

UpToDate®



UpToDate

機構版

使用實證臨床決策支持
獲得臨床解答



Wolters Kluwer
Health

全面涵蓋的內容

UpToDate 提供超過 10,000 個臨床主題的資訊，橫跨 20 個專業領域：

成人及兒童急診醫學

一般內科

過敏及免疫學

心血管醫學

皮膚醫學

內分泌學及糖尿病

家庭醫學及一般醫學

肝膽腸胃醫學

外科醫學

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血液學

醫院醫學

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精神醫學

胸腔及重症醫學

風濕病學

發展中專科包括：

麻醉學

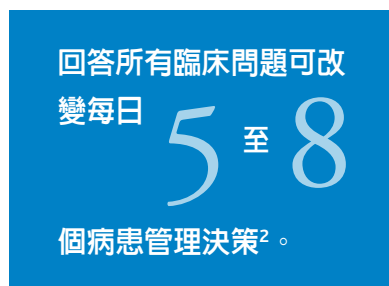
睡眠醫學

加入全球最大的臨床社群

超過 20 年來，UpToDate 不斷為逾 850,000 名臨床醫生提供公正客觀、持續更新、實證且符和臨床實務的建議，以協助其作出適當的治療決策。

UpToDate 是全球最值得信賴的臨床資源之一。事實上，獨立研究顯示，與任何其他資源相比，UpToDate 幾乎是臨床醫生最常尋求臨床問題解答的資源。¹

了解為什麼您的同事選擇 UpToDate 而非其他資訊來源。



1. 來源：Schilling LM, et al. *Acad Med*. 2005;80(1):51

2. Osherooff, JA. *Ann Intern Med* 1991;575; Ely, JW. *J Am Med Inform Assoc* 2005; 12:217

UPTODATE 協助您快速並輕鬆的搜尋到所需的資料

- **UpToDate 提供超過 10,000 個臨床主題的資訊，橫跨 21 個專業領域：** 尚有更多專科主題開發中。
- **CME 點數/CE 學習時數/CPD 時數追蹤：** 您若從醫院內部網路或 EMR 存取 UpToDate，即可提供。*
- **您可在貴院內：** 透過電腦或行動裝置瀏覽器，以及透過我們得獎的行動應用程式 (mobile apps) 就可以無限次搜尋參閱所需的資訊。*
- **理想的搜尋功能：** 讓您輸入多個詞彙以搜尋迅速、準確的臨床解答。
- **進階搜尋結果：** 在最可能解答您的臨床問題的主題內提供連結至各目次及圖片。
- **圖片搜尋：** 讓您搜尋超過 27,000 張圖片及以易於掃描的縮圖格式顯示查閱結果；並直接存取圖片的相關參考文章，以獲得更多資訊。可按需要匯出、列印或以電子郵件傳送。
- **以您熟悉的語言搜尋：** 讓您以 9 種語言查詢及瀏覽。
- **超過 380,000 則參考資料及引用內容 (Medline)：** 提供您實證的內容。
- **超過 9,000 個分級治療建議：** 讓您存取優質的實證內容與分級的實用建議。
- **精選的藥物資料庫及藥物交互作用查詢工具**（與 Lexicomp® 合作）：提供逾 5,200 篇涵括成人、兒童及國際藥物的專題文章。
- **最新消息及 PCUs (治療變革更新)：** 讓您可以根據您的專科查找重要的最新發現。
- **近 1,500 篇患者衛教主題：** 協助您進行病患衛教工作，同時有利於進行共同的（治療）決策。

*依貴院的授權型式而定。

使用 UpToDate 搜尋臨床解答

1

在「新檢索」框內輸入一個單詞或幾個詞。

您檢索的內容越精確，傳回的結果切中主題的機會就越高。



修改您的用戶名稱及密碼或更新您的帳戶資訊。

檢視治療變革更新 (Practice Changing Updates, PCUs)。

根據專科了解「最新消息」(What's New)。

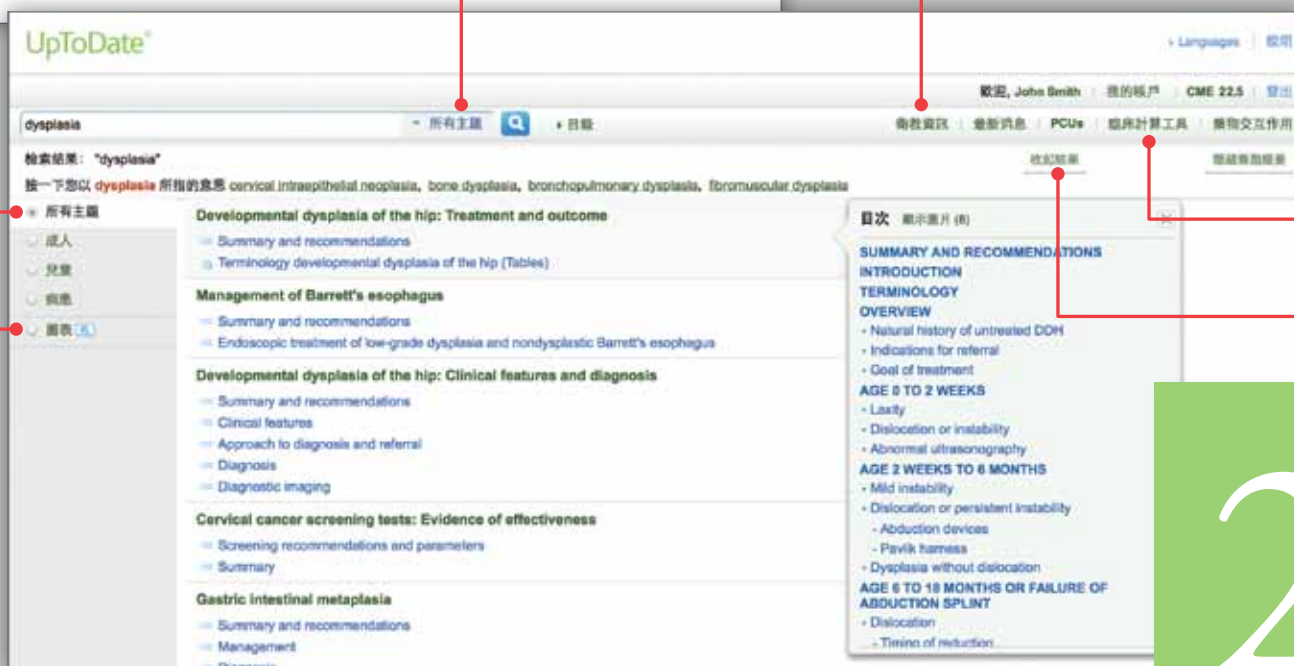
篩選您的搜尋結果。

於個別專科內檢視主題清單。

存取衛教資訊並與您的患者分享此資訊。

依不同的優先順序，排列檢索結果頁中顯示的文章。

優先排序，只篩選出含有圖片的檢索結果。



查詢藥物交互作用（與 Lexicomp® 合作）

臨床計算工具提供多種不同醫學計算工具。

展開或隱藏主題大綱，個人化您的檢視方式。

2

檢視搜尋結果。

進階搜尋結果，顯示最可能解答您臨床問題的主題、段落及圖片。

3

搜尋主題。

逾 10,000 個實證的醫學主題，提供您所需的病患診治資訊。

連結至作者及編輯的相關資訊。

檢視主題最後修改的日期，以持續瀏覽最新研究與證據。

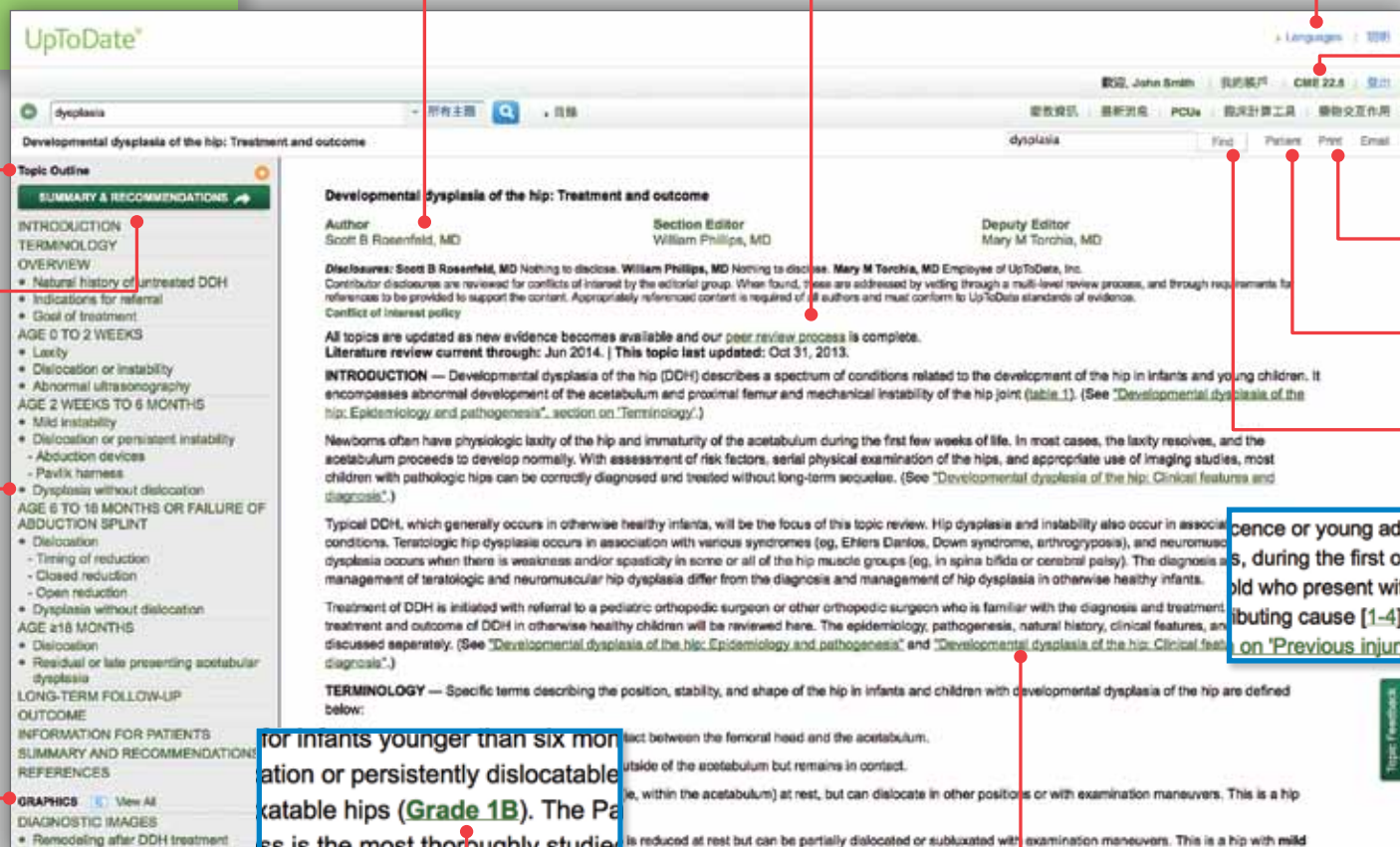
以多種語言檢索 UpToDate®

查看詳細的主題大綱。

按此直接前往摘要及治療建議。

按下標題直接前往您所需的資訊。

以縮圖格式檢視與主題相關的所有圖片。



累積免費 CME/CE/CPD 積分。

傳送主題給同事或病人。

列印文字、參考資料、圖片或整個主題。

存取衛教資訊並與您的患者分享此資訊。

使用搜尋工具以搜尋主題內的單字或同義字。

按此以檢視 Medline 摘要及全文（若有提供全文）。

提供您寶貴的意見給我們的編輯。

醫學證據及建議等級。

存取相關主題以取得更多資訊。

註：圖片描述註冊用戶存取 UpToDate 及累積 CE 積分。

如需觀看使用影音檔，請上網觀看 www.uptodate.com/demo。



User Guide 使用說明

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一、臨床問題	P.1
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95 Sawyer Road · Waltham, MA 02453-3471 USA
Phone: (800) 998-6374 · (781) 392-2000
Fax: Sales (781) 642-8840 · Editorial (781) 642-8867
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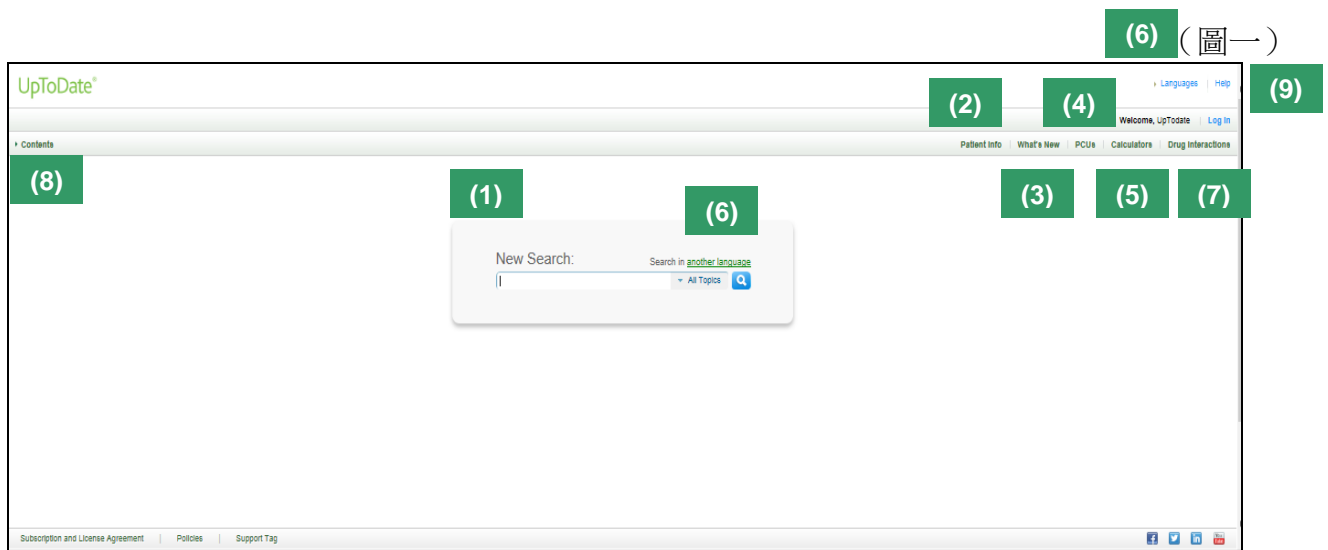
一、 以臨床問題為例說明：

How effective is long-term warfarin at preventing recurrent pulmonary embolism ?

長期使用 Warfarin 在預防肺栓塞的復發有多大的效果?

二、 主畫面說明

進入 UpToDate 即進入 UpToDate 的主畫面，如（圖一）所示：



◎以下之說明對應於（圖一）所標示之號碼

- (1) New Search：檢索畫面，指令欄/檢索區，可輸入單一關鍵字、詞句或問題
- (2) Patient Information：UpToDate 提供了將近 1500 Patient information
亦可於檢索區輸入欲查詢之 Patient information
例如：patient info hypertension
- (3) What's New：每次新版更新時，主編們會摘選最重要的資料並以最簡要的方式呈現
- (4) PCUs：臨床實踐變化之更新，亦收錄於 What's New 裡
- (5) Calculators：目前提供 140 種試算表
- (6) Another language/ languages：改變檢索語言
- (7) Drug Interactions：Lexi-Comp 藥物交互作用模組
- (8) Contents：目錄
- (9) 其他選項：Help：線上求助

◎ New Search 指令欄/檢索區說明：

- (1) 可輸入：病名(diseases)、症狀(symptoms)、程序(procedures)、藥名(drugs)、實驗室異常(laboratory abnormalities)
- (2) UpToDate 可辨識同義字(synonyms)、縮寫(abbreviations or acronyms)以及字根(word roots)
- (3) UpToDate 會自動做拼字檢查
- (4) 可加入適當的關鍵字，以縮小檢索結果在特定的年齡層，例如：in adults, in children 或 in pregnancy
- (5) Gracph searcah 圖片檢索：亦可以直接搜索 UpToDate 裡的圖片

三、 New Search：開始檢索

(1) New Search：輸入關鍵字

a. 可直接輸入單一關鍵字、多個關鍵字、詞句或問題，如（圖二）所示。

例如：『treatment of hypertension in pregnancy』、
『warfarin and PE』（以臨床問題為例之檢索詞）

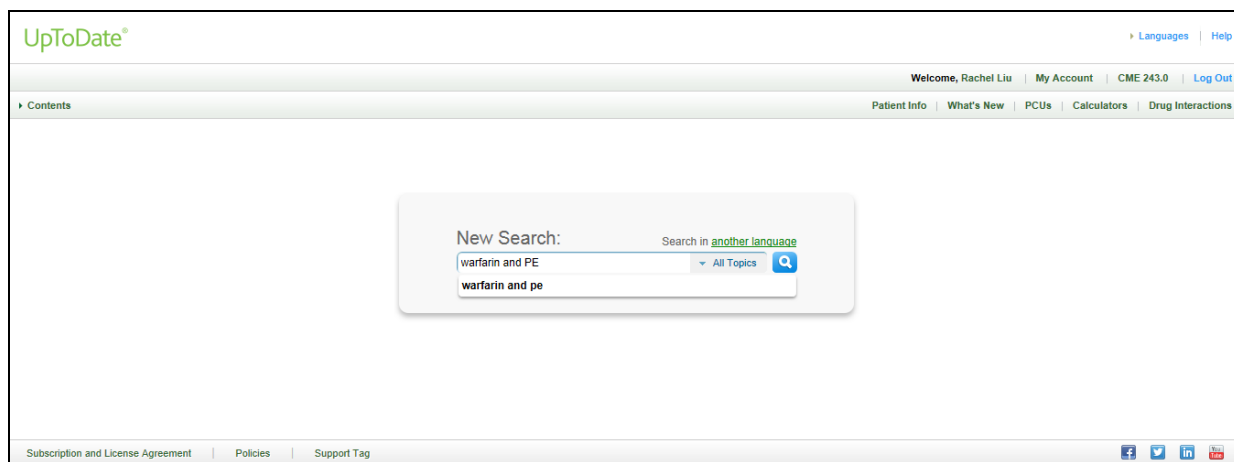
b. 檢索結果，如（圖三）所示。

上方：指令欄

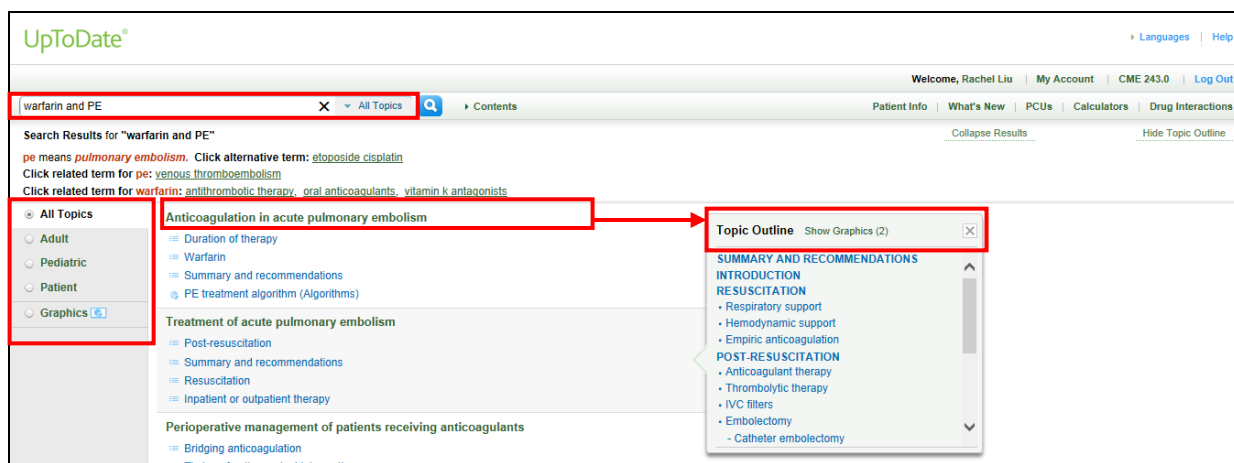
左方：檢索結果：

- 依關鍵字的相關性依序列出檢索結果；
- 亦可改變檢索結果的排列順序，將其有相關的文章排列於前，分別有 All Topics、Adult、Pediatrics、Patient 以及 Graphics，這五種選擇，如（圖三）所示；
- 檢索結果最下方，Show More Results,可以看更多的檢索結果如（圖四）所示；

右方：Topic Outline，將滑鼠移至 Topic 的右方(不需要點選)，右方即會出現該篇 Outline 以供瀏覽



（圖二）



（圖三）

warfarin and PE

Search Results for "warfarin and PE"

pe means *pulmonary embolism*. Click alternative term: [eltoposide cisplatin](#)

Click related term for pe: [venous thromboembolism](#)

Click related term for warfarin: [antithrombotic therapy](#), [oral anticoagulants](#), [vitamin k antagonists](#)

All Topics

- Genetics of protein c deficiency
- Acquired protein C deficiency
- Summary

Adult

Pediatric

Patient

Graphics

Show More Results

Subscription and License Agreement | Policies | Support Tag

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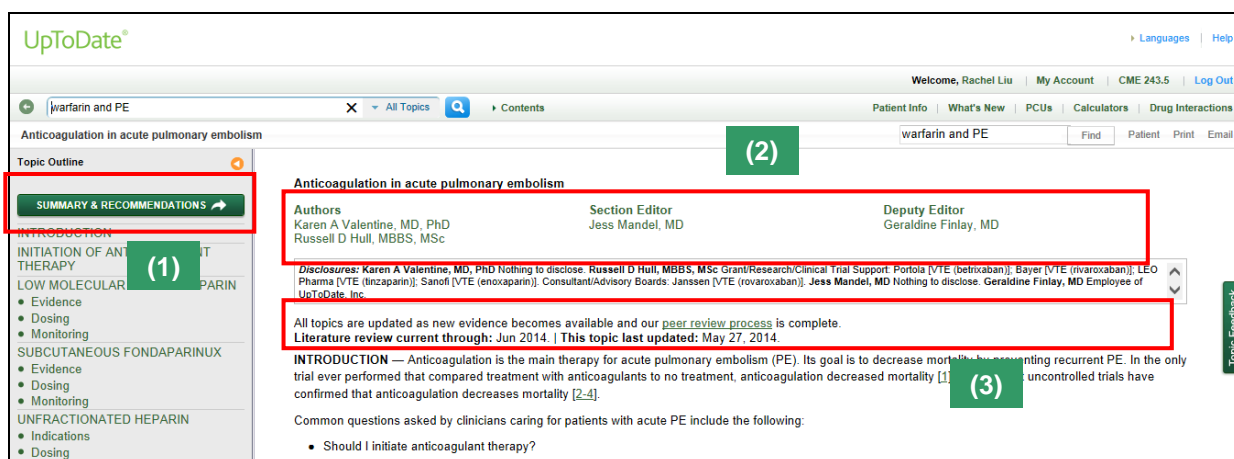
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(圖四)

四、 Topic review：全文資料

- (1) Outline 目次：於畫面左方，可利用目次先尋找關鍵字，可發現問題答案所在，直接點選會連接至該段落
- (2) Author/Section Editor/Deputy Editor 作者及編輯群：提供這篇 Topic review 所有參與的作者與編輯者資訊，如（圖六）所示
- (3) Date 更新日期：列出本文最新被更新的日期，如（圖六）所示
- (4) Reference 參考書目：如（圖七）所示；
 - a. 本文中有參考書目之序號，點選序號，會另開視窗，顯示出 Medline Abstracts
 - b. 可點選 Outline 處之 Reference，即列出所有本文之參考書目清單，亦列於本文末處，以綠色顯示之參考書目可帶出 Medline Abstracts
- (5) Graphics 圖表：如（圖八）、（圖九）所示
 - a. 點選圖表，則另開一視窗，顯示其圖表
 - b. 圖表可另外下載，利用 email、print、Export to Powerpoint 或輸出工具列（滑鼠移至圖表上即會出現）
- (6) Drug Information 藥物資訊：藥物品名以綠色字呈現，點選後會另開啟一視窗，此為 Lexi-comp 藥學資訊的詳細介紹
- (7) Related Topics 相關文獻：提供除本文外，與 UpToDate 裡相關主題的 Topic review，直接點選可直接進入該篇 Related Topic 的全文資料
- (8) Find in Topic 查找關鍵字：可利用此功能查詢出文章裡的關鍵字，如（圖十）、（圖十一）所示
- (9) Patient Info 衛教資料：若此文章有 Patient Information，點選此功能會直接顯示 Information for patients 此段落之內容



（圖六）

warfarin and PE

Anticoagulation in acute pulmonary embolism

thromboembolism

SPECIAL CONSIDERATIONS

- Cancer
- Pregnancy

INFORMATION FOR PATIENTS

SUMMARY AND RECOMMENDATIONS

- Initial therapy
- Long-term therapy
- Duration

REFERENCES

GRAPHICS View All

ALGORITHMS

- PE treatment algorithm

TABLES

- Wells criteria and modified Wells criteria
- Weight based heparin nomogram
- Heparin protocol I
- Heparin protocol II

CALCULATORS

Calculator: Pulmonary embolism Wells score

INTRODUCTION — Anticoagulation is the main therapy for acute pulmonary embolism (PE). Its goal is to decrease mortality by preventing recurrent PE. In the only trial ever performed that compared treatment with anticoagulants to no treatment, anticoagulation decreased mortality [1]. Subsequent uncontrolled trials have confirmed that anticoagulation decreases mortality [2-4].

Common questions asked by clinicians caring for patients with acute PE in [4]-a:

- Should I initiate anticoagulant therapy?
- Which anticoagulant should I initiate?
- What is the appropriate dose?
- How should I monitor the treatment?
- What is the clinical evidence supporting its use?
- What are the common complications?
- For how long should I treat?

Each of these issues is reviewed here. Other aspects of the treatment of acute PE, including thrombolysis, inferior vena caval filters, and embolectomy are discussed separately. (See "Treatment of acute pulmonary embolism" and "Fibrinolytic (thrombolytic) therapy in acute pulmonary embolism and lower extremity deep vein thrombosis" and "Placement of inferior vena cava filters and their complications".)

INITIATION OF ANTICOAGULANT THERAPY — Parenteral anticoagulant therapy should be initiated in all patients in whom acute PE has been confirmed (algorithm 1) [5], since the risk of recurrent PE without optimal anticoagulant therapy (approximately 25 percent) [6] outweighs the risk of major bleeding with anticoagulant therapy (less than 3 percent) [5].

There is little evidence regarding the effects of empiric parenteral anticoagulant therapy during the diagnostic evaluation of patients with suspected, but not confirmed, acute PE. Based upon clinical experience, we advocate empiric parenteral anticoagulation during the diagnostic evaluation for patients in whom there is a high clinical suspicion of acute PE, as well as for patients in whom there is moderate clinical suspicion of acute PE and the diagnostic evaluation is expected to

100%

(圖七)

warfarin and PE

Anticoagulation in acute pulmonary embolism

Long-term therapy

Duration

REFERENCES

GRAPHICS View All

ALGORITHMS

- PE treatment algorithm

TABLES

- Wells criteria and modified Wells criteria
- Weight based heparin nomogram
- Heparin protocol I
- Heparin protocol II

CALCULATORS

Calculator: Pulmonary embolism Wells score

RELATED TOPICS

- Anticoagulation with direct thrombin inhibitors and factor Xa inhibitors
- Correcting excess anticoagulation after warfarin
- Deep vein thrombosis and pulmonary embolism in pregnancy: Prevention

Which anticoagulant should I initiate?

- What is the appropriate dose?
- How should I monitor the treatment?
- What is the clinical evidence supporting its use?
- What are the common complications?
- For how long should I treat?

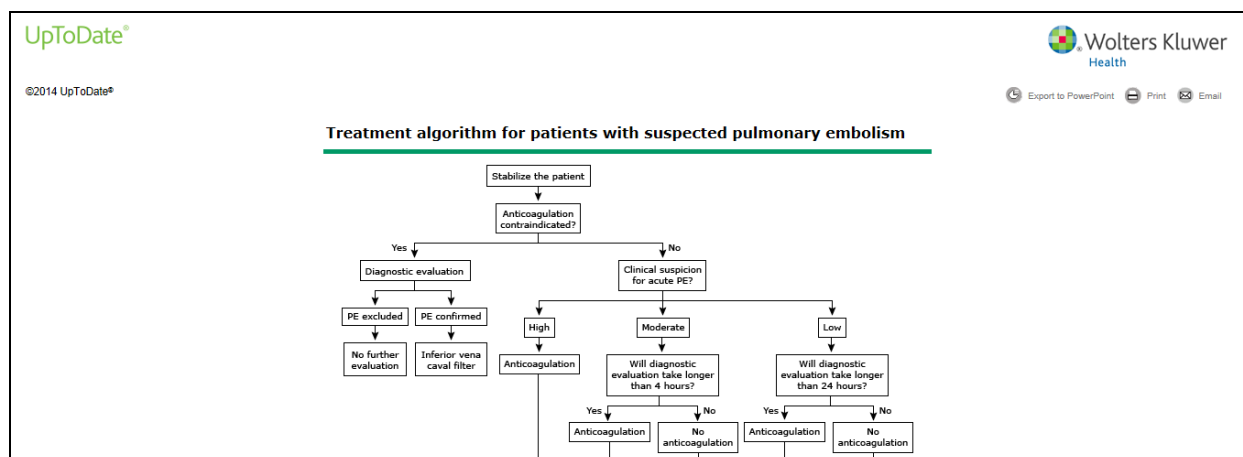
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There is little evidence regarding the effects of empiric parenteral anticoagulant therapy during the diagnostic evaluation of patients with suspected, but not confirmed, acute PE. Based upon clinical experience, we advocate empiric parenteral anticoagulation during the diagnostic evaluation for patients in whom there is a high clinical suspicion of acute PE, as well as for patients in whom there is moderate clinical suspicion of acute PE and the diagnostic evaluation is expected to take longer than four hours (algorithm 1) [5]. In contrast, we suggest NOT empirically anticoagulating patients in whom there is a low clinical suspicion of acute PE, assuming that the results of the diagnostic work up will be available within 24 hours. The clinical suspicion for acute PE should be derived using a validated prediction rule, such as the Wells criteria (table 1) (calculator 1).

The efficacy of parenteral anticoagulant therapy depends upon achieving therapeutic anticoagulation within the first 24 hours of treatment [6-8]. Options include low molecular weight heparin (LMWH), subcutaneous fondaparinux, intravenous unfractionated heparin (IV UFH), and subcutaneous unfractionated heparin (SC UFH).

(圖八)



(圖九)

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warfarin and PE

Anticoagulation in acute pulmonary embolism

Find Patient Print Email

(8) (9)

Anticoagulation in acute pulmonary embolism

Authors
Karen A Valentine, MD, PhD
Russell D Hull, MBBS, MSc

Section Editor
Jess Mandel, MD

Deputy Editor
Geraldine Finlay, MD

Disclosures: Karen A Valentine, MD, PhD Nothing to disclose. Russell D Hull, MBBS, MSc Grant/Research/Clinical Trial Support: Portola [VTE (betrixaban)]; Bayer [VTE (rivaroxaban)]; LEO Pharma [VTE (tinzaparin)]; Sanofi [VTE (enoxaparin)]; Consultant/Advisory Boards: Janssen [VTE (rivaroxaban)]. Jess Mandel, MD Nothing to disclose. Geraldine Finlay, MD Employee of UpToDate, Inc.

All topics are updated as new evidence becomes available and our [peer review process](#) is complete.
Literature review current through: Jun 2014. | **This topic last updated:** May 27, 2014.

INTRODUCTION — Anticoagulation is the main therapy for acute pulmonary embolism (PE). Its goal is to decrease mortality by preventing recurrent PE. In the only trial ever performed that compared treatment with anticoagulants to no treatment, anticoagulation decreased mortality [1]. Subsequent uncontrolled trials have confirmed that anticoagulation decreases mortality [2-4].

Common questions asked by clinicians caring for patients with acute PE include the following:

- Should I initiate anticoagulant therapy?
- Which anticoagulant should I initiate?

(圖十)

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warfarin and PE

Anticoagulation in acute pulmonary embolism

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Anticoagulation in acute pulmonary embolism

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Common questions asked by clinicians caring for patients with **acute PE** include the following:

- Should I initiate anticoagulant therapy?
- Which anticoagulant should I initiate?

Find in Topic

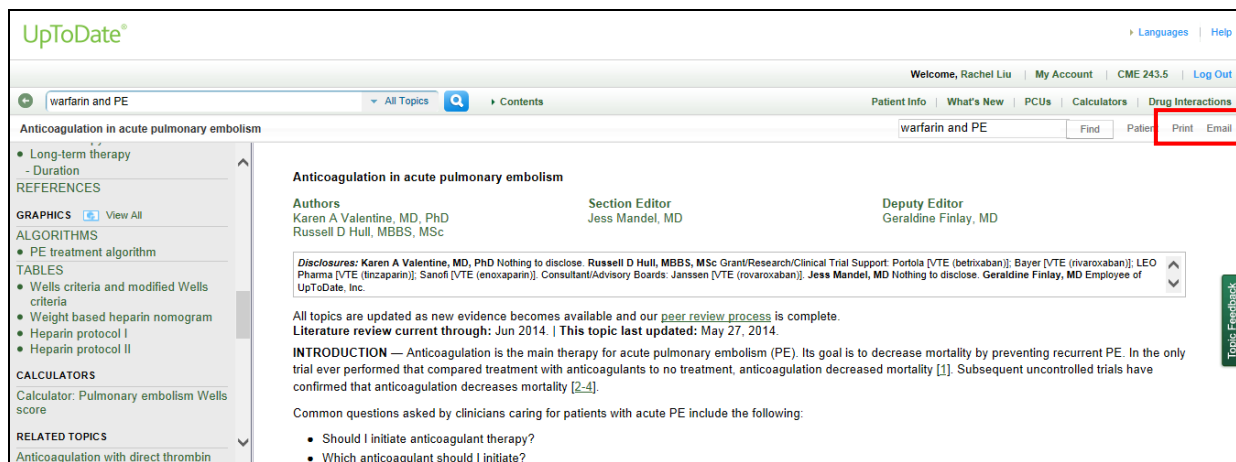
warfarin and PE

125 Find synonyms

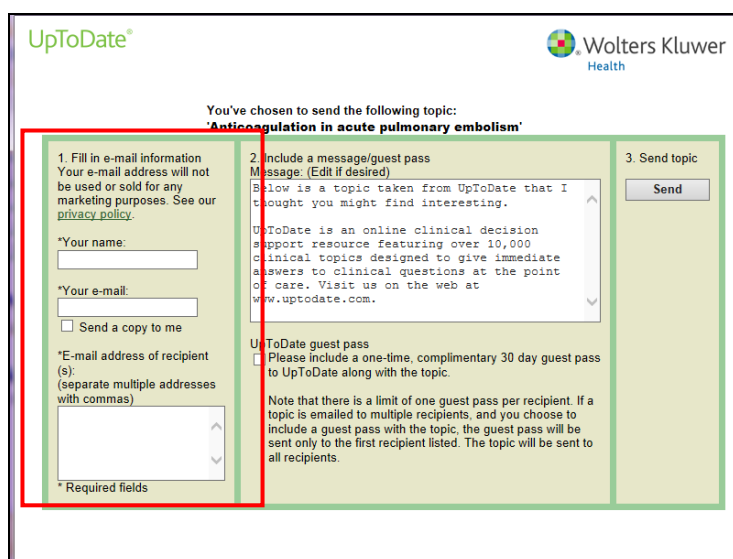
(圖十一)

五、 檢索結果輸出：如（圖十二）、（圖十三）所示。

- (1) Print：調整 Topic review 呈現畫面，會將所有圖表放置於文章之後，再執行印表機功能。
- (2) Email：email Topic review，只傳送文字部份。



（圖十二）

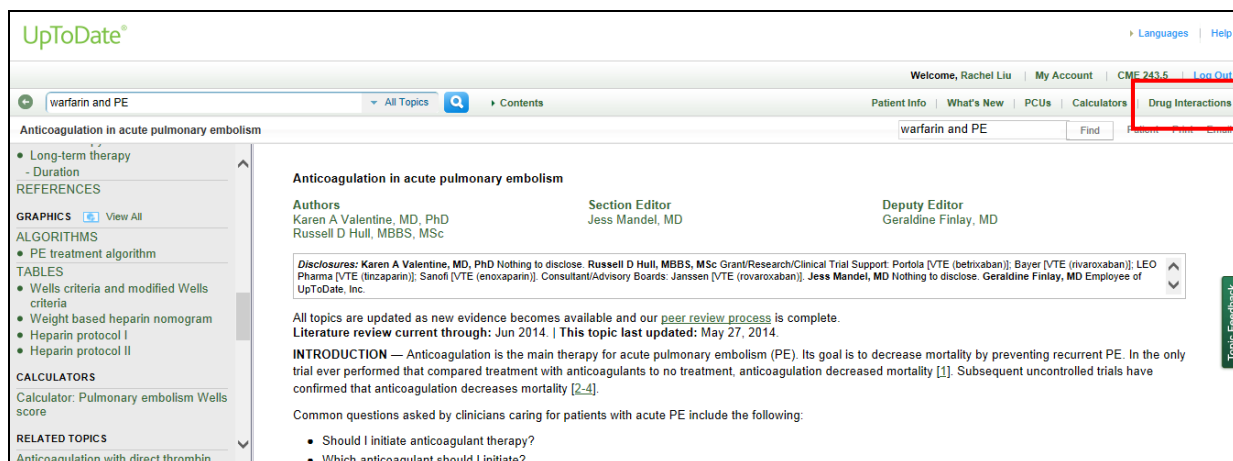


（圖十三）

六、 Drug Interactions : Lexi-Comp 藥物交互作用

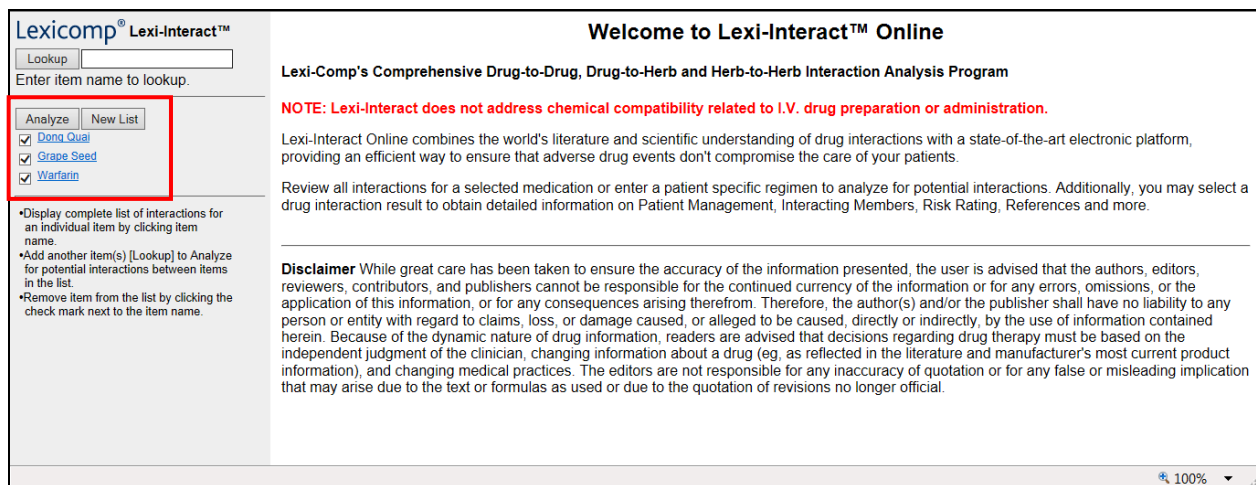
可以輸入二種以上的藥品，包含 drug-to-drug、herb-to-herb、drug-to-herb，執行並產生交互作用的結果，且有標示交互作用的等級。

(1)在主畫面的下方，直接點選：



(圖十四)

(2)輸入欲查詢之藥品，執行「Analyze」：



(圖十五)

(3)右邊畫面會出現結果，『risk rating』為交互作用的等級說明：

Lexi-Comp Online™ Interaction Analysis

Customize Analysis

Only interactions at or above the selected **risk rating** will be displayed. A ▾

View interaction detail by clicking on link.

Dong Quai
 [D] [Grape Seed](#) (Herbs (Anticoagulant/Antiplatelet Properties))
 [D] [Warfarin](#) (Anticoagulants)

Grape Seed
 [D] [Dong Quai](#) (Herbs (Anticoagulant/Antiplatelet Properties))
 [D] [Warfarin](#) (Anticoagulants)

Warfarin
 [D] [Dong Quai](#) (Herbs (Anticoagulant/Antiplatelet Properties))
 [D] [Grape Seed](#) (Herbs (Anticoagulant/Antiplatelet Properties))

Date July 21, 2014

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.

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(圖十六)

(4) 『Risk Rating』說明如下：

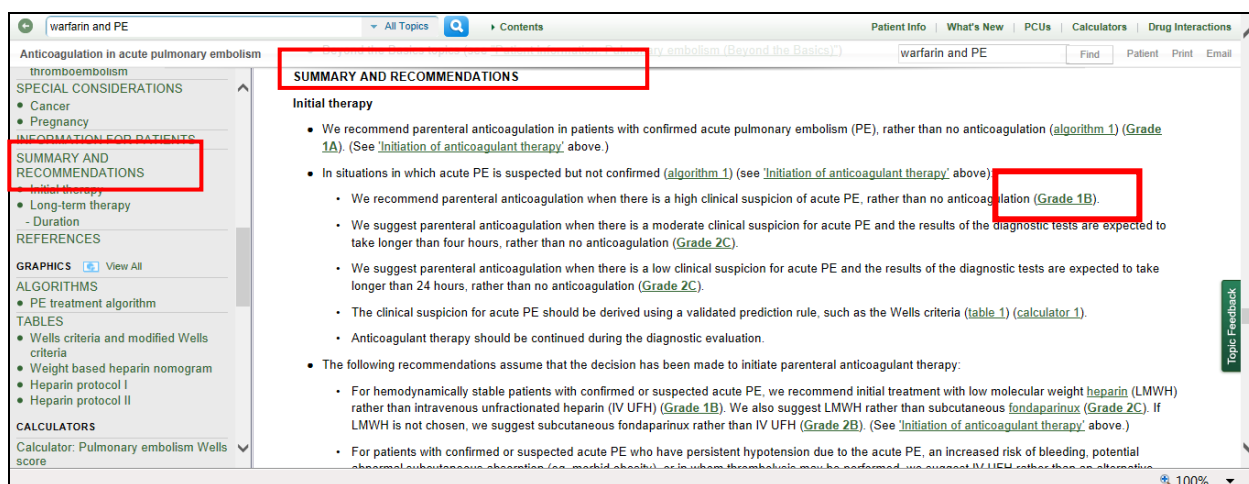
Risk Rating 分成五個等級，分別是：A、B、C、D、X。

Lexi-Comp® Lexi-Interact™		
<p>Lookup <input type="text"/></p> <p>Enter item name to lookup.</p> <p>Analyze <input type="button" value="New List"/></p> <p><input checked="" type="checkbox"/> Dong Quai</p> <p><input checked="" type="checkbox"/> Grape Seed</p> <p><input checked="" type="checkbox"/> Warfarin</p> <p>•Display complete list of interactions for an individual item by clicking item name.</p> <p>•Add another item(s) [Lookup] to Analyze for potential interactions between items in the list.</p> <p>•Remove item from the list by clicking the check mark next to the item name.</p>		
<p>Risk Rating: Rapid indicator regarding how to respond to the interaction data. Each Interact monograph is assigned a risk rating of A, B, C, D, or X. The progression from A to X is accompanied by increased urgency for responding to the data. In general, A and B monographs are of academic, but not clinical concern. Monographs rated C, D, or X always require the user's attention. The text of the Patient Management section of the monographs will provide assistance regarding the types of actions that could be taken. The definition of each risk rating is as follows:</p>		
Risk Rating	Action	Description
A	No Known Interaction	Data have not demonstrated either pharmacodynamic or pharmacokinetic interactions between the specified agents
B	No Action Needed	Data demonstrate that the specified agents may interact with each other, but there is little to no evidence of clinical concern resulting from their concomitant use.
C	Monitor Therapy	Data demonstrate that the specified agents may interact with each other in a clinically significant manner. The benefits of concomitant use of these two medications usually outweigh the risks. An appropriate monitoring plan should be implemented to identify potential negative effects. Dosage adjustments of one or both agents may be needed in a minority of patients.
D	Consider	Data demonstrate that the two medications

(圖十七)

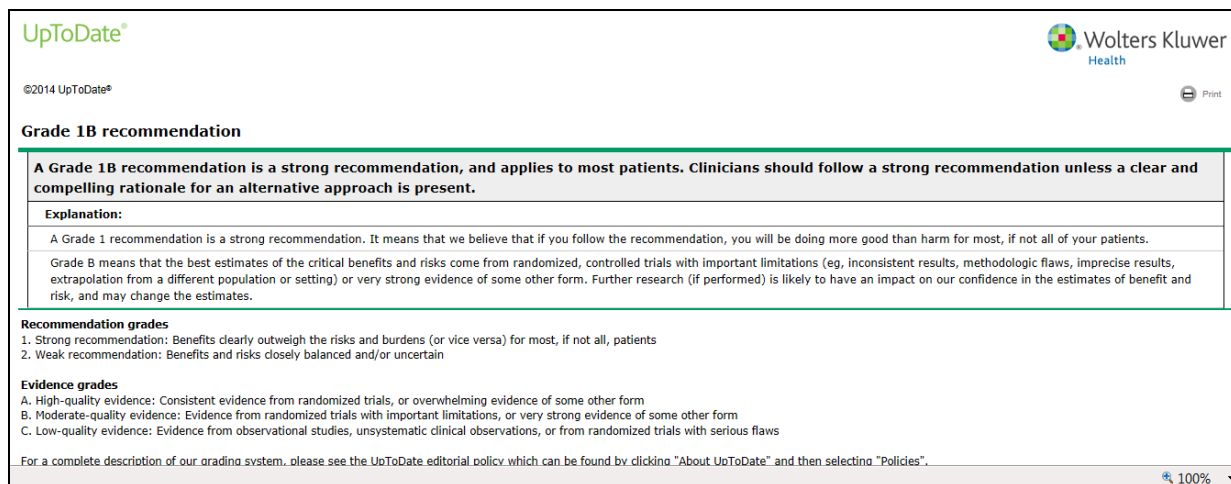
七、 Evidence Grading：證據等級

位於 Topic review 目次中的 Recommendations 的這個段落裡：如（圖十八）所示。



（圖十八）

亦可點選 Evidence Grading，如上圖所示之 (Grade 1B)，會跳出說明視窗，如（圖十九）所示。



（圖十九）

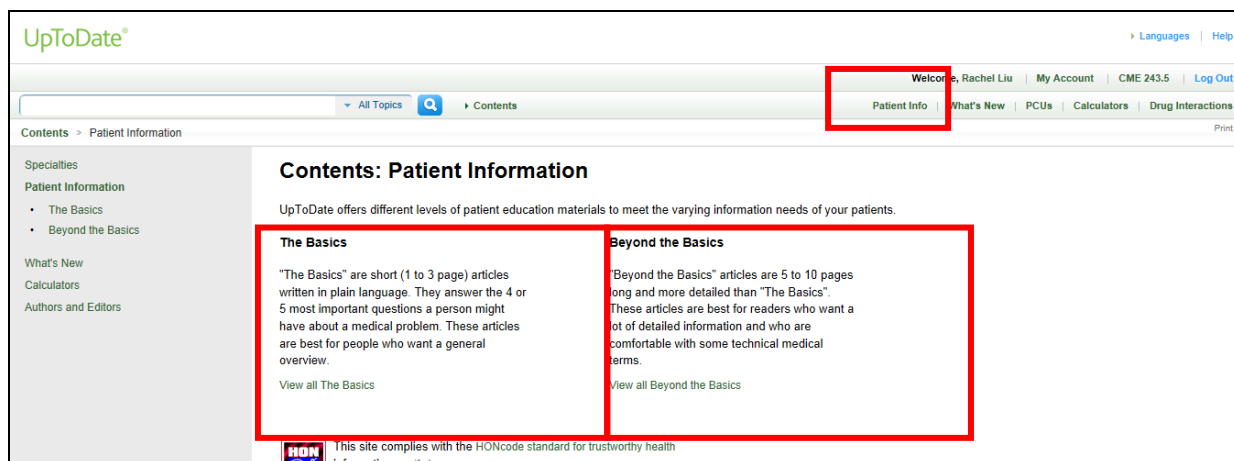
註：目前並未全部都有 Evidence Grading

八、 Patient Information 衛教資料

Patient Information 提供二種版本

The Basics： 以一至三頁為主，回答四到五個最重要的問題，並使用較多的圖表來呈現。

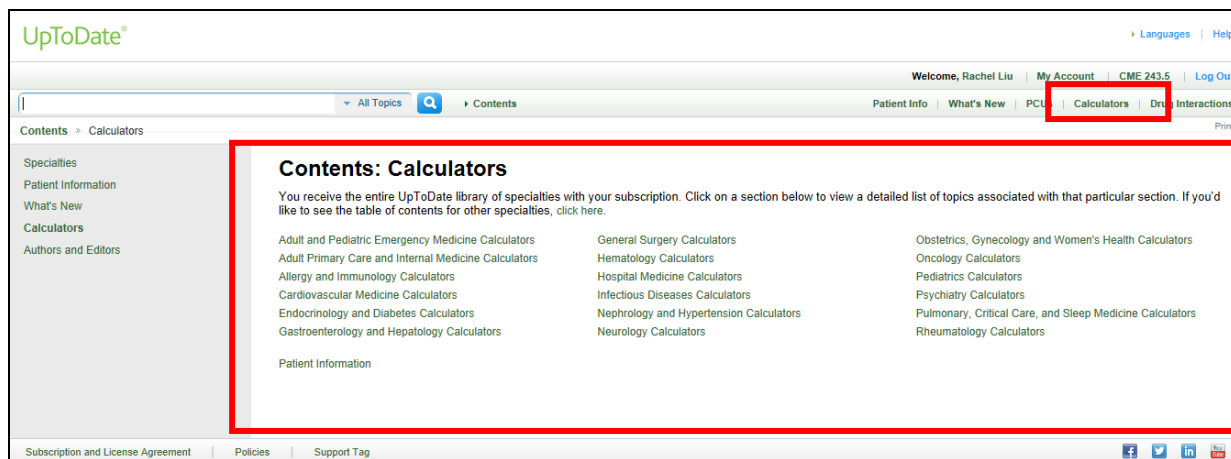
Beyond the Basics： 五至十頁，為比”The Basics”版本較詳細的內容，並使用一些醫學專有名詞來解釋。



(圖二十)

九、 Calculators：試算表

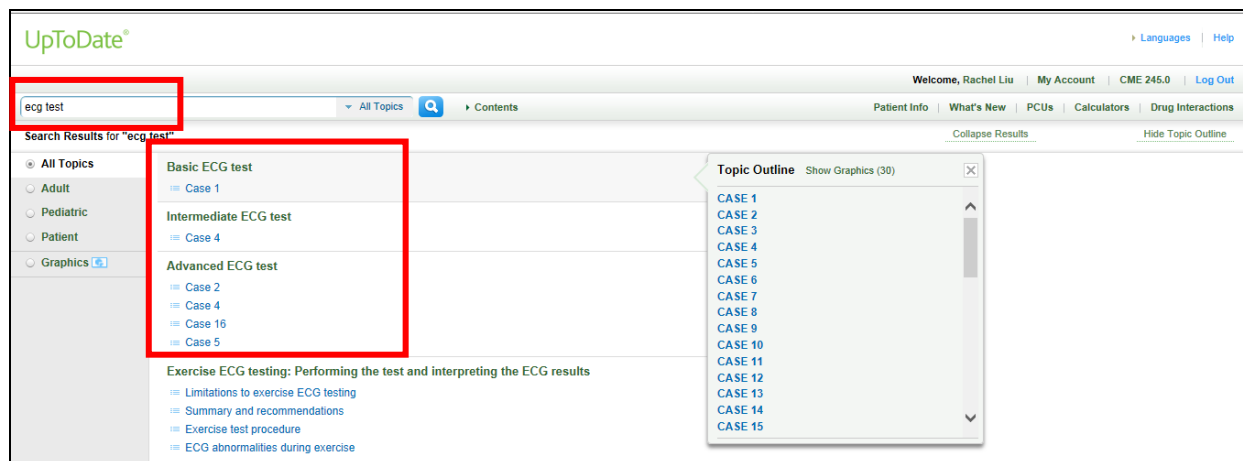
UpToDate 目前提供了 140 種的試算表，直接點選 Calculators 的頁面選項，會先列出科別，進一步點選後，會再列出相關的試算表，如（圖二十）所示：



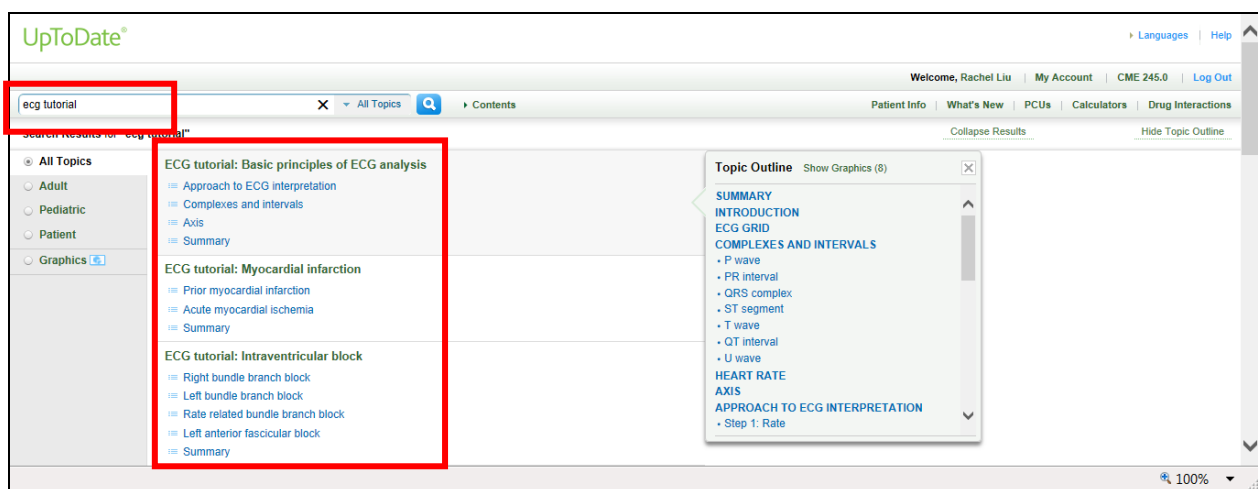
（圖二十一）

十、 Tests and Cases：測驗及例題

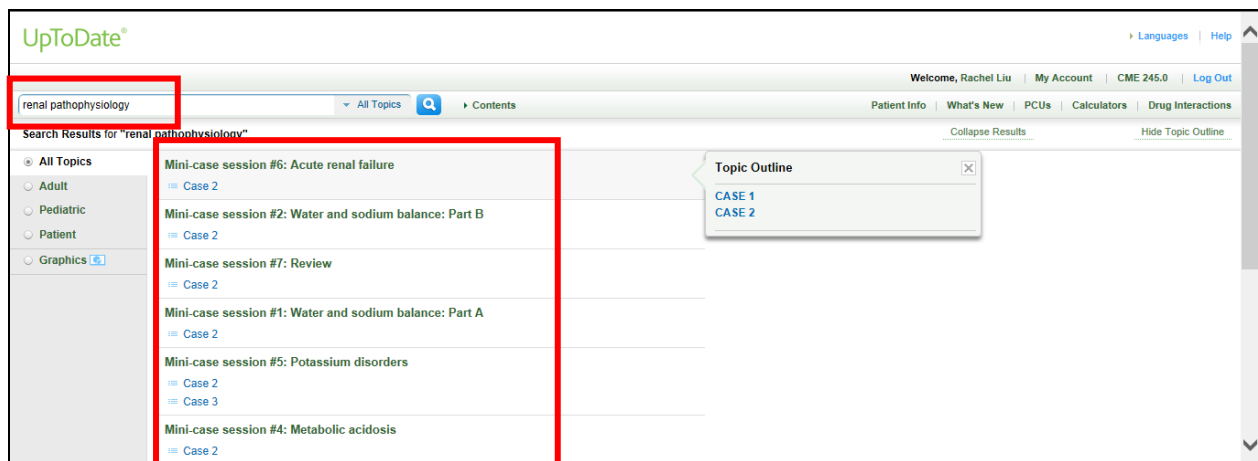
- (1) ECG Test & tutorial：輸入 ECG Test 或是 EKG Test，即會出現三種等級的自我測試。(如圖二十二)所示。輸入 ECG tutorial (如圖二十三所示)
- (2) Renal test 和 mini-case sessions：在檢索輸入 renal Pathophysiology。(如圖二十四所示)
- (3) Diabetes Cases：輸入 Interactive Diabetes Cases (如圖二十五所示)
- (4) Microbiology Cases：輸入 Clinical microbiology review (如圖二十六所示)



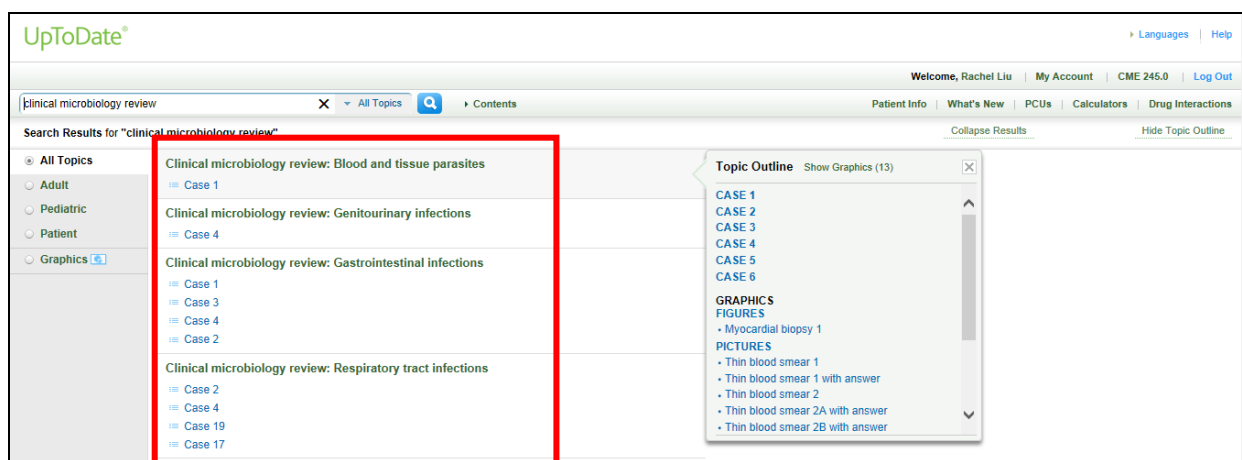
(圖二十二)



(圖二十三)



(圖二十四)



(圖二十五)