



Lippincott Advisor

근거 기반의 간호 가이드

- 모바일 앱 사용법(Mobile App Guide)

https://ymlib.yonsei.ac.kr/wp-content/uploads/2021/05/202105_Lippincott_mobile.pdf

- 사용법 동영상(User Guide Video)

<https://kvgo.com/lippincott-solutions/LAintro>



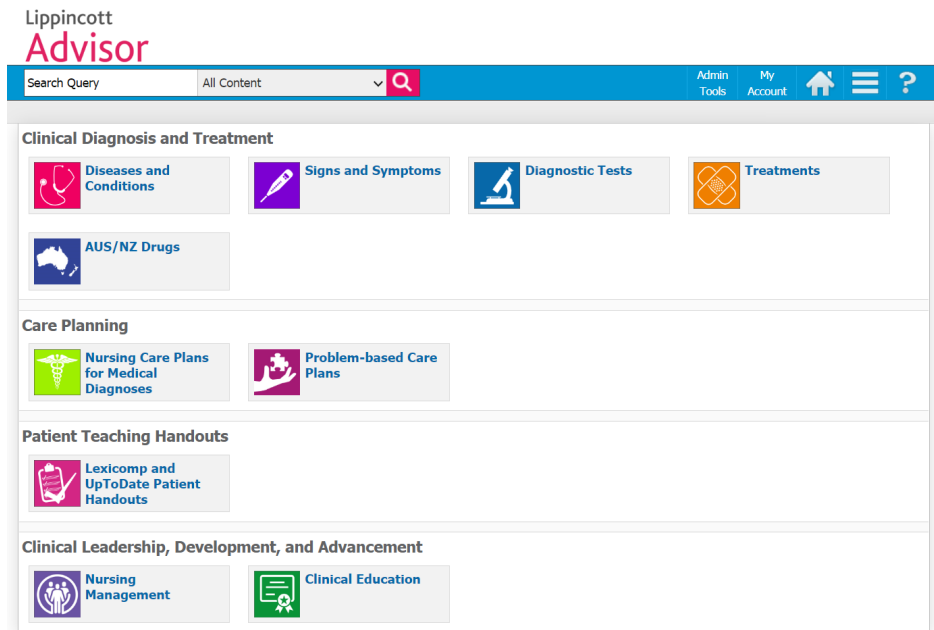
Wolters Kluwer

Lippincott Advisor 소개

- 질병, 치료, 환자 관리 등 간호학 주제 분야의 데이터베이스로 약물, 환자 교육, 치료계획, 테스트 등의 정보를 포함
- 18,000개 이상 약물의 특성에 대해 상세히 기술
 - ✓ 키워드 또는 카테고리별 검색으로 신속한 검색 가능
 - ✓ 전문 자료를 바탕으로 한 근거기반 데이터베이스
- Lippincott Procedures, LWW 저널 등 기타 임상 자료와의 상호운용성

Lippincott Advisor 소개

- 24/7 접속, 분기별 업데이트
- 임상 진단과 치료 – 전문화된 간호의 기준 적용
- 케어 계획 – 환자 치료의 조직화, 개별화 및 문서화 지원
- 환자 교육 자료 – 질병, 문제점 또는 치료에 대한 환자 교육 정보
- 간호 임상 리더십, 개발 및 발전 - 경력 개발, 관리, 교육 및 지도



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Lippincott Advisor 구성






카테고리

- 임상 진단 및 치료
- 케어 계획
- 환자 교육 자료
- 간호 임상 리더십



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Clinical Diagnosis and Treatment

-  Diseases and Conditions
-  Signs and Symptoms
-  Diagnostic Tests
-  Treatments
-  AUS/NZ Drugs



Care Planning

-  Nursing Care Plans for Medical Diagnoses
-  Problem-based Care Plans










Patient Teaching Handouts

-  Lexicomp and UpToDate Patient Handouts

Clinical Leadership, Development, and Advancement

-  Nursing Management
-  Clinical Education

Lippincott Advisor 브라우징



Diseases and Conditions

All

Adult Diseases and Conditions

Cardiovascular disorders

Ear, nose, and throat disorders

Endocrine disorders

Eye disorders

Gastrointestinal disorders

Genetic disorders

Hematologic disorders

Hepatobiliary disorders

Immune disorders

Infections

Malignant neoplasms

Metabolic and nutritional disorders

Musculoskeletal disorders

Neurologic disorders

Obstetric and gynecologic

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Age-related macular degeneration

Blepharitis

Cataract

Chalazion

Conjunctivitis

Corneal abrasion

Dacryocystitis

Exophthalmos

Glaucoma

Keratitis

Keratitis, long-term care

Retinal detachment

Retinitis pigmentosa

Strabismus

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Browse All Documents

Diseases and Conditions: Cataract

Overview

Pathophysiology

Causes

Risk Factors

Incidence

Complications

Assessment

History

Physical Findings

Diagnostic Test Results

Diagnostic Procedures

Treatment

General

Diet

Activity

Medications

Surgery

Nursing Considerations

Nursing Interventions

Monitoring

Associated Nursing Procedures

Patient Teaching

General

Discharge Planning

Related Patient Teaching Handouts

Resources

Selected References

Cataract

Revised: October 04, 2019

Overview

Partial or complete cloudiness or opacity of the lens or lens capsule of the eye

Most common cause of blindness in the world

Commonly affects both eyes but can occur in only one eye

Most common types include congenital, traumatic, and senile (age-related)

Traumatic cataracts usually unilateral

Pathophysiology

The lens loses its transparency through degenerative changes in the crystalline cell structure.

The clouded lens blocks light shining through the cornea.

Images cast onto the retina are blurred.

The brain interprets a hazy image.

Causes

Based on type of cataract

Congenital Cataracts

Intrauterine infection

Genetically transmitted

Metabolic disorder

Traumatic Cataracts

Related Information:

Search all resources for: Cataract

Search all Ovid resources for: Cataract

Search all UpToDate resources for: Cataract

Lexicomp and UpToDate Patient Handouts:

Age-Related Vision Loss

Bisphenol A

Cataract Removal (More ...)

Diseases and Conditions:

Glaucoma

Metabolic syndrome

Retinal detachment

Signs and Symptoms:

Eye discharge

Eye pain

Vision loss

Diagnostic Tests:

Slit-lamp examination

Visual acuity test

Treatments:

Cataract extraction

Lippincott Advisor 검색 및 결과

Lippincott
Advisor

blood press

All Advisor Content



blood pressure decrease

blood pressure increase

검색어 입력 시, 검색어와
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blood pressure All Advisor Content

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Diseases and Conditions (493)

Signs and Symptoms (85)

Diagnostic Tests (28)

Treatments (89)

Drugs (259)

Nursing Care Plans for Medical Diagnoses (424)

Nursing Diagnosis Care Plans (8)

Lexicomp and UpToDate Patient Handouts (564)

MedFacts Patient Handouts (1516)

Core Measures (5)

Hospital-acquired Conditions (2)

National Guidelines (2)

Sentinel Events (4)

Images

Sort By: Relevance

Blood pressure decrease
Signs and Symptoms
Blood pressure decrease Overview Inadequate intravascular pressure to maintain oxygen requirements Also called hypotension Typically defined as a reading below 90/60 mm Hg or a

Blood pressure increase
Signs and Symptoms
Blood pressure increase Overview Intermittent or sustained increase in blood pressure exceeding 140/90 mm Hg; if 120 to 139/80 to 89 mm Hg, considered

High Blood Pressure in Children
Lexicomp and UpToDate Patient Handouts
High Blood Pressure in Children High Blood Pressure in Children The Basics Written by the doctors and editors at UpToDate How do I know if my child

Blood Pressure Testing and Measurement
Lexicomp and UpToDate Patient Handouts
Blood Pressure Testing and Measurement Blood Pressure Testing and Measurement Why is this procedure done? Your heart pumps blood through your body. Blood pressure measures

High Blood Pressure Emergencies
Lexicomp and UpToDate Patient Handouts
High Blood Pressure Emergencies High Blood Pressure Emergencies The Basics Written by the doctors and editors at UpToDate What is a high blood pressure emergency? - A high

High Blood Pressure in Adults
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High Blood Pressure in Adults High Blood Pressure in Adults The Basics Written by the doctors and editors at UpToDate What is high blood pressure? - High blood

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Diseases and Conditions

Signs and Symptoms

Diagnostic Tests

Treatments

Drugs

Lippincott Advisor 검색 결과

Diseases and Conditions: **Stroke, long-term care**

Overview

Pathophysiology

Causes

Risk Factors

Incidence

Complications

Assessment

History

Physical Findings

Diagnostic Test

Results

Laboratory

Imaging

Diagnostic Procedures

Treatment

General

Diet

Activity

Medications

Surgery

Nursing

Considerations for Long-Term Care

Nursing Interventions

Monitoring

Associated Long-Term Care Nursing Procedures

Nursing

Considerations for

Stroke, long-term care

Revised: July 12, 2019

Overview

- Sudden impairment of blood circulation to the brain that affects neurologic function
- Classified as *hemorrhagic* or *ischemic* (thrombotic or embolic)
- Most common cause of neurologic disability
- About 50% of **stroke** survivors are permanently disabled
- Fifth leading cause of death in the United States
- Recurrences are possible within weeks, months, or years
- Also known as *cerebrovascular accident (CVA)*, *brain attack*, and *brain infarct*

Pathophysiology

- The oxygen supply to the brain is interrupted or diminished.
- With ischemic **stroke**, a thrombus or embolus partially or completely occludes cerebral blood flow to an area of the brain; cellular hypoxia occurs and cell membrane permeability and cell depolarization are affected. As blood flow decreases, focal areas of ischemia occur, followed by infarction to the vascular territory. Changes in membrane permeability lead to an influx of sodium and calcium ions and water, leading to edema. Neurons die from lack of oxygen.
- With hemorrhagic **stroke**, blood leaks from a blood vessel or hemorrhage into the brain tissue, causing edema, compression of brain tissue, and spasm of adjacent blood vessels. Intracranial hemorrhage becomes a space-occupying lesion that compromises brain function. Impaired cerebral perfusion causes infarction.

Related Information:

Search all resources for:
Stroke, long-term care

Search all Ovid resources for:
Stroke, long-term care

Search all UpToDate resources for:
Stroke, long-term care

Lexicomp and UpToDate Patient Handouts:

Apoplexy

Apoplexy Discharge

Instructions

Brainstem Stroke

(More ...)

Diseases and Conditions:

Atrial fibrillation

Deep vein thrombosis

Endocarditis

(More ...)

Signs and Symptoms:

Agitation

Anxiety

Ataxia

(More ...)

Diagnostic Tests:


Anticardiolipin antibody

연세대학교 간호대학

멀티데이타베이스 검색 기능

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stroke

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Showing results for: stroke.

Advisor

Procedures

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Diseases and Conditions (159)

Signs and Symptoms (40)

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Nursing Care Plans for Medical Diagnoses
(25)

NANDA Diagnosis Care Plans (14)

Problem-based Care Plans (5)

Lexicomp and UpToDate Patient Handouts
(373)

Lexicomp and UpToDate Drug Handouts
(353)

Stroke: American Heart Association/American Stroke Association guidelines for adult stroke rehabilitation and recovery (2016)

Clinical Guideline Summaries

Stroke: American Heart Association/American Stroke Association guidelines for adult stroke rehabilitation and recovery (2016) About the Guidelines The guidelines were created by experts in physical

Stroke: AHA/ASA guidelines stroke (2018)

Clinical Guideline Summaries

Stroke: AHA/ASA guidelines for the About the Guideline Experts of vari

Stroke

Diseases and Conditions

Stroke Overview Sudden impairment Classified as hemorrhagic or ischemic

Stroke

Nursing Curriculum Concepts

Stroke Overview Sudden impairment Classified as hemorrhagic or ischemic

Showing results for: stroke.

Advisor

Procedures

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All

Nursing

Respiratory Therapy

Australian Nursing

Critical Care

Aged Care

Baby Friendly

Physical Therapy

Infection Control

ANCC Magnet Recognition Program®

Procedures (203)

Checklists (58)

Quick Lists (36)

Images (1)

Read More in Ovid

Read More in UpToDate

Sort By:

IV alteplase administration for acute ischemic stroke

Nursing

IV alteplase, a tissue plasminogen activator, is indicated for treatment of acute ischemic stroke (AIS). When introduced into systemic circulation during IV administration, it binds to fibrin in a thrombus and converts the

Swallowing assessment

Nursing

lungs, which poses a risk for pneumonia. Patients at risk for dysphagia include those with such neurologic disorders as stroke, brain injury, Parkinson disease, amyotrophic lateral sclerosis, and myasthenia gravis, and those who are critically ill and require prolonged endotracheal intubation. Swallowing should be assessed so that a treatment plan to reduce the risk of aspiration can be devised. Stroke guidelines recommend that any patient who has had a stroke have swallowing assessed within 24 hours of admission and before

증거기반 자료 정보 제공

Long-Term Care Plans: **Glaucoma, long-term care**

- ☒ Acute Pain
- ☒ Anxiety
- ☒ Coping Impairment
- ☒ Fall Risk
- ☒ Fear
- ☒ Injury Risk
- ☒ Knowledge Deficiency
- ☒ Selected References

Selected References

(Rating System for the Hierarchy of Evidence for Intervention/Treatment Questions)

- American Optometric Association. (2015). *Comprehensive adult eye and vision examination*. St. Louis, MO: American Optometric Association. (Level I)
- Casson, R. J., et al. (2014). Glucose-induced temporary visual recovery in primary open-angle glaucoma: A double-blind, randomized study. *Ophthalmology*, 121(6), 1203–1211. (Level II)
[Abstract](#) | [Complete Reference](#) | [OvidDiscovery](#)
- Denis, P., et al. (2015). Cyclocoagulation of the ciliary bodies by high-intensity focused ultrasound: A 12-month multicenter study. *Investigative Ophthalmology & Visual Science*, 56(2), 1089–1096. (Level III)
[Abstract](#) | [Complete Reference](#) | [OvidDiscovery](#)
- Eliopoulos, C. (2018). *Gerontological nursing* (9th ed.). Philadelphia, PA: Wolters Kluwer.
- Jacobs, D. S. Open-angle glaucoma: Epidemiology, clinical presentation, and diagnosis. (2018). In: *UpToDate*, Trobe, J. (Ed.).
[UpToDate Full Text](#)
- Kiddee, W., & Atthavuttisilp, S. (2017). The effects of selective laser trabeculoplasty and travoprost on circadian intraocular pressure fluctuations: A randomized clinical trial. *Medicine (Baltimore)*, 96(6), e6047. (Level II)
[Abstract](#) | [Complete Reference](#) | [Full Text](#) | [Ovid Full Text](#) | [OvidDiscovery](#)
- Naito, T., et al. (2017). Factors affecting eye drop instillation in glaucoma patients with visual field defect. *PLoS One*, 12(10). (Level IV)

Related Information:

Search all resources for:
Glaucoma, long-term care

Search all Ovid resources for:
Glaucoma, long-term care

Search all UpToDate resources for:
Glaucoma, long-term care

Diseases and Medical Diagnoses

- Glaucoma
- Headache

Signs and Symptoms

- Anxiety
- Eye pain
- Headache

Diagnostic Procedures

- Slit-lamp

Nursing Care Plans

- Glaucoma
- Headache

NANDA Diagnostic Plans:

Rating System for the Hierarchy of Evidence for Intervention/Treatment Questions

The following leveling system is from *Evidence-Based Practice in Nursing and Healthcare: A Guide to Best Practice* (2nd ed.) by Bernadette Mazurek Melnyk and Ellen Fineout-Overholt.

Level I:	Evidence from a systematic review or meta-analysis of all relevant randomized controlled trials (RCTs)
Level II:	Evidence obtained from well-designed RCTs
Level III:	Evidence obtained from well-designed controlled trials without randomization
Level IV:	Evidence from well-designed case-control and cohort studies
Level V:	Evidence from systematic reviews of descriptive and qualitative studies
Level VI:	Evidence from single descriptive or qualitative studies
Level VII:	Evidence from the opinion of authorities and/or reports of expert committees

Modified from Guyatt, G. & Rennie, D. (2002). Users' Guides to the Medical Literature. Chicago, IL: American Medical Association; Harris, R.P., Helfand, M., Woolf, S.H., Lohr, K.N., Mulrow, C.D., Teutsch, S.M., et al. (2001). Current Methods of the U.S. Preventive Services Task Force: A Review of the Process. American Journal of Preventive Medicine, 20, 21-35.

탐색 및 출력

Nursing Care Plans for Medical Diagnoses: **Cardiomyopathy (dilated), long-term care**

- ☒ **Activity Intolerance**
- ☒ **Altered Breathing Pattern**
- ☒ **Altered Skin Integrity Risk**
- ☒ **Anxiety**
- ☒ **Decreased Cardiac Output**
- ☒ **Decreased Cardiac Tissue Perfusion Risk**
- ☒ **Fatigue**
- ☒ **Fluid Overload**
- ☒ **Impaired Gas Exchange**
- ☒ **Ineffective Cerebral Tissue Perfusion Risk**
- ☒ **Ineffective Peripheral Tissue Perfusion Risk**
- ☒ **Ineffective Renal Perfusion Risk**
- ☒ **Knowledge Deficiency**
- ☐ **Selected References**

Cardiomyopathy (dilated), long-term care

Revised: October 04, 2019

Activity Intolerance

Goal

- The resident will express feeling increased energy and tolerate increased activity.
- Other:

Interventions

- Assess the resident's cardiopulmonary response to activity.
- Assist the resident in prioritizing activities, and plan activity progression with the resident.
- Encourage alternating periods of rest and activity.
- Encourage the resident to express feelings about decreased energy levels.
- Implement energy-saving techniques, such as having the resident pace activities or having the family assist in chores that are too taxing for the resident.
- Instruct the resident on the use of assistive devices.
- Monitor vital signs during and after activity.
- Provide assistance with care activities, as indicated.
- Administer medications, as prescribed, and monitor for effect.
- Implement a cardiac rehabilitation program, as ordered, and monitor response.
- Monitor **pulse oximetry** with activity as indicated.
- Obtain a referral for physical therapy, as appropriate.
- Provide supplemental oxygen, as ordered, and monitor response.
- Other:

Related Information:

Search all resources for:

Cardiomyopathy (dilated), long-term care

Diseases and Conditions:

Cardiomyopathy (dilated)
Cardiomyopathy (dilated), long-term care
Heart failure
(More ...)

Signs and Symptoms:

Anxiety
Ascites
Fatigue
(More ...)

Treatment:

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Images:

Heart fai

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February 27, 2020

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Patient Name: Mrs Smith

Dx/Condition:

Reevaluation Date:

Cardiomyopathy (dilated), long-term care

Activity Intolerance

Goal

☒ The resident will express feeling increased energy and tolerate increased activity.

☐ Other:

Interventions

☒ Assess the resident's cardiopulmonary response to activity.

☒ Assist the resident in prioritizing activities, and plan activity progression with the resident.

☒ Encourage alternating periods of rest and activity.

☒ Encourage the resident to express feelings about decreased energy levels.

☒ Implement energy-saving techniques, such as having the resident pace activities or having the family assist in chores that are too taxing for the resident.

☒ Instruct the resident on the use of assistive devices.

☐ Use the walking frame

☐ Monitor vital signs during and after activity.

☐ Provide assistance with care activities, as indicated.

이미지 및 도표

Diseases and Conditions: **Allergic purpura**

Overview
Pathophysiology
Causes
Risk Factors
Incidence
Complications

Assessment
History
Physical Findings

Diagnostic Test Results
Laboratory
Imaging
Diagnostic Procedures
Other

Treatment
General
Diet
Activity
Medications
Surgery

Nursing Considerations
Nursing Interventions
Monitoring
Associated Nursing Procedures

Patient Teaching
General
Discharge Planning
Related Patient

Identifying purpuric lesions

Lesions of **allergic purpura**, such as those shown below, characteristically vary in size.



Related Information:
Search all resources for:
Allergic purpura

Lexicomp and UpToDate Patient Handouts:
[Bleeding Precautions](#)

Diseases and Conditions: **Cardiomyopathy (dilated), pediatric**

Overview
Pathophysiology
Causes
Risk Factors
Incidence
Complications

Assessment
History
Physical Findings

Diagnostic Test Results
Laboratory
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Diagnostic Procedures

Treatment
Diet
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Medications
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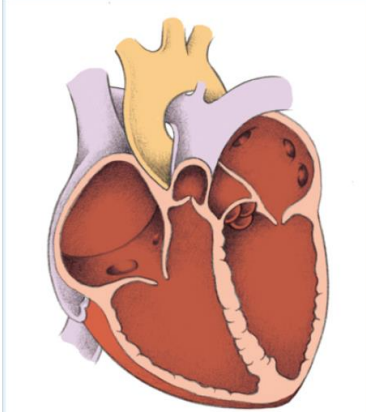
Nursing Considerations
Nursing Interventions
Monitoring
Associated Nursing Procedures

Patient and Family Teaching
General
Discharge Planning
Related Patient Teaching Handouts

Resources
Selected References

Understanding dilated cardiomyopathy

- Greatly increased chamber size
- Thinning of left ventricular muscle
- Increased myocardial mass
- Normal ventricular inflow resistance
- Decreased contractility



Related Information:
Search all resources for:
Cardiomyopathy (dilated), pediatric

Lexicomp and UpToDate Patient Handouts:
[Cardiomyopathy](#)
[Discharge Instructions](#)
[Dilated Cardiomyopathy](#)

Diseases and Conditions:
[Alcoholism](#)
[Coronary artery disease](#)
[Endocarditis](#)
(More ...)

Signs and Symptoms:
[Anorexia](#)
[Ascites](#)
[Bradycardia](#)
(More ...)

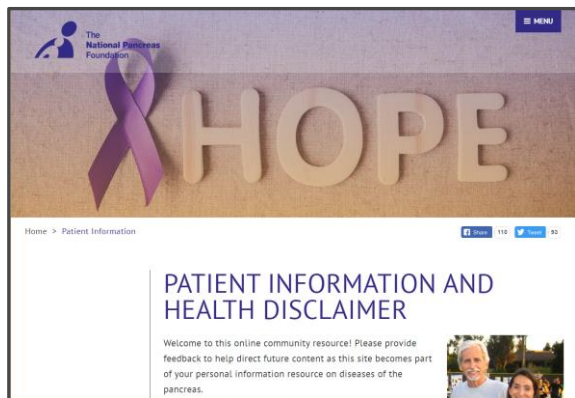
Diagnostic Tests:
[Cardiac catheterization](#)
[Chest radiography](#)
[Creatine kinase and isoform tests](#)
(More ...)

Treatments:
[Chemotherapy](#)
[Pacemaker insertion](#)
[Ventricular assist device](#)

AUS/NZ Drugs:
[amilodaron hydrochloride](#)
[bumetanide](#)
[captopril](#)
(More ...)

참고문헌과 링크 정보 제공

- 본문에 다른 Advisor 섹션 및 관련 사이트로 연결되는 링크 제공
- 본문과 참고 문헌에 번호가 매겨진 링크의 경우 현지 사이트 또는 국제기구 등 가장 기준이 되는 정보를 담고 있는 기관의 링크 제공



Resources

- Alcoholics Anonymous: <http://www.aa.org>
- American Gastroenterological Association: <http://www.gastro.org/>
- American Pancreatic Association: <http://www.american-pancreatic-association.org>
- Digestive Disease National Coalition: <http://www.ddnc.org>
- National Institute of Diabetes and Digestive and Kidney Diseases: <http://digestive.niddk.nih.gov>
- National Pancreas Foundation: <http://pancreasfoundation.org>

Selected References

(Rating System for the Hierarchy of Evidence for Intervention/Treatment Questions)

1. Andrews, L. (2016). Endoscopic or surgical intervention for painful obstructive chronic pancreatitis. *Gastroenterology Nursing*, 39(5), 401–402.
[Abstract](#) | [Complete Reference](#)
2. Conwell, D. L., et al. (2014). American Pancreatic Association practice guidelines in chronic pancreatitis: Evidence-based report on diagnostic guidelines. *Pancreas*, 43(8), 1143–1162. Accessed December 2019 via the Web at https://journals.lww.com/pancreasjournal/Fulltext/2014/11000/American_Pancreatic_Association_Practice.6.aspx (Level VII)
[Abstract](#) | [Complete Reference](#) | [Full Text](#)
3. Devlin, J. W., et al. (2018). Clinical practice guidelines for the prevention and management of pain, agitation/sedation, delirium, immobility, and sleep disruption in adult patients in the ICU. *Critical Care Medicine*, 46(9), e825–e873. Accessed December 2019 via the Web at https://journals.lww.com/ccmjournal/Fulltext/2018/09000/Clinical_Practice_Guidelines_for_the_Prevention.29.aspx (Level VII)
[Abstract](#) | [Complete Reference](#)

Clinical Practice Guidelines for the Prevention and Management of Pain, Agitation/Sedation, Delirium, Immobility, and Sleep Disruption in Adult Patients in the ICU

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Atrial fibrillation

Which of the following is a risk factor for atrial fibrillation?

☒ Rheumatic heart disease

☐ Hypotension

☐ Gynecologic surgery

☐ Age younger than 30 years

Rationale: Rheumatic heart disease, hypertension, cardiothoracic surgery, esophageal surgery, and age older than 60 years are risk factors for atrial fibrillation.

Which complaint should the nurse expect to hear from a patient experiencing atrial fibrillation?

☒ "I have been feeling fatigued."

☐ "My heart feels like it is beating at a slow regular rate."

☐ "I have a lot of energy."

☐ "I feel cold all of the time."

Rationale: Fatigue, palpitations, and diaphoresis are symptoms of atrial fibrillation.

Physical findings suggestive of atrial fibrillation include:

☒ finger clubbing.

☐ blood pressure of 180/98 mm Hg.

☐ a pulse rate of 68 beats per minute with a regular rhythm.

☐ a respiratory rate of 16 breaths per minute.

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