

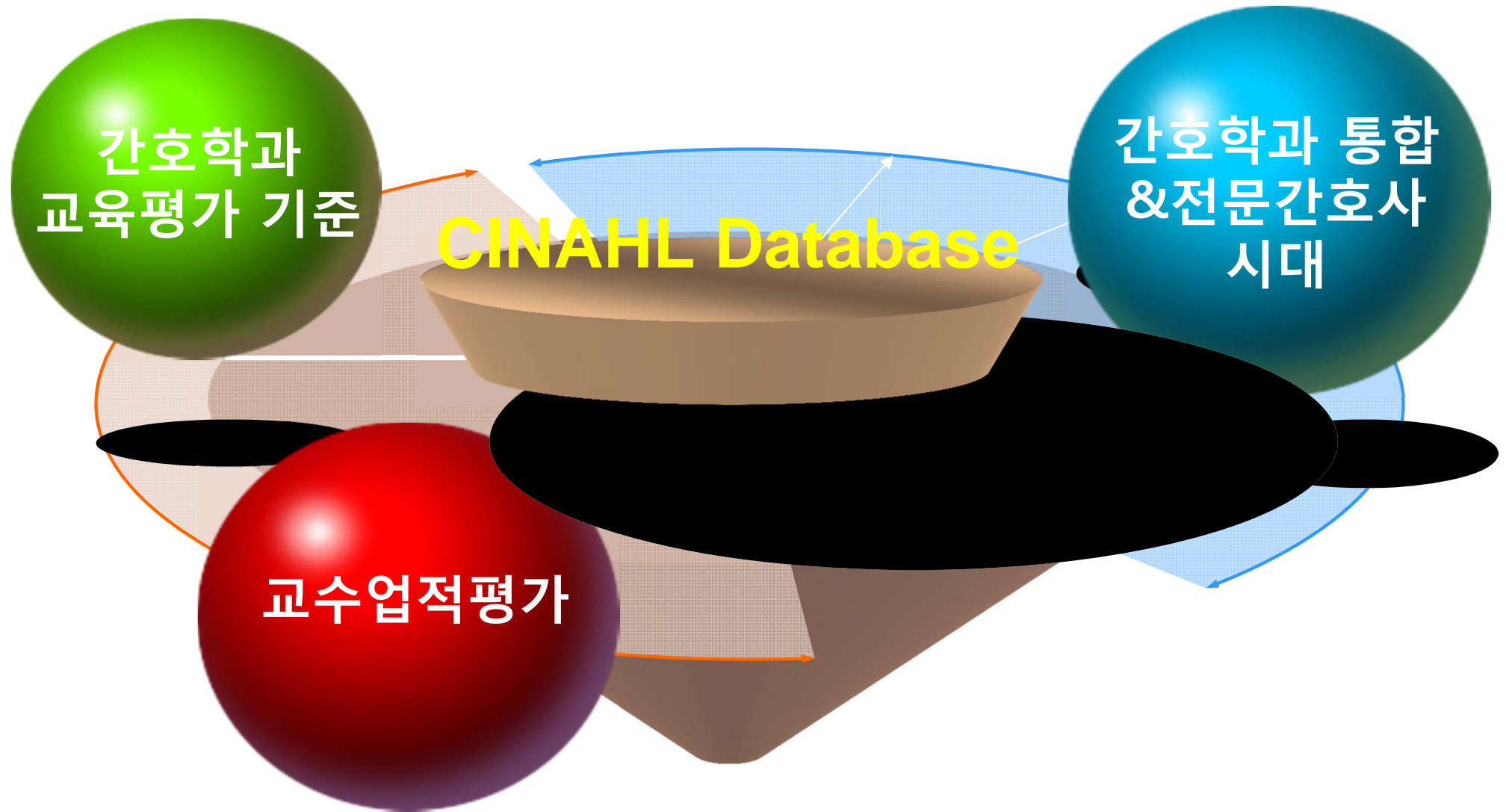
간호, 보건 학술 저널 원문 데이터베이스  
***CINAHL Plus with Full Text***





# CINAHL

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# CINAHL

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## CINAHL with Full Text

간호/보건학 분야의 가장 포괄적인 핵심 데이터베이스로서,

간호/보건관련 3,000여 저널의 방대한 서지정보 제공

세계적으로 간호/보건학 분야 연구에 가장 많이 사용되고 있는 간호학 최고 권위의 데이터베이스

• **주제** : 간호/보건학 관련 약 17여 분야를 포괄

**Total Full-Text Journals**

**586**

세계 최고 권위의 간호/보건학 학술 원문 저널 데이터베이스

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- ✓ CINAHL Plus는 CINAHL에서 제공하는 서지사항은 물론, 약 2,000여 추가 간호학/보건학학술 저널의 정보 제공 (**총 5,000여 저널**)
- ✓ 주제 분야 : 간호학, 임상간호학, 간호 정보학, 직업 보건 간호학, 영양관리, 식이요법, 건강 보건 등 세분화된 **40여 간호/보건 주제분야 제공**
- ✓ Non-Journal Contents 추가 제공!

Total	Full Text	Active Journal	No Embargo Active Journal	Backfile
5,120	766	548	363	1937~





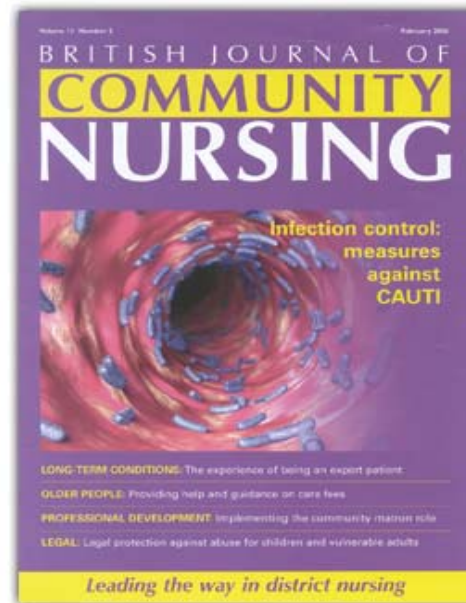
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**The American Nurse**  
Full Text from  
January 2001 to present  
**with NO embargo**



**British Journal of  
Community Nursing**  
Full Text from  
January 2002 to present  
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**British Journal of  
Nursing (BJN)**  
Full Text from  
January 1992 to present  
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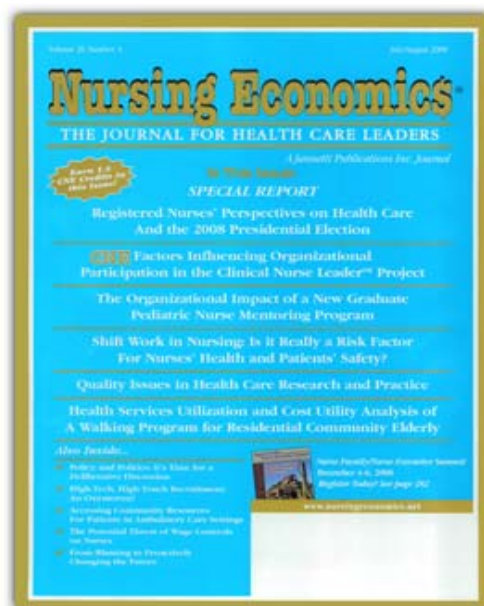
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**MEDSURG Nursing**  
Full Text from  
January 1999 to present  
**with NO embargo**



**Nursing Economics**  
Full Text from  
July 1983 to present  
**with NO embargo**



**Nursing Older People**  
Full Text from  
February 2002 to present  
**with NO embargo**



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## Plus with Full Text

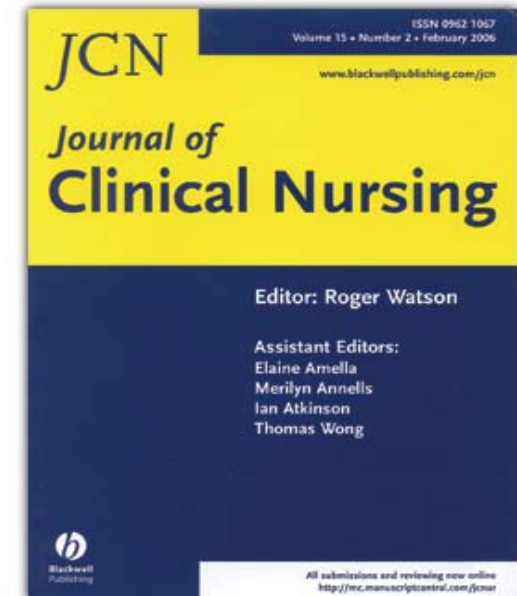
간호/보건학 분야에서 학술적 가치가 높은 중요하고 저명한 저널 원문 제공



**JOGNN: Journal of  
Obstetric, Gynecologic  
& Neonatal Nursing**  
**Full Text from  
January 2006 to present  
with a 12-month embargo**



**Journal of  
Advanced Nursing**  
**Full Text from  
January 1981 to present  
with a 12-month embargo**



**Journal of  
Clinical Nursing**  
**Full Text from  
January 1992 to present  
with a 12-month embargo**



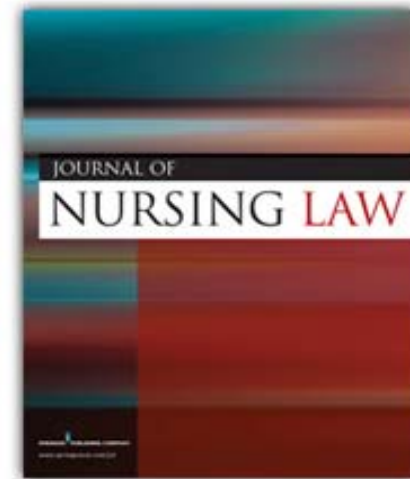
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간호/보건분야 이용상위 저널을 과거부터 현재까지 제공



- Critical Care Nurse
- Emergency Nurse
- Florida Nurse
- International Journal of Palliative Nursing
- Journal of Community Nursing
- Journal of Gynecologic Oncology Nursing
- Journal of Nursing Law
- Journal of Nursing Measurement
- Journal of the New York State Nurses Association
- Journal of Trauma Nursing
- MEDSURG Nursing
- Nephrology Nursing Journal
- Nurse Prescribing







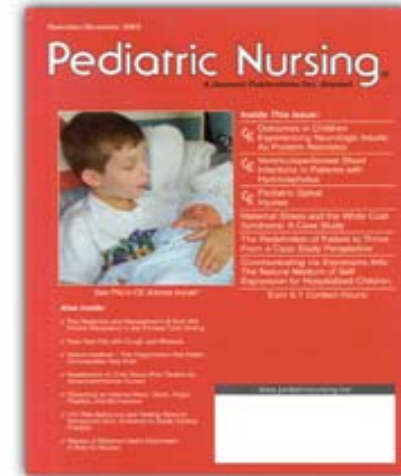
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간호/보건분야 이용상위 저널을 과거부터 현재까지 제공



- Nurse Researcher
- Nursing & Residential Care
- Nursing Economic\$
- Nursing Management - UK
- Nursing Older People
- Nursing Standard
- Nursing Update
- Paediatric Nursing
- Pediatric Nursing
- Practice Nurse
- Research & Theory for Nursing Practice
- Texas Nursing
- Urologic Nursing





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- ✓ 간호 / 보건 분야 이용자의 다양한 연구 및 실무를 위한  
Non-Journal Contents 제공
- ✓ 간호 / 보건학 핵심 eBook 제공 (F.A Davis, Demos 등)

Books	Quick Lesson	EBN	CEUs	Research Tool
263	169	134	167	360

※ EBN : Evidence-Based Care Sheets  
※ CEUs : Continuing Education Module



# CINAHL

## Plus with Full Text

### ✓ 간호실무를 위한 **Evidence Based Care Sheets**

### & 질병정보 및 환자지침 정보 **Quick Lesson**

#### EVIDENCE-BASED CARE SHEET

#### Asthma: Management in Older Adults

##### What We Know

- ▶ Asthma is commonly thought of as a childhood disease, but recently it has been recognized that the prevalence of asthma among older adults (i.e., individuals > 65 years of age) may be higher than previously believed and that older adults are more likely to die of asthma than are younger individuals<sup>(4, 5, 8)</sup>
- ▶ In high-income countries, 6–10% of older adults have asthma, with prevalence highest among women aged 65–75 years. The incidence of asthma among older adults is approximately 103 per 100,000 persons. The asthma mortality rate among older adults has been estimated at 7.3 deaths per 100,000 population for men and 9.96 deaths per 100,000 population for women<sup>(4, 5)</sup>
- ▶ Asthma in this population may reflect persistent childhood asthma that worsens or reemerges later in life (long-standing asthma [LSA]) or late-onset asthma (LOA)<sup>(3, 8)</sup>
  - LSA is often due to an allergen sensitization, or trigger exposure, and can begin in childhood or early adulthood and gradually worsen<sup>(3, 8)</sup>
  - LOA presents as persistent wheezing following a viral or bacterial upper respiratory tract infection in persons over the age of 40 years. It can also present following occupational exposure (e.g., to aerosol chemicals) or as a result of intolerance to aspirin or other nonsteroidal anti-inflammatory drugs (NSAIDs)<sup>(8)</sup>

##### What We Can Do

- ▶ Become knowledgeable about asthma management in older adults; assess patient education needs; share this information with your colleagues
- ▶ Assess the asthma status of your older adult patient as appropriate, during each healthcare visit<sup>(1, 2, 7)</sup>
  - Provide written education materials in large print and/or audio format
  - Monitor asthma symptom response to treatment
  - Discuss the respiratory infection prevention strategies with your older adult asthma patient; suggest they discuss it with their primary care provider
- ▶ Encourage your older adult asthma patient to take their medications as prescribed; they will reduce their risk for worsening asthma

##### Coding Matrix

References are rated in order of strength:

- M Published meta-analysis
- SR Published systematic or integrative literature review
- RCT Published research (randomized controlled trial)
- R Published research (not randomized controlled trial)
- C Case histories, case studies

##### References

1. Bastogi, A. P., & C. A. (2011). *Research*, 20(1), 117-120.
2. Busse, P. J., & Kline, K. (2011). *The American Geriatrics Society*, 57(5), 901-902.
3. Olsson, P. O., McDonald, V. M., & Marks, G. B. (2010). *Journal of Allergy and Clinical Immunology*, 125(5), 1001-1002.

#### quickLESSON about...

#### Asthma, Adult

##### Description/Etiology

Asthma is a chronic disease characterized by reversible obstruction of airflow due to inflammation and narrowing of the airways. Although onset of asthma is usually in early childhood, about half of cases persist into adulthood; in addition, adult-onset asthma may occur.

The exact cause of asthma is unknown. A genetic component is possible since a strong association has been found between the *ADAM-33* gene and bronchial hyperresponsiveness/asthma; a family history of asthma has also shown to increase risk for developing asthma. New research suggests certain environmental exposures, psychological factors, and medical conditions (e.g., gastroesophageal reflux disease [GERD]) can increase an individual's risk of developing asthma.

Asthma is classified into four levels based on symptom frequency and severity: mild intermittent, mild persistent, moderate persistent, and severe persistent. Status asthmaticus is characterized by an acute asthma attack of such severity that it is considered a medical emergency because it can lead to respiratory failure and death (see *Quick Lesson About...Status Asthmaticus*). The differential diagnosis includes anxiety disorders, heart failure, chronic obstructive pulmonary disease (COPD), pulmonary embolism, pneumonia, rhinitis with postnasal drip, hypersensitivity pneumonitis, Wegner's granulomatosis, and diffuse interstitial lung disease.

Prognosis is good with treatment, adherence to the medication regimen, and regular use of home monitoring devices (e.g., peak flow meters). Treatment depends on severity but may include inhaled short- and long-acting beta2-agonists to reduce bronchoconstriction and improve breathing; inhaled corticosteroids to reduce inflammation; leukotriene inhibitors, cromolyn, and nedocromil to relieve symptoms (e.g., due to seasonal allergies); and theophylline to relax bronchial smooth muscles in bronchoconstriction.

##### Red Flags

- ▶ Factors associated with increased asthma-related morbidity and mortality include: poor adherence to treatment, severe symptoms and more hospitalizations, illicit drug use, lower socioeconomic status, and comorbidities (e.g., obesity)
- ▶ Live attenuated influenza vaccine (LAIV) is contraindicated in patients with asthma

##### What Do I Need to Tell the Patient?

- ▶ Provide the patient with educational materials, inhaler devices, and coughing techniques
- ▶ Refer patient to an allergist, asthma specialist, or primary care provider for further evaluation and management
- ▶ Educate on the importance of adequate hydration to help loosen secretions
- ▶ Advise patient to avoid aspirin, sulfiters, dairy, nuts, and strong odors; use HEPA filters, covering up, and cleaning and free of dust mites
- ▶ Recommend finding additional resources

##### References

- Fenn, P. F. (2011). Asthma. In P. F. Fenn (Ed.), *2011 Fenn's clinical advisor: 5 books in 1* (pp. 1-10). St. Louis, MO: Elsevier.
- Mennens, P., & Siegel, M. D. (2010). Analytic review: Management of life-threatening asthma in adults. *Chest*, 137(5), 1401-1402.
- Momen, M. J. (2010). Asthma. *emedicine* from WebMD. Retrieved August 13, 2010, from <http://www.emedicine.com/asthma.htm>
- Robertson-Matt, S. (2010). Non-medical management of asthma in adults. *International Journal of Nursing Practice*, 16(2), 208-210.

#### Evidence-Based Care Sheets

- 근거중심 간호정보
- 간호사에게 필요한 임상질의에 대한 요약 정보
- What We Know / What We Can Do / Reference / Coding Matrix(근거 정도-SR, RCT 등)

#### Quick Lesson

- 질병정보
- 간호사에게 필요한 질병에 대한 일반 요약 정보
- 정의 / 발병요인 / 증상 / 수행과제 / 치료목적 / 식이요법 주의사항 / 환자, 환자 가족에게 전달 사항 / Reference



# CINAHL

## Plus with Full Text

## ✓ 학습 후 Test Tool CE Module(Continuing Education Modules)

### Oral Care of the Hospitalized Patient Course Materials

Michelle Garcia, RN, BSN, MAOM, CCRN, PHN; Carita Caple, RN, BSN, MSHS; Penny D. March, Psy.D.; Sara Grose, MSN, RN January 21, 2011

#### Goal

To provide information about oral care of the hospitalized patient, including clinical presentation, along with treatment goals for the healthcare provider. Information for patient and/or family education is included.

#### Objectives

After reviewing this information, the reader should be able to:

1. Describe oral care of the hospitalized patient
2. List risk factors for oral care of the hospitalized patient
3. Identify treatment options, goals, and complications related to oral care of the hospitalized patient

#### Abstract

Poor oral health can have a negative effect on a person's daily life. Dental plaque, periodontal disease, and plaque build-up can lead to various dental and health issues that can exacerbate patients' health issues. Assessment of the oral cavity involves examining the gingiva for signs of disease; examining the tongue, oral mucosa, and lips for ulcerations and level of moisture; examining the teeth for plaque, calculi, and caries; and observing odor. Effective oral care for hospitalized patients includes daily oral assessment and twice-daily oral care, as prescribed by the clinician.

This continuing education module is designed to give the reader/learner an increased understanding of oral care of the hospitalized patient, and to aid in caring for the patient with this diagnosis. Readers may explore any or all of the topics. One contact hour of continuing education credit is available for those who successfully complete the post-test and evaluation form.

#### What We Know

##### What We Can Do

- Learn about the importance of oral care and effective oral care techniques for the hospitalized patient so you can accurately assess your patients' personal characteristics and health education needs; share this knowledge with your colleagues
- Evaluate your patients' ability to perform oral care. For patients who can independently perform oral care, remind them to brush twice daily, and provide appropriate oral care supplies (e.g., age-appropriate toothbrush, toothpaste, oral rinse, oral moisturizer). Encourage patients who have dentures to soak and brush the dentures twice daily. Perform frequent oral assessment and care for patients who are unable to perform their own oral care<sup>1, 3, 7</sup>
- Frequently monitor for dry mouth as an adverse effect of medications to reduce risk for oral disease<sup>7</sup>
- Advocate for the establishment of standardized oral care guidelines and the inclusion of oral care in annual competency updates for nurses

##### References

1. Bowen, S., Smith-Hickey, M., Fuhrman, S., & Harroun, C. (2008). Ventilator-associated pneumonia. *Access*, 22(5), 8, 10-11. (GI)
  2. Hildebrandt, G., & Larson, T. D. (2009). Management of rampant caries. *Northwest Dentistry*, 88(1), 35-37, 39-41, 43-45 passim. (R)
  3. Huskinson, W., & Lloyd, H. (2009). Oral health in hospitalised patients: Assessment and hygiene. *Nursing Standard (Royal College of Nursing (Great Britain))*, 23(36), 43-47. (GI)
  4. Kelly, T. (2010). Review of the evidence to support oral hygiene in stroke patients. *Nursing Standard (Royal College of Nursing (Great Britain))*, 24(37), 35-38. (RV)
  5. Powers, J., Brower, A., & Tolliver, S. (2007). Impact of oral hygiene on prevention of ventilator-associated pneumonia in neuroscience patients. *Journal of Nursing Care Quality*, 22(4), 316-321. (R)
  6. Saito, T., Oobayashi, K., Shimazaki, Y., Yamashita, Y., Iwasa, Y., Nabeshima, F., & Ikematsu, H. (2008). Association of dry tongue to pyrexia in long-term hospitalized patients. *Gerontology*, 54(2), 87-91. (R)
  7. Schwartz, A.
  8. Sona, C., Z
- oral care pr

### Quick Lessons - 학습

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Park Lina

### Oral Care of the Hospitalized Patient

Michelle Garcia, RN, BSN, MAOM, CCRN, PHN; Carita Caple, RN, BSN, MSHS; Penny D. March, Psy.D.; Sara Grose, MSN, RN

#### Welcome

This Interactive Continuing Education (ICE) module provides true and false questions as a review of the Information Systems' *Evidence-based Care Sheet... Oral Care of the Hospitalized Patient*. Answers a question in preparation for the final test.

1. Suctioning is part of an effective oral care for hospitalized patients.

☒ True

☐ False

Correct:  
This statement is true. Suctioning, if the patient is unable to perform oral care, which should also include daily oral assessment, brushing, flossing, and use of water-based mouthwash.

2. Periodontal disease worsens when plaque accumulates beneath the gingiva.

☐ True

☒ False

Incorrect:  
This statement is true. Periodontal disease is caused by plaque that accumulates beneath the gingiva and causes inflammation.

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Park Lina

### Oral Care of the Hospitalized Patient

Michelle Garcia, RN, BSN, MAOM, CCRN, PHN; Carita Caple, RN, BSN, MSHS; Penny D. March, Psy.D.; Sara Grose, MSN, RN

#### Welcome

The competency test for Oral Care of the Hospitalized Patient has several multiple choice questions. To choose the best answer for each question.

1. Poor oral health can negatively affect which of the following areas of a person's life?

☐ a.) Eating ability

☐ b.) Speech

☐ c.) Weight

☐ d.) Appearance

☐ e.) Social interactions

☐ f.) All of the above

2. Which of the following bacterial species can proliferate in the oral cavity, leading to ventilator-associated pneumonia?

☐ a.) *Streptococcus pneumoniae*

TEST

- 1시간 테스트

# Cinahl Information Systems

---

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A handwritten signature in black ink, which appears to read "Diane S. Pravikoff".

Diane S. Pravikoff RN, Ph.D, FAAN

Leonard L. Buckley, MD  
Tanja Schub, BS  
Helle Heering, RN, BSN  
Gina DeVesty, BSN, MLS

June 18, 2013

Date

Certificate Authority

Instructor



**CINAHL**  
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# 간호 보건학 분야 핵심 저널 + 이용자 편의 기능



이용자의 정보 접근 편리성 제고 및 보다 정확하고 다양한  
정보 검색 , 연구활동을 지원하기 위한 기능들 제공



## CINAHL Headings

- 간호 / 보건의학 분야 전문가들에 의해 제작된 CINAHL 만의 통제어휘 시소러스
- MEDLINE 의 MeSH를 기반으로 제작
- 현재 약 13,000여 통제어휘 시소러스 제공
- CINAHL에 색인된 모든 기사에 가장 적절한 CINAHL Headings 부여
- 보다 정확하고 효과적인 검색 지원
- 트리구조로 설계되어, 상하위 연관검색 지원

The screenshot displays the CINAHL Headings interface. On the left, a tree view shows the hierarchy for 'cancer', with 'Neoplasms, Basal Cell' selected. A red arrow points from this selection to the right-hand panel. The right panel shows a list of subheadings for 'Neoplasms, Basal Cell', including 'Analysis/AN', 'Blood/BL', 'Blood Supply/BS', 'Cerebrospinal Fluid/CF', 'Chemically Induced/CI', 'Classification/CL', 'Complications/CO', 'Diagnosis/DI', and 'Diet Therapy/DH'. The 'Include All Subheadings' checkbox is checked.

Check box to view subheadings.	Click linked term for tree view.	Explode (+)	Major Concept	Scope	?
<input type="checkbox"/>	<a href="#">Cancer Use: Neoplasms</a>				
<input type="checkbox"/>	<a href="#">Hypopharyngeal Neoplasms</a>				
<input type="checkbox"/>	<a href="#">Infratentorial Neoplasms</a>				
<input type="checkbox"/>	<a href="#">Meningeal Neoplasms</a>				
<input checked="" type="checkbox"/>	<a href="#">Neoplasms, Basal Cell</a>	<input checked="" type="checkbox"/>			
<input type="checkbox"/>	<a href="#">Neoplasms, Germ Cell and Embryonal</a>				
<input type="checkbox"/>	<a href="#">Neoplasms, Squamous Cell</a>				
<input type="checkbox"/>	<a href="#">Peripheral Nervous System Neoplasms</a>				
<input type="checkbox"/>	<a href="#">Supratentorial Neoplasms</a>				

Subheadings for: Neoplasms, Basal Cell

☒ Include All Subheadings  
Or select one or more subheadings to restrict your search

- ☐ Analysis/AN
- ☐ Blood/BL
- ☐ Blood Supply/BS
- ☐ Cerebrospinal Fluid/CF
- ☐ Chemically Induced/CI
- ☐ Classification/CL
- ☐ Complications/CO
- ☐ Diagnosis/DI
- ☐ Diet Therapy/DH

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- 해당 기사가 참고한 문헌 및 해당 기사를 참고한 인용 / 피인용 정보 제공
- 관심 주제분야의 관련 연구정보 이용 가능
- 인용(**Cited Reference**) / 피인용(**Times Cited in this DB**) 문헌에 대해 Full Text 링크 지원
- **1,300여 종에 대해 Searchable Cited Reference 제공(2011 JCR 간호/보건 분야 174종)**



Academic  
Journal

#### Diabetes and older people: ensuring individualized practice.

Phillips, Stephen; Phillips, Anne; Practice Nursing, 2011 Apr; 22 (4): 196, 198-200 (jour

Subjects: Diabetes Mellitus; Diabetes Mellitus; Aged: 65+ years; Middle Aged: 45-64 yea

Database: CINAHL Plus with Full Text



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☐ Related Records

- ☐ 1. Expertise in nursing practice: Caring, clinical judgment, and ethics Benner P; Tanner C; Chesla C Springer: New York, 1996. (Br Database: CINAHL Refs)  
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- ☐ 2. What happens when geriatric patients leave hospital. Brocklehurst JC; Shergold M; The Lancet, 1968; 1133-1135. (Article Cita Database: CINAHL Refs)  
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- ☐ 3. [Systems and people under pressure: the discharge process in an acute hospital.](#) Connolly M; Grimshaw J; Dodd M; Cawthorne . JCN.AH.EDI.CONNOLLY.SPUPDP)  
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## 사례별 검색 활용 방법 및 Q&A

Search

- 검색 및 활용

- ✓ 임신성 당뇨병의 인슐린 투여 위험성 - **기본 검색**
- ✓ 유방암과 정신적 스트레스의 관계 - **CINAHL Headings**
- ✓ 특정 기사에 인용된 참고문헌의 검색 - **고급 검색**
- ✓ 특정 저널명(간행물) 검색
- ✓ Diabetes(당뇨병) 교육 후 숙지 정도의 확인 및 테스트 - **CE Module**

- Q&A





# CINAHL

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임신성 당뇨병 환자에게 1차로 식이요법을 권하여 시행하였으나, 혈당조절이 잘 되지 않아 인슐린을 투여 하고자 합니다. 이에 따른 위험성을 알아보고 싶습니다.

**Keyword** : (gestational diabetes mellitus OR GDM)  
AND insulin



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최근 동료로부터 정신적인 스트레스가 유방암 발병에 영향을 끼친다는 이야기를 들었습니다. 관련 문헌을 찾아 근거를 알고 싶습니다.

**Keyword : breast cancer AND psychological stress**

최근 아동변비 관련 신문 기사를 접했습니다. 해당 기사의 보다 자세한 연구 결과 논문을 열람하고 싶습니다.

## 과일 채소 싫어하는 어린이, 변비 13배 잘 온다

물 잘 안 마셔도 변비위험 14배

트위터 페이스북 미투데이 싸이월드공감

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과일과 채소를 싫어하는 어린이는 그렇지 않은 어린이보다 기능성 변비를 겪을 위험이 13배라는 연구결과가 나왔다. 하루에 물을 400㎖ 이하 마시는 어린이는 그렇지 않은 어린이 보다 변비 위험이 최고 14배였다.

싱가포르국립대학교 문 페이 찬 교수팀은 홍콩의 8~10세 건강한 초등학생 어린이 383명을 대상으로 화장실 이용 습관과 식습관에 대해 조사했다. 기능성 변비는 특정한 병은 없지만 환경적 습관, 심리적 요인, 식습관 때문에 대장 기능에 문제가 생겨 대변을 잘 보지 못하는 증상이다.

연구 결과 변비를 나타내는 것은 여자 아이들이 8.2%, 남자 아이들이 6.6%로 여자 아이들이 높았다. 또 하루에 물을 200~400㎖만 마시는 어린이는 600~800㎖ 마시는 어린이보다 변비 위험이 8배였다. 1ℓ 이상 마시는 어린이보다는 14배였다.

과일이나 채소를 즐겨먹지 않는 어린이는 그렇지 않은 어린이보다 변비 위험이 13배였다.

찬 교수는 "이번 연구에서 보듯 어린이의 신체적 특성을 미친다"고 설명했다.

연구진은 변비를 예방하기 위해 △어린이와 학부모에게 변비 문제 교육을 학교에서 해야 하고 △교내 매점은 신선한 음식과 건조 과일 등을 팔아야 하며 △어린이에게 물 과일 채소를 많이 먹도록 권해야 한다고 말했다.

이 연구결과는 '임상 간호 저널(Journal of Clinical Nursing)'에 게재됐으며 미국 과학논문 소개사이트 유레칼러트, 온라인 과학뉴스 사이언스데일리 등이 13일 보도했다.

이 연구결과는 '임상 간호 저널(Journal of Clinical Nursing)'에 게재됐으며 미국 과학논문 소개사이트 유레칼러트, 온라인 과학뉴스 사이언스데일리 등이 13일 보도했다.




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*Thank you.*

