User Guide 使用說明

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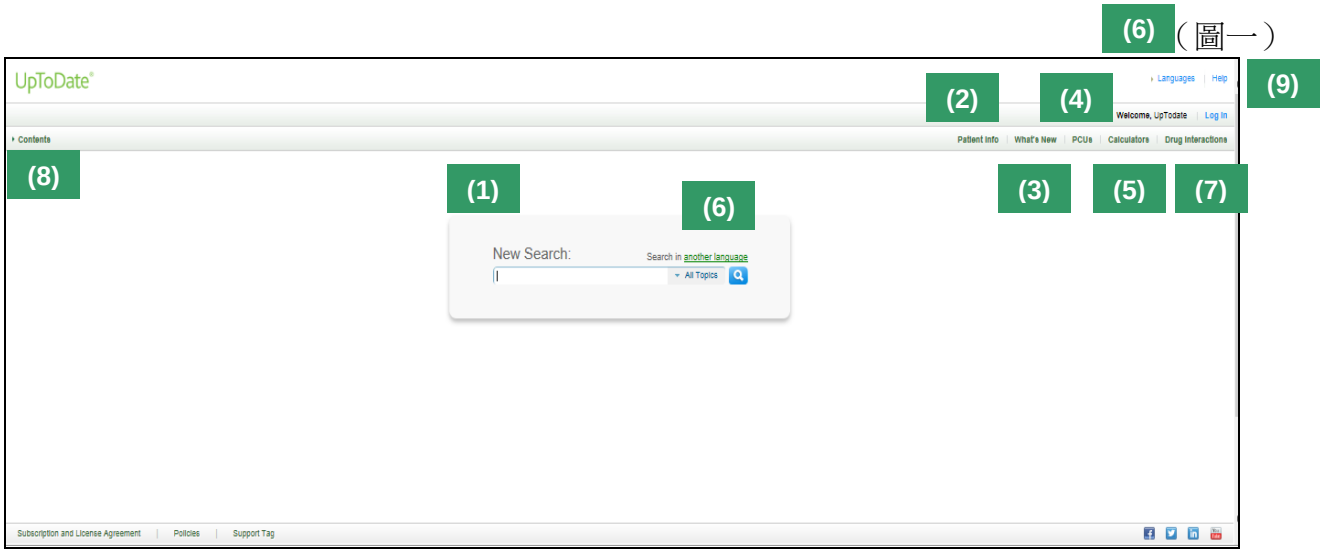
一、 以臨床問題為例說明：

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，指令欄/檢索區，可輸入單一關鍵 字、詞句或問題

(2) Patient Information：UpToDate 提供了將近 1500 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) PCUs：臨床實踐變化之更新,亦收錄於 What's New 裡

(5) Calculators：目前提供 140 種試算表

(6) Another language/ languages ：改變檢索語言

(7) Drug Interactions：Lexi-Comp 藥物交互作用模組

(8) Contents：目錄

(9) 其他選項：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 searcah 圖片檢索：亦可以直接搜索 UpToDate 裡的圖片

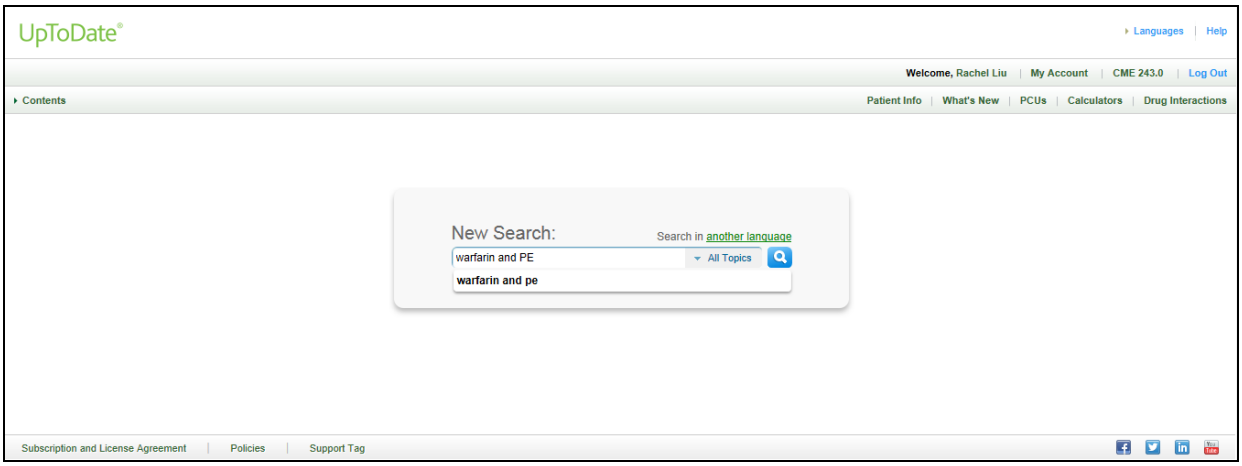
三、 New Search：開始檢索

(1) New Search：輸入關鍵字

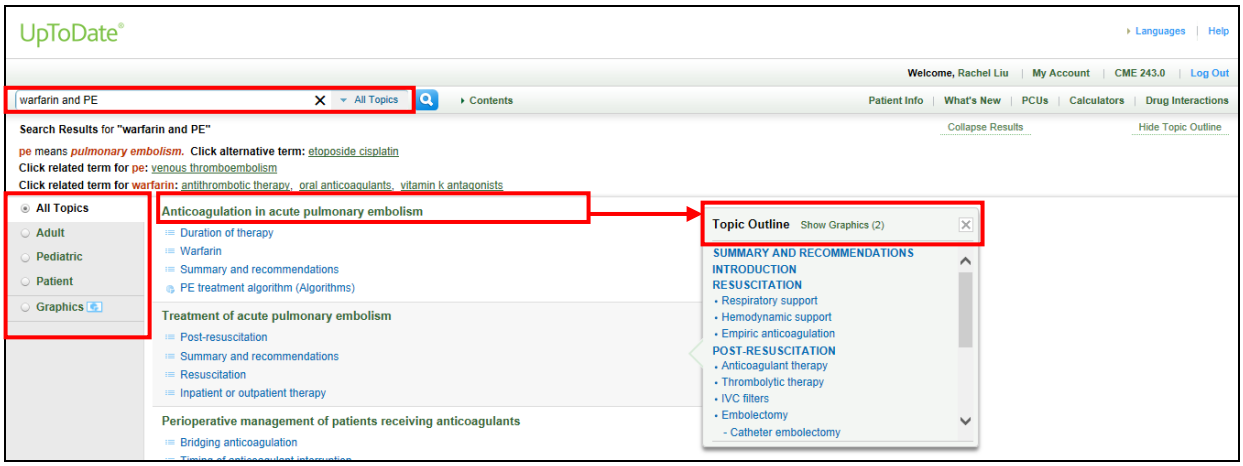
a. 可直接輸入單一關鍵字、多個關鍵字、詞句或問題，如（圖二）所示。
例如：『treatment of hypertension in pregnancy』、
『warfarin and PE』(以臨床問題為例之檢索詞)

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；
- 檢索結果最下方，Show More Results,可以看更多的檢索結果如（圖四）所示；

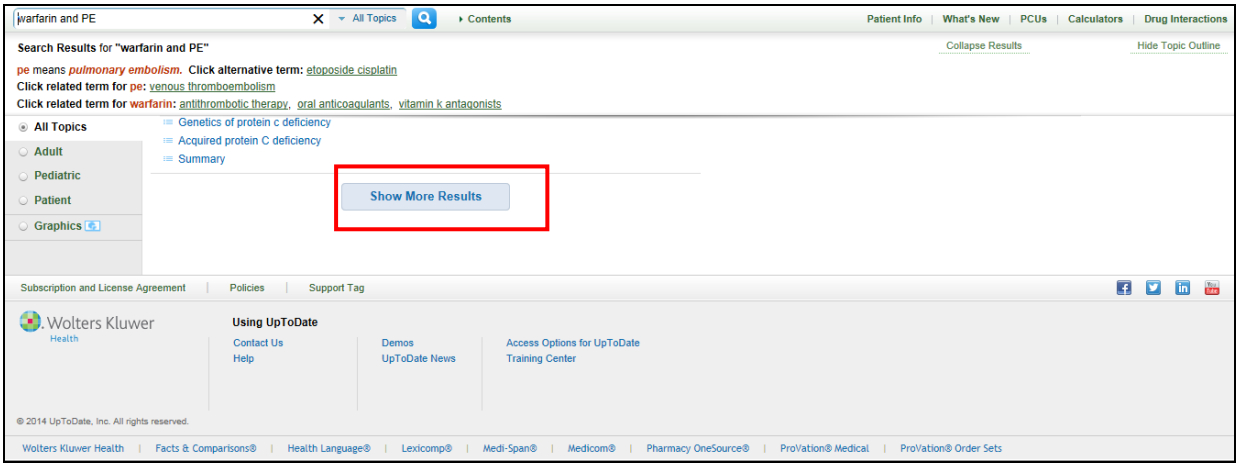
右方：Topic Outline，將滑鼠移至 Topic 的右方(不需要點選)，右方即會出現該篇 Outline 以供瀏覽



（圖二）



（圖三）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Collapse Results
Hide Topic Outline
pe means pulmonary embolism. Click alternative term: etoposide cisplatin
Click related term for pe: venous thromboembolism
Click related term for warfarin: antithrombotic therapy, oral anticoagulants, vitamin k antagonists
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Subscription and License Agreement
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Training Center
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Facts & Comparisons®
Health Language®
Lexicomp®
Medi-Span®
Medicom®
Pharmacy OneSource®
ProVation® Medical
ProVation® Order Sets

（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

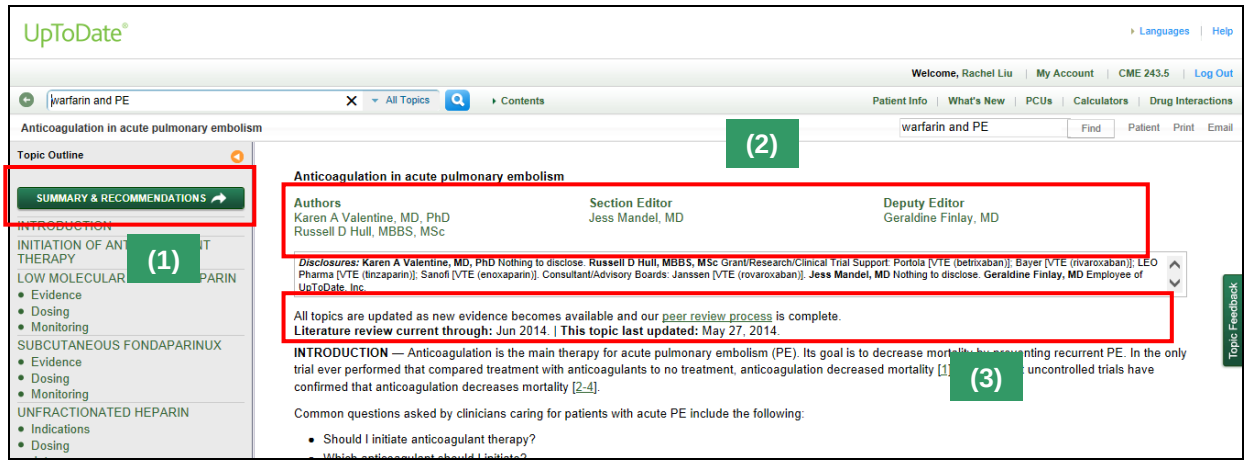
b.圖表可另外下載，利用 email、print 、Export to Powerpoint 或輸出工具列（滑鼠移至圖表上即會出現）

(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

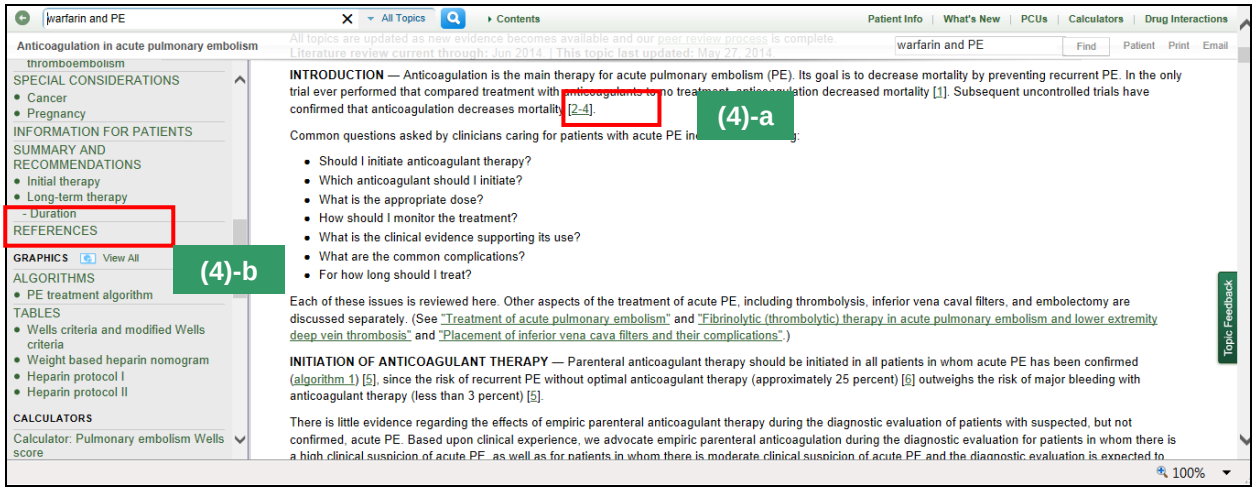
(7) Related Topics 相關文獻：提供除本文外，與 UpToDate 裡相關主題的 Topic review，直接點選可直接進入該篇 Related Topic 的全文資料

(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



（圖六）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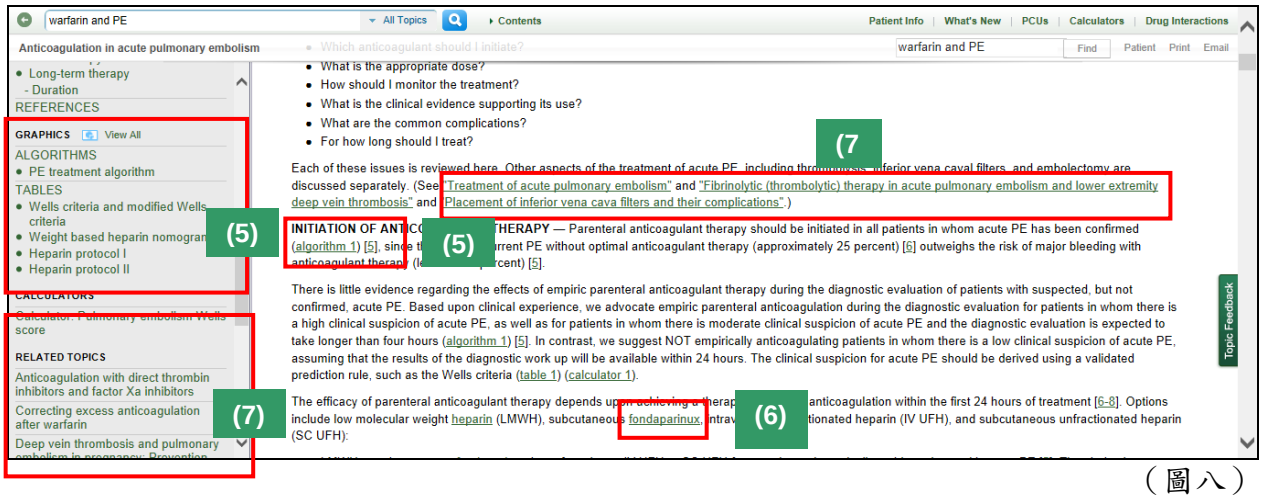
(4)-b
INTRODUCTION — Anticoagulation is the main therapy for acute pulmonary embolism (PE). Its goal is to decrease mortality by preventing recurrent PE. In the only trial ever performed that compared treatment with anticoagulants to no treatment, anticoagulation decreased mortality [1]. Subsequent uncontrolled 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?
Which anticoagulant should I initiate?
What is the appropriate dose?
How should I monitor the treatment?
What is the clinical evidence supporting its use?
What are the common complications?
For how long should I treat?
Each of these issues is reviewed here. Other aspects of the treatment of acute PE, including thrombolysis, inferior vena caval filters, and embolectomy are discussed separately. (See "Treatment of acute pulmonary embolism" and "Fibrinolytic (thrombolytic) therapy in acute pulmonary embolism and lower extremity deep vein thrombosis" and "Placement of inferior vena cava filters and their complications".)
INITIATION OF ANTICOAGULANT THERAPY — Parenteral anticoagulant therapy should be initiated in all patients in whom acute PE has been confirmed (algorithm 1) [5], since the risk of recurrent PE without optimal anticoagulant therapy (approximately 25 percent) [6] outweighs the risk of major bleeding with anticoagulant therapy (less than 3 percent) [5].
There is little evidence regarding the effects of empiric parenteral anticoagulant therapy during the diagnostic evaluation of patients with suspected, but not confirmed, acute PE. Based upon clinical experience, we advocate empiric parenteral anticoagulation during the diagnostic evaluation for patients in whom there is a high clinical suspicion of acute PE, as well as for patients in whom there is moderate clinical suspicion of acute PE and the diagnostic evaluation is expected to
Topic Feedback
100%

（圖七）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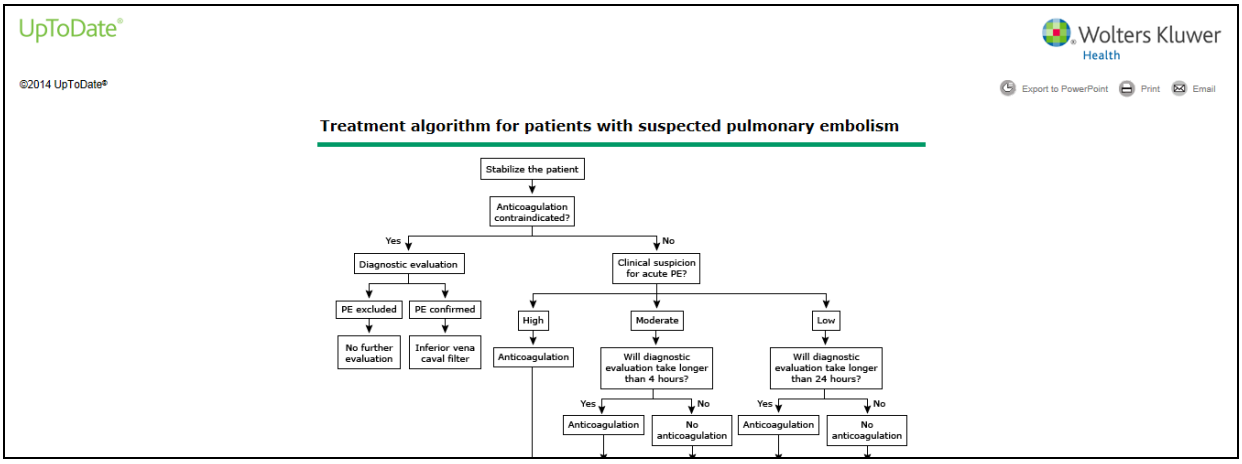
Correcting excess anticoagulation after warfarin
Deep vein thrombosis and pulmonary embolism in pregnancy: Prevention
(5)
(7)
(7
(5)
(6)
What is the appropriate dose?
How should I monitor the treatment?
What is the clinical evidence supporting its use?
What are the common complications?
For how long should I treat?
Each of these issues is reviewed here. Other aspects of the treatment of acute PE, including thrombolysis, inferior vena caval filters, and embolectomy are discussed separately. (See "Treatment of acute pulmonary embolism" and "Fibrinolytic (thrombolytic) therapy in acute pulmonary embolism and lower extremity deep vein thrombosis" and "Placement of inferior vena cava filters and their complications".)
There is little evidence regarding the effects of empiric parenteral anticoagulant therapy during the diagnostic evaluation of patients with suspected, but not confirmed, acute PE. Based upon clinical experience, we advocate empiric parenteral anticoagulation during the diagnostic evaluation for patients in whom there is a high clinical suspicion of acute PE, as well as for patients in whom there is moderate clinical suspicion of acute PE and the diagnostic evaluation is expected to take longer than four hours (algorithm 1) [5]. In contrast, we suggest NOT empirically anticoagulating patients in whom there is a low clinical suspicion of acute PE, assuming that the results of the diagnostic work up will be available within 24 hours. The clinical suspicion for acute PE should be derived using a validated prediction rule, such as the Wells criteria (table 1) (calculator 1).
The efficacy of parenteral anticoagulant therapy depends upon achieving a therapeutic anticoagulation within the first 24 hours of treatment [6-8]. Options include low molecular weight heparin (LMWH), subcutaneous fondaparinux, intravenous unfractionated heparin (IV UFH), and subcutaneous unfractionated heparin (SC UFH):
Topic Feedback

（圖八）


UpToDate
Wolters Kluwer Health
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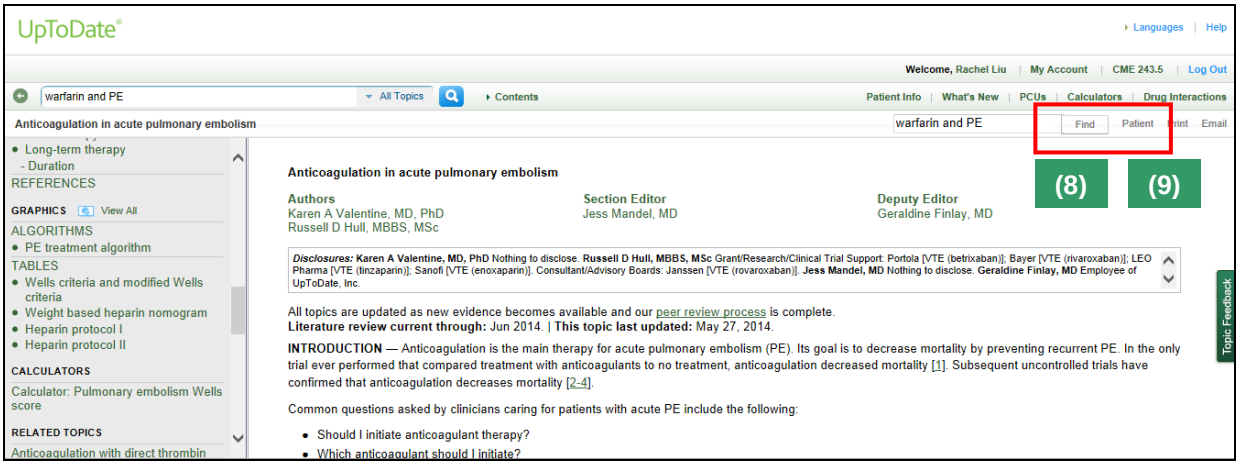
Export to PowerPoint
Print
Email
Treatment algorithm for patients with suspected pulmonary embolism
Stabilize the patient
Anticoagulation contraindicated?
Yes
No
Diagnostic evaluation
Clinical suspicion for acute PE?
PE excluded
PE confirmed
High
Moderate
Low
No further evaluation
Inferior vena caval filter
Anticoagulation
Will diagnostic evaluation take longer than 4 hours?
Will diagnostic evaluation take longer than 24 hours?
Yes
No
Anticoagulation
No anticoagulation
Yes
No
Anticoagulation
No anticoagulation

（圖九）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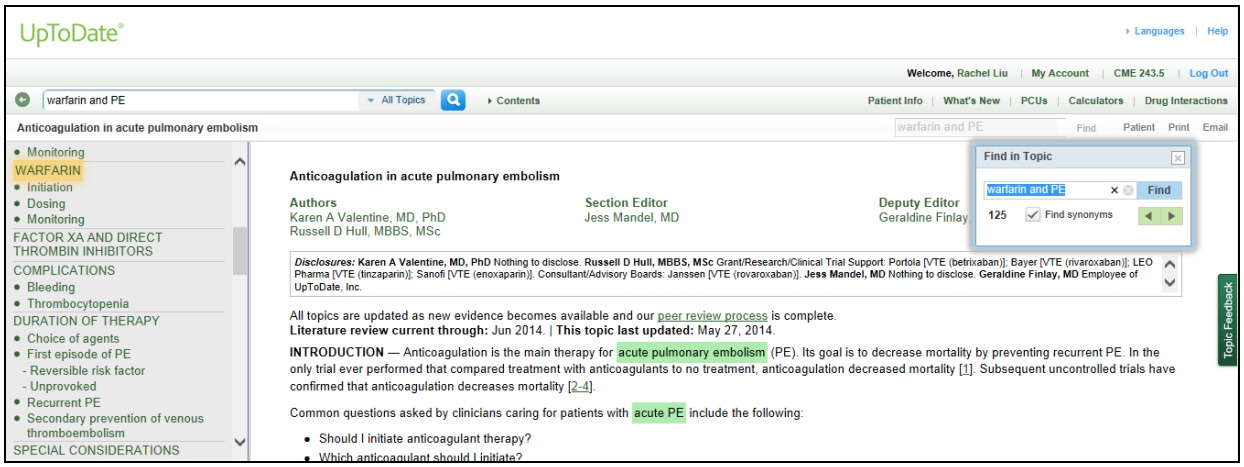
Disclosures: Karen A Valentine, MD, PhD Nothing to disclose. Russell D Hull, MBBS, MSc Grant/Research/Clinical Trial Support: Portola [VTE (betrixaban)]; Bayer [VTE (rivaroxaban)]; LEO Pharma [VTE (tinzaparin)]; Sanofi [VTE (enoxaparin)]. Consultant/Advisory Boards: Janssen [VTE (rovaroxaban)]. Jess Mandel, MD Nothing to disclose. Geraldine Finlay, MD Employee of UpToDate, Inc.
All topics are updated as new evidence becomes available and our peer review process is complete.
Literature review current through: Jun 2014. | This topic last updated: May 27, 2014.
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 that compared 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 the following:
Should I initiate anticoagulant therapy?
Which anticoagulant should I initiate?
Topic Feedback

（圖十）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Anticoagulation in acute pulmonary embolism
Authors
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Common questions asked by clinicians caring for patients with acute PE include the following:
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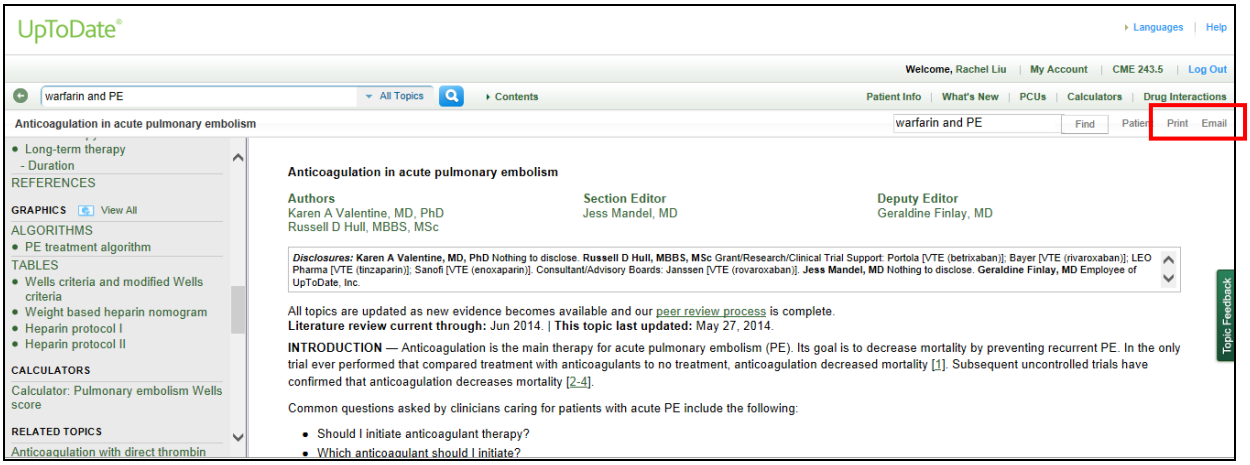
Which anticoagulant should I initiate?
Topic Feedback

（圖十一）

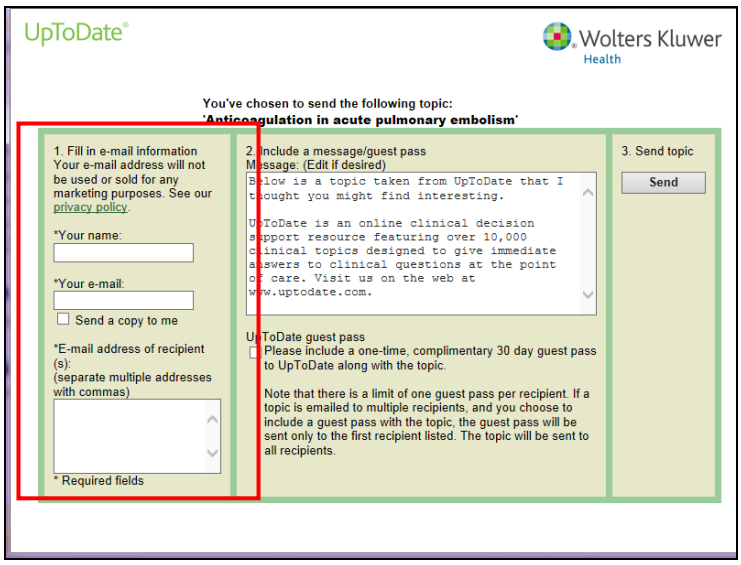
五、 檢索結果輸出：如（圖十二）、（圖十三）所示。

(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）

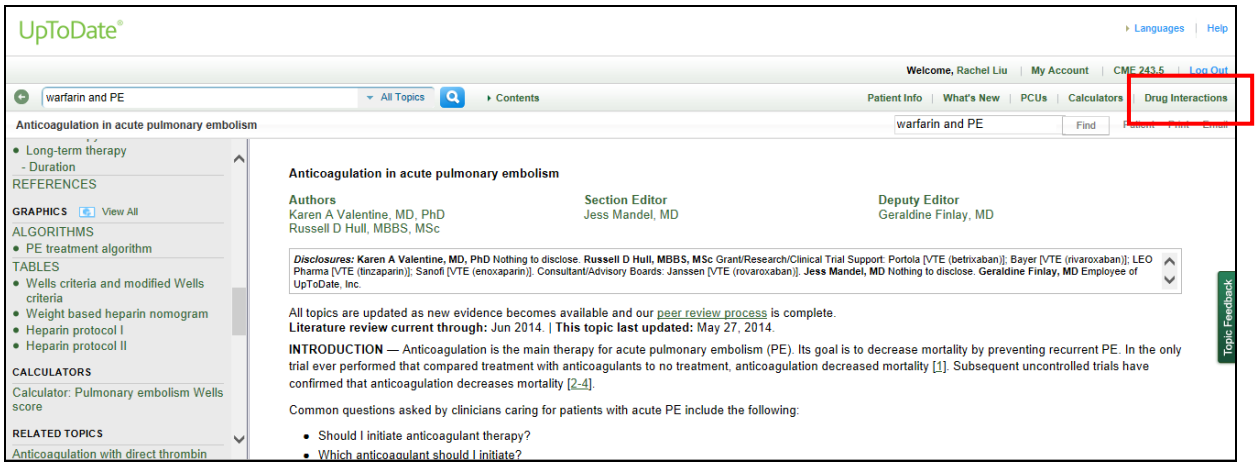


（圖十三）

六、 Drug Interactions：Lexi-Comp 藥物交互作用

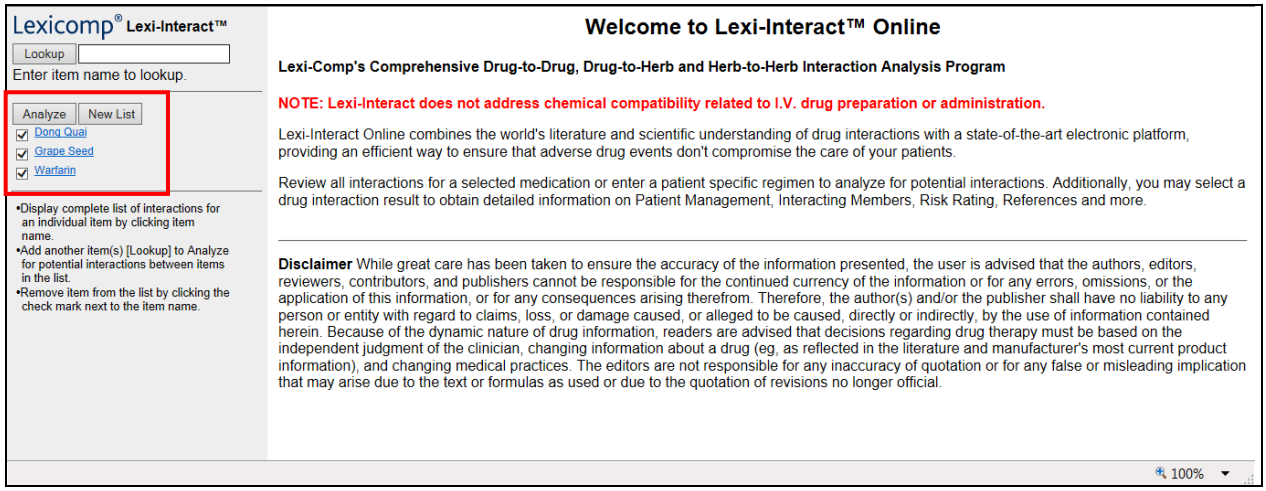
可以輸入二種以上的藥品，包含 drug-to-drug、herb-to-herb、drug-to-herb，執行並產生交互作用的結果，且有標示交互作用的等級。

(1)在主畫面的下方，直接點選：



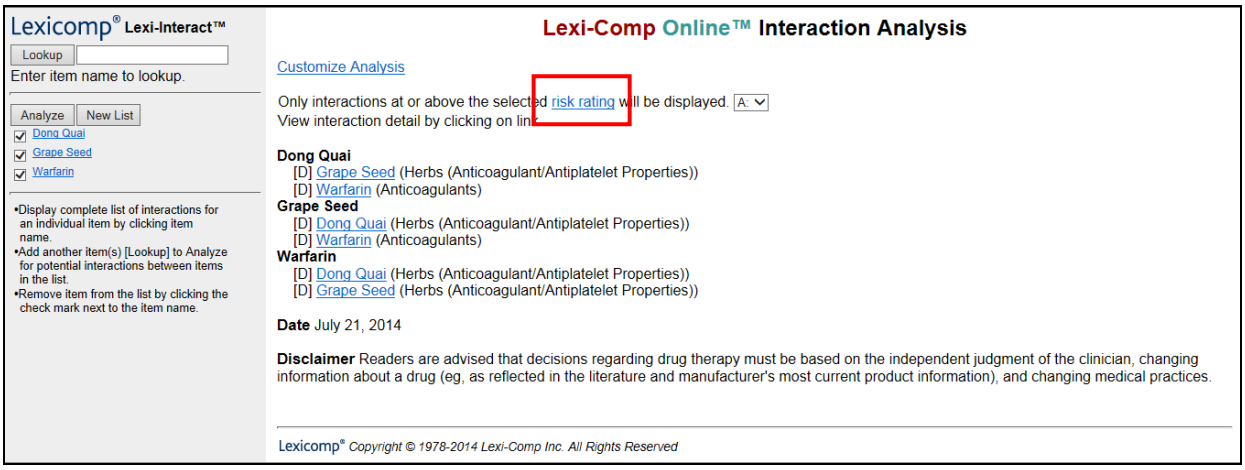
（圖十四）

(2)輸入欲查詢之藥品，執行「Analyze」：



（圖十五）

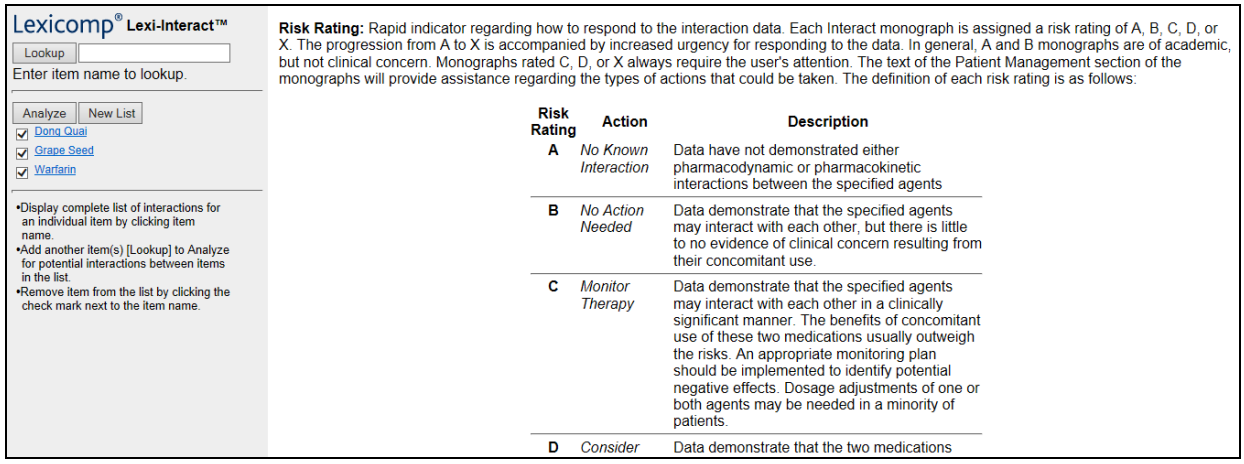
(3)右邊畫面會出現結果，『risk rating』為交互作用的等級說明：



（圖十六）

(4)『Risk Rating』說明如下：

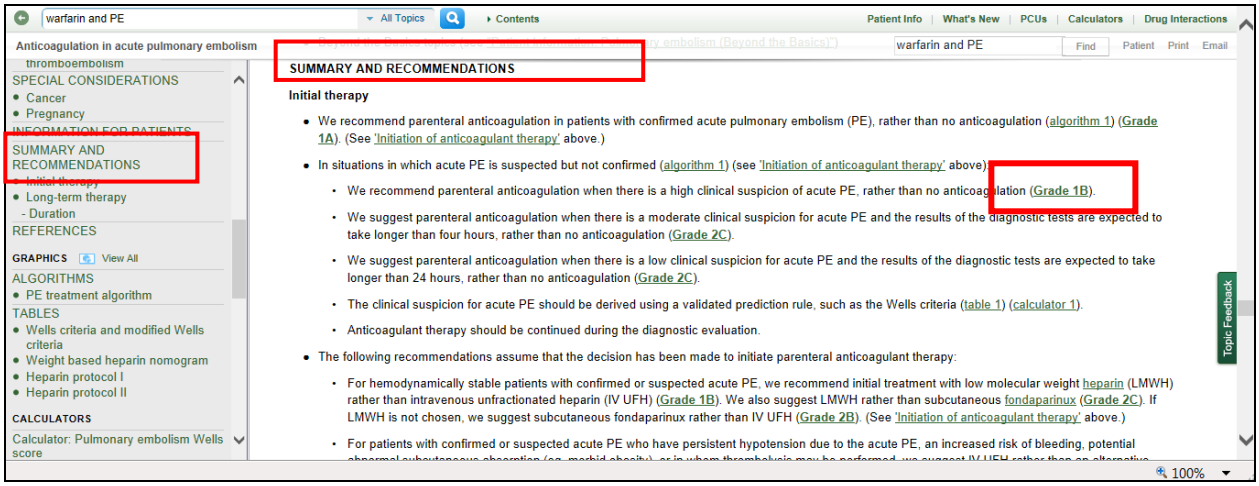
Risk Rating 分成五個等級，分別是：A、B、C、D、X。



（圖十七）

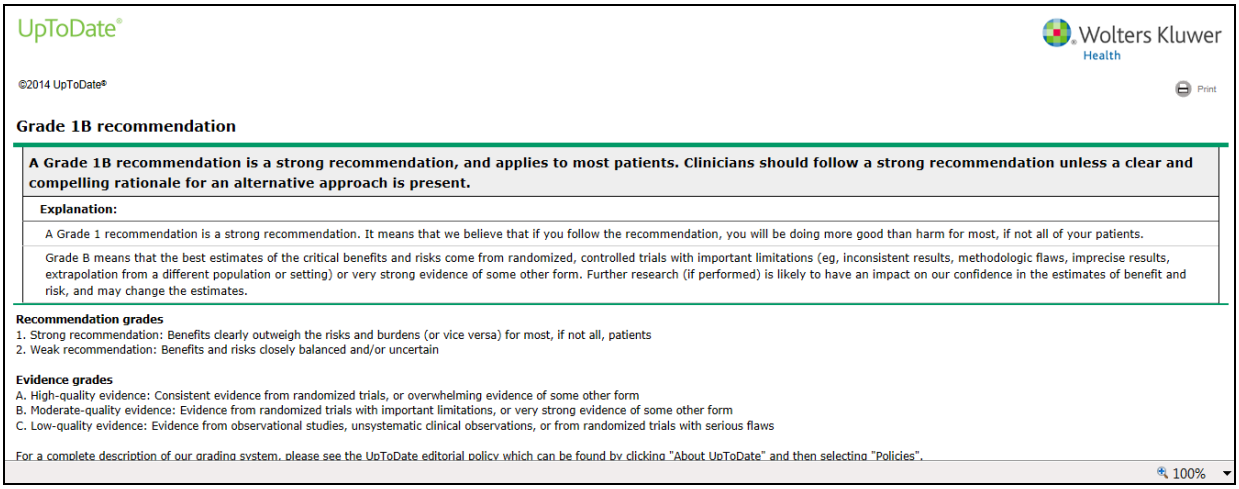
七、 Evidence Grading：證據等級

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



（圖十八）

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



（圖十九）

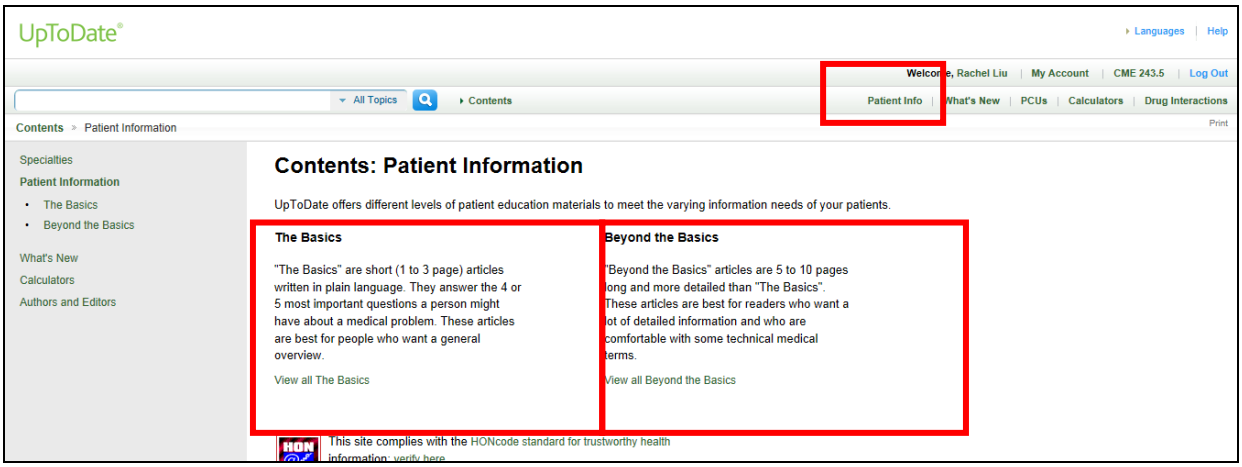
註：目前並未全部都有 Evidence Grading

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。

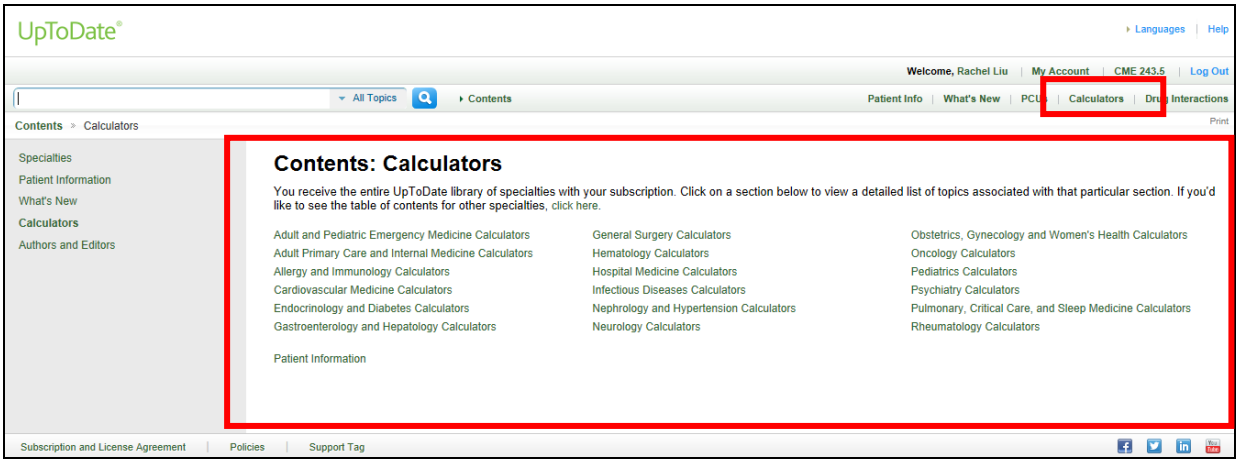
Beyond the Basics：五至十頁，為比"The Bascis"版本較詳細的內容，並使用一些醫學專有名詞來解釋。



（圖二十）

九、 Calculators ：試算表

UpToDate 目前提供了 140 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：



（圖二十一）

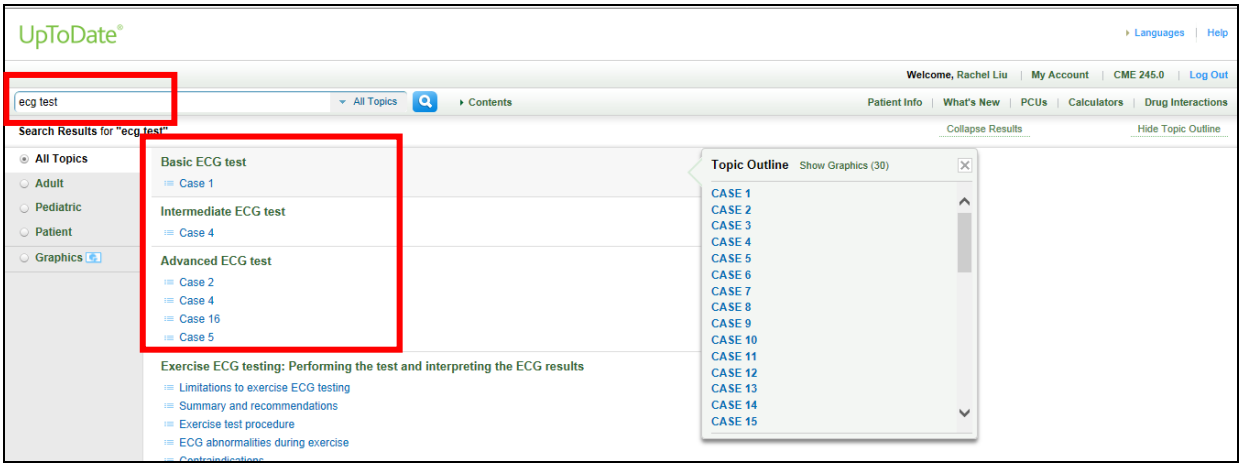
十、 Tests and Cases：測驗及例題

(1)ECG Test & tutorial :輸入 ECG Test 或是 EKG Test ，即會出現三種等級的自我測試。(如圖二十二)所示。輸入 ECG tutorial (如圖二十三所示)

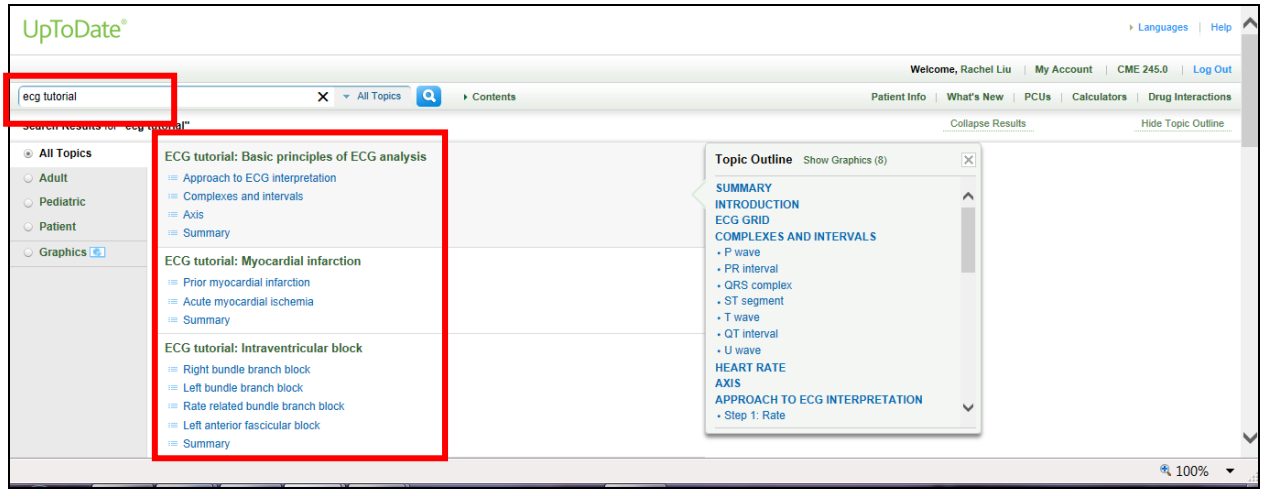
(2) Renal test 和 mini-case sessions：在檢索輸入 renal Pathophysiology。(如圖二十四所示)

(3) Diabetes Cases：輸入 Interactive Diabetes Cases (如圖二十五所示)

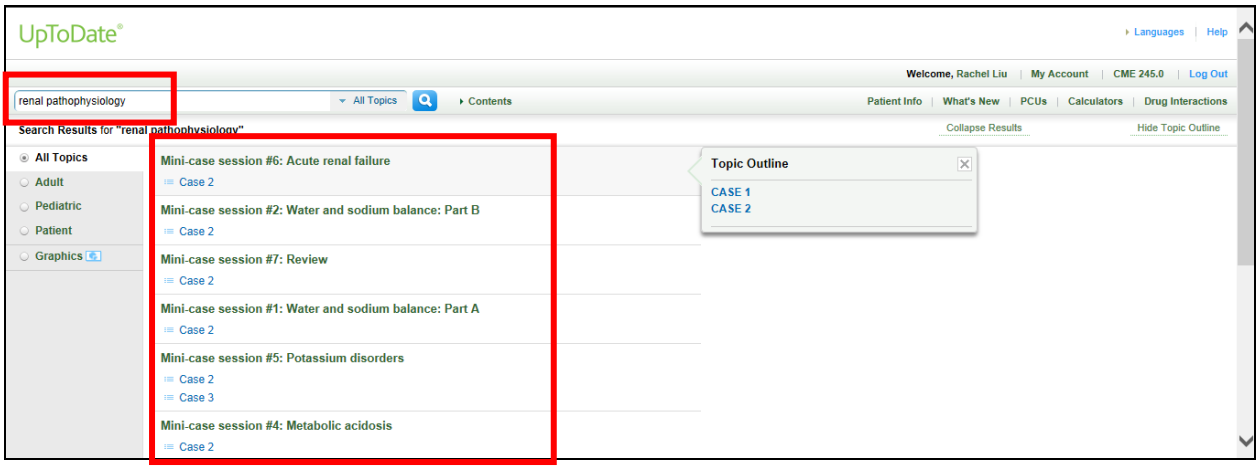
(4) Microbiology Cases：輸入 Clinical microbiology reveiw(如圖二十六所示)



（圖二十二）



（圖二十三）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Mini-case session #6: Acute renal failure
Case 2
Mini-case session #2: Water and sodium balance: Part B
Case 2
Mini-case session #7: Review
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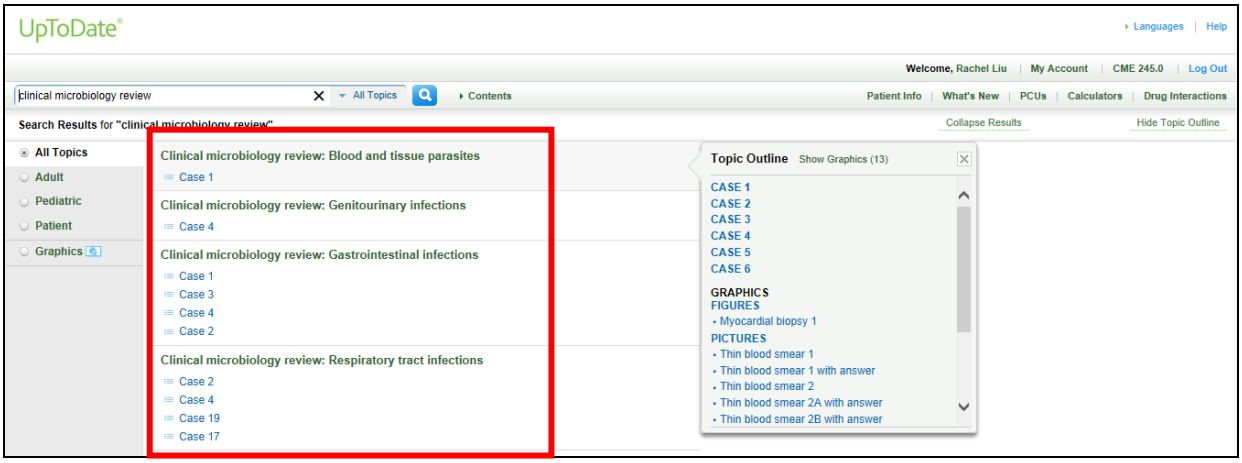
Mini-case session #1: Water and sodium balance: Part A
Case 2
Mini-case session #5: Potassium disorders
Case 2
Case 3
Mini-case session #4: Metabolic acidosis
Case 2
Topic Outline
CASE 1
CASE 2

（圖二十四）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CASE 6
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• Myocardial biopsy 1
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• Thin blood smear 1
• Thin blood smear 1 with answer
• Thin blood smear 2
• Thin blood smear 2A with answer
• Thin blood smear 2B with answer

（圖二十五）