



User Guide 使用說明

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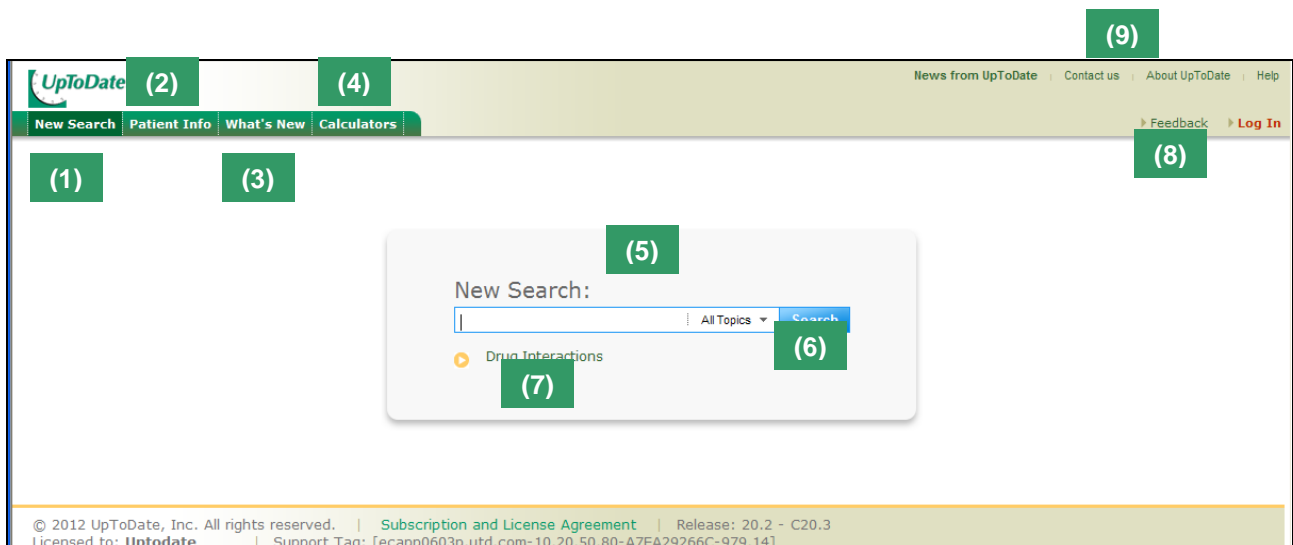
一、 以臨床問題為例說明：

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、 主畫面說明

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



(圖一)

◎以下之說明對應於（圖一）所標示之號碼

- (1) New Search：檢索畫面，亦為回到主畫面之選項
- (2) Patient Information：UpToDate 提供了超過 900+ 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) Calculators：目前提供 135 種試算表
- (5) New Search：指令欄/檢索區，可輸入單一關鍵字、詞句或問題
- (6) Search：執行檢索
- (7) Drug Interactions：Lexi-Comp 藥物交互作用模組
- (8) Feedback：將您寶貴的意見 email 給 UpToDate
- (9) 其他選項
 - News from UpToDate：UpToDate 的新訊以及新知
 - Contact us：UpToDate 聯絡資料
 - About UpToDate：UpToDate 內容說明
 - 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 search 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）

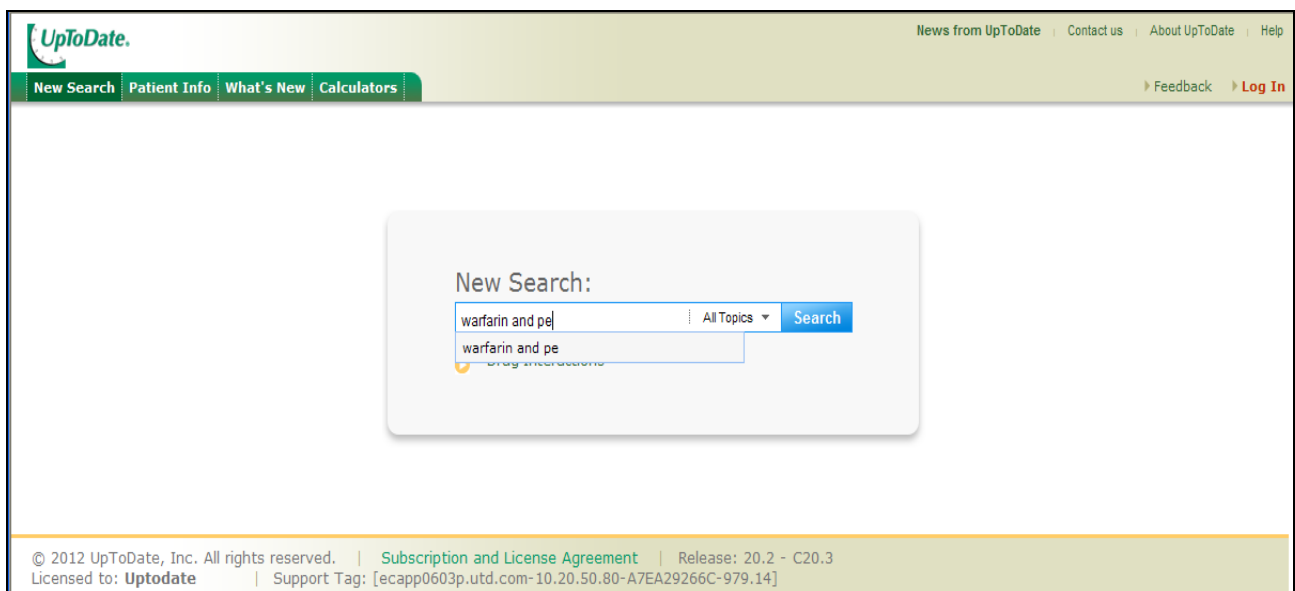
b. 檢索結果，如（圖三）所示。

上方：指令欄

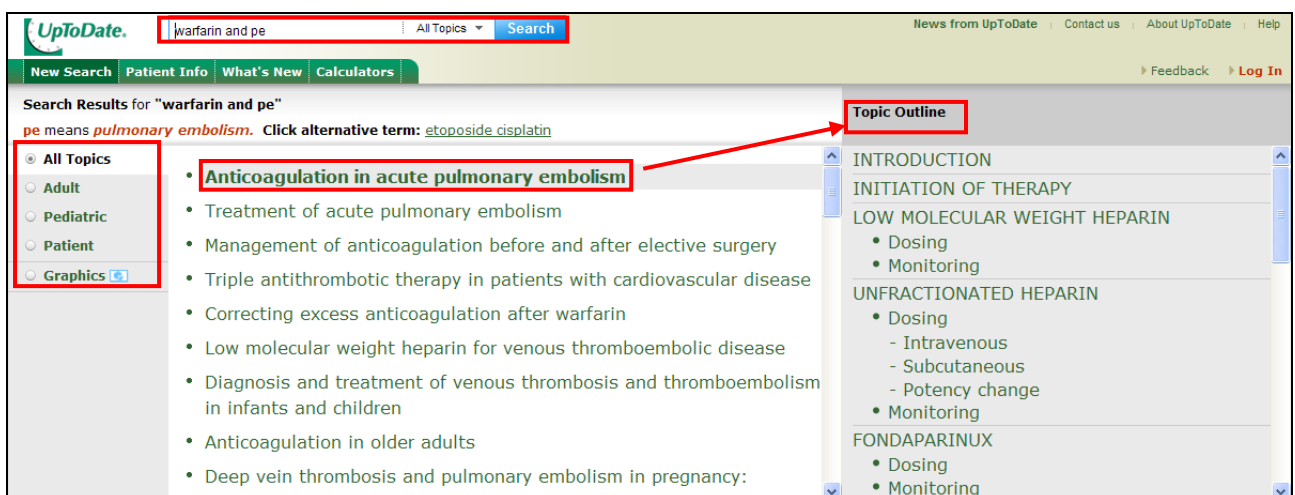
左方：檢索結果：

- 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；
- 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（圖四）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



(圖二)



(圖三)

UpToDate. warfarin and pe All Topics Search News from UpToDate Contact us About UpToDate Help

New Search Patient Info What's New Calculators Feedback Log In

Search Results for "warfarin and pe"

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

Therapeutic uses of recombinant coagulation factor VIIa

- Atrial septal abnormalities (PFO, ASD, and ASA) and risk of cerebral emboli in adults
- Evaluation of infection in the older adult
- Protein S deficiency
- Anticoagulants other than heparin and warfarin
- Management of inherited thrombophilia
- Hypercoagulable disorders associated with malignancy

1 2 3

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Topic Outline

- INTRODUCTION
- INITIATION OF THERAPY
- LOW MOLECULAR WEIGHT HEPARIN
 - Dosing
 - Monitoring
- UNFRACTIONATED HEPARIN
 - Dosing
 - Intravenous
 - Subcutaneous
 - Potency change
 - Monitoring
- FONDAPARINUX
 - Dosing
 - Monitoring

(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

The screenshot shows the UpToDate website interface. At the top, there is a search bar with 'warfarin and pe' and a search button. Below the search bar, there are navigation tabs: 'New Search', 'Patient Info', 'What's New', and 'Calculators'. The main content area is titled 'Anticoagulation in acute pulmonary embolism'. On the left, there is a 'TOPIC OUTLINE' sidebar with a list of topics: 'INTRODUCTION', 'INITIATION OF THERAPY', 'LOW MOLECULAR WEIGHT HEPARIN', 'UNFRACTIONATED HEPARIN', and 'FONDAPARINUX'. The 'LOW MOLECULAR WEIGHT HEPARIN' section is highlighted with a green box and the number (1). In the main content area, the 'Authors' section is highlighted with a red box and the number (2), listing Karen A Valentine, MD, PhD and Russell D Hull, MBBS, MSc. The 'Section Editor' is Jess Mandel, MD, and the 'Deputy Editor' is Kevin C Wilson, MD. Below this, the 'Disclosures' section is highlighted with a red box and the number (3). A red box also highlights a text block stating: 'All topics are updated as new evidence becomes available and our peer review process is complete. Literature review current through: Jan 2012. | This topic last updated: Oct 10, 2011.' The 'INTRODUCTION' section follows, starting with '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 in patients with PE comparing treatment with anticoagulants to no treatment, anticoagulation decreased mortality [1]. Subsequent uncontrolled trials have confirmed that anticoagulation decreases mortality [2-4].' At the bottom, there is a yellow box with the text: 'Common questions asked by clinicians caring for patients with acute PE include: Help improve UpToDate. Did UpToDate answer your question? Yes No'.

（圖六）

UpToDate. warfarin and pe All Topics Search

News from UpToDate Contact us About UpToDate Help

New Search Patient Info What's New Calculators Feedback Log In

Back to Search Results for "warfarin and pe"

Anticoagulation in acute pulmonary embolism

Find Patient Print Email

- Pregnancy
- INFORMATION FOR PATIENTS
- SUMMARY AND RECOMMENDATIONS
- Initial therapy
- Long-term therapy
- Duration
- REFERENCES
- GRAPHICS View All (4)-b
- FIGURES
- PE treatment algorithm
- TABLES
- Weight based heparin nomogram

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

Section Editor
Jess Mandel, MD

Deputy Editor
Kevin C Wilson, MD

Disclosures
All topics are updated as new evidence becomes available and our peer review process is complete. Literature review current through: Jan 2012. | This topic last updated: Oct 10, 2011.

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

Common questions asked by clinicians caring for patients with acute PE include:
Help improve UpToDate. Did UpToDate answer your question? Yes No

(圖七)

UpToDate. warfarin and pe All Topics Search

News from UpToDate Contact us About UpToDate Help

New Search Patient Info What's New Calculators Feedback Log In

Back to Search Results for "warfarin and pe"

Anticoagulation in acute pulmonary embolism

Find Patient Print Email

thrombolysis is being considered. (See [Unfractionated heparin](#) below.)

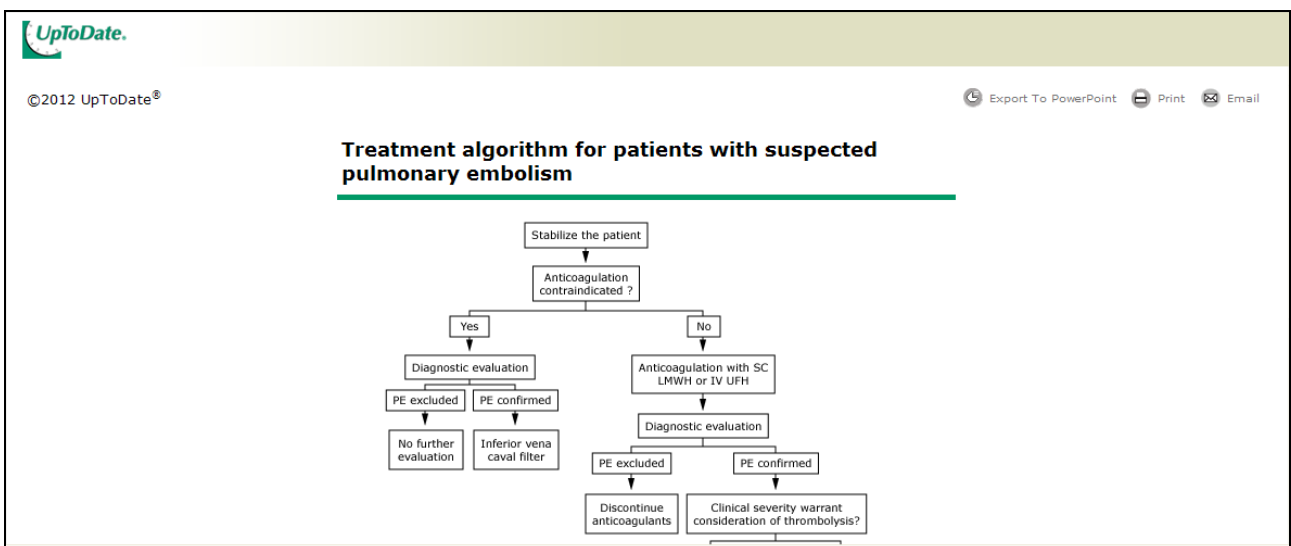
- We use UFH (either IV or SC) when the creatinine clearance is ≤ 30 mL/min [14]. The rationale for this approach is two-fold. First, the efficacy of LMWH and [fondaparinux](#) in patients with PE and severe renal failure has not been well studied because most randomized trials exclude such patients. (6)
- Second, severe renal insufficiency alters the pharmacokinetics of the anticoagulants, requiring that activity be monitored. It is more convenient to monitor UFH than SC LMWH because activated partial thromboplastin time (aPTT) testing is more readily available than anti-Xa assays. (See [Unfractionated heparin](#) below.)

In the rare patient in whom there is a high clinical suspicion of PE but a strong contraindication to anticoagulation (eg, active bleeding), diagnostic evaluation should be expedited. Anticoagulation independent therapies (eg, inferior vena caval filter) should be pursued if PE is confirmed (figure 1). (7) (5)

Treatment of acute pulmonary embolism". (7)

LOW MOLECULAR WEIGHT HEPARIN — We recommend subcutaneous low molecular weight (SC LMWH) for most hemodynamically stable patients with PE. Compared to intravenous unfractionated heparin (IV

(圖八)



(圖九)

UpToDate. warfarin and pe All Topics Search News from UpToDate Contact us About UpToDate Help

New Search Patient Info What's New Calculators Feedback Log In

Back to Search Results for "warfarin and pe" (8)

Anticoagulation in acute pulmonary embolism Find Patient Print Email

Anticoagulation in acute pulmonary embolism (9)

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

Section Editor
Jess Mandel, MD

Deputy Editor
Kevin C Wilson, MD

Disclosures

All topics are updated as new evidence becomes available and our [peer review process](#) is complete. **Literature review current through:** Jan 2012. | **This topic last updated:** Oct 10, 2011.

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 in patients with PE comparing 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:

- Should I initiate anticoagulant therapy?

Help improve UpToDate. Did UpToDate answer your question? Yes No

(圖十)

UpToDate. warfarin and pe All Topics Search News from UpToDate Contact us About UpToDate Help

New Search Patient Info What's New Calculators Feedback Log In

Back to Search Results for "warfarin and pe"

Anticoagulation in acute pulmonary embolism Find Patient Print Email

Anticoagulation in acute pulmonary embolism

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

Section Editor
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Disclosures

All topics are updated as new evidence becomes available and our [peer review process](#) is complete. **Literature review current through:** Jan 2012. | **This topic last updated:** Oct 10, 2011.

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 in patients with PE comparing 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:

- Should I initiate anticoagulant therapy?

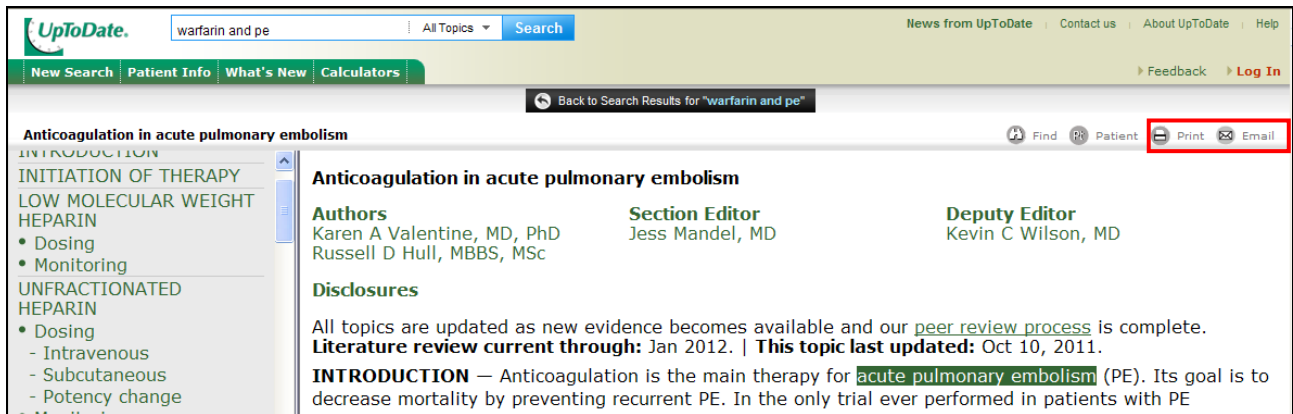
Help improve UpToDate. Did UpToDate answer your question? Yes No

Find in Topic
We found 81 instances of "warfarin and pe"
1 of 81 highlighted Next
Clear

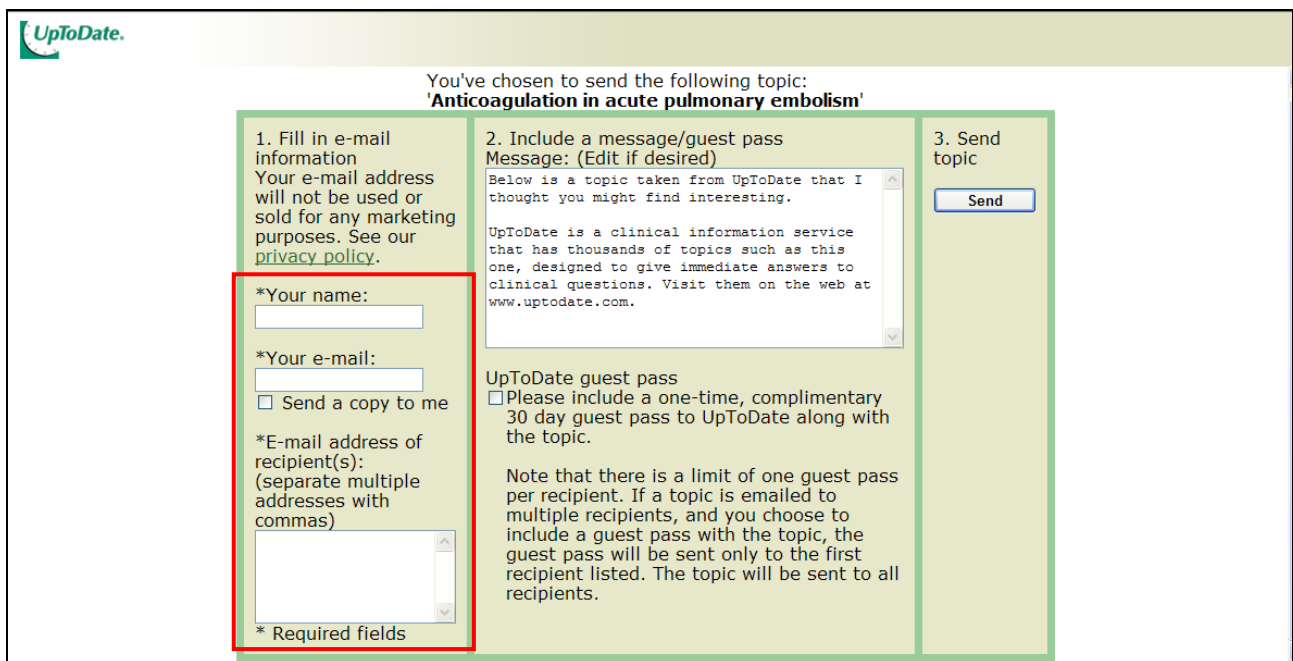
(圖十一)

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)

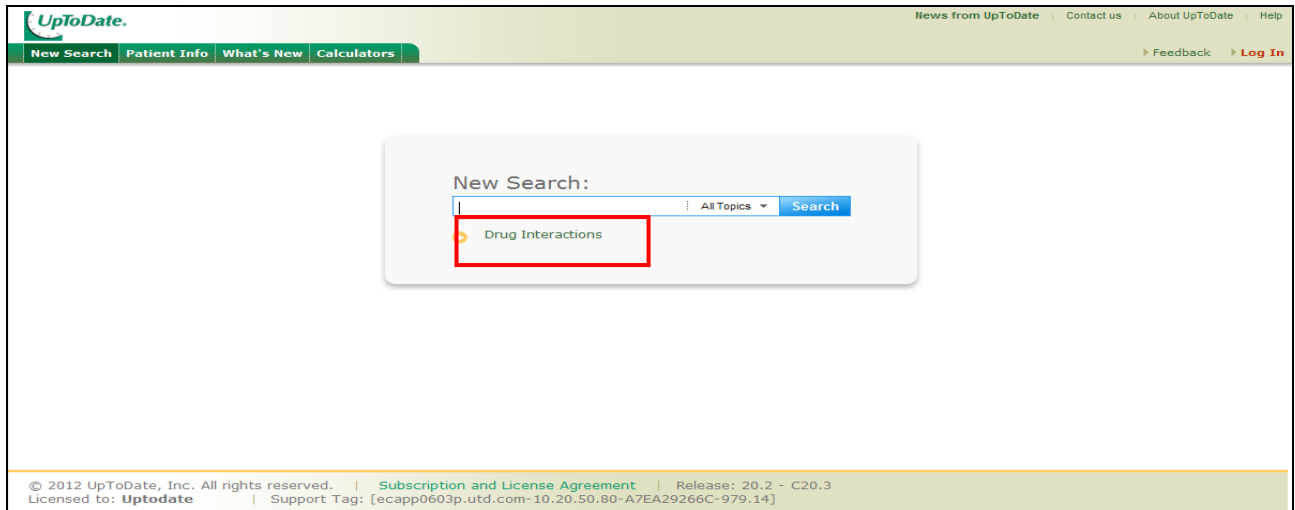


(圖十三)

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

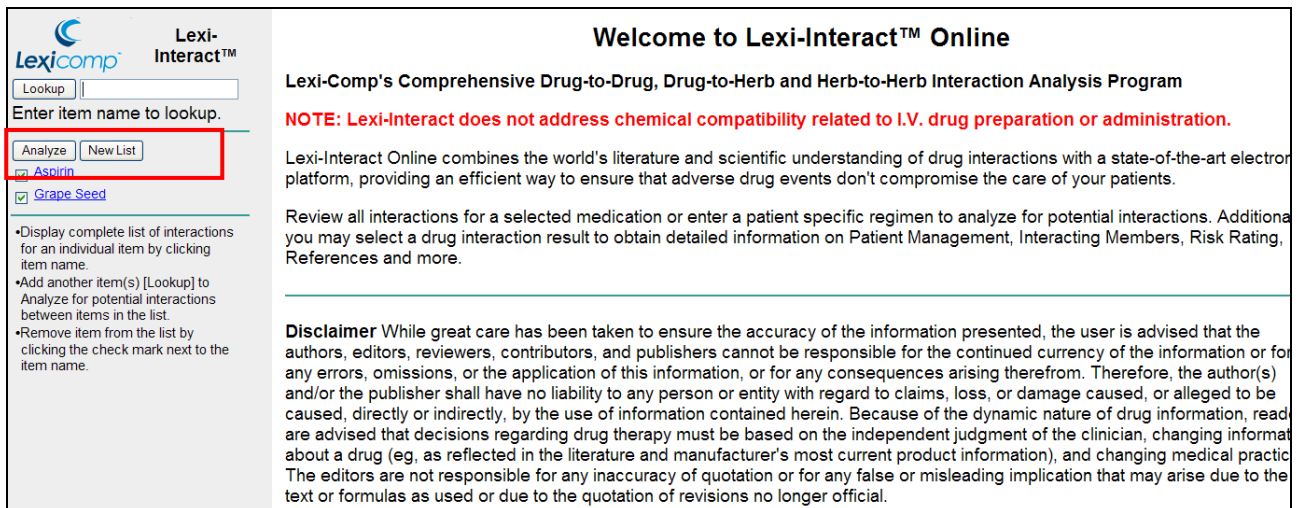
可以輸入二種以上的藥品，包含 drug-to-drug、herb-to-herb、drug-to-herb，執行並產生交互作用的結果，且有標示交互作用的等級。

(1)在主畫面的下方，直接點選：



(圖十四)

(2)輸入二種欲查詢之藥品，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.

Aspirin
[D] [Grape Seed](#) (Herbs (Anticoagulant/Antiplatelet Properties))

Grape Seed
[D] [Aspirin](#) (Salicylates)

Date March 3, 2012

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-Interact™ Online

Interaction Monograph Field Information

Title: Designates the agents or agent groups (categories) involved in the described interaction. The members of an agent category are listed in the Interacting Members section of the monograph.

Risk Rating: Rapid indicator regarding how to respond to the interaction data. Each Interact monograph is assigned a risk rating 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 in 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:

Risk Rating	Action	Description
A	<i>No Known Interaction</i>	Data have not demonstrated either pharmacodynamic or pharmacokinetic interactions between the specified agents
B	<i>No Action Needed</i>	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	<i>Monitor Therapy</i>	Data demonstrate that the specified agents may interact with each other

(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。

The screenshot shows the UpToDate interface for the topic 'Anticoagulation in acute pulmonary embolism'. The left sidebar lists various sections, with 'SUMMARY AND RECOMMENDATIONS' selected and highlighted in red. The main content area shows the 'SUMMARY AND RECOMMENDATIONS' section, which is also highlighted in red. Under the 'Initial therapy' sub-section, there are three bullet points. The first bullet point mentions '(Grade 1B)'. The second bullet point mentions '(Grade 1A)' and '(Grade 2B)'. The third bullet point mentions '(Grade 2B)'. The text is detailed and includes references to other sections like 'Initiation of therapy' and 'Treatment of acute pulmonary embolism'.

（圖十八）

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

The screenshot shows a pop-up window titled 'Grade 1A recommendation'. It contains the following text:

A Grade 1A recommendation is a strong recommendation, and applies to most patients in most circumstances without reservation. Clinicians should follow a strong recommendation unless a clear and compelling rationale for an alternative approach is present.

Explanation:

A Grade 1 recommendation is a strong recommendation. It means that we believe that if you follow the recommendation, you will be doing more good than harm for most, if not all of your patients.

Grade A means that the best estimates of the critical benefits and risks come from consistent data from well-performed, randomized, controlled trials or overwhelming data of some other form (eg, well-executed observational studies with very large treatment effects). Further research is unlikely to have an impact on our confidence in the estimates of benefit and risk.

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 which can be found at www.uptodate.com by clicking "About UpToDate" and then selecting "Policies".

（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。

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New Search Patient Info What's New Calculators Feedback Log In

About UpToDate Contents Patient Information Print

Contents: Patient Information

UpToDate offers different levels of patient education materials to meet the varying information needs of your patients.

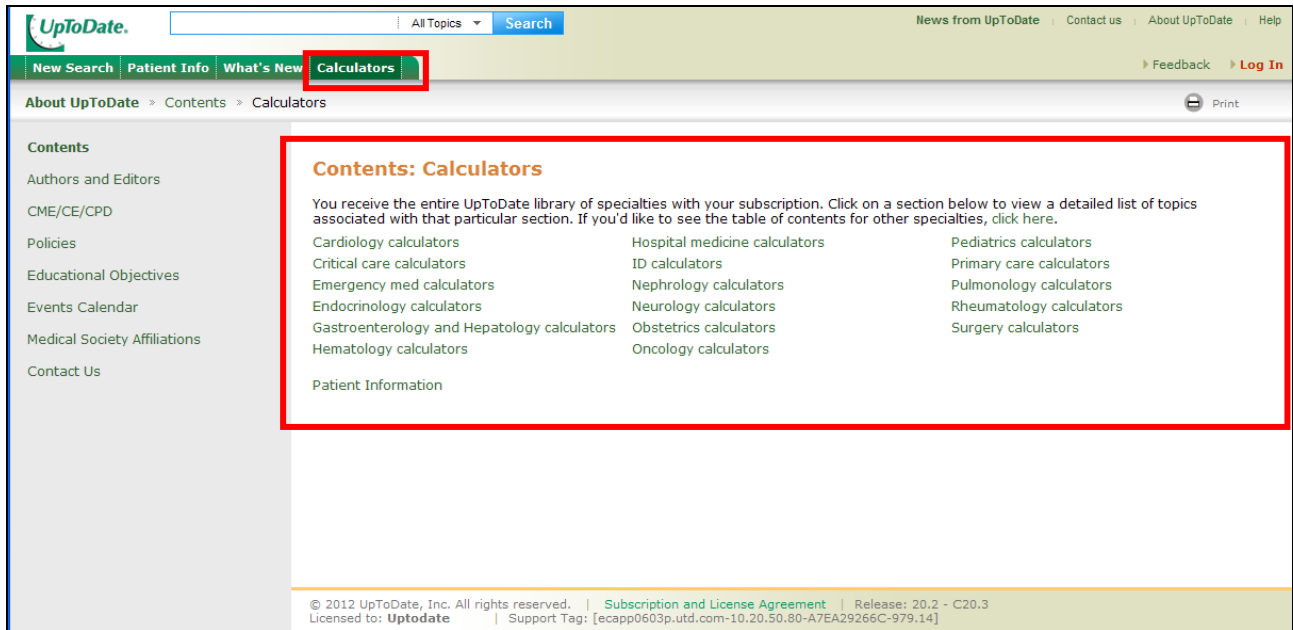
<p>The Basics</p> <p>"The Basics" are short (1 to 3 page) articles written in plain language. They answer the 4 or 5 most important questions a person might have about a medical problem. These articles are best for people who want a general overview.</p> <p>View all The Basics</p>	<p>Beyond the Basics</p> <p>"Beyond the Basics" articles are 5 to 10 pages long and more detailed than "The Basics". These articles are best for readers who want a lot of detailed information and who are comfortable with some technical medical terms.</p> <p>View all Beyond the Basics</p>
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 This site complies with the HONcode standard for trustworthy health information: [verify here.](#)

(圖二十)

九、 Calculators：試算表

UpToDate 目前提供了 135 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：



The screenshot shows the UpToDate website interface. At the top, there is a navigation bar with the UpToDate logo, a search bar, and links for 'All Topics', 'Search', 'News from UpToDate', 'Contact us', 'About UpToDate', and 'Help'. Below this is a secondary navigation bar with 'New Search', 'Patient Info', 'What's New', and 'Calculators' (highlighted with a red box). The 'Calculators' page content is also highlighted with a red box and includes the following text:

Contents: Calculators

You receive the entire UpToDate library of specialties with your subscription. Click on a section below to view a detailed list of topics associated with that particular section. If you'd like to see the table of contents for other specialties, click here.

Cardiology calculators	Hospital medicine calculators	Pediatrics calculators
Critical care calculators	ID calculators	Primary care calculators
Emergency med calculators	Nephrology calculators	Pulmonology calculators
Endocrinology calculators	Neurology calculators	Rheumatology calculators
Gastroenterology and Hepatology calculators	Obstetrics calculators	Surgery calculators
Hematology calculators	Oncology calculators	

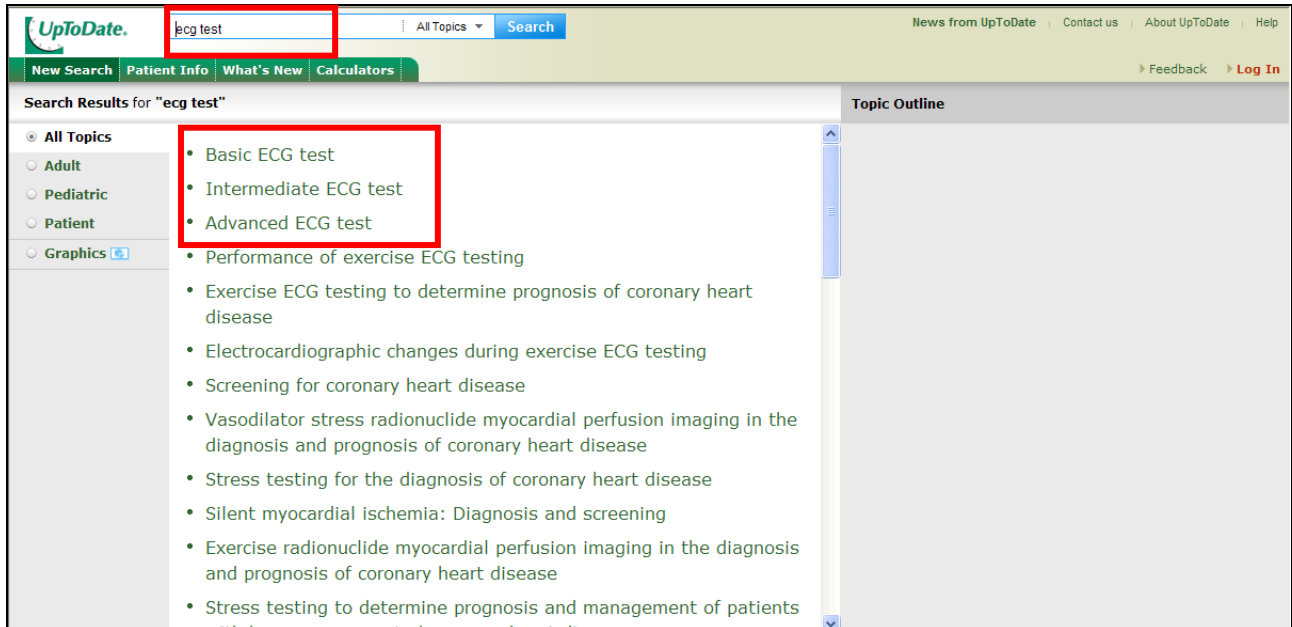
Patient Information

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(圖二十一)

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，檢索結果裡第一筆（Basic ECG test）、第二筆（Intermediate ECG test）和第三筆（Advanced ECG test）即為心電圖自我測試，如（圖二十二）所示：



(圖二十二)