



ClinicalKey

All in here.

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伽利略最偉大的著作**Discorsi e dimostrazioni matematiche** 被視為是第一本討論到現代物理學的重要文獻。在過去西方嚴密的宗教審訊的年代，曾被秘密送達至當年的**Elzevir(Elsevier)**，由**Elzevir**於**1638**年正式出版！

1620 年 Elsevier 的 logo 原始初稿首度誕生



- ✧ 榆樹 & 葡萄藤:
象徵出版的豐碩智慧
- ✧ 老人:
象徵研究的學者
- ✧ Non Solus
為拉丁字原意為 Not alone
(研究不孤獨)

意涵：學者研究(老人)與出版成果(榆樹)相輔相成而共存



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The image displays four web browser windows illustrating the search process for 'myocardial infarction':

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- Top-right (Wikipedia):** The Wikipedia article for 'Myocardial infarction'. The article title is 'Myocardial infarction' and it is described as 'From Wikipedia, the free encyclopedia'. The article text states: 'Myocardial infarction (MI) or acute myocardi blood supply to a part of the heart muscle, causi coronary artery following the rupture of a vulnerat blood cells in the wall of an artery. The resulting'.
- Bottom-left (YouTube):** Search results for 'myocardial infarction' on YouTube. The search bar shows 'myocardial infarction' and the results include a video thumbnail with a duration of 2:55.
- Bottom-right (PubMed):** Search results for 'myocardial infarction' on PubMed. The search bar shows 'myocardial infarction' and the results include a list of articles. The first article is titled 'Obstructive Sleep Apnea and Corona Implications' by De Torres-Alba F, Gemma D, Armada Pulm Med. 2013;2013:768064. Epub 2013 / PMID: 23691310 [PubMed - as supplied by].

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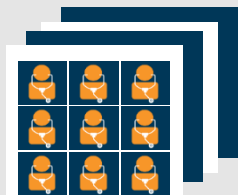
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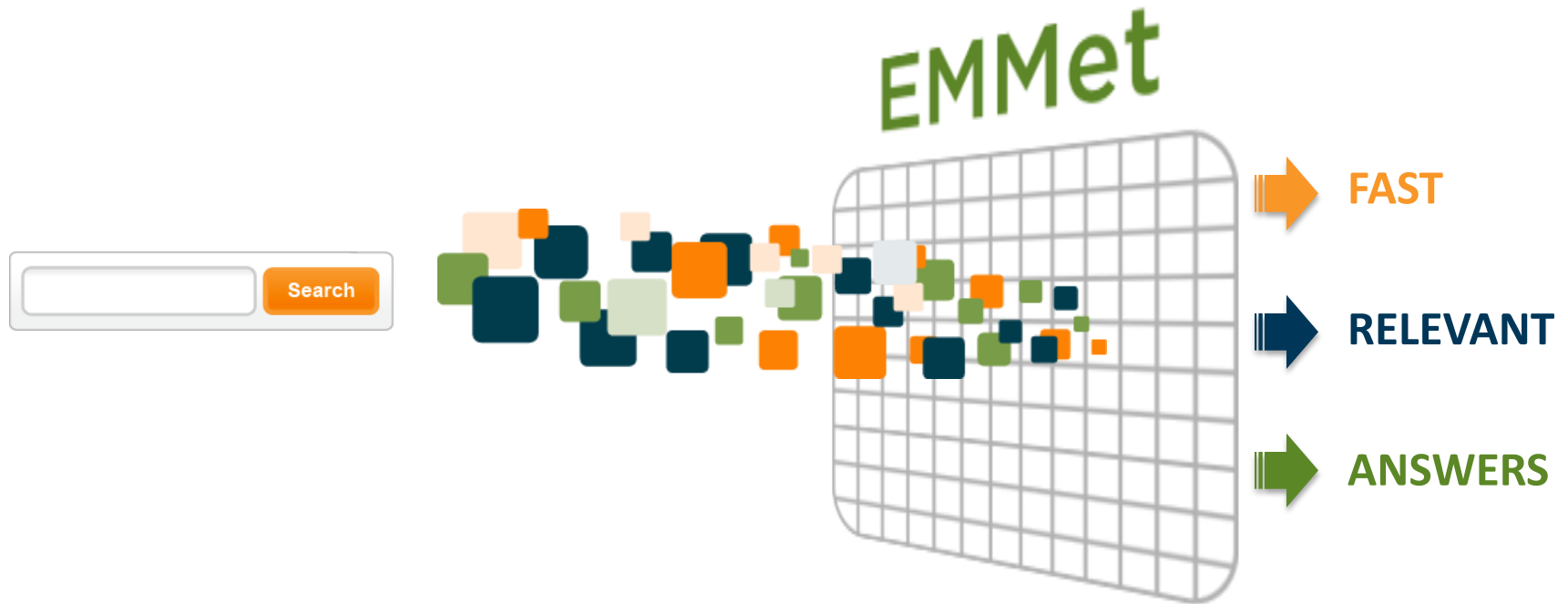
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*4 hours twice a month

*Return on Investment Study by
Dr. Shun Kohsaka, MD, FACC, Department of Cardiology
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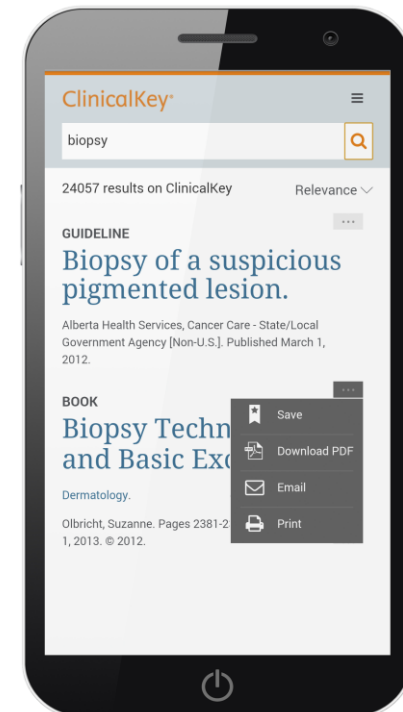
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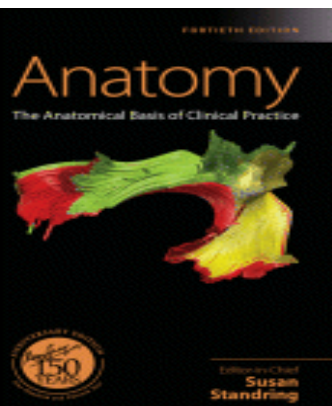
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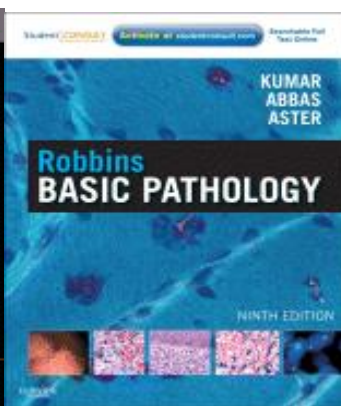


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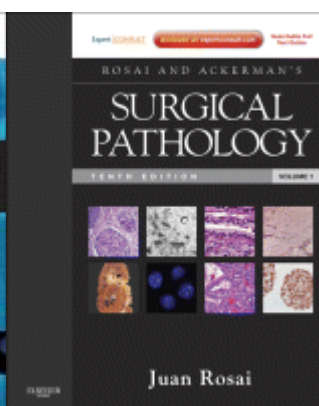
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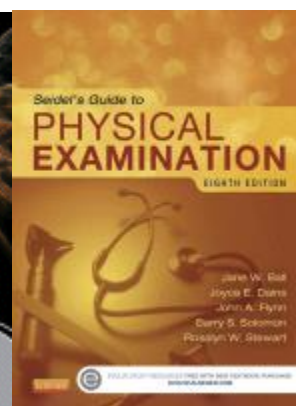
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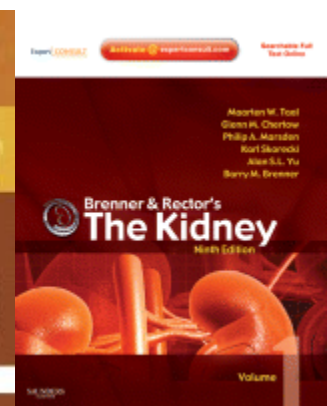
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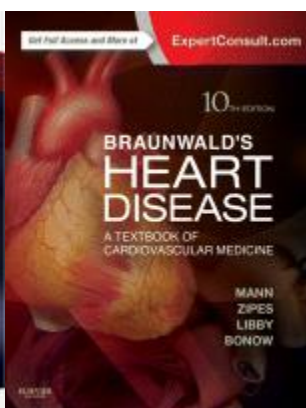
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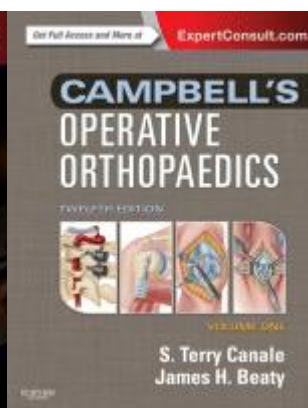
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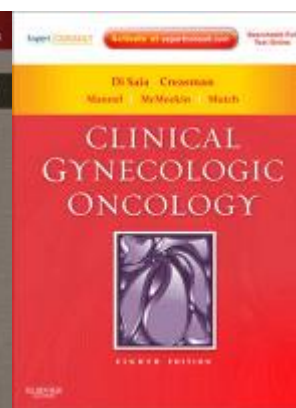
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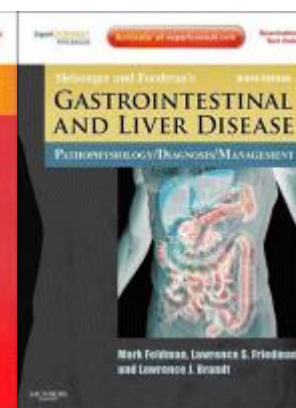
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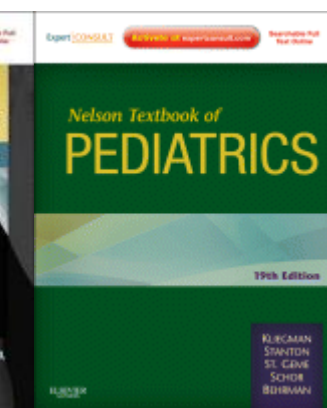
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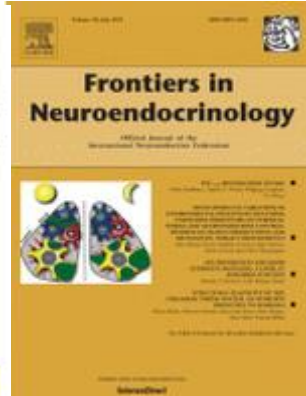
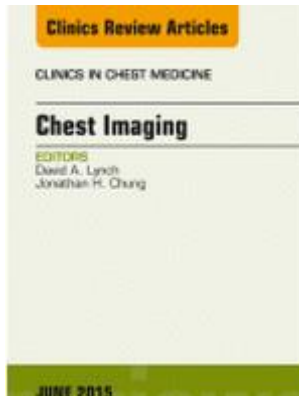


Nelson

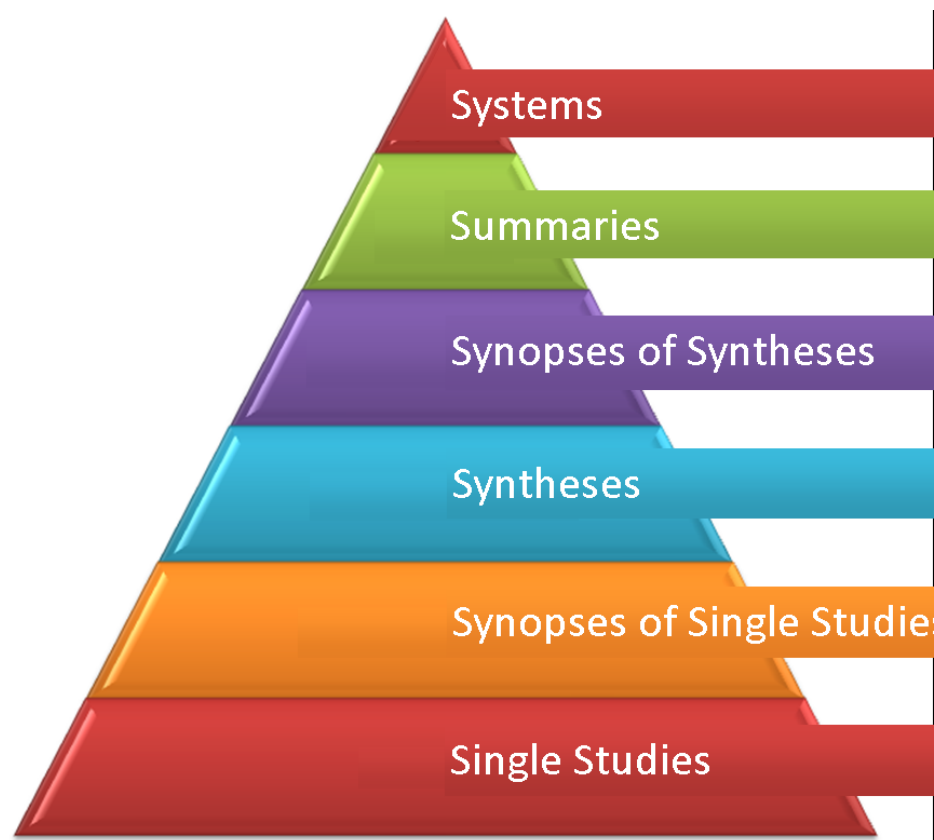
Journals 620+種 跨44科別 從基礎到臨床

立即閱讀最新文獻X全文檔案不求人

- *Ageing Research Reviews*
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6S Pyramid contain evidence that will help you answer foreground questions



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Topic Page 主題專頁

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1.First Consult –EBM Database

The main source of evidence has been from the **Cochrane Collaboration**.

Evidence is summarized from systematic reviews of primary research.

2.Conn's Current Therapy 2014

3.Ferri's Clinical Advisor 2015

4.Goldman's Cecil Medicine



1. 輸入關鍵字查詢

All ▾

hypertension|



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Source



23423 results



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FIRST CONSULT

Cardiovascular

Adam Grasso, MD,

FULL TEXT ARTICLE

Aging and

Article in Press: Under Review

Ageing Research Reviews

Corella, Dolores; O'Keefe

FULL TEXT ARTICLE

Moving From
Burden of

Suggestions

Hypertension

Pulmonary Hypertension

Preeclampsia

Essential hypertension

Hypertension, Portal

Intracranial Hypertension

Hypertension Risk Factors

Severe Hypertension

Pregnancy Induced

Hypertension

Renal hypertension

Related

Exercise

Electrocardiography

Blood Pressure Monitoring

Smoking Cessation

History and physical
examinationC-reactive protein
measurement

Ophthalmoscopy

Weight loss advised

Blood Pressure Self-
Monitoring

Decrease Alcohol Intake

Books and Journals

Journal of the American
Society of HypertensionComprehensive
HypertensionTherapy in Nephrology and
HypertensionPregnancy Hypertension:
An International Journal of
Women's Cardiovascular
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Authors

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CommitteeBritish Hypertension
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Hypertension

All Types ▾ hypertension



Books Journals More ▾

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Hypertension

Yonghong Huan, MD, Assistant Professor of Medicine, Renal, Electrolyte and Hypertension Division, University of Pennsylvania Health System, Philadelphia, Pennsylvania; Rubén J. Nazario, MD, MA, Contributing Editor, First Consult. Published January 4, 2014. Last updated September 19, 2013.

☐ **FIRST CONSULT**

Hypertension in children

Charles Kwon, MD, Director, Center for Pediatric Nephrology, Cleveland Clinic, Cleveland, Ohio; Ruben Nazario, MD, MA. Published February 19, 2014. Last updated September 18, 2013.

Hypertension

Disease Overview

[View full topic](#)

Ferri's Clinical Advisor 2016 · Ferri, Fred F., M...

Definition

Normal blood pressure (BP) in adults can be defined as systolic BP <120 mm Hg and diastolic <80 mm Hg. *Prehypertension* is defined as systolic BP between 120 to 139 mm

[Continue Reading](#)Was this helpful? [Yes](#) or [No](#)

All ▾

hypertension



Go to: Outline ▾



This is the topic page for **high blood pressure**. Not what you wanted? [Show all results](#).

DISEASE OVERVIEW

High Blood Pressure (Generalist Overview)

Ferri's Clinical ...

Conn's Curren...

Goldman's Ce...

First Consult

First Consult

Epidemiology

Screening

Primary prevention

Diagnosis

Echocardiography

Differential diagnosis

Treatment

Medications

Follow-up

Epidemiology

Prevalence and frequency

2. 選擇出處 例如:

First Consult

實證醫學資料庫

提供專家整理的summary

3. 瀏覽更多相關資料

> Related Drugs

> Related Patient Education

> Latest Articles

> Related Guidelines

Topic Page 主題專頁-First Consult 實證醫學資料庫

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All ▾ hypertension



Go to: Outline ▾

Definition

Etiology

Diagnosis

Imaging Studies

Treatment

打開Outline，可以選擇主題文章(例如hypertension)段落，例如直接閱讀
Diagnosis部分

re. Not what you wanted? Show all results.

Generalist Overview)

Ferri's Clinical Advisor 2015

Gunn's Curren...

Goldman's Ce...

First Consult

Hypertension



Ferri's Clinical Advisor 2015. Ferri, Fred F., M.D., F.A.C.P.

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Definition

Imaging Studies

Etiology

Treatment

Diagnosis

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1. 輸入查詢的主題或關鍵字

Sedation for aortic surgery



3. 搜尋

All ▾

All

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Books

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Drug Monographs

Guidelines

Patient Education

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MEDLINE

Multimedia

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2. 選擇Multimedia

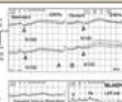
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PBL 2014.ppt [相容模式] - Microsoft PowerPoint


檔案 常用 插入 設計 切換 動畫 投影片放映 校閱 檢視 繪圖工具 格式

剪下 複製 貼上 複製格式 新增投影片 版面配置 重設 章節 剪貼簿 投影片 字型 段落 繪圖 編輯

1 

2 

3 

4 

Standard ERPs

Fz-A1
Fz-A2
+10 μ V
50 ms
A1-Cz
A2-Cz
N100

Deviant ERPs

Fz-A1
Fz-A2
N100
Cz-A1
Cz-A2
N100

Filtered (built-in 3-30Hz Butterworth filter)

Non-Filtered

+5 μ V
50 ms

Deviant minus Standard Subtraction

MLAEPs

V Pa Left ear
V Pa Right ear
Fz-A1
Fz-A2
Cz-A1
Cz-A2
+1 μ V
9 ms

A 58-year-old man in coma after cardiogenic shock associated with a severe mechanical aortic valve dysfunction, endocarditis, aortic root abscess, and an aorta-to-right-atrium fistula (case 14). After surgery for a modified Bentall procedure, he continued in cardiogenic and septic shock. Head CT scan revealed a small subacute area of infarct in the left precentral gyrus and posterior inferior left temporal lobe. Electroencephalogram showed continue, diffuse, nonspecific slowing of cerebral activity (delta frequency range), with minimal response to painful stimulation and no epileptiform features. Neurologic diagnosis indicated global encephalopathy due to metabolic and hypoxic brain injury. Auditory-evoked potentials were recorded 8 days after coma onset and 12 hours off sedation. Panels A and B The ERPs showed a small distinguishable N100 in the standard response, but it became nonreproducible in the deviant response. Panel C The subtracted waveform did not show MMN. Panel D The middle latency AEPs showed a wave V (brainstem) and a low amplitude Pa wave. In the subsequent 12 days, the patient became unresponsive, and it was clear that there were no meaningful neurologic activities. In the light of the patient's previously stated advance care directives, it was the patient's family decision to withdraw care.

Auditory-evoked potentials during coma: Do they improve our prediction of awakening in comatose patients?

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投影片 2/4 "Office 佈景主題" 英文 (美國) 81%

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Multimedia ▾ Sedation for aortic surgery

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PBL 2014

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2. 點擊 “刪除” 圖示

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Jasmine Tsai

All Types Search for diagnoses, conditions, drugs and more...

Books Journals More

Go to: Outline

Materials and Methods

Source of Funding

Results

Discussion

References

FULL TEXT ARTICLE

Web-Based Education Prior to Knee Arthroscopy Enhances Informed Consent and Patient Knowledge Recall

Bob Yin MD, Laura Goldsmith BS and Ralph Gambardella MD

Journal of Bone and Joint Surgery, 2015-06-01, Volume 97, Issue 12, Pages 964-971, Copyright © 2015 The Journal of Bone and Joint Surgery, Inc.

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Background

Preoperative patient education is an important part of the informed consent process, and a perceived lack of information can lower patient satisfaction. We sought to evaluate the effect of a web-based multimedia patient education tool on the perioperative experience of patients undergoing first-time knee arthroscopy for a meniscal tear.

Methods

Adult patients undergoing knee arthroscopy for the first time for a primary diagnosis of a meniscal tear

Journal of Bone and Joint Surgery

Volume 97, Issue 12

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EN 12:43 PM 7/17/2015

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Materials and Methods

Nevada) that explained relevant anatomy, pathology, and general perioperative tutorial was completed prior to the preoperative visit by all patients allocated as confirmed by an electronic signature tool built into the web site. All patients were blinded to the patient's allocation.

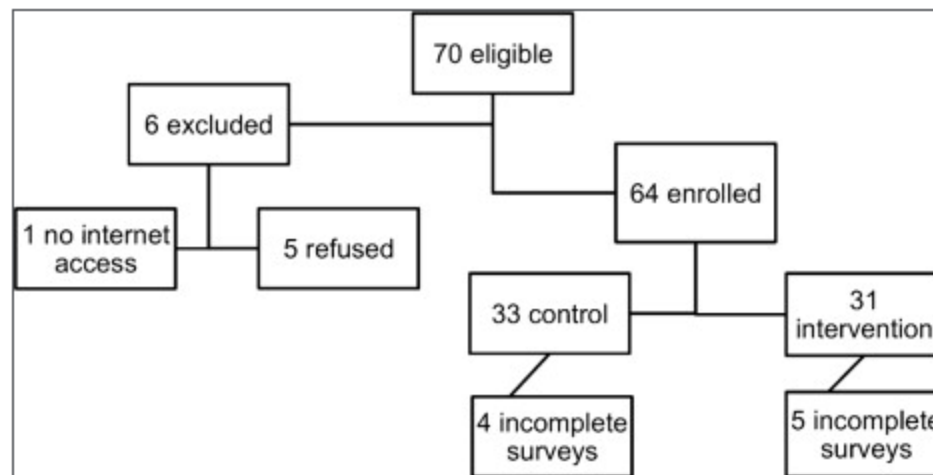
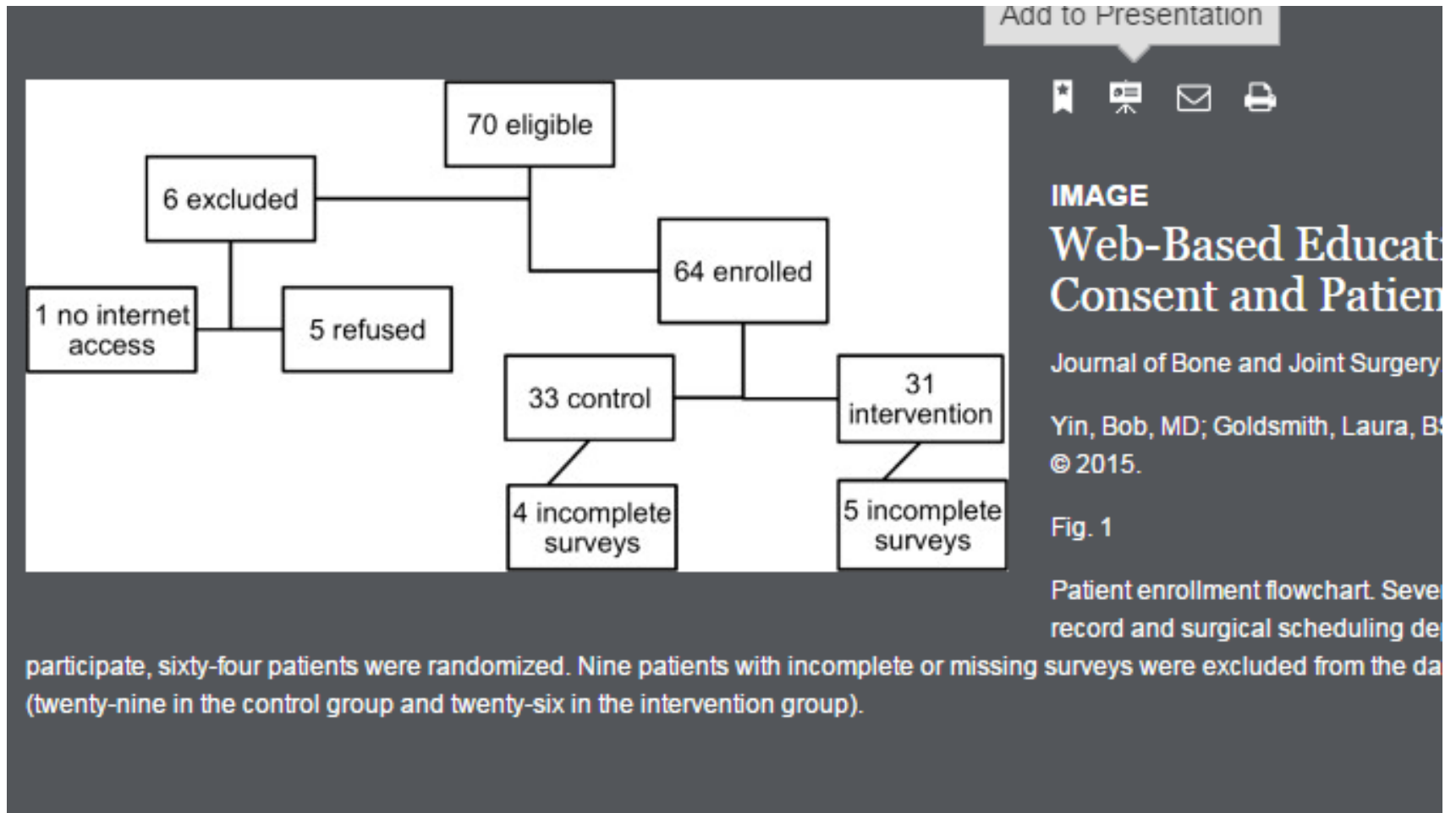


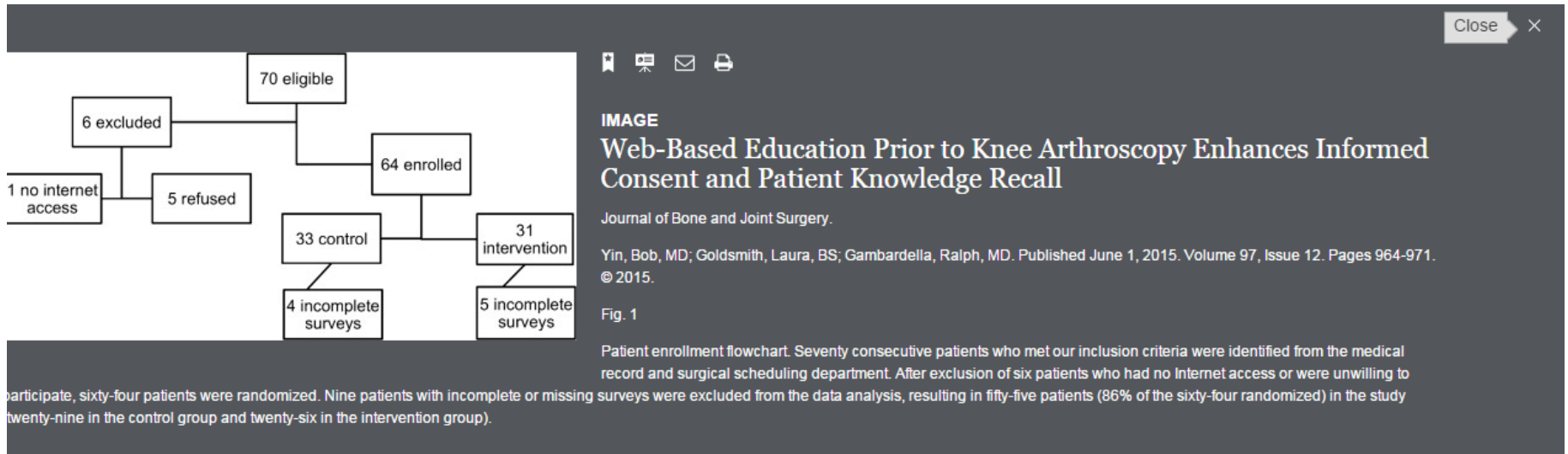
Fig. 1

Patient enrollment flowchart. Seventy consecutive patients who met our inclusion criteria were identified by the medical record and surgical scheduling department. After exclusion of six patients who were unwilling to participate, sixty-four patients were randomized. Nine patients

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Complete BEFORE you see the doctor
Your Name: _____
Today's Date: _____
SURVEY A: PRE-OP VISIT, Page 1 of 2

Place a **slash mark** on the line that **best** fits your answer.
For example, the following answer would mean that you think there was almost no traffic on your drive today:
Sample question: How was the traffic today?

Like a parking lot ————— None at all

1. How informed are you about your surgery?
Not informed ————— Well-informed

2. How clearly do you understand the risks, benefits, and alternatives of the surgery?
Not clearly ————— Very clearly

3. How prepared do you feel for the pre-operative visit today?
Not prepared ————— Well-prepared

4. How anxious or nervous are you about surgery?
Not at all ————— Very anxious or nervous

5. How informed are you about the first phase of your recovery after surgery (the first one to two weeks)?
Not informed ————— Well-informed

6. How many times have you called your surgeon's office to ask questions about your surgery? (NOT including calls for scheduling purposes)
☐ Zero ☐ 4 times
☐ Once ☐ 5 times
☐ Twice ☐ 6 times
☐ Three

7. Have you...
☐ Yes

8. Do you...
☐ Yes

9. What is your education level?
☐ Middle school
☐ High school
☐ 2-year college
☐ 4-year Bachelor's degree
☐ Post-graduate
Other _____

10. What resources have you used to learn about your surgery?
☐ Websites
☐ Brochures
☐ Talking with family
☐ Talking with friends
☐ Talking with healthcare providers
Other _____

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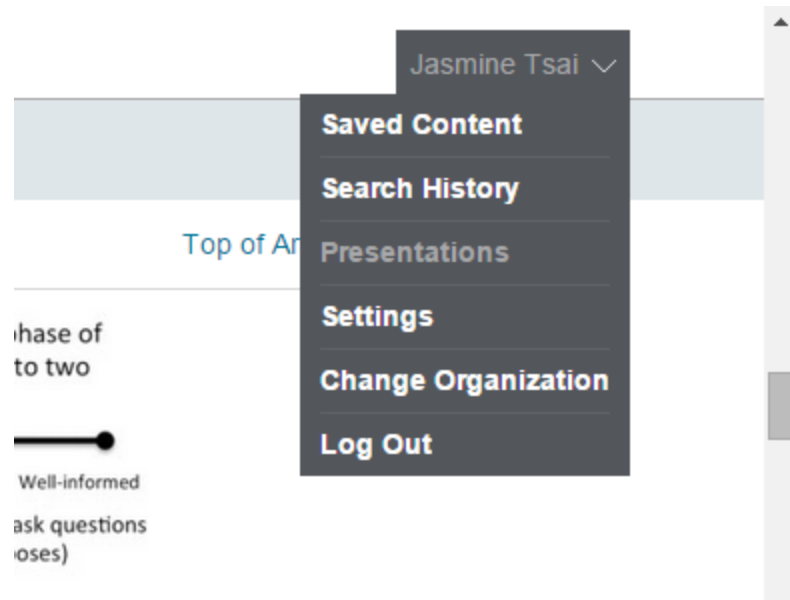
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- OVARY
- spine
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- heart
- lung ca

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IMAGE
Web-Based Education for Arthroscopy Patients
Patient Knowledge
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Volume 97, Issue 12
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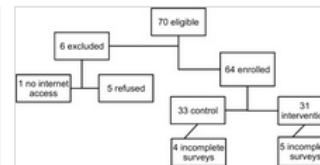
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Spinal Anesthesia

2. 輸入關鍵字查詢



EQUIPMENT

epidural catheter placement but may also be used to place catheters into the subarachnoid space



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mini invasive spine surgery



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mini invasive spine surgery

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Spine.

Uribe, Juan S; Dakwar, Elias; Le, Tien V... [Show all](#) Pub

MEDLINE

Minimally invasive surgery for traumatic spinal pathologies: a mini-open, lateral approach in the thoracic and lumbar spine.

Source Type	Study Type	Specialties	Date	
MEDLINE Abst	Systematic R	Advanced Ba	Last 6 months	830
Full Text Articl	Meta Analysis	Allergy and I	Last 12 months	1866
Books	Randomized C	Anesthesiolo	Last 18 months	2512
Images	Narrative Rev	Cardiothorac	Last 2 years	3528
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Complications and Reoperations During and After Hip Arthroscopy: A Systematic Review of 92 Studies and More Than 6,000 Patients

Arthroscopy: The Journal of Arthroscopic and Related Surgery.

Harris, Joshua D., M.D.; McCormick, Frank M., M.D.; Abrams, Geoffrey D., M.D.... Show all. Published March 1, 2013. Volume 29, Issue 3. Pages 589-595. © 2013.

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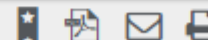
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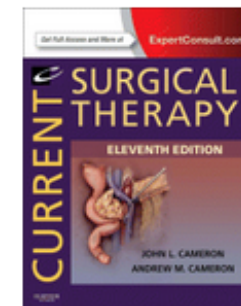
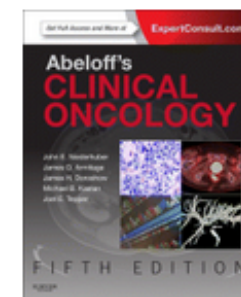
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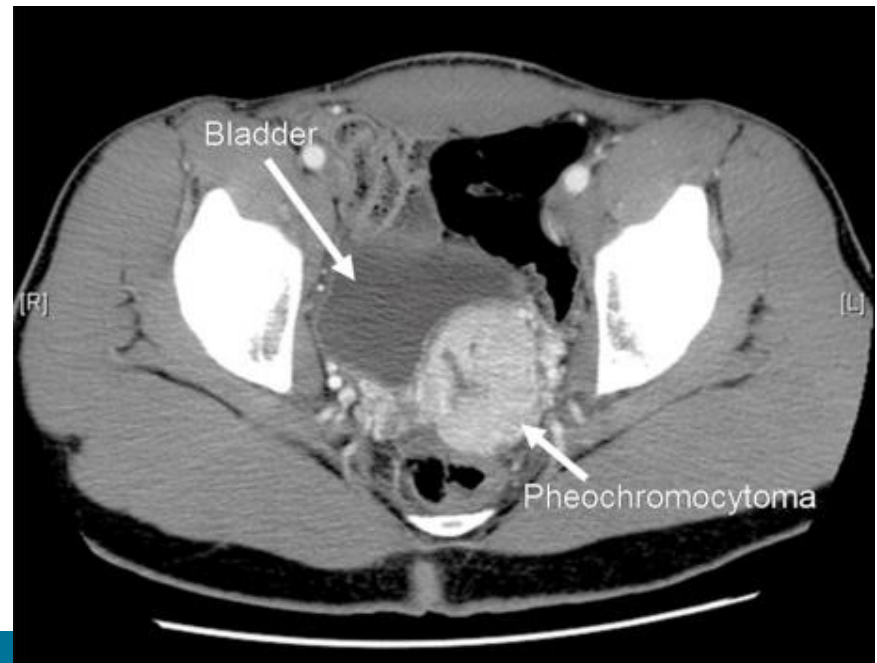
Multimedia

CME



Short Confirmation Clinical Scenario

- David, 49, was recently diagnosed with pheochromocytoma.
- David's physician, Dr. Banner last treated a patient with this uncommon adrenal tumor many years ago.
- Dr. Banner recalls that specific medications must be given in the pre-operative period in order to protect David from one of several serious peri-operative complications.



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Suggestions	Related	Authors
Pheochromocytoma	Adrenalectomy	Phe, Ohn, BSc
PC12 Cells	Laparoscopic adrenalectomy	Phe, Ohn
Chromaffin Cells	propranolol	Pheoktistov, V S
Pheochromocytoma, malignant	History and physical examination	Pheonix, C H
Pheochromocytoma, Extra-Adrenal	Plasma metanephrines	
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Treatment

DISEASE OVERVIEW

Pheochromocytoma (Generalist Overview)

Ferri's Clinical Advisor 2015

Conn's Current ...

Goldman's Cecil...

First Consult

Pheochromocytoma



Ferri's Clinical Advisor 2015. Ferri, Fred F., M.D., F.A.C.P.

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Definition

Epidemiology & Demographics

Etiology

Diagnosis

Differential Diagnosis

Imaging Studies

Treatment

Imaging Studies

Go to: **Outline ▾**

Treatment

General Rx

Laparoscopic adrenalectomy (surgical resection for both benign and malignant disease):

1. Preoperative stabilization with combination of alpha-adrenergic blocking agents (prazosin, doxazosin, terazosin, or phenoxybenzamine), beta-blocker, and liberal fluid and salt intake starting 10 to 14 days before surgery. Beta-blockers should be avoided until patients receive adequate alpha-adrenergic blockade for several days to avoid hypertensive crisis due to unopposed alpha stimulation. Amlodipine or verapamil can be added to beta-blockers if blood pressure control is still inadequate. [Table E1-392](#) describes orally administered drugs to treat pheochromocytoma.
2. Hypertensive crisis preoperatively and intraoperatively can be controlled with nitroprusside. [Table E1-393](#) summarizes intravenously administered drugs used to treat pheochromocytoma.

[Latest Treatment Articles](#)

[pheochromocytoma & Treatment Results](#)



- Following this short confirmation, Dr. Banner is confident in medically preparing David for his surgery and protecting him from preventable serious peri-operative events.
- Dr. Banner also reflects on how having rapid access to current, evidence-based information protects both his practice and his patient from potentially significant financial risks resulting from preventable major medical errors.



Quick Check Clinical Scenario

- Donna, 36, presents to her gynecologist, Dr. Weaver, having first noted a breast lump two weeks ago which she believes has since grown slightly and is now minimally painful when compressed.
- She has no other breast changes, no personal or family history of breast cancer, and is otherwise healthy.
- Dr. Weaver's exam reveals a rubbery, mildly tender, circumscribed, mobile mass in the upper outer quadrant of Donna's left breast.



Deposits mastitis in male mimicking a breast

International Journal of Surgery.

Martella, Stefano; Matthes, A. Gustavo Zucca; Bassi, Fabio... [Show all](#). Published December 1, 2007.

FULL TEXT ARTICLE

The management of C1 cytology in the assessment of breast lumps: Audit to ensure oncologically safe

European Journal of Surgical Oncology.

Mylvaganam, Senthurun; Page, Felicity; Chima, Paul... [Show all](#). Published May 1, 2014. Volume 40,

FULL TEXT ARTICLE

Office management of a palpable breast lump with aspiration

Canadian Medical Association Journal.

Heisey, Ruth E., MD; McCreedy, David R., MD MSc. Published April 19

FULL TEXT ARTICLE

P37. The assessment of breast case for a change in guideline

European Journal of Surgical Oncology.

Mylvaganam, Senthurun; Brimyard, Elizabeth; Mullan, Michelle. Publish



FULL TEXT ARTICLE

Office management of a palpable breast lump with aspiration

Ruth E. Heisey MD and David R. McCreedy

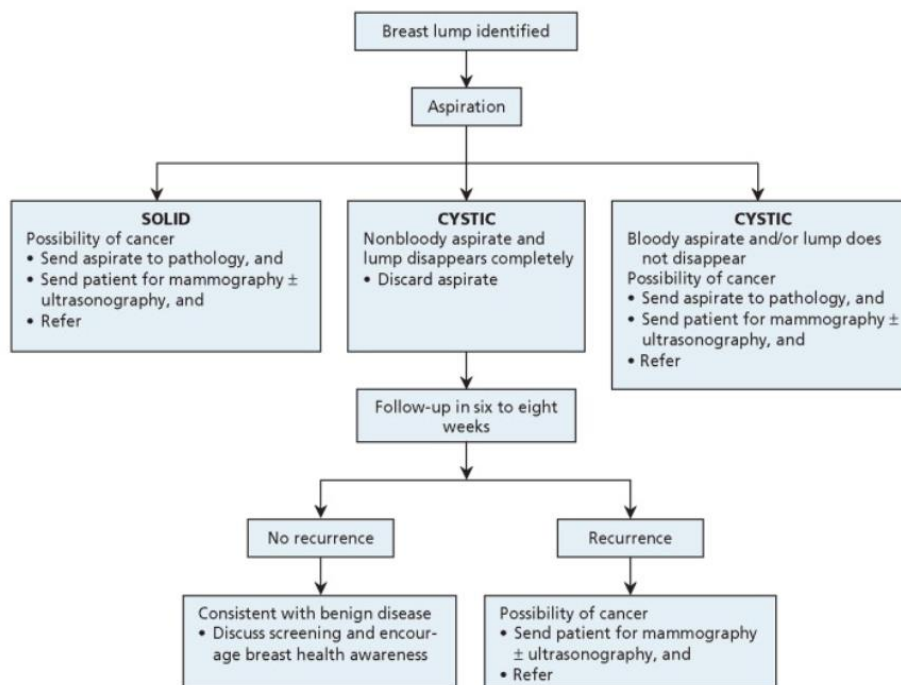
Office management of a palpable breast lump with aspiration, 2010-04-20Z, Volume 182, Issue 7, Pages 693-696, Copyright © 2010 Canadian Medical Association

Case

[The following is a fictitious case based on experience with similar cases.]

Debby is a 45-year-old woman with a self-detected palpable breast lump noticed incidentally one week ago. The lump is tender and increasing in size. Her sister was diagnosed with breast cancer at age 48. Debby is terrified that this may be cancer.

About 1 in 10 women who present with a new breast lump has breast cancer.¹ The younger the age of the patient at presentation, the less likely the lump will prove to be cancer. Only 1 in 100 women with a new palpable breast lump has breast cancer. In young women of any age should be common in premenopausal women. They have received hormone therapy.



- 5 minutes later, after Dr. Weaver aspirates clear, straw-colored fluid from Donna's breast lump, the mass is no longer palpable.



- Dr. Weaver asks Donna to return for another breast exam in 6-8 weeks, knowing that if the lesion has returned, she can rapidly access the same saved article for guidance on next steps.



- Dr. Weaver reflects on how rapid access to current, evidence-based content empowered her to quickly check that
 - her patient's new breast mass was likely benign
 - her immediate plan was clinically appropriate
 - she could provide immediate relief to her patient
 - her follow-up plan was sound
 - her approach was cost effective



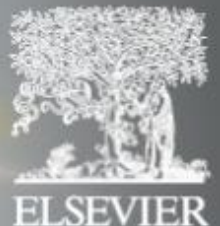
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CME

❖ 克利夫蘭臨床醫學中心繼續教育中心主辦

❖ AOA積分 ClinicalKey已通過美國骨科協會AOA2-B類學分認證

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1. 確定臨床問題。
2. 於ClinicalKey進行搜索
3. 查閱最相關的全文參考文獻
4. 點擊"CME"超連結進入克利夫蘭臨床繼續教育中心網站
5. 填寫表格並提交，即可獲得**AMA PRA第1類0.5學分**。

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3. 隨時查詢您所獲得的學分或列印您的證書。

Evaluation of evidence - First Consult

- **Strength of Recommendation Taxonomy (SORT)**
- Level 1
 - **Cochrane Reviews of good-quality randomized controlled trials (RCTs)** with consistent findings, in which adequate data are found for analysis
 - Other **high quality systematic reviews or meta-analyses** of good quality studies with consistent findings in which adequate data are found for analysis
 - **Good-quality RCTs or prospective cohort studies** with adequate follow-up
- **Level 2**
 - Other systematic reviews or meta-analyses not included in Level 1, in which either the review itself or the underlying studies are not of high quality or the included studies are inconsistent
 - Other studies not included in Level 1. These may be RCTs or cohort studies of lower quality or weaker observational study designs
- **Level 3**
 - **Evidence-based consensus statements and expert guidelines**, or extrapolations from sources such as usual practice, **case reports** or case series