



eHealth NSW

CIAP Training & Upcoming Workshops:

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CIAP Newsletter

Upcoming: Nursing & Midwifery Point of Care Resources Workshop

When: 6th August 2024 08:30AM - 12:30PM

Where: ONLINE

REGISTER

PROGRAM

eMIMS Elite: the Newest Version of MIMS



The MIMS platform has now transitioned to the newly released platform [eMIMS Elite](#).

Learn to navigate and use the updated resource - check out the [eMIMS Elite User Guide](#) for assistance. [Click here](#) to try out the new platform.

If you need additional assistance in navigating and using a resource on CIAP, you can book a CIAP training session on the [CIAP Training Page](#).

Access provided by CIAP.

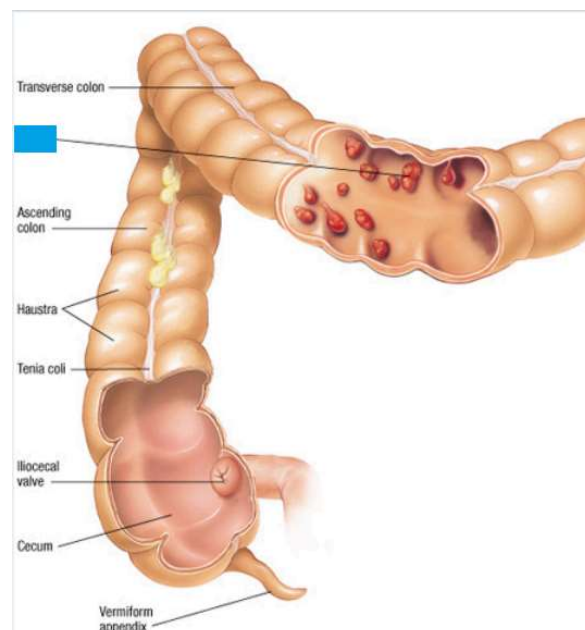
What Is the Diagnosis?

This condition is characterised by small tumorlike growths that project from a mucous membrane surface. These may develop in the colon or rectum, where they protrude into the GI tract.

Their appearance may be described as: pedunculated—attached by a stalk to the intestinal wall, or sessile—attached to the intestinal wall with a broad base and no stalk.

Risk factors include:

- Heredity
- Age
- High-fat, low-fibre diet
- Male sex
- Increased body mass index
- Cigarette smoking
- Excessive alcohol intake
- Sedentary lifestyle
- Low-folate diet (such as with a lack of green leafy vegetables)
- Hyperlipidaemia



What's the diagnosis?

[Find out the answer here](#) in Lippincott Advisor.

Access provided by CIAP.

Resource Spotlight: Lippincott Advisor

Lippincott
Advisor

Here's a sneak peek at the [Abdominal Pain](#) monograph found in Lippincott Advisor.

Abdominal Pain:

Arises from the abdominopelvic viscera, the parietal peritoneum, or the capsules of the liver, kidney, or spleen.

May be acute or chronic and diffuse or localised.

Characterised as visceral, parietal, or referred.

- Visceral pain: Develops slowly into a deep, dull, aching pain that's poorly localised in the epigastric, periumbilical, or lower midabdominal region
- Parietal pain: Produces a sharp, more intense, and well-localised discomfort that rapidly follows the insult and is aggravated by coughing
- Sharp, well-localised, referred pain: Felt in skin or deeper tissues

Abdominal pain: Location and types

AFFECTED ORGAN	VISCERAL PAIN	PARIETAL PAIN	REFERRED PAIN
Appendix	Periumbilical area	Right lower quadrant	Right lower quadrant
Distal colon	Hypogastrium and left flank for descending colon	Over affected area	Left lower quadrant and back (rare)
Gallbladder	Middle epigastrium	Right upper quadrant	Right subscapular area
Ovaries, fallopian tubes, and uterus	Hypogastrium and groin	Over affected area	Inner thighs
Pancreas	Middle epigastrium and left upper quadrant	Middle epigastrium and left upper quadrant	Back and left shoulder
Proximal colon	Periumbilical area and right flank for ascending colon	Over affected site	Right lower quadrant and back (rare)
Small intestine	Periumbilical area	Over affected site	Midback (rare)
Stomach	Middle epigastrium	Middle epigastrium and left upper quadrant	Shoulders
Ureters	Costovertebral angle	Over affected site	Groin: Scrotum in men, labia in women (rare)

See the full monograph in [Lippincott Advisor](#).

[Click here](#) to learn more about Lippincott Advisor and Lippincott Procedures.

Access provided by CIAP.

A Third of Adults Are Not Getting Enough Physical Activity, Says WHO



Almost a third of the world's adults, around 1.8 billion people, are at risk of disease from not getting enough exercise, and the number continues to grow, the World Health Organization (WHO) has warned.

The proportion of the global population that does not achieve the recommended level of physical activity increased by 5% from 2010 to 2022 and will likely continue to grow in the coming years, experts say.

WHO has set a target of cutting the number of people who are physically inactive by 15% by 2030. It defines being physically active as performing 150 minutes of moderate intensity or 75 minutes of vigorous intensity physical activity a week.

Learn more about the article in [The BMJ](#).

Access provided by CIAP.

Patients' experiences of shared decision-making in nursing care



Shared decision-making (SDM) is a core element of person-centred care. Over the last few decades, there is a growing interest in person-centred care, and therefore also in SDM, among patient organisations, governments and professional associations.

SDM is a collaborative process between healthcare professionals and patients and offers numerous benefits. Professionals experience greater job satisfaction and feel more empowered in their practice when engaging in SDM.

For patients, SDM results in increased participation in care, enhanced satisfaction with decision-making, greater understanding of their condition and treatment options, improved treatment adherence, reduced overtreatment and potentially lower healthcare costs

Learn more in the [Journal of Clinical Nursing](#).

Access provided by CIAP.

Entering a New Era in Sleep-Apnoea Treatment



Obstructive sleep apnoea is one of the most common respiratory disorders worldwide. Persons with obstructive sleep apnoea can have loud snoring that is detrimental to social relationships and have breathing problems that result in recurrent nocturnal awakenings, unrefreshing sleep, and excessive daytime sleepiness — effects that together can substantially impair quality of life.

Excess weight is the most important risk factor for obstructive sleep apnoea. Clinical guidelines therefore recommend evidence-based weight-loss strategies as part of the comprehensive management of obstructive sleep apnoea. Unfortunately, the integration of obesity management into the approaches to care for obstructive sleep apnoea has lagged, even though sleep specialists acknowledge the limitations of current treatments for obstructive sleep apnoea.

Learn more about the article in [The New England Journal Of Medicine](#).

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Upcoming CIAP Events

Live Online Training
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Workshops
Nursing & Midwifery Workshop
6th August
Evidence-Based Practice & Database
Searching Workshop
21st August

[Register Here](#)

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