

UpToDate

طاهره هواسی
فوق لیسانس علم اطلاعات و دانش شناسی
تیر ۱۴۰۲

UpToDate

- ❖ یکی از پر استفاده‌ترین منابع اطلاعات بالینی جهان
- ❖ محصول کشور هلند که در سال ۱۹۹۲ راه اندازی شد.
- ❖ نیمه مبتنی بر شواهد
- ❖ یک سیستم حمایت از تصمیم‌گیری بالینی

UpToDate

- ❖ موضوعات UpToDate توسط بیش از هزاران پزشک در حوزه‌های مختلف موضوعی در سراسر جهان نوشته می‌شود.
- ❖ UpToDate به صورت روزانه به روز می‌شود و پس از بررسی جامع مجلات مورد بررسی (تعداد ۴۵۰ مجله)، پایگاه‌های داده‌ای بالینی (مانند مدلاین، کوکران و ...) و سایر منابع به روزرسانی می‌شود.

UpToDate

- ❖ جستجو در این پایگاه براساس topic است و بیش از 11,000 هزار موضوع را شامل می‌شود.
- ❖ امکان استفاده از عملگرهای جستجو (and, or, not, ...) وجود ندارد.
- ❖ قابلیت تعامل پایگاه با کاربران از طریق کامنت گذاشتن (feedback)
- ❖ دارای ارجاع به چکیده‌های Medline است.

این پایگاه توسط وزارت بهداشت خریداری شده است و برای دسترسی به آن باید VPN خود را وصل (connect) نمایید.

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UpToDate شامل ۲۵ حوزه‌ی موضوعی پزشکی است.

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Family Medicine and General Practice

Gastroenterology and Hepatology

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محدود کردن نتایج جستجو

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Showing results for **ascites** (instead of *acites*)

Evaluation of adults with ascites

... of **ascites** depends upon an accurate diagnosis of its cause (and and and). This topic will review the evaluation of adults with **ascites**. Performance of paracentesis, specific causes of **ascites**, the ...

- Initial ascitic fluid tests
- Differential diagnosis
- Summary and recommendations
- Approach dx ascites (Algorithms)
- Analysis of ascitic fluid (Tables)

Ascites in adults with cirrhosis: Initial therapy

...percent of patients will have developed **ascites** . Successful treatment of the patient with **ascites** depends upon an accurate diagnosis regarding the cause of **ascites** formation . A careful history, physical ...

- Diuretic therapy
- Large-volume paracentesis
- Summary and recommendations

Screen Clipping

می‌توانیم نتایج جستجو را
براساس بزرگسالان، کودکان،
بیماران و گرافیک محدود
نماییم.

امکانات جستجو

جهت جستجو لازم است در کادر جستجو موضوع یا عبارت مورد نظر را وارد نماییم.

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همچنین می‌توان از ویژگی پیشنهادی جستجو که توسط پایگاه ارائه می‌شود، استفاده نمود.

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ascites

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ascites

ascites treatment

ascites fluid analysis

ascites management

ascites evaluation

ascites cirrhosis

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Ascites in adults with cirrhosis: Initial therapy

...percent of patients will have developed **ascites** . Successful treatment of the patient with **ascites** depends upon an accurate diagnosis regarding the cause of **ascites** formation . A careful history, physical ...

- Diuretic therapy
- Medications to avoid or use with caution

نتایج مربوط به یک
موضوع نمایش داده شده
است.

خلاصه‌ی بخش‌های مربوط به این موضوع که راهی سریع برای رسیدن به آن بخش است.

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ascites

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Ascites in adults with cirrhosis: Initial therapy

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- Diuretic therapy
- Medications to avoid or use with caution

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CLINICAL MANIFESTATIONS

Symptoms

Physical examination

Laboratory tests

DIAGNOSIS

History and physical examination

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DIAGNOSIS

History and physical examination

Imaging tests

Paracentesis

ETIOLOGY

There are numerous causes of ascites, but the most common cause of ascites in the United States is cirrhosis, which accounts for approximately 80 percent of cases ([table 1](#)) [4]. Up to 19 percent of patients with cirrhosis will have hemorrhagic ascites, which may develop spontaneously (72 percent probably due to bloody lymph and 13 percent due to hepatocellular carcinoma) or following paracentesis [5]. Other common causes of ascites include malignancy-related ascites and ascites due to heart failure.

Ascites can be classified based on the underlying pathophysiology [6]:

- Portal hypertension
 - Cirrhosis (see "[Pathogenesis of ascites in patients with cirrhosis](#)")
 - Alcoholic hepatitis (see "[Alcoholic hepatitis: Clinical manifestations and diagnosis](#)")

نتایج جستجو

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Symptoms

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Paracentesis

DIFFERENTIAL DIAGNOSIS

DETERMINING THE CAUSE OF THE ASCITES

Evaluation of adults with ascites

Author: [Bruce A Runyon, MD](#)
Section Editor: [Keith D Lindor, MD](#)
Deputy Editor: [Kristen M Robson, MD, MBA, FACP](#)
[Contributor Disclosures](#)

All topics are updated as new evidence becomes available and our [peer review process](#) is complete.
Literature review current through: **Oct 2020**. | This topic last updated: **Apr 09, 2019**.

INTRODUCTION

Accumulation of fluid within the peritoneal cavity results in ascites. In the United States, ascites is most often due to portal hypertension resulting from cirrhosis. Other common causes include malignancy and heart failure. Successful treatment of ascites depends upon an accurate diagnosis of its cause ([table 1](#) and [table 2](#) and [table 3](#) and [algorithm 1](#))

[1]

This topic will review the evaluation of adults with ascites. Performance of paracentesis, the initial therapy of ascites in patients with cirrhosis, and the treatment of refractory ascites are discussed separately. (See ["Diagnostic and therapeutic abdominal paracentesis"](#) and ["Treatment of ascites"](#).)

اطلاعاتی درباره نویسندگان و ویراستاران

ارجاع به چکیده های Medline

ارجاع به سایر موضوعات مرتبط که در UpToDate وجود دارد

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ascites

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Medline ® Abstract for Reference 1 of 'Evaluation of adults with ascites'

1 [Check for full text availability](#) | [PubMed](#)

TI Management of adult patients with ascites caused by cirrhosis.

AU Runyon BA



SO Hepatology. 1998;27(1):264.

Ascites is the most common of the major complications of cirrhosis. The development of ascites is an important landmark in the natural history of cirrhosis and has been proposed as an indication for liver transplantation. The initial evaluation of a patient with ascites should include a history, physical evaluation, and abdominal paracentesis with ascitic fluid analysis. Treatment should consist of abstinence from alcohol, sodium restricted diet, and diuretics. This regimen is effective in approximately 90% of patients. The treatment options for the diuretic-resistant patients include serial therapeutic paracenteses, liver transplantation, and peritoneovenous shunting.

AD Loma Linda Transplantation Institute, CA 92354, USA.

PMID 9425946

جستجوی algorithm

ascites algorithm

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Showing results for **ascites algorithm**

Evaluation of adults with ascites

... of **ascites** depends upon an accurate diagnosis of its cause (and and and) . This topic will review the evaluation of adults with **ascites**. Performance of paracentesis, specific causes of **ascites**, the ...

- Determining the cause of the ascites
- Summary and recommendations
- Approach dx ascites (Algorithms)
- Serum albumin ascites gradient (Tables)

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omeprazole sodium bicarbonate

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برای جستجوی اطلاعات
درباره‌ی یک دارو، نام دارو
را در صفحه‌ی جستجو وارد
می‌کنیم.

Wolters Kluwer

Language

نتایج جستجوی یک دارو

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Omeprazole

X



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Search instead: proton pump inhibitors

UpToDate Pathways: Gastroesophageal reflux disease: Identification of adults who require upper endoscopy

The goal of this UpToDate Pathway is to help clinicians identify patients with gastroesophageal reflux disease (GERD) who should undergo upper endoscopy. The diagnosis of GERD can often be based on clinical symptoms alone if the patient reports classic symptoms such as heartburn and/or regurgitation.

UpToDate Pathways: Helicobacter pylori: Initial treatment for adults

This UpToDate Pathway will help guide clinicians in selecting therapy for an adult with Helicobacter pylori infection who has not previously been treated. Several guidelines address the management of H. pylori. The recommendations in this UpToDate Pathway are generally consistent with the 2016 Toronto guidelines and the 2017 American College of Gastroenterology guidelines.

Proton pump inhibitors: Overview of use and adverse effects in the treatment of acid related disorders

...among the compounds and is inversely proportional to the pKa of the benzimidazole (rabeprazole >omeprazole, esomeprazole, and lansoprazole >pantoprazole). The reactive species interacts with the external ...

Intravenous regimen

Selecting a PPI

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Omeprazole

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Dosing: Pediatric

Dosing: Renal Impairment: Pediatric

Dosing: Hepatic Impairment: Pediatric

Dosing: Geriatric

Omeprazole: Drug information Lexicomp®

[Access Lexicomp Online here.](#)

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(For additional information [see "Omeprazole: Patient drug information"](#) and [see "Omeprazole: Pediatric drug information"](#))

For abbreviations and symbols that may be used in Lexicomp ([show table](#))

Brand Names: US

Acid Reducer [OTC]; PriLOSEC; PriLOSEC OTC [OTC]

Brand Names: Canada

APO-Omeprazole; BIO-Omeprazole; DOM-Omeprazole DR [DSC]; JAMP-Omeprazole DR; Losec; MYLAN-Omeprazole [DSC]; NAT-Omeprazole DR; Omeprazole-20; PMS-Omeprazole; PMS-Omeprazole DR; Priva-Omeprazole; RAN-Omeprazole; RATIO-Omeprazole [DSC]; RIVA-Omeprazole DR; SANDOZ Omeprazole; SANDOZ Omperazole; TEVA-Omeprazole; VAN-Omeprazole [DSC]

Pharmacologic Category

Screen Clipping

Topic Feedback

Drug interaction

- ❖ یکی از قابلیت‌های کلیدی UpToDate بخش تداخلات دارویی می‌باشد.
- ❖ UpToDate با همکاری Lexicomp بانک اطلاعات دارویی وسیعی را فراهم آورده که به کاهش خطرات و افزایش ایمنی بیمار کمک می‌کند.
- ❖ این بانک قابلیت تحلیل تداخل بین دارو با دارو، دارو با گیاه دارویی، گیاه دارویی - گیاه دارویی را دارد.

داروهای متداخل براساس میزان خطر به درجه‌های A,B,C,D,X تقسیم می‌شوند:

A: نشان دهنده نبود تداخل بین دو دارو است.

B: امکان وجود تداخل بین دو دارو وجود دارد اما نیازی به تغییر یکی از داروها برای بیمار وجود ندارد.

C: امکان تداخل بین دو دارو وجود دارد. برای کاهش خطرات، نیاز به تغییر دوز مصرفی در یک یا هر دو دارو نیاز است.

D: امکان تداخل بین دو دارو وجود دارد. نیاز به مشاهده دقیق بیمار، تغییر دوز و جایگزینی داروهای معادل وجود دارد.

X: وجود تداخل بین دو دارو و نباید با یکدیگر مصرف شوند.

Drug interaction

Lexicomp® Drug Interactions

Add items to your list by searching below.



ITEM LIST

Clear List

Analyze



InFLIXimab

با انتخاب نام دارو، تمام
تداخلات این دارو با داروهای
دیگر نمایش داده می‌شود.

Drug interaction

36 Results

[Print](#)

X	InFLIXimab (Anti-TNF Agents) Abatacept
X	InFLIXimab Adalimumab
X	InFLIXimab (Anti-TNF Agents) Anakinra
X	InFLIXimab (Immunosuppressants) BCG (Intravesical)
D	InFLIXimab (Immunosuppressants) Roflumilast
D	InFLIXimab (Immunosuppressants) Tofacitinib
D	InFLIXimab (Immunosuppressants) Vaccines (Inactivated)
C	InFLIXimab AzaTHIOprine
C	InFLIXimab (Immunosuppressants) Coccidioides Immune Skin Test
C	InFLIXimab (Immunosuppressants) Denosumab

Screen Clipping

Drug interaction

Lexicomp® Drug Interactions

Add items to your list by searching below.

ITEM LIST

[Clear List](#)[Analyze](#)[InFLIXimab](#)[MetFORMIN](#)

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

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

Filter Results by Item ▼

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No interactions of Risk Level A or greater identified.

DISCLAIMER: Readers are advised to consult a healthcare professional for information about a drug (eg, a

may be changing
choices.

برای یافتن تداخل بین دو دارو، نام دو دارو را در جعبه جستجو وارد می‌کنیم و سپس Analyze را انتخاب می‌کنیم. تداخل بین دو دارو در کادر روبه‌رو نمایش داده می‌شود.

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Conventional (gravimetric, imperial, US) unit to SI unit conversions: Chemistry and endocrine tests

Calculators

Calculator: Child Pugh score for severity of liver disease

Encephalopathy

- ☐ None (1 point)
- ☐ Grade 1: Altered mood/confusion (2 points)
- ☐ Grade 2: Inappropriate behavior, impending stupor, somnolence (2 points)
- ☐ Grade 3: Markedly confused, stuporous but arousable (3 points)
- ☐ Grade 4: Comatose/unresponsive (3 points)

Ascites

- ☐ Absent (1 point)
- ☐ Slight (2 points)
- ☐ Moderate (3 points)

Bilirubin

- ☐ <2 mg/dL (1 point)
- ☐ 2 to 3 mg/dL (2 points)
- ☐ >3 mg/dL (3 points)

Albumin

- ☐ >3.5 g/dL (1 point)
- ☐ 2.8 to 3.5 g/dL (2 points)
- ☐ <2.8 g/dL (3 points)

Prothrombin time prolongation

- ☐ Less than 4 seconds above control/INR <1.7 (1 point)
- ☐ 4 to 6 seconds above control/INR 1.7 to 2.3 (2 points)
- ☐ More than 6 seconds above control/INR >2.3 (3 points)

Calculators

Encephalopathy

- ☒ None (1 point)
- ☐ Grade 1: Altered mood/confusion (2 points)
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- ☐ 4 to 6 seconds above control/INR 1.7 to 2.3 (2 points)
- ☐ More than 6 seconds above control/INR >2.3 (3 points)

Total criteria point count:

Child Pugh score interpretation

Screen Clipping

5 to 6 points:Child class A
7 to 9 points:Child class B
10 to 15 points:Child class C

Patient Education

- UpToDate بیش از هزاران مبحث آموزش به بیمار را در سطوح مختلف جهت پاسخگویی به نیازهای اطلاعاتی بیماران فراهم می‌کند.
- مطالب این بخش شامل تصاویر، نمودار و جدول جهت کمک به خواننده برای درک وضعیت و مراقبت از خود می‌باشد.

Patient Education

این مطالب در ۲ سطح زیر ارائه می شود:

- **The Basics:** به زبان ساده و کوتاه نوشته شده است و پاسخگوی چهار یا پنج سوال مهم افراد در خصوص یک مشکل پزشکی می باشد. برای افرادی که می خواهند دید کلی نسبت به موضوع داشته باشند گزینه مناسبی است.
- **Beyond the Basics:** این سطح طولانی تر و مفصل تر است و برای افرادی که اطلاعات جزئی را می خواهند و با برخی اصطلاحات پزشکی آشنایی دارند، مناسب است.

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Gastrointestinal system

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. These articles are best for people who want a general overview.

Abdominal pain

Appendicitis in adults (The Basics)

View in Spanish

Appendicitis in children (The Basics)

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Stomach ache and stomach upset (The Basics)

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Topic Outline

What is constipation?

What causes constipation?

What other symptoms should I watch for?

Is there anything I can do on my own to get rid of constipation?

Should I see a doctor or nurse?

Are there tests I should have?

How is constipation treated?

Can constipation be prevented?

Patient education: Constipation in adults (The Basics)

View in [Spanish](#)

[Written by the doctors and editors at UpToDate](#)

What is constipation?

Constipation is a common problem that makes it hard to have bowel movements. Your bowel movements might be:

- Too hard
- Too small
- Hard to get out
- Happening fewer than 3 times a week

علت بیماری، علائم،
درمان، تصاویر و
جدول‌ها و ...

Patient Education

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Topic Outline

CONSTIPATION OVERVIEW

CONSTIPATION DIAGNOSIS

When to seek help

CONSTIPATION TREATMENT

Behavior changes

Increase fiber

• Fiber side effects

LAXATIVES

Bulk forming laxatives

Hyperosmolar laxatives

Saline laxatives

Stimulant laxatives

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Patient education: Constipation in adults (Beyond the Basics)

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[Contributor Disclosures](#)

All topics are updated as new evidence becomes

Literature review current through: **Nov 20**

CONSTIPATION OVERVIEW

Constipation refers to a change in bowel habit

اطلاعاتی در مورد تشخیص،
درمان، انواع، داروها، ارجاع
برای کسب اطلاعات بیشتر،
تصاویر و جدول‌ها و ...

What's New

حاوی تعداد کمی از یافته‌های جدید براساس تخصص می‌باشد.

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Topic Outline

ENDOSCOPY

Smartphone app for augmenting bowel preparation instructions (June 2020)

ESOPHAGEAL AND GASTRIC DISEASE

Liretelimab and eosinophilic gastroenteritis (November 2020)

Dietary management of eosinophilic esophagitis (July 2020)

Psychologic factors in patients with dysphagia (June 2020)

HEPATOLOGY

Physical activity for patients with nonalcoholic fatty liver disease (October 2020)

Ursodeoxycholic acid after liver

What's new in gastroenterology and hepatology

Authors: [Anne C Travis, MD, MSc, FACP, AGAF](#), [Shilpa Grover, MD, MPH, AGAF](#), [Kristen M Robson, MD, MBA, FACP](#)

[Contributor Disclosures](#)

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

Literature review current through: **Nov 2020**. | This topic last updated: **Dec 01, 2020**.

The following represent additions to UpToDate from the past six months that were considered by the editors and authors to be of particular interest. The most recent What's New entries are at the top of each subsection.

ENDOSCOPY



Smartphone app for augmenting bowel preparation instructions (June 2020)

Bowel preparation is important for high quality colonoscopy, and digital tools are increasingly being used to augment the preparation instructions. In a trial of 500 patients who underwent colonoscopy, use of a

Topic Feedback

Practice Changing Update

این بخش شامل تغییرات در خصوص عملکردهای بالینی است. تمرکز این بخش روی تغییراتی است که امکان دارد تأثیرات قابل توجه و گسترده‌ای در عملکرد بالینی داشته باشد.

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INTRODUCTION

PRIMARY CARE (ADULT) (October 2020)
Colchicine in patients with stable coronary artery disease

CARDIOVASCULAR MEDICINE (October 2020)
Antiplatelet therapy for transcatheter aortic valve implantation

CARDIOVASCULAR MEDICINE (September 2020)
Rhythm-control for high-risk, early atrial fibrillation

INFECTIOUS DISEASES; OBSTETRICS, GYNECOLOGY AND WOMEN'S HEALTH

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: **Nov 2020**. | This topic last updated: **Dec 03, 2020**.

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.

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Go to Settings to activate Windows.

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Graphics

هزاران گرافیک در این پایگاه وجود دارد که شامل تصویر، جدول، نمودار، فیلم، الگوریتم می باشد.

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endoscopy



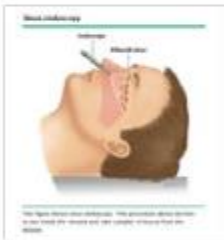
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Showing results for **endoscopy**



Sinus endoscopy



Upper endoscopy



Double balloon endoscopy system



Airway setup for endoscopy



Percutaneous gallbladder endoscopy showing gallstone



Gastric marginal zone lymphoma of mucosa associated lymphoid tissues (MALT) on endoscopy



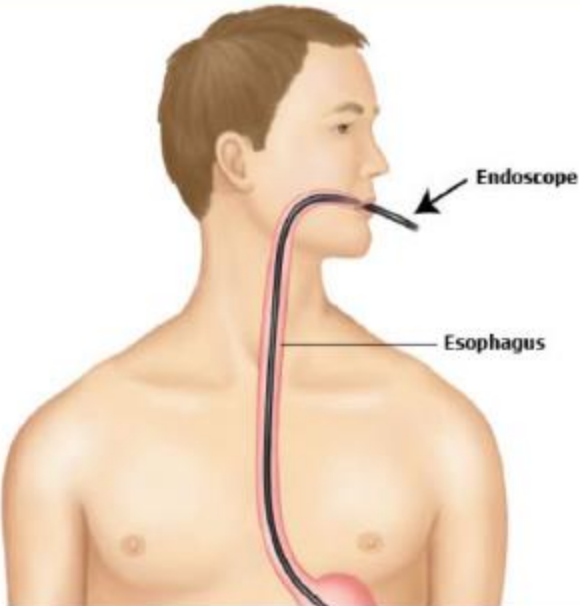
Graphics

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Upper endoscopy



Screen Clipping

Upper endoscopy of esophageal diffuse glycogenic acanthosis

APPEARS IN TOPICS:

Please view graphics in the context of the topic in which they appear below.

- Patient education: Bloody stools in children (Beyond the Basics)
- Patient education: Carcinoid syndrome (The Basics)
- Patient education: Stomach cancer (The Basics)
- Patient education: Familial adenomatous polyposis (The Basics)
- Patient education: Angiodysplasia of the GI tract (The Basics)
- Patient education: Esophageal varices (The Basics)
- Patient education: Esophageal stricture (The Basics)
- Patient education: Achalasia (The Basics)
- Patient education: Minimally invasive surgery (The Basics)
- Patient education: Swallowed objects (The Basics)
- Patient education: Esophagitis

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باشید

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