



eHealth NSW

CIAP Training & Upcoming Workshops:

Register Here
& Earn CPD Points

CIAP Newsletter

Upcoming: Evidence-Based Practice & Database
Searching - CIAP Training Workshop
When: 5 August 2025 08:30 - 13:00
Where: ONLINE

Register

Program

See All CIAP Training Workshop Dates for 2025:

See Full Schedule

Opportunity For Nurses & Midwives: Share Your Opinion on Lippincott Resources



There's a chance to win an exciting CIAP prize - just opt in by leaving your email at the end of the survey to go in the draw!

We're inviting **nurses and midwives** to share their feedback on the point-of-care resources [Lippincott Advisor](#) and [Lippincott Procedures](#).

These tools are designed to support clinical decision-making, and we'd love to hear your thoughts. Your input will help us understand their value in practice and guide future improvements.

Please take a couple of minutes to complete the brief survey linked below:

[Please click here to complete the survey.](#)


Advisor

All Advisor and Procedures Content... SEARCH BY KEYWORD OR TAG

Procedures

All Procedures and Advisor Content... SEARCH BY KEYWORD OR TAG

Share your feedback!



Stages of VHD

The American College of Cardiology (ACC) defines VHD based on the following (JACC): Thickened mitral valve leaflets, regurgitation, and/or stenosis.

Stage A: "At Risk" - Includes patients with thickened mitral valve leaflets, regurgitation, and/or stenosis, but no significant mitral regurgitation or stenosis.

Stage B: "Pre-symptomatic" - Includes patients with regurgitation or stenosis, but no symptoms.

Stage C: "Symptomatic" - Includes patients with regurgitation or stenosis, and symptoms.

Stage D: "Symptomatic Severe" - Includes patients with regurgitation or stenosis, and severe symptoms.

Pathophysiology

• Results of the valve regurgitation or stenosis are forward blood flow.

• The left ventricle pumps greater volume to meet the extra work.

• As the left ventricle pumps greater volume, the heart muscle (myocardium) must work harder to pump the extra volume.

• As the heart muscle works harder, it becomes weaker and the heart muscle becomes thicker.

• As the heart muscle becomes thicker, it becomes weaker and the heart muscle becomes even thicker.

• This creates a cycle of worsening heart failure.

Causes

• Hypertension

• Atherosclerosis

• Diabetes

• High cholesterol

• Smoking

• Alcohol

• Family history

• Age

• Sex

ECG, AU

ECG (ECG), AU

ECG (ECG), AU

ECG (ECG), AU

Unfamiliar with Lippincott Advisor and Lippincott Procedures? Don't miss out on what these resources have to offer - learn to apply them to your daily practice; find the [Lippincott User Guides](#) [here](#).

For further training opportunities see the [CIAP Training Events Page](#).

What's the Diagnosis?



This condition is a Chronic airflow obstruction disease characterised by permanent enlargement of air spaces distal to the terminal bronchioles and destruction of alveolar walls.

There are three morphologic types:

- **Centriacinar** (also known as *centrilobular* or *proximal acinar*)—the most common type, beginning in the respiratory bronchioles and spreads peripherally

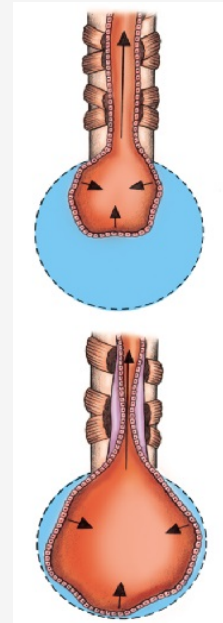
- **Panacinar** (also known as *panlobular*)—destroys the entire alveolus uniformly, most commonly in the lower portion of the lungs
- **Paraseptal** (also known as *distal acinar*)—involves the distal airway structures, alveolar ducts, and alveolar sacs

Causes:

- Cigarette smoking (the most common cause)
- Cigar and pipe smoking
- Marijuana smoking
- Passive smoking
- Air pollution
- Genetic deficiency of alpha1-antitrypsin

Physical Finding:

- Barrel chest
- Pursed-lip breathing
- Use of accessory muscles for breathing
- Cyanosis
- Clubbed fingers and toes
- Tachypnoea
- Decreased tactile fremitus
- Decreased chest expansion
- More...



What's the diagnosis? Find out the answer [here](#) in Lippincott Advisor.

Access provided by CIAP.

AI Article Summary - New Ovid Feature



The beta launch of Ovid's first GenAI feature **AI Article Summary** provides concise summaries of articles based on their full text.

The AI Article Summary feature is designed to highlight the key elements of each article, making it easier to quickly understand the main points and key takeaways.

Watch a [brief video explanation](#) to learn more about this new feature.

Access provided by CIAP.

Journals A-Z > Advanced Emergency Nursing Journal > 47(2) April/June 2025 > Updates on the Use of Osmotherapy in the Emergency Department.



Advanced Emergency Nursing Journal
Issue: Volume 47(2), April/June 2025, p 96-102
Copyright: Copyright (C) Wolters Kluwer Health, Inc. All rights reserved.
Publication Type: [APPLIED PHARMACOLOGY]
DOI: 10.1097/TME.0000000000000559
ISSN: 1931-4485
Accession: 01261775-202504000-00003
Keywords: cerebral edema, hyperosmolar therapy, hypertonic saline, intracranial pressure, mannitol, neurocritical care, traumatic brain injury

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[APPLIED PHARMACOLOGY]

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Updates on the Use of Osmotherapy in the Emergency Department

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Section Editor(s): Weant, Kyle A. PharmD, BCPS, BCCCP, BCCEM, FCCP

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Disclosure: The authors have no conflict of interests to disclose.

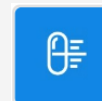
Online date: March 05, 2025

[AI Article Summary](#) **BETA** ^

[Abstract](#) ^

Elevated intracranial pressure (ICP) is a critical condition associated with significant morbidity and mortality, requiring prompt and effective management. Mannitol and hypertonic saline (HTS) are the two most widely used hyperosmolar agents in clinical practice for ICP reduction, each with distinct pharmacologic properties, efficacy profiles, and safety considerations. This review aims to provide a comprehensive assessment of the mechanisms, clinical efficacy, safety, practical considerations, and guideline recommendations associated with the use of mannitol and HTS in the management of elevated ICP. Current available data does not clearly support one hyperosmolar agent over another and both agents are considered equivalent. Consensus recommendations vary, but the most recent recommendations seem to support the use of HTS over mannitol, mostly due to potential pharmacodynamic advantages that have been shown in smaller investigations. Further research is warranted to refine dosing strategies, clarify administration concerns, and address knowledge gaps in comparative efficacy and safety.

Upcoming Micromedex Updates: Refreshed User Interface & AI-Powered Search Capabilities



A new and improved interface is coming to Micromedex, including a cleaner homepage design and simplified layout with a single search bar for efficient access to reliable information.

The search bar will have built in AI-powered search, aiming to enhance user experience by saving time searching, and getting faster access to specific clinical evidence.

Motivation for Physical Activity in Low-Income Adults



Physical activity is a specific health behaviour that impacts many chronic diseases experienced by low-income adults. Given higher rates of inactivity and poor health outcomes, understanding motivators for physical activity among low-income adults may be an important pathway to elicit behaviour change. A distinction exists between identifying and addressing barriers to physical activity and meaningfully impacting motivation for physical activity. Addressing barriers removes hindrances, but does not automatically equate to action. Despite multiple studies describing the barriers to physical activity for adults, an understanding of barriers in low-income adults has not adequately modified physical activity levels.

This review highlights that the focus of addressing inactivity must move beyond removing barriers towards finding methods of understanding and fostering motivation. A primary step towards increasing motivation is first identifying the unique motivators for physical activity in low-income adults.

Read more of this review in the [Journal of Advanced Nursing](#).

Access provided by CIAP.

Upcoming CIAP Events

Evidence-Based Practice & Database Searching Workshop

5 August 2025 08:30-13:00
Virtual (Microsoft Teams)

[Register](#)

Mental Health Point of Care Resources Workshop

20 August 2025 08:30-12:30
Virtual (Microsoft Teams)

[Register](#)

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