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碩睿資訊
Shou Ray Information Service
2022

Cochrane Library

大綱

- 資料庫簡介
- 介面介紹
- 利用PICO檢索_又快又準
- 利用MeSH Term檢索_聰明不遺漏
- 利用Search Manager_策略化檢索
- 註冊個人帳號，善用個人化功能

Cochrane Library

資料庫簡介

Cochrane Library

為什麼需要 The Cochrane Library?

持續知識需求

「你們現在在醫學院所學到的，其中有一半在十年內將會被證實是錯誤的；糟糕的是，連你的老師也不知道哪些是錯誤的。」

~Dr. Sydney Burwell
(1956 Dean, Harvard Medical School)

時間有限

>2百萬篇文章發表於2萬種生物醫學期刊/年
→台北101大樓(500公尺)
>21篇/天→掌握核心發展最新狀況

專業審閱專業推薦

醫學界重要的出版品一致推崇Cochrane Review是目前**最具參考價值的系統評論(Gold Standard)**

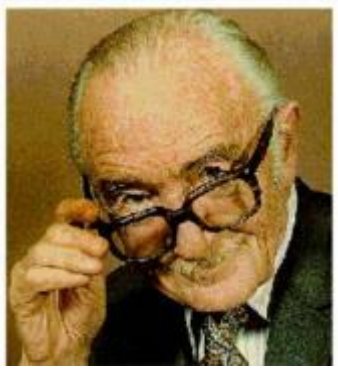
THE LANCET

NEJM

thebmj

JAMA
The Journal of the American Medical Association

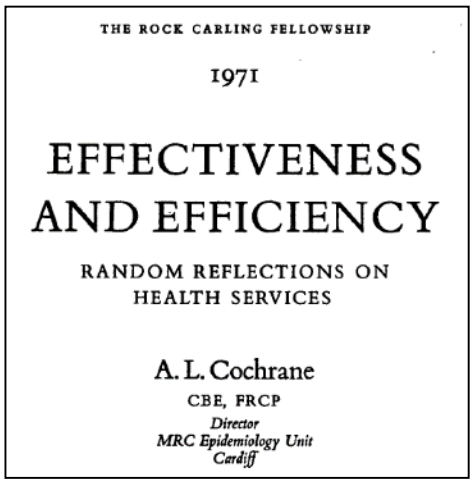
資料庫背景



Professor Archibald Leman Cochrane,
CBE FRCP FFCM, (1909-1988)
英國內科醫師及流行病學專家

- 使用已被證明有效果的醫療措施
  →避免醫療資源浪費
- 呼籲健康照護的成效應有實證研究支持
  →RCT研究 Randomized Controlled Trial

1972


THE ROCK CARLING FELLOWSHIP

1971

EFFECTIVENESS AND EFFICIENCY

RANDOM REFLECTIONS ON HEALTH SERVICES

A. L. Cochrane
CBE, FRCP
Director
MRC Epidemiology Unit
Cardiff

1992
EBM Gordon

Cochrane Collaboration @England

2009
Cochrane Taiwan 成立 @TMU

2015
更名為 The Cochrane

目標：成為全球健康決策的證據核心

Cochrane Library

EBM

實證醫學

evidence-based medicine

謹慎地、明確地、小心地採用

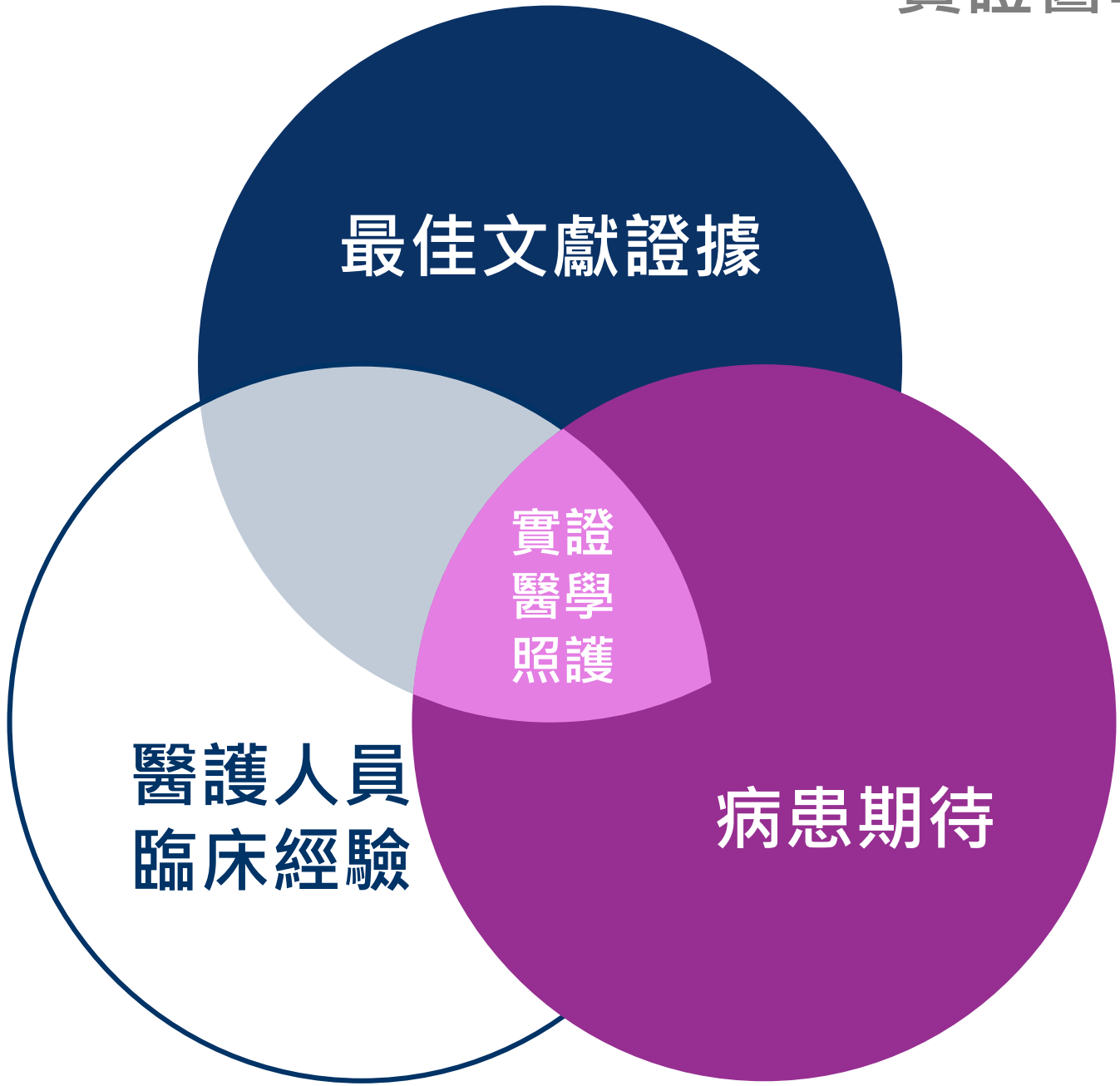
目前最佳的證據

作為照顧病人臨床決策的參考

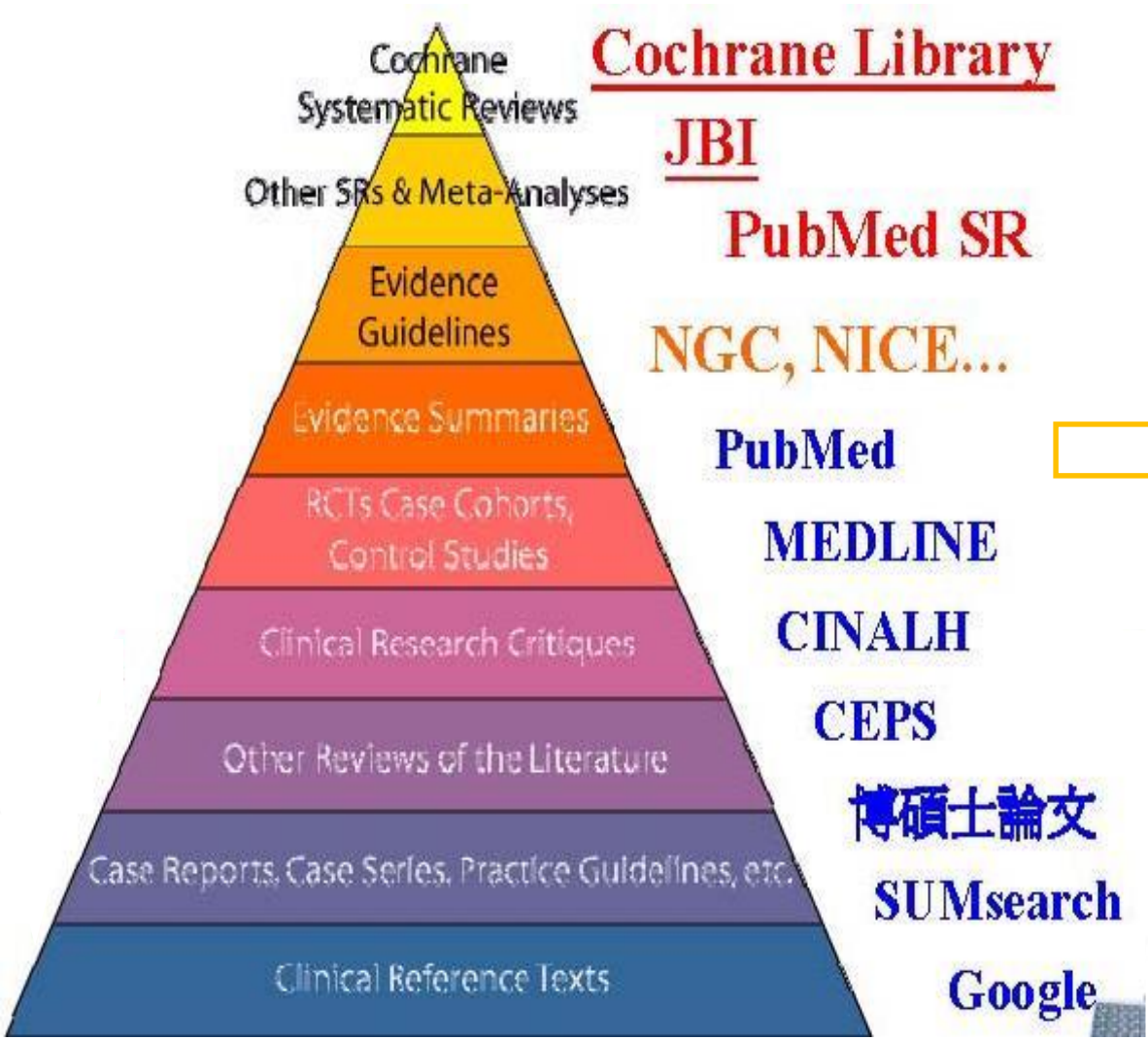
Sackett, et al., 1996

Cochrane Library

實證醫學三要素



文獻搜尋優先順序 (STRATEGY: Top→Down)



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JBI

PubMed SR

NGC, NICE...

PubMed

MEDLINE

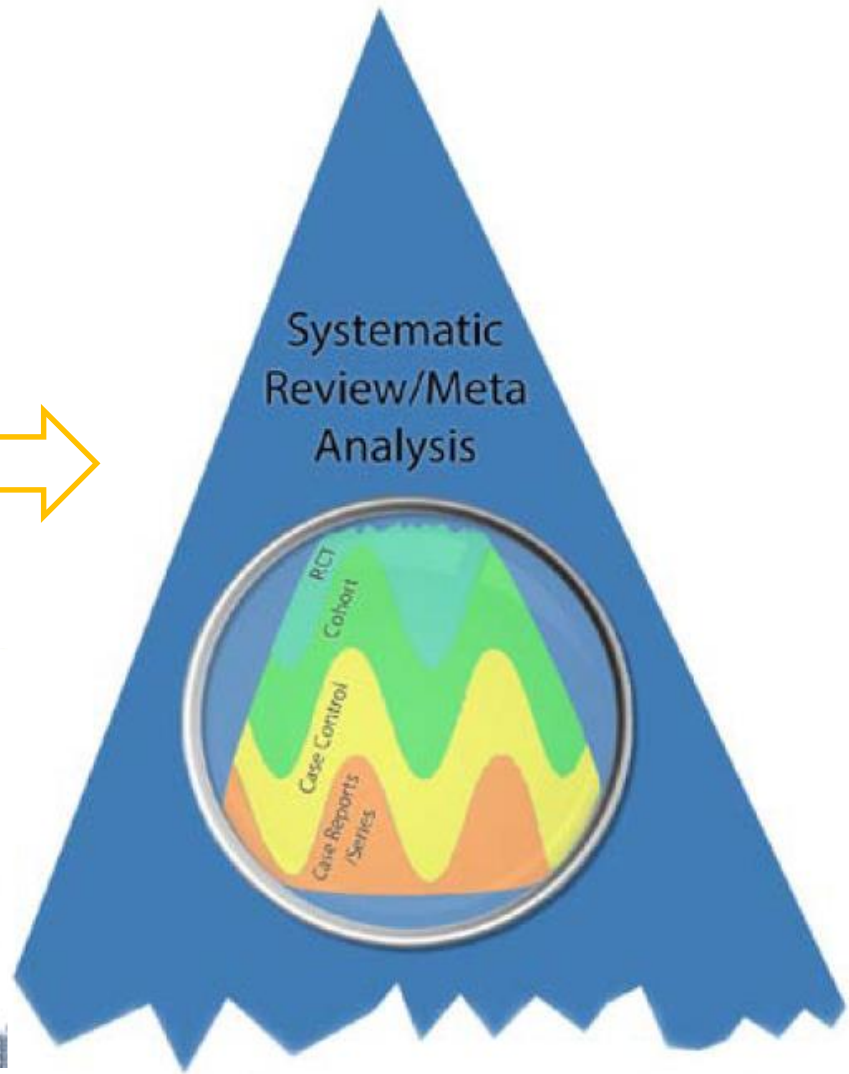
CINALH

CEPS

博碩士論文

SUMsearch

Google



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臨床對照試驗

收集安全性
有效性資料
↓
評斷新方法

系統性文獻回顧

整合
臨床試驗
↓
綜合判斷

Cochrane 合作組織

- 考科藍(Cochrane)
  - 也稱為**考科藍合作組織**或**考科藍協作組織**
  - 獨立、**非營利的非政府組織**
  - 由超過三萬七千名志願者組成
  - 分布超過190個國家
  - **由系統化方式組織醫學研究資訊**
  - 依實證醫學原則提供醫護人員、病人及醫療政策制定者所需資訊，便於進行醫療選擇
  - **進行隨機對照試驗的系統性文獻回顧**
  - 有些系統性評論(如職業安全)也會進行非隨機性、觀察性的研究方式

Cochrane review group評論小組(CRG)

- Cochrane系統性評論資料庫中的Cochrane評論由在其中一個Cochrane評論小組註冊標題的作者撰寫
- 每個Cochrane評論小組都專注於一個特定的主題領域，由一名統籌編輯和一個編輯團帶領，其中包括一名執行編輯和一名信息專家
- Cochran評論小組為作者提供方法和編輯支持以準備Cochrane評論，並管理編輯過程，包括同行評審
- 所有協調編輯和其他Cochrane評論小組的工作人員及編輯皆已聲明不存在利益衝突

Cochrane Library

研究成果收錄成CDSR(Cochrane Database of Systematic Review)評論小組一段時間會重新進行資料收集及評讀

2021 JOURNAL IMPACT FACTOR

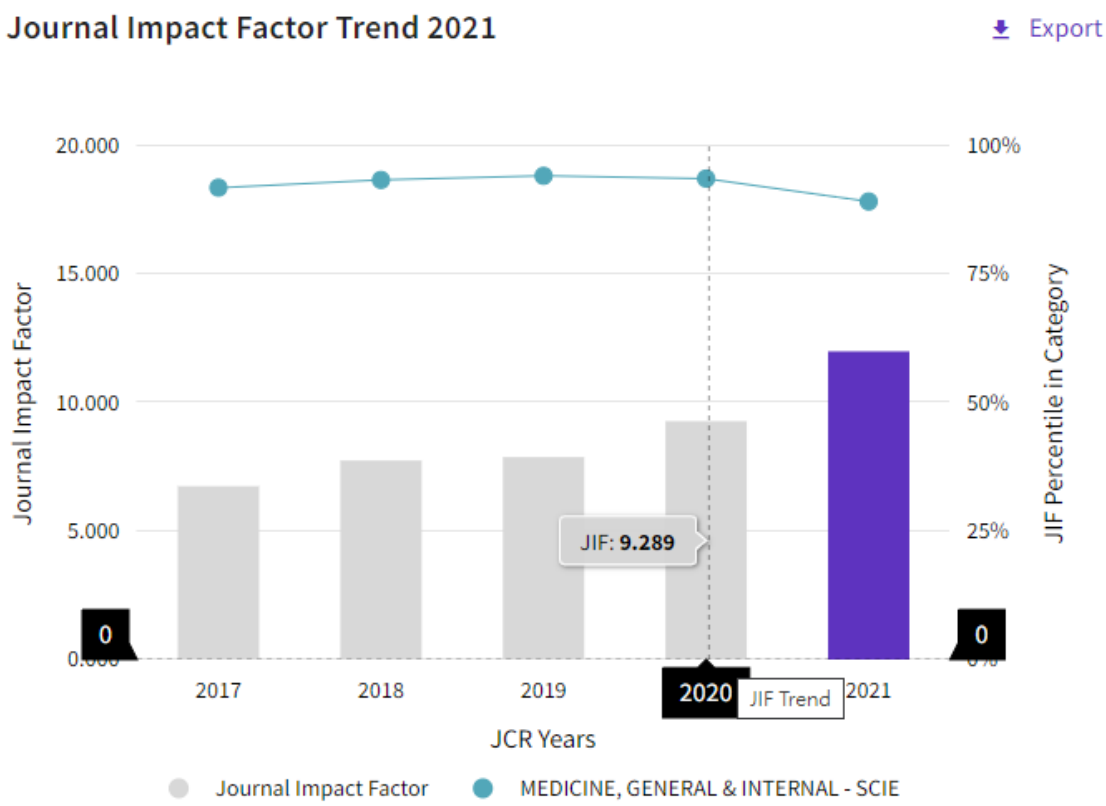
12.008

View calculation

JOURNAL IMPACT FACTOR WITHOUT SELF CITATIONS

11.581

View calculation



針對特定**臨床醫療照護問題**的**介入**方式評斷其療效協助醫療專業人士進行診療**判斷與決策**

Cochrane Library

收錄三個資料庫

收錄資料庫	特色
Cochrane Database of Systematic Reviews (Cochrane Reviews)	針對特定臨床問題(健康照護)的介入方式評斷其療效，是**全文資料庫**
Cochrane Central Register of Controlled Trials (Clinical Trials)	收錄隨機或半隨機臨床實驗的**書目資料庫 (PubMed, Embase, CINAHL, ClinicalKeyTrials.gov)**
Clinical Answers (CCAs)	從Cochrane Reviews擷取易讀、易懂的臨床切入重點，便於臨床照護的決策與操作

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聯合檢索資料庫

資料庫	特色
Epistemonikos	便於Cochrane使用者串連查找此**實證醫療衛生資料庫**的**系統性評論**。
Health Systems Evidence	不斷更新的**綜合研究證據資料庫**，匯集了有關衛生系統內的治理、財務和遞送安排以及支持衛生系統變革的實施策略的研究證據。
Social Systems Evidence	世界上最全面、持續更新的**綜合研究證據資料庫**，匯集的廣泛的政府部門和項目領域中可用的項目、服務及產品的研究證據。

Cochrane Review的類型

Review 類型	說明
Intervention	評估治療、疫苗、設備、預防措施、程序或政策的有效性/安全性。
Diagnostic test accuracy	評估測試、設備或量表的準確性以幫助診斷。
Prognosis	描述和預測患有疾病或健康狀況的個體病程。
Qualitative evidence syntheses	綜合質性的證據來解決有效以外的介入問題。
Methodology	解決系統性回顧和臨床試驗如何實施及被報告的相關議題。
Overviews of reviews	綜合來自相關研究問題的多個系統性評論的資訊。
Rapid reviews	通過簡化或省略特定方法加速的系統審查。
Prognosis	包括尚未在Cochrane中建立標準方法的其他類型之系統評價，例如範圍界定評價、混合方法評價、流行性研究評價和現實主義評價。

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資料庫介面

Cochrane Library

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主頁面

1

English | English | Sign In

Title Abstract Keyword

Browse | Advanced search

Cochrane Reviews | Trials | Clinical Answers | About | Help | About Cochrane

2

Anti-IL-5 therapies for asthma
Read the Review

Mobility training for frailty
Read the Review

Evidence for deprescribing
Read the Special Collection

3

Highlighted Reviews | Editorials | Special Collections

Interventions for interpersonal communication about end of life care between health practitioners and affected people

Rebecca E Ryan, Michael Connolly, Natalie K Bradford, Simon Henderson, Anthony Herbert, Lina Schonfeld, Jeanine Young, Josephine I Bothroyd, Amanda Henderson

8 July 2022

Child protection training for professionals to improve reporting of child abuse and neglect

Kerryann Walsh, Elizabeth Eggins, Lorelei Hine, Ben Mathews, Maureen C Kenny, Sarah Howard, Natasha Ayling, Elizabeth

4

Cochrane Library 主頁面

Browse by Topic | Browse by Cochrane Review Group

1

Browse by Topic

Browse the *Cochrane Database of Systematic Reviews*

2

Allergy & intolerance

b
Blood disorders

c
Cancer
Child health
Complementary & alternative medicine
Consumer & communication strategies

d
Dentistry & oral health
Developmental, psychosocial & learning problems
Diagnosis

e
Ear, nose & throat
Effective practice & health systems

g
Gastroenterology & hepatology
Genetic disorders
Gynaecology

h
Health & safety at work
Health professional education
Heart & circulation

i
Infectious disease

k
Kidney disease

l
Lungs & airways

m
Mental health
Methodology

n
Neonatal care
Neurology

o
Orthopaedics & trauma

p
Pain & anaesthesia
Pregnancy & childbirth
Public health

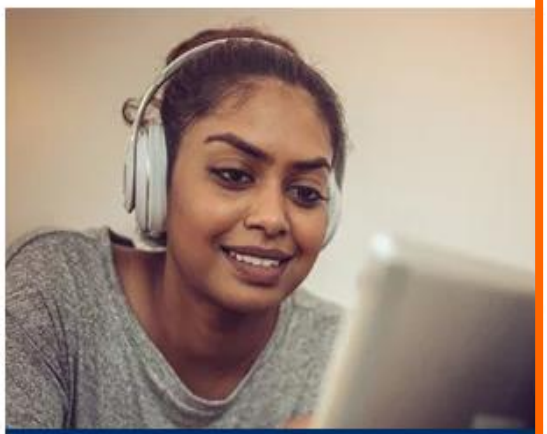
r
Rheumatology

s
Skin disorders

t
Tobacco, drugs & alcohol

u
Urology

3



Podcasts

Cochrane Podcasts: Listen to Cochrane evidence in under five minutes

Cochrane Library

Browse by Topic | Browse by Cochrane Review Group

Browse by Cochrane Review Group

Browse the *Cochrane Database of Systematic Reviews*

a

Acute Respiratory Infe

Airways

Anaesthesia, Critical, Care

b

c

Childhood Cancer

Colorectal

Common M

Consumers and Comr

Cystic Fibrosis and Ge

d

Dementia and Cognitive Improvement

Developmental, Psychosocial and Learning Problems

Drugs and Alcohol

Injuries

k

Kidney and Transplant

l

u

Upper GI and Pancreatic Diseases

Urology

v

Type

Intervention 351

Overview 3

Diagnostic 1

Topics

+ Lungs & airways 351

+ Child health 197

+ Complementary & alternative medicine 20

+ Allergy & intolerance 14

+ Neurology 11

選取相關的評論小組

選取相關主題的子分類，並閱讀全文

exacerbations of chronic obstructive pulmonary disease

Douglas C McCrory, Cynthia D Brown

Show Preview ▾ Intervention Review 20 January 2003

5 Tiotropium versus long-acting beta-agonists for stable chronic obstructive pulmonary disease

Jimmy Chong, Charlotta Karner, Phillippa Poole

Show Preview ▾ Intervention Review 12 September 2012

6 Aclidinium bromide for stable chronic obstructive pulmonary disease

Han Ni, Zay Soe, Soe Moe

Show Preview ▾ Intervention Review 19 September 2014 Free access

7 Ipratropium bromide versus long-acting beta-2 agonists for stable chronic obstructive pulmonary disease

ah Appleton, Terry Jones, Phillippa Poole, Toby J Lasserson, Robert Adams, Brian Smith, Julia Muhammed

w Preview ▾ Intervention Review 19 July 2006 New search

ravenous alpha-1 antitrypsin augmentation therapy for treating patients with alpha-1 antitrypsin deficiency and lung disease

Peter C Gøtzsche, Helle Krogh Johansen

Show Preview ▾ Intervention Review 20 September 2016 New search Free access

Cochrane Library

閱讀全文

Cochrane Database of Systematic Reviews

Colloids versus crystalloids for fluid resuscitation in critically ill people

Cochrane Systematic Review - **Intervention** | Version published: 03 August 2018 see what's new
https://doi.org/10.1002/14651858.CD000567.pub7

New search | Conclusions changed | Am score 37 | View article information

Sharon R Lewis | Michael W Pritchard | David JW Evans | Andrew R Butler | Phil Alderson | Andrew F Smith | Ian Roberts
View authors' declarations of interest

Collapse all Expand all

Abstract

Available in English | Español | Français | Português | 簡体中文

Background

Critically ill people may lose fluid because of serious conditions, infections (e.g. sepsis), trauma, or burns, and need additional fluids urgently to prevent dehydration or kidney failure. Colloid or crystalloid solutions may be used for this purpose. Crystalloids have small molecules, are cheap, easy to use, and provide immediate fluid resuscitation, but may increase oedema. Colloids have larger molecules, cost more, and may provide swifter volume expansion in the intravascular space, but may induce allergic reactions, blood clotting disorders, and kidney failure. This is an update of a Cochrane Review last published in 2013.

Objectives

To assess the effect of using colloids versus crystalloids in critically ill people requiring fluid volume replacement on mortality, need for blood transfusion or renal replacement therapy (RRT), and adverse events (specifically: allergic reactions, itching, rashes).

Search methods

We searched CENTRAL, MEDLINE, Embase and two other databases on 23 February 2018. We also searched clinical trials registers.

Selection criteria

We included randomised controlled trials (RCTs) and quasi-RCTs of critically ill people who required fluid volume replacement in

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Read comments on this Review(0)

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Linked to this Review (5)

Abstract
Plain language summary
Authors' conclusions
Summary of findings
Background
Objectives
Methods
Results
Discussion

Appendices

Information
Authors
History
Keywords

Translation notes

References
Characteristics of studies
Data and analyses

Figures and tables
Download statistical data
Related content Podcast available

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註冊帳號

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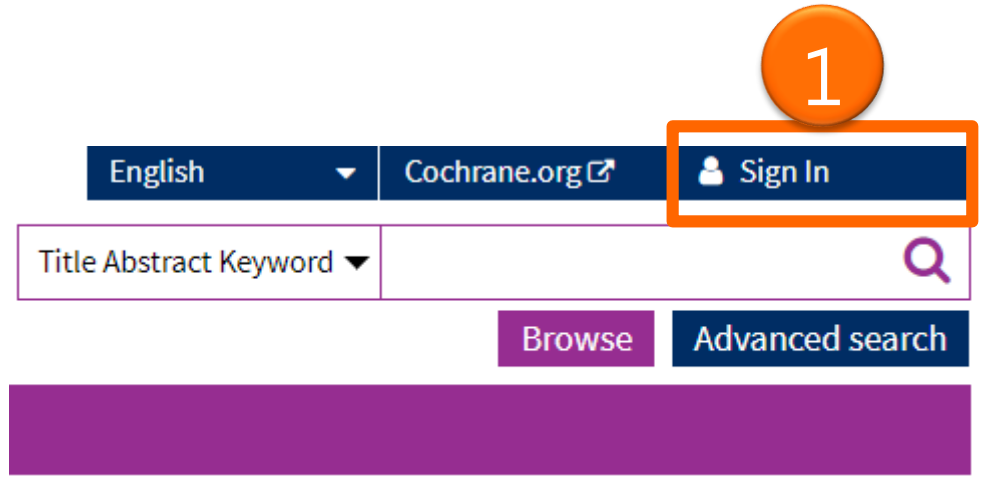
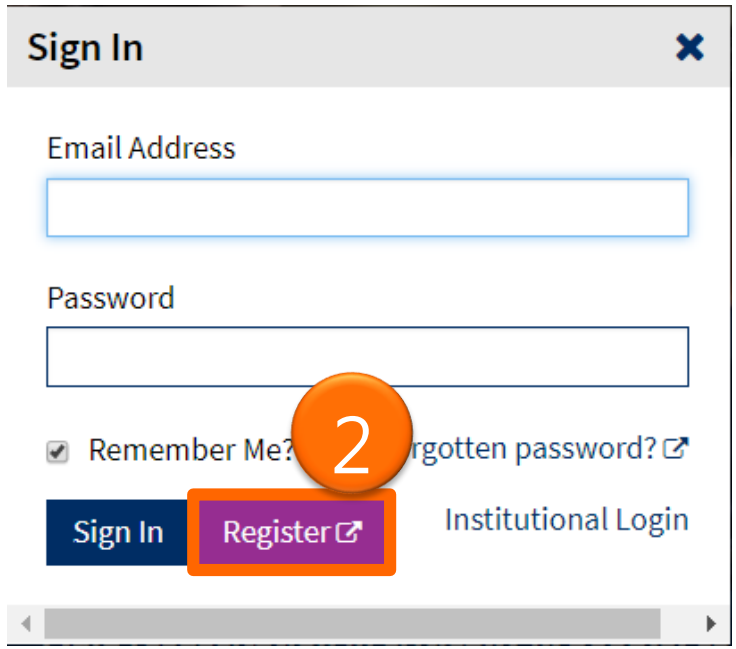
1.點選首頁的Sign in
2.出現新視窗後，點選Register
註冊 Cochrane library 帳號



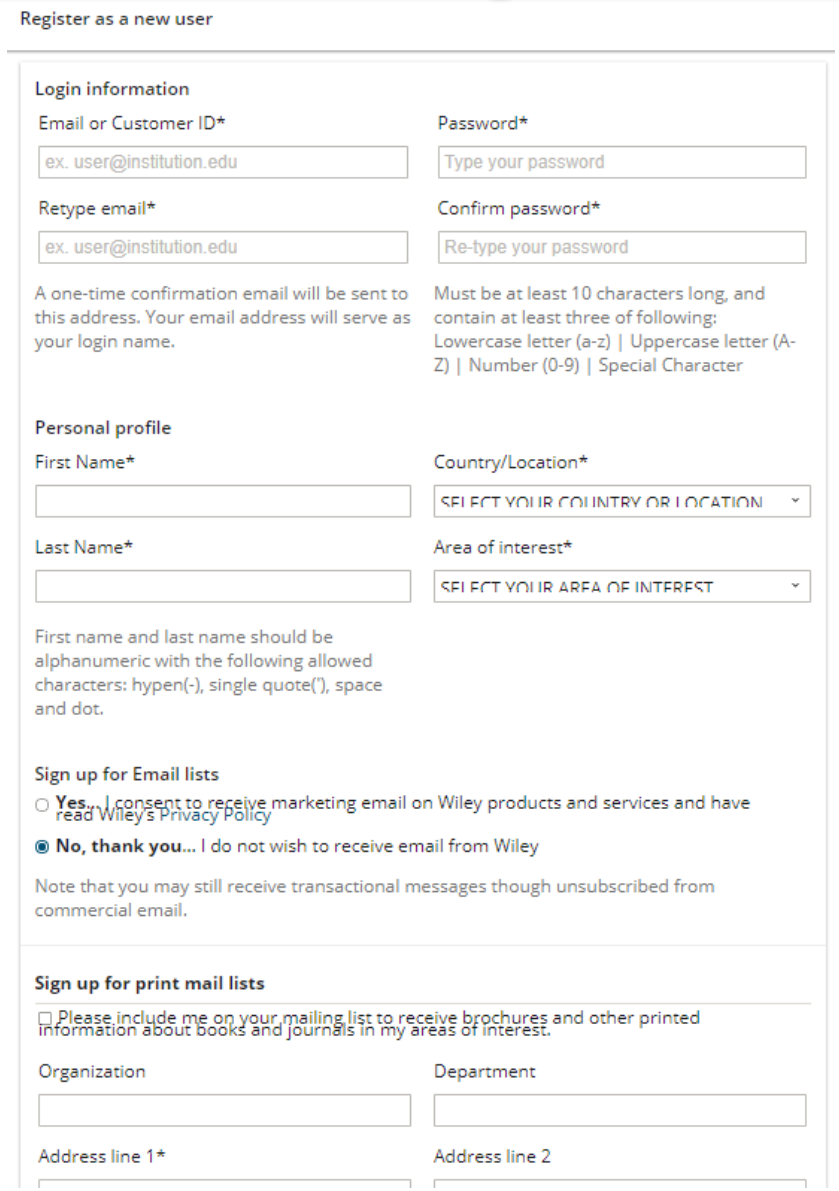


單位權限IP範圍內註冊即可利用下述功能：
提供My Profile的功能
儲存檢索條件
Alert功能

Cochrane Library

3. 進入到Wiley Online Library平台的註冊畫面。填入個人E-mail、密碼、個人姓名、國家地區等資訊，並且勾選Term of Use後，Submit Registration。

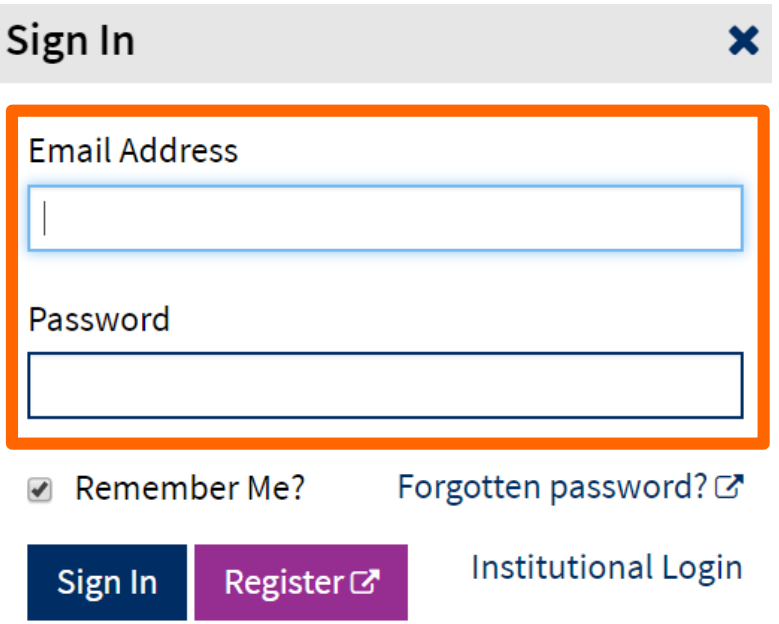
請將有
星號*的欄位
正確填寫後提交

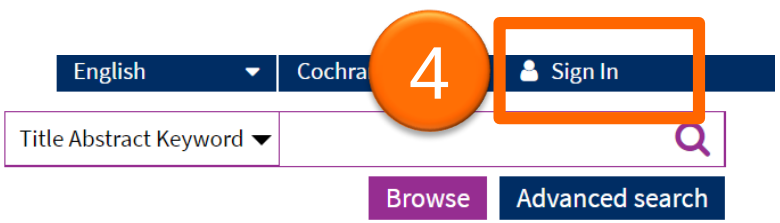


送出後請回註冊信箱收取確認信

Cochrane Library

4.輸入剛剛註冊的Email以及密碼，點選頁面的Sign In登入 Cochrane library 帳號





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實證醫學檢索

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5As Standard EBM Steps in EBM process

Ask — Formulate an answerable question
PICO

↓

Acquire — Track down the best evidence

↓

Appraisal — Critically appraise the evidence

↓

Apply — Integrate with clinical expertise and patient values

↓

Audit — Critically appraise the evidence

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P

Patient
or
Problem

病人或問題

I

Intervention
or
Indicator

介入或指標
某種治療、檢查、危險因子等

C

Comparator
or
Comparison

比較
該治療和什麼相比

O

Outcome

結果
想達成或避免什麼結果

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檢索範例

多數住院患者在住院期間內，會接受透過靜脈導管注射輸液或藥物治療，通常例行每3至4天更換一次，以預防對靜脈的刺激或血液感染，但此例行程序可能造成患者的不適且相當昂貴，亦為醫療照護人員工作負擔與壓力的來源，因此醫院希望重新評估依臨床狀況移除周邊靜脈導管與常規移除並重新置入靜脈導管之局部感染和導管阻塞比率是否有顯著差異。

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檢索範例

多數住院患者在住院期間內，會接受透過靜脈導管注射輸液或藥物治療，通常例行每3至4天更換一次，以預防對靜脈的刺激或血液感染，但此例行程序可能造成患者的不適及醫材消耗，亦為醫療照護人員工作負擔與壓力的來源，因此醫院希望重新評估依臨床狀況移除周邊靜脈導管與常規移除並重新置入靜脈導管之局部感染和導管阻塞比率是否有顯著差異。

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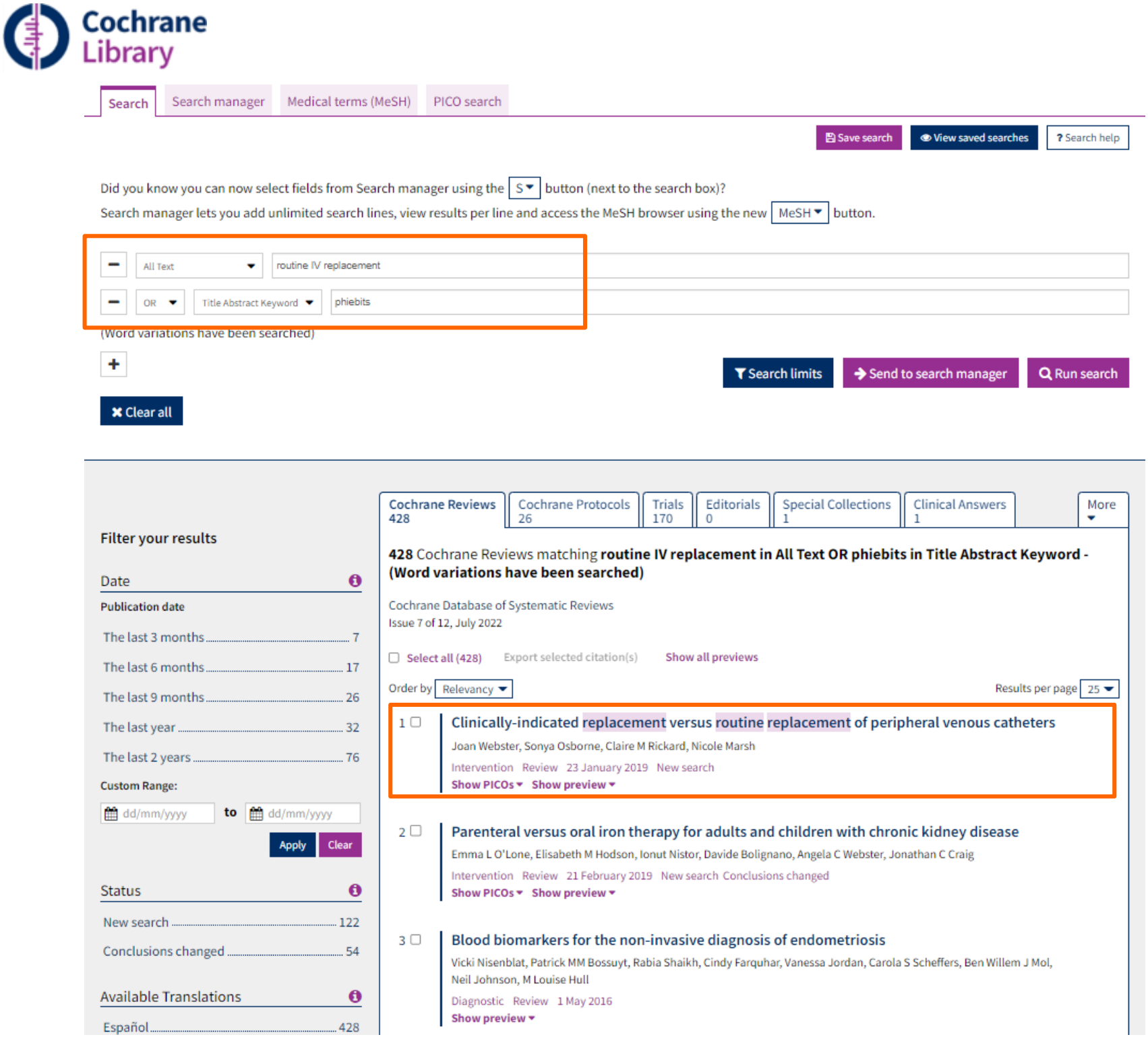
檢索範例

Participants Problems	**住院病人**
Interventions	依臨床狀況更換周邊靜脈導管
Comparisons	常規更換周邊靜脈導管（原來照護方式）
Outcomes	局部感染和導管阻塞比率

Cochrane Library

檢索範例

Participants Problems	住院病人 **In-patient**
Interventions	依臨床狀況更換周邊靜脈導管 **Clinically-indicated replacement of peripheral venous catheters, Clinically-indicated IV replacement**
Comparisons	常規更換周邊靜脈導管（原來照護方式） **Routine replacement of peripheral intravenous catheters, routine IV replacement, routine removal of peripheral IV catheters**
Outcomes	局部感染和導管阻塞比率 **Difference in peripheral catheter-related complications / phlebitis rates**


Cochrane Library
Search
Search manager
Medical terms (MeSH)
PICO search
Save search
View saved searches
Search help
Did you know you can now select fields from Search manager using the S button (next to the search box)?
Search manager lets you add unlimited search lines, view results per line and access the MeSH browser using the new MeSH button.
All Text
routine IV replacement
OR
Title Abstract Keyword
phiebits
(Word variations have been searched)
Search limits
Send to search manager
Run search
Clear all
Filter your results
Date
Publication date
The last 3 months 7
The last 6 months 17
The last 9 months 26
The last year 32
The last 2 years 76
Custom Range:
dd/mm/yyyy
to
dd/mm/yyyy
Apply
Clear
Status
New search 122
Conclusions changed 54
Available Translations
Español 428
Cochrane Reviews 428
Cochrane Protocols 26
Trials 170
Editorials 0
Special Collections 1
Clinical Answers 1
More
428 Cochrane Reviews matching routine IV replacement in All Text OR phiebits in Title Abstract Keyword - (Word variations have been searched)
Cochrane Database of Systematic Reviews
Issue 7 of 12, July 2022
Select all (428)
Export selected citation(s)
Show all previews
Order by Relevancy
Results per page 25
1 Clinically-indicated replacement versus routine replacement of peripheral venous catheters
Joan Webster, Sonya Osborne, Claire M Rickard, Nicole Marsh
Intervention Review 23 January 2019 New search
Show PICOs Show preview
2 Parenteral versus oral iron therapy for adults and children with chronic kidney disease
Emma L O'Lone, Elisabeth M Hodson, Ionut Nistor, Davide Bolignano, Angela C Webster, Jonathan C Craig
Intervention Review 21 February 2019 New search Conclusions changed
Show PICOs Show preview
3 Blood biomarkers for the non-invasive diagnosis of endometriosis
Vicki Nisenblat, Patrick MM Bossuyt, Rabia Shaikh, Cindy Farquhar, Vanessa Jordan, Carola S Scheffers, Ben Willem J Mol, Neil Johnson, M Louise Hull
Diagnostic Review 1 May 2016
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Clinically-indicated replacement versus routine replacement of peripheral venous catheters

Cochrane Systematic Review - **Intervention** | Version published: 14 August 2015 see what's new

Joan Webster | Sonya Osborne | Claire M Rickard | Karen New

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Abstract *available in* English | Français | Português | 繁體中文

Background

US Centers for Disease Control guidelines recommend replacement of peripheral intravenous (IV) catheters no more frequently than every 72 to 96 hours. Routine replacement is thought to reduce the risk of phlebitis and bloodstream infection. Catheter insertion is an unpleasant experience for patients and replacement may be unnecessary if the catheter remains functional and there are no signs of inflammation. Costs associated with routine replacement may be considerable. This is an update of a review first published in 2010.

Objectives

To assess the effects of removing peripheral IV catheters when clinically indicated compared with removing and re-siting the catheter routinely.

Search methods

For this update the Cochrane Vascular Trials Search Co-ordinator searched the Cochrane Vascular Specialised Register (March 2015) and CENTRAL (2015, Issue 3). We also searched clinical trials registries (April 2015).

Abstract
Plain language summary
Authors' conclusions
Summary of findings
Background
Objectives
Methods
Results
Discussion

Appendices

Information
Authors
History
Keywords

Translation notes

References
Characteristics of studies

Cochrane Database of Systematic Reviews

依臨床狀況更換與常規更換周邊靜脈導管之比較

Cochrane Systematic Review - Intervention | Version published: 14 August 2015 see what's new

Joan Webster | Sonya Osborne | Claire M Rickard | Karen New

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摘要 *available in* English | Français | Português | 繁體中文

背景

美國疾病管制局指引建議，不要過於頻繁地更換周邊靜脈導管，每72至96小時更換一次即可。常規更換被視為能降低靜脈炎及血流感染的風險。置入導管對患者來說是一個痛苦的過程，如果導管仍可使用且沒有發炎的跡象，更換導管可能是不必要的，且與常規更換相關的醫療費用可能很大。此為一篇發表於2010年的文獻之更新版。

目的

評估依臨床狀況移除周邊靜脈導管相較於常規移除並重新置入靜脈導管之效應。

搜尋策略

本更新由Cochrane Vascular試驗調查人員搜尋Cochrane Vascular Specialised Register (2015年3月)及CENTRAL (2015年, Issue 3)等資料庫。我們也搜尋了臨床試驗記錄資料(2015年4月)。

選擇標準

比較常規移除周邊靜脈導管與只在接受持續或間斷輸液的住院及社區患者之臨床狀況需要時才移除導管的隨機對照試驗。

資料收集與分析

兩位作者獨立地評估試驗品質及摘錄資料。

Abstract ZH-TW
Plain language summary ZH-TW
Authors' conclusions
Summary of findings
Background
Objectives
Methods
Results
Discussion

Appendices

Information
Authors
History
Keywords

Translation notes

References
Characteristics of studies
Data and analyses

Figures and tables

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主要結果

本文獻收錄7個包括共4,895位患者的試驗。大多數結果的證據品質為高等級，但與導管相關的血流感染(CRBSI)降為中等級，因為其信賴區間寬，會造成效應評估的不確定性。有5個試驗(4,806位患者)評估與導管相關的血流感染(CRBSI)。CRBSI率在兩個群組之間沒有顯著的差異(依臨床狀況更換組為1/2365；常規更換組為2/2441)。風險率比(RR)為0.61(95% CI 0.08至4.68; P = 0.64)。無論是依臨床狀況更換或常規更換導管，在靜脈炎發生率上皆無差異(依臨床狀況更換為186/2365；每3天常規更換為166/2441；RR 1.14, 95% CI 0.93至1.39)。不論經由導管的輸液是持續或間斷的，本結論皆不受影響。我們也分析了裝置的留置天數，同樣在兩個組別中皆沒有觀察到差異(RR 1.03, 95% CI 0.84至1.27; P = 0.75)。有1個試驗對全因血流感染做了評估，而其結果在兩個組別中皆無差異(依臨床狀況更換為4/1593 (0.02%)；常規更換為9/1690 (0.05%); P = 0.21)。依臨床狀況更換組的導管費用約少了澳幣7.00元(平均差(MD) -6.96, 95% CI -9.05至-4.86; P ≤ 0.00001)。

作者結論

本文獻沒有發現支持每72至96小時更換導管的證據。因此，健康照護機構應考慮將政策改為只在臨床狀況需要下才更換導管。此舉能省下可觀的醫療費用，且能免除患者在缺乏臨床狀況評估下就進行常規更換而產生的非必要疼痛。為減少與周邊靜脈導管相關的併發症，每一次交接班時皆應檢視置入的位置，並且在出現感染、浸潤或阻塞的跡象時將導管移除。

譯註

翻譯者：臺北醫學大學考科藍臺灣研究中心(Cochrane Taiwan)

本翻譯計畫由臺北醫學大學考科藍臺灣研究中心(Cochrane Taiwan)、台灣實證醫學學會及東亞考科藍聯盟(EACA)統籌執行

聯絡E-mail：cochranetaiwan@tmu.edu.tw

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Clinically-indicated replacement versus routine replacement of peripheral venous catheters

Cochrane Systematic Review - Intervention | Version published: 23 January 2019 see what's new
https://doi.org/10.1002/14651858.CD007798.pub5

Joan Webster | Sonya Osborne | Claire M Rickard | Nicole Marsh
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Abstract
Plain language summary
Authors' conclusions
Summary of findings
Background
Objectives
Methods
Results
Discussion
Appendices
Information
Authors
History
Keywords

Abstract

Plain language summary

Replacing a peripheral venous catheter when clinically indicated versus routine replacement

Review question

We reviewed the evidence about the effects of changing a catheter routinely (every three to four days) or changing the catheter only if there were signs or symptoms of a problem with the catheter remaining in place.

Background

Most hospital patients receive fluids or medications via a peripheral intravenous catheter at some time during their hospital stay. An intravenous catheter (also called an IV drip, an IV line or intravenous cannula) is a short, hollow tube placed in the vein to allow administration of medications, fluids or nutrients directly into the bloodstream. These catheters are often replaced every three to four days to try to prevent irritation of the vein or infection of the blood. However, replacing the catheter may cause discomfort to patients and is quite costly. This is the third update of a review first published in 2010.

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淺顯易懂的口語結論

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依臨床狀況更換與常規更換周邊靜脈導管之比較

回顧問題

我們回顧實證報告關於定期更換導管 (每 3至4天) 及只有在導管出現問題或症狀時才更換導管之差異。

研究背景

大多數醫院患者在住院期間，通常會通過外周靜脈導管接受液體或藥物治療。靜脈導管 (也稱為靜脈滴注、靜脈或靜脈插管) 為放置在靜脈中的一個短且空心的管路, 用於將藥物、液體或營養物質直接輸送到血液中。這些導管通常每三到四天更換一次, 以防止靜脈刺激或血液感染。然而, 更換導管可能會給患者帶來不適, 而且成本相當高。本篇這是第三次更新首次發表於2010的評論文章。

研究特點

2018年4月, 我們尋找隨機對照試驗 (RCT), 僅在出現併發症或治療完成的情況下才更換導管及每72至96小時更換導管 (常規更換) 進行比較。我們測量導管相關的血液感染、靜脈炎和其他與外周導管有關的問題, 如局部感染和導管堵塞。我們總共發現了9項研究，包含此次納入的兩項新研究，有7412名參與者。

主要結果

我們發現, 導管相關的血液感染率、靜脈炎 (靜脈炎症)、任何原因引起的血液流感染、局部感染、死亡率或疼痛的發生率並沒有顯著差異。依照臨床狀況更換導管, 並無法確定局部感染是否因此減少或增加。常規更換導管者, 滲漏 (液體滲入導管周圍的組織) 和導管堵塞 (無法通過導管注入液體或藥物) 可能會減少。在依照臨床徵兆才更換導管者, 成本降低。研究結果的假設，“每名患者的導管重新置放管路次數”，及，“滿意度”並未包括在任何研究報告評價中

證據品質

證據整體的品質被批判對大多數結果是模稜兩可的, 這研究的結果無法說服我們。不確定性主要歸因由於患者對靜脈炎等結果進行評估, 這些結果可能或也可能不影響他們關於問題是否存在的決定。

Authors' conclusions

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1

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Contents

Abstract
PICOs
Plain language summary
Authors' conclusions
Summary of findings
Background
Objectives
Methods
Results
Discussion
Appendices
Figures and tables
References
Characteristics of studies
Data and analyses
Download statistical data

2

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Prakeshkumar S Shah, Niketa Shah | **25 February 2014**

生理鹽水（0.9%氯化鈉）與肝素間歇沖洗對預防嬰兒及兒童長期中心靜脈導管阻塞的比較
Natalie K Bradford, Rachel M Edwards, Raymond J Chan | **30 April 2020**

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Cochrane Clinical Answers

How do outcomes compare when peripheral venous catheters are replaced routinely or only when clinically indicated?
Jane Burch, Sera Tort | **19 March 2019**

1

Guidelines

Cochrane UK continually checks guideline developers' websites to identify guidelines informed by Cochrane Reviews. Links to guidelines are provided if available, although access will depend on the provider.

[Guideline: Management of end-stage kidney disease]
Van der Weerd, Tuut, Krepel, Jans, Pronk, Snoeijs, Wierdsma, Diepenbroek, van Schaik, Prantl, Baas, Nederlandse Federatie voor Nefrologie, Nederlandse Internisten Vereniging, Dutch Federation for Nephrology, Dutch Association of Internists
Nederlandse Federatie voor Nefrologie, Nederlandse Internisten Vereniging
Publication date: May 2020

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2

Cochrane Clinical Answers

Question:

How do outcomes compare when peripheral venous catheters are replaced routinely or only when clinically indicated?

Jane Burch, Sera Tort

19 三月 2019

https://doi.org/10.1002/cca.2398

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Clinical Answer derived from

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Clinical Answer:

Moderate- to low-certainty evidence shows that, for risk of infection, phlebitis, and pain, routine and clinically indicated replacement of peripheral venous catheters (PVCs) may have similar effects in patients receiving either continuous or intermittent infusions for medication therapy. Infiltration and occlusion seem to be more common with clinically indicated replacement.

Randomized controlled trials found no apparent differences between clinically indicated (at signs of phlebitis, local infection, bacteremia, infiltration, or blockage) and routine replacement (every third day) of PVCs in terms of catheter-related bloodstream infections (low-certainty evidence), phlebitis (moderate-certainty evidence), local infection (very low-certainty evidence), and pain during infusion (low-certainty evidence). However, more people were likely to have infiltration (permeation of intravenous fluid into the interstitial compartment) and catheter occlusion when PVCs were replaced only when clinically indicated instead of routinely (on average, 240 vs 207 infiltrations and 143 vs 126 occlusions per 1000 people; moderate-certainty evidence).

No RCTs reported the number of catheter re-sites.

Comparisons

1. Clinically indicated versus routine replacement of peripheral venous catheter	Expand All »
› OUTCOME 1.1 Catheter-related blood stream infection (CRBSI) (during hospitalization)	
› OUTCOME 1.2 Phlebitis (during hospitalization)	
› OUTCOME 1.3 Infiltration (during hospitalization)	

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情境分析、形成問題

形成問題:

- 四十五歲男性，急性心肌梗塞家族史(+)，**不抽菸、沒有高血壓、糖尿病或高血脂 、糖尿病或高血脂**。**焦慮(A型個性)**[**高/中/低心血管疾病風險族群?**]。
- [什麼]檢查可以及早預防類似狀況？篩檢或確診?
- **深海魚油**可預防心血管疾病?fish oil或特別成分
- **降血脂藥**可預防心血管疾病，但會增加糖尿病及造成腎臟病? stain, niacin or fibrate; Therapy vs harm
- **通血管的藥**有沒有幫忙? aspirin, 銀杏(Ginkgo),plavix

取自北榮實證醫學中心何主任案例

P.I.C.O.

P	45歲男性，急性心肌梗塞家族史(+)，A型個性[中度心血管疾病風險族群]			
Type of Q	Diagnostic	Therapy	Interventions	
I	MDCT	深海魚油	Statin	Aspirin
C	ETT	-/ healthy life style	-/ healthy life style	-/ healthy life style
O	Survey for CAD (high sensitivity)	Decrease risk of CVD	Decrease risk of CVD	Decrease risk of CVD

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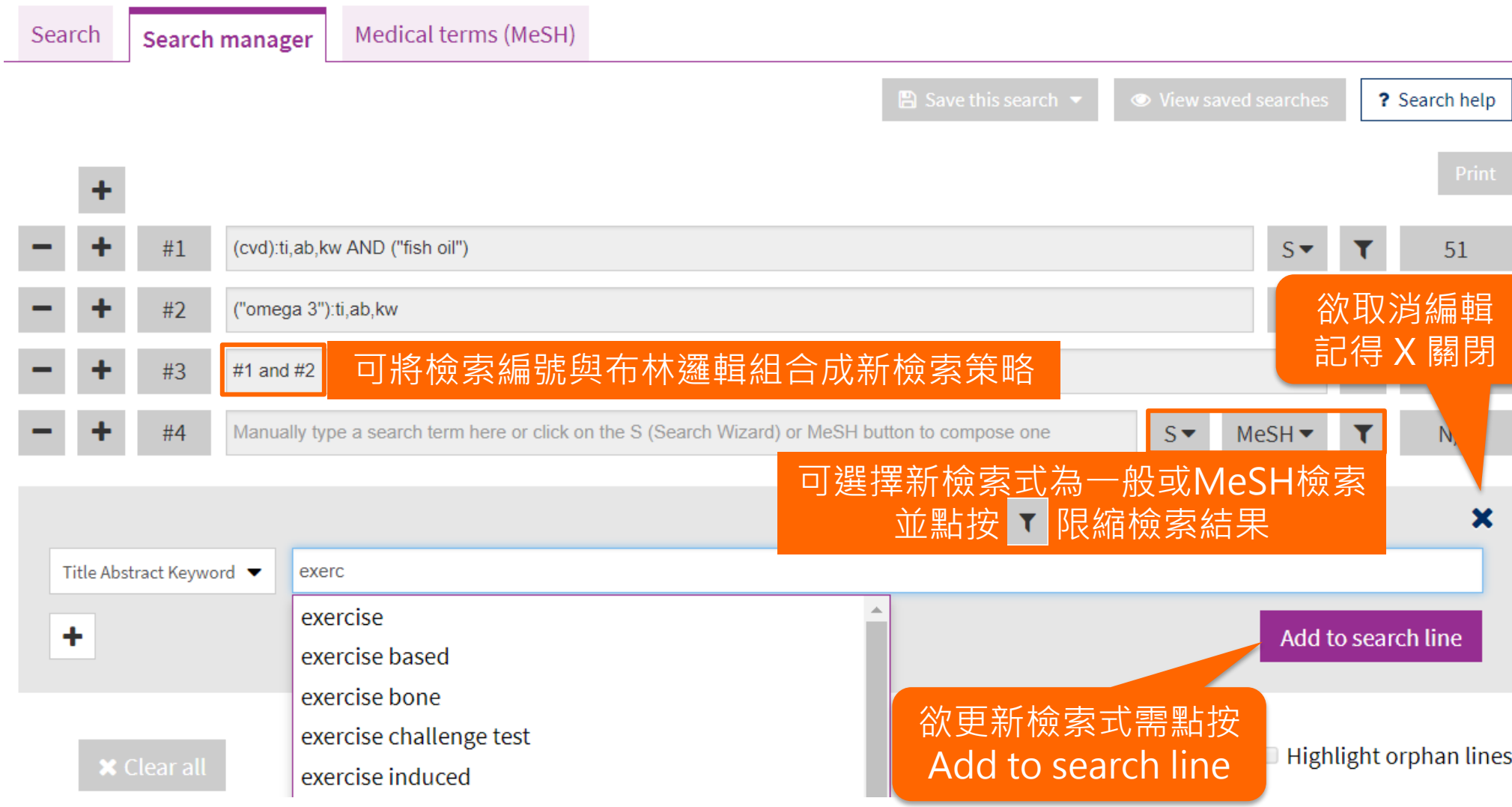
Search Manager 內檢索



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Please note that the Advanced Search is optimised for English search terms. Certain features, such as search operators and MeSH terms, are only available in English.

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2 "acupressure" in Title Abstract Keyword *(Word variations have been searched)* Last saved: 17/08/2018 16:19
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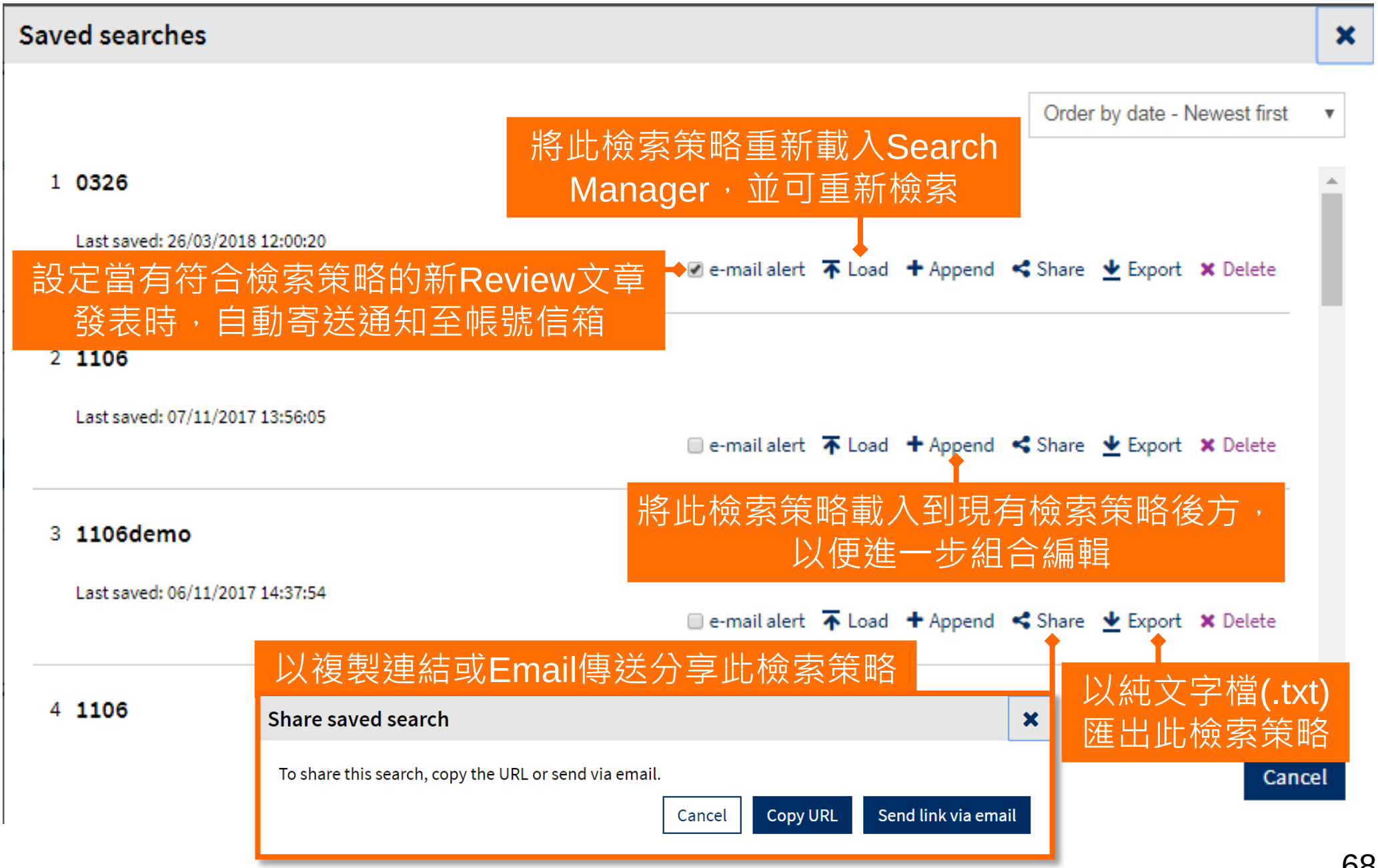

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Omega-3 fatty acids for the primary and secondary prevention of cardiovascular disease

Cochrane Systematic Review - Intervention | Version published: 30 November 2018 see what's new

Am score 24 View article information

Asmaa S Abdelhamid | Tracey J Brown | Julii S Brainard | Priti Biswas | Gabrielle C Thorpe | Helen J Moore | Katherine HO Deane | Fai K AlAbdulghafoor | Carolyn D Summerbell | Helen V Worthington | Fujian Song | Lee Hooper

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Abstract

Background

Researchers have suggested that omega-3 polyunsaturated fatty acids from oily fish (long-chain omega-3 (LCn3), including eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA)), as well as from plants (alpha-linolenic acid (ALA)) benefit cardiovascular health. Guidelines recommend increasing omega-3-rich foods, and sometimes supplementation, but recent trials have not confirmed this.

Objectives

To assess effects of increased intake of fish- and plant-based omega-3 for all-cause mortality, cardiovascular (CVD) events, adiposity and lipids.

Search methods

We searched CENTRAL, MEDLINE and Embase to April 2017, plus ClinicalTrials.gov and World Health Organization International Clinical Trials Registry to September 2016, with no language restrictions. We handsearched systematic review references and bibliographies and contacted authors.

Selection criteria

We included randomised controlled trials (RCTs) that lasted at least 12 months and compared supplementation and/or advice to increase LCn3 or ALA intake versus usual or lower intake.

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Abstract
Plain language summary
Authors' conclusions
Summary of findings
Background
Discussion
Appendices
Information
Authors
History
Keywords
References
Characteristics of studies
Data and analyses
Figures and tables
Download statistical data
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Appendices

Appendix 1. Medline (Ovid) search strategy run in 2002 for the previous version of this review.

1 exp Fish Oils/
2 exp Linseed Oil/
3 linolenic acids/ or exp alpha-linolenic acid/
4 exp Fatty Acids, Omega-3/
5 (fish adj5 (diet$ or nutrit$ or oil$ or supplement$)).tw.
6 (oil$ adj3 (cod$ or marin$ or rapeseed$ or canola$)).tw.
7 (omega-3 or omega3).tw.
8 (eicosapentaen$ or icosapentaen$).tw.
9 docosahexaen$.tw.
10 (Linolen$ or alpha-linolen$ or alphalinolen$).tw.
11 (maxepa$ or omacor$).tw.
12 (trout or kipper$ or salmon or mackerel$ or tuna or tunafish or sardine$ or pilchard$ or herring$).tw.
13 flax$.tw.
14 rapeseed$.tw.
15 canola$.tw.
16 alphalinolen$.tw.
17 perilla$.tw.
18 linolen$.tw.

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Print
Share
Email
Abstract
Plain language summary
Authors' conclusions
Summary of findings
Background
Objectives
Methods
Results
Discussion
Appendices
Information
Authors
History
Keywords

Version history

Title	Stage	Authors	Version	Publication Date
Omega-3 fatty acids for the primary and secondary prevention of cardiovascular disease	Review	Asmaa S Abdelhamid, Tracey J Brown, Julii S Brainard, Priti Biswas, Gabrielle C Thorpe, Helen J Moore, Katherine HO Deane, Fai K AlAbdulghafoor, Carolyn D Summerbell, Helen V Worthington, Fujian Song, Lee Hooper	https://doi.org/10.1002/14651858.CD003177.pub4	30 November 2018
Omega-3 fatty acids for the primary and secondary prevention of cardiovascular disease	Review	Asmaa S Abdelhamid, Tracey J Brown, Julii S Brainard, Priti Biswas, Gabrielle C Thorpe, Helen J Moore, Katherine HO Deane, Fai K AlAbdulghafoor, Carolyn D Summerbell, Helen V Worthington, Fujian Song, Lee Hooper	https://doi.org/10.1002/14651858.CD003177.pub3	18 July 2018
Omega 3 fatty acids for prevention and treatment of cardiovascular disease	Review	Lee Hooper, Roger A Harrison, Carolyn D Summerbell, Helen Moore, Helen V Worthington, Andrew Ness, Nigel Capps, George Davey Smith, Rudolph Riemersma, Shah Ebrahim	https://doi.org/10.1002/14651858.CD003177.pub2	18 October 2004
Omega-3 fatty acids for prevention of cardiovascular disease	Protocol	Lee L Hooper, Rachel L Thompson, Roger Harrison, Carolyn D Summerbell, Julian PT Higgins, Andy Ness, Nigel E Capps, George G Davey Smith, Rudolph A Riemersma, Shah BJ Ebrahim	https://doi.org/10.1002/14651858.CD003177	23 July 2001

Differences between protocol and review

Differences between the previous version of this review (2004) and this update (2018):

- **Authors** altered. The Acknowledgments recognise authors of the previous version who chose not to participate in this update.
- **Background** updated.
- **Objectives: primary objective** altered from 'Do dietary or supplemental omega-3 fatty acids alter total mortality,

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Cite this Review
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Print
Share
Email
Abstract
Plain language summary
Authors' conclusions
Summary of findings
Background
Objectives
Methods
Results
Discussion
Appendices
Information
Authors
History
Keywords
References
Characteristics of studies
Data and analyses
Figures and tables
Download statistical data
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References to studies included in this review

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ADCS 2010 {published data only}

Quinn JF, Raman R, Thomas RG, Yurko-Mauro K, Nelson EB, Dyck C, et al. Docosahexaenoic acid supplementation and cognitive decline in Alzheimer disease: a randomized trial. *JAMA* 2010;304(17):1903-11.

CENTRAL | Link to article

AFFORD 2013 {published data only}

Nigam A, Talajic M, Roy D, Nattel S, Lambert J, Nozza A, et al. Fish oil for the reduction of atrial fibrillation recurrence, inflammation, and oxidative stress. *Journal of the American College of Cardiology* 2014;64(14):1441-8.

CENTRAL | Link to article | PubMed | CAS | Web of Science® Times Cited: 23

Nigam A, Talajic M, Roy D, Nattel S, Lambert J, Nozza A, et al. Multicentre trial of fish oil for the reduction of atrial fibrillation recurrence, inflammation and oxidative stress: the atrial fibrillation fish oil research study. *Canadian Journal of Cardiology* 2013;1:S383.

Link to article

Ahn 2016 {published data only}

Ahn J, Park SK, Park TS, Kim JH, Yun E, Kim SP, et al. Effect of n-3 polyunsaturated fatty acids on regression of coronary atherosclerosis in statin treated patients undergoing percutaneous coronary intervention. *Korean Circulation Journal* 2016;46(4):481-9. [PUBMED: 27482256]

CENTRAL | Link to article

AlphaOmega - ALA 2010 {published and unpublished data}

Brouwer IA, Geleijnse JM, Klaasen VM, Smit LA, Giltay EJ, Goede J, et al. Effect of alpha linolenic acid supplementation on serum prostate specific antigen (PSA): results from the alpha omega trial. *PLOS ONE* 2013;8(12):e81519.

Link to article

Eussen SR, Geleijnse JM, Giltay EJ, Rompelberg CJ, Klungel OH, Kromhout D. Effects of n-3 fatty acids on major cardiovascular events in statin users and non-users with a history of myocardial infarction. *European Heart Journal* 2012;33(13):1582-8.

CENTRAL | Link to article | PubMed | CAS | Web of Science® Times Cited: 10

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Abstract
Plain language summary
Authors' conclusions
Summary of findings
Background
Objectives
Methods
Results
Discussion

Appendices

Information
Authors
History
Keywords

References
Characteristics of studies
Data and analyses

Figures and tables
Download statistical data
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Characteristics of studies

Characteristics of included studies [ordered by study ID]

Jump to: **excluded studies** | **ongoing studies**

ADCS 2010

Methods	Alzheimer's Disease Cooperative Study (ADCS) RCT, parallel, (n-3 DHA vs n-6 LA), 18 months Summary risk of bias: low
Participants	Individuals with mild to moderate Alzheimer's disease N: 238 intervention, 164 control Level of risk for CVD: low Men: 52.9% intervention, 40.2% control Mean age in years (SD): 76 (9.3) intervention, 76 (7.8) control Age range: unclear Smokers: 24.4% intervention, 21.9% control Hypertension: not reported Medications taken by at least 50% of those in the control group: cholinesterase inhibitor, memantine Medications taken by 20%-49% of those in the control group: none Medications taken by some, but less than 20% of the control group: none Location: USA Ethnicity: not reported

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Data and analyses

Comparison 1. High vs low LCn3 omega-3 fats (primary outcomes) **Open in table viewer**

Outcome or subgroup title	No. of studies	No. of participants	Statistical method	Effect size
1 All-cause mortality (overall) - LCn3 **Show forest plot**	39	92653	Risk Ratio (M-H, Random, 95% CI)	0.98 [0.93, 1.03]
2 All-cause mortality - LCn3 - sensitivity analysis (SA) fixed-effect **Show forest plot**	39	90244	Risk Ratio (M-H, Fixed, 95% CI)	0.97 [0.93, 1.01]
3 All-cause mortality - LCn3 - SA by summary risk of bias **Show forest plot**	39	92653	Risk Ratio (M-H, Random, 95% CI)	0.98 [0.93, 1.03]
3.1 Low risk of bias	15	33146	Risk Ratio (M-H, Random, 95% CI)	1.01 [0.94, 1.08]
3.2 Moderate/high risk of bias	24	59507	Risk Ratio (M-H, Random, 95% CI)	0.94 [0.86, 1.03]
4 All-cause mortality - LCn3 - SA by compliance and study size **Show forest plot**	38		Risk Ratio (M-H, Random, 95% CI)	Subtotals only
4.1 SA - low risk of compliance bias	18	15654	Risk Ratio (M-H, Random, 95% CI)	0.99 [0.86, 1.14]
4.2 SA - 100+ randomised	35	92397	Risk Ratio (M-H, Random, 95% CI)	0.98 [0.93, 1.03]
5 All-cause mortality - LCn3 - subgroup by dose **Show forest plot**	39	92653	Risk Ratio (M-H, Random, 95% CI)	0.98 [0.93, 1.03]
5.1 LCn3 ≤150 mg/d	0	0	Risk Ratio (M-H, Random, 95% CI)	0.0 [0.0, 0.0]
5.2 LCn3 > 150 ≤ 250 mg/d	1	407	Risk Ratio (M-H, Random, 95% CI)	0.77 [0.27, 2.18]

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Methods
Results
Discussion

Appendices

Information
Authors
History
Keywords

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MeSH search

※請善用此檢索方式

檢索問題

用詞不一致

- 同樣指癌症，有人使用「cancer」，有人使用「tumor」，需把相同概念的各式同義詞及狹義詞完整蒐集，查找文獻才不會遺漏。

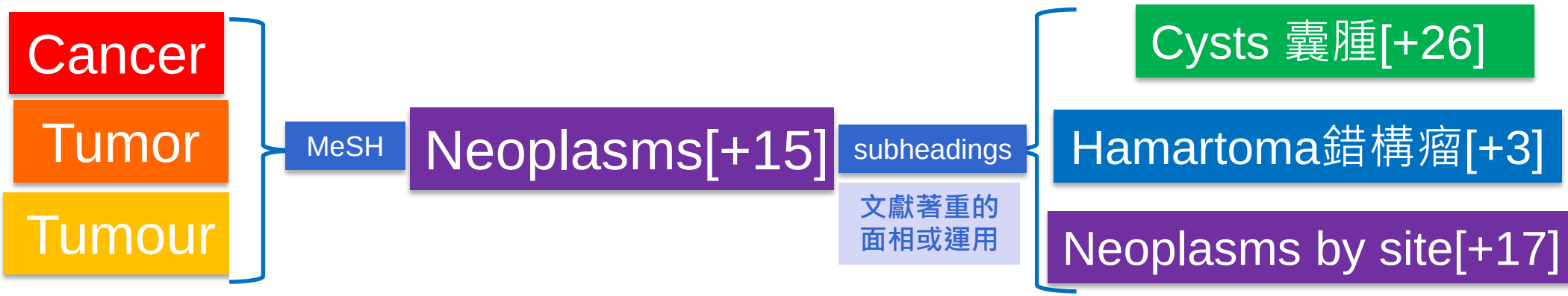
需過濾不相關文獻

- 輸入的關鍵字可能只與文章某處有關聯，但並非文章重點，需花大量時間過濾「出現這個字但實際上並不相關」的文章。

MeSH Search

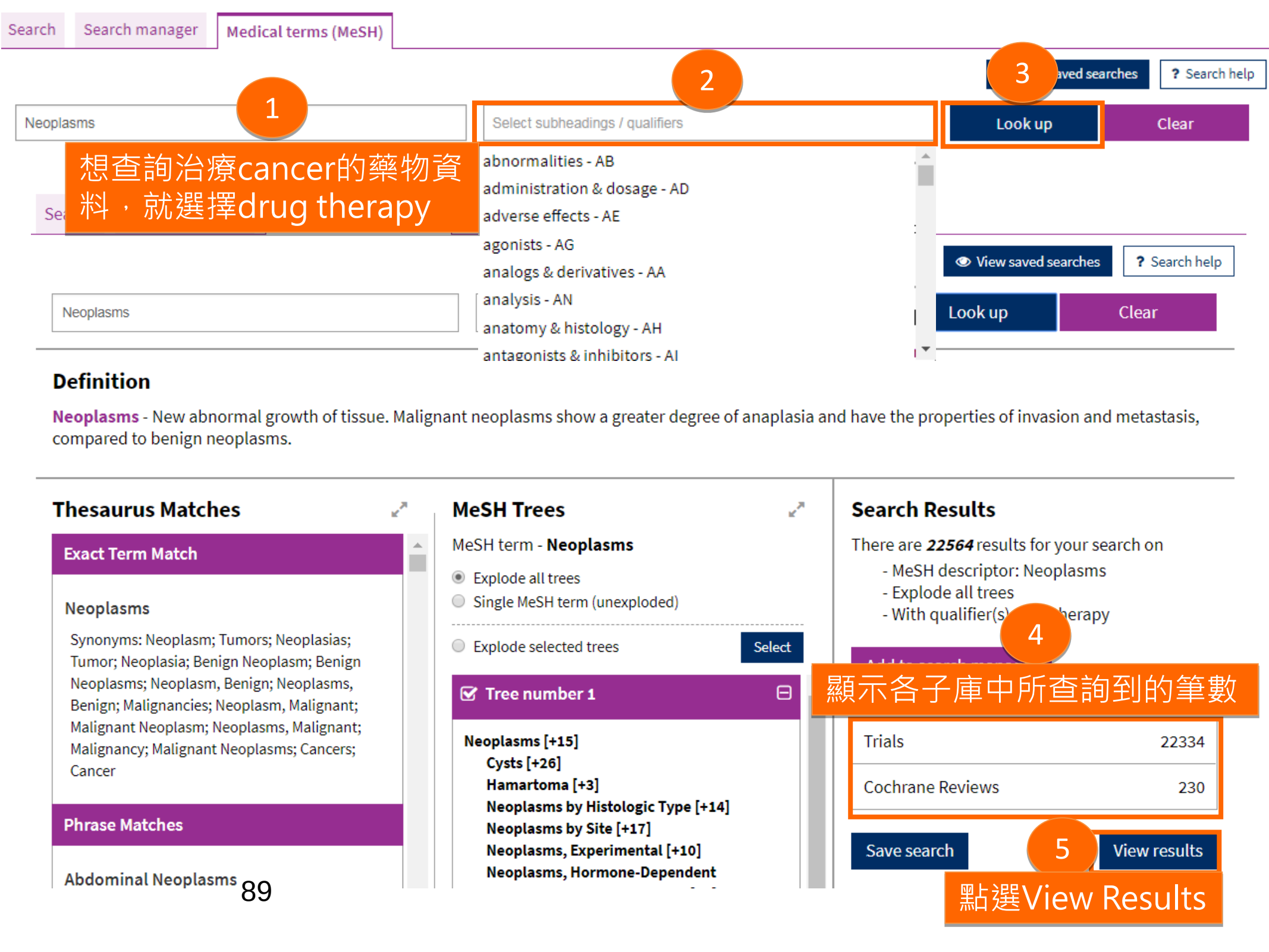
醫學主題詞表（Medical Subject Headings；簡稱MeSH）

- 美國國家醫學圖書館（National Library of Medicine）出版
- 分析生物醫學方面之期刊文獻等資源的主題內容之控制語彙表
  - NLM出版之MEDLINE/PubMed資料庫主題檢索的索引典。



使用MeSH的好處

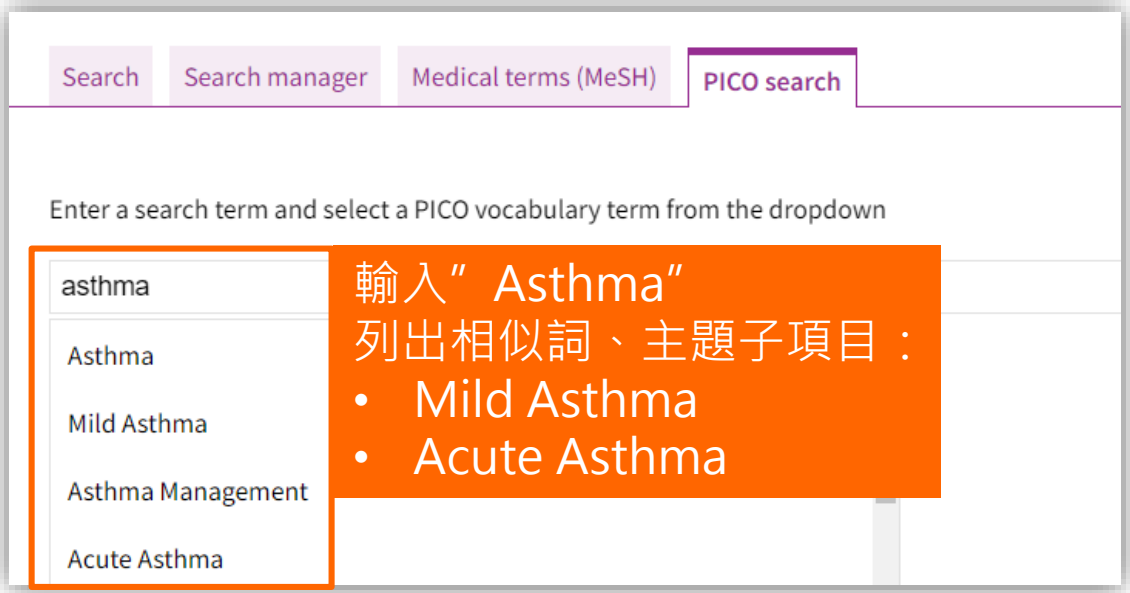
- 可以協助找出精確符合主題的資料
  - 無須煩惱因縮寫、別名而遺漏相關文獻
  - 使用同義詞也可準確查詢出相關文獻資料
- 使用MeSH Tree
  - 可以依需求擴展或縮小查詢範圍
  - 了解各醫學標題的橫向與縱向關聯
  - MeSH Tree可顯示標題間分類的層級關係。最上層顯示者，表示該標題詞所代表的主題意涵較廣（generic），而愈下層顯示者，則表示所代表的主題意涵愈為特異（specific）。

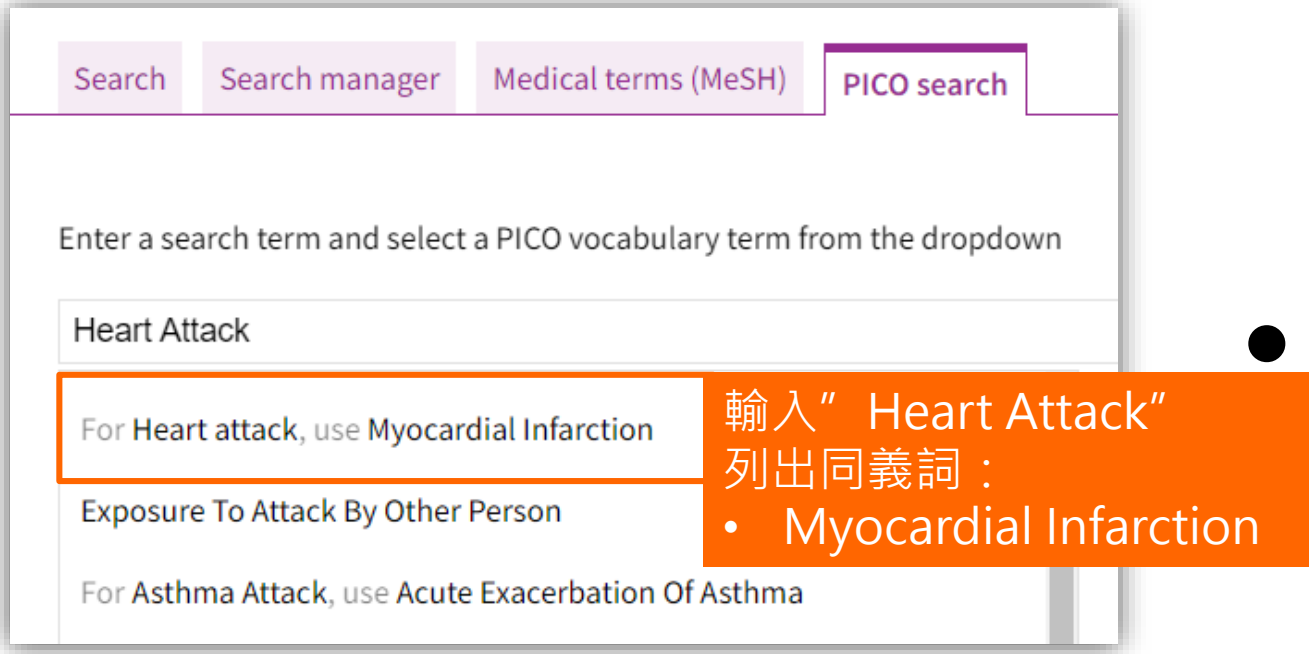

Search
Search manager
Medical terms (MeSH)
1
2
3
Neoplasms
Select subheadings / qualifiers
Look up
Clear
Search help
想查詢治療cancer的藥物資料，就選擇drug therapy
abnormalities - AB
administration & dosage - AD
adverse effects - AE
agonists - AG
analogs & derivatives - AA
analysis - AN
anatomy & histology - AH
antagonists & inhibitors - AI
View saved searches
Definition
Neoplasms - New abnormal growth of tissue. Malignant neoplasms show a greater degree of anaplasia and have the properties of invasion and metastasis, compared to benign neoplasms.
Thesaurus Matches
Exact Term Match
Neoplasms
Synonyms: Neoplasm; Tumors; Neoplasias; Tumor; Neoplasia; Benign Neoplasm; Benign Neoplasms; Neoplasm, Benign; Neoplasms, Benign; Malignancies; Neoplasm, Malignant; Malignant Neoplasm; Neoplasms, Malignant; Malignancy; Malignant Neoplasms; Cancers; Cancer
Phrase Matches
Abdominal Neoplasms
MeSH Trees
MeSH term - Neoplasms
Explode all trees
Single MeSH term (unexploded)
Explode selected trees
Select
Tree number 1
Neoplasms [+15]
Cysts [+26]
Hamartoma [+3]
Neoplasms by Histologic Type [+14]
Neoplasms by Site [+17]
Neoplasms, Experimental [+10]
Neoplasms, Hormone-Dependent
Search Results
There are 22564 results for your search on
- MeSH descriptor: Neoplasms
- Explode all trees
4
顯示各子庫中所查詢到的筆數
Trials 22334
Cochrane Reviews 230
Save search
5
View results
點選View Results

PICO Search

- **搜尋範圍：2015年迄今的Intervention Review介入型評論。**
- **PICO Search目前為獨立頁面，尚未與Search Manager整合；不提供檢索歷史與儲存檢索策略功能。**

PICO Search – 輸入檢索詞

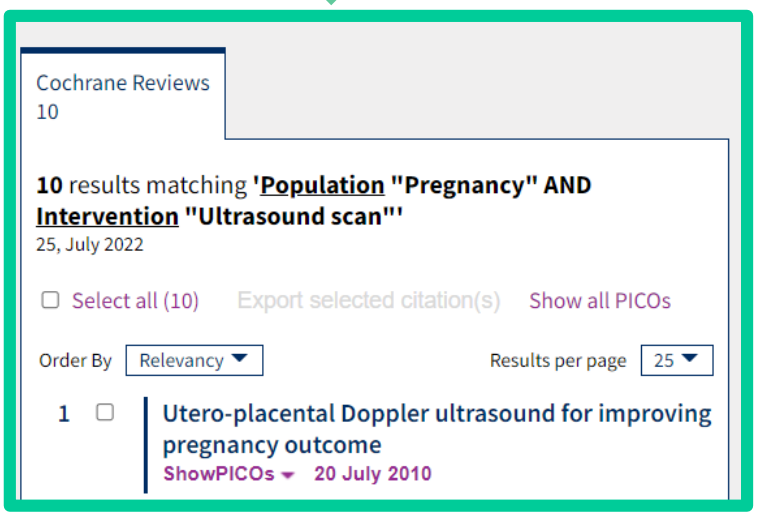




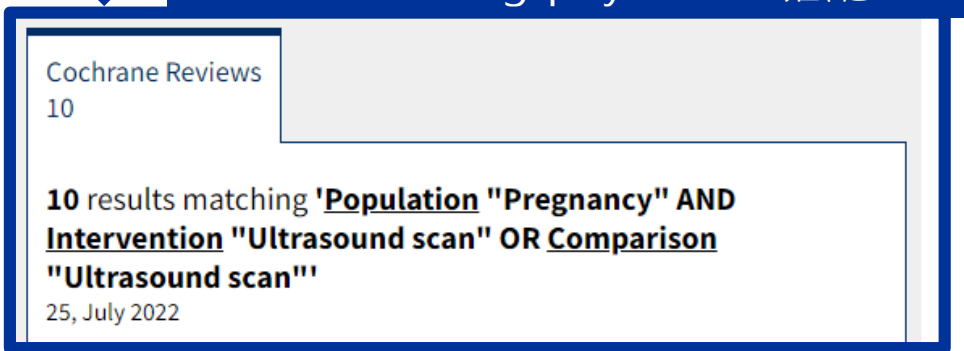
1. **必須搭配控制詞彙選單。**
2. **選單含相似詞、同義詞。**
3. **若在控制詞彙選單中沒有符合需求的字詞：**
   - 可將檢索策略置換為其他P, I, C, O項目。
     例：原將P設為檢索條件，但未找到相關詞彙時，改將I設為檢索條件。
   - 自行利用同義詞辭典置換為其他字詞。

PICO Search – 檢索選項與策略

根據所選控制詞彙，自動產生P, I, C, O選項



- 利用+/-新增檢索條件，設計檢索策略
- 利用OR 聯集產生較廣的檢索條件
  ” Ultrasonogrphy scan” 搭配” I: Intervention”
  ” Ultrasonogrphy scan” 搭配” C：Comparison”



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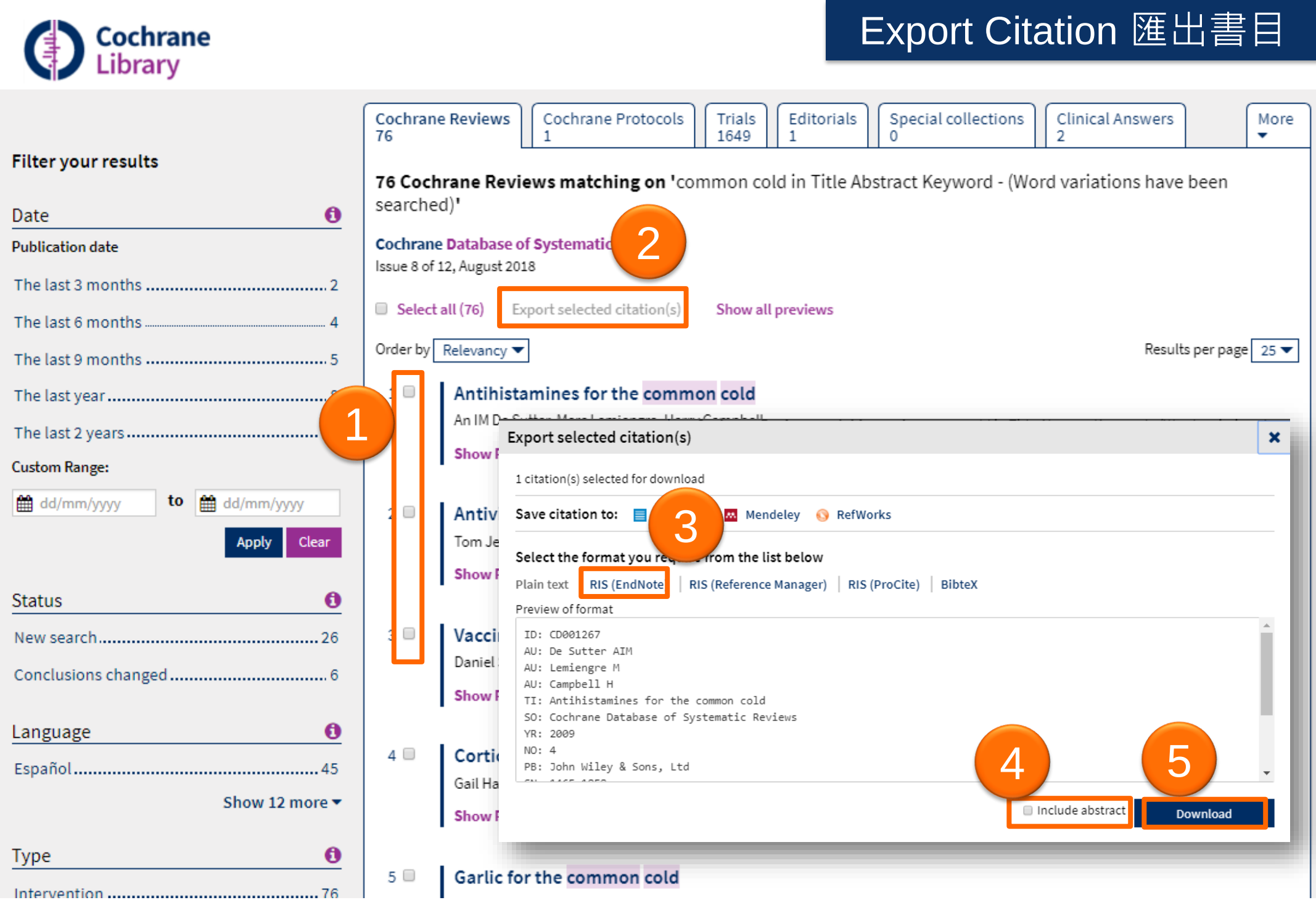
書目匯出

Export Citation 匯出書目



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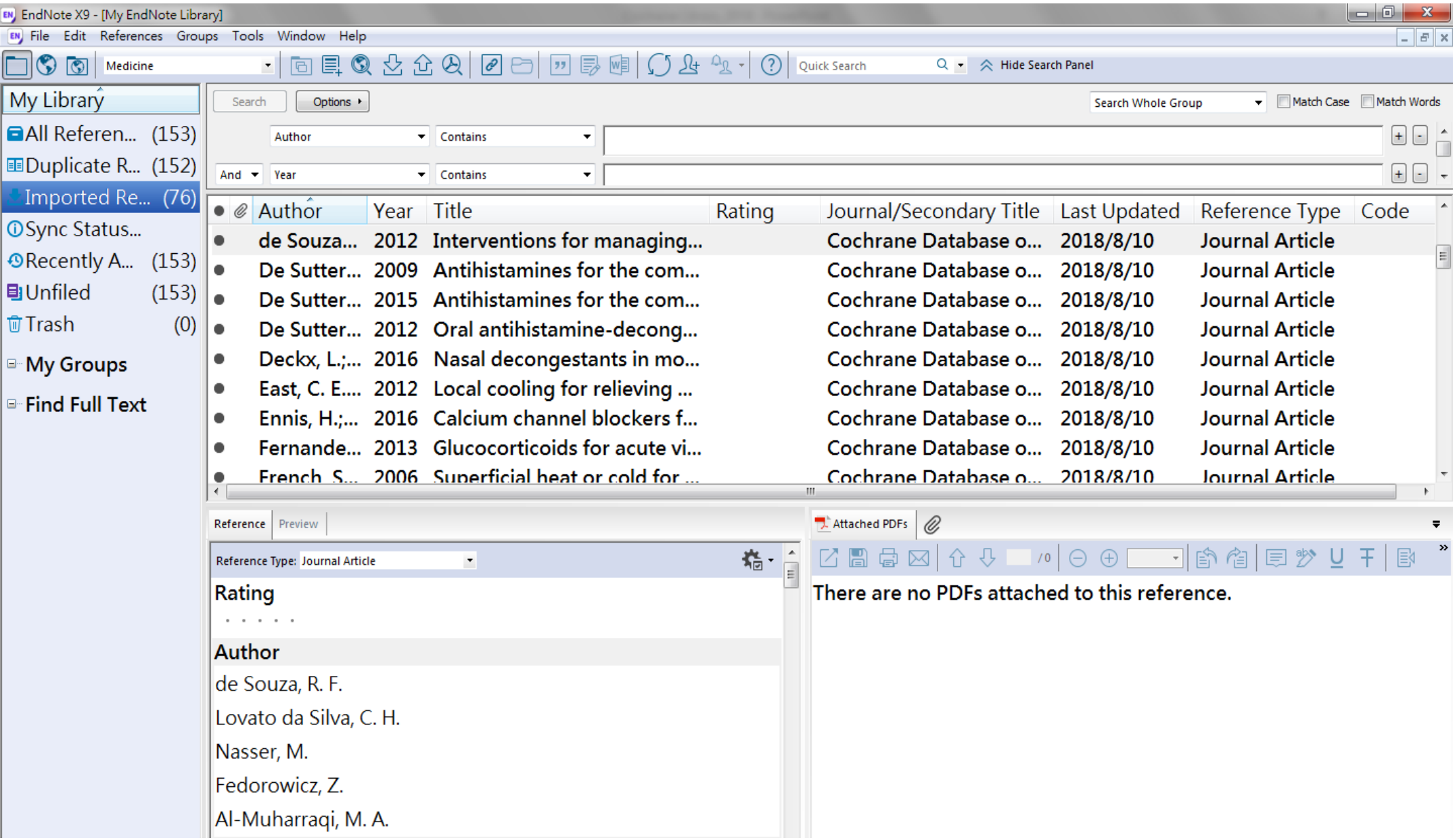

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實證醫學資源

Cochrane Library

實證醫學知識網

iMOHW 實證醫學知識網 「推動全國實證醫學普及科技知識及建置醫療衛生福利生技期刊共享資源計畫」

關於本站 | 最新消息 | 活動訊息 | 學習資源 | 推廣活動 | 考科藍使用統計 | CDSR翻譯

最新消息

【活動快訊】實證醫學推廣活動 (免費課程)

如何破解醫療假新聞
時間:2020年9月23日14:00-15:00
講師:譚家偉 教授
活動報名: https://reurl.cc/KjpKrm
地點:線上課程 (報名截止日:9/22)

【活動快訊】實證醫學推廣活動 (免費課程)

文獻搜尋 PubMed/Cochrane Library 介紹
時間:2020年9月24日 10:00-12:00
講師:簡莉婷、黃鈺婷
活動報名: https://reurl.cc/0O2oZ6
地點:跨領域學院i8展演區 (報名截止日:9/20)

【活動快訊】實證醫學推廣活動 (免費課程)

書目軟體 Endnote/Cochrane Library 介紹
時間:2020年9月25日 15:00-17:00
講師:柯佳伶
活動報名: https://reurl.cc/A8KqdE
地點:杏春樓電腦教室B (報名截止日:9/20)

活動

- 「在瘟疫蔓延時:您所缺的實證醫學口罩—醫學文獻評讀工具工作坊 RoB 2.0, ROBINS-I, Newcastle-Ottawa Scale」

相關網站

- Cochrane Taiwan
- East Asian Cochrane Aliance
- International Society of Evidence-Based Healthcare, Taiwan
- The Cochrane Collaboration
- The Cochrane Library
- Unbound Medicine

考科藍志工招募

CDSR 翻譯、審稿志工徵求

考科藍圖書館(Cochrane Library)係當前國際上實證醫學最具代表性、以收錄系統性文獻回顧為主的線上電子資料庫。考科藍圖書館雖名為圖書館，實質上係整合多個實證醫學相關子資料庫。其中Cochrane Library系統性文獻回顧(一般稱Cochrane reviews)主要收錄在Cochrane Database of Systematic Reviews(CDSR)子資料庫中，Cochrane review之科學引文索引（Science Citation Index，SCI）的影響係數(Impact Factor)2014 年為6.035，其重要性可見一斑。

考科藍臺灣研究中心(由臺北醫學大學實證醫學研究中心升格，以下簡稱本中心)持續進行CDSR子資料庫之Cochrane reviews摘要翻譯工作，以提供對英文不熟稔之醫事人員及時的摘要訊息傳遞，並將中文翻譯的CDSR摘要上傳至Cochrane Library的網頁供全球華語使用者查詢閱讀，擴大台灣對全球實證研究領域的實質貢獻與提升國際能見度。CDSR每一篇Cochrane reviews，均有一段研究總結(plain language summary)，以較通俗易懂的表達方式呈現，不僅有助非醫療專業人員也能理解醫學研究的結果，也提供為醫病之間很好的溝通參考文獻。

目前針對CDSR子資料庫Cochrane reviews摘要翻譯，全球除了有台灣進行繁體中文的翻譯計畫外，尚有西班牙文、法文等大型的翻譯計畫，其他如簡體中文、韓文、德文、日文、葡萄牙文等亦有相當規模的翻譯計畫進行中。

如果您有興趣加入義工，請與計畫助理：cochranetaiwan@tmu.edu.tw 聯絡。

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Q & A
Thank You!

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