Chapter	Page	Recommended Change or Addition(s)
1: Overview: Specialty of Ambulatory Care Nursing	1	I.B.: May want to include something about mitigation of health disparities and considerations of social determinants of health. From the New Role of the RN in Ambulatory Care Position Statement (2023) (Smolowitz et al.,2015; National Advisory Council on NurseEducation & Practice, 2016; Laughlin & Witwer,2019; Hacker et al., 2022; Lukewich et al.,2022). I. B.#2: Independent, Direct care, Collaborative Care as part of the updated definition
	2	I. D #3b: Change "solo" to "independent"; include EDTC (Emergency Department Transfer Communications) I.D #7: Call out the nursing process a bit more, we can't get to interventions without utilizing assessment, plan, intervention
	5	II. B #3 Conceptual Framework of Ambulatory Care Nursing:The new Role of RN Position Statement references RNs in practice, education, research, and leadership. Incorporate these concepts to align with that work.
	9	II. 2017 AAACN Position Statement and Paper - 2023 AAACN Position Statement is published.
	10	Update Table 1-2: The Role of the Registered Nurse in Ambulatory Care AAACN Position Statement was updated with 4 areas of focus - patient, education, leadership and research.
	11	IV. Current Trends Impacting Ambulatory Care Nursing - Updated references: Smolowitz, J., Speakman, E., Wojnar, D., Whelan, E., Ulrich, S., Hates, C., & Wood, L. (2015). Role of registered nurse in primary healthcare: Meeting health care needs in the 21st century. *Nursing Outlook*, 63, 130-136. Lukewich, J., Asghari, S., Gard Marshall, e., Mathews, M., Swab, M., Tranmer, J., Bryant-Lukosius, D., Martin-Misener, R., Norful, A.A., Ryan, D., & Poitras, M. (2022). Effectiveness of registered nurses on system outcomes in primary care: A systematic review. *BMC Health Services Research*, 22(440). https://doi.org/10.1186/s12913-022-07662-7
		Institute of Medicine. (2021). *The Future of Nursing 2020-2030: Charting a path to achieve health equity. A consensus study of the National Academy of Medicine*. Washington, DC: The National Academies Press.
	12	V.B.: Expand the definition of Practice Setting to include EDTC, homes, sports, public health.
		V. B#2b: Add Technology (EHR, clin doc, system integration)

Chapter	Page	Recommended Change or Addition(s)
2: Professional Communication	17	I. Modes of Communication Technology - Inclusion of updated CMS Medicare programmatic updates: https://www.cms.gov/files/document/medicare-pi-program-faqs-20 23-06-13.pdf
	17	I.C.: Meaningful Use-"is no longer authorized: Beginning in calendar year (CY) 2022, the Medicaid Promoting Interoperability Program ended. The program is currently known as the Medicare Promoting Interoperability Program for eligible hospitals and CAHs. For additional details about the end of the Medicaid Promoting Interoperability Program, please contact your state Medicaid agency or review the FY 2019 IPPS and LTCH final rule (83 FR 41676 through 41677). For more information on participant requirements, including ongoing deadlines, visit the Program Requirements page. The Requirements pages outline program specifics for each year. All Medicare Promoting Interoperability Program resources and materials can be found in the Resource Library. Resource: https://www.cms.gov/medicare/regulations-guidance/promoting-interoperability-programs
	18	II.B #2: National Council of State Board of Nursing: updated version re: Boundaries of Nurse Patient Relationship 2018 (vs 2014):https://www.ncsbn.org/public- files/ProfessionalBoundaries_Complete.pdf
	18	II.H: Change "him or her" to "them"
	18	II.J #3: Change to "Encourage goal choices that are patient-centered (versus not acceptable)
	18	II.K #3: add cultural, literacy and linguistic appropriate
	19	II.M#7: add "caregiver"
	19	III.B - Add "support system" to section title
	19	III.B #4f add any place that mentions patient, family, add support system
	20	V.A.: Update CAHPS Survey reference to 2020
Recommend the addition of: 1. trauma informed practices to this chapter 2. respect in the workplace		https://traumainformedoregon.org/resources/new-to-trauma-infor med-care/what-is-trauma-informed-care/sed? https://traumainformedoregon.org/resources/new-to-trauma-infor med-care/trauma-informed-care-principles/ https://traumainformedoregon.org/about/ With the post pandemic of COVID, nurses have lost their ability to use their filters with each other, bullying has increased amongst each other. Strategies to show respect, problem solve, and come to shared agreements would be a great segway into promoting professional growth, autonomy and professionalism.

Chapter	Page	Recommended Change or Addition(s)
3: Ethics and Advocacy	34	Updated References: ANA Scope of Practice updated in 2021
	34	Additional Readings – add these: Dennis V. (June 22 2022) The Challenges of Ethical Decision Making in Nursing. AORN Vol 116, Issue 1 pp 1-2. Accessed Dec 2023 from https://aornjournal.onlinelibrary.wiley.com/doi/epdf/10.1002/aorn.13733 Haddad LM, Geiger RA (August 14, 2023) Nursing Ethical Considerations. NIH: National Library of Medicine. StatPearls [Internet] . Accessed Dec 2023 from https://www.ncbi.nlm.nih.gov/books/NBK526054/ Milliken, A., (January 31, 2018) "Ethical Awareness: What It Is and Why It Matters" *OJIN: The Online Journal of Issues in Nursing* Vol. 23, No. 1, Manuscript 1. https://doi.org/10.3912/OJIN.Vol23No01Man01

Chapter	Page	Recommended Change or Addition(s)
4: Leadership and Professional Development	35 & 37	Update Huber reference in introductory paragraph and Table 4-1 "Quantum" to 2021. Please make sure we update all the Huber references to 2017.
	36-37	Table 4-1 Leadership Theories: Update references: Marquis, B.L., & Huston, C.J. (2015). Leadership roles and management functions in nursing: Theory and application (8th edition). Philadelphia, PA: Wolters Kluwer. It was last stated as 2015. However, there is a newer version- 10th Edition- Publication date January 30, 2020 Stanley, 2016, has a new reference. This new Reference- 3rd Edition includes other authors and was published in September 2022. The other authors are Clare Bennett, and Alison H. James.
	37	IV. Emotional Intelligence E. Social development…. This reference, Yoder-Wise, 2015 6th Edition now needs to be updated to the most current edition, the 8th Edition, publication date October 2022.
	37	V. Project Management E. Closing: Completing the …. This reference Stanley, 2016 has a new reference. This new Reference- 3rd Edition includes other authors and was published in September 2022. The other authors are Clare Bennett, and Alison H. James.
	37	VI. Benchmarking Huber 2014 reference is old and needs to be updated to 6th edition Publication October 2017
	37	VI.B#1: The reference for Centers for Disease Control and Prevention, should be updated to current date reviewed, 2023.
	38	VI.C. Benchmarking: The reference for Agency for Healthcare Research and Quality, needs updated. The Practice Facilitation Handbook has been updated and expanded and republished as the Primary Care Practice Facilitation Curriculum. Last reviewed May 2018.
	39	VIII. C. Retention: The reference AAACN 2014. AAACN just updated the white paper April 2022.
	42	XIII. Competency Assessment: The reference - the Joint Commission 2018. This date needs to be updated to 2023.
	44	XVII. E. Certification: The reference - Marquis & Huston, 2015, 8th edition. There is now a 10th version Printed in 2020.
	45	XVIII. C. Evidence-Based Practice: The reference - Melnyk & Fineout-Overholt, 2015 was the 3rd edition. There is now a 5th edition, Publication date January 2023.

Chapter	Page	Recommended Change or Addition(s)
5: Ambulatory Care Operations	47	I.A. Consider adding #3c: *certified or uncertified technicians*; Add reference Jenkins, B. & Joyner , J. (2013). Preparation, Roles and Perceived Effectiveness of Unlicensed Assistive Personnel. Journal of Nursing Regulation, 4(3): 33-40. https://doi.org/10.1016/S2155-8256(15)30128-9
	49	Add under II. Staffing and Skill Mix in Ambulatory Care, 2. *5. In basket/Patient portal volumes: Medical information or non-urgent medical question, symptom or follow-up appointment questions, medical question*
	50	Consider adding under III. Practice and Office Support, A. 4. C. (2), a. *vi. Anxiety vii. Neurodivergent*
	51	III. Practice and Office Support, B #5. (security protection in certain areas) Add: *Passive weapons detection systems*

Chapter	Page	Recommended Change or Addition(s)
6: Care Fiscal Management		Add References: Coburn, C.V., Gilland, D, Swan & B. A. (2021). Prospectives in Ambulatory Care Nursing (1st ed.) Philadelphia, Pennsylvania: Wolters Kluwer Health. Witwer, S. G., Mattson, A. & Jessie, A.T. (2023). Registered nurse billing in primary care. Nursing Economic$, 41(4), 200-207.

Chapter	Page	Recommended Change or Addition(s)
7: Legal Aspects of Ambulatory Care Nursing	94	Update this reference: ana-ncsbn-joint-statement-on-delegation.pdf (nursingworld.org) 2019
	94	Update NCSBN references: 2014a ⟶ 2021 2014b ⟶ 2014 2014c ⟶ 2018 2017a ⟶ 2020 2017b ⟶ 2018

Chapter	Page	Recommended Change or Addition(s)
8: Documentation and Informatics	95	Opening Section, 2nd paragraph- regarding scientific knowledge - could be expanded to include computer science, health science and psychology (for usability) sciences.
	95	Opening Section, 3rd paragraph - predictive modeling should be included in discussion
	96	Add I B: add "wisdom" to first sentence; add I B#4: add definition of wisdom
	96	Add section of how ALL nurses have role in informatics- could pull from NI scope and standards.
	96	I C: Call out that this is part of Health Information and Management Systems Society (HIMMS)
	97	II 1st paragraph: "EMRs are individual server-based entities that do not allow patient information to intraoperatively travel to other ……States". **This is no longer true and is contraindicated later in the chapter.**
	97	II A#1: Problem 1 would read better if split this into two distinct goals. And is it elimination or reduction?
	98	II C: Power of patient portals and nursing could be expanded. • Education (asynchronously and from health care provider) • Video visits • Asynchronous communication • Completion of paperwork prior to appointment that files to EHR • Care management • Ability to connect personal health record to EHR portals. Connectivity to tertiary devices (hardwire or Bluetooth)
		III B: Other considerations when choosing a system. • Biometric sign in • Ability to integrate with single sign on solutions • Ability for third party apps to integrate with main EHR solution
		III B#7: Should also mention Fast Healthcare Interoperability Resources (FHIR)
	99	III C: Most organizations are meeting meaningful use and the shift has moved to promoting interoperability Reference: What You Need to Know: 2023 Medicare Promoting Interoperability Program CEHRT Requirements | eCQI Resource Center (healthit.gov)
	100	IV: Should include information on Nursing Big Data. University of Minnesota is doing a lot of work in this area.
	100	IV E: Should include national nursing unique ID (UNI)
	101	V A: Does big data work fit better here? Or others? Would need more lit search.
	102	VI: First paragraph - most health care facilities policy do not allow acronyms.

	103	VI 3: Guidelines feel very narrative based. Although narrative notes do still exist, definitely moving toward more discrete documentation such as flowsheets/forms/check lists/category lists
		VI: General comment: Could highlight the roles of superuser, NPC and other governance in documentation guidelines and standards

	104	VII: There is a lot of focus around clinical decision support and its relation to alert fatigue and burn out.
		
		A few topics that could be covered here:
		• Five rights
		   o Right information
		   o To the right person
		   o In the right format
		   o Through right channel
		   o At the right time in the workflow
		• Burnout – contribution of CDS (may expand to larger full EHR)
		• Alert fatigue
		• Governance
		• Using data to show performing as expected

Chapter	Page	Recommended Change or Addition(s)
9: Patient Safety and Regulatory Compliance	116	The National Patient Safety Goals for Ambulatory Health Care were revised as of 1/1/2024. ahc-tjc-npsg-simple-2024.pdf (jointcommission.org)
	111-118	Update references throughout chapter

Chapter	Page	Recommended Change or Addition(s)
10: The Nursing Process in Ambulatory Care		No recommended changes.

Chapter	Page	Recommended Change or Addition(s)
11: Procedures and Technical Skills in Ambulatory Care Nursing	129	I A#1: Revise statistic: According to the American Diabetes Association (ADA) 38.4 million Americans for 11.6% of the population had diabetes. Reference: American Diabetes Association: https://diabetes.org/about-diabetes/statistics/about-diabetes#:~:text=Overall%20numbers,of%20the%20population%2C%20had%20diabetes.&text=Diagnosed%20and%20undiagnosed%3A%20Of%20the,and%208.7%20million%20were%20undiagnosed
	130	I A#4f: Reference for site selection no longer exists. Revise to: Choose the lateral side of the finger; avoid the central tip of the finger, which has a denser nerve supply.´ Reference: Elsevier: https://elsevier.health/en-US/preview/specimen-collection-blood-glucose
	130	I B#1: Need more up to date reference for: A urinalysis requires a laboratory for the chemical and microscopic analysis of the specimen (Wein, Kavoussi, Partin, & Peters, 2016). Updated reference: National Library of Medicine Medline Plus: https://medlineplus.gov/ency/article/003579.htm
	130	I B#2: Purpose - Alternate reference more up to date Reference: National Library of Medicine Medline Plus: https://medlineplus.gov/ency/article/003580.htm
	131	I C: First sentence - Rapid streptococcal throat test - Out of date reference. The website was last reviewed in 2021. Recommend more reliable website - Centers for Disease Control and Prevention: https://www.cdc.gov/groupastrep/diseases-public/strep-throat.html
	131	I C#1: Updated statistic - Group A Streptococcus causes 20% to 30% of sore throats in children and 5% to 15% of sore throats in adults. Reference: Centers for Disease Control and Prevention: https://www.cdc.gov/groupastrep/diseases-hcp/strep-throat.html
	131	I C#2: 4th sentence – "If the rapid strep test is negative…" (Shulman et al., 2012) – don't need this reference as this info is contained in the CDC reference - Centers for Disease Control and Prevention: https://www.cdc.gov/groupastrep/diseases-hcp/strep-throat.html
	132	I D#1: Recommend changing reference to 2022 reference - National Library of Medicine Medline Plus: https://medlineplus.gov/lab-tests/prothrombin-time-test-and-inr-ptinr/
	132	I D#4e: ADA reference for site selection no longer exists. Revise to: Choose the lateral side of the finger; avoid the central tip of the finger, which has a denser nerve supply.´ Reference: Elsevier: https://elsevier.health/en-US/preview/specimen-collection-blood-

		glucose
	133	I D#4u: American Association for Clinical Chemistry, 2018b has not been updated since 2021. Recommend updated reference: National Library of Medicine https://www.ncbi.nlm.nih.gov/books/NBK507707/ which indicates "Therapeutic INR ranges between 2.0 to 3.0. INR levels above 4.9 are considered critical values and increase the risk of bleeding. Depending on the reason for anticoagulation goals for INR may vary from 1.5 – 3.0
	133	I D#5: Outdated reference. Suggest using – UpToDate https://www.uptodate.com/contents/warfarin-beyond-the-basics
	133	I E#1: Update reference year - Office on Women's Health, U.S. Department of Health and Human Services 2023: https://www.womenshealth.gov/a-z-topics/prenatal-care
	134	II A#2: Update reference year - American Cancer Society 2023: https://www.cancer.org/cancer/types/colon-rectal-cancer/detection-diagnosis-staging/acs-recommendations.html
	134	II A#2, last sentence: Update reference year - American Cancer Society 2023: https://www.cancer.org/cancer/types/colon-rectal-cancer/detection-diagnosis-staging/acs-recommendations.html
	134	II A#4c: Update reference year to 2023.
	134	II A#5, 2nd sentence: Update reference to 2023.
	134	US Preventative Services 2021 recommendations: https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening
	135	II B#1, 2 sentence: replace with "The American Cancer Society's estimates for the number of colorectal cancers in the United States for 2023 are: 106,970 new cases of colon cancer. 46,050 new cases of rectal cancer. Jan. 13, 2023". American Cancer Society: https://www.cancer.org/research/cancer-facts-statistics/colorectal-cancer-facts-figures.html
	135	II B#4c: Update reference date to 2023 - American Cancer Society: https://www.cancer.org/research/cancer-facts-statistics/colorectal-cancer-facts-figures.html
	135	III A: Update reference - American Heart Association CPR and First Aid Emergency Cardiovascular Care (2023): https://cpr.heart.org/en/training-programs/aed-implementation
	135	III A#1, 2nd sentence: ARC reference no longer exists – change to: CDC: The Hero Within: Knowing Hands-Only CPR and how to use an AED Saves Lives: https://blogs.cdc.gov/publichealthmatters/2020/06/cpr/

	136	IV A#1: Reference outdated, use new link and reference - National Center for Health Statistics Health United States, 2020-2021 https://www.cdc.gov/nchs/hus/report.htm
	137	IV A#2, 2nd sentence: Update reference - National Library of Medicine: https://www.ncbi.nlm.nih.gov/books/NBK549803/
	137	IV A#2, 3rd sentence: Update reference - National Library of Medicine: https://www.ncbi.nlm.nih.gov/books/NBK549803/
	137	IV B#1, 2nd sentence: Reference no longer exists, replace with: American Heart Association: Understand Your Risk for Arrhythmia: https://www.heart.org/en/health-topics/arrhythmia/understand-your-risk-for-arrhythmia#:~:text=Untreated%20arrhythmias%20such%20as%20tachycardia,including%20cardiac%20arrest%20and%20stroke
	138	IV C#1, 3rd sentence: Old statistics and reference. Replace with: "Benign prostatic hyperplasia is a common urological disease among older men. The age-specific prevalence of benign prostatic hyperplasia has been estimated from autopsy studies to be 8% in the fourth decade of life, 50% in the sixth decade of life, and 80% in the ninth decade of life. The global, regional, and national burden of benign prostatic hyperplasia in 204 countries and territories from 2000 to 2019: a systematic analysis for the Global Burden of Disease Study 2019 https://www.thelancet.com/journals/lanhl/article/PIIS2666-7568(22)00213-6/fulltext
	139	V A#1, 2nd sentence: Updated info and reference. Replace with: Blood collection via venipuncture is the most common invasive procedure for inpatients, who experience an average of 1.6 to 2.2 blood collection episodes per day, for a total of approximately 450 million in US hospitals annually. Prospective Study Evaluating Whether Standard Peripheral Intravenous Catheters Can Be Used for Blood Collection Throughout Hospital Stay. Journal of Infusion Nursing, 2023, Jan; 46 (1): 43-47 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9831029/#:~:text=Blood%20collection%20via%20venipuncture%20is,million%20in%20US%20hospitals%20annually
	141	V B#1, 2nd sentence: Updated info and reference – "The American Cancer Society's estimates for cervical cancer in the United States for 2023 are: About 13,960 new cases of invasive cervical cancer will be diagnosed. About 4,310 women will die from cervical cancer. American Cancer Society: Key Statistics for Cervical Cancer: https://www.cancer.org/cancer/types/cervical-cancer/about/key-statistics.html
	141	V B#2, 3rd sentence: Updated info and reference – "The Pap test (or Pap smear) looks for precancers, cell changes on the cervix that might become cervical cancer if they are not treated appropriately."

		Centers for Disease Control and prevention: Cervical Cancer https://www.cdc.gov/cancer/cervical/basic_info/screening.htm
	142	V A#1, 1st sentence: Update to "Healthy People 2030" and update reference date to 2023 - US department of health and human services Health People 2030: https://health.gov/healthypeople/objectives-and-data/browse-objectives/respiratory-disease
	142	V A#1, 2nd sentence: Update info and reference – "In 2018, 41.9 million Americans, or 13.0 percent, had ever been diagnosed with asthma by a health professional." American Lung Association: https://www.lung.org/research/trends-in-lung-disease/asthma-trends-brief/trends-and-burden
	143	VII A#4j: Suggest addition to information – "If infiltrative anesthesia will be in use, local anesthetic should be injected near the vein using a narrow needle to raise a small weal in the subcutaneous tissue at the site where the operator intends to pierce the skin with the line.; this will generally be slightly distal to where the operator intends to pierce the vein itself." National Library of Medicine, Peripheral Line Placement: https://www.ncbi.nlm.nih.gov/books/NBK539795/

Chapter	Page	Recommended Change or Addition(s)
12: Telehealth Nursing Practice	147	Intro section, 2nd paragraph, 2nd sentence: Update reference re: 6 aims to: update citation to: Internet Citation: Six Domains of Healthcare Quality. Content last reviewed December 2022. Agency for Healthcare Research and Quality, Rockville, MD. https://www.ahrq.gov/talkingquality/measures/six-domains.html
	147	I A-E: The 2003 citations are good; however, they need to be supported with citations that are more recent.
	147	I F: More recent source for definition of Telemedicine?
	148	III B#1: Needs to reflect: "In 2005, both the American Nurses Association (ANA) and the National Council of State Boards of Nursing (NCSBN) adopted papers on delegation. Both papers presented the same message: delegation is an essential nursing skill. This joint statement has been updated (2019) - The National Guidelines for Nursing Delegation, reflecting an effort to standardize the nursing delegation process based on research findings and evidence in the literature and is applicable to all levels of nursing licensure (advanced practice registered nurse [APRN], registered nurse [RN], licensed practical/vocational nurse [LPN/VN]) where the nurse practice act (NPA) is silent. (Adopted By: ANA and NCSBN, Date: 2019) Retrieved from: https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/id/joint-statement-on-delegation-by-ANA-and-NCSBN/
	149	V: Needs updated citations. In addition to the other theories mentioned, could we consider ADDING: **Peplau's Interpersonal Relations Theory** This theory focuses on the nurse-client relationship and the therapeutic process that takes place. Communication that occurs in this context involves complex factors such as environment, in addition to attitudes, practices and beliefs in the dominant culture. Peplau's interpersonal relations theory defines four stages of the relationship that achieve a common goal: **Orientation Phase**: The nurse engages the patient in treatment, and the patient is able to ask questions and receive explanations and information. This stage helps the patient develop trust and is where first impressions about the nurse and health care system begin to evolve. **Identification Phase**: The patient and nurse begin to work together. These interactions provide the basis for understanding, trust and acceptance as the patient becomes an active participant in treatment. **Exploitation Phase**: The patient takes advantage of all services offered, exploiting the nurse-patient relationship to address treatment goals. **Resolution Phase**: As a result of effective communication, the patient's needs are met, and he or she moves toward full independence. The patient no longer needs help, and the relationship ends.

		Sources: https://blog.diversitynursing.com/blog/effective-communication-in-nursing-theory-and-best-practices#:~:text=Peplau's%20Interpersonal%20Relations%20Theory,beliefs%20in%20the%20dominant%20culture. Deane WH, Fain JA. Incorporating Peplau's Theory of Interpersonal Relations to Promote Holistic Communication Between Older Adults and Nursing Students. Journal of Holistic Nursing. 2016;34(1):35-41. doi:10.1177/0898010115577975 The citation Kayaoka-Yahiro &Saylor, 1994-should be updated: Example:
	151	VII: Consider adding information: The characteristic that distinguishes a professional nurse is cognitive rather than psychomotor ability. Nursing practice demands that practitioners display sound judgement and decision-making skills as critical thinking and clinical decision-making is an essential component of nursing practice. Nurses' ability to recognize and respond to signs of patient deterioration in a timely manner plays a pivotal role in patient outcomes (Purling & King 2012). Errors in clinical judgement and decision-making are said to account for more than half of adverse clinical events (Tomlinson, 2015). The focus of the nurse clinical judgement has to be on quality evidence-based care delivery, therefore, observational and reasoning skills will result in sound, reliable, clinical judgements. Clinical judgement, a concept which is critical to the nursing can be complex, because the nurse is required to use observation skills, identify relevant information, to identify the relationships among given elements through reasoning and judgement. Clinical reasoning is the process by which nurses observe patients status, process the information, come to an understanding of the patient problem, plan and implement interventions, evaluate outcomes, with reflection and learning from the process (Levett-Jones et al, 2010). At all times, nurses are responsible for their actions and are accountable for nursing judgment and action or inaction. The speed and ability by which the nurses make sound clinical judgement is affected by their experience. Novice nurses may find this process difficult, whereas the experienced nurse should rely on her intuition, followed by fast action. Therefore, education must begin at the undergraduate level to develop students' critical thinking and clinical reasoning skills. Clinical reasoning is a learnt skill requiring determination and active engagement in deliberate practice design to improve performance. In order to acquire such skills, students need to develop critical thinking ability, as well as an understanding of how judgements and decisions are reached in complex healthcare environments. As lifelong learners, nurses are constantly accumulating more knowledge, expertise, and experience, and it's a rare nurse indeed who chooses to not apply his or her mind towards the goal of constant learning and professional growth. Institute of Medicine (IOM) report on the Future of Nursing, stated, that nurses must continue their education and engage in lifelong learning to gain the needed competencies for practice. American Nurses Association (ANA), Scope and Standards of Practice requires a nurse to remain involved in continuous learning and strengthening individual practice (p.26)

		Sources: Margaret McCartney: Nurses must be allowed to exercise professional judgment BMJ 2017; 356 doi: https://doi.org/10.1136/bmj.j1548 (Published 28 March 2017) Cite this as: BMJ 2017;356:j1548 Alfaro-LeFevre, R. (2009). Critical thinking and clinical judgement: A practical approach to outcome-focused thinking. (4th ed.). St Louis: Elsevier The future of nursing: Leading change, advancing health, (2010). https://campaignforaction.org/resource/future-nursing-iom-report
	153	X: Definition by IOM needs additional support with current citations: Karami A, Farokhzadian J, Foroughameri G. Nurses' professional competency and organizational commitment: Is it important for human resource management? PLoS One. 2017 Nov 8;12(11):e0187863. doi: 10.1371/journal.pone.0187863. PMID: 29117271; PMCID: PMC5678726. Competence is defined as "the specific knowledge, skills, judgment, and personal characteristics required for safe and ethical functioning in a designated role and position" Jun 25, 2019 retrieved from: https://brieflands.com/articles/msnj-90580#:~:text=Competence%20is%20defined%20as%20%22the,a%20designated%20role%20and%20position%22
	154	XI B#3 a-b: Suggest updating citations and references.
	156	XII B: Suggest updating 2004 health literacy statistics
	157	XIV A#2: Suggest updating statistics about usage of patient portals and the increase in patient access
	157	XIV A#3: Needs general update – E-visits are more prominent since the pandemic and used widely; increases access to care; Is reimbursed now.
	158	XIV A#5: Suggest providing some examples of: Ambulatory Blood Pressure monitors, Holter monitors, event monitors.
	159 - 161	Sections XV, XVI and XVII: These sections need to incorporate the content specific for each from the AAACN Scope and Standards of Practice for Professional Ambulatory Care Nursing, 10th edition. There are great excerpts that can be substituted for old content and they possess current citations.

Chapter	Page	Recommended Change or Addition(s)
13: Patient Education and Counseling	165	Section 1: Historical foundations – this section should be expanded in the next edition to include the legal changes that occurred with the COVID emergency measures r/t ambulatory care and telehealth.
	165	I B#1: Suggest adding info re: Plain Writing Act and its impact on federally-provided pt education (vaccines, etc.) https://www.plainlanguage.gov/law/, as well as the federal mandates from the Pt Bill of Rights (not the AHA paper).
	165-166	I B#2 a-b: Note that the TJC Accred Manual is being updated in 2024 and may impact the relevance of this chapter's content.
	166	I B#2c: AAAHC was updated in 2023.
	166	I B#3a: Some National Committee for Quality measures were retired in 07/23 (probably more before as well). This would be served better by mentioning that measures change over time rather than only listing specific requirements. NCQA https://www.ncqa.org/blog/retiring-and-replacing-hedis-measures-2024-2026/
	166	I B#3e: update info. from AAACN's 10th Ed. Scope & Standards
	167	II A#2c(7): Healthy People 2030 has updated content and initiatives regarding health literacy: https://health.gov/healthypeople/priority-areas/health-literacy-healthy-people-2030
	168	II B#2: Motivational Interviewing – recommend updating MI section based on more current resources
		Supporting references These should not be added to the text itself without an edition update but can be used to demonstrate the continued relevance and appropriateness of the content for the purposes on an NCPD continuing education evaluation for renewal. American Nurses Association. (2021). *Nursing: Scope and standards of practice* (4th ed.). Silver Spring, MD: Author. Edelman, C.L., & Kudzma, C. (2022). *Health promotion throughout the lifespan* (10th ed.). Elsevier.

Chapter	Page	Recommended Change or Addition(s)
14: Care Coordination and Transition Management	185	Intro: Update references if more recent versions available Link to 2021 AACN level I and Level II Essentials https://www.aacnnursing.org/Portals/0/PDFs/Publications/Essentials-2021.pdf
	185	I C#1: Expanded version of Chronic Care Model incorporates Population Health https://www.longwoods.com/content/16763/healthcare-quarterly/the-expanded-chronic-care-model-an-integration-of-concepts-and-strategies-from-population-health-pr#:~:text=This%20new%20model%20includes%20elements,work%20with%20chronic%20disease%20issues. See fig 2
	186-187	Figure 14:1: 16 standards addressing the clinical and management competencies of CCTM practice https://www.aaacn.org/practice-resources/care-coordination-transition-management-cctm/scope-and-standards
	191	Care Coordination- the Care Coordination Task Force convened in mid-2014 by American Academy of Nursing and the American Nurses Association joint leadership reviewed major position papers and policy briefs on care coordination published between 2012 and 2013. Identification of specific and actionable federal policy priorities to improve the quality, access and value of health care through care coordination were published in the May 2015 blueprint for policy action report, *Transforming Health Care: Enabling Nurses to Advance Care Coordination*. See https://www.aannet.org/expert-panels/ep-primary-care *Nursing Outlook* https://www.nursingoutlook.org/article/S0029-6554(15)00183-9/fulltext July 2015
	194	X B: PCMH - in addition to McDonald, can use updates AHRQ web citation Defining the PCMH. Content last reviewed August 2022. Agency for Healthcare Research and Quality, Rockville, MD. https://www.ahrq.gov/ncepcr/research/care-coordination/pcmh/define.html
	195	XI: IPEC Core Competencies for Interprofessional Collaborative Practice updated November 2023 https://www.ipecollaborative.org/assets/core-competencies/IPEC_Core_Competencies_Version_3_2023.pdf p.15 retains the 4 domains. However, need to add the additional newer concepts under each domain.
	196	XII suggest adding to B or create new C to elaborate on APRN practice roles in CCTM – see Betz et al (2021). AAACN and the American Organization of Nurse Leaders formulated a position statement on the nurse

		leader's role in TOC and care coordination across the healthcare continuum based on interprofessional care to provide seamless care across all healthcare settings for patients and their families.8 TOC models from the literature are summarized in a table. Nurs Forum. 2021;56:358–364.wileyonlinelibrary.com/journal/nuf358|© 2020 Wiley Periodicals LLC

	197	SDOH add the 5 -based domains: economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context.
		
		AACN 2021 Essentials Domain 3: Population Health spans the healthcare delivery continuum from public health prevention to disease management of populations and describes collaborative activities with both traditional and non-traditional partnerships from affected communities, public health, industry, academia, health care, local government entities, and others for the improvement of equitable population health outcomes (Kindig & Stoddart, 2003; Kindig, 2007; Swartout & Bishop, 2017; CDC, 2020).
		
		Advanced Level 3 Competencies-
		
		- 3.1n Collaborate with appropriate stakeholders to implement a sociocultural and linguistically responsive intervention plan. 3.3d Collaborate with partners to secure and leverage resources necessary for effective, sustainable interventions.
		- 3.3e Advocate for interventions that maximize cost effective, accessible, and equitable resources for populations.
		- 3.3f Incorporate ethical principles in resource allocation in achieving equitable health.
		
		https://www.aacnnursing.org/essentials/tool-kit/domains-concepts/population-health
		Additional population health references:
		  Kindig, D. & Stoddart, G. (2003, March).What is population health? American Journal of Public Health:93(3): 380–383.doi: 10.2105/ajph.93.3.380
		  Kindig, D.(2007, May). Understanding population health terminology, Milbank Quarterly, 85(1): 139–161.doi: 10.1111/j.1468-0009.2007.00479.x
		  Swartout, & Bishop, M. A. (2017). Population health management: Review of concepts and definitions, American Journal of Health-System Pharmacy,74 (18):1405–1411, https://doi.org/10.2146/ajhp170025
		  CDC, 2023

	199	HIT. Efforts around inpatient care transitions have included the use of standardized electronic or verbal

		handoff tools, and these tactics may also be applicable to other care transitions. Article by Beale et al: Provider-To-Provider Communication About Care Transitions: Considering Different Health Technology Tools, *Journal for Healthcare Quality,* **May/June 2023 , Volume 45 (3), p 133 – 139,** **DOI: 10.1097/JHQ.0000000000000375** ISSN: 1062-2551 1. Abraham J, Kannampallil T, Patel B, Almoosa K, Patel VL. Ensuring patient safety in care transitions: An empirical evaluation of a handoff intervention tool. AMIA Symp. 2012;2012:17-26. [Context Link] 2. Gonzalo JD, Yang JJ, Stuckey HL, Fischer CM, Sanchez LD, Herzig SJ. Patient care transitions from the emergency department to the medicine ward: Evaluation of a standardized electronic signout tool. Int J Qual Health Care 2014;26(4):337-347.
	201-202	XVII: Legislative Impact and Policy Issues Related to CCTM: updated reference - Liao, J. M., Navathe, A,M. & Press, M. J. (2019)Medicare's approach to paying for services that promote coordinated care, *JAMA.*;321(2):147-148. doi:10.1001/jama.2018.19315 Effective January 1, 2019, these codes will reimburse clinicians for asynchronous telehealth services, chronic care physiologic monitoring, e-consults between clinicians, and virtual check-ins between patients and clinicians. These codes add to a growing list of existing fee-for-service payments created by CMS to incentivize better coordination of care, including transitional care management, chronic care management, advanced care planning, care planning for cognitive impairment, remote monitoring of patient data, and integrated behavioral health Medicare pays for TCM under CPT Codes 99495 & 99496, if the nurse is supervised by a physician or APRN, billed as incident to. ANA White Paper (2017). *Medicare Payment for Registered Nurse Services and Care Coordination.* ttps://www.nursingworld.org/~498582/globalassets/practiceandpolicy/health-policy/final_carecoordination.pdf
	202	XVIII: Reference the Role of the Nurse Leader in Care Coordination and Transition Care Management Across the Health Care Continuum – Joint statement of AONE & AAACN 2015 https://www.aonl.org/system/files/media/file/2019/04/care-coordination-nurse-leader.pdf

Chapter	Page	Recommended Change or Addition(s)
15: Evidence-Based Practice and Performance Improvement	207	I A#2: For consideration in next edition: Should we consider "best research evidence available in that area <mark>at the time</mark>? Part of EBP and quality is recognizing practice needs to change based on current or changing research. So what we do today may not be best practice in 3 years from now. This then ties into PI to build in when to re-evaluate processes.
	208	II H: For consideration in next edition: Professional Association (examples): Excellent examples but where do we discuss how to verify the source is reliable? Using reliable sources is essential to the EBP process.
	208-209	III B: For consideration in next edition: Did the resource answer the clinical question? The information might be high quality but not necessarily valuable if it does not address the PICO (T) question.
	209	III D: For consideration in next edition: Using level with Roman numerals may be confusing for some nurses who use differing EBP models. For example, Johns Hopkins does not use the same number of levels. Could we clarify a bit more that regardless of the model used, evidence is placed in the following hierarchy? Some research is weighed more than others.
	212	VIII C: For consideration in next edition BMI was foundational in the ambulatory setting; however, newer recommendations include the limitations of BMI as it relates for racial and ethnic variations. AMA suggests using BMI along with other clinical factors to determine best course of action for the patient. https://www.ama-assn.org/press-center/press-releases/ama-adopts-new-policy-clarifying-role-bmi-measure-medicine
	214	Table 15-1: Key Performance Measures in Ambulatory Care Accurate example and an important one for ambulatory. With new technology and payment models virtual visits play a crucial role in appointment availability. In the future this may be an example to add.
		Overall thought: EBP takes into consideration patient preferences/values. Should we include diversity and equity into this chapter?

Chapter	Page	Recommended Change or Addition(s)
16: Care of the Well Client: Counseling, Screening, and Preventive Care	217	I A#5: Use updated Healthy People 2030 definition and reference: Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks (U.S Department of Health and Human Services (DHHS], 2023a). DHHS. (2023a). Social determinants of health. https://health.gov/healthypeople/priority-areas/social-determinants-health
	217	I B#3c: Update Healthy People 2030 definition and reference: Healthy People 2023 (U.S Department of Health and Human Services (DHHS], 2023b) sets data-driven national objectives for improving health and well-being. Health People 2030. (2023). Healthy People 2030. https://health.gov/healthypeople
	218	Table 16-1 Source should be updated: USPSTF (2018) U.S. Preventive Services Task Force. (2018). Grade definitions. https://www.uspreventiveservicestaskforce.org/uspstf/about-uspstf/methods-and-processes/grade-definitions
	218	A.1d) Info is correct but need to update reference: American Heart Association. (2023a). The facts about high blood pressure. https://www.heart.org/en/health-topics/high-blood-pressure/the-facts-about-high-blood-pressure
	218	A.1e) Info and reference need to be updated: Nearly 25 million adult Americans have high total cholesterol levels requiring treatment (CDC, 2023). Centers for Disease Control. (2023a). High cholesterol facts. https://www.cdc.gov/cholesterol/facts.htm
	218	A.3a) Info is correct but need to update reference: American Heart Association. (2023b). Understanding blood pressure readings. https://www.heart.org/en/health-topics/high-blood-pressure/understanding-blood-pressure-readings
	218-	3b (#1-4) Reference needs to be updated:

	219	Centers for Disease Control and Prevention. (2023b). About cholesterol. https://www.cdc.gov/cholesterol/about.htm
	219	3b #2 Info needs to be updated Desirable level is >40mg/dL for men and >50mg/dL for women (CDC, 2023).
	219	5A. 1a) Info needs to be updated Increased risk includes African Americans overweight or obese, high cholesterol, physical inactivity, diabetes, smoke and alcohol use, and increased stress levels (AHA, 2023c). American Heart Association. (2023c). Understanding blood pressure readings. https://www.heart.org/en/health-topics/high-blood-pressure/why-blood-pressure-is-a-silent-killer/know-your-risk-factors-for-high-blood-pressure
	220	8a, b, c) Need to update references: AHA and ADA have updated 2023 guidelines
	220	B1.c) Update information and reference The CDC (2022) reports disparities in obesity prevalence. (1) 49.9% of non-Hispanic Black adults were obese. (2) 45.6% of Hispanic adults were obese. (3) 41.4% of non-Hispanic White adults were obese. (4) 16.4 of non-Hispanic Asian adults were obese. (5) Overall, men and women with college education were less likely to have obesity. Non-Hispanic black men with higher income were more likely to have obesity than those with the lowest income. CDC. (2023c). Adult obesity facts. https://www.dcd.gov/obesity/data/adult.html
	221	5b.1) Update citation and reference: (ODPHP, 2020) Office of Disease Prevention and Health Promotion. (2020). Dietary Guidelines for Americans, 2020-2025. https://health.gov/our-work/nutrition-physical-activity/dietary-guidelines
	222	g. iv) Update citation and reference: (CDC, 2022) Centers for Disease Control and Prevention. (2022). Dietary guidelines for alcohol. https://www.cdc.gov/alcohol/fact-sheets/moderate-drinking.htm
	222	c. (2)(a) Update reference
	223	8a, b, c) Update references (see previous updates)

	223	C.1a) Update citation and reference: NIH (2023) National Institutes of Health. (2023). Cancer stat facts: Cancer in context. https://seer.cancer.gov/statfacts/html/common.html
	223	C.3b) Update citation and reference
	223-225	Update using reference: American Cancer Society (2023) American Cancer Society. (2023). American Cancer Society guidelines for the early detection of cancer. https://amp.cancer.org/cancer/screening/ american-cancer-society-guidelines-for-the-early-detection-of-cancer
	225-227	Info is up to date but entire vision and hearing section requires updated citations and references
	227-230	Entire section requires updating using 2024 guidelines: Updates include COVID-19 vaccine, RSV vaccine, monkeypox and changes to pneumococcal vaccine (now PCV15, 20 and 23). https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html
	231	Alcohol and drug sections information is up to date but require updated 2023 reference: https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/drug-use-illicit-screening#bootstrap-panel--4
	232-234	PTSD section requires updated references. Consider the following 2023 info: https://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd https://ptsd.vagov/understand/common/common_adults.asp
	234	IPV info is up to date but citation and reference should update to 2018 https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/intimate-partner-violence-and-abuse-of-elderly-and-vulnerable-adults-screening
	235	K1b.1 & 2) Update pregnancy prevention using 2023 citation and reference https://www.cdc.gov/reproductivehealth/contraception/unintendedpregnancy/index.htm#:~:text=Access%20to%20contraception%20that%20includes,to%20delay%20or%20avoid%20pregnancy
	237	6b) Update to 2022 reference AAP (2022) https://www.aap.org/en/patient-care/newborn-and-infant-nutrition/newborn-and-infant-breastfeeding/
	239-246	All data (specific to population of patients) and references for child/adolescent require updating- dental, vision, depression, safety, immunizations Note updated CDC guidance for actions to be taken for lead blood level above 3.5 µg/dL CDC. (2022). Blood lead reference value. https://www.cdc.gov/nceh/lead/data/blood-lead-reference-value.htm

Chapter	Page	Recommended Change or Addition(s)
17: Care of the Acutely Ill Patient	249	I: Overview: Increase the number of deaths from CVD to over 900,000. 2023-Statistics-At-A-Glance-final_1_17_23.pdf (heart.org)
CPR	249	I: Overview: The percent that survives dropped to 9.1% in 2021. CPR Facts and Stats | American Heart Association CPR & First Aid
	250	I: Overview, 2nd paragraph: Guidelines for CPR and Emergency Cardiovascular Care was updated 2020 2020 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care - Professional Heart Daily | American Heart Association
	250	II. B: Assess Cardiac Arrest for Bystander CPR should be updated to reflect current practice: Part 3: Adult Basic and Advanced Life Support | American Heart Association CPR & First Aid
	251	II. Table 17-1: Under chest compression recoil; rotate compressors every 2 minutes, we should add "or sooner if fatigued".
Anaphylactic Shock	253	I. Overview: Consider replacing the incidences of anaphylaxis with something more current such as, "It is estimated that the world population has a lifetime prevalence of 1% to 3%, though the prevalence is increasing." Anaphylaxis - StatPearls - NCBI Bookshelf (nih.gov)
	253	I. Overview: There are updated references reporting food is still the greatest contributor to anaphylaxis in children. Consider updating the reference JCM | Free Full-Text | Pediatric Anaphylaxis: A 20-Year Retrospective Analysis (mdpi.com)
	254	V. Plan of Care: steps are current but should reflect CDC guidelines updated 2022 Advisory Committee on Immunization Practices (ACIP) General Best Guidance for Immunization: Preventing and Managing Adverse Reactions (cdc.gov) Should we include information on providing VIS and on VAERS?
Stroke	255	I. Overview: • Consider updating reference for stroke is the leading cause of death and disability to "In 2021, **1 in 6 deaths** from cardiovascular disease was due to stroke.[1] • Every 40 seconds, someone in the United States has a stroke.[2] Every 3 minutes and 14 seconds, someone dies of stroke. "Stroke Facts | cdc.gov
	255	I. Overview: The very last sentence and reference. Should we update this to reflect information from Association or stroke prevention 2021 Guideline for the Prevention of Stroke in Patients With Stroke and Transient Ischemic Attack: A Guideline From the American Heart Association/American Stroke Association | Stroke (ahajournals.org)
	256	Consider replacing the facts in the first paragraph with more recent facts available. Stroke Facts | cdc.gov
	257	IV. C#8&9: Consider adding Tenecteplase (TNK) or tissue plasminogen activator (t-PA) Care of the Patient With

		Acute Ischemic Stroke (Endovascular/Intensive Care Unit-Postinterventional Therapy): Update to 2009 Comprehensive Nursing Care Scientific Statement: A Scientific Statement From the American Heart Association (ahajournals.org)
	258	V. E#2: Consider updating reference Stroke Risk Factors, Genetics, and Prevention	Circulation Research (ahajournals.org)
	258	V. I#1: ACLS suspected stroke algorithm update reference ACLS suspected stroke algorithm: Managing acute ischemic stroke V. I#2: Updated reference guidelines-for-mangaging-patients-with-ais-2019-update-to-2018-guidelines.pdf (stroke.org) V. I#3: Consider replacing with this: AHA/ASA Stroke Secondary Prevention Guideline: Key Points - American College of Cardiology (acc.org) V. I#4: Update reference: 2021 Guideline for the Prevention of Stroke in Patients With Stroke and Transient Ischemic Attack: A Guideline From the American Heart Association/American Stroke Association	Stroke (ahajournals.org)
Acute Hypoglycemia and Hypoglycemic Shock	258-259	II. D: Consider updating the reference Hypoglycemia-Signs, Symptoms & Treatment |ADA (diabetes.org)
Acute Opioid Overdose	260	I.Overview, 2nd sentence: Suggest updating to reflect the following, "Provisional data from CDC's National Center for Health Statistics indicate there were an estimated 107,622 drug overdose deaths in the United States during 2021, an increase of nearly 15% from the 93,655 deaths estimated in 2020. The 2021 increase was half of what it was a year ago, when overdose deaths rose 30% from 2019 to 2020". U.S. Overdose Deaths In 2021 Increased Half as Much as in 2020 - But Are Still Up 15% (cdc.gov). Perhaps remove all other data and replace with this, "The new data show overdose deaths involving opioids increased from an estimated 70,029 in 2020 to 80,816 in 2021. Overdose deaths from synthetic opioids (primarily fentanyl), psychostimulants such as methamphetamine, and cocaine also continued to increase in 2021 compared to 2020".
	260	I.B: People at risk for opioid overdose according to the WHO are: **Risk factors for opioid overdose** There are a number of risk factors for opioid overdose. These include: • having an opioid use disorder; • taking opioids by injection;

		- resumption of opioid use after an extended period of abstinence (e.g. following detoxification, release from incarceration, cessation of treatment); - using prescription opioids without medical supervision; - high prescribed dosage of opioids (more than 100 mg of morphine or equivalent daily). - using opioids in combination with alcohol and/or other substances or medicines that suppress respiratory function such as benzodiazepines, barbiturates, anesthetics or some pain medications; and - having concurrent medical conditions such as HIV, liver or lung diseases or mental health conditions. - Males, people of older age and people with low socio-economic status are at higher risk of opioid overdose than women, people of young age groups and people with higher socio-economic status. Opioid overdose (who.int)
	261	III. D: Consider adding "comorbid conditions" as a differential diagnosis as well. Opioid Use Disorder - StatPearls - NCBI Bookshelf (nih.gov)
	262	V. G: Update SAMSHA reference to 2023 Learning Materials and Resources	SAMHSA
	262	V. K#2: Guidelines for Prescribing Opioids for Pain (CDC 2022) CDC's Clinical Practice Guideline for Prescribing Opioids for Pain	Guidelines	Healthcare Professionals	Opioids	CDC
Seizure	262	I. Overview, 2nd paragraph: Update CDC reference to 2023. It is still current data on their website.
	265	VII. D: Consider updating to American Epilepsy Society (AES	Home (aesnet.org))
Depression and Suicide	265	I. Depression and Suicide - Overview: Recommend updating with more recent statistics. In 2021 48,183 people died by suicide in the United Stats. This equates to 1 death every 11 minutes per the CDC. Suicide is one of the leading causes of death in the U.S. and overall, the number of deaths by suicide increased by 2.6% from 2021 – 2022. Male deaths by suicide are four times higher than females and the age group 25-44 years of age have the highest number of deaths by suicide. Suicide Data and Statistics	Suicide Prevention	CDC Firearms are the most common method used in suicides, followed by suffocation, poisoning, and other.
	268	IV. G#3: National Suicide Prevention number is now 988 (Suicide and Crisis Lifeline) 988 Suicide & Crisis Lifeline - Call. Text. Chat. (988lifeline.org)
	268	IV. I#2: Consider adding "Complete a safety plan with the patient, such as the Stanley Brown safety plan". Home - Stanley-Brown Safety Planning Intervention (suicidesafetyplan.com)
Domestic Violence	268	1.Domestic Violence – Overview: Update statistics - According to the National Coalition Against Domestic Violence, intimate partner violence costs exceeds $8.3 billion Statistics (ncadv.org) 1 in 4 women and 1 in 9 men experience severe IPV. Nearly 20 people are physically abused by and intimate partner in the United States every minute. 1 in 3 women and 1 in 4 men have experienced some form of physical violence by an intimate partner.

		This includes a range of behaviors (e.g. slapping, shoving, pushing) and in some cases might not be considered "domestic violence." [1] • 1 in 7 women and 1 in 25 men have been injured by an intimate partner.[1] • 1 in 10 women have been raped by an intimate partner. Data is unavailable on male victims.[1] • 1 in 4 women and 1 in 7 men have been victims of severe physical violence (e.g. beating, burning, strangling) by an intimate partner in their lifetime.[1] • 1 in 7 women and 1 in 18 men have been stalked by an intimate partner during their lifetime to the point in which they felt very fearful or believed that they or someone close to them would be harmed or killed.[1] • On a typical day, there are more than 20,000 phone calls placed to domestic violence hotlines nationwide.[9] • The presence of a gun in a domestic violence situation increases the risk of homicide by 500%.[10] • Intimate partner violence accounts for 15% of all violent crime.[2] • Women between the ages of 18-24 are most commonly abused by an intimate partner.[2] • 19% of domestic violence involves a weapon.[2] • Domestic victimization is correlated with a higher rate of depression and suicidal behavior.[2] • Only 34% of people who are injured by intimate partners receive medical care for their injuries.[2]
TB	270	I. Tuberculosis – Overview: Update Statistics: According to the WHO: • A total of 1.3 million people died from TB in 2022 (including 167 000 people with HIV). Worldwide, TB is the second leading infectious killer after COVID-19 (above HIV and AIDS). • In 2022, an estimated 10.6 million people fell ill with tuberculosis (TB) worldwide, including 5.8 million men, 3.5 million women and 1.3 million children. TB is present in all countries and age groups. TB is curable and preventable. • Multidrug-resistant TB (MDR-TB) remains a public health crisis and a health security threat. Only about 2 in 5 people with drug resistant TB accessed treatment in 2022. • Global efforts to combat TB have saved an estimated 75 million lives since the year 2000. • US$ 13 billion is needed annually for TB prevention, diagnosis, treatment and care to achieve the global target agreed at the 2018 UN high level-meeting on TB. • Ending the TB epidemic by 2030 is among the health targets of the United Nations Sustainable Development Goals (SDGs). Tuberculosis (who.int) The CDC reports: 8,331: reported TB cases in the United States in 2022 (a rate of 2.5 cases per 100,000 persons).

		Data & Statistics	TB	CDC With the end of the COVID pandemic in the U.S. we have to rededicate resources to eliminating TB in the U.S..
	270	I. Overview, last sentence: Reword based on the WHO. "Tuberculosis (TB) is the leading cause of death among people living with HIV (PLHIV).HIV and Tuberculosis (who.int)
	273	Table 17-5: Treatment Options for Latent Tuberculosis Suggest replacing with: Recommendations for regimens to treat latent tuberculosis infection

Table 17-5 replacement:

Priority rank*	Regimen	Recommendation (strong or conditional)	Evidence (high, moderate, low, or very low)
Preferred	3 mos isoniazid plus rifapentine given once weekly	Strong	Moderate
Preferred	4 mos rifampin given daily	Strong	Moderate (HIV negative)[†]
Preferred	3 mos isoniazid plus rifampin given daily	Conditional	Very low (HIV negative)
		Conditional	Low (HIV positive)
Alternative	6 mos isoniazid given daily	Strong[§]	Moderate (HIV negative)
		Conditional	Moderate (HIV positive)
Alternative	9 mos isoniazid given daily	Conditional	Moderate

Guidelines for the Treatment of Latent Tuberculosis Infection: Recommendations from the National Tuberculosis Controllers Association and CDC, 2020 | MMWR

Acute Viral Infectious Diseases	274	I. Acute Viral Infections – Overview: Recommend updating the information on measles and mumps. In 2020, mumps cases decreased compared with the previous six years, possibly due to social distancing and other COVID-19 prevention measures. However, mumps continued to circulate across the U.S. despite these measures. From April 1, 2020 to December 31, 2020, 32 health departments reported 142 mumps cases. Mumps	Cases and Outbreaks	CDC The CDC reports there were a total of 121 measles cases reported in 2022, slightly increased from 2021 reports. Measles Cases and Outbreaks	CDC
	274-275	I. Acute Viral Infections,6th paragraph: MMRV is no longer a new vaccine. Consider spelling out MMRV - measles, mumps, rubella, varicella.
	276	Figure 17-1 and Figure 17-2: Update charts for measles and mumps. See CDC sites above.
Headache	280-281	V. A#1-2: Add TCAs, ACEIs/ARBs, and change sumatriptans to the class of drugs known as triptans. aafp.org/pubs/afp/issues/2021/0900/p316/jcr:content/root/aafp-article-primary-content-container/aafp_article_main_par/aafp_tables_content0.enlarge.html
Low Back Pain	283	V. A: Suggest adding nonpharmacologic treatments as well: superficial heat, massage, acupuncture, spinal manipulation, exercise, physical therapy, cognitive behavioral therapy. Low Back Pain	AAFP
Sexually Transmitted Diseases	287	I.STD – Overview, 1st paragraph: Update statistic - 15-24 years of age account for almost half of the 26 million new STDs in the US in 2018. Adolescents and Young Adults	Prevention	STDs	CDC
	287	I.STD – Overview, 1st paragraph: Rates of increase for syphilis has been updated by the CDC and is reported as increasing 28.6% during 2020 to 2021 and among females the rate of syphilis has increased nearly 55.3% during the same time period. National Overview of STDs, 2021 (cdc.gov)
	288	I.STD – Overview, 3rd paragraph, last sentence: There is new data reflecting the following for 2021: Chlamydia 1.6 million, Gonorrhea 710,151, Syphilis 176,713, Congenital Syphilis 2,855. Should consider noting that during the COVID pandemic there were disruptions in STD related prevention and care, including reduced screening during the initial shelter-in-place orders. Sexually Transmitted Disease Surveillance, 2021 (cdc.gov)
Upper Respiratory Infection	295	Upper Respiratory Tract Infection section: Add something re: RSV and COVID (can affect upper respiratory tract).

Chapter	Page	Recommended Change or Addition(s)
Chapter 18: Care of the Perioperative and Procedural Patient in Ambulatory Care	314	V.B#3: ASA Standards of Post-Anesthesia Care Last amended: October 22, 2019
		Suggest adding these references to the chapter: 2023 Hospital National Patient Safety Goals: https://www.jointcommission.org/-/media/tjc/documents/standards/national-patient-safety-goals/2023/2023-hap-npsg-goals-102122_simple.pdfs 2024 Ambulatory Health Care National Patient Safety Goals ahc-tjc-npsg-simple-2024.pdf (jointcommission.org)

Chapter	Page	Recommended Change or Addition(s)
Chapter 19: Care of the Chronically Ill Patient	321 392 411 414	Author Dedria Tuck's married name is Dedria R. Sowder, MSN, RN, AMB-BC, CPN
Diabetes		I. Overview: replace statistics with, "As of 2022, the number of Americans with diagnosed DM has reached approximately 29 million another approximately 8.5 million individuals are undiagnosed, impacting 11.3% of the U.S. population and about 13% of adults. The vast majority (~95%) of Americans with diabetes have T2DM." Bullard KM, Cowie CC, Lessem SE, Saydah SH, Menke A, Geiss LS, et al. Prevalence of Diagnosed Diabetes in Adults by Diabetes Type - United States, 2016. MMWR Morb Mortal Wkly Rep. 2018;67(12):359–61. Epub 2018/03/30. doi: 10.15585/mmwr.mm6712a2. PubMed PMID: 29596402.
	321	I. Overview: add "Overall, approximately one in eight American adults has diabetes, and about one in three has prediabetes, many of whom are unaware of their diagnosis." Centers for Disease Control and Prevention. National Diabetes Statistics Report website. [updated January 18, 2022]. Available from: https://www.cdc.gov/diabetes/data/statistics report/index.html.
	322	II. Pathophysiology A: add "Type I Diabetes) Older patients often have an onset that is slower to progress that has been referred to as latent autoimmune diabetes of adults." Reference: VA/DoD Clinical Practice Guideline. (2023). Management of Type 2 Diabetes Mellitus. Washington, DC: U.S. Government Printing Office. VADoD-Diabetes-CPG_Final_508.pdf
	322	II. Pathophysiology B#2. Type 2 Diabetes: Change "Usually begins as insulin resistance — a disorder in which the cells do not use insulin properly due to a metabolic failure at the cellular level; usually prompted by poor diet, obesity, environmental factors, and genetics (ADA, 2010)." Change to: "Usually begins as insulin resistance- a disorder in which the cells do not use insulin properly due to a metabolic failure at the cellular level; thought to be because of genetic factors and obesity, especially increased visceral adiposity, frequently accompanied by ectopic fat accumulation within organs such as the liver, pancreas, and skeletal muscle." Same reference as above

	332	V. D#2c: Secondary prevention – replace with "Blood pressure should be measured at every routine clinical visit. For people with diabetes and hypertension, the on-treatment target blood pressure goal is <130/80mmHg, if it can be safely attained to prevent micro and macrovascular complications." V. D#2d: Secondary prevention – add Reference: Centers for Disease Control and Prevention. National Diabetes Statistics Report website. [updated January 18, 2022]. Available from: https://www.cdc.gov/diabetes/data/statistics report/index.html.
	332	V. D#2d: Secondary prevention – replace with "American Diabetes Association Standards of Care in Diabetes: Statin Therapy guidelines should be followed to modify risk for cardiovascular complications." Centers for Disease Control and Prevention. National Diabetes Statistics Report website. [updated January 18, 2022]. Available from: https://www.cdc.gov/diabetes/data/statistics report/index.html.
	334	V. F#9b1: replace with "Blood pressure management Target for blood pressure control in a person with diabetes: <130/80 mmHg." Reference: Centers for Disease Control and Prevention. National Diabetes Statistics Report website. [updated January 18, 2022]. Available from: https://www.cdc.gov/diabetes/data/statistics report/index.html.
	334	V.F#9c1: replace with "Targets vary based upon age and presence of atherosclerotic cardiovascular disease (ASCVD) risk factors."
	335	V.I#2 Telehealth: suggest edit "Facilitate patient access." (Remove "for acute situations")
	335	V. I Telehealth: add "Perform assessment and provide education in the patient's environment of choice. Telehealth provides an opportunity to observe the patient performing self-management behaviors such as putting on a blood pressure cuff or preparing an insulin dose for injection and provide instruction/feedback that might not have occurred in the clinic setting." "Collect patient-generated health data from the patient, such as SMBG and blood pressure logs either verbally or electronically and provide clinical support." "Triage acute clinical scenarios through routine triage algorithm combined with virtual exam to determine next recommended steps."
	335	I. Asthma Overview: Updated stats and reference. In the United States, more than 27 million people are know to have Asthma; about 5 million are Childrens (National Heart, Lung, and Blood Institute, [NHLBI] 2022)

Asthma	341	V. E#2a(2): Content in unchanged but there is an updated reference if needed. [NHLBI, 2021] http://nhlbi.nih.gov/BreatheBetter (2021)
	341	V. E#5b: Never brush or wipe inside of spacer/valved holding chamber (content unchanged, updated reference) http://nhlbi.nih.gov/BreatheBetter (2021)
	342	V. I#2: Protocols/Algorithms/Guidelines - NHLBI (2021)- updated reference
HIV/AIDS	342-343	I. Overview: change language from "infected with HIV" to "people with HIV".
	343	Change language to "person-first" language
	345	Change language to "person-first" language
	345	III. B. #3: Update PrEP information to include TAF/FTC, TDF/FTC, Injectable CAB and the USPSTF Guideline recommendations
	345	III. C.#1b: Change language from "substance abuse" to "substance use"
	346	Table 19-6: Antiretroviral (ARV) Drug Classes – update with new classes of ARVs
	347	V. A. #6: Add new vaccinations including COVID-19, MPox, and RSV
	349	Change language to "person-first" language
Hypertension	355	VI. C. *VA/DOD clinical practice guideline for the diagnosis and management of hypertension in primary care setting: Guideline summary.* (Department of Veterans Affairs/Department of Defense, 2020).
Chronic Heart Failure	355	I.CHF: Overview: Many outdated references, but the content surrounding the references are accurate
	355-371	National guidelines on the management of heart failure are referenced often, but they were revised in 2022, so the old reference (Yancy et al, 2017) is outdated. In addition, in 2023, the European Guidelines were updated and in 2023, the American College of Cardiology published a consensus statement for heart failure with preserved ejection fraction (HFpEF) as that form of HF now has medication recommendations (previously, the rule of thumb was to treat underlying conditions like coronary artery disease, hypertension, atrial fib, obesity…); however, this chapter does NOT focus on HFpEF medications (since, at the time of development, the focus was really on HF with reduced EF [HFrEF])! As a note, the revised national guideline references have very similar guidelines except that use of ARNI (sacubitril/valsartan) has been updated to include heart failure with mildly reduced ejection fraction (HFmrEF) and HFpEF AND we now use sodium-glucose co-transporter (SGLT) 1 / 2 inhibitors and SGLT2 inhibitors for HFrEF, HFmrEF and HFpEF (regardless of a type II diabetes diagnosis)
	362	IV: Indications for ED care and urgent consultation are accurate (but newer refs available)

	363	V: Plan of Care: core HF medication therapies are classified by EF type, now that we have treatments for HFmrEF and HFpEF. Previously, we generally only discussed HFrEF. This section shows medications for HFrEF, which are accurate except incomplete (missing SGLT inhibitors)
	364-365	Table 19-12 content present is accurate; we are simply missing SGLT2 inhibitors AND there are no meds listed for HFmrEF or HFpEF
	368	There are some newer digital/mobile health devices available, but the current content is global and applies.
CAD and Hyperlipidemia	376	Table 19-18: Update source year - VA/DOD (2020)
CKD	381	VI. H#1: Protocols/Algorithms/Guidelines – update reference - VA/DOD (2019).
COPD	381	I. Overview: Now the third leading cause of death (World Health Organization, 2020) COPD has moved up in the rankings to the third leading cause of death, responsible for 6% of deaths worldwide. World Health Organization. (2020, December 9). *The Top Ten Causes of Death*. Retrieved from World Health Organization: https://www.who.int/news-room/fact-sheets/detail/the-top-10-causes-of-death
	381	I. Overview: Delete current statement re: estimated worldwide population with COPD and insert: At a global level, COPD prevalence in 2020, across both males and females, was estimated to be 10.6%, which translates to 480 million cases (Table). The number of COPD cases was projected to increase by 112 million to a total of 592 million by 2050 (9.5% of the total eligible population), a relative increase of 23.3% from 2020 to 2050. Boers E, Barrett M, Su JG, et al. Global Burden of Chronic Obstructive Pulmonary Disease Through 2050. *JAMA Netw Open.* 2023;6(12):e2346598. doi:10.1001/jamanetworkopen.2023.46598
	381	I. Overview: Delete current statement about prevalence in the United States and insert: In the United States, From 2011 to 2021, prevalence of COPD among adults remained stable overall (6.1% to 6.0%) and in most subgroups and states; prevalence increased among adults aged ≥75 years, those living in rural areas, and those who ever smoked. Disparities based on rural residence and smoking status increased. Liu Y, Carlson SA, Watson KB, Xu F, Greenlund KJ. Trends in the Prevalence of Chronic Obstructive Pulmonary Disease Among Adults Aged ≥18 Years — United States, 2011–2021. MMWR Morb Mortal Wkly Rep 2023;72:1250–1256. DOI: http://dx.doi.org/10.15585/mmwr.mm7246a1.
	381	I. Overview: Change sentence re: cost of COPD in the United States as follows: In the United States, in 2020 the cost of COPD was $49 billion,

		Larsen DL, Gandhi H, Pollack M, Feigler N, Patel S, Wise RA The quality of care and economic burden of COPD in the United States: considerations for managing patients and improving outcomes. Am Health Drug Benefits. 2022; 15: 57-64
	384	V. A.#5: Delete statement about e-cigarettes and insert "There is no evidence to support the effectiveness and safety of e-cigarettes as a smoking cessation aid" Global Initiative for Chronic Obstructive Lung Disease 2023 Report. Eur Respir J. 2023 Apr 1;61(4):2300239.
	385	V. A.#8: Delete and add "Pulmonary rehabilitation which includes both essential components of exercise training combined with disease education improves exercise, symptoms, and quality of life across all grades of COPD severity."
	385	V.A.#9: Change to "Vaccines" and combine the pneumonia vaccine section to read: The CDC recommends one dose of 20-valent pneumococcal conjugate vaccine (PCV20); or one dose of 15-valent pneumococcal conjugate vaccine (PCV15) followed by 23-valent pneumococcal polysacchararide vaccine (PPSV23) for people with COPD Then add: d. The CDC recommends the new respiratory syncytial virus (RSV) vaccine for individuals over 60 years and/or with chronic heart or lung disease e. COVID-19 vaccines are highly effective against SARS-CoV-2 infection and people with COPD should have the COVID-19 vaccination in line with national recommendations. f. Tdap vaccination (dTaP/dTPa; pertussis, tetanus and diptheria) are recommended for COPD patients who were not vaccinated in adolescence, as well as routine use of shingles vaccine in all COPD patients. Global Initiative for Chronic Obstructive Lung Disease 2023 Report. Eur Respir J. 2023 Apr 1;61(4):2300239.
	388	I. Protocols/Algorithms/Guidelines Remove #1 (Michigan) altogether (they don't do CPG anymore) Also recommend removing #3, the USPSTF guideline as it is just a screening guideline and the guideline says, "don't screen" Change the year for #2 (VA/DoD guidelines) to 2021 Add Global Initiative for Chronic Obstructive Lung Disease Guidelines (2023)
RA	389	I. Overview: Patients with RA may develop adverse long-term outcomes such as physical and work disability, reduced quality of life, and increased mortality. Work disability is a major consequence of RA. The estimated total annual

		health costs for RA in the US are estimated at $19.3 billion. Xu Y, Wu Q. Prevalence Trend and Disparities in Rheumatoid Arthritis among US Adults, 2005-2018. J Clin Med. 2021 Jul 26;10(15):3289. doi: 10.3390/jcm10153289. PMID: 34362073; PMCID: PMC8348893
	391	In table 19-23 please add the following: In the 3rd column, 3rd row, under biologic dmards, add the word "pegol" after the word "certolizumab" so that it reads "certolizumab pegol" under JAK inhibitors, add: baricitinib (Olumiant) upadacitinib (Rinvoq) Filgotinib (Jyseleca) Peficitinib (Smyraf) Moreland, L., & Cannella, A. (2023, March 2). *General principles and overview of management of rheumatoid arthritis in adults*. Retrieved from UpToDate: https://www.uptodate.com/contents/general-principles-and-overview-of-management-of-rheumatoid-arthritis-in-adults?search=rheumatoid%20arthritis&source=search_result&selectedTitle=2%7E150&usage_type=default&display_rank=2#H169758115
	392	V. I.#1: Protocols/Algorithms/Guidelines Replace with current listing with reference for 2021- American College of Rheumatology. (2021, July). 2021 American College of Rheumatology Guideline for the Treatment of Rheumatoid Arthritis. *Arthritis Care & Research, 73*(7), 924-939. doi:https://doi.org/10.1002/acr.24596
Chronic Pain	392	No significant changes, nothing blatantly incorrect. V.I #1 **Updated references:** Arnstein, P., Shade, M., Herr, K., Young, H., & Fishman, S. (2023). Managing older adults' chronic pain: Lower-risk interventions. AJN, American Journal of Nursing, 123(2), 46-52. Doi: 10.1097/01.NAJ.0000919740.00088.93

		Arnstein, P., Shade, M., Herr, K., Young, H., & Fishman, S. (2023). Managing older adults' chronic pain: Higher-risk interventions. AJN, American Journal of Nursing, 123(4), 56-61. Doi: 10.1097/01.NAJ.0000925528.83750.03
Dementia	394	I. Overview – edit to include the following updated facts: Dementia is an umbrella term…. "For several diseases impacting memory, other cognitive functions, and behaviors that severely limit the ability to carry out activities of daily living. Although age is the biggest risk factor for aging, dementia is not a normal part of the aging process. Approximately 55 million people across the world are diagnosed with dementia, it is the seventh leading cause of death in the world, and is a primary cause of disability and dependency among older people. Alzheimer's disease is the cause of 60-70% of dementia cases." World Health Organization. (2023, March 15). *Dementia*. Retrieved from World Health Organization: https://www.who.int/news-room/fact-sheets/detail/dementia Currently approximately 5.6 million people in the United States have Alzheimer's disease or related dementias but that number is expected to rise to 14 million by 2060, with the biggest impact to minority populations. Centers for Disease Control and Prevention. (2019, August 20). Minorities and Women are at Greater Risk for Alzheimer's Disease. Retrieved from Centers for Disease Control and Prevention: https://www.cdc.gov/aging/publications/features/Alz-Greater-Risk.html "About 10% of the US population over the age of 65 have some type of dementia, as well as 32% of people over 85."
	402	VI. J. Protocols and Guidelines: Recommend removing both the USPSTF as they do not recommend routine screening for older adults and Also recommend removing American Geriatrics Society as they do not currently have a guideline Add American Psychological Association, APA Task Force for the Evaluation of Dementia and Age-Related Cognitive Change. (2021). Guidelines for the Evaluation of Dementia and Age-Related Cognitive Change. Retrieved from https://www.apa.org/practice/guidelines/
ADHD	411	Updated medications approved by FDA in chart in first reference, nothing blatantly incorrect.

		Updated references: FDA-Approved drugs to treat ADHD. (2023). Journal of Psychosocial Nursing & Mental Health Services, 61(3), 5-6. Doi: 10.3928/02793695-20230118-79 Tran, T. (2021). Diagnosis of attention deficit/hyperactivity disorder in children and adolescents: A helpful guide. Pediatric Nursing, 47(4), 202-207.
Developmental Delays	414	No significant changes, nothing blatantly incorrect. **Updated references:** Martello, J. M. (2023). Persistent primitive reflex and developmental delay in the school-aged child. The Journal for Nurse Practitioners, 19(10). Doi: 10.1016/j.nurpra.2023.10467 Rollins, J. A. (2022). CDC and AAP update milestones for developmental surveillance. Pediatric Nursing, 48(2), 57, 103.
References	418	**Update References**: Department of Veterans Affairs/Department of Defense. (2020). *VA/DOD clinical practice guideline for the diagnosis and management of hypertension in primary care setting: Guideline summary.* Retrieved from *https://www.healthquality.va.gov/guidelines/CD/htn/VADoDHypertensionCPG508Corrected792020.pdf*
	420	Virani, S. S., Newby, L. K., Arnold, S. V., Bittner, V., Brewer, L. C., Demeter, S. H., Dixon, D. L., Fearon, W. F., Hess, B., Johnson, H. M., Kazi, D. S., Kolte, D., Kumbhani, D. J., LoFaso, J., Mahtta, D., Mark, D. B., Minissian, M., Navar, A. M., Patel, A. R., Piano, M. R., … Williams, M. S. (2023). 2023 AHA/ACC/ACCP/ASPC/NLA/PCNA Guideline for the Management of Patients With Chronic Coronary Disease: A Report of the American Heart Association/American College of Cardiology Joint Committee on Clinical Practice Guidelines. *Circulation*, *148*(9), e9–e119. https://doi.org/10.1161/CIR.0000000000001168
	420	Department of Veterans Affairs/Department of Defense (VA/DOD). (2020). *VA/DoD clinical practice guideline for the management of dyslipidemia for cardiovascular risk reduction.* Retrieved from https://www.healthquality.va.gov/guidelines/CD/lipids/VADoDDyslipidemiaCPG5087212020.pdf
	420	Department of Veterans Affairs/Department of Defense (VA/DOD). (2019). *VA/DoD clinical practice guideline: The management of chronic kidney disease in primary care.* Retrieved from https://www.healthquality.va.gov/guidelines/CD/ckd/VADoDCKDCPGFinal5082142020.pdf
	420	Evans, M., Lewis, R. D., Morgan, A. R., Whyte, M. B., Hanif, W., Bain, S. C., Davies, S., Dashora, U., Yousef, Z., Patel, D. C., & Strain, W. D. (2022). A Narrative Review of Chronic Kidney Disease in Clinical Practice: Current Challenges and Future Perspectives. *Advances in therapy*, *39*(1), 33–43. https://doi.org/10.1007/s12325-021-01927-z

Suggested references:

VA/DoD Clinical Practice Guideline. (2022). Use of Opioids in the Management of Chronic Pain Work Group. Washington, DC: U.S. Government Printing Office. VADoDOpioidsCPG.pdf

VA/DoD Clinical Practice Guideline. (2023). Management of Type 2 Diabetes Mellitus. Washington, DC: U.S. Government Printing Office. VADoD-Diabetes-CPG_Final_508.pdf

Unger T, Borghi C, Charchar F, et al. 2020 International Society of Hypertension global hypertension practice guidelines. J Hypertens 2020; 38:982.

Hypertension in adults: Diagnosis and management. National Institute for Health and Care Excellence (NICE). http://www.nice.org.uk/guidance/ng136 (Accessed on October 23, 2020).

Carey RM, Moran AE, Whelton PK. Treatment of Hypertension: A Review. JAMA 2022; 328:1849.

The sixth report of the Joint National Committee on prevention, detection, evaluation, and treatment of high blood pressure. Arch Intern Med 1997; 157:2413.

US Preventive Services Task Force, Krist AH, Davidson KW, et al. Screening for Hypertension in Adults: US Preventive Services Task Force Reaffirmation Recommendation Statement. JAMA 2021; 325:1650.

Chobanian AV, Bakris GL, Black HR, et al. The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure: the JNC 7 report. JAMA 2003; 289:2560.

Rosendorff C, Black HR, Cannon CP, et al. Treatment of hypertension in the prevention and management of ischemic heart disease: a scientific statement from the American Heart Association Council for High Blood Pressure Research and the Councils on Clinical Cardiology and Epidemiology and Prevention. Circulation 2007; 115:2761.

James PA, Oparil S, Carter BL, et al. 2014 evidence-based guideline for the management of high blood pressure in adults: report from the panel members appointed to the Eighth Joint National Committee (JNC 8). JAMA 2014; 311:507.

Chapter	Page	Recommended Change or Addition(s)
Chapter 20: Care of the Terminally Ill Patient	423	I.A. Palliative Care: Update WHO, 2018a reference. New reference: (WHO, 2020a) World Health Organization (WHO). (2020a). *Palliative care.* Retrieved from https://www.who.int/news-room/fact-sheets/detail/palliative-care
	423	I.C. Palliative Care: Update NHPCO, 2017 reference. New reference: (NHPCO, 2023) National Hospice and Palliative Care Organization (NHPCO). (2023). Hospice care. Retrieved from http://www.nhpco.org/about/hospice-care
	424	I.C#8: Update to read: "The overlap between palliative care and hospice is important to delineate. Both focus on the pain, symptoms, and stress of serious illness but in different stages of the illness. Palliative care is most often an adjunct to curative care modalities while hospice care takes place in the time limiting terminal phase of illness (NHCPCO, 2019). National Hospice and Palliative Care Organization (NHPCO). (2019). Palliative Care or Hospice?. Retrieved from https://www.nhpco.org/palliativecare/explanation-of-palliative-care/
	424	I.D#3b: Update reference (ElderLawNet, 2017). New reference: (ElderLawNet, 2018). ElderLawNet. (2017). *Understanding Medicare's Hospice Benefit.* retrieved from https://www.elderlawanswers.com/understanding-medicares-hospice-benefit-16990
	425	I.E#1: Update reference (NHPCO, 2017). New reference (NHPCO, 2023). National Hospice and Palliative Care Organization (NHPCO). (2023). Hospice care. Retrieved from https://www.nhpco.org/hospice-care-overview/
	426	II.F.: Update reference (AACN & City of Hope National Medical Center, 2018). New reference: (AACN & City of Hope National Medical Center, 2023) American Association of Colleges of Nursing (AACN) and City of Hope. (2023). *End-of-life nursing education consortium.* Retrieved from http://www.aacnnursing.org/ELNEC
	434	Figure 20.2: WHO Pain ladder – Ladder updated in 2022. WHO Analgesic Ladder - StatPearls - NCBI Bookshelf (nih.gov)
	434	III. K#1f: WHO recommendations updated in 2020
	447	V. I#1: Physician-assisted suicide now allowed in 10 states and the District of Columbia
	All	Check all ASCO and NCCN references for updates