



الله اعلم  
محمد بن عبد الله



# کتابخانه مرکزی دانشگاه علوم پزشکی اصفهان

معرفی و جستجو در پایگاه اطلاعاتی



ارائه دهنده: الهه زارع فراشبندی

## رئوس مطالب:

ویژگی های پایگاه اطلاعاتی UpToDate

امکانات پایگاه

نحوه دسترسی

جستجو در پایگاه

## ویژگی های پایگاه اطلاعاتی UpToDate

- یکی از پر استفاده ترین منابع اطلاعاتی بالینی مورد استفاده اعضای تیم درمان
- حاوی اطلاعات پزشکی و دارویی
- پایگاه اطلاعاتی background
- ۲۵ حوزه موضوعی پزشکی

## ویژگی های پایگاه اطلاعاتی UpToDate

Semi evidence based medicine ➤

اطلاعات جامع و به روز ➤

محصول کشور هلند و ناشر آن Wolters Kluwer است. ➤

## امکانات این پایگاه

- اطلاعات دارویی قوی در قسمت **Drug information**؛
- محتوای آموزش به بیمار در دو سطح **Basics** و **beyond the basics**؛
- بررسی تداخلات دارویی؛

## امکانات این پایگاه

➤ Calculators (ماشین حساب پزشکی)،

➤ جستجوی گایدلاین ها

➤ الگوریتم ها

➤ گرافیک ها

## نحوه دسترسی

➤ نسخه آنلاین

➤ نسخه آفلاین (Yabesh website, iMD app)

➤ [UpToDatefree.ir](http://UpToDatefree.ir)

(نکته: قابلیت های نسخه آنلاین Up To Date بیشتر از نسخه آفلاین است.)



➤ برای دسترسی به این پایگاه اطلاعاتی به سایت کتابخانه دیجیتال دانشگاه به آدرس [diglib.mui.ac.ir](http://diglib.mui.ac.ir) مراجعه نمایید.




## Databases (پایگاه های اطلاعاتی)

  
**Anatomy.tv**  
Help

  
**Daneshlink**  
Help

  
**Emerald**  
Help

  
**Eric**  
Help

  
**IranDoc**  
Help

  
**ISC**  
Help

Enter Title, DOI & Keyword(Only Latin Article)



کاربر گرامی لطفاً از به اشتراک گذاشتن نام کاربری یا دانلود بیش از حد از پایگاهها اجتناب نمایید در غیر اینصورت نام کاربری شما بلاک می گردد.

#### پایگاههای آنلاین عمومی

#### پایگاههای آنلاین استنادی



WebOfScience

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JCR



ESI



Incites



Mathscinet

دسترسی 1 دسترسی 2

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دسترسی 3

بخش های مختلف پایگاه اطلاعاتی

Up To Date

[What's New](#)[Practice Changing UpDates](#)[Drug Information](#)[Patient Education](#)[Topics by Specialty](#)[Authors and Editors](#)**History**[Most Viewed](#)[Bookmarks](#)

December 16, 2023

 [Average glucose levels before and after meals for specified A1C levels](#)[Overview of general medical care in nonpregnant adults with diabetes mellitus](#)[Insulin therapy in type 2 diabetes mellitus](#)[General principles of insulin therapy in diabetes mellitus](#)

**What's New** ➤ شامل تعدادی از موضوعات مهم از نظر ویراستاران Up To Date

**Practice Changing Updates** ➤ حاوی هر گونه تغییر در روند درمانی بیماری ها

Our editors select a small number of the most important updates and share them with you via What's New. See these updates by clicking on the specialty you are interested in below. You may also enter "What's new" in the search box.

**Find Out What's New In:**[Practice Changing UpDates](#)[Allergy and immunology](#)[Anesthesiology](#)[Cardiovascular medicine](#)[Dermatology](#)[Drug therapy](#)[Emergency medicine](#)[Endocrinology and diabetes mellitus](#)[Family medicine](#)[Gastroenterology and hepatology](#)[Geriatrics](#)[Hematology](#)[Hospital medicine](#)[Infectious diseases](#)[Nephrology and hypertension](#)[Neurology](#)[Obstetrics and gynecology](#)[Oncology](#)[Palliative care](#)[Pediatrics](#)[Primary care](#)[Psychiatry](#)[Pulmonary and critical care medicine](#)[Rheumatology](#)[Sleep medicine](#)[Sports medicine \(primary care\)](#)[Surgery](#)

## Topic Outline

## INTRODUCTION

## INFECTIOUS DISEASES (August 2021)

Third dose of COVID-19 mRNA vaccine for immunocompromised individuals

## INFECTIOUS DISEASES (August 2021)

Casirivimab-imdevimab for post-exposure prophylaxis against SARS-CoV-2

## INFECTIOUS DISEASES (July 2021)

Approaches to reduce recurrent *Clostridioides difficile* infection

## INFECTIOUS DISEASES; EMERGENCY

## Practice Changing UpDates

**Authors:** [April F Eichler, MD, MPH](#), [Sadhna R Vora, MD](#)

[Contributor Disclosures](#)

All topics are updated as new evidence becomes available and our [peer review process](#) is complete.

Literature review current through: **Aug 2021**. | This topic last updated: **Sep 20, 2021**.

### INTRODUCTION

This section highlights selected specific new recommendations and/or updates that we anticipate may change usual clinical practice. Practice Changing UpDates focus on changes that may have significant and broad impact on practice, and therefore do not represent all updates that affect practice. These Practice Changing UpDates, reflecting important changes to UpToDate over the past year, are presented chronologically, and are discussed in greater detail in the identified topic reviews.



**Drug Information:** شامل اطلاعات دارویی به صورت دسته بندی در دو بخش:

➤ *General drug information* (اطلاعات کلی درباره داروها از جمله گروه

فارماکولوژیکی دارو، نام تجاری دارو، اخطارها، دوز مصرف، عوارض و سایر اطلاعات

مربوطه)؛

➤ *Patient drug information* (اطلاعات دارویی به صورت پرسش و پاسخ برای

بیماران بیان شده است)؛

➤ **What's new in drug therapy**: اطلاعاتی در مورد داروهای جدید تأیید شده، داروهای

حذف شده از بازار و برخی اخطارهای دارویی؛

➤ **International drug information (Concise)**: اطلاعاتی خلاصه در مورد نام تجاری

داروها، دوز مصرف، گروه دارویی، موارد مصرف و دسترس پذیری و اشکال مختلف دارو؛ و

**Pediatric drug information**

You receive the entire UpToDate library of specialties with your subscription. Click on a section below to view a detailed list of topics associated with that particular section. If you'd like to see the table of contents for other specialties, [click here](#).

[General drug information](#)[Patient drug information](#)[What's new in drug therapy](#)[International drug information \(concise\)](#)[Pediatric drug information](#)[Patient Education](#)

**Patient Education:** در Up To Date اطلاعات مورد نیاز بیماران در دو سطح Basics

(شامل اطلاعات عمومی و کلی در مورد بیماری) و Beyond the basics (شامل اطلاعات

جامع و تخصصی تر در مورد بیماری) ارائه شده است.

**Topics by Specialty:** در این قسمت مقالات پایگاه در ۲۵ حوزه موضوعی دسته بندی شده

است.

**Patient Education**

UpToDate offers two levels of content for patients:

- **The Basics** are short overviews. They are written in accordance with plain language principles and answer the four or five most important questions a person might have about a medical problem.
- **Beyond the Basics** are longer, more detailed reviews. They are best for readers who want detailed information and are comfortable with some medical terminology.

Learn more about UpToDate's patient education materials.



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[Allergies and asthma](#)[Autoimmune disease](#)[Blood disorders](#)[Bones, joints, and muscles](#)[Brain and nerves](#)[Cancer](#)[Children's health](#)[Diabetes](#)[Digestive system](#)[Ear, nose, and throat](#)[Eyes and vision](#)[General health](#)[Heart and blood vessel disease](#)[Hormones](#)[Infections and vaccines](#)[Kidneys and urinary system](#)[Liver disease](#)[Lung disease](#)**Eyes and vision****The Basics** Beyond the Basics

"The Basics" are short (1 to 3 page) articles written in plain language. They answer the 4 or 5 most important questions a person might have about a medical problem. They provide a general overview.

[Crossed eyes and lazy eye](#)[Detached retina](#)[Dry eyes](#)[Eye infections](#)

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**Calculators:** در این قسمت که در واقع ماشین حساب پزشکی است شاخص های مختلف

وجود دارند. با وارد کردن مقادیر مربوط به هر شاخص نتیجه آن محاسبه و نمایش داده می شود.

**Drug Interactions:** در این قسمت با وارد کردن نام دو دارو، وجود یا عدم وجود تداخل به

همراه میزان خطر در قالب طیف های **A, B, C, D, X** مشخص می شود. **A** به معنی عدم

تداخل و **X** نشان دهنده تداخل شدید دو دارو است.

View By Specialty

List Alphabetically

Search Calculators

**ALLERGY AND IMMUNOLOGY CALCULATORS**

## Clinical Criteria

[Temperature unit conversions](#)[Weight unit conversions](#)

## Medical Equations

[Absolute eosinophil count](#)[Conventional \(gravimetric, imperial, US\) unit to SI unit conversions: Chemistry and endocrine tests](#)[Conventional \(gravimetric, imperial, US\) unit to SI unit conversions: Immunology lab values](#)



## Lexicomp<sup>®</sup> Drug Interactions

Add items to your list by searching below.

### ITEM LIST

Clear List

Analyze

– [Methotrexate](#)

Display complete list of interactions for an individual item by clicking item name.

**NOTE:** This tool does not address chemical compatibility related to I.V. drug preparation or administration.

<b>X</b> Avoid combination	<b>C</b> Monitor therapy	<b>A</b> No known interaction
<b>D</b> Consider therapy modification	<b>B</b> No action needed	<i>More about Risk Ratings</i> ▼

### 1 Result

Filter Results by Item ▼ [Print](#)

**B** [Digoxin](#)  
[Methotrexate \(Antineoplastic Agents\)](#)

**DISCLAIMER:** Readers are advised that decisions regarding drug therapy must be based on the independent judgment of the clinician, changing information about a drug (eg, as reflected in the literature and manufacturer's most current product information), and changing medical practices.

**UpToDate Pathways:** در این قسمت که مشابه الگوریتم ها هستند، فرایند تشخیص یا درمان

بیماری به صورت نمودار نشان داده شده است.

➤ در حال حاضر قسمت upToDate pathways در دسترس نمی باشد.

## Hyponatremia: Evaluation in adults

Authors &amp; Editors

Abbreviations

Related Content

Other Pathways

Click and drag to reposition algorithm

+

100%

-

Pathway scope, required tests,  
warnings, and exclusions

Hyperglycemia  
present?

Yes

No

Correct sodium for hyperglycemia.  
Hyponatremia still present?

Irrigation with non-electrolyte solution  
(eg, TURP [transurethral resection  
of the prostate]/hysteroscopy)?

Yes

No

Yes

No

Irrigation with  
non-electrolyte solution  
(eg, TURP/hysteroscopy)?

Hypertonic hyponatremia  
due to hyperglycemia

Measure serum  
osmolality

Did patient receive  
mannitol or IVIG (intravenous  
immune globulin)?

Yes

No

Yes

No

Measure serum  
osmolality

Did patient receive  
mannitol or IVIG?

Measure serum  
osmolality

Suspect  
pseudohyponatrem

Is this UpToDate Pathway appropriate for this patient?

 Yes

 No

Does the patient have hyperglycemia (ie, glucose  $\geq 125$  mg/dL [6.94 mmol/L])?

 Yes

 No

What is the patient's serum sodium?

Sodium (mEq/L; please enter a value between 80 to 134 mEq/L).

What is the patient's serum glucose?

Glucose (mg/dL; please enter a value between 125 mg/dL and 3000 mg/dL). To convert mmol/L to mg/dL, divide by 0.0555.


Corrected serum sodium: **91 mg/dL**


جستجو در پایگاه اطلاعاتی

Up To Date

# User Interface



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 behdasht utdos ▾

Contents ▾

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Drug Interactions

UpToDate Pathways

Search UpToDate



Showing results for **gi bleed**

### Approach to acute upper gastrointestinal bleeding in adults

... patients with **upper GI bleeding** and lower **GI bleeding** . Initial data from the validation cohort, which included 4019 patients with **upper GI bleeding** and 2336 patients with lower **GI bleeding** suggests good ...

### Approach to acute lower gastrointestinal bleeding in adults

...bleeding, and occult **GI bleeding**, are discussed separately. Patients with acute lower gastrointestinal (**GI bleeding**) typically present with **hematochezia**, although **hematochezia** may also be seen in patients ...

### Lower gastrointestinal bleeding in children: Causes and diagnostic approach

... and duodenum. Lower **gastrointestinal bleeding** (LGIB) refers to bleeding distal to the ligament of Treitz and thus includes bleeding sources in the small bowel and colon. **GI bleeding** can be further categorized ...

### Approach to upper gastrointestinal bleeding in children

... percent of all episodes of gastrointestinal (**GI bleeding**) in children come from a UGI source . A population-based study from France estimated that **UGI bleeding** occurred in 1 to 2 per 10,000 children per ...

**Topic Outline**

## SUMMARY AND RECOMMENDATIONS

## INTRODUCTION

## INITIAL EVALUATION

Bleeding manifestations

Past medical history

Medication history

Symptom assessment

Physical examination

Laboratory data

Nasogastric lavage

## GENERAL MANAGEMENT

Hemodynamically unstable patients

- Intravenous access
- Fluid resuscitation
- Transfusion
- Medications and endoscopy

Triage

General support

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**Approach to acute upper gastrointestinal bleeding in adults****Author:** [John R Saltzman, MD, FACP, FACG, FASGE, AGAF](#)**Section Editor:** [Mark Feldman, MD, MACP, AGAF, FACG](#)**Deputy Editor:** [Anne C Travis, MD, MSc, FACG, AGAF](#)[Contributor Disclosures](#)All topics are updated as new evidence becomes available and our [peer review process](#) is complete.Literature review current through: **Sep 2021**. | This topic last updated: **Oct 04, 2021**.**INTRODUCTION**

Patients with acute upper gastrointestinal (GI) bleeding commonly present with hematemesis (vomiting of blood or coffee-ground-like material) and/or melena (black, tarry stools). The initial evaluation of patients with acute upper GI bleeding involves an assessment of hemodynamic stability and resuscitation if necessary. Diagnostic studies (usually endoscopy) follow, with the goals of diagnosis, and when possible, treatment of the specific disorder.

The diagnostic and initial therapeutic approach to patients with clinically significant (ie, the passage of more than a scant amount of blood) acute upper GI bleeding will be reviewed here. While there is variability among guidelines, this approach is generally consistent with a multidisciplinary international consensus statement updated in 2019, a 2012 [guideline](#) issued by the American Society for Gastrointestinal Endoscopy, a 2021 guideline issued by the American College of Gastroenterology, a 2015 guideline issued by the European Society of Gastrointestinal Endoscopy, and a 2021 update issued by the European Society of Gastrointestinal Endoscopy [\[1-5\]](#). The causes of upper GI bleeding, the endoscopic management of acute upper GI bleeding, and the management of active variceal hemorrhage are discussed separately. (See ["Causes of upper gastrointestinal bleeding in adults"](#) and ["Overview of the treatment of bleeding peptic ulcers"](#) and ["Overview of the management of patients with variceal bleeding"](#) and ["Methods to achieve hemostasis in patients with acute variceal hemorrhage"](#).)

جستجوی اختصارات (abbreviations)



## **Example:**

- **GERD**
- **ESRD**

# جستجوی گایدلاین ها

## Example:

- **Reflux guidelines**
- **Osteoporosis guidelines**



*Society Guideline Link*

# جستجوی الگوریتم ها



## **Example:**

- **AIH algorithm**
- **Ascites algorithm**

# دسترسی به گرافیک ها

Showing results for **scleroderma** (*systemic sclerosis*)

Search instead: congenital localized scleroderma, linear scleroderma, juvenile systemic sclerosis



**Puffy hands and shiny skin in early systemic sclerosis**

(1) Diffuse puffy fingers are a common initial presentation.  
(2) Shiny skin suggests emerging skin thickening.

**Puffy hands and shiny skin in early systemic sclerosis**



**Calcinosis cutis in scleroderma on radiograph**

**Calcinosis cutis in scleroderma on radiograph**



**Oral manifestations of systemic sclerosis**

**Oral manifestations of systemic sclerosis**



**Digital ulcerations and ischemia in systemic sclerosis**

**Digital ulcerations and ischemia in systemic sclerosis**



**Clinical features of the major systemic sclerosis subsets**

Subset	Anti-topoisomerase I (Scl-70)	Anti-centromere (ACA)	Anti-thyrotropin receptor antibody (TRAb)	Anti-RNAP III	Anti-RNAP I/II	Anti-U1-RNP	Anti-U3-RNP	Anti-U4-RNP	Anti-U5-RNP	Anti-U6-RNP	Anti-U1-NC	Anti-U3-NC	Anti-U4-NC	Anti-U5-NC	Anti-U6-NC
Diffuse cutaneous systemic sclerosis (dcSSc)	High	Low	Low	Low	Low	Low	Low	Low	Low	Low	Low	Low	Low	Low	Low
Limited cutaneous systemic sclerosis (lcSSc)	Low	High	Low	Low	Low	Low	Low	Low	Low	Low	Low	Low	Low	Low	Low
Cremato crinitis (CC)	Low	Low	High	Low	Low	Low	Low	Low	Low	Low	Low	Low	Low	Low	Low
CREST syndrome	Low	High	Low	Low	Low	Low	Low	Low	Low	Low	Low	Low	Low	Low	Low

**Clinical features of the major systemic sclerosis subsets**



**Serum autoantibodies in systemic sclerosis**

Antibody	ACA	Anti-topoisomerase I (Scl-70)	Anti-centromere (ACA)	Anti-thyrotropin receptor antibody (TRAb)	Anti-RNAP III	Anti-RNAP I/II	Anti-U1-RNP	Anti-U3-RNP	Anti-U4-RNP	Anti-U5-RNP	Anti-U6-RNP	Anti-U1-NC	Anti-U3-NC	Anti-U4-NC	Anti-U5-NC	Anti-U6-NC
dcSSc	Low	High	Low	Low	Low	Low	Low	Low	Low	Low	Low	Low	Low	Low	Low	Low
lcSSc	Low	Low	High	Low	Low	Low	Low	Low	Low	Low	Low	Low	Low	Low	Low	Low
CC	Low	Low	Low	High	Low	Low	Low	Low	Low	Low	Low	Low	Low	Low	Low	Low
CREST	Low	Low	High	Low	Low	Low	Low	Low	Low	Low	Low	Low	Low	Low	Low	Low

**Serum autoantibodies in systemic sclerosis**