Older Adults.
Am J Nurs 2016;116(10):38-46.

Effects of Alzheimer Disease on the Facial Expression of Pain.
Clin J Pain 2016;32(6):478-87.

Pain and Aggression in Nursing Home Residents With Dementia: Minimum Data Set 3.0 Analysis.
Nurs Res 2014;63(4):256-63.

Health Library's PubMed links



NCBI Resources How To

PubMed

Advanced

Format: Abstract ▾

Am J Nurs. 2016 Oct;116(10):38-48. doi: 10.1097/01.NAJ.0000503300.22262.c7.

CE: Assessing and Managing Pain, Agitation, and Delirium

Hartley TM¹, Meers L, Horgan AJ

Author information

Abstract

In the acute care setting, pain, agitation, and delirium (PAD) often occur as entities. Because the three facets of PAD may be similar in presentation, it is important to assess and treat it. The challenge is particularly great in older patients, who have such comorbid conditions as dementia, which may impair the ability to report pain, or age-related physiologic changes that may affect the metabolism and clearance of certain medications. This article provides an overview of each aspect of PAD, discusses clinical considerations related to the assessment and treatment of the syndrome in older adults, and applies published PAD guidelines through the use of a hypothetical patient scenario.

PMID: 27655159 DOI: 10.1097/01.NAJ.0000503300.22262.c7

[PubMed - in process]

Facebook Twitter LinkedIn

Use detailed abstracts in PubMed to determine if articles are relevant to your P.I.C.O.(T.) topic. This is similar to evaluating *Detailed Records* in the *CINAHL* database.

After opening the PubMed detailed abstract there are additional links to PDF full-text articles using the MCHSL icon.

CE 2 HOURS

Assessing and Managing Pain, Agitation, and Delirium in Hospitalized Older Adults

While common in the acute care setting, pain, agitation, and delirium (PAD) often occur as interrelated parts of a syndrome rather than as separate entities. Because the three facets of PAD can be similar in presentation, it is important to assess and treat it. The challenge is particularly great in older patients, who have such comorbid conditions as dementia, which may impair the ability to report pain, or age-related physiologic changes that may affect the metabolism and clearance of certain medications. This article provides an overview of each aspect of PAD, discusses clinical considerations related to the assessment and treatment of the syndrome in older adults, and applies published PAD guidelines through the use of a hypothetical patient scenario.

ABSTRACT In the acute care setting, pain, agitation, and delirium (PAD) often occur as interrelated parts of a syndrome rather than as separate entities. Because the three facets of PAD can be similar in presentation, it is important to assess and treat it. The challenge is particularly great in older patients, who have such comorbid conditions as dementia, which may impair the ability to report pain, or age-related physiologic changes that may affect the metabolism and clearance of certain medications. This article provides an overview of each aspect of PAD, discusses clinical considerations related to the assessment and treatment of the syndrome in older adults, and applies published PAD guidelines through the use of a hypothetical patient scenario.

Roger Wilson was admitted through the ER after falling at home. (This case is a composite.) Mr. Wilson was 72 years old and had been living alone for 10 years. He reported that he had not seen his wife walking the dog for several days, had lost his appetite, and was having trouble sleeping. When he was admitted to the hospital, he was found to be delirious, with a decreased level of alertness and a memory that was inferior to his baseline. He was also noted to have multiple signs of pain, agitation, and delirium.

Mr. Wilson was experiencing ongoing cognitive impairment. His wife, who had been his caregiver for the past four years, reported that he had been acting confused and agitated for the past few hours. She described him as being unable to get out of bed by himself, and frequently calls for her son, who lives nearby.

This scenario is all too common in the acute care setting. Pain, agitation, and delirium often occur in conjunction with one another, and are collectively referred to as a syndrome called PAD. This syndrome can be difficult to assess and treat in older adults, who may have age-related cognitive changes, as well as physical changes in metabolism and clearance of such conditions as delirium, which may impair their ability to report pain.

Health Library has direct links to detailed PubMed article abstracts.



PubMed ARTICLES

CE: Assessing and Managing Pain, Agitation, and Delirium in Hospitalized Older Adults.

Am J Nurs 2016;116(10):38-48.

Effects of Alzheimer Disease on the Facial Expression of Pain.

Clin J Pain 2016;32(6):478-87.

Pain and Aggression in Nursing Home Residents With Dementia: Minimum Data Set 3.0 Analysis.

Nurs Res 2014;63(4):256-63.

Evidence-based development and initial validation of the pain assessment checklist for seniors with limited ability to communicate-II (PACSLAC-II).

Clin J Pain 2014;30(9):818-24.



PubMed's Clinical Queries Search



Nursing Resources

The following list of resources is made available especially for Mount Carmel Health System nurses. Hover your mouse over the title of each resource to see a brief description of the resource. If your browser does not display the descriptions when you hover your mouse over the link, read all the MCHSL-provided database descriptions here.



= More Information



= Tutorials



= Mobile Device Instructions

From the *Nursing Resources* page on the Library website, select *PubMed (MEDLINE)* to open the database.

PubMed (MEDLINE)

Taber's Cyclopedic Medical Dictionary

TRIP Database

EBP Guide

Nursing Specialties

Perioperative Nursing

The screenshot shows the PubMed homepage. At the top right, there is a "Clinical Queries" link, which is circled in red. The page features a banner about PubMed's 26 million citations, links to "Using PubMed" and "PubMed Tools", and sections for "Latest Literature", "Trending Articles", and "PubMed Commons".





PubMed's Clinical Queries

NCBI Resources How To

PubMed US National Library of Medicine National Institutes of Health Advanced

On the PubMed homepage under PubMed Tools, there is a link to "Clinical Queries."

Using PubMed

- [PubMed Quick Start Guide](#)
- [Full Text Articles](#)
- [PubMed FAQs](#)
- [PubMed Tutorials](#)
- [New and Noteworthy](#)

Clinical Queries

PubMed Tools

- [PubMed Mobile](#)
- [Single Citation Matcher](#)
- [Batch Citation Matcher](#)
- [Clinical Queries](#)
- [Topic-Specific Queries](#)

Latest Literature

Trending Articles

Clinical Queries Search Page



NCBI Resources How To

PubMed Clinical Queries

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

dementia pain measurement → Search

Clinical Study Categories

Category: Therapy
Scope: Broad

Results: 5 of 15
Delirium in the geriatric population: proton-pump inhibitors and other risk factors.
Otremba I, Wilczek A, et al. Clin Interv Aging. 2016;11:335-40. Epub 2016 Mar 21.
Analgesic use in dementia without dementia. Includes Therapy, Etiology, Diagnosis, and Prognosis.

Select from clinical study categories to match your P.I.C.O.(T.) question.

Neumann-Podczaska A, Nowak T, Suwalska A, Łojko D, Krzymińska-Siemaszko R, Kozak-Szkopek E, Wieczorowska-Tobis K. Clin Interv Aging. 2016 Mar 21; 11:335-40. Epub 2016 Mar 21.

Enter several P.I.C.O.(T.) terms in *Clinical Queries* single search box to view a search results page.

Systematic Reviews

Results: 5 of 29
Measures to assess commonly experienced symptoms for people with dementia in long-term care settings: a systematic review.
Ellis-Smith C, Burns M, McHugh S, et al. BMJ Open. 2015 Aug; 5(8):e012830. doi: 10.1136/bmjopen-2015-012830. PMID: 26280000; PMCID: PMC4537033.

Clinical Queries is “pre-filtered” to quickly and effectively find high level research articles including Systematic Reviews of the Literature.



Clinical Queries Search Results Page



Results: 5 of 153

Delirium in the geriatric unit: proton-pump inhibitors and other risk factors.

Otremba I, Wilczyński K, Szewieczek J.

Clin Interv Aging. 2016 Apr 4; 11:397-405. Epub 2016 Apr 4.

Analgesic use among nursing homes residents, with and without dementia, in Poland.

Neumann-Podczaska A, Nowak T, Suwalska A, Łojko D, Krzymińska-Siemaszko R, Kozak-Szkopek E, Wieczorowska-Tobis K.

Clin Interv Aging. 2016 Mar 21; 11:335-40. Epub 2016 Mar 21.

Effects of a Stepwise Multidisciplinary Intervention for Challenging Behavior in Advanced Dementia: A Cluster Randomized Controlled Trial.

Pieper MJ, Francke AL, van der Steen JT, Scherder EJ, Twisk JW, Kovach CR, Achterberg WP.

J Am Geriatr Soc. 2016 Feb; 64(2):261-9. Epub 2016 Jan 25.

The Effects of Acupuncture on Cerebral Microcirculation: A Systematic Review of Near-Infrared Spectroscopy Studies.

Lo MY, Ong MW, Chen WY, Sun WZ, Lin JG.

Evid Based Complement Alternat Med. 2015; 2015:839470. Epub 2015 Jun 11.

Symptom Assessment for a Palliative Care Approach in People With Dementia Admitted to Acute Hospitals: Results From a National Audit.

O'Shea E, Timmons S, Kennelly S, de Siún A, Gallagher P, O'Neill D. J Geriatr Psychiatry Neurol. 2015 Dec; 28(4):255-9. Epub 2015 Jun 4.

Articles are accessible in full-text PDF format.

Results: 5 of 28

Measures to assess commonly experienced symptoms for people with dementia in long-term care settings: a systematic review.

Ellis-Smith C, Evans CJ, Bone AE, Henson LA, Dzingina M, Kane PM, Higgins IJ, Daveson BA, BuildCARE.

BMC Med. 2016 Feb 26; 14:38. Epub 2016 Feb 26.

Palliative care in dementia: literature review of nurses' knowledge and attitudes towards pain assessment.

Burns M, McIlpatrick S.

Int J Palliat Nurs. 2015 Aug; 21(8):400-7.

The Effects of Acupuncture on Cerebral and Muscular Microcirculation: A Systematic Review of Near-Infrared Spectroscopy Studies.

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Pain assessment for people with dementia: a systematic review of systematic reviews of pain assessment tools.

Lichtner V, Dowding D, Esterhuizen P, Closs SJ, Long AF, Corbett A, Briggs M.

BMC Geriatr. 2014 Dec 17; 14:138. Epub 2014 Dec 17.

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BMC Geriatr. 2014 Dec 17;14:138. doi: 10.1186/1471-2318-14-138.

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Lichtner V¹, Dowding D, Esterhuizen P, Closs SJ, Long AF, Corbett A, Briggs M.

④ Author information

Abstract

BACKGROUND: There is evidence of under-detection and poor management of pain in patients with dementia, in both long-term and acute care. Accurate assessment of pain in people with dementia is challenging and pain assessment tools have received considerable attention over the years, with an increasing number of tools made available. Systematic reviews on the evidence of their validity and utility mostly compare different sets of tools. This review of systematic reviews analyses and summarises evidence concerning the psychometric properties and clinical utility of pain assessment tools in adults with dementia or cognitive impairment.

METHODS: We searched for systematic reviews of pain assessment tools published between 1990 and 2012. Two reviewers independently assessed each review and extracted data from the reviews. Consensus was reached. Analysis of the data was carried out collaboratively. The review approach.

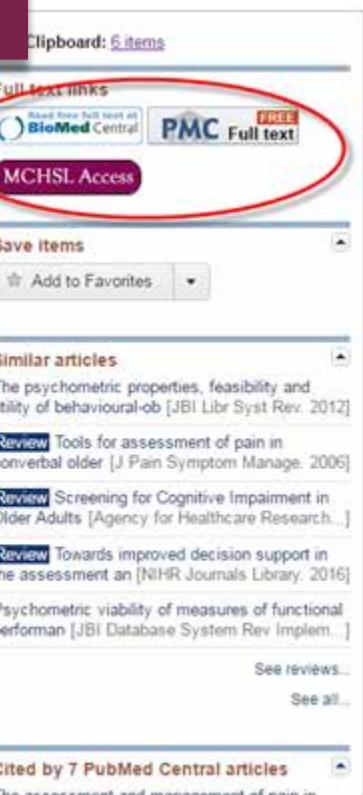
RESULTS: We retrieved 441 potentially eligible reviews, 23 met the criteria for inclusion. The reviews evaluated between 8 and 13 tools, in aggregate providing evidence of the reporting of pain in dementia. The reporting often lacked sufficient methodological detail for quality assessment. The reviews identified a variety of settings and with varied types of patients. The reviews identified 11 studies. The lack of a 'gold standard' significantly hinders the evaluation of the tools.

CONCLUSIONS: There are a considerable number of pain assessment tools available for use in the assessment of pain in dementia. However there is limited evidence about their reliability, validity and clinical utility. Further research is needed to evaluate the performance of these tools in different settings and with different patient populations. However there is limited evidence about their reliability, validity and clinical utility. Further research is needed to evaluate the performance of these tools in different settings and with different patient populations.

PMID: 25519741 PMCID: PMC4289543 DOI: 10.1186/1471-2318-14-138

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REVIEW

Pubmed abstracts index standard terms called **MeSH** that are very useful for identifying relevant information about a topic. They are accessible at the bottom of each article abstract in PubMed.

PMID: 25519741 DOI: 10.1186/1471-2318-14-138 [PubMed - indexed for MEDLINE] Free PMC Article

Publication Types, MeSH Terms, Grant Support

MeSH Terms

- [Adult](#)
- [Aged](#)
- [Aged, 80 and over](#)
- [Dementia/diagnosis*](#)
- [Dementia/epidemiology](#)
- [Dementia/psychology](#)
- [Female](#)
- [Humans](#)
- [Male](#)
- [Middle Aged](#)
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- [Pain/epidemiology](#)
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Towards improved decision support in the assessment an [NIHR Journals Library. 2016]

MeSH terms: (Medical Subject Headings) are similar to the indexed Subject Headings in CINAHL and provide standard terms assigned to each article. Use MeSH terms to build your vocabulary and to find additional terms for searching databases.





Summary



This concludes the self-directed learning resource for searching 4 databases located on the [**Nursing Resources**](#) page. Each of the databases listed below include brief suggestions for finding nursing research literature.

Before searching it is always good practice to formulate a **P.I.C.O.(T.)** using the elements to build a question that is focused and includes effective search terms.

Searching with CINAHL Plus with Full-Text:

- Enter search terms separately in the search boxes and use the “AND” connector between terms
- Use the “Refine Results” limiter to access *Academic Journals* that are “Peer-Reviewed.”
- View each article’s “Detailed Record” and use the standard indexed terms (CINAHL Headings) to find additional literature
- Use EBSCO’s “Full-Text Finder” to access articles that are not immediately available in PDF full-text

Searching with ClinicalKey for Nursing: Practice Guidelines

- Enter several effective **P.I.C.O.(T.)** terms in the single search box
- Use the pull-down menu and select “Practice Guidelines”

Searching with Lippincott Advisor: Health Library

- After opening *Lippincott Advisor* select the “*Health Library*” database
- Enter several effective **P.I.C.O.(T.)** search terms to access research articles in *PubMed*

Searching with PubMed Clinical Queries: Systematic Reviews of the Literature

- Select *PubMed* from the *Nursing Resources* page on the MCHSL website: <https://library.mchs.com>
- From the *PubMed* homepage select “Clinical Queries” to find *Systematic Reviews* of the literature
- View MeSH terms (Medical Subject Headings) indexed with each *PubMed* abstract to find more standards vocabulary used for searching



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