

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?

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(圖二)

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- 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)
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<ul> <li>Management of anticoagulation before and after elective surg</li> </ul>	gery		Dosing
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<ul> <li>Anticoagulation during pregnancy</li> </ul>			Clinical evidence
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• 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		Dosing
Therapeutic use of heparin and low molecular weight heparin			- Extreme obesity
<ul> <li>Management of inherited thrombophilia</li> </ul>			Monitoring
<ul> <li>Thrombotic complications of chronic hemodialysis vascular acc</li> </ul>	ess: Fistulas and grafts		Clinical evidence     Cost-effectiveness
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Treatment and programs of corebral versus thrembers			Dosing
Ireatment and prognosis of cerebral venous thrombosis     Thrombosic according to the decode hand during according to the term			Monitoring
Infomosis associated with chronic hemodialitys vascular access: Catheters     Chemotherapy is hermone registrant practice express			Clinical evidence
Chemotherapy in hormone resistant prostate cancer			OTHER ANTICOAGULANTS
Inerapeutic use of fondaparinux			WARFARIN
<ul> <li>Rhythm control versus rate control in atrial fibrillation</li> </ul>			Initiation     Dosing
<ul> <li>Paroxysmal atrial fibrillation</li> </ul>			Monitoring
<ul> <li>Antiphospholipid syndrome and the kidney</li> </ul>			Clinical evidence
Total hip arthroplasty			COMPLICATIONS
<ul> <li>Total knee arthroplasty</li> </ul>			- Heparin
	123		- Warfarin
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- 五、 Topic review:全文資料
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有參與的作者與編輯者資

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Anticoagulation in acute pulmonary embol	ism		🔞 Patient Info 🛛 🖾 Email This Topic
TOPIC OUTLINE	Anticoaculation in acute nulmonary embolism		<u> </u>
INTRODUCTION (1)	Author Section Editor	Deputy Editor	
INITIATION OF THERAPY	Karen A Valentine, MD, PhD Jess Mandel, MD K	(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)		
<ul> <li>Extreme obesity</li> </ul>	INTRODUCTION Antisocogulation is the main therapy for soute pulmenary embelism (PE). Its goal is to dev	ity by preventing r	recurrent PE. In the only trial ever
<ul> <li>Monitoring</li> </ul>	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 clinicians caring for patients with acute PE include:		
UNFRACTIONATED HEPARIN			
Dosing	<ul> <li>Should I initiate anticoagulant therapy?</li> </ul>		
<ul> <li>Monitoring</li> </ul>	Which anticoagulant should I initiate?		
			(圖六)

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Anticoagulation in acute pulmonary emboli	sm			<ul> <li>Find in Topic</li> <li>Print This Topic</li> <li>Patient Info</li> <li>Email This Topic</li> </ul>
First episode of PE     Reversible risk factor	Anticoagulation in acute pulmonary e	mbolism		×
<ul> <li>Idiopathic</li> <li>Irreversible risk factor</li> <li>Recurrent PE</li> </ul>	Author Karen A Valentine, MD, PhD Russell D Hull, MBBS, MSc	Section Editor Jess Mandel, MD	<b>Deputy Editor</b> Kevin C Wilson, MD	
SPECIAL CONSIDERATIONS	Last literature review version 16.1: J	anuary 2008   This topic last updated: November 8, 200	7 (More)	
Pregnancy     Cancer	INTRODUCTION — Anticoagulation is t performed comparing untreated patient	he main therapy for acute pulmonary embolism (PE). Its go ts with PE versus those who were treated with anticoagul	oal is to decrease m (4)-a ting ants, anticoaquiatio	g recurrent PE. In the only trial ever th decreased mortality [1] .
INFORMATION FOR F (1)-b	Subsequent uncontrolled trials have co	nfirmed that anticoagulation is associated with decreased	mortality [2-4] .	
SUMMARY AND RECO	Common questions asked by clinicians (	caring for patients with acute PE include:		
REFERENCES	<ul> <li>Should I initiate anticoagulant</li> </ul>	therapy?		
GRAPHICS	<ul> <li>Which anticoagulant should I in</li> </ul>	nitiate?		
FIGURES	<ul> <li>what is the appropriate dose?</li> <li>How should I monitor the treat</li> </ul>	r tment?		
<ul> <li>PE treatment algorithm</li> </ul>	What is the clinical evidence su	upporting its use?		
	<ul> <li>What are the common complication</li> </ul>	ations?		

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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	<ul> <li>Should I initiate anticoagulant therapy?</li> <li>Which anticoagulant should I initiate?</li> <li>What is the appropriate dose?</li> <li>How should I monitor the treatment?</li> <li>What is the appropriate alwignes supporting its use?</li> <li>What is the dimical evidence supporting its use?</li> <li>What are the common complications?</li> <li>For how long should 1 treat?</li> <li>We discuss the initiation of anticoagulant therapy, the different types of anticoagulants, transition to oral anticoagulants, and duration of therapy here. In ad complications and risk factors for 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 thromboended (T). This is reflective of the opinion that both clinical manifestations of a single clinical entity. As a result, most of the opinions, suggestions, and result or discussion are equally applica with acute DVT.</li> </ul>	dition, n patients with DVT and PE are ble to patients
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 embruic therapy vin thrombosis Low molecular v thrombosis Low nolecular v thrombosis	INITIATION OF INTERAPY — We recommend that anticoaguilation be initiated in all patients for whom there is a high clinical susplicion or 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) [5-8] out of major bleding (less than three percent) [9]. In contrast, antic clinical suspicion of PE is low to moderate. The efficacy of anticoagulant therapy depends upon achieving a therapeutic fer el of heparin within the first 24 hours of treatment [10-12]; therefore, anticoa- be initiated immediately after it has determined that it is indicated.	(PE) or in whom weighs the risk irmed and the gulation should
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).	efer SC LMWH in 9. (See "Low
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. native bleeding), dir 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	should be acute pulmonary
		(圖八)



(圖九)

New Search Patient Info What's N Anticoagulation in acute pulmonary e	mbolis	m	Uo 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	olism Section Editor Jess Mandel, MD	<b>Deputy Editor</b> Kevin C Wilson, MD	(9)	-
Dosing     Extreme obesity     Monitoring     Clinical evidence     Cost-effectiveness UNERACTIONATED HEPARIN	_	Last literature review version 16.1: Jan INTRODUCTION — Anticoagulation is the performed comparing untreated patients Subsequent uncontrolled trials have confi Common questions asked by clinicians car	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:	107 (More) goal is to decrease mortality by preventing ulants, anticoagulation was associated wit d mortality [2-4].	g recurrent PE. In the th decreased mortali	a only trial ever ty [1] .

(圖十)

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WARFARIN     Initiation	Indicagina di la saggio di chanappini indica della provincia di contra
<ul> <li>Dosing</li> <li>Monitoring</li> <li>Clinical evidence</li> </ul>	WAREARIN — In most cases, initial hepain therapy is administered short-term, then transitioned to a long-term orally-active anticoagulant. Most oral anticoagulants are vitamin K antagonists that suppress the production of the vitamin K-dependent dotting factors, II, VII, IX, and X. Although several vitamin K antagonists exist, warfarin is the 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 warrann including pregnancy and malignancy. Long-term SC LMWH is an option for other patients as well, but is generally prohibited by cost. (See "Pregnancy" below and see "Cancer" below).
- Heparin - Werterin - Management	Initiation — Warferm can be started on the same day or after heparin, but should not be initiated prior to heparin because use of Warferm alone has been associated with a three-fold increased incidence of recurrent PE or DVT [12:45]. This is infinarily because, as noted below, full anticosquation with warferm length about five days of treatment. Simultaneous initiation of heparin and warferm therapy is effective, and shortens hospital stays with major cost-savings [46,47].
Thrombocytopenia DURATION OF THERAPY	Heparin therapy should be overlapped with Warfahr for a minimum of five days, and continued until the International Normalized Ratio (INR) has been within the therapeutic range (2.0 to 3.0) for at least two consecutive days [13]. We believe that heparin therapy should be extended in cases of persistent hypotension due to PE (ie, massive PE) or extensive lidermoral 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 embo	lism		Find in Topi      Pi     Patient Info	<ul> <li>Print This Topic</li> <li>Email This Topic</li> </ul>
INFORMATION FOR PATIENTS	A			
SUMMARY AND RECOMMENDATIONS	<ul> <li>Anticoagulation in acute pulmonary emb</li> </ul>	bolism		
REFERENCES	Author Karon & Valentine, MD, DbD	Section Editor	Deputy Editor	
GRAPHICS	Russell D Hull, MBBS, MSc	Jess Handel, HD	Kevin C Wilson, ND	
FIGURES	Last literature review version 16 1: lar	uary 2008   This tonic last undated: November 8-2	107 (More)	
<ul> <li>PE treatment algorithm</li> </ul>	INTRODUCTION Anticologulation is the	main therapy for acute pulmonary embelism (BE). Its	goal is to degraase martality by proventing requirent BE. In	the only trial over
TABLES	performed comparing untreated patients	with PE versus those who were treated with anticoac	gulants, anticoagulation was associated with decreased mor	tality [1].
Heparin protocol I	Subsequent uncontrolled trials have confi	rmed that anticoagulation is associated with decreas	ed mortality [2-4] .	
<ul> <li>Heparin protocol II</li> </ul>	Common questions asked by dinicians car	ring for patients with acute PE include:		
<ul> <li>Weight based heparin nomogram</li> </ul>				
RELATED TOPICS	<ul> <li>Should I initiate anticoagulant th</li> <li>Which apticoagulant should I init</li> </ul>	ierapy?		
Treatment of acute nulmonany embolism	<ul> <li>What is the appropriate dose?</li> </ul>	.a.c :		
Inferior vena caval filters	How should I monitor the treatm	ient?		
Fibrinolytic (thrombolytic) therapy in	<ul> <li>What is the clinical evidence sup What are the common complication</li> </ul>	porting its use? ons?		
pulmonary embolism and deep vein thrombosis	<ul> <li>For how long should I treat?</li> </ul>	015:		
Low molecular weight heparin for venous thromboembolic disease	We discuss the initiation of anticoagulant complications and risk factors for complica	therapy, the different types of anticoagulants, transit ations are reviewed. Much of the data presented are f	ion to oral anticoagulants, and duration of therapy here. In rom studies that did not distinguish patients with acute PE fi	addition, rom patients with
Therapeutic use of heparin and low molecular weight heparin	acute deep vein thrombosis (DVT), instead clinical manifestations of a single clinical e	d grouping the diseases together as venous thrombo ntity. As a result, most of the opinions, suggestions,	embolic disease (VTE). This is reflective of the opinion that b and recommendations within our discussion are equally appli	oth DVT and PE are icable to patients
Therapeutic use of fondaparinux	with acute DVT.			
Therapeutic use of warfarin	The treatment of acute pulmonary emboli	sm including thrombolysis, inferior vena caval filters, a	nd embolectomy is reviewed elsewhere. (See "Treatment of	acute pulmonary
Protein C deficiency	embolism", see "Inferior vena caval filters	", and see "Fibrinolytic (thrombolytic) therapy in pulm	onary embolism and deep vein thrombosis").	<b>.</b>
Correcting excess anticoagulation after	Help improve UpToDate. Did this topic ar	swer your question? ► Yes ► No	<u> </u>	
			(	圖十二)



(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。

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Enter item name to lookup.       Analyze       New List       Image: Asplinin       Image: Asplinin	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.
<ul> <li>Add another item(s) [Lookup] to Analyze for potential interactions between items in the list.</li> <li>Remove item from the list by clicking the check mark next to the item name.</li> </ul>	<b>Disclaimer</b> 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™ Lookup Enter item name to lookup.	<b>Risk Rating:</b> 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:					
Analyze New List	Ra	Risk ating	Action	Description		
✓ Aspirin       ✓ Grape Seed		A	No Known Interaction	Data have not demonstrated either pharmacodynamic or pharmacokinetic interactions between the specified agents		
<ul> <li>Display complete list of interactions for an individual item by clicking item name.</li> <li>Add another item(s) [Lookup] to Analyze for potential interactions between items in the list.</li> <li>Remove item from the list by clicking the check mark next to the item name.</li> </ul>	_	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		

### 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。

UpToDate. ONLINE 16.1	New Search:						
New Search Patient Info What's	• FEEDB						
Anticoagulation in acute pulmonary	embolism 💭 Find in Topic 🖨 Print This T Patient Info 🔯 Email This						
Recurrencie	SUMMARY AND RECOMMENDATIONS						
PECIAL CONSIDERATIONS Pregnancy Cancer	We recommend that anticoagulation be initiated immediately in patients with a high clinical suspicion of pulmonary embolism (PE) and continued during the diagnose evaluation (show figure 1) (Grade 1B). (See "Initiation of therapy" above and see "Treatment of acute pulmonary embolism").						
FORMATION FOR PATIENTS	We recommend that anticoagulation be initiated using subcu aneous low molecula weight heparin (SC LMWH) or intravenous unfractionated heparin (IV UFH). In						
UMMARY AND RECOMMENDATIONS	hemodynamically stable patients with PE, we recommend SC LNAHH (Grade 1A). In c htrast, we suggest IV UPH for patients with persistent hypotension due to PE (in the patient suggest provide) and the provide provide the provide p						
EFERENCES	see "Low molecular weight heparin" above, section on Clinical evidence, and see "Unfractionated heparin" above, section on Clinical evidence).						
RAPHICS	• When BUILEH is administered, we suggest that the data he adjusted to maintain aDTT are leaguestion that corresponds to plasma benation leavel from 0.2 to 0.7 L/min						
IGURES	<ul> <li>when is dominate equive suggest that the upset of a diploted on maintain and photographic tables provided to a suggest that the upset of a diploted on the upset of a diploted of the upset of the</li></ul>						
PE treatment algorithm	should not be monitored. (See "Low molecular weight heparin" above and see "Unfractionated heparin" above, sections on Monitoring).						
ABLES Heparin protocol I Heparin protocol II	Warfarin can be initiated at the same time or following the initiation of heparin. We recommend therapy with heparin for at least five days (Grade 1C). We recommend that heparin not be discontinued before the INR is stable and >2.0 for at least two consecutive days (Grade 1A). (See "Initiation" above).						

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:

New Search Patient Info What's New	Home   Contactus   About UpToDate   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, S1 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     Calculator: Urinary protein estimation	_	
		(圖二十)

### 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

ORLINE 16.1	New Search: acg test	ear	Home   Contactus   About UpToDate   Help LOG IN FEEDBACK
Search Results for "ecg test"		Topic Outline	
Advanced ECG test     Intermediate ECG test     Intermediate ECG test     Basic ECG test     Ecci test     Ecci test     Exercise ECG testing to determine prognosis of coronary hear     Stress testing for the diagnosis of coronary heart disease     Screening for coronary heart disease     Exercise myocardial perfusion imaging in the diagnosis and pr     Stress testing to determine prognosis and management of pa     Stress testing tor the diagnosis of coronary heart disease     Stress testing to the diagnosis of coronary heart disease     Stress testing to determine prognosis and management of pa     Stress testing for the diagnosis of coronary heart disease     Stress testing to determine prognosis and management of pa     Stress testing for the diagnosis of coronary heart disease in to     Pharmacologic stress myocardial perfusion imaging in the diagnosis	: disease sgnosis of coronary heart disease tients with known or suspected coronary heart disease omen nosis and prognosis of coronary heart disease		
			(圖二十一)