

UpToDate臨床決策輔助工具

Ginger 靜文

Customer Success Specialist

客戶關係顧問

Mar 2022



Wolters Kluwer

Dr. Bud Rose

醫學界的
google

- ✓ 腎臟科醫師、老師
- ✓ 臨床時遇到的**2/3**問題無法解答
- ✓ 他為自己編寫的教科書總是很快速過時而感到苦惱，可用電腦搜尋、立即更新(電子化)
- ✓ **臨床決策輔助工具**
- ✓ **UpToDate**主要是告訴醫生怎樣治療患有這種疾病的病人，並不是取代教科書
- ✓ 主要用於解決教科書...不能解決的問題



Ask any doctor, nurse, or other clinician about [UpToDate](#) and you'll get some version of this answer: I use it all the time to stay current, and often pull it up when I'm talking with patients. For clinicians around the world, UpToDate is essentially Google for medicine, but smarter and based on evidence.

What is UpToDate?

Evidence base clinical decision

Support tool to help clinicians :

- Answer clinical questions
- Improve clinical knowledge
- Enhance patient outcomes



UpToDate (Feb 2021)

- **25** Specialties
- **12,000+** Clinical topics
- **1,500+** Patient topics
- **7,300+** Physician Authors
- **6,900+** Drug entries
- **38,000+** Graphics
- **514,000** References
- **200+** Calculators

Radiation dermatitis

每個**topic**最上方，會看到作者群名稱

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

[< Back](#) **Authors and Editors**

Allergy and Immunology

Anesthesiology

Calculators

Cardiovascular Medicine

Dermatology

Drug Information

Emergency Medicine (Adult and Pediatric)

Endocrinology and Diabetes

Family Medicine and General Practice

Gastroenterology and Hepatology

General Surgery

Geriatrics

Hematology

Hospital Medicine

Infectious Diseases

Nephrology and Hypertension

Neurology

Obstetrics, Gynecology and Women's Health

Oncology

網路也搜尋得到，全球的作者**&**背景喔！

Palliative Care

Patient Education

Pediatrics

Primary Care (Adult)

Primary Care Sports Medicine (Adolescents and Adults)

Psychiatry

Pulmonary and Critical Care Medicine

Rheumatology

Sleep Medicine

UpToDate的國際作者，其中有**4**位醫師是來自台灣！

GRADE for practice guidelines

Grade of recommendation*	Clarity of risk/benefit	Quality of supporting evidence	Implications
1A Strong recommendation High quality evidence	Benefits clearly outweigh risk and burdens, or vice versa	Consistent evidence from well performed randomized, controlled trials or overwhelming evidence of some other form. Further research is unlikely to change our confidence in the estimate of benefit and risk.	Strong recommendation, can apply to most patients in most circumstances without reservation
1B Strong recommendation Moderate quality evidence	Benefits clearly outweigh risk and burdens, or vice versa	Evidence from randomized, controlled trials with important limitations (inconsistent results, methodologic flaws, indirect or imprecise), or very strong evidence of some other form. Further research (if performed) is likely to have an impact on our confidence in the estimate of benefit and risk and may change the estimate.	Strong recommendation, likely to apply to most patients
1C Strong recommendation Low quality evidence	Benefits appear to outweigh risk and burdens, or vice versa	Evidence from observational studies, unsystematic clinical experience, or from randomized, controlled trials with serious flaws. Any estimate of effect is uncertain.	Relatively strong recommendation; might change when higher quality evidence becomes available
2A Weak recommendation High quality evidence	Benefits closely balanced with risks and burdens	Consistent evidence from well performed randomized, controlled trials or overwhelming evidence of some other form. Further research is unlikely to change our confidence in the estimate of benefit and risk.	Weak recommendation, best action may differ depending on circumstances or patients or societal values
2B Weak recommendation Moderate quality evidence	Benefits closely balanced with risks and burdens, some uncertainty in the estimates of benefits, risks and burdens	Evidence from randomized, controlled trials with important limitations (inconsistent results, methodologic flaws, indirect or imprecise), or very strong evidence of some other form. Further research (if performed) is likely to have an impact on our confidence in the estimate of benefit and risk and may change the estimate.	Weak recommendation, alternative approaches likely to be better for some patients under some circumstances
2C Weak recommendation Low quality evidence	Uncertainty in the estimates of benefits, risks, and burdens; benefits may be closely balanced with risks and burdens	Evidence from observational studies, unsystematic clinical experience, or from randomized, controlled trials with serious flaws. Any estimate of effect is uncertain.	Very weak recommendation; other alternatives may be equally reasonable

* GRADE can be implemented with either three or four levels of quality of evidence. UpToDate implements three levels and uses numbers and letters to represent strength of recommendation and quality of evidence respectively.

Grade 2B recommendation

A Grade 2B recommendation is a weak recommendation; alternative approaches may be better for some patients under some circumstances.

Explanation:

A Grade 2 recommendation is a weak recommendation. It means "this is our suggestion, but you may want to think about it." It is unlikely that you should follow the suggested approach in all your patients, and you might reasonably choose an alternative approach. For Grade 2 recommendations, benefits and risks may be finely balanced, or the benefits and risks may be uncertain. In deciding whether to follow a Grade 2 recommendation in an individual patient, you may want to think about your patient's values and preferences or about your patient's risk aversion.

Grade B means that the best estimates of the critical benefits and risks come from randomized, controlled trials with important limitations (eg, inconsistent results, methodologic flaws, imprecise results, extrapolation from a different population or setting) or very strong evidence of some other form. Further research (if performed) is likely to have an impact on our confidence in the estimates of benefit and risk, and may change the estimates.

Recommendation grades

- 1. Strong recommendation: Benefits clearly outweigh the risks and burdens (or vice versa) for most, if not all, patients
- 2. Weak recommendation: Benefits and risks closely balanced and/or uncertain

Evidence grades

- A. High-quality evidence: Consistent evidence from randomized trials, or overwhelming evidence of some other form
- B. Moderate-quality evidence: Evidence from randomized trials with important limitations, or very strong evidence of some other form
- C. Low-quality evidence: Evidence from observational studies, unsystematic clinical observations, or from randomized trials with serious flaws

For a complete description of our grading system, please see the UpToDate editorial policy.

- Modern radiation therapy techniques, such as intensity-modulated radiation therapy (IMRT) and volumetric-modulated arc radiation therapy (VMAT), which deliver radiation to the planned treatment volume while minimizing radiation to normal tissue outside the target, may reduce the occurrence of radiation dermatitis. (See '[Prevention](#)' above.)
- For patients undergoing radiation therapy, we suggest prophylactic topical corticosteroids in addition to general skin care measures for the prevention of radiation dermatitis (**Grade 2B**). Low- to medium-potency topical corticosteroids (groups 4 to 6 ([table 5](#))) are applied to the treatment field once or twice daily, after each radiotherapy session. Agents of unproven efficacy include aloe vera, [trolamine](#), [sucralfate](#), hyaluronic acid, [silver sulfadiazine](#), and silver nylon dressings. (See '[Prevention](#)' above and '[Topical corticosteroids](#)' above.)

Solutions to Reduce Unwanted Variability in Care

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- ✓ Design for clinicians

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UpToDate demo





★ **Wolters Kluwer★TW**

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Password rules:
• 8 to 24 characters
• at least 1 uppercase letter
• cannot match username
• at least 1 number or special character from the following set
_ ! " # \$ % & ' () * + , - . / : ;

Verify Password

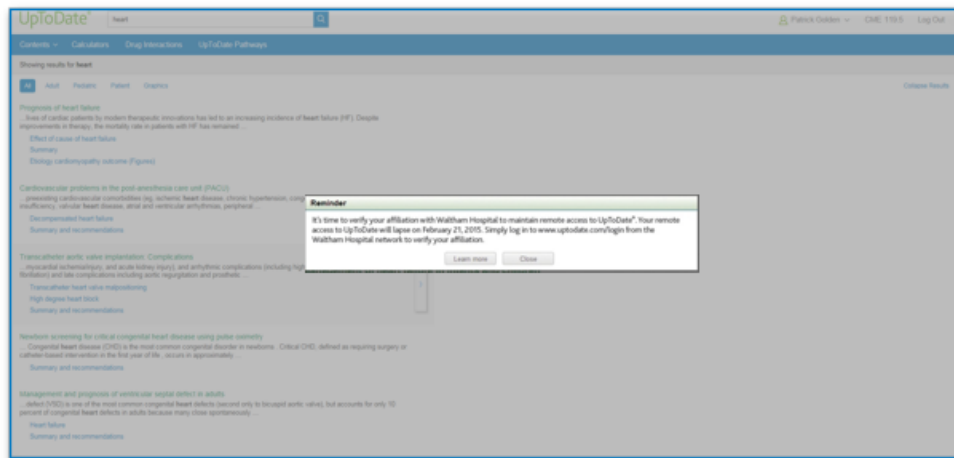
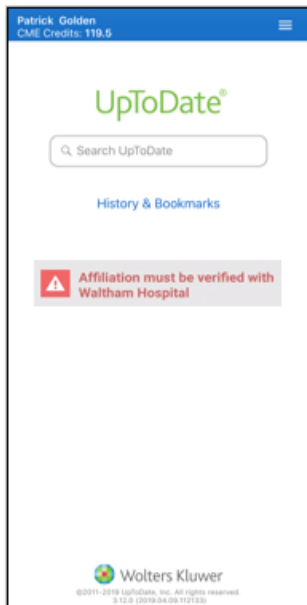
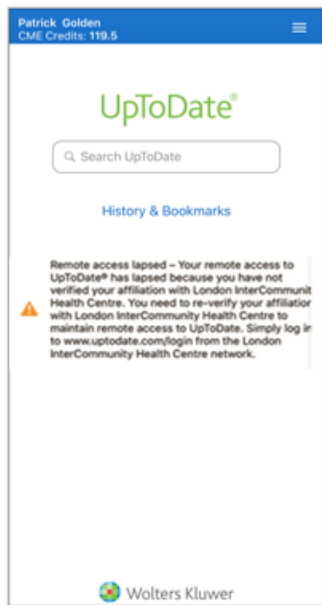
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註冊&重新認證,
都要在校內/院內執行

90 Day Re-Verification

In-application & email messaging reminds clinicians to verify their affiliation with the organization to maintain remote access rights.

步驟:
重新認證=重新登入



A healthcare professional, likely a nurse or medical assistant, is shown in a clinical setting. She is wearing light purple scrubs and a blue stethoscope. She is looking towards the camera with a slight smile. In the background, another healthcare professional is visible, working at a desk. The scene is brightly lit, suggesting a window or large indoor lights. A blue semi-transparent rectangle is overlaid on the left side of the image, and a white rectangle is overlaid at the bottom center.

Thank You!



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