

APA - Third Example

JOURNAL ARTICLES

Photocopies

(7.01)

Layout of Slides

- Slide 1 – Type of Citation
- Slide 2 – Pictures of Source
- Slide 3 – Rules, Step by Step
- Slide 4 – Picture with Step Circled
- Slide 5 – Citation, Piece by Piece
- Repeated Until Citation Complete
- More Examples Follow

Effects of Comfort Warming on Preoperative Patients

Doreen Wagner, RN; Michelle Byrne, RN; Katharine Kolcaba, RN

WARMING

Recent research has documented the therapeutic effects of warming preoperative patients.^{1,2,3} Prewarming raises mean body temperature by increasing the energy content in the peripheral thermal compartment of the body. This is important because it is difficult to treat core hypothermia that occurs from an internal core-to-peripheral redistribution of body heat immediately after induction of general and regional anesthesia.^{4,5} Anesthetic agents decrease the vasoconstriction threshold to a level below the current body temperature and thus open arteriovenous shunts. This redistribution is not a clear exchange of heat with the environment, but rather a flow of heat from the body's core to the periphery, thereby reducing the core temperature.^{4,6} The redistribution of body heat can be prevented, however, with prewarming interventions in the

Temperature is an integral component of a patient's perception of well-being during the perioperative experience. Memories of thermal comfort or discomfort during surgery have an effect on a patient's overall satisfaction with surgical care.^{1,3} Beginning in the preoperative phase of surgery, patients often remark that they feel cold. The most common nursing approach for addressing this patient discomfort is to cover the patient with warmed cotton blankets. After placing a warm blanket on a patient, the nurse often hears appreciative statements such as "I love getting these warm blankets before surgery. It really helps." The nurse recognizes an increase in overall patient comfort as a result of this warming intervention and, of equal importance, often perceives a decrease in patient anxiety immediately after the patient receives the blanket.

People respond holistically to complex stimuli, so the sensation of feeling cold produces discomfort and can trigger anxiety about

- the impending surgery,
- the anesthesia,
- expected pain, and
- being immobilized.²

Interventions to prevent or treat a patient's feeling of being cold, therefore, often have a positive effect on how the patient perceives other threats. Such interventions thereby may reduce a patient's anxiety. The problem addressed in this study is how nurses can intervene successfully to increase thermal comfort and decrease anxiety in the preoperative setting.

ABSTRACT

- **THERMAL COMFORT IS ONE DIMENSION** of overall patient comfort, and it usually is addressed by covering the patient with warmed cotton blankets.
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The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has begun requiring hospitals to implement formal standards for communicating patient information during hand offs. If a health care facility fails to respond to JCAHO's directive, it risks losing accreditation. Health care organizations are starting to respond, but few facilities have an established, compre-

hensive transfer-of-care system in place.

The Institute for Healthcare Improvement has developed a communication tool for the health care industry known as SBAR (ie, situation, background, assessment, recommendation). This hand-off program was developed from one used in military applications and can be used by nurses and physicians to organize and convey a patient's critical information in approximately 60 seconds. Another available solution is the use of electronic medical records with automated transfer logs, but facilities with access to this technology are rare.

L Landro, "Hospitals combat errors at the 'hand-off,'" *The Wall Street Journal Online*, 28 June 2006, <http://online.wsj.com> (accessed 28 June 2006).

Journal Article – Step 1

Author/Authors

- In Order Given, Not A-B-C Order
- Last Names and Initials Only
- Use “&” for “and” (Above the “7” Key)
 - Example: Johnson, P., & Smith, T.
- If More Than 8 Authors, List the First 6, “...”, and then Last Author.
- If None Listed, Skip. (Not all are signed).

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Journal Citation – Step 1

Wagner, D., Byrne, M., & Kolcaba, K.

First Line – Normal

Each Line After – Tab or Indent
(Roughly 5 Spaces)

Journal Article – Step 2

Year

- Use the Year ONLY
 - Month and/or Date Only for Magazines
 - Scholarly Journals Use This Example
- Usually Along Spine or On Cover
- Do NOT Use “Copyright” or ©

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Journal Citation – Step 2

Wagner, D., Byrne, M., & Kolcaba, K.
(2006).

First Line – Normal

Each Line After – Tab or Indent
(Roughly 5 Spaces)

Journal Article – Step 3

Title of Article

- Give Full Title
- Capitalize Only: First word, Proper Nouns, and After a Colon
 - Example: *Helpful tips for eating Chinese food*
- Include Details if Needed
 - Example – [Letter to the Editor] or [Abstract]

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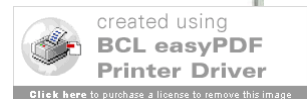
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Journal Citation – Step 3

Wagner, D., Byrne, M., & Kolcaba, K.
(2006). Effects of comfort warming
on preoperative patients.

First Line – Normal

Each Line After – Tab or Indent
(Roughly 5 Spaces)

Journal Article – Step 4

Title of Journal

- Give Full Title & Use Italics
- Capitalize Title: All But “Articles” (of, the)
 - Example: *Journal of Marriage and the Family*
- Give Volume and Issue Numbers
 - Example – 14(2) = Volume 14, Issue 2
 - Use Italics for Volume (14) NOT Issue (2)
- Give Page Numbers for Full Article

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34. M Mitchell, "Patient anxiety and modern elective surgery: A literature review," *Journal of Clinical Nursing* 12 (November 2003) 806-815.

35. K Kolcaba, *Comfort Theory and Practice: A Vision for Health Care and Research* (New York: Springer Publishing Co, 2003) 45-47.

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Hospitals Develop Methods to Improve Patient Hand Offs

New procedures are being developed to address the communication breakdown that sometimes occurs when a patient is transferred between units or during a shift change, according to a June 28, 2006, article from *The Wall Street Journal Online*. There is evidence that this breakdown in communication is the single greatest source of medical errors that occur in health care settings.

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has begun requiring hospitals to implement formal standards for communicating patient information during hand offs. If a health care facility fails to respond to JCAHO's directive, it risks losing accreditation. Health care organizations are starting to respond, but few facilities have an established, compre-

hensive transfer-of-care system in place.

The Institute for Healthcare Improvement has developed a communication tool for the health care industry known as SBAR (ie, situation, background, assessment, recommendation). This hand-off program was developed from one used in military applications and can be used by nurses and physicians to organize and convey a patient's critical information in approximately 60 seconds. Another available solution is the use of electronic medical records with automated transfer logs, but facilities with access to this technology are rare.

L Landro, "Hospitals combat errors at the 'hand-off,'" *The Wall Street Journal Online*, 28 June 2006, <http://online.wsj.com> (accessed 28 June 2006).

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Please note that these are basic examples. There are many different types of resources. Check with the manual, your professor, or a librarian if you have any questions.