UpToDate®

Confident, clinical decision-making

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Wolters Kluwer Health

The Story of UpToDate …

https://youtu.be/k4nQWM6U298

Dr Bud Rose – The Founder of UpToDate

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什麼是UpToDate?

由一位著名的撰寫教科書的腎臟學家於1992年創建

- 他為自己編寫的教科書總是很快過時而感到苦惱

並不是取代教科書，而主要用於解決教科書所不能解決的問題

- 教科書主要是講述某種疾病的參考工具
- UpToDate主要是告訴醫生怎樣治療患有這種疾病的病人

為醫生(和其他臨床工作者)在治療患者時解答問題的線上電子產品

- 醫生在臨床時遇到的2/3問題無法解答
- 解答臨床問題每天可能改變5~8名患者的臨床治療策略

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填補空白

沒有醫生能夠吸收、記憶海量的醫學文獻並且判斷這些新發表的研究成果對診治患者有什麼影響

- 每周有10,000 項研究新增到Medline中
- 1965年僅有39項隨機試驗發表，而2008年有26,000 項隨機試驗發表

UpToDate
做到這些

- 審讀文獻，來回答臨床問題
- 綜合相關文獻，推薦診療方案
- 持續更新內容
- 借鑒本領域專家意見

因此，臨床工作人員可以在診療過程中獲取建議， 解決問題

- 自1992 來，UpToDate已成為臨床工作者的專業“工具”

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What is UpToDate ?

UpToDate is an electronic evidence-based clinical decision support tool written by physicians to help clinicians

為醫師作者們執筆所撰寫提供實時臨床醫療訊息，被設計於與醫師們所遇之臨床問題能快速回覆，以協助醫師們進行診療上的判斷和決策

Answer your clinical questions **解答臨床遇到的問題**

Increase your clinical knowledge **新增臨床的知識**

Improve patient care **有助於其為患者提供更好的醫療**

The trusted way to practice medicine

Practice Changing UpDates
診療方式更新快訊

10,500+
Clinical Topics
臨床的專題內容

5,800
Drug Monographs
藥物訊息與交互作用查詢功能

1,500
Patient leaflets
患者教育內容

Rigorous three-tier peer-review process

32,000+
Graphics
圖表

170+
Medical Calculators
臨床計算器

440,000+
References
包含引用文獻

26
Specialties
專科

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Our Editorial Board

1. Authors
 - Clinically active
 - World-renown physician topic experts
 - Have an academic affiliation

2. Editors
 - Clinically active
 - Specialty experts
 - Trained to use EBM

3. Peer Reviewers
 - Clinically active
 - Specialists in their field
 - Anonymous to the author

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Evidence Grading 實證等级

- In 2001, we began a collaboration with Gordon Guyatt, a world leader in EBM, and his colleagues in the international GRADE collaborative to implement a grading system for recommendations
- UpToDate grades specific treatment and screening recommendations

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Evidence Grading 實證等級

RECOMMENDATION GRADES 醫囑的強度 (診療建議的強度)		
Grade 1 1 級推薦	Strong Recommendation 強推薦 "We recommend…"	Benefits clearly outweigh the risks and burdens (or vice versa) for most, if not all, patients
Grade 2 2 級推薦	Weaker Recommendation 弱推薦 "We suggest…"	Benefits and risks closely balanced and/or uncertain
EVIDENCE GRADES 證據的品質(證據的強度)		
Grade A A 級證據	High Quality Evidence 高品質證據	Consistent evidence from randomized trials, or overwhelming evidence of some other form
Grade B B 級證據	Moderate Quality Evidence 中等品質證據	Evidence from randomized trials with important limitations, or very strong evidence of some other form
Grade C C 級證據	Low Quality Evidence 低品質證據	Evidence from observational studies, unsystematic clinical observations, or from randomized trials with serious flaws

UpToDate 目前涵蓋主題

- Adult and Pediatric Emergency Medicine
- Adult and Primary Care Medicine
- Allergy and Immunology
- Anesthesiology
- Cardiovascular Medicine
- Dermatology
- Drug Therapy
- Endocrinology and Diabetes
- Gastroenterology and Hepatology
- General Surgery
- Geriatrics
- Hematology
- Hospital Medicine
- Infectious Diseases
- Nephrology and Hypertension
- Neurology
- Sports Medicine
- Obstetrics, Gynecology and Women's Health
- Oncology
- Palliative Care
- Pediatrics
- Psychiatry
- Pulmonary, Critical Care
- Rheumatology
- Family Medicine
- Sleep Medicine

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Citing UpToDate – 引用UpToDate文獻

引用UpToDate文獻所需載明之內容

Michael D Jibson, MD. - 作者名

Second-generation antipsychotic medications: pharmacology, administration, and side effects. -主題名

UpToDate. Waltham, MA - 公司名

UpToDate Inc. http://www.uptodate.com (Accessed on January 02, 2017.) – 註明引用日期

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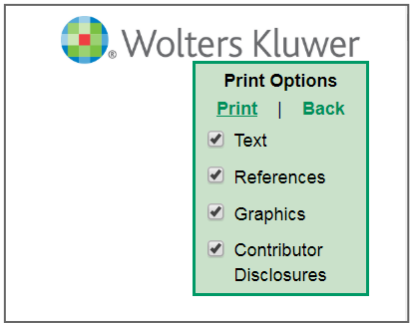
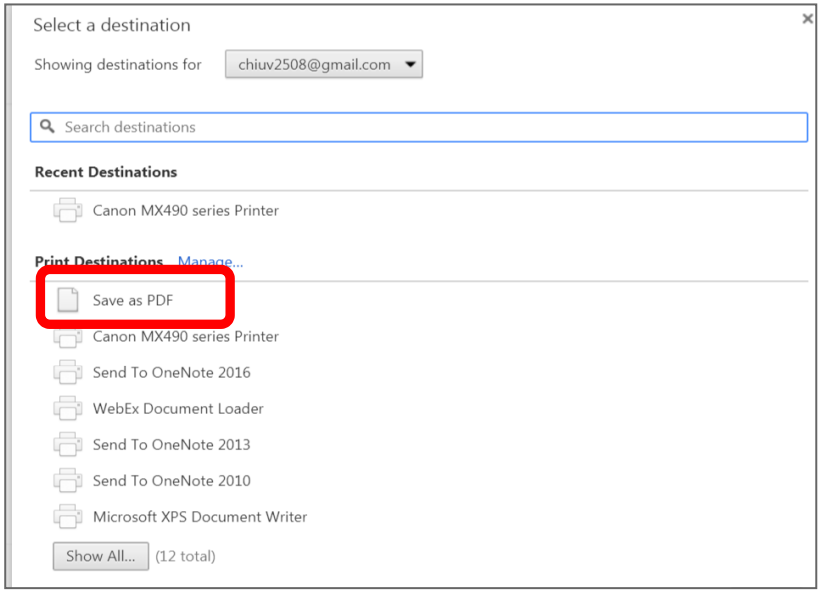
將文章轉成PDF檔

1. 主題頁右上角選擇 “PRINT”

2. 選擇想要列印/轉檔的內容

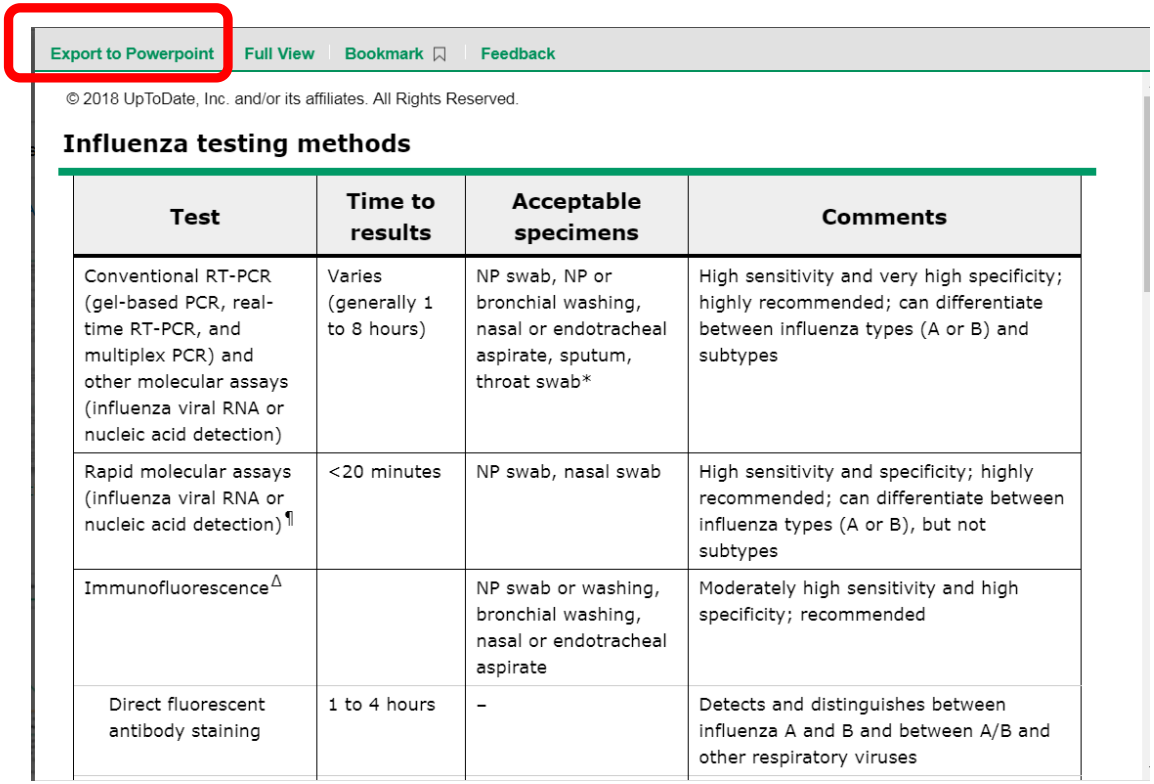


3. 列印選項中請選“Save as PDF”



UpToDate 圖片直接轉貼至PPT

在UpToDate中選擇想要轉檔的圖片，並點選左上角之”Export to Powerpoint”即可直接取得圖片檔案



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Influenza testing methods

Test	Time to results	Acceptable specimens	Comments
Conventional RT-PCR (gel-based PCR, real-time RT-PCR, and multiplex PCR) and other molecular assays (influenza viral RNA or nucleic acid detection)	Varies (generally 1 to 8 hours)	NP swab, NP or bronchial washing, nasal or endotracheal aspirate, sputum, throat swab*	High sensitivity and very high specificity; highly recommended; can differentiate between influenza types (A or B) and subtypes
Rapid molecular assays (influenza viral RNA or nucleic acid detection)¶	<20 minutes	NP swab, nasal swab	High sensitivity and specificity; highly recommended; can differentiate between influenza types (A or B), but not subtypes
Immunofluorescence△		NP swab or washing, bronchial washing, nasal or endotracheal aspirate	Moderately high sensitivity and high specificity; recommended
Direct fluorescent antibody staining	1 to 4 hours	–	Detects and distinguishes between influenza A and B and between A/B and other respiratory viruses

For More Information

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