

User Guide 使用說明

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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、 版權說明頁 Subscription and License Agreement

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(圖二)

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- (6) Drug Interactions: Lexi-Comp 藥物交互作用模組
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◎ <u>New Search</u>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

(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(圖三)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(圖四)所示。
 - 上方:指令欄
 - 左方:檢索結果,一頁以 50 筆的檢索結果為上限,若超過 50 筆,頁碼列於檢索結 果最下方,如(圖五)所示
 - 右方:Topic Outline,將滑鼠移至左方之檢索結果 Topic 的上方(不需要點選),右 方即會出現該篇 Outline 以供瀏覽

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	Drug Interactions		
	New Search Help		
	You may search on a single term, or on multiple terms at the same time.		
	e.g. Treatment of hypertension in children.		
	ary meaning on type cannot in an area		
			(圖三)
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pe means pulmonary embolism. Alternates: etoposide cisplatin			
Search Results for "warfarin and pe"			Topic Outline
		-	INTRODUCTION
Anticoagulation in acute pulmonary embolism			INITIATION OF THERAPY
 Treatment of acute pulmonary embolism 			LOW MOLECULAR WEIGHT HEPARIN
 Management of anticoagulation before and after elective sur 			Dosing
 Deep vein thrombosis and pulmonary embolism in pregnancy 			Extreme obesity Monitoring
 Anticoagulation during pregnancy 			Clinical evidence
 Low molecular weight heparin for venous thromboembolic dis 	sease		Cost-effectiveness
			(圖四)
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pe means pulmonary embolism. Alternates: etoposide cisplatin			
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 Treatment for specific causes of ischemic stroke and transien 	t ischemic attack	_	INTRODUCTION
 Therapeutic uses of recombinant coagulation factor VIIa 			INITIATION OF THERAPY
Atrial septal abnormalities (PFO, ASD, and ASA) and risk of ce	rebral emboli in adults		LOW MOLECULAR WEIGHT HEPARIN
Therapeutic use of heparin and low molecular weight heparin	1		- Extreme obesity
 Management of inherited thrombophilia 			Monitoring
 Thrombotic complications of chronic hemodialysis vascular ac 	ess: Fistulas and grafts		Clinical evidence Cost-effectiveness
 Preoperative evaluation and perioperative management of patients with rheumatic diseases 			UNFRACTIONATED HEPARIN
Treatment and prognosis of cerebral venous thrombosis			Dosing
Treadment and prognosis of cerebral vehicus drivindosis Thrombosis associated with chronic hemodialysis vascular access: Catheters			Monitoring
Inrombosis associated with chronic nemociallysis vascular access: Catheters Chemotherapy in hormone resistant prostate cancer			Clinical evidence
			OTHER ANTICOAGULANTS
Therapeutic use of fondaparinux			WARFARIN Initiation
Rhythm control versus rate control in atrial fibrillation			Dosing
 Paroxysmal atrial fibrillation 			Monitoring Division and development
 Antiphospholipid syndrome and the kidney 			Clinical evidence
 Total hip arthroplasty 			COMPLICATIONS • Bleeding
 Total knee arthroplasty 			- Heparin
	123		- Warfarin

- 五、 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
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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
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 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
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 - b.圖表可另外下載,利用 email 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
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Anticoagulation in acute pulmonary embol	ism		🔞 Patient Info 🛛 🖾 Email This Topic
TOPIC OUTLINE	Anticoaculation in acute nulmonary embolism (2)		<u> </u>
INTRODUCTION (1)	Author Section Editor	Deputy Editor	
INITIATION OF THERAPY		(evin C Wilson, MD	
LOW MOLECULAR WEIGHT HEPARIN			
Dosing	Last literature review version 16.1: January 2008 This topic last updated: November 8, 2007 (More)		
 Extreme obesity 	INTRODUCTION Anticoogulation is the main therapy for out a pulmonary embeliem (PC). Its goal is to der	ity by preventing r	recurrent PE. In the only trial ever
 Monitoring 	performed comparing untreated patients with PE versus those who were treated with anticoagulants, antico	s associated with	decreased mortality [1] .
Clinical evidence	Subsequent uncontrolled trials have confirmed that anticoagulation is associated with decreased mortality [2-4].		
Cost-effectiveness	Common questions asked by dinicians caring for patients with acute PE include:		
UNFRACTIONATED HEPARIN			
Dosing	 Should I initiate anticoagulant therapy? 		
 Monitoring 	Which anticoagulant should I initiate?		
			(圖六)

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Anticoagulation in acute pulmonary embolis	sm			Patient Info 🖾 Email This Topic
First episode of PE	1			
First episode of PE Reversible risk factor	Anticoagulation in acute pulmonary em	nbolism		-
- Idiopathic	Author	Section Editor	Deputy Editor	
- Irreversible risk factor	Karen A Valentine, MD, PhD Russell D Hull, MBBS, MSc	Jess Mandel, MD	Kevin Č Wilson, MD	
Recurrent PE	Russell & Hull, Mbbs, Moc			
SPECIAL CONSIDERATIONS	Last literature review version 16.1: Ja	nuary 2008 This topic last updated: November 8, 2007	7 (More)	
Pregnancy		e main therapy for acute pulmonary embolism (PE). Its go		ecurrent PE. In the only trial ever
Cancer		s with PE versus those who were treated with anticoagula firmed that anticoagulation is associated with decreased		decreased mortality [1] .
INFORMATION FOR F (4)-b		-	m reality [2-4] .	
	Common questions asked by clinicians ca	aring for patients with acute PE include:		
REFERENCES	 Should I initiate anticoagulant t 	herapy?		
GRAPHICS	 Which anticoagulant should I in 			
FIGURES	 What is the appropriate dose? 			
PE treatment algorithm	 How should I monitor the treatr What is the clinical evidence su 			
	 What is the clinical evidence supplication What are the common complication 			

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Anticoagulation in acute pulmonary emboli	ISM 🔞 Patient Info	🖾 Email This Topic
INFORMATION FOR PATIENTS SUMMARY AND RECOMMENDATIONS REFERENCES (5) GRAPHICS FIGURES • PE treatment algorithm TABLES • Heparin protocol I • Heparin protocol I • Weight based heparin nomogram	 Should I initiate anticoagulant therapy? Which anticoagulant should I initiate? What is the appropriate dose? How should I monitor the treatment? What is the approximate average apporting its use? What is the dimical evidence supporting its use? What are the common complications? For how long should I treat? We discuss the initiation of anticoagulant therapy, the different types of anticoagulants, transition to oral anticoagulants, and duration of therapy here. In ad complications are reviewed. Much of the data presented are from studies that did not distinguish patients with acute PE from acute deep vein thrombosis (DVT), instead grouping the diseases together as venous thromboenbook (7) (The initial manifestations of a single clinical entity. As a result, most of the opinions, suggestions, and result or sit with our discussion are equally application and result DVT. 	n patients with n DVT and PE are
RELATED TOPICS	The treatment of acute pulmonary embolism including thrombolysis, inferior vena caval filters, and embolectomy is reviewed elsewhere. (See "Treatment of ac embolism", see "Inferior vena caval filters", and see "Fibrinolytic (thrombolytic) therapy in pulmonary embolism and deep vein thrombosis").	ute pulmonary
Inferior vena caval filters Fibrinolytic (thrombolytic) therapy in pulmonary emb thrombosis Low molecular v thrombosis Low mol	INITIATION OF THERAPY — We recommend that anticoagulation be initiated in all patients for whom there is a high clinical susplicion of pulmonary emposism PE has been confirmed because we believe that the high incidence of mortality due to recurrent PE in untreated patients (approximately 30 percent) [5-9] out of major bleeding (less than three percent) [9]. In contrast, antio clinical suspicion of PE is low to moderate. The efficacy of anticoagulant therapy depends upon achieving a therapeutor te be initiated immediately after it has determined that its indicated.	tweighs the risk irmed and the
Therapeutic use of heparin and low molecular weight heparin Therapeutic use of fondaparinux	Anticoagulation should be initiated using subcutaneous low molecular weight heparin (SC LMWH) or intravenous unfractionated heparin (IV UFH) [13] . We pr hemodynamically stable patients with PE. In contrast, we use IV UFH in patients with persistent hypoter molecular weight heparin" below and see "Unfractionated heparin" below).	
Therapeutic use of warfarin	In the rare patient in whom there is a high clinical suspicion of PE but a strong contraindication to anticoaguration (e. pative bleeding), dig gnostic evaluation expedited. Anticoagulation-independent therapies (eg, inferior vena caval filter) should be pursued once PE is confirmed (show figure 1). (See "Treatment of a	
		(圖八)



(圖九)

New Search Patient Info What's N Anticoagulation in acute pulmonary e		m	🔽 Goj Clear		(8) Find in Topic Patient Info	LOG IN FEEDBACK Print This Topic Email This Topic
INTRODUCTION INITIATION OF THERAPY LOW MOLECULAR WEIGHT HEPARIN	• •	Anticoagulation in acute pulmonary emb Author Karen A Valentine, MD, PhD Russell D Hull, MBBS, MSc	Section Editor Jess Mandel, MD	Deputy Editor Kevin C Wilson, MD	(9)	-
Dosing Extreme obesity Monitoring Clinical evidence Cost-effectiveness UNERACTIONATED HEPARIN	_	INTRODUCTION — Anticoagulation is the performed comparing untreated patients	uary 2008 This topic last updated: November 8, 20 main therapy for acute pulmonary embolism (PE). Its with PE versus those who were treated with anticoag med that anticoagulation is associated with decrease ing for patients with acute PE include:	goal is to decrease mortality by preventing ulants, anticoagulation was associated wit		

(圖十)

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Anticoagulation in acute pulmon		Find In Topic Image: comparison of "warfarin" opic We found 53 instances of "warfarin" Find Again Cancel opic
Initiation Dosing Monitoring Clinical evidence	confirmatory trials are reported. (See "Therapeutic use of fondaparinux"). WARPARIN — In most cases, initial heparin therapy is administered short-term, then transitioned to a long-term vitamin K antagonists that suppress the production of the vitamin K-dependent clotting factors, II, VII, IX, and X. most common and best studied; thus, it is the focus of our discussion.	
COMPLICATIONS	There are circumstances in which SC LMWH may be continued long-term rather than transitioning to oral warfent an option for other patients as well, but is generally prohibited by cost. (See "Pregnancy" below and see "Cancer	
 Bleeding Heparin Warfarin Management 	Initiation — Warfarm can be started on the same day or after heparin, but should not be initiated prior to hepar three-fold increased incidence of recurrent PE or DVT [12,45]. This is primarily because, as noted below, full anti treatment. Simultaneous initiation of heparin and warfarm therapy is effective, and shortens hospital stays with	coagulation with warfarin requires about five days of
Thrombocytopenia DURATION OF THERAPY	Heparin therapy should be overlapped with Warfarin for a minimum of five days, and continued until the Internat range (2.0 to 3.0) for at least two consecutive days [13]. We believe that heparin therapy should be extended i or extensive informaria thrombosis.	
·		(圖十一)

六、 檢索結果輸出:如(圖十二)、(圖十三)所示。

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Anticoagulation in acute pulmonary embol	lism		 Find in Patient 	
INFORMATION FOR PATIENTS	•			
SUMMARY AND RECOMMENDATIONS	Anticoagulation in acute pulmonary em	bolism		
REFERENCES	Author Karen A Valentine, MD, PhD	Section Editor Jess Mandel, MD	Deputy Editor Kevin C Wilson, MD	
GRAPHICS	Russell D Hull, MBBS, MSc	Jess Manuel, MD	Kevin C Wilson, MD	
FIGURES	Last literature review version 16.1: Ja	nuary 2008 This topic last updated: November 8, 2	007 (More)	
 PE treatment algorithm 			s goal is to decrease mortality by preventing recurrent PE	. In the only trial over
TABLES			qulants, anticoagulation was associated with decreased	
Heparin protocol I		irmed that anticoagulation is associated with decreas		
Heparin protocol II	Common questions asked by clinicians ca	ring for natients with acute PE include:		
 Weight based heparin nomogram 		ing to padones wan adde i e madder		
RELATED TOPICS	 Should I initiate anticoagulant ti Which anticoagulant should I initiate 			
Treatment of acute pulmonary embolism	 What is the appropriate dose? 	uater		
· · · · · · · · · · · · · · · · · · ·		 How should I monitor the treatment? What is the clinical evidence supporting its use? 		
Inferior vena caval filters				
Fibrinolytic (thrombolytic) therapy in pulmonary embolism and deep vein thrombosis	 What are the common complicat For how long should I treat? 	ions?		
Low molecular weight heparin for venous thromboembolic disease			tion to oral anticoagulants, and duration of therapy here from studies that did not distinguish patients with acute	
Therapeutic use of heparin and low molecular weight heparin	acute deep vein thrombosis (DVT), instea	ad grouping the diseases together as venous thrombo	embolic disease (VTE). This is reflective of the opinion th and recommendations within our discussion are equally	at both DVT and PE are
Therapeutic use of fondaparinux	with acute DVT.			
Therapeutic use of warfarin			and embolectomy is reviewed elsewhere. (See "Treatmer	nt of acute pulmonary
Protein C deficiency	embolism", see "Inferior vena caval filter	s", and see "Fibrinolytic (thrombolytic) therapy in pulm	ionary embolism and deep vein thrombosis").	
Correcting excess anticoagulation after	Help improve UpToDate. Did this topic a	and a set of the set o		



(圖十三)

七、 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:

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(2)輸入二種欲查詢之藥品,執行「Analyze」:	

Lexi-Interact™	Welcome to Lexi-Interact™ Online
	Lexi-Comp's Comprehensive Drug-to-Drug, Drug-to-Herb and Herb-to-Herb Interaction Analysis Program
Analyze New List	Lexi-Interact Online combines the world's literature and scientific understanding of drug interactions with a state-of-the-art electronic platform, providing an efficient way to ensure that adverse drug events don't compromise the care of your patients.
Orable Seed Orable Seed Orable Seed Orable Seed oral individual item by clicking item name.	Review all interactions for a selected medication or enter a patient specific regimen to analyze for potential interactions. Additionally, you may select a drug interaction result to obtain detailed information on Patient Management, Interacting Members, Risk Rating, References and more.
 Add another item(s) [Lookup] to Analyze for potential interactions between items in the list. Remove item from the list by clicking the check mark next to the item name. 	Disclaimer While great care has been taken to ensure the accuracy of the information presented, the user is advised that the authors, editors, reviewers, contributors, and publishers cannot be responsible for the continued currency of the information or for any errors, omissions, or the application of this information, or for any consequences arising therefrom. Therefore, the author(s) and/or the publisher shall have no liability to any person or entity with regard to claims, loss, or damage caused, or alleged to be caused, directly or indirectly, by the use of information contained herein. Because of the dynamic nature of drug information, 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. The editors are not responsible for any inaccuracy of quotation or for any false or misleading implication that may arise due to the text or formulas as used or due to the quotation of revisions no longer official.

(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:



(4) 『Risk Rating』說明如下: Risk Rating 分成五個等級,分別是:A、B、C、D、X。

Lexi-Interact™	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					
Enter item name to lookup.				nition of each risk rating is as follows:	e types of	
Analyze New List		Risk Rating	Action	Description		
 Aspirin Grape Seed Display complete list of interactions for an individual item by clicking item name. Add another item(s) [Lookup] to Analyze for potential interactions between items in the list. Remove item from the list by clicking the check mark next to the item name. 	_	A	No Known Interaction	Data have not demonstrated either pharmacodynamic or pharmacokinetic interactions between the specified agents		
		в	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.		
		С	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 Therapy Modification	Data demonstrate that the two medications may interact with each other in a clinically significant manner. A patient-specific assessment must be conducted to determine whether the benefits of		
				(圖十七)	

八、 Evidence Grading:證據等級

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

ew	LOG IN FEEDBACI					
mbolism	🖓 Find in Topic 🖨 Print This Topi 🔞 Patient Info 🛛 Email This Top					
SUMMARY AND RECOMMENDATIONS						
 We recommend that anticoagulation be initiated immediately in patients with a high clinical su evaluation (show figure 1) (Grede 1B). (See "Initiation of therapy" above and see "Treatment of 						
 We recommend that anticoagulation be initiated using subculaneous low molecular weight he 						
massive PE) or severe renal failure (Grade 2C). There are no adequate data to success use of o	hemodynamically stable patients with PE, we recommend SC UN/WH (Grade 1A). In c intrast, we suggest IV UFH for patients with persistent hypotension due to PE (ie, massive PE) or severe renal failure (Grade 2C). There are no al enuate data to sund is use of one LMWH preparation over another. (See "Initiation of therapy" above, see "Low molecular weight heparin" above, section on Clinical evidence).					
When IV/UEH is administered, we suggest that the doce he adjusted to maintain aDTT prolong	protion that corresponds to plasma honorin lovels from 0.2 to 0.7 Π/m					
anti-Xa activity by amidolytic assay (Grade 2C). The target range is generally 1.5 to 2.5 times th should not be monitored. (See "Low molecular weight heparin" above and see "Unfractionated h should not be monitored.	ne control aPTT. When SC LMWH is administered, anti-factor Xa levels					
 Warfarin can be initiated at the same time or following the initiation of heparin. We recommen recommend that heparin not be discontinued before the INR is stable and >2.0 for at least two or 						
	We recommend that anticoagulation be initiated immediately in patients with a high clinical su evaluation (show figure 1) (Grade 1B). (See "Initiation of therapy" above and see "Treatment of We recommend that anticoagulation be initiated using subculaneous low molecule weight he hemodynamically stable patients with PE, we recommend SC LN WH (Grade 1A). In a chrast, we massive PE) or severe renal failure (Grade 2C). There are no al enuated data to sund sit use of see "Low molecular weight heparin" above, section on Clinical evidence, and see "Unfractionate When IV UFH is administered, we suggest that the dose be adjusted to maintian PTT prolon anti-Xa activity by amidolytic assay (Grade 2C). There are just and see "Unfractionated When IV UFH is administered, we suggest that the dose be adjusted to maintian PTT prolon anti-Xa activity by amidolytic assay (Grade 2C). The target range is generally 1.5 to 2.5 times the should not be monitored. (See "Low molecular weight heparin" above and see "Unfractionated Warfarin can be initiated at the same time or following the initiation of heparin. We recomment					

亦可點選 Evidence Grading,如上圖所示之 (Grade 1A) 或 (Grade 2C),會跳出說明視窗,



註:目前並未全部都有 Evidence Grading

九、 Calculators : 試算表

UpToDate 目前提供了 60 種的試算表,只需要在檢索區裡鍵入 Calculator,就會將 60 種的試算表列出,如(圖二十)所示:

ONLINE 16.1	Go Clear	ite i Help LOG IN FEEDBACK
Search Results for "calculator"	Topic Outline	
Calculator: Maintenance fluid calculation for children	-	
Calculator: Corticosteroid medication dosing conversions (glucocorticoid effect)		
Calculator: Friedewald equation for low density lipoprotein (LDL, SI units)		
Calculator: Right to left shunt fraction Qs/Qt		
 Calculator: Child Turcotte Pugh classification for severity of liver disease 		
Calculator: Community-acquired pneumonia severity index (PSI) for adults		
 Calculator: Body surface area (Mosteller, square root method) 		
Calculator: Urinary protein excretion estimation		
Calculatory In flight Da02 optimation		

十、 ECG Test : 心電圖自我測驗

UpToDate 目前提供了 3 級的自我測試,分別為初級、中級、高級,只需要在檢索區 裡鍵入 ECG Test,檢索結果裡第二 (Advanced ECG test)、第三 (Intermediate ECG test)和第四筆 (Basic ECG test)即為心電圖自我測試,如 (圖二十一)所 示

ONLINE 16.1 New Search Patient Info What's New	New Search: ecg test	Clear	Home Contactus AboutUpToDate Help • LOG IN • FEEDBACK
Search Results for "ecg test"		🐨 Topic Outline	
Advanced ECG test Advanced ECG test Advanced ECG test Intermediate ECG test Basic ECG test Exercise ECG testing to determine prognosis of coronary heart Stress testing for the diagnosis of coronary heart disease Screening for coronary heart disease Exercise myocardial perfusion imaging in the diagnosis and pm Stress testing to the diagnosis of coronary heart disease Stress testing to the diagnosis of coronary heart disease Stress testing to the diagnosis of coronary heart disease Stress testing to the diagnosis of coronary heart disease Stress testing to the diagnosis of coronary heart disease Stress testing to the diagnosis of coronary heart disease Stress testing to the diagnosis of coronary heart disease Stress testing to the diagnosis of coronary heart disease Stress testing to the diagnosis of coronary heart disease	ngnosis of coronary heart disease ients with known or suspected coronary heart disease omen		
			(圖二十一)