



DynaMed

The Evidence Based Clinical Database

每日更新主題評論實證醫學資料庫

EBSCO 廖婉如

DynaMed 實證醫學主題評論資料庫

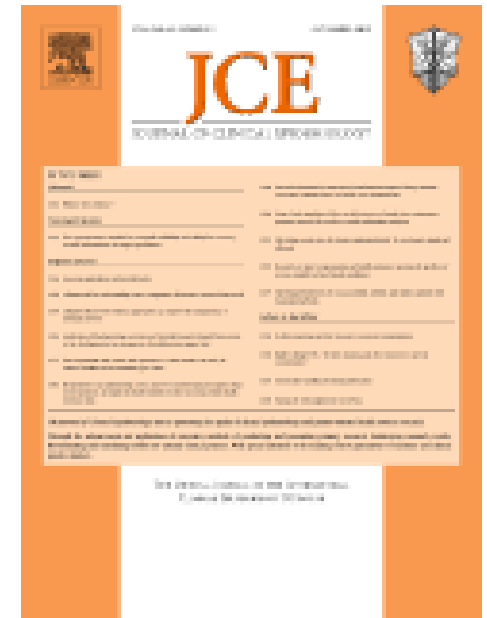
- 市面唯一「每日更新」的EBM 主題評論資料庫
- 完整的實證等級資訊與實證文獻參考來源
- 條列式、架構化的主題內容呈現方式
- 可依照足以改變臨床決策的更新文獻進行篩選
- 提供無須額外付費且不限人次的行動裝置版本

Journal of Clinical Epidemiology (臨床傳染病學期刊)

評估市面上10種實證醫學資源，2012年12月份

- 在 Journal of Clinical Epidemiology (臨床傳染病學期刊)所進行的一項研究中，DynaMed在10種實證醫學資源中，獲得了最高的評價。

1. Timeliness of content updating: **內容的更新**
(DynaMed 獲評為 No.1)
2. Breadth of coverage: **內容的廣度**
(DynaMed 獲評為No.3)
3. Quality of evidence reporting: **實證證據的品質**
(DynaMed獲評為No.2)



- **DynaMed 是唯一一項實證醫學資源于上述三項評選項目中皆獲得前三名的實證醫學資料庫**

Speed of updating online evidence based point of care summaries: Prospective Cohort Analysis



From *BMJ* 2011;343:d5856 doi: 10.1136/bmj.d5856

Summary	At 3 months (%)	At 6 months (%)	At 9 months (%)	HR (95% CI)
Dynamed	77	84	87	Reference
EBM Guidelines	18	31	41	0.22 (0.17 to 0.29)
UpToDate	23	27	29	0.14 (0.09 to 0.21)
eMedicine	7	9	12	0.05 (0.03 to 0.09)
Clinical Evidence	0	1	4	0.03 (0.01 to 0.05)

從一篇系統性綜論(Systematic Review)刊登到被這些資源引用的平均速度如下:

- DynaMed 2個月
- EBM guideline 10個月
- 其他 (UpToDate, eMedicine, Clinical Evidence) 超過追蹤時間, 無法計算。

資訊來源

每日審視逾500種+的頂尖醫學期刊、重要醫學二次文獻、實證醫學文獻資源、藥物資訊資源、臨床診療指引



[Annals of Family Medicine](#)



[BMC Clinical Pharmacology](#)



THE COCHRANE
COLLABORATION®

[Cochrane Database of Systematic Reviews](#)



[American Family Physician](#)

<http://www.dynamicmedical.com/sources.php>

每日即時更新



檢索



瀏覽: ABCDEFGHIJKLMNOPQRSTUVWXYZ 瀏覽類別

1-50 共 500 頁: 1 | 2 | 3 | 4 | 5 | >

依類別限制: 全部

僅限 Practice Changing Updates



主題

更新原因

日期

Major depressive disorder (MDD)

CCO Program in Evidence-based Care clinical practice guideline on management of depression in cancer patients (National Guideline Clearinghouse 2016 Sep 19)

09/20/2016
12:26:00
PM

Invasive aspergillosis

review of acquired triazole resistance in Aspergillus fumigatus (Lancet Infect Dis 2016 Sep 13 early online)

09/20/2016
11:04:00
AM

Sickle cell disease in infants and children

rate of abnormal velocity reversion at 2 years about 27% in children with sickle cell disease switched to hydroxyurea after normalization of high cerebral arterial velocities with chronic transfusions (Blood 2016 Apr 7)

09/20/2016
09:24:00
AM

工具



提供以病患為導向的資訊

Patient-oriented outcomes

提供容易判讀的實證等級 (summary by FACT)

Level of Evidence:

Level 1 (likely reliable) Evidence

Level 2 (mid-level) Evidence

Level 3 (lacking direct) Evidence

提供容易判讀的建議等級 (Summary by Guidelines)

Recommendations:

Grade A recommendation (consistent high-quality evidence)

Grade B recommendation (inconsistent or limited evidence)

Grade C recommendation (lacking direct evidence)

Welcome

- Welcome to DynaMed
- Level of Evidence Labeling in DynaMed

Searching

- Finding a Topic
- Full-Text Search

Browsing

- Using the Browse Feature

Viewing Results

- Viewing Information in a Selected Topic
- Collapsible Sections
- Backtracking
- Comments

Citation Styles

- How to Cite Information in DynaMed

Reaching Technical Support

- Technical Support

Level of Evidence Labeling in DynaMed

DynaMed introduced level of evidence/strength of recommendation labeling as of March 2004.

Individual evidence reports will be labeled as one of the following:

level 1 (likely reliable) evidence -- representing the most valid reports addressing patient-oriented outcomes. Examples include randomized trials with at least 80% follow-up, inception cohort studies for prognostic information, and systematic reviews of level 1 evidence reports. These examples are only presented as brief examples. Achieving a level 1 evidence label means that specific quality criteria were met based on the study type.

level 2 (mid-level) evidence -- representing reports addressing patient-oriented outcomes, and using some method of scientific investigation, yet not meeting the quality criteria to achieve level 1 evidence labeling. Examples include randomized trials with less than 80% follow-up, non-randomized comparison studies, and diagnostic studies without adequate reference standards. Level 2 evidence does not imply reliable evidence. For example, hormone replacement therapy was associated with reduced cardiovascular events in large cohort studies (level 2 evidence), but then shown not to be preventive (and possibly increase the cardiovascular risk) in randomized trials (level 1 evidence).

level 3 (lacking direct) evidence -- representing reports that are not based on scientific analysis of patient-oriented outcomes. Examples include case series, case reports, expert opinion, and conclusions extrapolated indirectly from scientific studies.

Recommendations will be labeled as one of the following*:

- grade A recommendation (consistent high-quality evidence)
- grade B recommendation (inconsistent or limited evidence)
- grade C recommendation (lacking direct evidence)

This labeling scheme is formally named the Strength Of Recommendation Taxonomy (SORT) and is described in detail, along with the algorithms used for its application, in [Am Fam Physician 2004 Feb 1;69\(3\):548-56](#).

DynaMed 實證等級之說明

■ Level 1 (likely reliable) evidence

最有效之報告(以病患導向為主的結論), 例: 以RCT為主之實驗結果(有效追蹤達80%以上)、來自世代研究初期(inception cohort studies)的預後信息(prognostic information)、系統性文獻回顧所得之結果。

■ Level 2 (mid-level) evidence

以病患導向為主的結論而產生的報告, 且以科學化的檢視為方法, 但是還未到level 1 的標準。例如有效追蹤低於80%的RCT、非隨機對照實驗的研究方式、缺乏足夠參考標準的診斷研究。Level 2並不代表可靠的證據等級。例如荷爾蒙補充療法在大多數的世代研究中都顯示可以降低心血管疾病的發生, 但在許多的屬於LEVEL 1等級的RCT實驗中, 此一療法不但無法預防心血管疾病, 甚至有還可能會增加心血管疾病的風險。

■ Level 3 (lacking direct) evidence

非科學化的分析研究且不是以病患為導向的結論報告, 例如: 病例報告、專家意見、及缺乏科學根據的推論。

Treatment overview:

- **rest and ice** considered first-line therapy for acute Achilles tendinopathy (**grade C recommendation [lacking direct evidence]**)
- if complete or partial rupture – non-weight bearing, immediate orthopedic consult, see **Achilles tendon rupture**
- conservative treatment
 - **rest and ice** considered first-line therapy for acute Achilles tendinopathy (**grade C recommendation [lacking direct evidence]**)
 - analgesics may reduce symptoms in the short-term but do not have long-term benefit
 - **topical NSAID** (niflumic acid) might reduce pain and hasten return to previous level of activity (**level 2 [mid-level] evidence**)
 - **oral NSAIDs** may be no better than placebo for improving pain and function (**level 2 [mid-level] evidence**)
 - also consider ice and elevation after activity
- **calf stretching and strengthening exercises**
 - necessary for recovery of function after conservative treatment
 - **eccentric calf muscle training** appears more effective than concentric calf muscle training (and watchful waiting) for recovery of function in chronic Achilles tendinosis (**level 2 [mid-level] evidence**)
- additional treatment considerations
 - **topical glyceryl trinitrate** plus physical therapy may reduce symptoms compared to physical therapy alone for chronic noninsertional achilles tendinopathy (**level 2 [mid-level] evidence**)
 - **steroid injection** not recommended due to limited inconsistent evidence (**grade B recommendation [inconsistent or limited evidence]**)
 - **shock wave therapy** has inconsistent evidence for effect on pain in chronic Achilles tendinopathy
 - insufficient evidence to clearly define **optimal treatment** for acute or chronic Achilles tendonitis, based on Cochrane review of 9 trials

Activity:

Rest, ice and activity modification:

- **rest and ice considered first-line therapy for acute Achilles tendinopathy (grade C recommendation [lacking direct evidence])**
 - based on expert opinion
 - Reference - J Fam Pract 2008 Apr;57(4):261  [EBSCOhost Full Text](#)
- rest

Achilles tendinopathy

Treatment overview:

- **rest and ice** considered first-line therapy for acute Achilles tendinopathy (**grade C recommendation [lacking direct evidence]**)
- if complete or partial rupture - non-weight bearing, immediate orthopedic consult, see **Achilles tendon rupture**
- conservative treatment for 4-6 weeks if acute symptoms, edema
 - **topical NSAID** (diflucic acid) might reduce pain and hasten return to previous level of activity (**level 2 [mid-level] evidence**)
 - **oral NSAIDs** may be no better than placebo for improving pain and function (**level 2 [mid-level] evidence**)
 - also consider ice and elevation after activity
- **calf stretching and strengthening exercises**
 - necessary for recovery of function after conservative treatment
 - **eccentric calf muscle training** appears more effective than **concentric calf muscle training** (and watchful waiting) for recovery of function in chronic Achilles tendinosis (**level 2 [mid-level] evidence**)
- additional treatment considerations
 - **topical glyceryl trinitrate** plus physical therapy may reduce symptoms compared to physical therapy alone for chronic noninsertional achilles tendinopathy (**level 2 [mid-level] evidence**)
 - **steroid injection** not recommended due to limited inconsistent evidence (**grade B recommendation [inconsistent or limited evidence]**)
 - **shock wave therapy** has inconsistent evidence for effect on pain in chronic Achilles tendinopathy
 - insufficient evidence to clearly define **optimal treatment** for acute or chronic Achilles tendonitis, based on Cochrane review of 9 trials

Activity:

Rest, ice and activity modification:

- **rest and ice considered first-line therapy for acute Achilles tendinopathy (grade C recommendation [lacking direct evidence])**
 - based on expert opinion
 - Reference - J Fam Pract 2008 Apr;57(4):261  [EBSCOhost Full Text](#)
- rest

提供3,200個臨床的主題性標題

Offer clinically-organized summaries for nearly 3,000 topics

DynaMed Topics範例

- 一般與異常的疾病或是症狀（ Chest Pain ）
- 特定議題（ 例: Avian Influenza, SARS ）
- 正在發展的最新研究或範疇
（ 例: 阿司匹林可降低心臟病及女性癌症罹患率 ）
- 使用DynaMed的醫生或是專業人員的建議

同時可查詢的正在開發中的標題（ in process ）

新標題可能來自於DynaMed內部討論團隊討論、讀者建議或是其他可能的優秀作者。

<http://www.dynamicmedical.com/organization.php>

DynaMed 疾病主題的內容分類

- Description (including ICD-9 Codes) 描述
- Causes and Risk Factors 造成及風險因數
- Complications and Associated Conditions 併發症與相關症狀
- History
- Physical
- **Diagnosis (提供實證等級資訊) 診斷**
- **Prognosis (提供實證等級資訊) 預後**
- **Treatment (提供實證等級資訊) 治療**
- **Prevention and Screening (提供實證等級資訊) 預防及篩選**
- References (including Reviews and Guidelines) 參考資訊
- Patient Information 病患教育

點選滑鼠兩次
即可獲取所需資訊

Achilles tendinopathy

Top

- General Information (including ICD-9/-10 Codes)
- Causes and Risk Factors
- Complications and Associated Conditions
- History
- Physical
- Diagnosis
- Prognosis
- Treatment**
 - Treatment overview
 - Activity
 - Medications
 - Surgery**
 - Consultation and referral
 - Other management

- 54 patients aged 18-70 years with chronic tendinopathy 2-7 cm above Achilles tendon insertion randomized to (saline injection plus usual care)
- pain and activity level score at 24 weeks improved significantly in both groups (not significantly different between groups)
- Reference - [JAMA 2010 Jan 13;303\(2\):144](#), commentary can be found in [JAMA 2010 May 5;303\(17\):1696](#)

Surgery:

- last resort for patients with chronic Achilles tendon pain unrelieved by nonoperative treatment
- surgeries include
 - resection of prominent tuberosity
 - debridement of bursa
 - excision of thickened, scarred paratenon
 - removal of accessible calcific deposits within tendon
- **surgery reported to be beneficial (level 3 [lacking direct] evidence)**
 - based on uncontrolled case series
 - retrospective study of 35 patients with painful Achilles tendon syndrome unrelieved by nonoperative treatment for 2 years
 - mean pain scores improved from 4.7 preoperatively to 1.5 postoperatively, 90% patients had significant improvement in participation
 - 14 patients had altered sensation at surgical scar
 - Reference - [Am J Sports Med 2002 May-Jun;30\(3\):318](#) in [J Musculoskel Med 2002 Dec;19\(12\):516](#)

Consultation and referral:

- physical therapy in selected cases for muscle rehabilitation
 - ultrasound modality, commonly used prior to manually-assisted calf and Achilles stretching
 - transverse friction massage may convert tendinosis to tendonitis and initiate acute-phase immune response
- if complete or partial rupture - non-weight bearing, immediate orthopedic consult

Other management:

- **insufficient evidence to clearly define optimal treatment for acute or chronic Achilles tendonitis**

DynaMed 中的藥物資訊來源

Information Structure for AHFS Drug topic

- Warnings (if applicable) 警示
- General Information 一般資訊
- Uses and Efficacy 效用
- Dosage and Administration 藥劑與管理用法
- Cautions 用藥須知
- Drug Interactions 藥物交互作用
- Mechanisms of Actions/Pharmacokinetics 藥物動力學
- Stability 穩定度
- Preparation 藥劑
- Patient Information 病患須知
- References 參考文獻

Search 

◀ Back 1 of 1 ▶

Expand All

Vasopressin

Geriatric Use:

Geriatric patients are particularly sensitive to vasopressin's effects; exercise caution. ¹⁵⁴

Contraindications:

- Chronic nephritis accompanied by nitrogen retention, until reasonable nitrogen concentrations are attained. ^b
- History of anaphylaxis or other hypersensitivity to vasopressin of any component in the formulation. ^b

Common Adverse Effects:

Adverse effects associated with low doses are infrequent and mild, but increase in frequency and severity with high dose.

Common adverse effects include circumoral pallor, sweating, tremor, pounding in the head, abdominal cramps, passage of diarrhea, intestinal hyperactivity, and uterine cramps may occur. ¹⁵⁴

Patients can be advised that some of these effects (e.g., blanching of the skin, abdominal cramps, nausea) may be minimized by slow administration. ¹⁵⁴

Interactions

Specific Drugs:

Drug	Interaction
Alcohol	May block the antidiuretic activity of vasopressin in varying degrees ^{155 a}
Antidepressants, tricyclic	May potentiate the antidiuretic response to vasopressin ^{155 a}
Carbamazepine	May potentiate the antidiuretic response to vasopressin ^{155 a}
Chlorpropamide	May potentiate the antidiuretic response to vasopressin ^{155 a}
Clofibrate	May potentiate the antidiuretic response to vasopressin ^{155 a}

Top

FDA Recall

General Information

Uses and Efficacy

Dosage and Administration

Cautions and Adverse Effects

Warnings/Precautions

Contraindications

Common Adverse Effects

Interactions

Mechanism of Action/Pharmacokinetics

Stability and Compatibility

Preparations

Patient Information

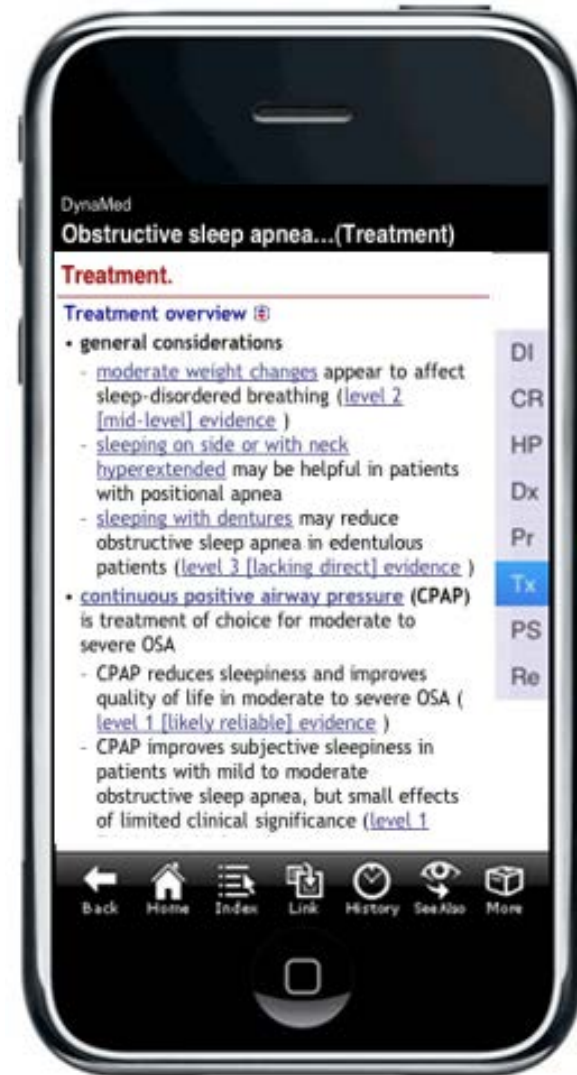
References

Acknowledgements

DynaMed 行動裝置版本

- DynaMed 訂戶即可免費使用
- 不限人次的行動裝置版本
- 支援以下行動裝置系統：
 - BlackBerry
 - iPhone & iPod Touch
 - Android
 - Windows Smartphone

with Apple APP & Android APP



alopecia

Search



Browse: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Browse Categories

利用關鍵字查找

1-50 of 134 Page: 1 2 3 Next

Alopecia areata

- Androgenetic alopecia - work in progress
- Minoxidil (Topical)
- Finasteride
- Toxicities of chemotherapeutic agents
- Minoxidil (Systemic)
- Discoid lupus erythematosus
- Tinea capitis
- Temozolomide
- Chemotherapy for advanced or recurrent non-small cell lung cancer (NSCLC)
- Trichotillomania
- Irinotecan
- Pentosan
- Gastric lymphoma
- Polycystic ovary syndrome
- Chronic mucocutaneous candidiasis
- Acne
- Hepatitis B


Alopecia areata

- General Information (including ICD-9/-10 Codes)
- Causes and Risk Factors
- Complications and Associated Conditions
- History
- Physical
- Diagnosis
- Prognosis
- Treatment**
 - Treatment overview
 - Medications**
 - Consultation and referral
 - Other management
 - Prevention and Screening
- References including Reviews and Guidelines
- Patient Information
- Acknowledgements

Treatment overview:

- usually no treatment indicated or necessary
- efalizumab (Raptiva) 1-2 mg/kg subcutaneously weekly (withdrawn from market in United States and European Union)

Medications:

- **inconclusive evidence on topical and systemic interventions for alopecia**
 - based on Cochrane review of trials with methodologic limitations
 - systematic review of 17 randomized trials evaluating topical and systemic interventions for alopecia areata, alopecia t
 - most trials were small, only 1 trial had adequate allocation concealment, 2 trials reported use of intention-to-treat-an
 - interventions included topical and oral corticosteroids, topical cyclosporine, photodynamic therapy and topical minox
 - no intervention showed significant treatment benefit in terms of hair growth compared to placebo
 - no trial evaluated self-assessed hair growth or quality of life
 - no randomized trials identified that evaluated diphencyprone, dinitrochlorobenzene, intralesional corticosteroids, or c
 - Reference - [Cochrane Database Syst Rev 2008 Apr 16;\(2\):CD004413](#)  [EBSCOhost Full Text](#)
- intralesional steroids
- avoid systemic steroids
- PUVA and anthralin (irritation) have also been used
- minoxidil not generally recommended
- topical diphenylcyclopropenone reported to have about 45% to 79% response rates in case series (**level 3 [lacking direc**
 - topical diphenylcyclopropenone reported to have 45% response rate at 6 months (25 patients had complete regro patients with chronic extensive alopecia areata ([J Am Acad Dermatol 2001 Jan;44\(1\):73](#)))
 - topical diphenylcyclopropenone reported to have 79% response rate (6 complete and 16 partial responders) in ope areata, 13 of 22 responders (51%) had partial recurrence over 6-12 months; side effects included eczematous reac formation, and hyperpigmentation ([BMC Dermatology 2005 May 26;5:6](#)))
 - diphenylcyclopropenone (diphencyprone) associated with 78% cumulative response rate at 32 months in series of 1 ([JAMA 2001 Nov 21;286\(19\):2384](#)))
- **efalizumab may not be effective for alopecia areata (level 2 [mid-level] evidence)**
 - based on small randomized trial



alopecia

Search ?

Browse: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Browse Categories

分科查詢

Browse by Category:

- Allergic Disorders
- Cardiovascular Disorders
 - Cardiovascular disease prevention
 - Cardiovascular medications
 - ACE inhibitors
 - Angiotensin II receptor blockers
 - Antianginal agents
 - Antiarrhythmic agents
 - Anticoagulation
 - Antihypertensive agents
 - Antilipemic agents
 - Antiplatelet agents
 - Beta blockers
 - Acebutolol Rx
 - Atenolol Rx
 - Beta blockers during acute ST-elevation myocardial infarction (STEMI)
 - Beta blockers for heart failure
 - Betaxolol (Systemic) Rx
 - Bisoprolol Rx
 - Carvedilol Rx
 - Esmolol Rx
 - Labetalol Rx

Bells palsy Search ?

< Result List 1 of 30 Expand All Collapse All Search Within Text

Bell's palsy

- maternal risks include exacerbation of peptic ulcers, psychosis, fluid retention, exacerbation of diabetes, osteoporosis
- fetal risks include... defects (in first trimester, especially cleft palate)
- References - Otolaryngol Surg 2000 Mar;55(3):184

連結至原始文獻資訊

Surgery:

- **insufficient evidence to support use of facial nerve decompression in Bell's palsy**
 - based on Cochrane review and 4 cohort studies
 - systematic review of 2 randomized trials evaluating surgical interventions in 69 patients with Bell's palsy
 - decompression with retroauricular approach not associated with improved recovery compared to control
 - Reference - [Cochrane Database Syst Rev 2011 Feb 16;\(2\):CD007468](#)
 - benefit reported in prospective observational study of patients with total paralysis and presumed poor outcome
 - among 31 patients treated with facial nerve decompression, 91% had good outcome at 7 months
 - among 33 patients who refused surgery, 42% had good outcome at 7 months
 - Reference - [Laryngoscope 1999 Aug;109\(8\):1177](#)
 - no significant differences between surgery and no surgery in 3 other observational studies ([Laryngoscope 1985 Apr;95\(4\):406](#), [Laryngoscope 1982 Dec;92\(12\):1369](#), [Arch Otolaryngol 1981 Jan;107\(1\):1](#))

- Treatment
 - Treatment overview
 - Activity
 - Medications
 - Surgery
 - Consultation and referral
 - Other management
- Prevention and Screening
- References including Reviews and Guidelines
- Patient Information
- Acknowledgements

Send Comment to Editor

Tools

- Notification
- Print
- Share
- Lock

[Display Settings:](#) Abstract[Send to:](#)Full Text
Online

Cochrane Database Syst Rev. 2011 Feb 16;(2):CD007468.

Surgical interventions for the early management of Bell's palsy.

McAllister K, Walker D, Donnan PT, Swan I.

Department of Otolaryngology, North Glasgow University NHS Trust, Gartnavel General Hospital, Glasgow, UK, G12 0YN.

Abstract

BACKGROUND: Bell's palsy is an acute paralysis of one side of the face of unknown aetiology. Bell's palsy should only be used as a diagnosis in the absence of all other pathology. As the proposed pathophysiology is swelling and entrapment of the nerve, some surgeons suggest surgical decompression of the nerve as a possible management option.

OBJECTIVES: The objective of this review was to assess the effectiveness of surgery in the management of Bell's palsy and to compare this to outcomes of medical management.

SEARCH STRATEGY: We searched the Cochrane Neuromuscular Disease Group Specialized Register (23 November 2010). We also searched the Cochrane Central Register of Controlled Trials (CENTRAL) (23 November in The Cochrane Library, Issue 4 2010). We adapted this strategy to search MEDLINE (January 1966 to November 2010) and EMBASE (January 1980 to November 2010).

SELECTION CRITERIA: We included all randomised or quasi-randomised controlled trials involving any surgical intervention for Bell's palsy.

DATA COLLECTION AND ANALYSIS: Two review authors independently assessed whether trials identified from the search strategy were eligible for inclusion. Two review authors assessed trial quality and extracted data independently.

MAIN RESULTS: Two trials with a total of 69 participants met the inclusion criteria. The first study considered the treatment of 403 patients but only included 44 in their surgical study. These were randomised into a surgical and non surgical group. The second study had 25 participants which they randomly allocated into surgical or control groups. The nerves of all the surgical

Related citations

Review The surgical management of Bell's palsy: a review. [Am J Otol. 2000]

Decompression for Bell's palsy: why I don't do it. [Eur Arch Otorhinolaryngol. 2002]

Bell's palsy. [N Engl J Med. 2005]

Review Medical and surgical management of facial nerve palsy. [Curr Opin Ophthalmol. 2009]

Surgical management of Bell's palsy. [Laryngoscope. 1999]

[See reviews...](#)[See all...](#)

Search details

21328293 [uid] AND CD007468 [pg]

Search

Search ?

Browse: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z Browse Categories

1-50 of 500 Page: 1 | 2 | 3 | 4 | 5 | >

Limit by Category:

依照科別篩選
每日最新資訊

Topic	Update Reason
Medications before, during and after percutaneous coronary intervention	review of management of bleeding complications in patients
Antiplatelet and anticoagulant drugs for acute coronary syndrome	addition of apixaban to standard antiplatelet therapy increases major bleeding events (N Engl J Med 2011 Jul 2)
Anticoagulation for coronary artery disease	addition of dabigatran to dual antiplatelet therapy may increase bleeding in patients with recent acute coronary (early online)
Bivalirudin	NICE guidance on bivalirudin for treatment of ST-segment elevation myocardial infarction (STEMI) (NICE 2011)
Hypercholesterolemia	fasting may have clinically insignificant effect on measurements of total, LDL and HDL cholesterol in children (P
Acute coronary syndrome	hypoperfusion on contrast echocardiography may predict angiographically severe coronary artery disease (CAD) myocardial infarction (NSTEMI) awaiting coronary angiography (Am J Cardiol 2011 May 1)
Infective endocarditis	ACR guideline on suspected bacterial endocarditis (National Guideline Clearinghouse 2011 Aug 1)

Q R S T U V W X Y Z [Browse Categories](#)

Cardiovascular Disorders

Management of bleeding complications in patients with coronary stents receiving dual antiplatelet treatment (BMJ)

ban to s

使用[Email]自動更新

E-mail me when this page has been updated.

How often:

Once a day

Your E-mail:

09:25:00

PM

patran to dual antiplatelet therapy may increase bleeding in patients with recent acute coronary syndromes (Eur Heart J 2011 May 7

08/03/2011

09:05:00

PM

on bivalirudin for treatment of ST-segment elevation myocardial infarction (STEMI) (NICE 2011 Jul)

08/03/2011

04:05:00

PM

e clinically insignificant effect on measurements of total, LDL and HDL cholesterol in children (Pediatrics 2011 Sep early online)

08/03/2011

02:52:00

PM

n contrast echocardiography may predict angiographically severe coronary artery disease (CAD) in patients with non-ST-elevation
tion (NSTEMI) awaiting coronary angiography (Am J Cardiol 2011 May 1)

08/03/2011

12:02:00

PM

n suspected bacterial endocarditis (National Guideline Clearinghouse 2011 Aug 1)

08/02/2011

02:54:00

醫學計算公式

Home | Recent Updates | E-Newsletter | Mobile | Calculators ▾ | Send Comment | About ▾ | Help

TAIPEI CITY HOSPITAL

DynaMed
Powered by EBSCO[®] Med

Medical Equations
Clinical Criteria
Decision Trees
Statistics Calculators
Units and Dose Converters
Search by Specialty
Math Calculator

Medical Equations

Search ?

P Q R S T U V W X Y Z | Browse Categories

Spotlight

- [Introducing the new version of DynaMed](#)
- [View the new DynaMed Tutorial](#)
- [7-Step Evidence-based Methodology](#)
- [Introducing Practice Changing Updates](#)
- [Addition of Androgen Deprivation Therapy to Radiation Therapy May Improve Survival in Patients with Intermediate-Risk Localized Prostate Cancer](#)
- [American/European/Japanese/Latin American guidelines change diagnostic criteria for Idiopathic pulmonary fibrosis](#)

[Top of Page](#)

[EBSCO Support Site](#) | [Privacy Policy](#) | [Terms of Use](#) | [Copyright](#)
© 2011 EBSCO Industries, Inc. All rights reserved.

http://calculators.epnet.com/DynaMedCalcs/?pageid=eq-idx

網際網路 | 受保護模式: 關閉 | 100%

DynaMed 與下列電子病歷 EMR(Electronic Medical Record)系統完整結合



MEDITECH



SIEMENS

GE Healthcare



範例：Acute Appendicitis此主題與EMR系統結合的畫面

The image displays two overlapping software windows. The top window, titled 'Problem List', shows a list of medical conditions. 'Acute Appendicitis' is highlighted with a red box. A red arrow points from this box to the 'ClinKB Search' option in a dropdown menu. The bottom window, titled 'Clinical Knowledgebase (ClinKB)', shows a search interface for 'DynaMed'. The search bar contains 'ACUTE APPENDICITIS'. A red arrow points from the search bar to the search results. The results list includes 'Acute appendicitis Tx Dx', which is also highlighted with a red box. Other results include 'Acute abdomen Tx Dx', 'Appendicitis', 'Acute lymphadenitis - work in progress Tx Dx', 'Pelvic inflammatory disease (PID) Tx Dx', 'Psoas syndrome Tx Dx', and 'Acute diarrhea Tx Dx'.

Problem List

+ Create Patient Care Coordination Note

Search for new item + Add + CodeSearch

List view: Class Hospital Priority Overview Preview: One Line

Choose Fields

Diagnosis

Hospital (Problems being addressed during this visit)

Acute Appendicitis

+ Create + Resolve + Delete

Non-Hospital (Problems not being addressed during this visit)

Juvenile Diabetes Mellitus

+ Create + Resolve + Delete

Otitis Media

+ Create + Resolve + Delete

Multidisciplinary

Risk for Infection

View: Class Hospital Priority

Overview

Dain

Clinical Knowledgebase (ClinKB)

Back Forward Home Redo Search

DynaMed
Powered by EBSCOhost

Find: ACUTE APPENDICITIS Search

ABCDEFGHIJKLMNOPQRSTUVWXYZ

Result List: Found 61 Documents

About DynaMed

How to Use DynaMed

Recently Updated

7-Step Evidence-based Methodology

DynaMed Content Sources

Acute appendicitis Tx Dx

Acute abdomen Tx Dx

Appendicitis

Acute lymphadenitis - work in progress Tx Dx

Pelvic inflammatory disease (PID) Tx Dx

Psoas syndrome Tx Dx

Acute diarrhea Tx Dx