Cochrane Library

碩睿資訊 Shou Ray Information Service Trainer 2025

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大綱



一、資料庫簡介

二、介面及檢索模式

三、文獻全紀錄頁面

四、個人化帳號

五、課後資源補充





資料庫簡介





為什麼需要 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)















普拉医学

Evidence-Based Medicine

謹慎地、明確地、小心地採用

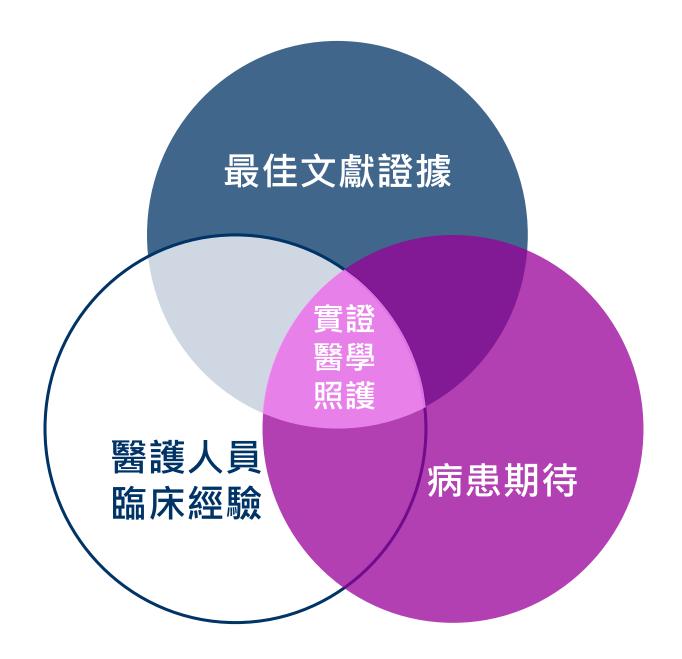
目前最佳的證據

作為照顧病人臨床決策的參考



Sackett, et al., 1996











臨床對照試驗

收集安全性有效 性資料 ↓ **評斷新方法**



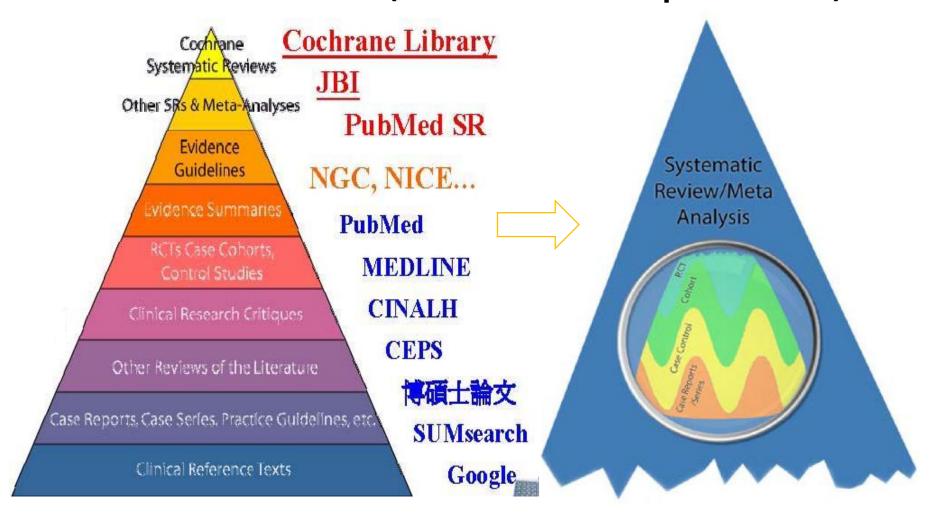
系統性文獻回顧

整合 臨床試驗 → 綜合判斷





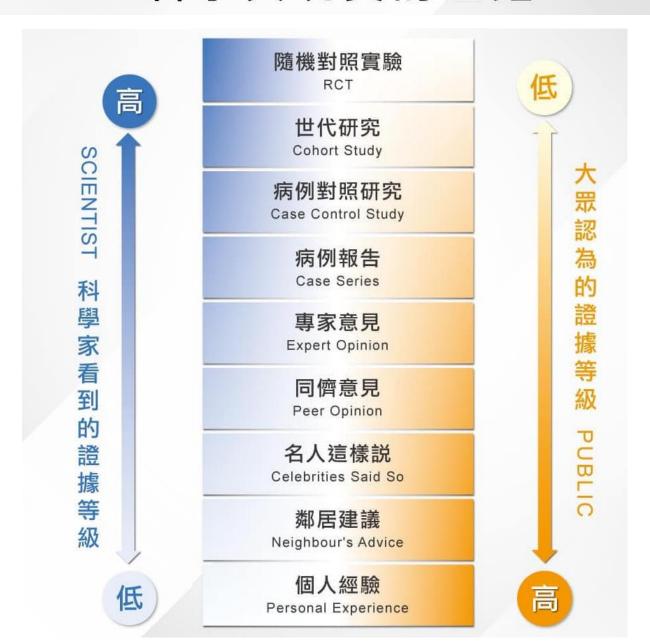
文獻搜尋優先順序 (STRATEGY: Top→Down)







科學與現實的差距







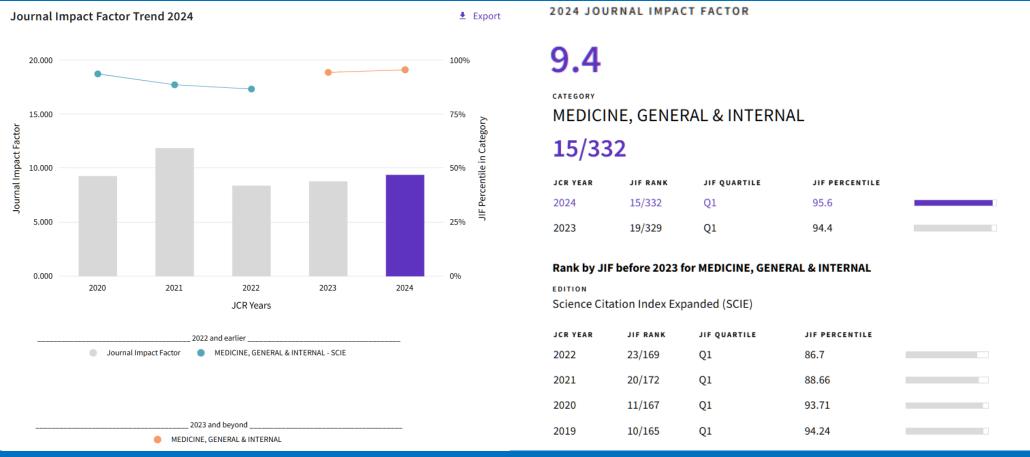
Cochrane 評論小組 (CRG)

- ◆ CDSR 中的 Cochrane 評論由在其中一個Cochrane 評論小組註冊標題的作者編寫。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(Co-ordinating Editor) 和一個編輯團隊帶領,其中包括一名執行編輯和一名訊息專家。Cochrane 評論小組為作者提供方法和編輯支持,以準備Cochrane 評論,並管理包括同行評審的編輯過程。
- ◆ 所有協調編輯和其他 Cochrane 評論小組的工作人員和編輯均已 聲明存在利益衝突。





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



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 Review 類型

Review 類型	説明					
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的病程。					
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	綜合了來自相關研究問題的多個系統性評論的信息。					
Rapid reviews	通過簡化或省略特定方法加速的系統審查。					
Prototype	包括尚未在 Cochrane 中建立標準方法的其他類型的系統評價,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。					





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 (Searching for trials)	收錄隨機臨床實驗的書目資料庫
Clinical Answers (CCAs)	從 Cochrane Reviews <mark>擷取易讀、易懂的臨床切入重點</mark> ,便於臨床照護的決策與操作





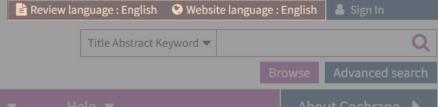
資料庫介面

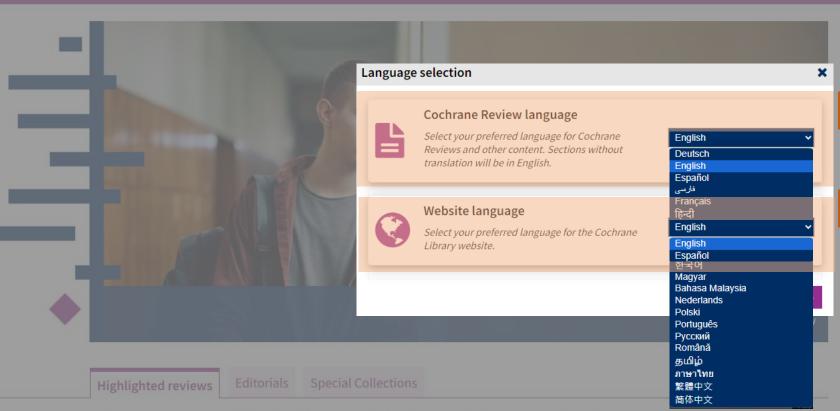






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調整 Cochrane Review 語言呈現

THE AR



Sex and gender as predictors for allograft and patient-relevant outcomes after kidney transplantation

Sumedh Jayanti, Nadim A Beruni, Juanita N Chui, Danny Deng, Amy Liang, Anita S Chong, Jonathan C Craig, Bethany Foster, Martin Howell, Siah Kim, Roslyn B Mannon, Ruth Sapir-Pichhadze, Nicole J Scholes-Robertson, Alexandra T Strauss, Allison Jaure, Lori West, Tess E Cooper, Germaine Wong

19 December 2024





Highlighted reviews Review language: English Website language: English Website language: English



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Prevention of self-harm and suicide Read the review





由 Cochrane Library 精選每月評論文章。

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Sex and gender as predictors for allograft and patient-relevant outcomes after kidney transplantation

Sumedh Jayanti, Nadim A Beruni, Juanita N Chui, Danny Deng, Amy Liang, Anita S Chong, Jonathan C Craig, Bethany Foster, Martin Howell, Siah Kim, Roslyn B Mannon, Ruth Sapir-Pichhadze, Nicole J Scholes-Robertson, Alexandra T Strauss, Allison Jaure, Lori West, Tess E Cooper, Germaine Wong

19 December 2024





Editorials



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SHOW ME the evidence: Features of an approach to reliably deliver research evidence to those who need it

John N Lavis, Jeremy M Grimshaw, Ruth Stewart, Julian Elliott, Will Moy, Joerg J Meerpohl

14 November 2024





Special Collections Review language: English Website language: English Sign In



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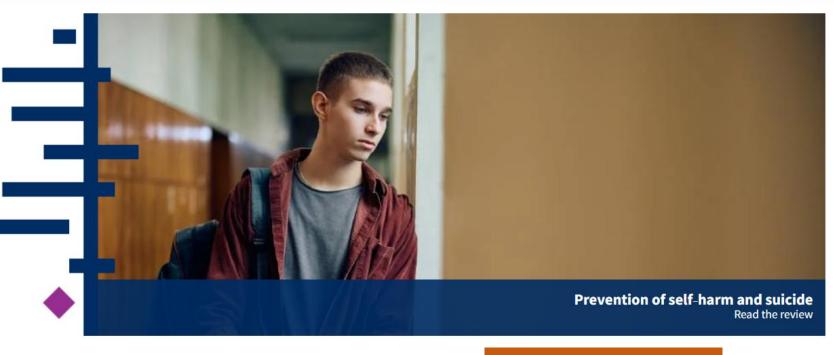
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Search by Description

Search by Title

Note that the podcast's title may differ from the Review's title Use this filter to search by key term or by podcast's author

Language

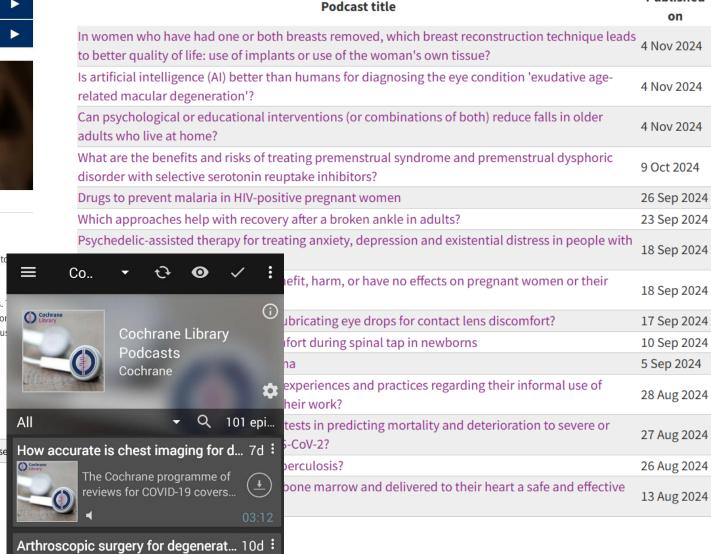
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Search by Cochrane Library Issue

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Cochrane Library





Published



Browse





Browse by PICOs

Browse by PICOs

Browse by Topic

Browse by PICOs¹

依照 Cochrane Library 對文獻標記的 P、I、C、O,瀏覽 Cochrane Library 提供的系統性文獻回顧評論。 ※限 2015 年迄今之介入型評論 (intervention reviews)

Population	Intervention & Comparison	Outcome
Blood and immune system conditions	Behavioural therapies	Adverse events
Cancer	Cellular and gene therapies	Compliance with treatment
Cardiovascular conditions	Complementary and alternative therapies	Failed intervention
Digestive system conditions	Complex interventions	Function
Ear, nose and throat conditions	Educational interventions	Infection
Endocrinal, nutritional and metabolic disorders	Medical devices	Mental health
Eyes and vision	No active treatment	Mortality
Fertility, pregnancy and childbirth	Pharmacological interventions	Pain





Browse by Topic

Browse by PICOs

Browse by Topic

依照不同領域主題,瀏覽 Cochrane Library 提供的系統性文獻回顧評論。

Browse by Topic

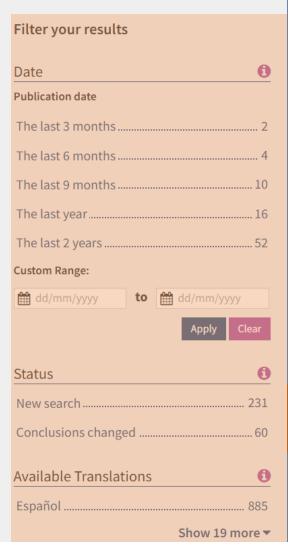
Browse Cochrane Reviews, Protocols and Clinical Answers.

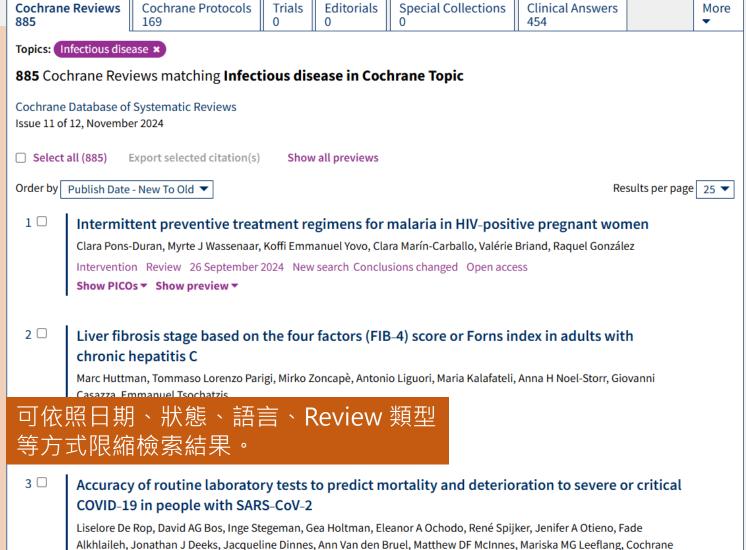
a	g	n
Allergy & intolerance	Gastroenterology & hepatology	Neonatal care
b	Genetic disorders	Neurology
Blood disorders	Gynaecology	0
c	h	Orthopaedics & trauma
Cancer	Health & safety at work	p
Child health	Health professional education	Pain & anaesthesia
Complementary & alternative medicine	Heart & circulation	Pregnancy & childbirth
Consumer & communication strategies	i	Public health
d	Infectious disease	r
Dentistry & oral health	Insurance medicine	Reproductive & sexual health
Developmental, psychosocial & learning	k	Rheumatology





限縮方式







取消限縮方式





檢索介紹一簡易檢索





簡易檢索



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依照需求選擇檢索欄位

Publication Type Source **Resistance training for CRF** DOI **Accession Number**

Title Abstract Keyword 📤

Title Abstract Keyword

Record Title

Abstract Author Keyword All Text

Cochrane Group Cochrane Topic

Trial Registry Number

Prevention of self-harm and suicide

Self-administered dementia tests

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Sex and gender as predictors for allograft and patient-relevant outcomes after kidney transplantation

Sumedh Jayanti, Nadim A Beruni, Juanita N Chui, Danny Deng, Amy Liang, Anita S Chong, Jonathan C Craig, Bethany Foster, Martin Howell, Siah Kim, Roslyn B Mannon, Ruth Sapir-Pichhadze, Nicole J Scholes-Robertson, Alexandra T Strauss, Allison Jaure, Lori West, Tess E Cooper, Germaine Wong





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Title Abstract Keyword ▼ 感冒

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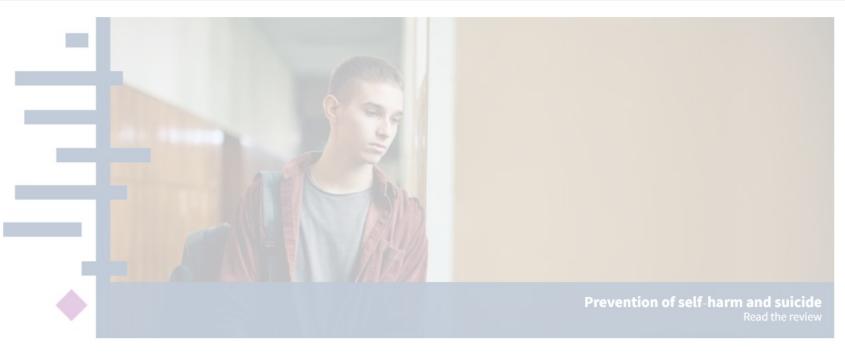
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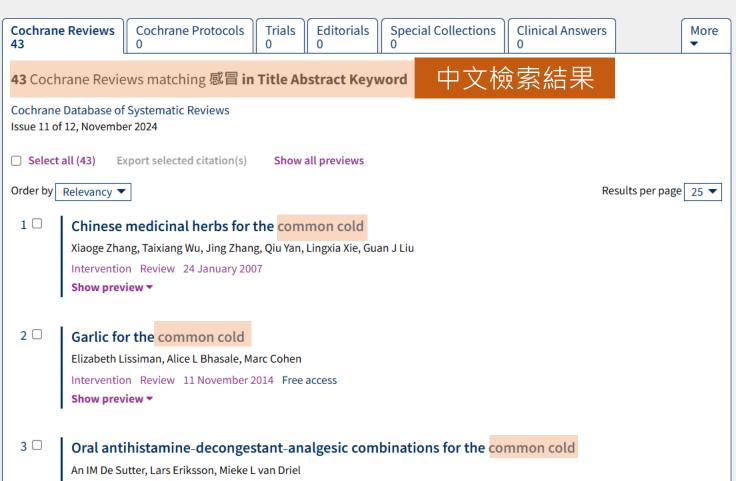
Searching for trials ▼

Review language : English 💢 Webs		te language : English		English	Sign In		
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Н	elp ▼				Abo	ut Cochrane 🕨	

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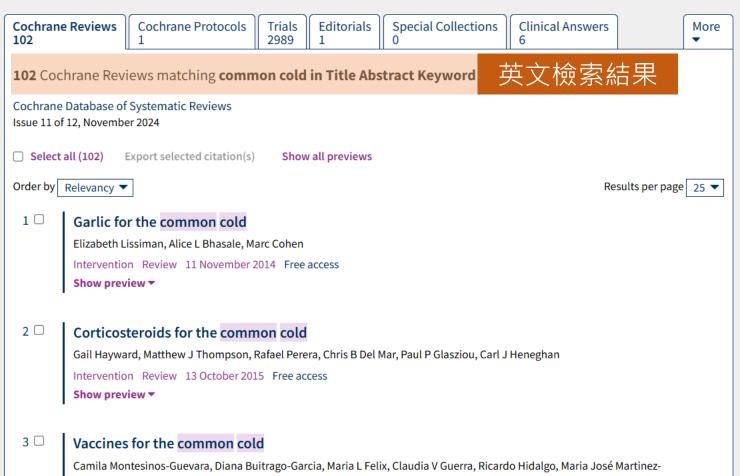
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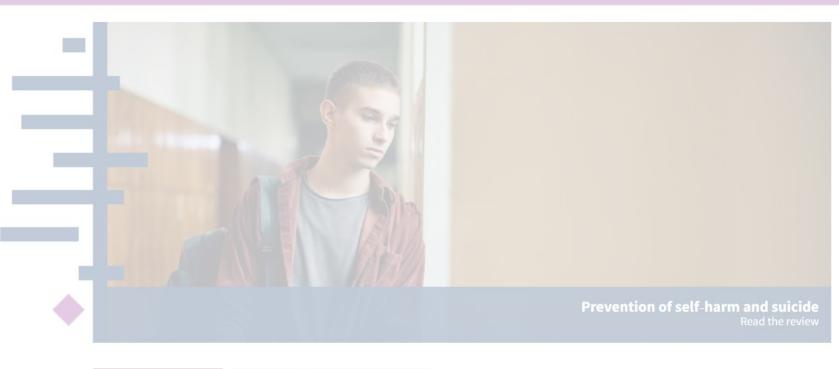
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Sex and gender as predictors for allograft and patient-relevant outcomes after kidney transplantation

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19 December 2024



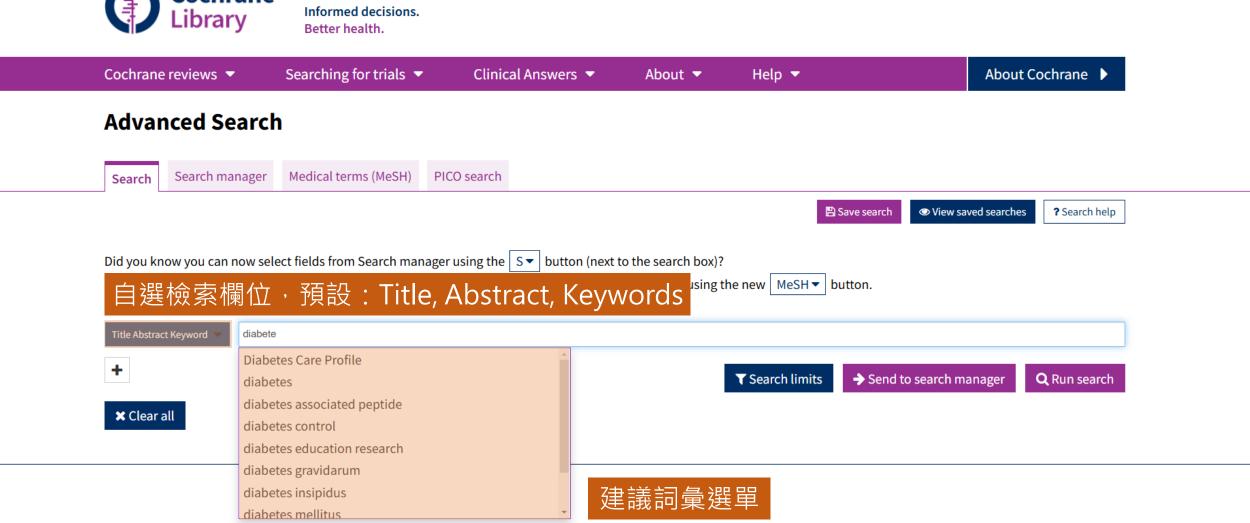


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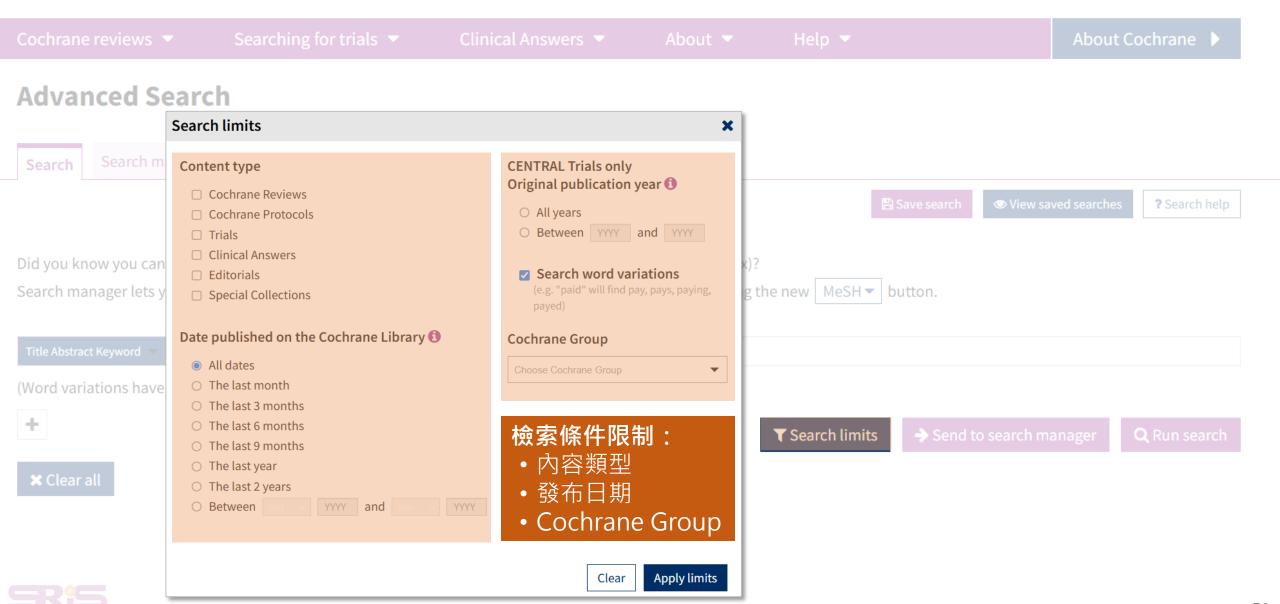
Trusted evidence.







Search Limits





實證醫學檢索





實證醫學五步驟(5As)



Ask「提問」由個案的臨床資料提出可回答的臨床問題(PICO)



Acquire「尋找」尋找最佳的實證文獻



Appraisal「評估」文獻的可信度、臨床重要性以及可應用性



Apply 整合並「應用」於實際患者的治療決策



Audit 對臨床決策的效果進行追蹤、稽核與再「評估」





PICO 介紹

P

Patient or Problem

病人或問題

Intervention or Indicator

介入或指標 某種治療、檢查 、危險因子等 C

Comparator or Comparison

該治療和什麼相比



Outcome

想達成或避免 什麼結果





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 阳寒比率是否有顯著差異。





檢索範例分析

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 阳寒比率是否有顯著差異。





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





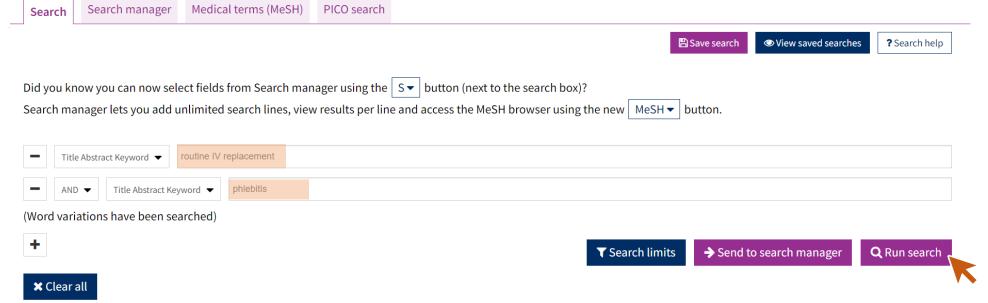
檢索範例

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





Search



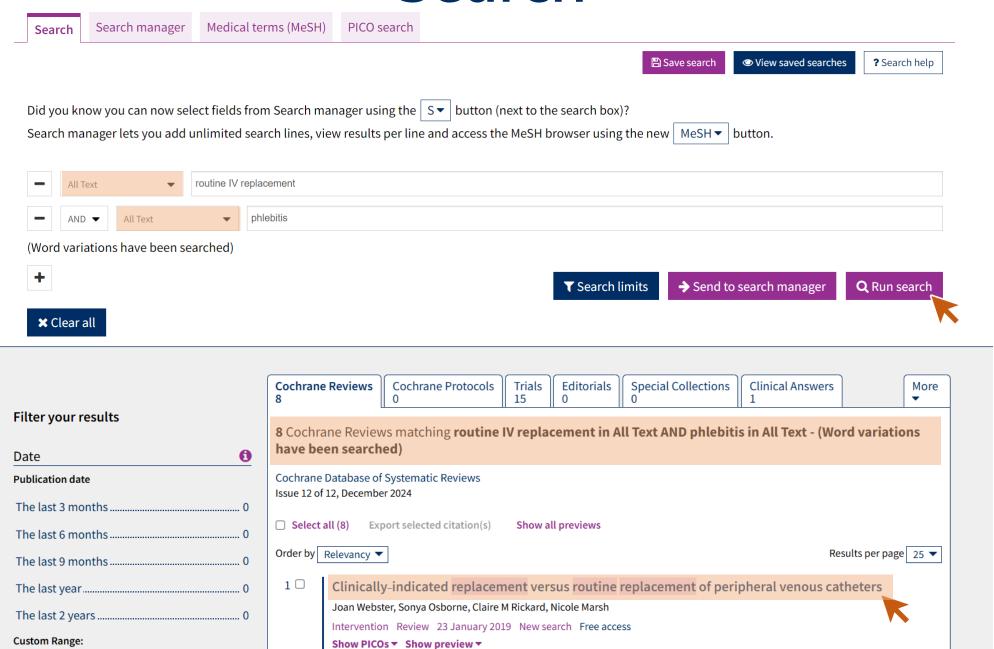




More



Search







全文下載

Cochrane Database of Systematic reviews | Review - Intervention

New search



Abstract

Available in English | Español | فارسي | Français | 简体中文

Background

US Centers for Disease Control guidelines recommend replacement of peripheral intravenous catheters (PIVC) 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 or infection. Costs associated with routine replacement may be considerable. This is the third update of a review first published in 2010.

Objectives

To assess the effects of removing peripheral intravenous catheters when clinically indicated compared with removing and resiting the catheter routinely.

Search methods

The Cochrane Vascular Information Specialist searched the Cochrane Vascular Specialised Register, CENTRAL, MEDLINE, Embase and CINAHL and World Health Organization International Clinical Trials Registry Platform and Clinical Trials.gov trials registers to 18 April 2018. We also undertook reference checking, and contacted researchers and manufacturers to identify additional studies.



Abstract

PICOs

Plain language summary

Authors' conclusions

Summary of findings

Background

Objectives

Methods

Results

Discussion

Figures and tables

References

Supplementary materials

Search strategies

Characteristics of studies

Analyses

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Cochrane Clinical Answers(1)





書目資料

Clinically-indicated replacement versus routine replacement of Download PDF peripheral venous catheters 匯出書目資料 Cite this review Joan Webster, Sonya Osborne, Claire M Rickard, Nicole Marsh - Authors' declarations of interest Share Print Follow Cite this review Comment https://d Cited in 2 guidelines 98 Webster J, Osborne S, Rickard CM, Marsh N. Clinically-indicated replacement versus routine replacement of peripheral venous catheters. Cochrane Database of Systematic Reviews 2019, Issue 1. Art. No.: CD007798. DOI: 10.1002/14651858.CD007798.pub5. Contents Accessed 23 December 2024. **Abst** Abstract **PICOs** Save citation to: RefWorks 🕥 SciWheel Plain language summary Back **Authors' conclusions** Copy or download citation Export help Summary of findings Plain text | EndNote | Reference Manager | ProCite | BibteX | CSV (Excel) Background ID: CD007798 **Objectives** AU: Webster J Methods AU: Osborne S AU: Rickard CM Results AU: Marsh N Discussion TI: Clinically-indicated replacement versus routine replacement of peripheral venous catheters Figures and tables SO: Cochrane Database of Systematic Reviews Obied YR: 2019 References NO: 1 DD. John Hilay O Conc. Ita Supplementary materials ✓ Include abstract **Download** Search strategies Characteristics of studies Search methods **Analyses**



The Cochrane Vascular Information Specialist searched the Cochrane Vascular Specialised Register, CENTRAL, MEDLINE, Embase and CINAHL and World Health Organization International Clinical Trials Registry Platform and ClinicalTrials.gov trials registers to 18 April 2018. We also undertook reference checking, and contacted researchers and manufacturers to identify additional studies.



Download data

Related



章節選單

Cochrane Database of Systematic reviews | Review - Intervention



Clinically-indicated replacement versus routine replacement of peripheral venous catheters

Joan Webster, Sonya Osborne, Claire M Rickard, Nicole Marsh Authors' declarations of interest

Version published: 23 January 2019 Version history

https://doi.org/10.1002/14651858.CD007798.pub5

Collapse all Expand all

Abstract

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Background

US Centers for Disease Control guidelines recommend replacement of peripheral intravenous catheters (PIVC) 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 or infection. Costs associated with routine replacement may be considerable. This is the third update of a review first published in 2010.

Objectives

To assess the effects of removing peripheral intravenous catheters when clinically indicated compared with removing and resiting the catheter routinely.

Search methods

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Selection criteria



Plain language summary

Plain language summary

Available in English | Deutsch | Español | فارسى | Français | Bahasa Malaysia | Polski | Русский | 简体中文 | 繁體中文



Replacing a periph replacement

Review question

We reviewed the evidence ab only if there were signs or syn

Background

Most hospital patients received An intravenous catheter (also allow administration of medic three to four days to try to prediscomfort to patients and is

Study characteristics

In April 2018 we searched for change) with changing the ca blood stream infection, phleb blockage. We included two ne

Key results

Plain language summary

Available in English | Deutsch | Español | فارسى | Français | Bahasa Malaysia | Polski | Русский | 简体中文 | 繁體中文

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目空心的管路,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

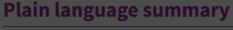
證據整體的品質被批判對大多數結果是模稜兩可的,這研究的結果無法說服我們。不確定性主要歸因由於患者對靜脈炎等結果進行評估,這些結果可能或也可能不影響他們關於問題是否存在的決定。







Translation notes



Available in English | Deutsch | Español | فارسى | Français | Bahasa Malaysia | Polski | Русский | 简体中文 | 繁體中文

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,通常管)為放置在靜脈中的一個短目空/換一次,以防止靜脈刺激或血液感表於2010的評論文章。

研究特點

2018年4月,我們尋找隨機對照試驗換)進行比較。我們測量導管相關的現了9項研究,包含此次納入的兩項

Translation notes

Available in Deutsch | Español | فارسی | Français | Bahasa Malaysia | Polski | Русский | 繁體中文 | 简体中文

翻譯者: 鄒季蓉

服務單位:大林慈濟醫院護理部專科護理師內科組

職稱:專科護理師

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

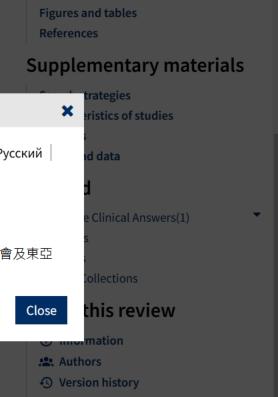
考科藍聯盟(EACA)統籌執行聯絡E-mail:cochranetaiwan@tmu.edu.tw

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是持行物的。



A Keywords (MeSH, PICOs)

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Objectives

Methods

Results Discussion



Search strategies

依臨床狀況更換與常規更換周邊靜脈導管之比較 Appendices

Appendix 1. Search strategies

Cochrane Central Register of Controlled Trials (1 January 2015 to 18 April 2018)

#1 MESH DESCRIPTOR Infusions, Intravenous EXPLODE ALL TREES 9657

#2 MESH DESCRIPTOR Catheters, Indwelling EXPLODE ALL TREES 933

#3 MESH DESCRIPTOR Catheterization, Peripheral EXPLODE ALL TREES 804

#4 catheter*:TI,AB,KY 19185

#5 cannul*:TI,AB,KY 2736

#6 (iv near2 (therapy or treatment or device)):TI,AB,KY 817

#7 (intravenous near2 (therapy or treatment or device)):TI,AB,KY 2643

#8 #1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 32660

#9 MESH DESCRIPTOR Device Removal EXPLODE ALL TREES 340

#10 change:TI,AB,KY 100383

#11 routine:TI,AB,KY 22763

#12 (resit* or re-sit*):TI,AB,KY 28

Contents

Abstract

PICOs

Plain language summary

Authors' conclusions

Summary of findings

Background

Objectives

Methods

1946

Results

Discussion

Figures and tables

References

Supplementary materials

Search strategies

Characteristics of studies

Analyses

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#13 replace* :TI,AB,KY 23906

67



References

Clinically-indicated replacement versus routine replacement of peripheral venous catheters

Collapse all Expand all

References



Jump to: excluded studies | awaiting assessment | additional references | other published versions

Search included study references in CENTRALSearch included study references in CENTRAL

Barker 2004 (published and unpublished data)

Barker P, Anderson AD, Macfie J. Randomised clinical trial of elective re-siting of intravenous cannulae. *Annals of the Royal College of Surgeons of England* 2004;86(4):281-3.

CENTRAL Link to article PubMed Google Scholar

Nishanth 2009 (published data only)

Nishanth S, Sivaram G, Kalayarasan R, Kate V, Ananthakrishnan N. Does elective re-siting of intravenous cannulae decrease peripheral thrombophlebitis? A randomized controlled study. *The International Medical Journal of India* 2009;22(2):60-2.

CENTRAL Google Scholar

Rickard 2010 (published and unpublished data)

Rickard CM, McCann D, Munnings J, McGrail M. Routine resite of peripheral intravenous devices every 3 days did not reduce complications compared with clinically indicated re-site: a randomised controlled trial. *BMC Medicine* 2010;8:53.

CENTRAL Link to article PubMed Google Scholar





Version history

Version history

Published	Title	Stage	Authors	Version
2019 Jan 23 Show revisions	Clinically-indicated replacement versus routine replacement of peripheral venous catheters	Review	Joan Webster, Sonya Osborne, Claire M Rickard, Nicole Marsh	https://doi.org/10.1002/14651 858.CD007798.pub5 ♂
2015 Aug 14 Show revisions	Clinically-indicated replacement versus routine replacement of peripheral venous catheters	Review	Joan Webster, Sonya Osborne, Claire M Rickard, Karen New	https://doi.org/10.1002/14651 858.CD007798.pub4 ♂
2013 Apr 30 Show revisions	Clinically-indicated replacement versus routine replacement of peripheral venous catheters	Review	Joan Webster, Sonya Osborne, Claire M Rickard, Karen New	https://doi.org/10.1002/14651 858.CD007798.pub3 ♂
2010 Mar 17 Show revisions	Clinically-indicated replacement versus routine replacement of peripheral venous catheters	Review	Joan Webster, Sonya Osborne, Claire Rickard, Jennifer Hall	https://doi.org/10.1002/14651 858.CD007798.pub2 ♂
2009 Apr 15 Show revisions	Clinically indicated replacement versus routine replacement of peripheral venous catheters	Protocol	Joan Webster, Sonya Osborne, Jennifer Hall, Claire Rickard	https://doi.org/10.1002/14651 858.CD007798 ♂

Differences between protocol and review

Discussion
Figures and tables
References

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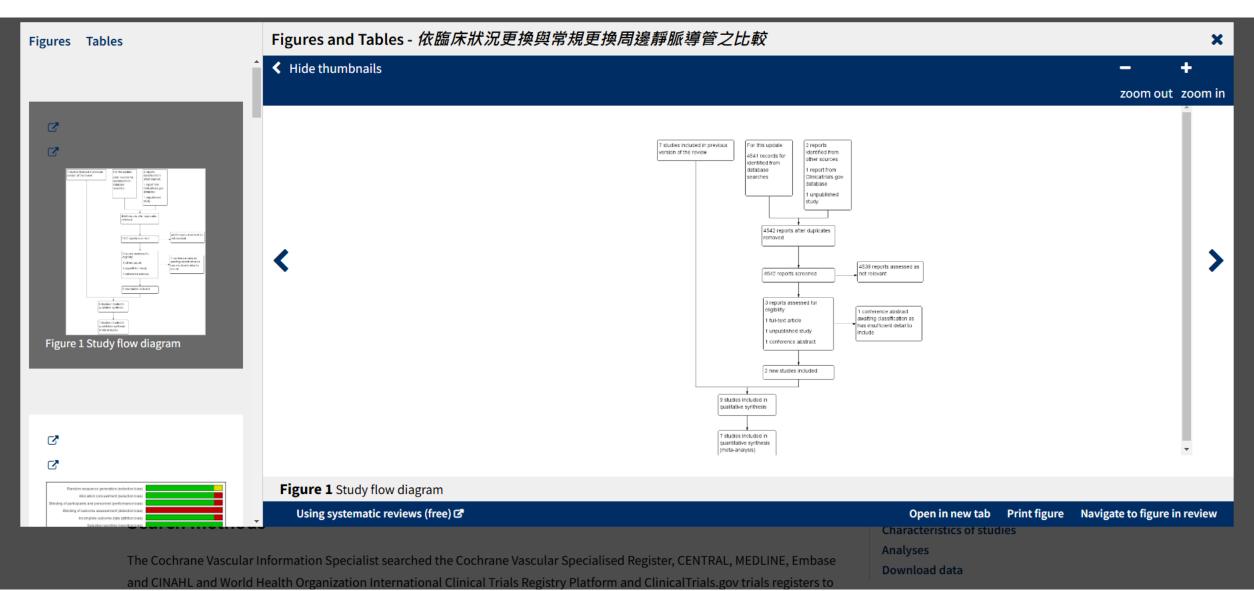
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Figures and Tables





Clinical Answers





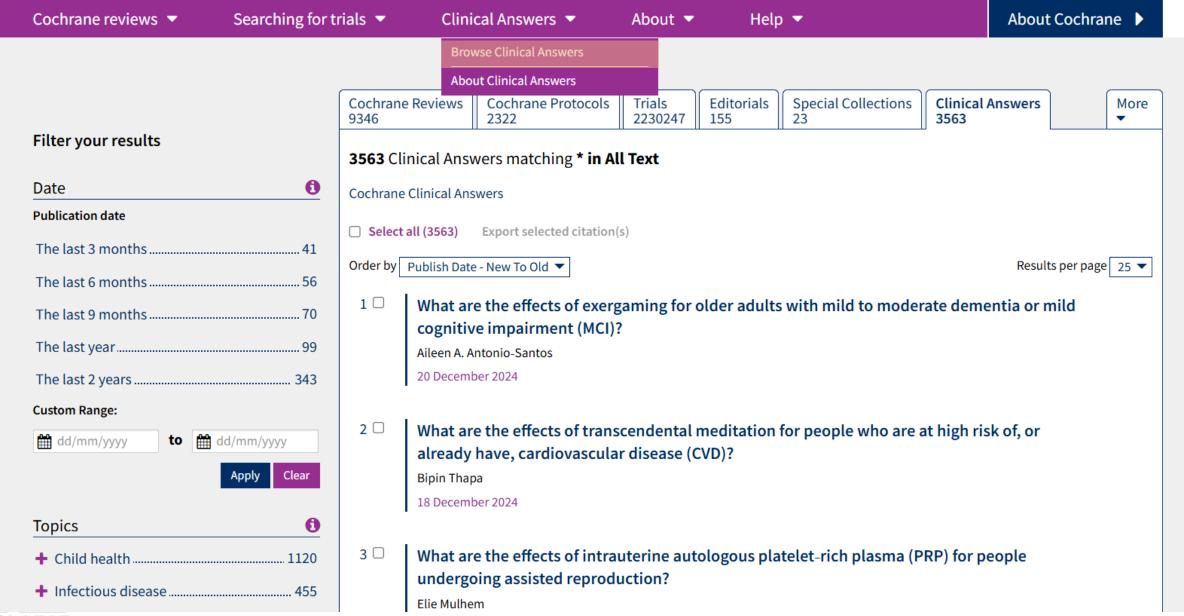
Clinical Answers (CCAs)

- ◆ 針對 Cochrane 系統性文獻回顧中嚴謹的研究結果,提供使用 者一個易讀、易懂且切入重點的臨床決策參考。
- ◆ 每個 CCAs 涵蓋臨床問題、解答摘要,以及從 Cochrane reviews 可深入探究的相關性證據。實證結合情境敘述、數據 與圖表,以可讀性高的介面呈現,讓使用者更容易獲得所需要 的臨床解答。
- ◆ 主要使用族群為健康照護醫護專業人員與健康照護決策者。
- ◆ CCAs 以 Cochrane 高質量系統性文獻回顧為基礎,專注於以「病人安全」為中心,CCAs 提供醫護人員權威且專業的實證臨床問題解答。





瀏覽 Clinical Answers

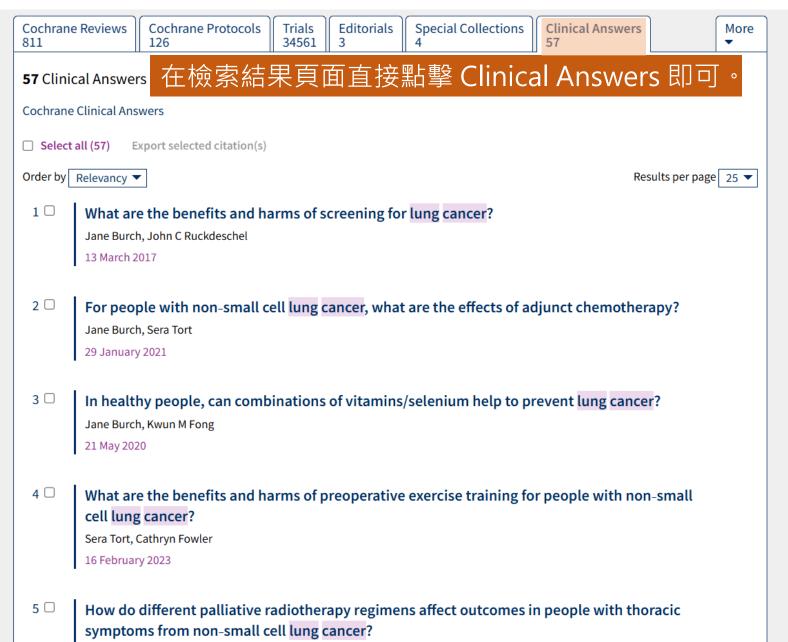


99



檢索 Clinical Answers

Filter your results 0 Date **Publication date** The last 3 months 0 The last 6 months The last 9 months The last year 2 The last 2 years **Custom Range:** dd/mm/yyyy to # dd/mm/yyyy Clear **Topics** + Cancer + Lungs & airways + Child health + Heart & circulation + Complementary & alternative medicine . 4 + Gynaecology.....







Cochrane Clinical Answers

Question:

What are the benefits and harms of screening for lung cancer?

Jane Burch, John C Ruckdeschel 13 March 2017 https://doi.org/10.1002/cca.873 ♂

Clinical Answer:

Available randomized controlled trial data does not support screening for lung cancer with chest X-ray with or without sputum cytology. Screening with low dose CT may reduce lung-cancer mortality in smokers, but effects in other populations need to be further assessed.

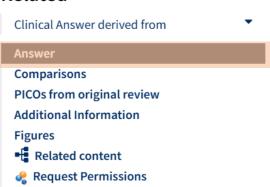
Moderate to high-quality evidence shows that more intense screening (with chest X-ray +/- sputum cytology) had similar effects than less intense screening on lung cancer mortality; however, when longer follow-up data was added, lung cancer mortality wa higher with more intense screening; this may be a consequence of overtreatment. Conversely, low to moderate-quality evidence shows higher lung cancer 5-year survival with more intense screening. High-quality evidence shows no benefit of annual chest X ray compared with no regular screening on lung cancer mortality at 6 or 13 years' follow-up but when annual-low dose CT was compared with annual chest X-ray in smokers or former smokers, lung cancer mortality was lower. Benefits for CT screening in people with a history of smoking would have been even higher if it had been compared with the community standard (no screening) rather than with X-ray. Harms were poorly reported and mostly associated with subsequent invasive investigations and death post-surgery, but harms directly related to screening were not reported.

Comparisons

1. 4 to 12 monthly screening versus less frequent screening (chest X-ray +/- sputum cytology)	Expand All »
2. Annual chest X-ray screening versus no regular screening	Expand All »
3. Annual low dose computed tomography (CT) screening versus annual chest X-ray	Expand All »



Related





Comparisons

Comparisons

1. 4 to 12 monthly screening versus less frequent screening (chest X-ray +/- sputum cytology)

> OUTCOME 1.1 Lung cancer mortality (duration unclear - seems to be 3 years)

> OUTCOME 1.2 Lung cancer mortality (including longer follow-up data (seems to be up to 6 years))

> OUTCOME 1.3 Lung cancer 5-year survival

> OUTCOME 1.4 Resection rate (duration of screening 3 to 6 years)

> OUTCOME 1.5 Harms of screening (duration of screening 3 to 6 years)

> OUTCOME 1.6 Requirement of further invasive investigations

Population

→ Population, Intervention, Comparator

Mostly men (aged 35 to 65 years; women included in only one study), current smokers and nonsmokers, being screened for lung cancer. Two trials included only participants with an initial negative X-ray. Screening duration was 3 to 6 years

Intervention

Four-monthly, semi-annual or annual chest X-rays, with or without four-monthly or semi-annual sputum cytology

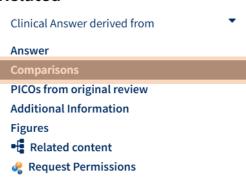
Comparator

Chest X-ray either annually, at 18-monthly intervals, at study entry and/or at the end of the study, with or without sputum cytology annually or at the end of the study

2. Annual chest X-ray screening versus no regular screening	Expand All »
3. Annual low dose computed tomography (CT) screening versus annual chest X-ray	Expand All »



Related









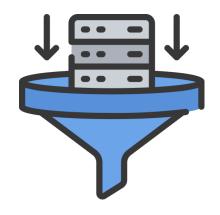


檢索問題



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

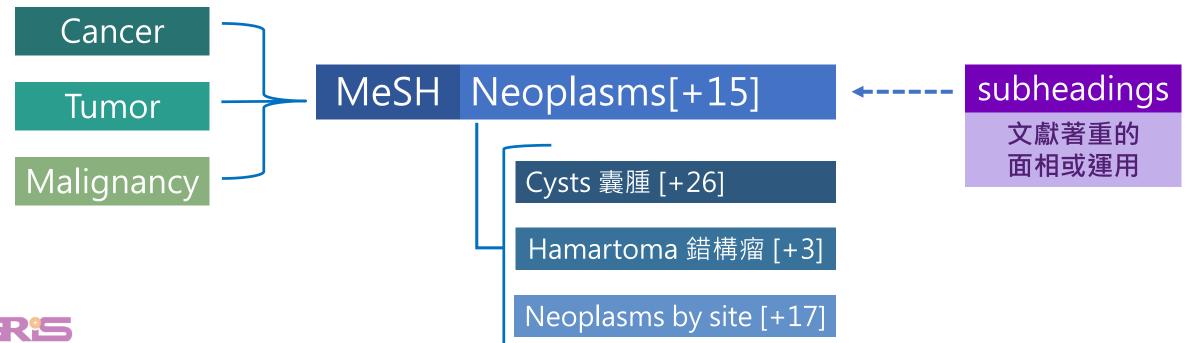
輸入的關鍵字可能只與**文章某處有關聯**,但**並非文章重點**, 需花大量時間過濾「出現這個字但實際上並不相關」的文章。





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。





Advanced Search

Search Search manager

Medical terms (MeSH)

PICO search

View saved searches

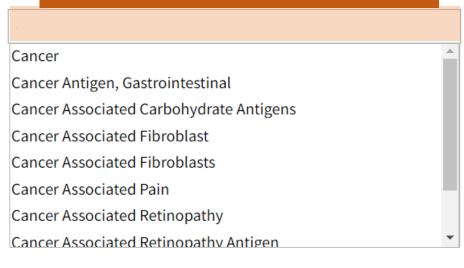
? Search help

Clear

Did you know the MeSH browser features are also available on the Search manager tab by selecting the MeSH ▼ button?

Search manager lets you add unlimited search lines, view results per line, and select fields using the S ▼ | button (next to the search box).

檢索詞輸入,下方亦有建議選單



```
Select subheadings / qualifiers

deficiency - DF
diagnosis - DI
diagnostic imaging - DG
diet therapy - DH
drug effects - DE
drug therapy - DT
economics - EC
education - FD
```

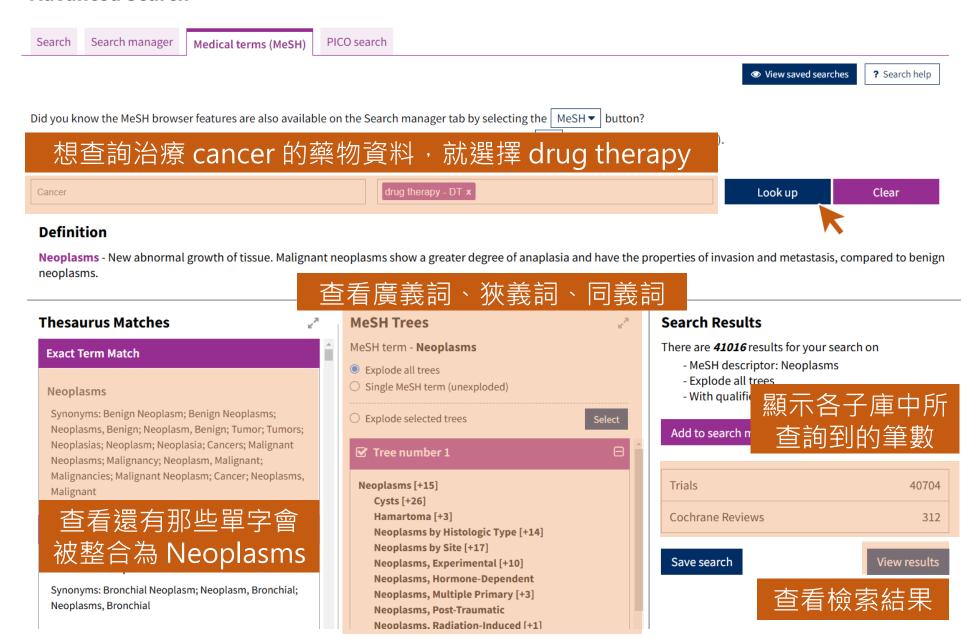
Look up

選擇想查看文獻著重的面相或運用





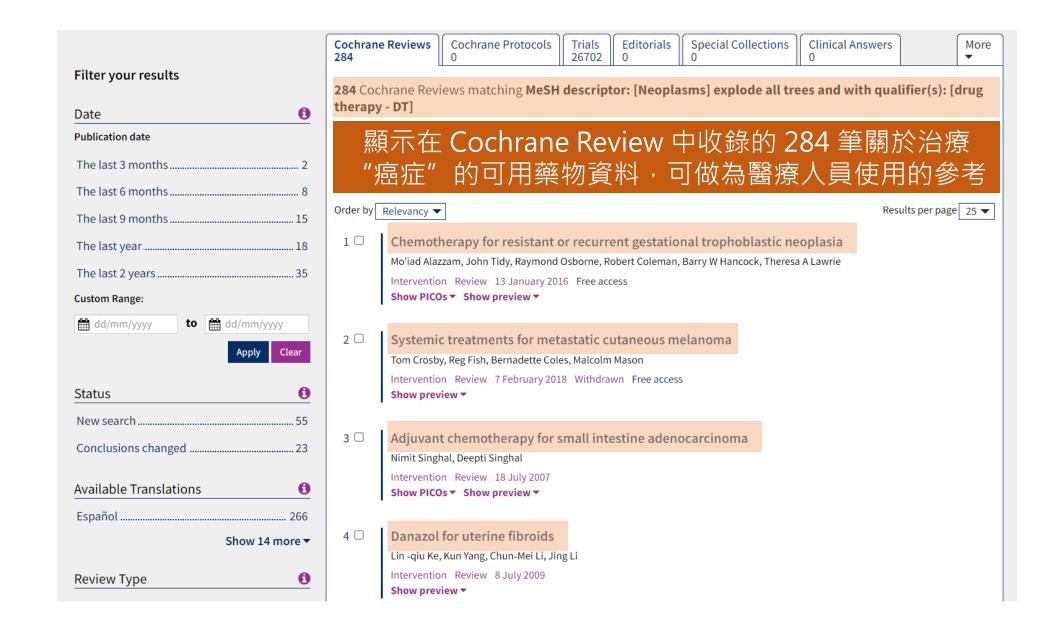
Advanced Search







MeSH Search 檢索結果





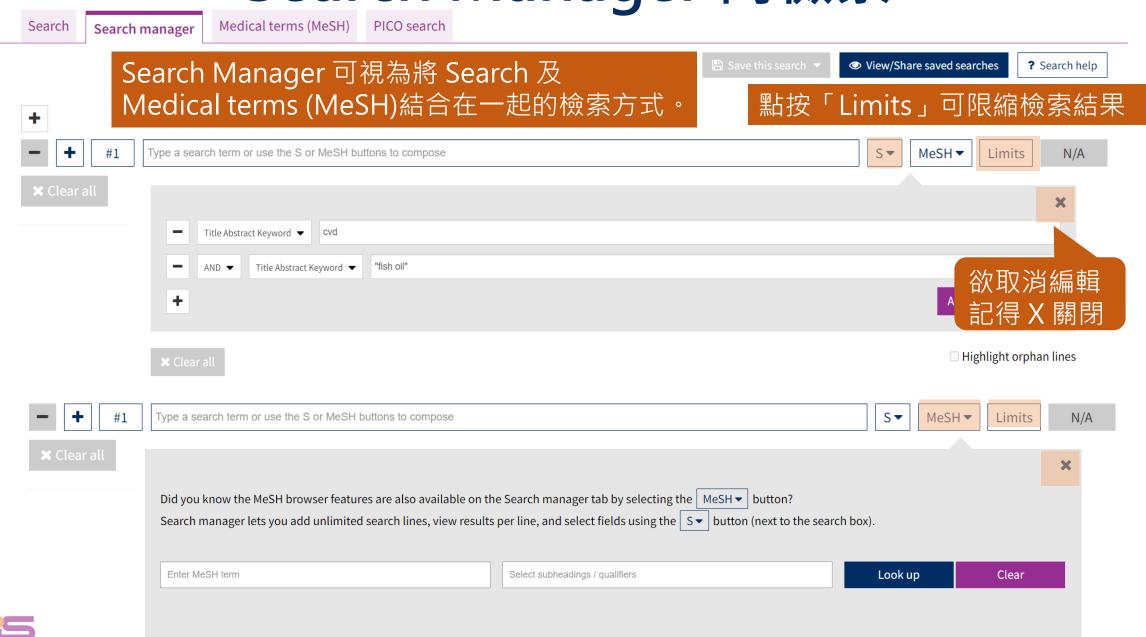


Search Manager





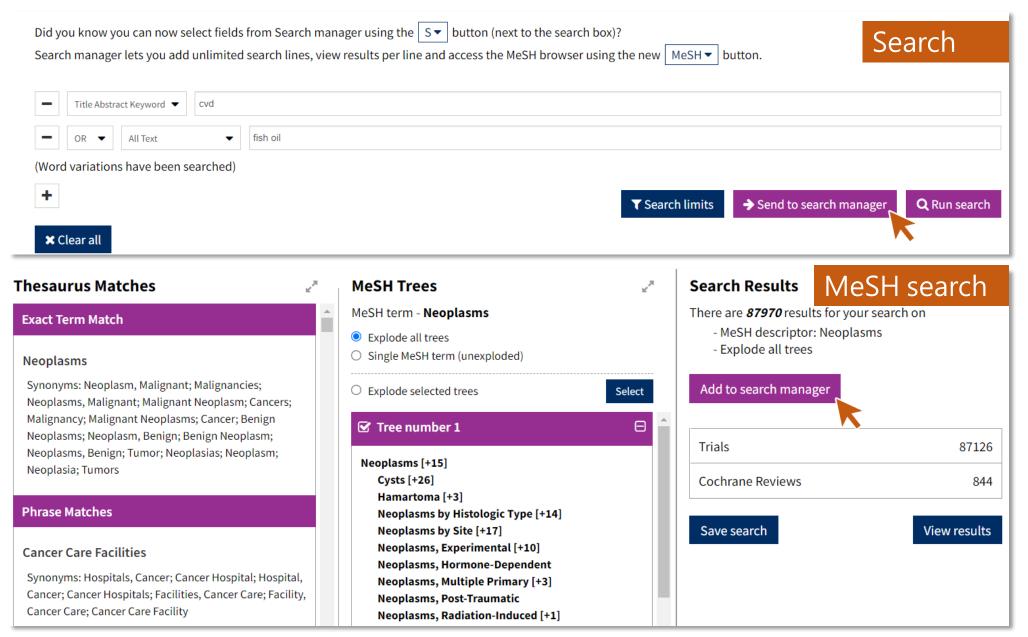
Search Manager 內檢索







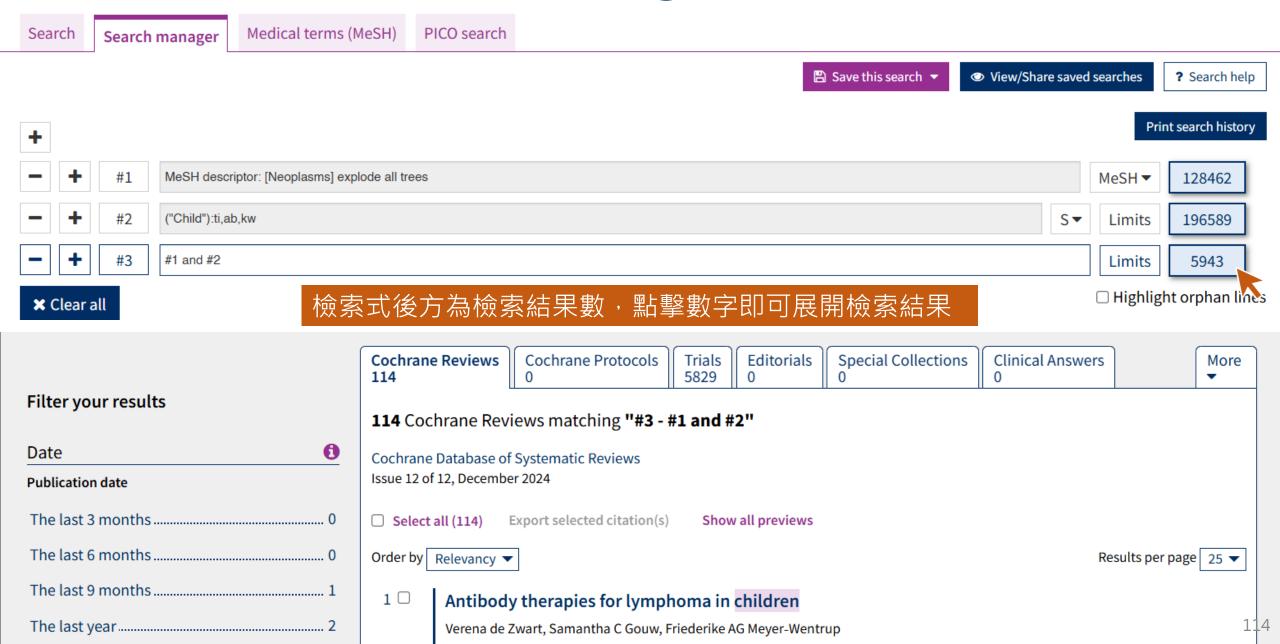
Send / Add to search manager







Search Manager 檢索結果





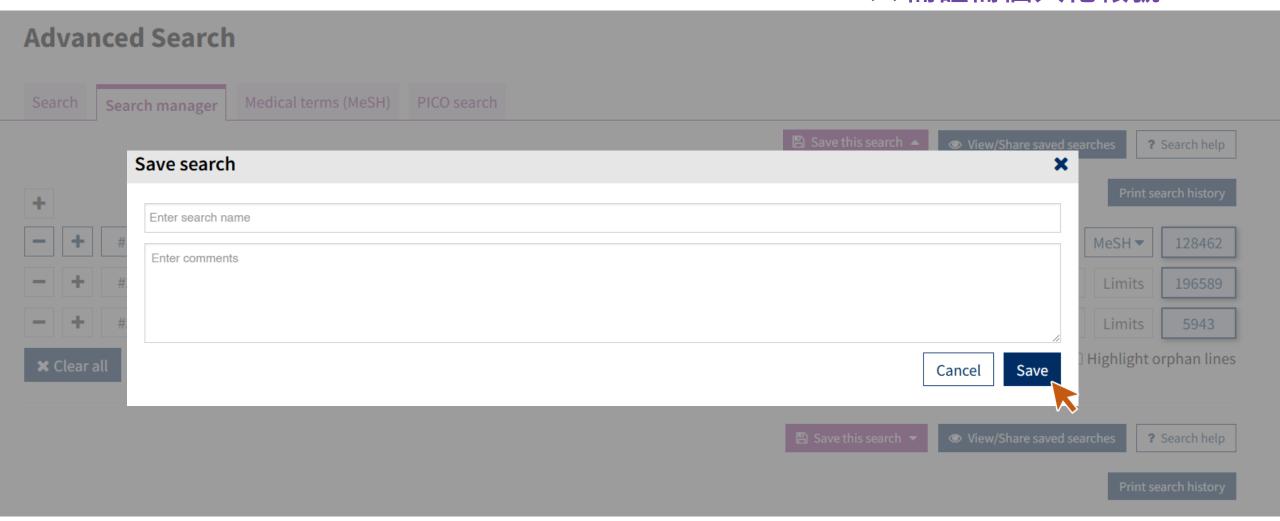
個人化帳號功能





儲存檢索策略

※ 需註冊個人化帳號



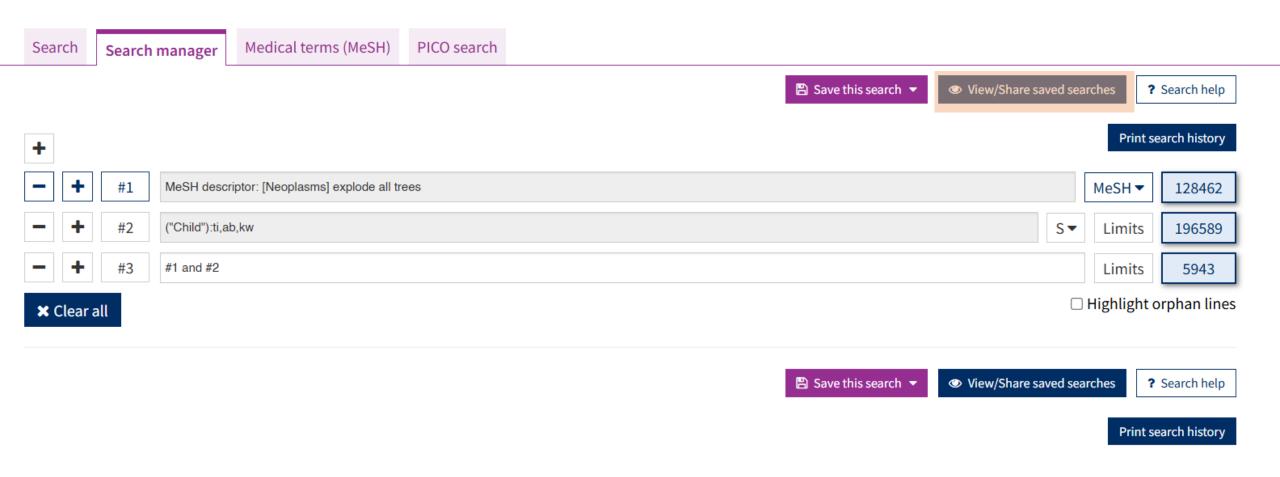




查看已儲存檢索策略

※ 需註冊個人化帳號

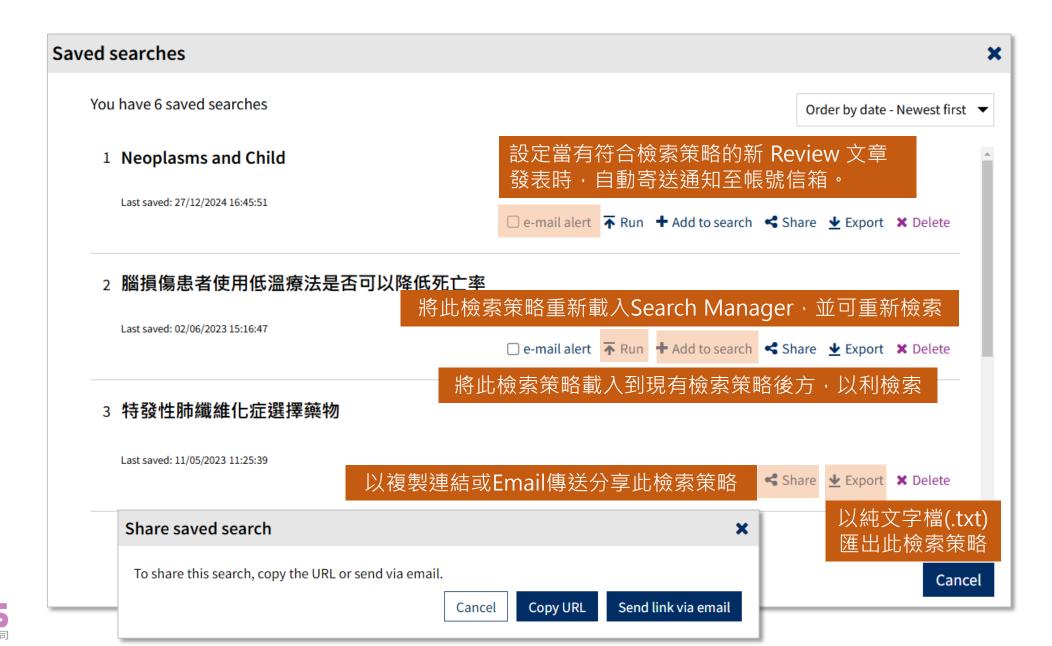
Advanced Search







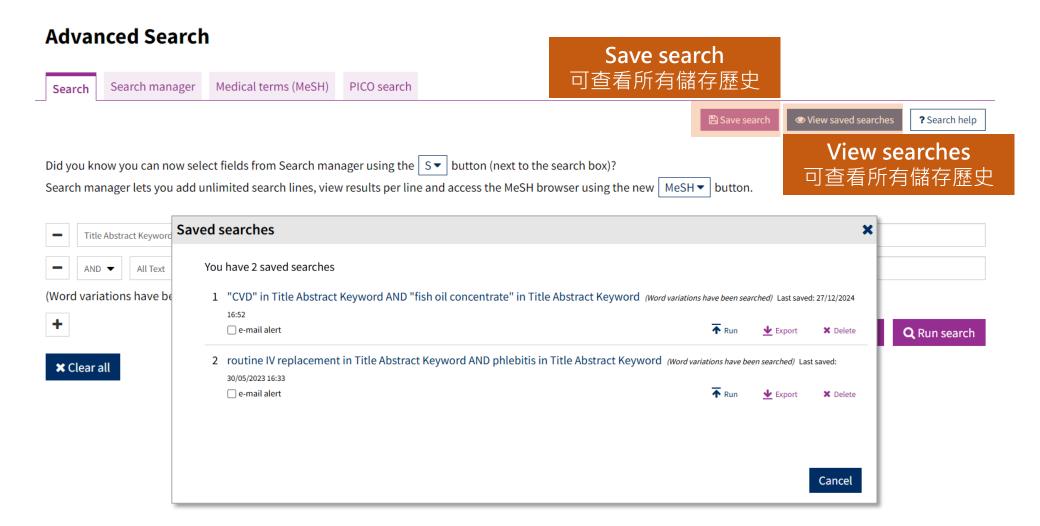
查看已儲存檢索策略







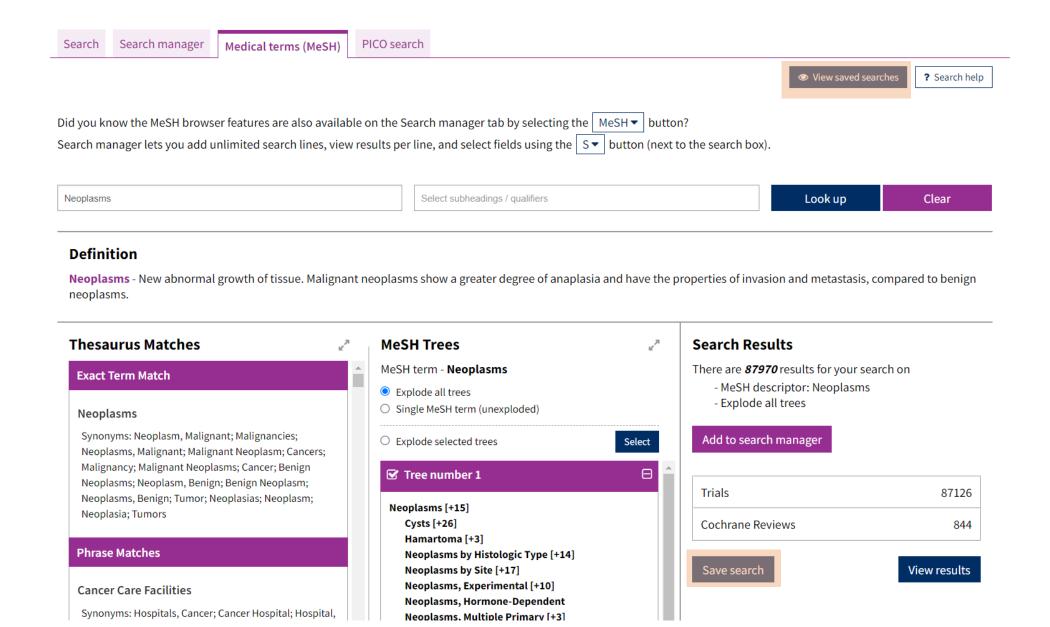
在 Search 中儲存/查看檢索結果







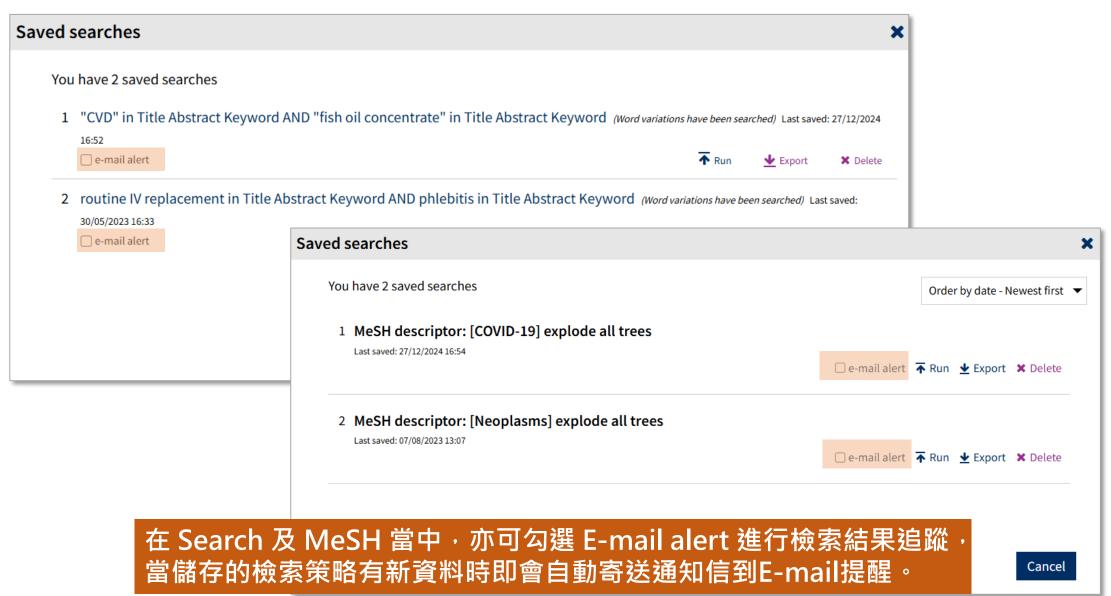
Cochrane 在 MeSH Search 中儲存 / 查看檢索結果







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PICO Search





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Search

Search manager

Medical terms (MeSH)

PICO search

《 PICO Search 》

將 Cochrane Reviews 依 P, I, C, O 分類註記控制詞彙,

幫助您更快速更精準地找到最相關的文獻。

- 搜尋範圍:預期將 2015 年迄今的 Intervention Reviews 介入型評論全數納入。
- 為獨立頁面,尚未與 Search Manager 整合;亦不提供檢索歷史與儲存檢索策略功能。





PICO Search - 檢索詞輸入



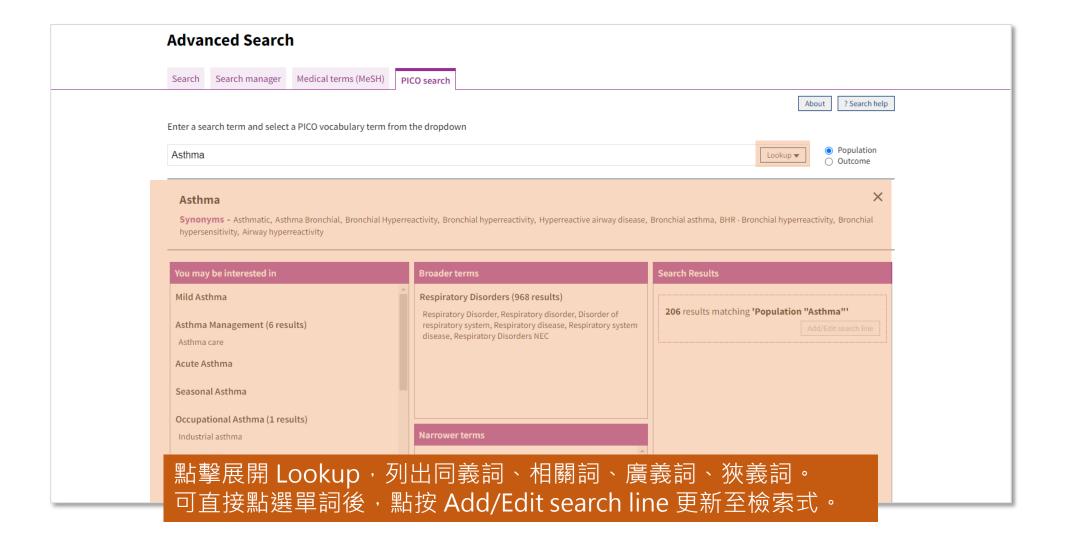


- 1. 必須搭配控制詞彙選單。
- 2. 選單含相似詞、同義詞。
- 3. 若在控制詞彙選單中 沒有符合需求的字詞:
 - 可將檢索策略置換為其他 P, I, C, O項目。 例:原將P設為檢索條件,但未 找到相關詞彙時,改將I設為檢 索條件。
 - 利用 Look up 查看完整的同義 詞、相關詞、廣義詞、狹義詞。





PICO Search - 輸入檢索詞







PICO Search - 檢索選項

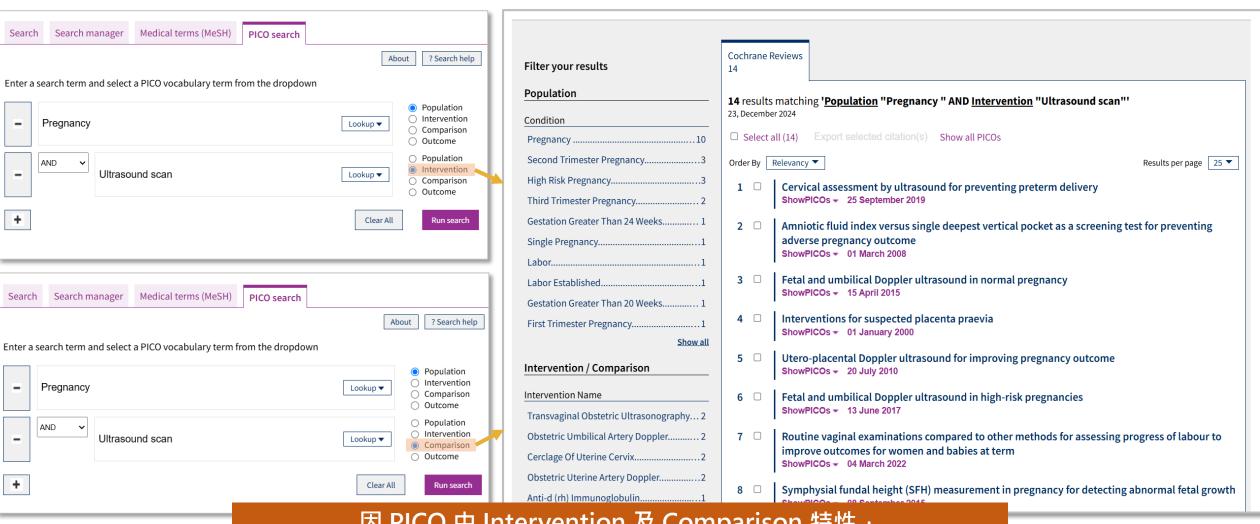
Advanced Search







PICO Search - 檢索技巧



因 PICO 中 Intervention 及 Comparison 特性, 檢索時選擇任一項目,皆會產生聯集(I OR C)的檢索結果。





PICO Search – Show all PICOs

Filter your results	Coch 14	nrane F	Reviews	
Population	14 r	aculto	matchii	ng 'Por
Condition		ecembe		18 <u>10</u> 1
Pregnancy10		Select	all (14)	Expor
Second Trimester Pregnancy3	Orde	r By	Relevancy	▼
High Risk Pregnancy3	1		l Carvi	al asse
Third Trimester Pregnancy2	1		HidePl	
Gestation Greater Than 24 Weeks 1			Popula Adult [2	ation (3)
Single Pregnancy1			Child [2	
Labor1			Pregnar	ncy 🖸
Labor Established1	2			
Gestation Greater Than 20 Weeks 1				_
First Trimester Pregnancy1				
Show all	3			and un
Intervention / Comparison			ShowF	ICOs 🕶
Intervention Name	4			ention ICOs •
Transvaginal Obstetric Ultrasonography 2	5		Utero	-placer
Obstetric Umbilical Artery Doppler2				ICOs 🕶
Cerclage Of Uterine Cervix2	6		Fetal a	and um
Obstetric Uterine Artery Doppler2			ShowF	ICOs 🕶

Cochrane R	Reviews			
14 results 23, Decembe	matching 'Population "Pregnancy " AND Intervention "Ultrasound scan"' or 2024			
□ Select a	all (14) Export selected citation(s) Show all PICOs			
Order By	Results per page 25 ▼			
1 [□]	Cervical assessment by ultrasound for preventing preterm delivery HidePICOs 25 September 2019			
	Population (3) Intervention (1) Comparison (1) Outcome (1) Adult □ Transvaginal Obstetri □ Transvaginal Obstetri □ Premature Delivery □ Child □ Pregnancy □			
2 🗆	於檢索結果點選"Show all PICOs" 可查看文章依 P, I, C, O 註記控制詞彙的內容			
3 🗆	Fetal and umbilical Doppler ultrasound in normal pregnancy ShowPICOs ▼ 15 April 2015			
4 🗆	Interventions for suspected placenta praevia ShowPICOs ▼ 01 January 2000			
5 🗆	Utero-placental Doppler ultrasound for improving pregnancy outcome ShowPICOs			
6 🗆	Fetal and umbilical Doppler ultrasound in high-risk pregnancies ShowPICOs ▼ 13 June 2017			



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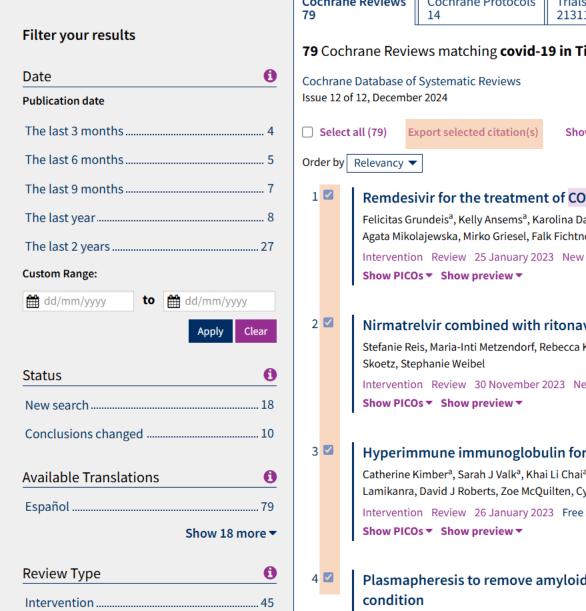


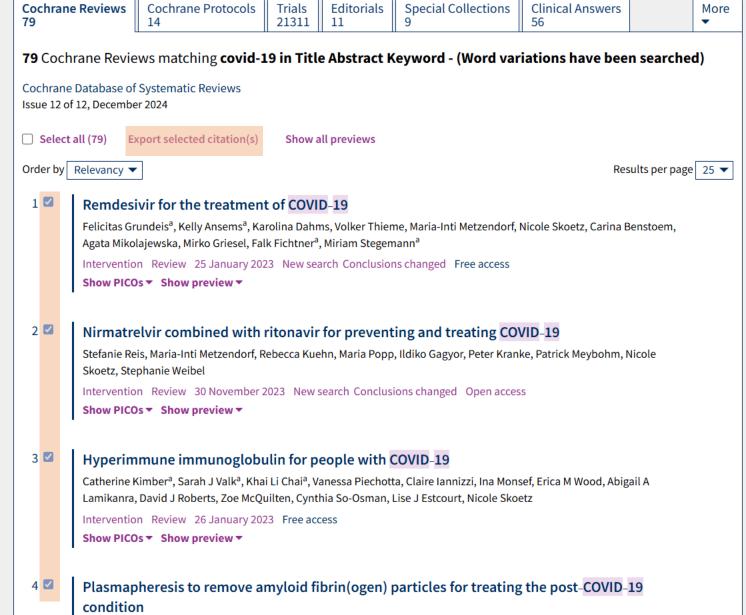
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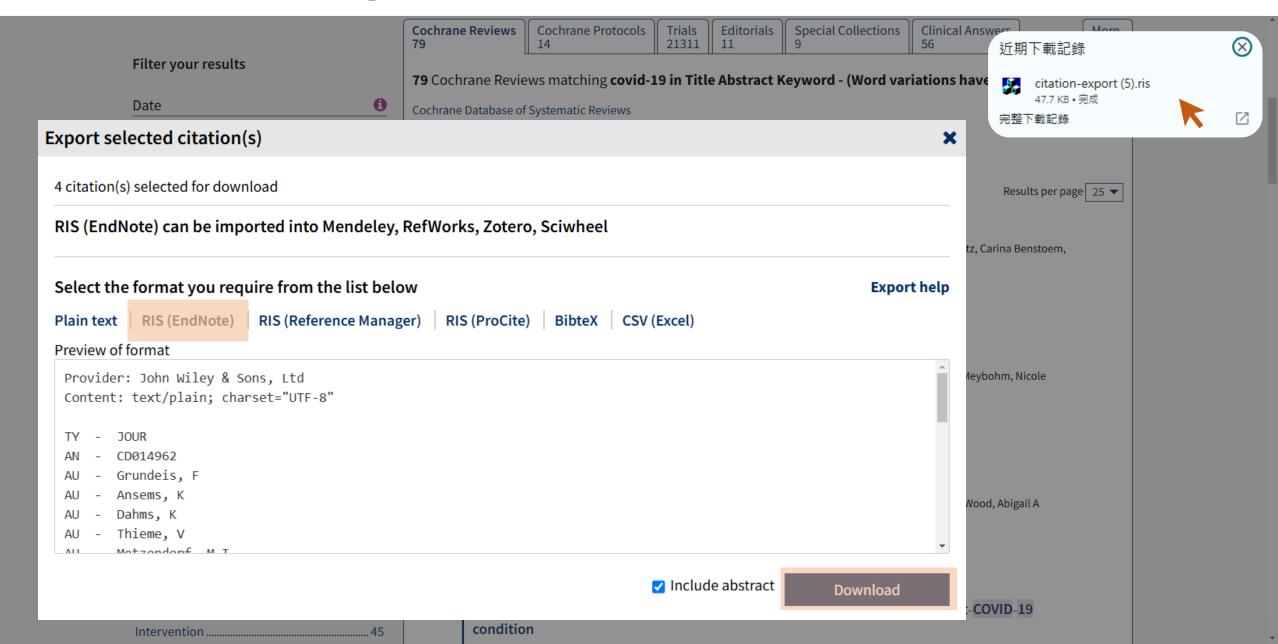
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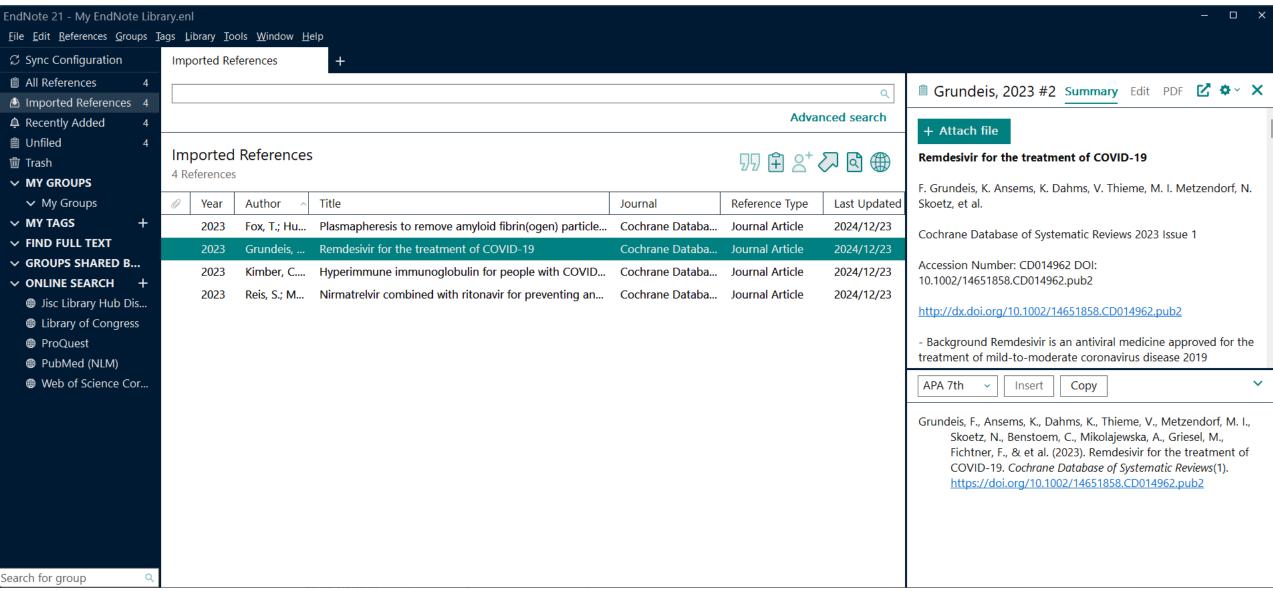


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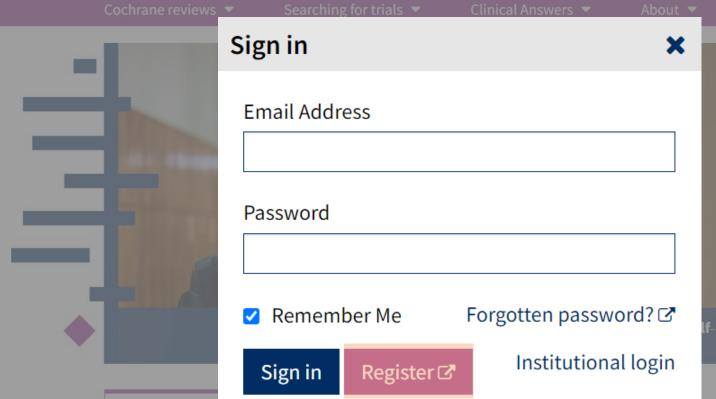




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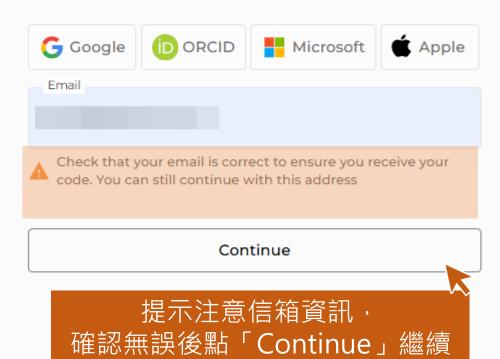


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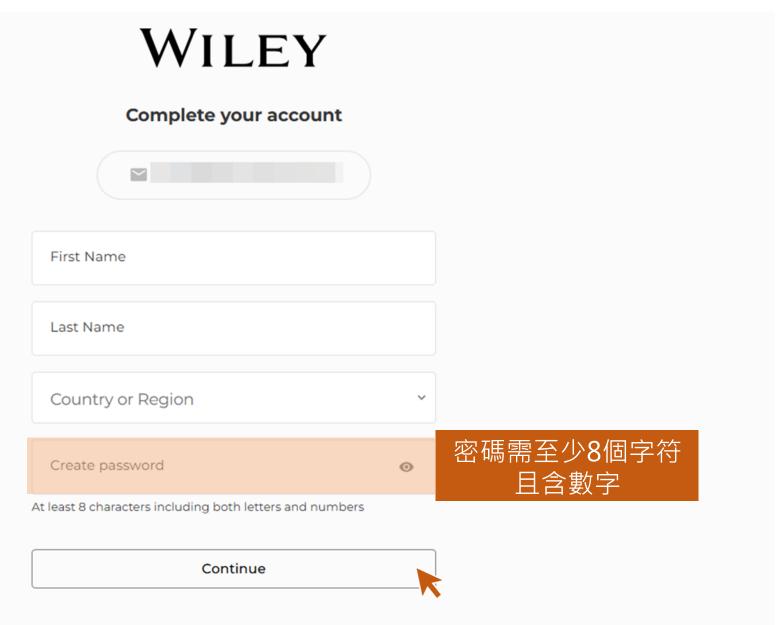
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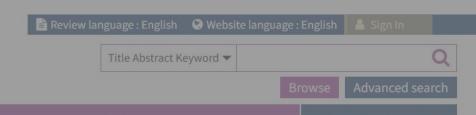








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Allison Jaure, Lori West, Tess E Cooper, Germaine Wong

Sex and gender as predictors for allograft and page 2000.

19 December 2024









課後資源補充





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活動訊息

學習資源

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【實證醫學線上直播課程】

NEW!!!

從數字到故事:網絡證據圖表解析?

講師: 陳杰峰 主任 (臺北醫學大學 考科藍臺灣研究中心)

課程時間:01月22日(星期三)12:00-13:00 參加對象:對實證醫學有興趣的醫事人員與學生

活動費用:免費參加

歡迎大家踴躍報名,期待與各位線上相遇!

【考科藍台灣研究中心 研習活動】NEW!!!

2025系統性文獻回顧及統合分析工作坊 開始囉!

在當今快速發展的健康照護領域,運用實證資源以有效地推動知識轉譯,以及科學論文發表,變得日益重要。本工作坊將使您的研究和實踐更上一層樓,本年度將針對「RevMan Web」進行深入指導,這是一款嶄新的統合分析工具,可助您一次完成評讀、分析及產生GRADE結果摘要。隨著大數據時代的到來,我們還將探討如何利用真實世界證據(real world evidence)來補充隨機對照試驗的不足,這一點已經受到美國FDA的重視。此外,我們將介紹Non-randomized studies的統合分析,這種研究模式能夠突破傳統的雙組比較限制,有效解決臨床上的難題。這對於希望提升自身臨床照顧和研究能力的醫療專業人士來說,是一次難得的學習機會。

活動

20250122實證醫學研習線上直播

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- > The Cochrane
- > The Cochrane Library
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- > 台灣實證醫學學會
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- > 行政院衛生福利部
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活動訊息

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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。

活動

20250122實證醫學研習線上直播

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The Cochrane Library

The Cochrane Library (考科藍圖書館)為一實證醫學資料庫,收錄不同高品質及獨立證據的文獻資源,協助醫護人員快速找到所需的參考資料... 《詳全文》

活動特區



I型人E型人大集合~2024 WoS & JCR資料庫有獎徵答活動

活動時間: 即日起~2024年11月27日

活動內容: MBTI是長期風靡全球的一款性格測驗,將人的性格分成16種,廣泛應用於 求職徵才、行銷推廣分析。請問您是I型人還是E型人呢?歡迎您參加 2024 Web of Science與Journal Citation Reports 有獎徵答活動,讓我們追尋題目

的線索,一起了解相關研究並拿大獎喔!

■ 詳情請見:活動網站





錢錢放大! CNKI工具書歲末感謝祭,超值入手!

活動時間: 即日起~2024年12月31日(星期二)

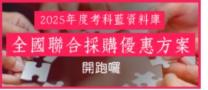
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書線上檢索平臺。目前全球用戶累計超過900家。平臺資源均由權威出版社 正規出版,來源穩定,類型全面,涵蓋:語言文字類工具書、資料類工具 書、檢索性工具書,為用戶提供語言學習、行業研究、知識拓展方面的專業

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