

دانشگاه علوم پزشکی کرمان
Kerman University of Medical Sciences



UpToDate

محمد قاسم پور
کارشناس ارشد کتابداری و اطلاع رسانی پزشکی

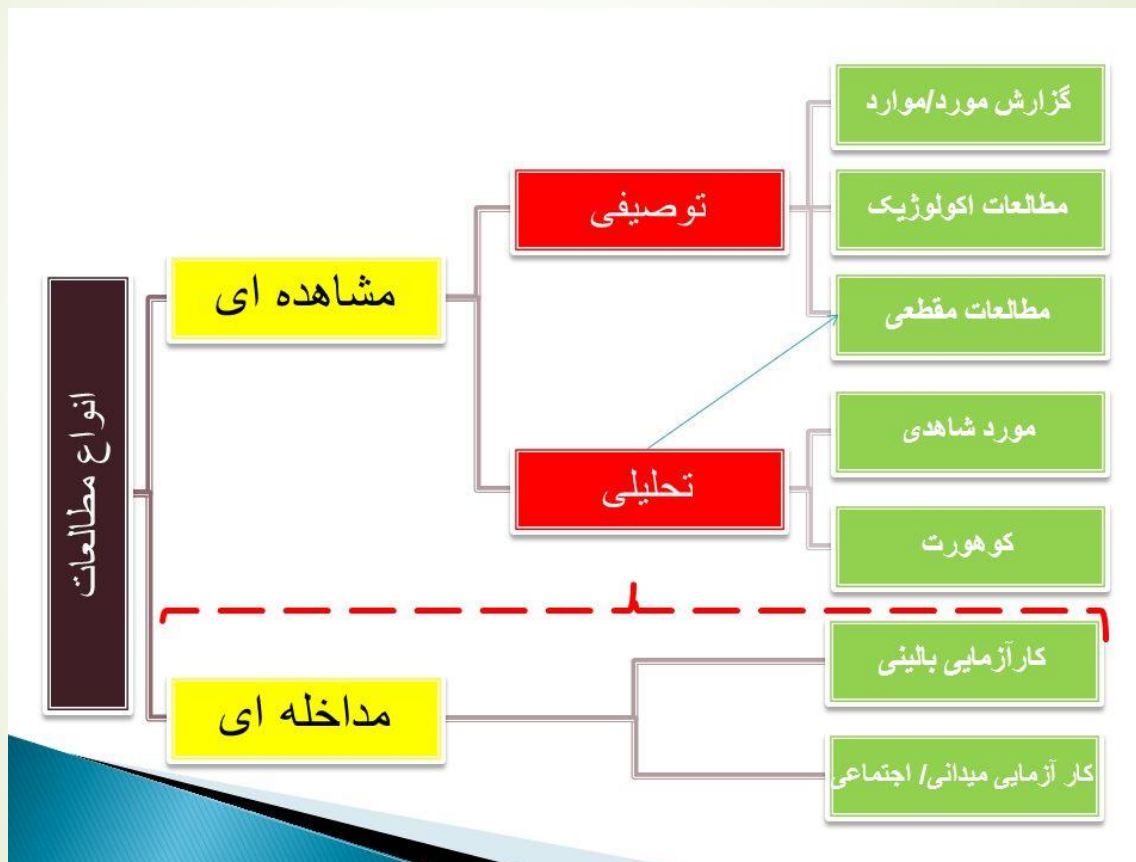
مباحث کارگاه

- معرفی
- پوشش موضوعی UpToDate
- جستجو در پایگاه
- تداخلات دارویی
- استفاده از Calculator
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- بخش PCU(Practice Changing Update)
- Patient Education

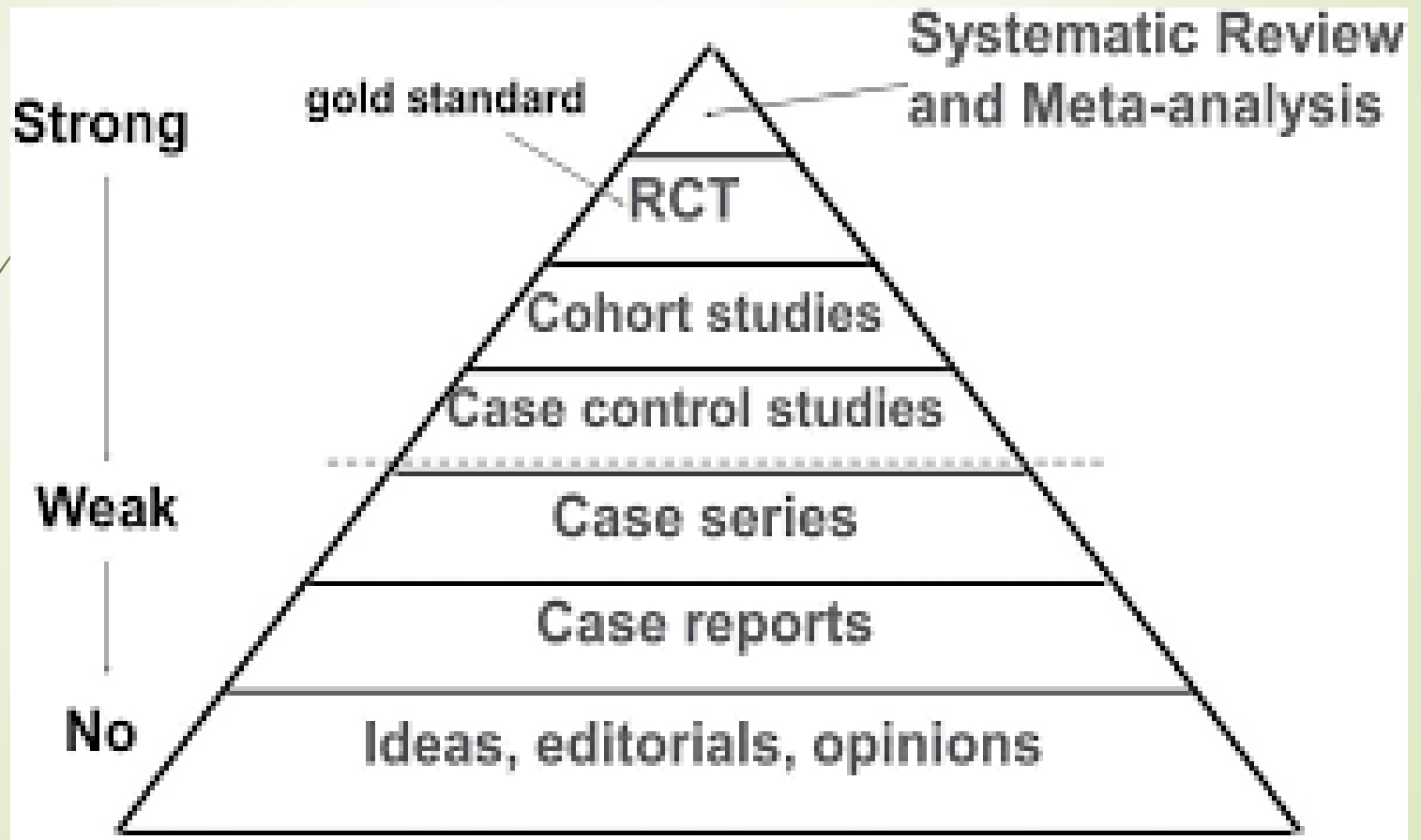
What is UpToDate ?

- مبتنی بر بهترین شواهد پزشکی
- کمک به متخصصان جهت اخذ بهترین تصمیم بالینی
- شامل به روز ترین اطلاعات پزشکی و دارویی
- پوشش بیش از 11800 موضوع بالینی در 25 رشته تخصصی
- همکاری بیش از 7100 نویسنده، ویراستار با uptodate
- امکان دستیابی پزشکان و داروسازان به آخرین اطلاعات پزشکی و دارویی

انواع مطالعات



Evidence Base Pyramid



جمع آوری شواهد و اطلاعات

- مرور 420 ژورنال معتبر
- جستجو در پایگاه Medline
- جستجو در پایگاه Cochrane
- جستجو در پایگاه اطلاعاتی BMJ
- گزارشهای سازمان غذا و داروی ایالات متحده، آژانس دارویی اروپا
- سایر منابع اطلاعاتی تولید شده توسط آژانسهای دولتی و غیر دولتی مانند مراکز کنترل و پیشگیری از بیماریها و سازمان بهداشت جهانی
- مجموعه مقالات عمده جلسات علمی بین المللی و ملی
- تجربه بالینی و مشاهدات نویسندگان، ویراستاران و منتقدان UpToDate

پوشش موضوعی UpToDate

- ▶ اورژانس های پزشکی کودک و بزرگسالان
- ▶ پزشکی داخلی و مراقبتهای اولیه بزرگسال
- ▶ آلرژی و ایمنولوژی
- ▶ پزشکی قلب و عروق
- ▶ پوست
- ▶ غدد درون ریز و دیابت
- ▶ طب خانواده
- ▶ گوارش و کبد
- ▶ جراحی عمومی



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و ➤

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Covid19



COVID-19 Information

- [Clinical topics](#)
- [Society guidelines](#)
- [Patient education](#)
- [Questions and answers](#)
- [UpToDate Pathways](#)

Showing results for **covid19** (*Coronavirus disease 2019 caused by SARS-CoV-2 virus*)

Search instead: [coronavirus infection](#)

COVID-19 Homepage

A categorized collection of all UpToDate COVID-19 content including clinical topics, algorithms, patient education, and society guideline links.

Coronavirus disease 2019 (COVID-19): Clinical features

... will discuss the clinical features of **COVID-19**. The epidemiology, virology, prevention, and diagnosis of **COVID-19** are discussed elsewhere. The management of **COVID-19** is also discussed in detail elsewhere: ...

[Summary and recommendations](#)

[Symptoms associated with COVID-19 \(Tables\)](#)

[Lab features associated with severe COVID-19 \(Tables\)](#)

Coronavirus disease 2019 (COVID-19): Management in hospitalized adults

... findings may be seen in **COVID-19**, they cannot reliably distinguish **COVID-19** from other causes of viral pneumonia. We do not routinely obtain echocardiograms on patients with **COVID-19**; developments that might ...

Quick access for "Covid19"



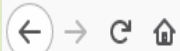
UpToDate Pathways

Interactive decision support

- ▾ [Coronavirus disease 2019 \(COVID-19\): Initial telephone triage of adult outpatients](#)



- [Coronavirus disease 2019 \(COVID-19\): Anticoagulation in adults with COVID-19](#)



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Covid19

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Topic Outline

SUMMARY AND RECOMMENDATIONS

INTRODUCTION

ASYMPTOMATIC INFECTIONS

SEVERITY OF SYMPTOMATIC INFECTION

Spectrum of severity and case fatality rates

Risk factors for severe illness

- Increasing age
- Comorbidities
- Socioeconomic background and gender
- Laboratory abnormalities
- Viral factors
- Genetic factors

CLINICAL MANIFESTATIONS

Incubation period

Coronavirus disease 2019 (COVID-19): Clinical features

Author: [Kenneth McIntosh, MD](#)

Section Editor: [Martin S Hirsch, MD](#)

Deputy Editor: [Allyson Bloom, MD](#)

[Contributor Disclosures](#)

All topics are updated as new evidence becomes available and our [peer review process](#) is complete.

Literature review current through: **Oct 2020**. | This topic last updated: **Oct 28, 2020**.

INTRODUCTION

Coronaviruses are important human and animal pathogens. At the end of 2019, a novel coronavirus was identified as the cause of a cluster of pneumonia cases in Wuhan, a city in the Hubei Province of China. It rapidly spread, resulting in an epidemic throughout China, followed by an increasing number of cases in other countries throughout the world. In February 2020, the World Health Organization designated the disease COVID-19, which stands for coronavirus disease 2019 [1]. The virus that causes COVID-19 is designated severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2); previously, it was referred to as 2019-nCoV.

COVID-19: Questions and answers

See answers to some of the most commonly asked questions by UpToDate users.

[See questions and answers](#)

- What's New
- Practice Changing UpDates
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TODAY

CARDIOVASCULAR MEDICINE (October 2020)

Antiplatelet therapy for transcatheter aortic valve implantation

CARDIOVASCULAR MEDICINE (September 2020)

Rhythm-control for high-risk, early atrial fibrillation

INFECTIOUS DISEASES; OBSTETRICS, GYNECOLOGY AND WOMEN'S HEALTH (September 2020)

Health care workers at risk for human papillomavirus (HPV) exposure

ONCOLOGY (June 2020)

Pembrolizumab versus first-line chemotherapy for mismatch repair-deficient metastatic colorectal cancer

INFECTIOUS DISEASES (May 2020)

Dexamethasone and remdesivir for COVID-19

INFECTIOUS DISEASES (May 2020)

Dexamethasone and remdesivir for COVID-19

- For hospitalized patients with severe COVID-19 who are receiving supplemental oxygen (including those who are on high-flow oxygen and noninvasive ventilation), we suggest [remdesivir](#), if available, and low-dose [dexamethasone \(Grade 2C\)](#).

For hospitalized patients with severe COVID-19 who require mechanical ventilation or ECMO, we recommend low-dose dexamethasone ([Grade 1B](#)). We also suggest remdesivir, if available, for patients who have been intubated for a short period of time (eg, 24 to 48 hours) ([Grade 2C](#)).

If supplies of remdesivir are limited, we prioritize it for patients who are on low-flow oxygen only. If dexamethasone is not available, other glucocorticoids at equivalent doses are reasonable alternatives.

Randomized trials suggest that glucocorticoids (in particular [dexamethasone](#)) have clinical benefit in patients with COVID-19. There also may be clinical benefit with [remdesivir](#), a novel antiviral:

- Meta-analyses suggest that glucocorticoids can reduce mortality in patients with severe COVID-19 [6,7]. Most of the data included in these analyses come from a randomized, open-label trial of >9000 patients hospitalized with COVID-19 in the United Kingdom, in which low-dose [dexamethasone](#) reduced 28-day mortality compared with



Coronavirus disease 2019 (COVID-19): Clinical features

Graphics for: Coronavirus disease 2019 (COVID-19): Clinical features

Comorbidities and severe COVID-19

Lab features associated with severe COVID-19

Symptoms associated with COVID-19

Clinical features of MIS-C

Categorization of CT findings in COVID-19

GRAPHICS [view all](#)

- Tables
- Comorbidities and severe COVID-19
 - Lab features associated with severe COVID-19
 - Symptoms associated with COVID-19

Coronaviruses are important human and animal pathogens. At the end of 2019, a novel coronavirus was identified as the cause of a cluster of pneumonia cases in Wuhan, a city in the Hubei Province of China. It rapidly spread, resulting in an epidemic throughout China, followed by an increasing number of cases in other countries throughout the world. In February 2020, the World Health Organization designated the disease COVID-19, which stands for coronavirus disease 2019 [1]. The virus that causes COVID-19 is designated severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2); previously, it was referred to as 2019-nCoV.

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TODAY



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To browse the available patient education topics in UpToDate, click on a category below.

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| Autoimmune disease | Gastrointestinal system | Mental health |
| Blood disorders | General health | Pregnancy and childbirth |
| Bones, joints, and muscles | Heart and blood vessel disease | Senior health |
| Brain and nerves | HIV and AIDS | Skin, hair, and nails |
| Cancer | Hormones | Sleep |
| Children's health | Infections and vaccines | Surgery |
| Diabetes | Kidneys and urinary system | Travel health |
| Diet and weight | Liver disease | Women's health issues |

"The Basics" are short (1 to 3 page) articles written in plain language. They answer the 4 or 5 most important questions a person might have about a medical problem. These articles are best for people who want a general overview.

Cirrhosis

[Cirrhosis \(The Basics\)](#) [View in Spanish](#)

[Esophageal varices \(The Basics\)](#) [View in Spanish](#)

[Fluid in the belly \(ascites\) \(The Basics\)](#) [View in Spanish](#)

[Hepatic encephalopathy \(The Basics\)](#) [View in Spanish](#)

[Jaundice in adults \(The Basics\)](#) [View in Spanish](#)

[Liver transplant \(The Basics\)](#) [View in Spanish](#)

View By Specialty

List Alphabetically

ALLERGY AND IMMUNOLOGY CALCULATORS

Clinical Criteria

Temperature unit conversions

Weight unit conversions

Medical Equations

Absolute eosinophil count

Conventional (gravimetric, imperial, US) unit to SI unit conversions: Chemistry and endocrine tests

Conventional (gravimetric, imperial, US) unit to SI unit conversions: Immunology lab values

SI unit to conventional (gravimetric, imperial, US) unit conversions: Chemistry and endocrine tests

WHO assessment of malnutrition in girls 2 to 5 years old

WHO infant head circumference for age percentiles (<24 months)

WHO infant length for age percentiles (<24 months)

WHO infant weight for age percentiles (<24 months)

WHO infant weight for length percentiles (<24 months)

Calculator: WHO infant head circumference for age percentiles (<24 months)

$$Z\text{-score} = ((\text{Head_circumference}/M)^L - 1) / (L * S)$$

$$\text{Percentile} = Z\text{toPercentile}(Z\text{-score})$$

Input:

Sex Female
 Male

Age 1 mo

Head circumference 35 cm

Results:

Z-score

Percentile

Decimal precision 1

Reset form

Head circumference for age percentile interpretation

Percentile <2: Microcephaly
Percentile ≥2 and <98: Normal head circumference
Percentile ≥98: Macrocephaly

Notes

Lexicomp® Drug Interactions

Add items to your list by searching below.

Enter item name

ITEM LIST

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Analyze

– [Heparin](#)

– [Acetaminophen](#)

– [Green Tea](#)

Display complete list of interactions for an individual item by clicking item name.

NOTE: This tool does not address chemical compatibility related to I.V. drug preparation or administration.

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X Avoid combination	C Monitor therapy	A No known interaction
D Consider therapy modification	B No action needed	<i>More about Risk Ratings</i> ▼

1 Result

Filter Results by Item Print

D Heparin (Anticoagulants)
Green Tea (Herbs (Anticoagulant/Antiplatelet Properties))

DISCLAIMER: Readers are advised that decisions regarding drug therapy must be based on the independent judgment of the clinician, changing information about a drug (eg, as reflected in the literature and manufacturer's most current product information), and changing medical practices.

➤ کد A: نشاندهنده عدم تداخل بین دو دارو است.

➤ کد B: نمایانگر امکان وجود واکنش بین دو دارو است اما نیازی به تغییر یکی از داروها نمیباشد.

➤ کد C: بیانگر نیاز به دخالت در دوز مصرفی بیمار هنگام مصرف دو دارو است. با توجه به وضعیت بیمار و فواید مصرف زمان دو دارو در تعداد اندکی از بیماران و برای کاهش میزان عوارض باید در دوز مصرفی یک یا هر دو دارو هماهنگی برقرار شود.

➤ کد D: نشان میدهد که دو دارو تداخل دارویی دارند. به گونه ای که با توجه به وضعیت بیمار، میزان فواید مصرف همزمان دو دارو و خطرات ناشی از آن مورد ارزیابی قرار گیرد و نیاز به مشاهده دقیق وضعیت بیمار به هنگام مصرف، تغییر در دوز داروها با توجه به شواهد بالینی بیمار و جایگزینی داروهای معادل می باشد.

➤ کد X: بیانگر وجود تداخل بین دو دارو است. در این شرایط میزان خطر ناشی از مصرف همزمان دو دارو بیشتر از فواید آن است و نباید دو دارو را با یکدیگر برای بیمار تجویز کرد.

Lexicomp® Drug Interactions

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X Avoid combination	C Monitor therapy	A No known interaction
D Consider therapy modification	B No action needed	More about Risk Ratings

70 Results

Print

- X** Heparin (Anticoagulants)
Apixaban
- X** Heparin
Corticoirelin
- X** Heparin (Anticoagulants)
Dabigatran Etexilate
- X** Heparin (Anticoagulants)
Edoxaban
- X** Heparin (Anticoagulants)
Hemin
- X** Heparin (Anticoagulants)
MIFEPRISone
- X** Heparin (Anticoagulants)
Omacetaxine
- X** Heparin
Oritavancin

Lexicomp® Drug Interactions

Add items to your list by searching below.

Enter item name

ITEM LIST

Clear List

Analyze

[Heparin](#)

[Acetaminophen](#)

[Green Tea](#)

Display complete list of interactions for an individual item by clicking item name.

NOTE: This tool does not address chemical compatibility related to I.V. drug preparation or administration.

Title Anticoagulants / Herbs (Anticoagulant/Antiplatelet Properties)

Print

Risk Rating D: Consider therapy modification

Summary Herbs (Anticoagulant/Antiplatelet Properties) may enhance the adverse/toxic effect of Anticoagulants. Bleeding may occur.
Severity Major **Reliability Rating** Fair

Patient Management The concomitant use of herbs possessing anticoagulation/antiplatelet properties with other herbs or drugs possessing similar properties should be avoided. If used concomitantly, increased diligence in monitoring for adverse effects (eg, bleeding, bruising, altered mental status due to CNS bleeds) must be employed. For patients scheduled for surgical, dental, or other invasive procedures, anticoagulant/antiplatelet herbs should be discontinued 2 weeks prior to the scheduled procedure.

Anticoagulants Interacting Members Acenocoumarol, Antithrombin, Apixaban, Argatroban, Bemiparin, Betrixaban, Bivalirudin, Dabigatran Etexilate, Dalteparin, Danaparoid, Desirudin, Edoxaban, Enoxaparin, Fondaparinux, Heparin, Nadroparin, Phenindione, Phenprocoumon [INT], Protein C Concentrate (Human), Rivaroxaban, Tinzaparin, Warfarin

Herbs (Anticoagulant/Antiplatelet Properties) Interacting Members Alfalfa, Anise, Bilberry, Bladderwrack, Bromelain, Cat's Claw, Celery, Chamomile, Coleus, Cordyceps, Dong Quai, Evening Primrose, Fenugreek, Feverfew, Garlic, Ginger, Ginkgo Biloba, Ginseng (American), Ginseng (Panax), Ginseng (Siberian), Grape Seed, Green Tea, Guggul, Horse Chestnuts, Horseradish, Licorice, Prickly Ash, Red Clover, Reishi, SAMe (S-adenosylmethionine), Sweet Clover, Taurine, Turmeric, White Willow

Discussion Many herbal products possess the ability to cause or potentiate bleeding (inhibit clotting/coagulation or primary hemostasis) by one of several mechanisms. They may inhibit platelet aggregation, inhibit cyclooxygenase activity, interfere with one or more components of the coagulation cascade, or increase bleeding risk by another mechanism.^{1,2,3,4,5,6,7,8} The concomitant use of such herbs with other herbs or drugs possessing a similar pharmacologic potential may increase the risk of bleeding. The herbal products alfalfa, ginger, ginseng, garlic, and ginkgo (along with St Johns wort and vitamin E) were identified as having signals of possible interactions with warfarin in a study of structured and unstructured data in electronic health records.⁹ Between 30 and 329 patients had these products mentioned as part of the structured data in their records, and use of these products was associated with significant increases in the risk for both bleeding and thromboembolic events. Several case reports and published reviews also describe supratherapeutic INRs and bleeding in patients being treated with warfarin while also taking an herbal supplement.^{10,11,12,13,14,15}



ساس از
توجه شما