

The Nursing Reference Centre database is designed specifically for the nursing profession and is a great resource for finding evidence-based information. All results include a bibliography and links to related information.

The tabs above the search box are the major categories of the database.



Basic Search Diseases & Conditions Skills & Procedures Drug Information Patient Education Practice Resources Continuing Education [Search History/Alerts](#)

Find: Search Clear ?

By Assessment Diagnosis Planning Implementation Evaluation

A brief overview of the database categories:

- **Diseases and conditions:** search or browse for a specific disease or condition (e.g. asthma). The results may be split into subcategories (e.g. Asthma – inhaler device use; Asthma – self management; Asthma – exercise induced, etc.).
- **Skills and procedures:** covers clinical nursing skills and patient care, nursing communication skills, cultural competency, critical thinking skills and decision-making skills.
- **Drug information:** includes the drug classification, the pregnancy category, the action of the drug and any interactions, adverse reactions / side effects, route and dosage, patient information and more.
- **Patient education:** access handouts on a variety of diseases, conditions and procedures targeted at a general (patient) audience.
- **Practice resources:** Link to online publications to help with the revision process (US focus).

Searching this database

You can either click on a tab and search or browse within it or;



Basic Search Diseases & Conditions Skills & Procedures Drug Information Patient Education Practice Resources Continuing Education

Browse for: Browse ?

Alphabetical Relevancy Ranked

Use the Basic Search (the default option) and search across all the categories.



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Search tips:

- The database works best if you don't enter your search as a sentence. Just enter the words that need to be in the search results.
- Suggested words or phrases may display as you start entering a search. These are popular searches only - selecting one of these options won't necessarily lead to better results.

Managing your search results:

Your search results can be browsed in one long list or by **category** using the tabs across the top.



Narrow Results by

- ▼ **Subject: Major Heading**
 - Prostatic Neoplasms
 - Patient Education
 - Drug Interactions
 - Antineoplastic Agents
 - Androgen Antagonists
 - Antineoplastic Agents, Hormonal
- ▼ **Subject**
 - Male
 - Patient Education
 - Middle Age
 - United States
 - Aged
 - Nursing Role
- **Publication**
- **Publication Type**
- ▼ **Age**
 - Middle Aged: 45-64 years
 - Aged: 65+ years
 - Adult: 19-44 years
 - Aged, 80 and over
 - Child: 6-12 years

The **Narrow Results by** menu (to the left of your results) has some great options to increase their relevancy:

- Use the **Subject** menus to refine your results to subjects similar to your search words.
- Refine your results to a specific **Age range** or Gender.
- Are you looking for a particular type of **Publication** (e.g. Evidence-Based Care Sheets)?
- Do you want to limit your results by **Publication Date**?

Results can be **selected** and **temporarily stored** in a **folder** located at the top right of the search screen. Once you've finished browsing your results, open this folder so you can

Print **E-mail** **Save** **Export** the selection before you leave the database.

<p>1. Prostate Cancer: Diet Marcel C; Pravikoff D; CINAHL Nursing Guide, EBSCO Publishing, 2017 Jan 20 (Quick Lesson) HTML Full Text PDF Full Text</p>	Add
<p>2. Case Management: the Patient with Prostate Cancer Mennella H; Pravikoff D; CINAHL Nursing Guide, EBSCO Publishing, 2016 Nov 18 (Evidence-Based Care Sheet) HTML Full Text PDF Full Text</p>	Add
<p>3. Prostate Cancer: Racial/Ethnic Considerations and Healthcare Treatment Disparities March P; Pravikoff D; CINAHL Nursing Guide, EBSCO Publishing, 2016 Sep 16 (Evidence-Based Care Sheet) HTML Full Text PDF Full Text</p>	Add

Accessing your results

All the results should be available to open in **html** and **pdf** format.

2. **Case Management: the Patient with Prostate Cancer**
 Mennella H; Pravikoff D; CINAHL Nursing Guide, EBSCO Publishing, 2016 Nov 18 (Evidence-Based Care Sheet)
HTML Full Text **PDF Full Text**

Click on the title of a result to open it (see above). You can browse the result by the **headings in the contents** and you can also browse for **related information** by publication type. Your results can be **printed**, **saved** or **emailed**.

9 of 979 | **Result List** | Refine Search
Citation **HTML Full Text** **PDF Full Text** **Print** **E-mail** **Save** **Export** **Add to folder**

Title: Prostate Cancer By: Cabrera G, Schub T, Pravikoff D, CINAHL Nursing Guide, April 22, 2016
Database: Nursing Reference Center

Prostate Cancer

Contents

- Description/Etiology
- Facts and Figures
- Risk Factors
- Signs and Symptoms/Clinical Presentation
- Assessment
- Treatment Goals
- Feed for Thought
- Red Flags
- What Do I Need to Tell the Patient/Patient's Family?
- References
- Reviewer(s)

Quick Lesson

By: Gilberto Cabrera, MD
 Cinah Information Systems, Glendale, CA
 Tanja Schub, BS
 Cinahl Information Systems, Glendale, CA
 Edited by: Diane Pravikoff, RN, PhD, FAAN
 Cinahl Information Systems, Glendale, CA

Description/Etiology

Prostate cancer (CaP) is the most common cancer in men after skin cancer, and the second leading cause of death from cancer in adult men in the United States. Adenocarcinoma (i.e., cancer originating in epithelial cells of glandular tissue) is the most common type of CaP. The cause of CaP is not fully understood, although it is thought that chronic inflammation and several mutations in genes that regulate cell growth and apoptosis may play a role in CaP development. CaP generally grows slowly over a period of decades, during which time it is typically confined to the peripheral zone of the prostate. In early stages it is localized and asymptomatic, but in advanced stages spreads outside of the prostate and metastasizes to other organs. Infiltrating CaP spreads by direct extension to the seminal vesicles, urethral mucosa, and bladder wall. CaP can disseminate through the lymph system to regional lymph nodes and through the bloodstream to the bones, liver, or lungs.

Early detection of CaP is possible through screening with prostate-specific antigen (PSA) testing and digital rectal examination (DRE). Localized lesions can be detected by DRE as hard-consistence prostate nodules that are not attached or fixed to pelvic tissues. Diagnosis of CaP is confirmed by histologic examination of biopsied prostate tissue obtained by transrectal ultrasound of the prostate, which is indicated in patients with abnormal DRE, elevated or serially rising PSA levels, and/or previous histologic examination of the prostate showing prostatic intraepithelial neoplasia (PIN) or prostate atypia (i.e., atypical prostatic cells). Tissue samples obtained from biopsy are evaluated for cancer aggressiveness according to the Gleason score as low grade and well-differentiated lesions to high grade and undifferentiated lesions. CaP prognosis is determined by tumor grade and stage according to the Gleason score and TNM classification, patient age, and presence of comorbid conditions.

Typically, treatment is provided by a multidisciplinary clinical team that includes urologists, oncologists, and surgeons; the approach is based on tumor stage, the patient's life expectancy and general medical condition, and patient preference. Treatment options for clinically localized CaP include watchful waiting, surgery, and radiation therapy (e.g., external beam irradiation or brachytherapy (i.e., radioactive pellets implanted in the prostate)). Several surgical options are available, including radical or laparoscopic prostatectomy, transurethral resection of the prostate (TURP), and cryosurgery. (For more information, see other **Quick Lessons** and **Evidence-Based Care Sheets** in the series on prostate cancer.) Hormone therapy (i.e., androgen deprivation therapy [ADT] with gonadotropin-releasing hormone [GnRH] agonists or antiandrogens) is considered for metastatic disease in patients with non-castrate levels of testosterone. In some cases, metastatic disease progresses despite ADT, and other forms of hormonal treatment or cytotoxic agents are administered. Palliative care and pain management are important for patients with CaP who have bone metastasis. Emotional support and education are essential treatment strategies for patients at all stages of CaP.

Facts and Figures

Men in the United States have a 17% lifetime risk of being diagnosed with CaP and a 3% chance of dying of CaP. In 2014, CaP accounted for 27% of new cancer diagnoses in men in the U.S.; an estimated 233,000 men in the U.S. were diagnosed with CaP in 2014 and ~ 29,480 died of the disease. Blacks in the U.S. have the highest incidence of CaP in the world. The mean age at diagnosis of CaP is 72 years. The condition is rare in men who are younger than 50 years of age; 80% of new cases are diagnosed in men > 65 years and 70% of CaP.

Related Information

- Quick Lessons
- Skills
- Evidence-Based Care Sheets
- Cultural Competencies
- Drugs
- Patient Education
- CE
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