

User Guide



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مدرس: دکتر معصومه لطیفی

معاونت تحقیقات و فناوری
دانشگاه علوم پزشکی هرمزگان

ClinicalKey User Guide
Edition 2.0

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The screenshot shows the ClinicalKey website homepage. At the top, there is a navigation bar with links for "English", "CME", "Login", and "Register". The "Register" link is highlighted with a red box, and a red arrow points from it to Persian text. The main heading reads "ClinicalKey® Lead with answers." Below this is a search bar with the placeholder text "Search for diagnoses, conditions, drugs and more..." and a dropdown menu for "All Types". Below the search bar, there are links for "Or Browse: Books Journals More". At the bottom, there is a footer with the Elsevier logo, contact information, and copyright notice. The Persian text says "برای استفاده از امکانات بیشتر سایت باید عضو شوید." (To use more features of the site, you must be a member.)

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BOOK
Evidence-Based Reference
Acute Coronary Syndrome > Evidence
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Medication, reperfusion therapy and survival in a community-based setting of hospitalised myocardial infarction.

Abstract

To examine the survival benefit of multiple medical therapies in a large, community-based population of validated myocardial infarction (MI) events.

Retrospective observational cohort study.

Population-based sample of 30 986 definite or probable MIs in residents of four US communities aged 35-74 years randomly sampled between 1987 and 2008 as part of the Atherosclerosis Risk in Communities Surveillance Study.

None.

All-cause mortality 30, 90 and 365 days after discharge.

We used unadjusted and propensity score (PS) adjusted models to examine the relationship between medical therapy use and mortality. In unadjusted models, each medication and procedure was inversely associated with 30-day mortality. After PS adjustment, the crude survival benefits were attenuated for all therapies except for intravenous tissue plasminogen activator therapy (IV-tPA) and stent use. After inclusion of other therapies received during the event in regression models, risk ratio effect estimates (RR; (95% CI)) were attenuated for aspirin (0.66; (0.58 to 0.76) to 0.91 (0.80 to 1.03)), non-aspirin antiplatelets (0.74; (0.59 to 0.92) to 0.92 (0.72 to 1.18)), IV-tPA (0.50; (0.41 to 0.62) to 0.65 (0.52 to 0.80)) and stents (0.53 (0.40 to 0.69) to 0.68 (0.49 to 0.94)).

Heart

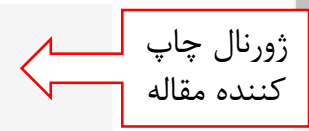
Published June 1, 2013.

Volume 99, Issue 11; Pages 767-73

O'Brien EC¹, Rose KM, Suchindran CM, Stürmer T, Chang PP, Chambless L, Guild CS, Rosamond WD.

Author information

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Abstract

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We used unadjusted and propensity score (PS) adjusted models to examine the relationship between medical therapy use and mortality. In unadjusted models, each medication and procedure was inversely associated with 30-day mortality. After PS adjustment, the crude survival benefits were attenuated for all therapies except for intravenous tissue plasminogen activator therapy (IV-tPA) and stent use. After inclusion of other therapies received during the event in regression models, risk ratio effect estimates (RR; (95% CI)) were attenuated for aspirin (0.66; (0.58 to 0.76) to 0.91 (0.80 to 1.03)), non-aspirin antiplatelets (0.74; (0.59 to 0.92) to 0.92 (0.72 to 1.18)), IV-tPA (0.50; (0.41 to 0.62) to 0.65 (0.52 to 0.80)) and stents (0.53 (0.40 to 0.69) to 0.68 (0.49 to 0.94)). Effect estimates remained stable for all other therapies and were similar for 90- and 365-day mortality endpoints.

We observed inverse associations between receipt of six medications and procedures for MI and all-cause mortality at 30, 90 and 365 days after adjustment for PS. The mortality benefits observed in this population-based setting are consistent with those reported in clinical trials.

Citation

Medication, reperfusion therapy and survival in a community-based setting of hospitalised myocardial infarction.

O'Brien EC, Rose KM, Suchindran CM, Stürmer T, Chang PP, Chambless L, Guild CS, Rosamond WD - Heart - June 1, 2013; 99 (11); 767-73

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Medication, reperfusion therapy and survival in a community-based setting of hospitalised myocardial infarction.

O'Brien EC¹, Rose KM, Suchindran CM, Stürmer T, Chang PP, Chambless L, Guild CS, Rosamond WD.

Author information

Abstract

OBJECTIVE: To examine the survival benefit of multiple medical therapies in a large, community-based population of validated myocardial infarction (MI) events.

DESIGN: Retrospective observational cohort study.

SETTING: Population-based sample of 30 986 definite or probable MIs in residents of four US communities aged 35-74 years randomly sampled between 1987 and 2008 as part of the Atherosclerosis Risk in Communities Surveillance Study.

INTERVENTIONS: None.

MAIN OUTCOME MEASURES: All-cause mortality 30, 90 and 365 days after discharge.

RESULTS: We used unadjusted and propensity score (PS) adjusted models to examine the relationship between medical therapy use and mortality. In unadjusted models, each medication and procedure was inversely associated with 30-day mortality. After PS adjustment, the crude survival benefits were attenuated for all therapies except for intravenous tissue plasminogen activator therapy (IV-tPA) and stent use. After inclusion of other therapies received during the event in regression models, risk ratio effect estimates (RR; (95% CI)) were attenuated for aspirin (0.66; (0.58 to 0.76) to 0.91 (0.80 to 1.03)), non-aspirin antiplatelets (0.74; (0.59 to 0.92) to 0.92 (0.72 to 1.18)), IV-tPA (0.50; (0.41 to 0.62) to 0.65 (0.52 to 0.80)) and stents (0.53 (0.40 to 0.69) to 0.68 (0.49 to 0.94)). Effect estimates remained stable for all other therapies and were similar for 90- and 365-day mortality endpoints.

CONCLUSIONS: We observed inverse associations between receipt of six medications and procedures for MI and all-cause mortality at 30, 90 and 365 days after adjustment for PS. The mortality benefits observed in this population-based setting are consistent with those reported in clinical trials.

KEYWORDS: Myocardial Ischaemia And Infarction (IHD)

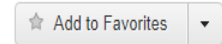
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منوی کشویی Outline برای مشاهده سرفصل مورد نظر

The screenshot shows the ClinicalKey website interface. At the top, the search bar contains the word "diabete" and the user "mina.baghaltha". Below the search bar, there are navigation options for "All Types", "Books", "Journals", and "More". A "Go to:" dropdown menu is set to "Outline". On the left side, there is a sidebar menu with categories like "Benefits Associated with DSME/S", "Providing Diabetes Education and Support", "Reimbursement, National Standards, and Referral", "Diabetes Education Algorithm", "Guiding Principles and Patient-Centered Care", "Critical Times to Provide Diabetes Education and Support", "MNT as an Adjunct to DSME/S Programs", and "Overcoming Barriers That". The main content area displays a "FULL TEXT ARTICLE" titled "Diabetes Self-Management Education and Support in Type 2 Diabetes: A Joint Position Statement of the American Diabetes Association, the American Association of Diabetes Educators, and the Academy of Nutrition and Dietetics". The authors listed are Margaret A. Powers PhD, RD, Joan Bardsley MBA, RN, Marjorie Cypress PhD, RN, CNP, Paulina Duker MPN, RN, Martha M. Funnell MS, RN, Amy Hess Fischl MS, RD, Melinda D. Maryniuk MEd, RD, Linda Siminerio PhD, RN and Eva Vivian PharmD, MS. The article is from the "Journal of the Academy of Nutrition and Dietetics", Volume 115, Issue 8. A blue box highlights a paragraph of the article's text. On the right side, there are icons for "CME", "Print", "Email", and "Download". A "Get rights and content" link is also visible.

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BOOK
Somnambulism (Sleepwalking)
Sleep and Its Disorders > Clinical Phenomenology > Parasomnias > Somnambulism (Sleepwalking)
Bradley's Neurology in Clinical Practice.
Chokroverty, Sudhansu; Avidan, Alon Y.. Published January 1, 2016. © 2016.

Sleepwalking is common in children between the ages of 5 and 12 (Box 102.25). Sometimes it persists into adulthood or (rarely) begins in adults. Sleepwalking starts with the abrupt onset of motor activity arising out of slow-wave sleep during th... [More](#)

BOOK
Somnambulism
Nonobstructive Pediatric Sleep Disorders * > Parasomnias > Somnambulism
Cummings Otolaryngology.
Kepchar, Jessica; Brietzke, Scott. Published January 1, 2015. © 2015.

Somnambulism, more frequently known as sleepwalking, is defined as walking around during slow-wave sleep in an altered state of consciousness. Symptoms typically occur during the first third of the night. Although relatively benign, somnambulism r... [More](#)

BOOK

Help & Feedback

Somnambulism (Sleepwalking)

Chapter Outline

- Definition of Sleep and Moment of Sleep Onset
- Sleep Architecture and Sleep Stages
- Sleep Microstructure
- Ontogeny of Sleep Patterns with Age
- Sleep Habits
- Sleep Requirements and Quantity of Sleep
- Sleep and Dreams
- Sleep and Dreams
- Neurobiology of Sleep and Wakefulness
- Circadian Rhythm and Chronobiology of Sleep
- Circadian, Homeostatic,

Somnambulism (Sleepwalking)

Sleepwalking is common in children between the ages of 5 and 12 ([Box 102.25](#)). Sometimes it persists into adulthood or (rarely) begins in adults. Sleepwalking starts with the abrupt onset of motor activity arising out of slow-wave sleep during the first one-third of sleep. Episodes generally last less than 10 minutes. There is a high incidence of positive family history. Injuries and violent activity have been reported during sleepwalking episodes, but generally individuals can negotiate their way around the room. Sleep violence, associated with amnesia to the event, leading to injury and homicide have been reported, and are probably precipitated by conditions that deepen slow-wave sleep such as sleep deprivation, fatigue, concurrent illness, and sedatives ([Mahowald et al., 2005](#) ; [Shneerson, 2009](#) ; [Siclari et al., 2010](#)). Contrary to prior suggestions, alcohol probably does not play a role in triggering somnambulism ([Pressman et al., 2013](#)).

BOX 102.25 Features of Sleepwalking (Somnambulism)

- Onset: common between ages 5 and 12yr
- High incidence of positive family history
- Abrupt onset of motor activity arising out of slow-wave sleep during first one-third of the night
- Duration: less than 10 min
- Injuries and violent activity occasionally reported

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CLINICAL TRIAL

Hysterectomy for Benign Gynaecological Conditions With or Without Tubectomy

Published September 2, 2016. Conditions: Abdominal Hysterectomy (& Wertheim). Interventions: Procedure: Hysterectomy plus Tubectomy; Procedure: Hysterectomy; Device: light microscopy.

CLINICAL TRIAL

Hysterectomy for Benign Gynaecological Disease by Natural Orifice Transluminal Endoscopic Surgery or...

Published August 31, 2016. Conditions: Uterine Diseases. Interventions: Procedure: vNOTES hysterectomy; Procedure: LSC hysterectomy.

CLINICAL TRIAL

Uterine Cooling During Cesarean Section to Reduce Blood Loss, Need for Uterotonic Medications and Blood...

Published January 12, 2015. Conditions: Postpartum Hemorrhage; Uterine Atony. Interventions: Procedure: Uterine Cooling.

Searches related to hysterectomy

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- Vaginal Hysterectomy
- abdominal hysterectomy
- laparoscopic hysterectomy
- total laparoscopic hysterectomy

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Purpose

Eligibility

Contacts and Locations

More Information

CLINICAL TRIAL

Hysterectomy for Benign Gynaecological Conditions With or Without Tubectomy

First received on July 1, 2014. Last updated on September 2, 2016.

Purpose

The purpose of this study is to determine whether a tubectomy during hysterectomy for benign gynaecological conditions does not result into a premature menopause.

Status	Completed
Condition	Abdominal Hysterectomy (& Wertheim)
Phase	N/A
Study Type	Interventional
Study Design	Allocation: Randomized, Endpoint Classification: Safety Study, Intervention Model: Parallel Assignment, Masking: Open Label, Primary Purpose: Prevention
Official Title	Hysterectomy for Benign Gynaecological Conditions With or Without Tubectomy

More Information

- Purpose
- Eligibility
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↗ First Received:	July 1, 2014
Last Updated:	September 2, 2016
ClinicalTrials.gov Identifier:	NCT02281487
Health Authority:	Netherlands: The Central Committee on Research Involving Human Subjects (CCMO)

more information در قسمت شماره آیدی آن کارآزمایی بالینی در سایت clinicaltrials.gov را مشاهده می کنید و می توانید از این طریق اطلاعات بیشتری در موردش بدست آورید.

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Text Size

Hysterectomy for Benign Gynaecological Conditions With or Without Tubectomy (HYSTUB)

This study has been completed.

Sponsor:

Gynaecologisch Oncologisch Centrum Zuid

Collaborators:

Elisabeth-TweeSteden Ziekenhuis
Catharina Ziekenhuis Eindhoven
Radboud University
Jeroen Bosch Ziekenhuis

Information provided by (Responsible Party):

Jurgen M.J. Piek, Gynaecologisch Oncologisch Centrum Zuid

ClinicalTrials.gov Identifier:
NCT02281487

First received: July 1, 2014
Last updated: September 2, 2016
Last verified: September 2016
[History of Changes](#)

Full Text View

Tabular View


No Study Results Posted

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Purpose

The purpose of this study is to determine whether a tubectomy during hysterectomy for benign gynaecological conditions does not result into a premature menopause.

Drugs ▼ aspirin x 

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Aspirin, ASA
Gold Standard. Published March 7, 2018.

DRUG MONOGRAPH
Aspirin, ASA; Pentazocine
Gold Standard. Published December 14, 2017.

DRUG MONOGRAPH
Aspirin, ASA; Methocarbamol
Gold Standard. Published December 14, 2017.

Searches related to aspirin

aspirin-sensitive asthma with nasal polyps	aspirin-exacerbated respiratory disease
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DRUG MONOGRAPH
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Gold Standard. Published December 14, 2017.

DRUG MONOGRAPH
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Gold Standard. Published December 14, 2017.

Brand names

What is this medicine?

What should I tell my health care provider before I take this medicine?

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What if I miss a dose?

What may interact with this medicine?

What should I watch for while using this medicine?

What side effects may I notice from receiving this medicine?

Where should I keep my medicine?

PATIENT EDUCATION

Aspirin Oral tablet

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Brand names

- Aspir-Low
- Aspir-Trin
- Aspiatab
- Bayer Advanced Aspirin
- Bayer Aspirin
- Bayer Aspirin Extra Strength
- Bayer Aspirin Plus
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Abi-Jaoudeh, Nadine, MD, CCRP; Waiser, Eric M., MD... [Show all](#). SIR. Published February 1, 2016. Volume 27, Issue 2. Pages 200-202. © 2016.

GUIDELINE

Surgical Protocol for Possible or Confirmed Ebola Cases

American College of Surgeons. Published October 20, 2014.

GUIDELINE

Guidance on Personal Protective Equipment To Be Used by Healthcare Workers During Management of Patients...

Centers for Disease Control and Prevention. Published October 21, 2014.

Searches related to ebola

- Ebola hemorrhagic fever
- Ebola virus vaccine
- ZMapp
- recombinant vesicular stomatitis virus-based Zaire ebolavirus vaccine

GUIDELINE

Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola...

Centers for Disease Control and Prevention. Published August 25, 2014.

GUIDELINE

Identify, Isolate, Inform: Emergency Department Evaluation and Management for Patients Who Present with...

Epidemiology

Of the five Ebola virus species only four— *Zaire*, *Sudan*, *Ivory Coast*, *Bundibugyo* —cause disease in humans. Since its first recognition in 1976, *Zaire ebolavirus* has caused multiple outbreaks in Central Africa. It is the causative agent of the 2014 West African epidemic, with an initial estimated case fatality rate as high as 70%, although as the epidemic evolved, lower fatality rates in the range of 30% to 40% were observed. The 2014 epidemic began in Guinea, when a 2-year-old child became infected in late 2013, and *Zaire ebolavirus* subsequently spread to Liberia, Sierra Leone, Nigeria, Senegal, and Mali. *Sudan* virus has been associated with a case-fatality rate of approximately 50% in four epidemics, which occurred in Sudan and Uganda between 1970 and 2004. *Ivory Coast* virus has been identified as the cause of illness in one person following exposure during a necropsy on a chimpanzee found dead in the Tai Forest. *Bundibugyo* virus, most closely related... [More](#)

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Available to print in English & Spanish. American Academy of Family Physicians. Published August 22, 2017.
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Available to print in English & Spanish. American Academy of Family Physicians. Published August 22, 2017.
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Night Terror, Pediatric
Available to print in English & Spanish. ExitCare, LLC. Published February 1, 2018.
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Available to print in English & Spanish. Ferri's Netter Patient Advisor. Published May 11, 2016.
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Chloral Hydrate Oral capsule
Available to print in English & Spanish. Elsevier Gold Standard. Published September 30, 2015.
- PATIENT EDUCATION
Chloral Hydrate Oral solution
Available to print in English & Spanish. Elsevier Gold Standard. Published September 30, 2015.
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- Overview
- What is sleepwalking?
- Should I worry if a family member sleepwalks?
- Symptoms
- What are the symptoms of sleepwalking?
- Treatment
- Does my family member need treatment for sleepwalking?
- What should I do when a family member sleepwalks?
- Questions
- Questions to Ask Your Doctor

PATIENT EDUCATION

Sleepwalking

Copyright © 2017 by the American Academy of Family Physicians.
Last revised: August 22, 2017.

This information provides a general overview and may not apply to everyone. Talk to your family doctor to find out if this information applies to you and to get more information on this subject.

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Overview

What is sleepwalking?

Sleepwalking is a disorder in which a person partly, but not completely, awakens during the night. The person may walk or do other things without any memory of doing so.

Should I worry if a family member sleepwalks?


Not really. Sleepwalking is fairly common in children, but can occur at any age. You do need to help make sure that your family member doesn't injure himself or herself while sleepwalking.

Symptoms

What are the symptoms of sleepwalking?

A person who is sleepwalking may sit up in bed and repeat certain movements, such as rubbing his or her eyes or

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CLINICAL OVERVIEW

Breast cancer in females

Updated January 9, 2018. © 2017.

CLINICAL OVERVIEW

Breast cancer in males

Updated February 27, 2018. © 2017.

FIRST CONSULT

Fibrocystic breast changes

Russell Jones, MD, MPH; Joseph E. Scherger, ... Show all. Published May 20, 2011. Last updated March 13, 2011.

Searches related to breast cancer

breast cancer iv stage

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Published December 18, 2017. © 2017.

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Perimenopause and menopause

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Breast Cancer

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Key Points

Breast cancer in females is a malignant neoplasm of the breast, most commonly ductal or lobular carcinoma

2 most common presentations of breast cancer are mammographic abnormality on screening or palpable mass in breast discovered by physician or by patient

Diagnostic testing usually involves a triad of mammography, ultrasonography, and biopsy

Coexisting cardiac, renal, and hepatic disease may limit the choice of chemotherapeutic regimen; pregnant women and women of childbearing potential require special consideration regarding treatment and future fertility

Treatment is based on staging and requires a multimodal approach including surgery, radiotherapy, and drug therapy (hormonal agents, chemotherapy, and biologic modifiers)

Complications include metastases (commonly to bone, brain, lung, and liver), spinal cord compression, hypercalcaemia, upper extremity lymphedema, cardiac dysfunction secondary to chemotherapy, and infertility in premenopausal patients... [More](#)

Classification

Diagnosis

Key Points

Pitfalls

Key Points

- Breast cancer in females is a malignant neoplasm of the breast, most commonly ductal or lobular carcinoma
- 2 most common presentations of breast cancer are mammographic abnormality on screening or palpable mass in breast discovered by physician or by patient
- Diagnostic testing usually involves a triad of mammography, ultrasonography, and biopsy
- Coexisting cardiac, renal, and hepatic disease may limit the choice of chemotherapeutic regimen; pregnant women and women of childbearing potential require special consideration regarding treatment and future fertility
- Treatment is based on staging and requires a multimodal approach including surgery, radiotherapy, and drug therapy (hormonal agents, chemotherapy, and biologic modifiers)
- Complications include metastases (commonly to bone, brain, lung, and liver), spinal cord compression, hypercalcemia, upper extremity lymphedema, cardiac dysfunction secondary to chemotherapy, and infertility in premenopausal patients
- Breast cancer carries a 90% 10-year disease-free survival if the tumor is smaller than 1 cm with node-negative disease ¹

Pitfalls

- Nipple discharge generally relates to a benign condition, and its most common cause is an intraductal papilloma, a benign condition treated by

Urgent Action

- Spinal cord metastasis that causes cord compression requires urgent radiotherapy or urgent decompressive laminectomy
- Hypercalcemia associated with malignancy requires urgent treatment with IV fluids and bisphosphonates
- Brain metastasis with cerebral edema requires dexamethasone and radiotherapy to the space-occupying lesions

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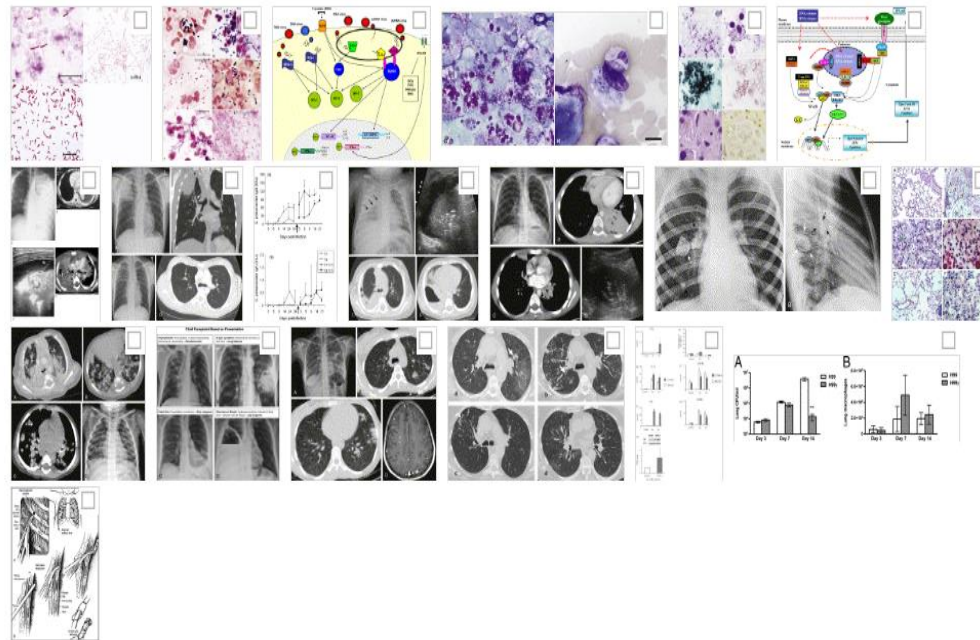
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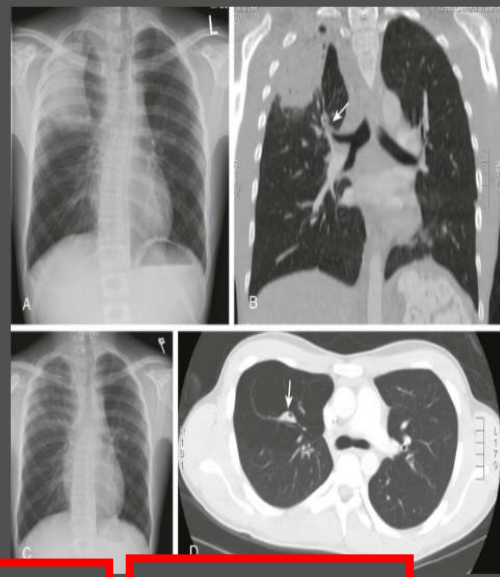
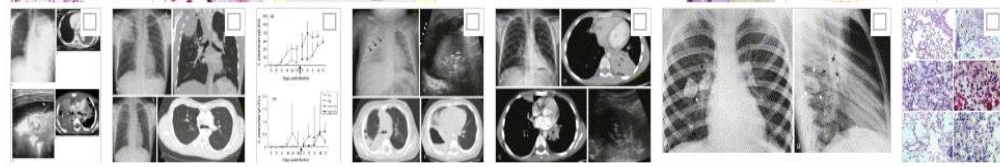


IMAGE Pulmonary Infection

Cafey's Pediatric Diagnostic Imaging.
Westra, Sjirk J.; Adler, Brent; Yikilmaz, Ali... Show all... Published January 1, 2013.
Pages 567-581.e3. © 2013.

Figure 54-18 Role of computed tomography (CT) in recurrent pneumonia in a 15-year-old boy with bronchogenic cyst and bronchial atresia. A, The chest radiograph shows consolidation in the right upper lobe and right upper mediastinal widening. B, The CT scan shows atresia in the apical bronchus of the right upper lobe (arrow) and right mediastinal widening caused by a bronchogenic cyst. C and D, The follow-up chest radiograph (C) and CT scan (D) show near-complete resolution of the pneumonia, with persistent architectural distortion of the right upper lobe. The atretic bronchus contains inspissated mucus (arrow in D). Right upper lobectomy and resection of the bronchogenic cyst was performed.

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Total Skin Sparing Mastectomy or Nipple Sparing Mastectomy
V. Suzanne Klimberg.. Published May 10, 2017.

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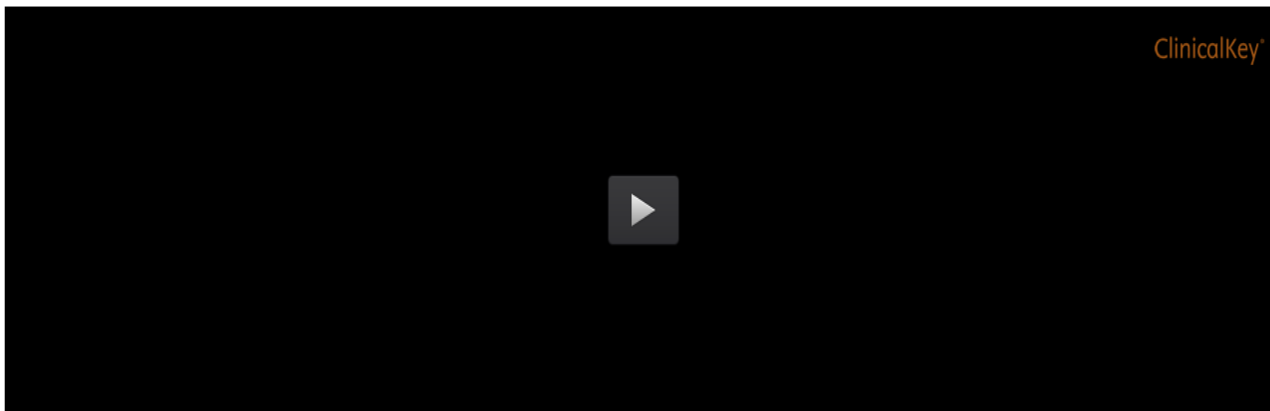
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Mastectomy incision mastectomy for gynaecomastia

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Minimally Invasive Plating of Pilon Fractures
S. Terry Canale.. Published May 9, 2017.

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Axillary Sentinel Lymph Node Biopsy

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اطلاعات این قسمت شامل آمادگی های قبل از عمل، موارد توصیه به انجام عمل، موارد عدم توصیه به انجام عمل، تجهیزات مورد نیاز، آناتومی، فیلم عمل جراحی، تکنیک جراحی، عوارض و غیره می باشد.

Last Reviewed Date: 12/24/2016

Editor: V. Suzanne Klimberg, MD

Contributors: V. Suzanne Klimberg, MD, Donna R. Coffmann, MD

CPT codes

A22 modifier should be added if a skin-sparing or total skin-sparing surgery is performed.

A50 modifier should be added for a bilateral procedure.

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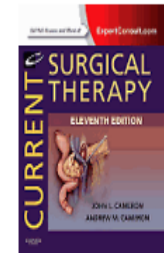
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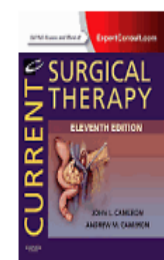
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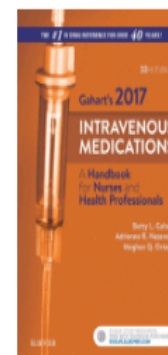
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GAHART, BETTY L., RN

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Editorial Board

Pages i-ii.

The effectiveness of conservative, non-pharmacological treatment, of plantar heel pain: A systematic review with meta-analysis

Pages 57-67. Salvioli, Stefano, Guidi, Maddalena, and Marcotulli, Giulia.

1 Introduction Plantar heel pain is one of the most common causes of pain and musculoskeletal pathologies of the foot [1,2]. The latest trials confirm that it affects 2 million American people, and that 10% of the American population has experien...

Histomorphological and biochemical properties of plantar soft tissue in diabetes

Pages 1-6. Wang, Yak-Nam, Lee, Kara, Shofer, Jane B., and Ledoux, William R..

1 Introduction Diabetes has become one of the most prominent health threats of our time, with 21–33% of the U.S. population predicted to have diabetes by 2050 [1], if current trends in diabetes prevalence continue. One of the most common complica...

با استفاده از گزینه ی This Journal در این منو می توانید کلید واژه خود را فقط در ژورنال مورد نظر جستجو نمایید.

The screenshot shows the ClinicalKey website interface. At the top, there is a search bar with the text "Search for diagnoses, conditions, drugs and more...". To the right of the search bar are links for "Books", "Journals", and "More". Below the search bar, there is a dropdown menu with "All Types" selected. The "This Journal" option is highlighted, and a sub-menu is visible showing "Artery Research" with an RSS icon. Below this, there is a cover image for "ARTERY RESEARCH" and the text "New Issue Alerts: Subscribe".

RSS

با کلیک روی این آیکن و افزودن Feed آن به Reader خود فهرست مقالات جدید را بطور اتوماتیک دریافت می کنید.

مشخصات آخرین شماره

Current Issue
2015-9-1, Volume 11

Journal Volumes:

> Articles in Press

Volume 11 (2015)

September

> Volume 10 (2015)

> Volume 9 (2015)

> Volume 8 (2014)

انتخاب شماره مورد نظر

This screenshot shows the ClinicalKey website interface for a specific issue. The search bar and navigation links are at the top. The dropdown menu is set to "This Issue". The main content area displays "Artery Research" with an RSS icon, "Volume 11", "2015-9-1, Pages IFC-28", and "New Issue Alerts: Subscribe". Below this is a cover image for "ARTERY RESEARCH".

This

با استفاده از گزینه های Issue و This Journal در این

منو می توانید کلید واژه خود را فقط در شماره یا ژورنال مورد مشاهده جستجو نمایید.

مشخصات شماره انتخابی

گزینه ای برای انتخاب موارد دلخواه

Articles in this issue:

جهت ذخیره، ایمیل یا چاپ آنها.

Editorial Board

Pages IFC-IFC

(no summary available)

فهرست مقالات شماره انتخابی

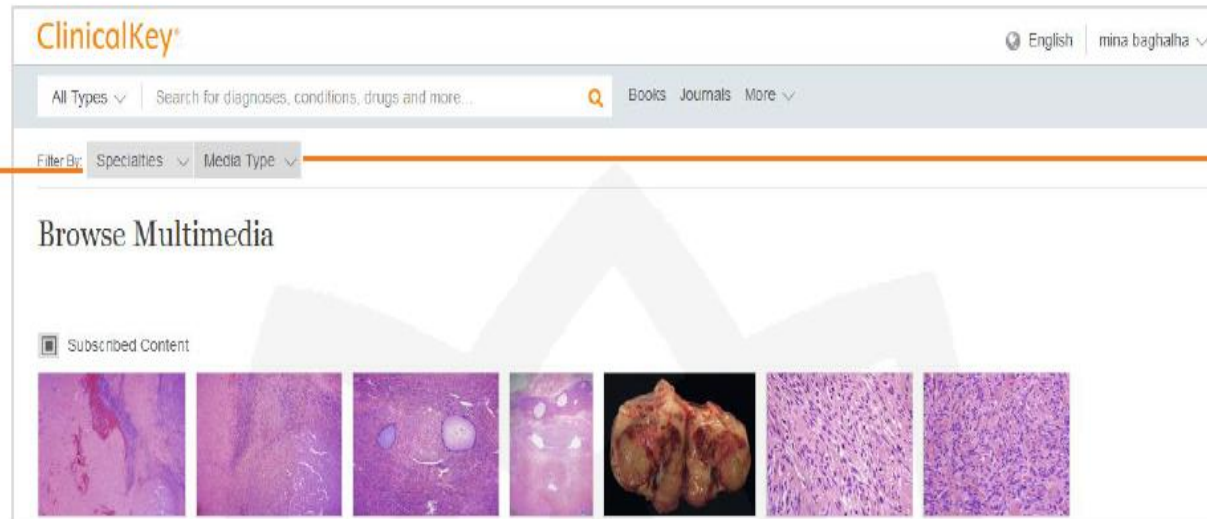
Complex vasoactivity of liraglutide. Contribution of three gasotransmitters

Pages 1-9. Sélley, Eszter, Molnár, Gergő A., Kun, Szilárd, Szijártó, István András, Laczy, Boglárka, Kovács, Tibor, Fülöp, Ferenc, and Wittmann, István.

دریافت فایل PDF مقاله

برای دسترسی به این قسمت و مشاهده تصاویر و ویدئو ها روی گزینه More کلیک کرده و گزینه Multimedia را انتخاب نمایید.

فیلتر کردن نتایج بر اساس تخصص مورد نظر



فیلتر کردن نتایج بر اساس نوع رسانه شامل تصاویر و ویدئوها

ذخیره تصویر
افزودن به پاورپوینت
ایمیل
پرینت
مشخصات تصویر




مشاهده تصویر در منبعی که متعلق به آن است.
مشاهده تصویر در اندازه کامل.

برای مشاهده جزئیات تصویر مورد نظر و افزودن آن به پاورپوینت کافی است روی تصویر مورد نظر کلیک کنید.

❖ آیکون  فقط برای افزودن تصاویر به فایل پاورپوینت قابل استفاده می باشد.

ایجاد پاورپوینت

۱. انتخاب تصویر مورد نظر و کلیک روی آیکون  همانند تصویر بالا.

۲. انتخاب اسلایدی که می خواهید تصویر را به آن اضافه کنید یا ایجاد یک اسلاید جدید در پنجره باز شده.

۳. کلیک بر روی گزینه Save برای افزودن تصویر به اسلاید مورد نظر.



ایجاد یک اسلاید جدید

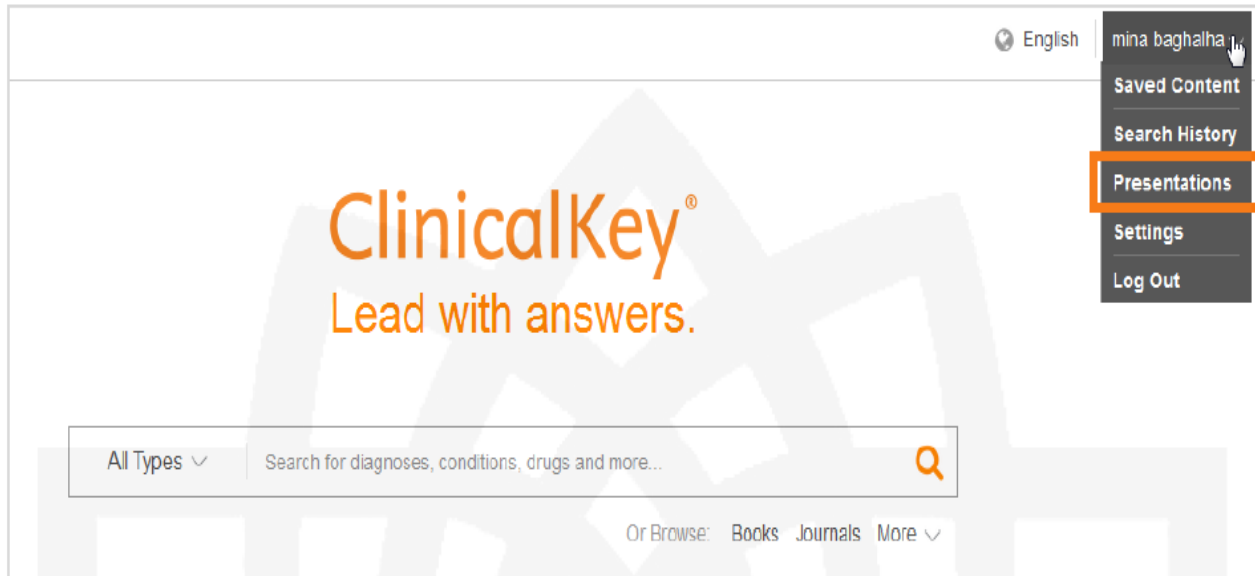
پس از تایپ نام مورد نظر جهت ثبت آن دکمه Enter را بزنید.

افزودن تصویر مورد نظر به اسلایدهایی که قبلا ایجاد کرده اید.


ذخیره

مشاهده تصاویر اضافه شده به اسلاید

برای مشاهده تصاویر اضافه شده به اسلاید مورد نظر و گرفتن خروجی از آنها کافی است روی منوی کاربری در بالای صفحه کلیک کرده و گزینه Presentations انتخاب نمایید.



پس از آن در بخش Presentation می توانید تصاویر اضافه شده به اسلایدهای مورد نظر را مشاهده و ویرایش کنید یا از آنها خروجی گرفته و در کامپیوتر خود ذخیره نمایید.

برای خروجی گرفتن از یک اسلاید و ذخیره آن در رایانه خود به فرمت پاورپوینت کافی است پس از انتخاب اسلاید مورد نظر روی گزینه **Export**  در سمت راست صفحه کلیک نموده و آنرا ذخیره نمایید.



ClinicalKey® English mina baghatha

All Types Search for diagnoses, conditions, drugs and more... Books Journals More

Presentation Maker

My Presentations

+ Create new presentation

انتخاب اسلاید	مورد نظر	تاریخ
anesthesia		10/17/15
dental		10/13/15
Image		12/1/14

anesthesia Change

Export

+ Add images from Saved Content

ویرایش اسلایدهای

ایجاد شده

حذف، ویرایش نام

ایجاد اسلاید جدید

انتخاب اسلاید

مورد نظر

گرفتن خروجی

از اسلاید

تصاویر موجود در

اسلاید انتخابی

افزودن تصویر به اسلاید انتخابی از بخش تصاویر ذخیره شده

برای حذف تصاویر از اسلاید ایجاد شده، پس از انتخاب اسلاید مورد نظر روی تصویری که می خواهید حذف کنید کلیک نموده و سپس بر روی آیکن کلیک

نمایید.



- Export PDF
- Create PDF
- Edit PDF
- Comment
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- Fill & Sign
- Send for Signature
- Send & Track
- More Tools

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پایگاه اطلاعات بالینی **ovid**

مدرس: دکتر معصومه لطیفی

دکترای علم اطلاعات و دانش‌شناسی

معاونت تحقیقات و فناوری

دانشگاه علوم پزشکی هرمزگان

شهریور ۱۳۹۸

درباره OVID:

- ۱- این پایگاه یکی از پیشرفته ترین محیط های جستجوی اطلاعات در زمینه علوم پایه و علوم زیستی و پزشکی است و همچنین یکی از اولین پایگاه های تجاری دنیا در امر گسترش سریع تکنولوژی اطلاعات است.
- در سال ۲۰۰۱، Ovid با شرکت Silver Platter ادغام شد و موجب یکی شدن منابع دو نام برجسته دنیا در زمینه پزشکی و تحقیقات علمی شد.
- کتاب الکترونیکی و آرشیو کتاب را داراست.
- پایگاه اطلاعاتی کتابشناختی و متن کامل را داراست.
- مطالب ovid طیف وسیعی از مطالب هسته و با ارزش علمی را در زمینه های پزشکی و رشته های بهداشت در برمی گیرد از جمله کشاورزی و علوم غذایی، بیوتکنولوژی، پزشکی بالینی، دندانپزشکی، بهداشت محیط، پزشکی مبتنی بر شواهد، علوم زیستی، مغز و اعصاب، پرستاری، داروسازی و فارماکولوژی، روانشناسی و روانپزشکی و دامپزشکی و

ورود به پایگاه ovid:

▶ از طریق آدرس [http:// ovidsp.dc2.ovid.com/autologin.cgi](http://ovidsp.dc2.ovid.com/autologin.cgi)

▶ از طریق لینک **ovid** در سایت کتابخانه دیجیتال دانشگاه:

ثبت نام در ovid:

پس از ورود به پایگاه ovid بر روی گزینه my account کلیک کرده و در صفحه باز شده create Account را کلیک کنید سپس در صفحه Create Personal Account مشخصات خود را وارد نمایید. پس از ثبت مشخصات با نام کاربری و کلمه عبور انتخابی خود از همین بخش وارد پایگاه شوید.

انتخاب پایگاه اطلاعاتی ovid جهت جستجو

پس از ورود به پایگاه اطلاعاتی ovid صفحه مطابق شکل زیر نمایش داده می شود. ►

The screenshot shows the 'Select Resource(s) to search:' interface. It features a list of search resources with checkboxes and information icons. Annotations include:

- انتخاب تمامی پایگاه ها** (Select all databases) pointing to the 'All Resources' checkbox.
- انتخاب پایگاه های مورد نظر** (Select desired databases) pointing to the checkboxes for individual resources.
- ورود به محیط جستجو** (Enter search environment) pointing to the 'OK' button.
- دریافت اطلاعات در خصوص هر پایگاه** (Get information about each database) pointing to the information icons.

The interface includes buttons for 'OK', 'Add Group', and 'Delete Group'.

انواع جستجو

پس از ورود به صفحه اصلی جستجو شکل زیر را مشاهده می کنید. ►

منوی اصلی

The screenshot shows the top navigation bar with the following items: Search, Journals, Books, Multimedia, and My Workspace. Below this is a section for Search History (0) with a table header: #, ▲, Searches. The table is currently empty. Below the table are buttons for Save, Remove, and Combine with: AND, OR. At the bottom of this section are buttons for Save All, Edit, and View Saved.

انواع مدل جستجو

The screenshot shows a search filter bar with the following options: Basic Search, Find Citation, Search Tools, Search Fields, Advanced Search, and Multi-Field Search. Below this is a section for 12 Resources selected, with a 'Hide | Change' button. The results list includes: Books@Ovid July 15, 2019, Journals@Ovid Full Text July 18, 2019, Your Journals@Ovid, EBM Reviews - Cochrane MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Daily and Versions(R) 1948 to July 18, 2019, EBM Reviews - Cochrane Central Register of Controlled Trials June 2019, EBM Reviews - Cochrane Database of Systematic Reviews June 2019, EBM Reviews - Cochrane Methodology Register 3rd Quarter 2012, EBM Reviews - Database of Abstracts of Review Reviews - Health Technology Assessment 4th Quarter 2016, and EBM Reviews - NHS Economic Evaluation Database 1st Quarter 2017. Below the results is a search bar with a 'Search' button and a 'Limits' section with options for 'Include Multimedia' and 'Include Related Terms'.

Hide عدم نمایش پایگاه های انتخابی

Change بازگشت به صفحه نخست و تغییر یا تصحیح پایگاه مورد نظر جهت انجام جستجو

Basic search

Basic Search | [Find Citation](#) | [Search Tools](#) | [Search Fields](#) | [Advanced Search](#) | [Multi-Field Search](#)

1 Resource selected | [Hide](#) | [Change](#)

Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Daily and Versions(R) 1946 to July 18, 2019

نوار جستجو

▼ **Limits** (close)

Include Multimedia Include Related Terms

محدود کردن
جستجو

- | | | |
|---|---|--|
| <input type="checkbox"/> Abstracts | <input type="checkbox"/> English Language | <input type="checkbox"/> Evidence Based Medicine Reviews |
| <input type="checkbox"/> Ovid Full Text Available | <input type="checkbox"/> Review Articles | <input type="checkbox"/> Humans |
| <input type="checkbox"/> Core Clinical Journals (AIM) | <input type="checkbox"/> Latest Update | |

Publication Year -

Age Groups

-
- All Infant (birth to 23 months)
- All Child (0 to 18 years)
- All Adult (19 plus years)
- Newborn Infant (birth to 1 month)
- Infant (1 to 23 months)

Journal Subsets

-
- AIDS/HIV Journals
- Core Clinical Journals (AIM)
- Bioethics Journals
- Biotechnology Journals
- Communication Disorders Journals

Languages

-
- Afrikaans
- Albanian
- Arabic
- Armenian
- Azerbaijani

Include Multimedia

بازیابی چند رسانه ای های مرتبط با کلید واژه مورد نظر

Include Related Terms

بازیابی واژه های مرتبط با کلید واژه مورد نظر

Find citation

چنانچه اطلاعات ناقصی در مورد یک منبع اطلاعاتی خاص داشته باشید از این قسمت می توانید استفاده کنید. کفایت اطلاعاتی که دارید را در باکس مربوطه وارد نمایید(الزامی به پر کردن تمامی باکس ها نیست)

[Basic Search](#) | [Find Citation](#) | [Search Tools](#) | [Search Fields](#) | [Advanced Search](#) | [Multi-Field Search](#)

12 Resources selected | [Hide](#) | [Change](#)

[Books@Ovid](#) July 15, 2019, [Journals@Ovid Full Text](#) July 18, 2019, [Your Journals@Ovid](#), [EBM Reviews - Cochrane Clinical Answer Indexed Citations, Daily and Versions\(R\)](#) 1946 to July 18, 2019, [EBM Reviews - ACP Journal Club](#) 1991 to June 2019, [EBM Reviews - Cochrai of Systematic Reviews](#) 2006 to July 18, 2019, [EBM Reviews - Cochrane Methodology Register](#) 3rd Quarter 2012, [EBM Reviews - Database of Assessment](#) 4th Quarter 2016, [EBM Reviews - NHS Economic Evaluation Database](#) 1st Quarter 2016

Article Title	<input type="text"/>	<input checked="" type="checkbox"/> Truncate Name (adds "**")
Journal Name	<input type="text"/>	<input checked="" type="checkbox"/> Truncate Name (adds "**")
Author Surname	<input type="text"/>	
Publication Year	<input type="text"/>	Volume <input type="text"/>
		Issue <input type="text"/>
		Article First Page <input type="text"/>
Publisher	<input type="text"/>	
Unique Identifier	<input type="text"/>	
DOI	<input type="text"/>	
		<input type="button" value="Search"/>

برای نام نویسنده و نام ژورنال امکان اجرای فرمان کوتاه سازی وجود دارد. تنها کفایت چک باکس مقابل هر کدام از این باکس ها را تیک بزنید.

Search Tools

► یکی دیگر از جستجوهای مفید در ovid گزینه search tools می باشد. براساس پایگاه اطلاعاتی که

انتخاب کرده اید موارد Tree, Scope note, Explode, Subheading, Permuted index نشان

داده می شود.

Basic Search | Find Citation | **Search Tools** | Search Fields |

12 Resources selected | [Hide](#) | [Change](#)

Books@Ovid September 18, 2019, Journals@Ovid Full Text
Other Non-Indexed Citations, Daily and Versions(R) 1948 to Sept
Cochrane Database of Systematic Reviews 2005 to September 11, :
Reviews - Health Technology Assessment 4th Quarter 2016, El

Tree ▼

Tree

Permuted Index

Scope Note

Explode

Subheadings

English Deutsch 日本語 繁體中文

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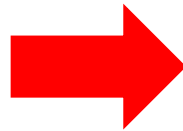
Tree: با انتخاب این گزینه کلمه ای که وارد می کنید به صورت ساختار درختی نمایش داده می شود. یعنی موضوع مورد جستجو بر طبق ساختار subjected heading های پایگاه اطلاعاتی از عام به خاص نمایش داده می شود.

[Basic Search](#) | [Find Citation](#) | **Search Tools** | [Search Fields](#)

12 Resources selected | [Hide](#) | [Change](#)

Books@Ovid September 16, 2019, Journals@Ovid Full Text Other Non-Indexed Citations, Daily and Versions(R) 1946 to Sept: Cochrane Database of Systematic Reviews 2005 to September 11, : Reviews - Health Technology Assessment 4th Quarter 2016, EI

Tree ▼ cancer



? The tool that you have chosen

Continue

- Ovid MEDLINE(R)
- CCTR
- CLHTA
- CLEED

نتایج جستجو در tree

در صورت
انتخاب چندین
جنبه می توان
از این قسمت
آن ها را با هم با
استفاده از
AND یا OR
ترکیب نمود.

پس از انتخاب subject heading
explode یا focus برای انتخاب
جنبه های مختلف موضوع انتخابی
روی continue کلیک کنید

کلمه مورد نظر و تمامی
کلماتی که زیر شاخه آن
مطرح می شوند را به
صورت ترکیبی جستجو
کند

فقط مقالاتی نشان
داده شود که کلمه
مورد نظر شما یکی از
موضوعات اصلی آن
مقاله باشد

for Neoplasms

Message: Term has been mapped to 'Neoplasms'

Combine with:

Scroll down for highlighted search term.

Select Term(s)	Subject Heading	Hits	Explode	Focus	Scope Note
[+] <input type="checkbox"/> Anatomy (Non MeSH)		0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="i"/>
[+] <input type="checkbox"/> Organisms (Non MeSH)		0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="i"/>
[-] <input type="checkbox"/> Diseases (Non MeSH)		0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="i"/>
[+] <input type="checkbox"/> Bacterial Infections and Mycoses		0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="i"/>
[+] <input type="checkbox"/> Virus Diseases		37657	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="i"/>
[+] <input type="checkbox"/> Parasitic Diseases		8232	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="i"/>
[-] <input checked="" type="checkbox"/> Neoplasms		406891	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="i"/>
[+] <input type="checkbox"/> Cysts		37112	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="i"/>
[+] <input type="checkbox"/> Hamartoma		7597	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="i"/>
[+] <input type="checkbox"/> Neoplasms by Histologic Type		0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="i"/>
[+] <input type="checkbox"/> Neoplasms by Site		0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="i"/>
[+] <input type="checkbox"/> Neoplasms, Experimental		59068	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="i"/>
<input type="checkbox"/> Neoplasms, Hormone-Dependent		5813	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="i"/>
[+] <input type="checkbox"/> Neoplasms, Multiple Primary		25505	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="i"/>
<input type="checkbox"/> Neoplasms, Post-Traumatic		113	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="i"/>
[+] <input type="checkbox"/> Neoplasms, Radiation-Induced		16793	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="i"/>
<input type="checkbox"/> Neoplasms, Second Primary		14340	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="i"/>
[+] <input type="checkbox"/> Neoplastic Processes		285	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="i"/>
[+] <input type="checkbox"/> Neoplastic Syndromes, Hereditary		2637	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="i"/>

Permuted index

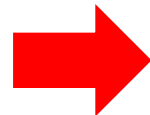
استفاده از این گزینه کمک موثری در یافتن کلمات مترادف و هم معنا خواهد داشت. اگر شما کلمه مناسب برای دستیابی به اطلاعات دقیق تر را نمی دانید، می توانید در این قسمت کلمات مترادف را بیابید و از مناسب ترین آن ها برای جستجوی تان استفاده کنید.

[Basic Search](#) | [Find Citation](#) | [Search Tools](#) | [Search Fields](#)

12 Resources selected | [Hide](#) | [Change](#)

Books@Ovid September 16, 2019, Journals@Ovid Full Text
Other Non-Indexed Citations, Daily and Versions(R) 1946 to Sept
Cochrane Database of Systematic Reviews 2005 to September 11, :
Reviews - Health Technology Assessment 4th Quarter 2016, E

Permuted Index ▼ asthma



Ovid®

? The tool that you have chosen

Continue

Ovid MEDLINE(R)
 CCTR
 CLHTA
 CLEED

نتایج جستجو در Permutated index

Permutated Index for **asthma**

Database: **Ovid MEI**

Combine with:

Select Term(s)	Subject Heading	Hits	Explode	Focus	Scope Note
<input type="checkbox"/> Aspirin-Induced Asthma					<input type="checkbox"/>
<input type="checkbox"/> see Asthma, Aspirin-Induced		293	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Aspirin Induced Asthma Syndrome					<input type="checkbox"/>
<input type="checkbox"/> see Asthma, Aspirin-Induced		293	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Aspirin-Induced Asthma Syndromes					<input type="checkbox"/>
<input type="checkbox"/> see Asthma, Aspirin-Induced		293	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Asthma		121839	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> see related Anti-Asthmatic Agents		10946	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Asthma		121839	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Asthma, Aspirin-Induced		293	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Asthma, Bronchial					<input type="checkbox"/>
<input type="checkbox"/> see Asthma		121839	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Asthma, Cardiac					<input type="checkbox"/>
<input type="checkbox"/> see Dyspnea, Paroxysmal		352	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Asthma, Exercise-Induced		2246	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> see related Vocal Cord Dysfunction		169	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Asthma, Exercise-Induced		2246	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Asthma, NSAID induced					<input type="checkbox"/>
<input type="checkbox"/> see Asthma, Aspirin-Induced		293	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Asthma, Occupational		529	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Asthma Syndrome, Aspirin-Induced					<input type="checkbox"/>
<input type="checkbox"/> see Asthma, Aspirin-Induced		293	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Scope note

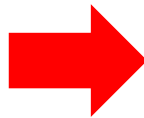
این گزینه معنای واژه و کاربرد آن کلمات مترادف و هم معنا را ارایه می دهد. ►

[Basic Search](#) | [Find Citation](#) | [Search Tools](#) | [Search Fields](#) |

12 Resources selected | [Hide](#) | [Change](#)

[Books@Ovid](#) September 16, 2019, [Journals@Ovid Full Text](#)
Other Non-Indexed Citations, Daily and Versions(R) 1948 to Sept:
Cochrane Database of Systematic Reviews 2005 to September 11, 2
Reviews - Health Technology Assessment 4th Quarter 2018, [EI](#)

Tree ▼ cancer



? The tool that you have chosen

Continue

- Ovid MEDLINE(R)
- CCTR
- CLHTA
- CLEED

نتایج جستجو در Scope note

Message: Term has been mapped to 'Neoplasms'

MeSH HEADING: NEOPLASMS

SCOPE: New abnormal growth of tissue. Malignant neoplasms show a greater degree of anaplasia and have the properties of invasion and metastasis, compared to benign

NOTE: general; prefer specifics; familial: consider also NEOPLASTIC SYNDROMES, HEREDITARY; metastatic cancer of unknown origin: index NEOPLASM METASTASIS

YEAR of ENTRY: /diagnosis was NEOPLASM DIAGNOSIS 1964-65; /etiology was NEOPLASM ETIOLOGY 1964-65; /immunology was NEOPLASM IMMUNOLOGY 1964-4
NEOPLASM THERAPY 1964-65; NEOPLASM STATISTICS was heading 1964-65; CARCINOGENESIS was heading 1977

REFERENCES:

consider also terms at CANCER, CARCINO-, ONCO-, and TUMOR
NEOPLASMS/secondary see NEOPLASM METASTASIS

Used For:

benign neoplasm
benign neoplasms
cancer
cancers
malignancies
malignancy
malignant neoplasm
malignant neoplasms
neoplasia
neoplasias
neoplasm
neoplasm, benign
neoplasm, malignant
neoplasms
neoplasms, benign
neoplasms, malignant
tumor
tumors

► **Explode**: مانند آنچه در توضیحات قبلی گفته شد کلمه مورد نظر شما با تمامی زیر شاخه های موضوعی آن به صورت ساختار درختی جستجو می شود.

► **Subheading**: با استفاده از این گزینه کلیه جنبه های گوناگون کلمه مورد جستجو نشان داده می شود که می توان موارد مورد نیاز را انتخاب و با واژه اصلی ترکیب کرد. به عنوان مثال اگر کلمه مورد نظر شما یک بیماری باشد **subheading** های آن شامل تشخیص، درمان، داروهای مربوط و.... می باشد.

Search field

در این قسمت می توانید تمامی زمینه ها (فیلدهای) پایگاه **ovid** را مشاهده کنید و کلید واژه مورد نظر خود را به طور خاص فقط در آن فیلد جستجو نمایید.

[Basic Search](#) | [Find Citation](#) | [Search Tools](#) | **[Search Fields](#)** | [Advanced Search](#) | [Multi-Field Search](#)

12 Resources selected | [Hide](#) | [Change](#)

1 Books@Ovid September 03, 2019, 1 Journals@Ovid Full Text September 08, 2019, 1 Your Journals@Ovid, 1 EBM Reviews - Cochrane Clinical Answers August 2019, 1 Ovid MEDLINE(R) and Epub Ah Other Non-Indexed Citations, Daily and Versions(R) 1946 to September 05, 2019, 1 EBM Reviews - ACP Journal Club 1991 to August 2019, 1 EBM Reviews - Cochrane Central Register of Controlled Trials A - Cochrane Database of Systematic Reviews 2005 to September 5, 2019, 1 EBM Reviews - Cochrane Methodology Register 3rd Quarter 2012, 1 EBM Reviews - Database of Abstracts of Reviews of Effects - Reviews - Health Technology Assessment 4th Quarter 2018, 1 EBM Reviews - NHS Economic Evaluation Database 1st Quarter 2018

نوار و دکمه جستجو

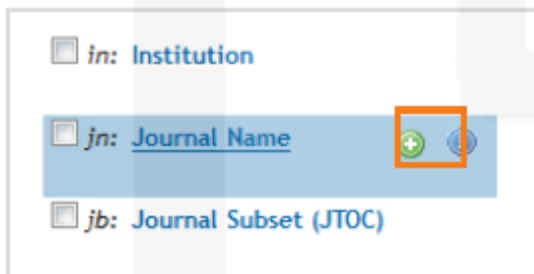
پاک کردن فیلدهای انتخابی

My Fields | All Fields | Clear Selected

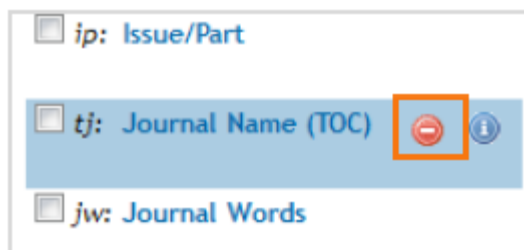
<input checked="" type="checkbox"/> af: All Fields	<input type="checkbox"/> ac: ATC Code	<input type="checkbox"/> ab: Abstract	<input type="checkbox"/> al: Abstract Label	<input type="checkbox"/> an: Accession Number
<input type="checkbox"/> ui: Accession Number	<input type="checkbox"/> ig: Active Ingredients	<input type="checkbox"/> at: All Titles	<input type="checkbox"/> id: Article Identifier	<input type="checkbox"/> au: Author
<input type="checkbox"/> ax: Author Last Name	<input type="checkbox"/> ai: Author NameID	<input type="checkbox"/> ao: Author's Objective	<input type="checkbox"/> ap: Author's Response	<input type="checkbox"/> fa: Authors Full Name
<input type="checkbox"/> bd: Beginning Date	<input type="checkbox"/> bk: Book Accession	<input type="checkbox"/> ba: Book Authors	<input type="checkbox"/> bf: Book Authors Full Name	<input type="checkbox"/> ed: Book Editor
<input type="checkbox"/> be: Book Editors	<input type="checkbox"/> bn: Book Name	<input type="checkbox"/> sb: Book Subset	<input type="checkbox"/> ti: Book Title	<input type="checkbox"/> bw: Book Title Word
<input type="checkbox"/> bv: Book Volume	<input type="checkbox"/> bt: Byline Text	<input type="checkbox"/> rn: CAS Registry Number	<input type="checkbox"/> ct: Caption Text	<input type="checkbox"/> ch: Chapter Author
<input type="checkbox"/> tc: Chapter Title	<input type="checkbox"/> ca: Cited Author	<input type="checkbox"/> cd: Cited Reference DOI	<input type="checkbox"/> cq: Cited Reference Date	<input type="checkbox"/> rp: Cited Reference Issue
<input type="checkbox"/> cz: Cited Reference PMCID	<input type="checkbox"/> cg: Cited Reference Page	<input type="checkbox"/> ry: Cited Reference Publisher Identifier	<input type="checkbox"/> rz: Cited Reference UI	<input type="checkbox"/> cl: Collection Title
<input type="checkbox"/> cm: Commentary	<input type="checkbox"/> am: Comments Author	<input type="checkbox"/> ci: Comments Institution	<input type="checkbox"/> ce: Continuing Education Test	<input type="checkbox"/> cb: Contribution Date
<input type="checkbox"/> co: Copyright	<input type="checkbox"/> ad: Correspondence Address	<input type="checkbox"/> cy: Country of Manufacture	<input type="checkbox"/> cp: Country of Publication	<input type="checkbox"/> do: DOI
<input type="checkbox"/> di: DOI Number	<input type="checkbox"/> dp: Date of Publication	<input type="checkbox"/> td: Division Title	<input type="checkbox"/> dt: Document Type	<input type="checkbox"/> rx: Drug Definition and Descriptions
<input type="checkbox"/> dr: Drug Name	<input type="checkbox"/> sy: Drug Synonyms	<input type="checkbox"/> ey: Edition	<input type="checkbox"/> et: Edition Statement	<input type="checkbox"/> ex: Editor Last Name

انتخاب فیلد مورد نظر جهت جستجو

فیلدهایی که به رنگ طوسی نمایش داده شده اند در بخش my fileds به طور پیش فرض قرار گرفته اند.
برای افزودن یک فیلد در my fileds کافی است روی فیلد مورد نظر با موس نگه دارید و سپس روی علامت + کلیک کنید.



برای حذف یک فیلد در my fileds کافی است روی فیلد مورد نظر با موس نگه دارید و سپس روی علامت - کلیک کنید. تا فیلد مورد نظر از لیست فیلدهای انتخابی شما حذف شود.



توجه داشته باشید فیلدهای ارسالی به بخش my fileds با هر بار log out شدن از بین می روند و در مراجعه بعدی به این پایگاه در صورت نیاز به استفاده از این قسمت باید فیلدهای مورد نظر خود را مجدداً به این قسمت انتقال دهید.

Advanced search

The screenshot shows the Ovid Advanced Search page. At the top, there are navigation links for 'Search', 'Journals', 'Books', 'Multimedia', 'My Workspace', and 'Primal Pictures'. Below this, there are tabs for 'Basic Search', 'Find Citation', 'Search Fields', 'Advanced Search' (which is highlighted with an orange box), and 'Multi-Field Search'. A search bar contains the text 'Journals@Ovid Full Text' and 'September 01, 2015'. Below the search bar, there are radio buttons for 'Keyword', 'Author', 'Title', and 'Journal'. A 'Search' button is located to the right of the search bar. Below the search bar, there is a 'Limits' section with a 'close' link and an 'Include Multimedia' checkbox. The 'Limits' section contains several checkboxes: 'Daily Update', 'Articles with Abstracts', 'Articles with References', and 'Articles with Graphics'. There is also a 'Publication Year' dropdown menu. Below these are three dropdown menus: 'Journal Subsets', 'Publication Types', and 'Star Ranking'. The 'Journal Subsets' dropdown is open, showing a list of categories including 'Alternative & Complementary Medicine', 'Arts & Humanities', 'Behavioral & Social Sciences', 'Clinical Medicine', and 'Health Professions'. The 'Publication Types' dropdown is open, showing a list of categories including 'Advertisements', 'Announcements', 'Book or Media Reviews', 'Corrections', and 'Editorials'. The 'Star Ranking' dropdown is open, showing a list of categories including 'Five Stars', 'Four Stars', 'Three Stars', 'Two Stars', and 'One Star'. At the bottom of the 'Limits' section, there are 'Additional Limits' and 'Edit Limits' buttons.

کادر و دکمه جستجو

انتخاب فیلد مورد نظر برای جستجو

بازایی چندرسانه ای های مرتبط با کلیدواژه مورد نظر

انتخاب محدود کننده های مورد نظر

Keyword: جستجوی واژه مورد نظر در تمامی قسمت های یک مقاله مانند عنوان، چکیده، موضوع و متن مقاله و
Author: جستجوی کلیدواژه مورد نظر در بین نام پدیدآورندگان.
Title: جستجوی کلیدواژه مورد نظر در عنوان مقالات.
Journals: جستجوی کلیدواژه مورد نظر در بین عنوان ژورنال ها.

Multi- field search

The screenshot shows the Ovid Multi-Field Search interface. At the top, the Ovid logo and navigation links (My Account, My PayPerView, Support & Training, Help, Logoff) are visible. Below the navigation bar, the 'Multi-Field Search' tab is selected. The search area contains two rows of input fields, each with a dropdown menu for field selection. The first row has 'AND' selected in the dropdown, and the second row also has 'AND' selected. A 'Search' button is located to the right of the second row. Below the search area, there is a 'Limits' section with various filters: 'Daily Update', 'Articles with Abstracts', 'Articles with References', 'Articles with Graphics', and 'Publication Year'. There are also three dropdown menus for 'Journal Subsets', 'Publication Types', and 'Star Ranking'. At the bottom of the limits section, there are 'Additional Limits' and 'Edit Limits' buttons.

استفاده از عملگرهای AND, OR و NOT
برای ترکیب کلیدواژه ها

انتخاب محدود کننده های مورد نظر

منوی کشویی جهت انتخاب فیلد

مورد نظر برای جستجو

دکمه جستجو

افزودن ردیف جدید برای ورود

اطلاعات

مروری بر صفحه نتایج جستجو

The image shows a search results page with several annotated sections:

- Search Information:**
 - You searched:** limit 9 to yr="2014 -Current"
 - Search terms used:** acute, cardiac, ischemic, stroke, troponin
 - Search Returned:** 3 text results
 - Sort By:** Title
 - Filter By:** Add to Search History, Selected Only (undefined), Years, Journal, Publication Type
 - My Projects:** No projects available. To add records, select records and click on Add to My Projects.
- Results Tools:** Options, All, Select Range, Order, Print, Email, Export, Add to My Projects, Keep Selected
- View:** Title, Citation, Abstract, 100 Per Page
- Item 1:** Application and Interpretation of High-Sensitivity Cardiac Troponin Assays in Patients With Acute Ischemic Stroke. Scheitz, Jan F. MD; Nolte, Christian H. MD; Laufs, Ulrich MD; Endres, Matthias MD. Stroke. 46(4):1132-1140, April 2015. [Topical Reviews] AN: 00007670-201504000-00036.
 - Ovid Full Text
 - Table of Contents
 - Complete Reference
 - Find Similar
 - Find Citing Articles
- Item 2:** Cardiac troponin-T changes in acute ischemic stroke: EP2207. Cojocaru, I. M. 1; Cojocaru, M. 2; Sapira, C. 3; Ionescu, A. 3; Stroi, A. 3; Tacu, N. 3. European Journal of Neurology. 21 Supplement 1:215, May 2014. [ePOSTER SESSIONS: Sunday, 1 June 2014: Cerebrovascular diseases 4] AN: 00054821-201405001-00416.
 - Table of Contents
 - Complete Reference
 - Find Similar
 - Find Citing Articles
 - Buy Now
- Item 3:** Insular Cortex Lesions, Cardiac Troponin, and Detection of Previously Unknown Atrial Fibrillation in Acute Ischemic Stroke: Insights From the Troponin Elevation in Acute Ischemic Stroke Study. Scheitz, Jan F. MD; Erdur, Habun MD; Haeusler, Karl Georg MD; Audebert, Heinrich J. MD; Roser, Mattias MD; Laufs, Ulrich MD; Endres, Matthias MD; Nolte, Christian H. MD. Stroke. 46(5):1196-1201, May 2015.
 - Ovid Full Text
 - Table of Contents
 - Abstract Reference
 - Complete Reference
 - Find Similar
 - Find Citing Articles

Annotations (Persian):

- سفارش چاپ ایمیل خروجی استناد
- انتخاب تعداد مدارک مورد نمایش در هر صفحه
- اطلاعات جستجو
- نحوه مرتب سازی نتایج جستجو
- سفارشی کردن صفحه نمایش نتایج
- افزودن یادداشت شخصی
- انتقال مدرک به فضای شخصی شما در Ovid
- دریافت فایل PDF مدرک
- محدود کردن نتایج جستجو از طریق سال، عنوان ژورنال، نوع انتشار
- افزودن عناوین مورد نظر به بخش My Projects

گزینه هایی که شما را به محتوای مدرک بازیابی شده و اطلاعات مرتبط هدایت می کنند. این گزینه ها عبارتند از:

Ovid Full Text: دسترسی به نسخه html مدرک

Table of Contents: مشاهده فهرست مندرجات ژورنالی که در مدرک آن مدرک به چاپ رسیده

Abstract Reference: دریافت اطلاعات کتابشناختی مختصر در مورد مدرک

Complete Reference: دریافت اطلاعات کتابشناختی کامل در مورد مدرک

Find Similar: دسترسی به مقالات با موضوع مشابه مقاله مورد نظر

Find Citing Articles: دسترسی به مقالاتی از Ovid که به این مقاله استناد کرده اند.

- ▶ در صفحه نمایش نتایج کلید واژه های اصلی مورد جستجو با رنگ زرد نمایش داده می شود.
- ▶ تنها در صورتی که در سایت ثبت نام کرده و با نام کاربری خود وارد شده باشید می توانید از گزینه های

My Project , Annotate استفاده کنید .

مرور ژورنال:

► در این قسمت شما می توانید آرشیو ژورنال های موجود در ovid را مرور کنید. توجه داشته باشید که تنها متن

کامل مقالات ژورنال هایی را که دانشگاه مشترک می باشد را می توانید دریافت کنید. برای این کار می توانید روی

گزینه journal در نوار آبی بالای صفحه کلیک کنید.

The screenshot shows the Ovid Journals interface with several annotations:

- Search, Journals, Books:** The 'Journals' tab is highlighted.
- Filter by Availability:** Includes 'My Subscriptions' and 'All Ovid Journals'. Annotations: 'مشاهده ژورنال های اشتراک دانشگاه' (pointing to 'My Subscriptions') and 'مشاهده تمام ژورنال های Ovid' (pointing to 'All Ovid Journals').
- Filter By Title:** A grid of letters (A-Z, 0-9) for filtering. Annotations: 'مشاهده فهرست الفبایی ژورنال ها' (pointing to the grid) and 'بر اساس حرف انتخابی از جدول' (pointing to the grid).
- Filter by Subject:** A dropdown menu. Annotation: 'مشاهده ژورنال ها بر اساس دسته بندی موضوعی' (pointing to the dropdown).
- My Favorite Journals:** A dropdown menu. Annotation: 'مشاهده ژورنال های مورد علاقه اضافه شده' (pointing to the dropdown).
- Journal Name:** A search box. Annotations: 'نوار جستجوی عنوان ژورنال' (pointing to the box) and 'جستجوی عنوان مقاله مشخص از یک ژورنال' (pointing to the 'Find Citation' link below).
- Journal List:** A list of journals including 'A&A Case Reports', 'AACN Advanced Critical Care', etc.
- My Favorites:** A star icon with 'My Favorites' text. Annotation: 'افزودن ژورنال به لیست علاقه مندی ها' (pointing to the star).
- Links:** A list of links including 'Print Preview', 'Email Jumpstart', etc. Annotation: 'اگر بر روی گزینه About کلیک کنید گزینه های زیر نمایش داده می شود.' (pointing to the 'About' link).
- Annotate:** A green box containing the text 'Annotate درج یادداشت شخصی'.
- Outline:** A list of links including 'Journal Description', 'Usage Statement', etc.

بررسی یک عنوان ژورنال مورد نظر

The screenshot shows a journal website interface with several key sections and features highlighted by orange boxes and Persian text annotations:

- Search Bar:** Located at the top, it includes fields for Title, Author, Year, Volume, Issue, and Page, along with a 'Search' button and a 'Keyword Search' option. An annotation points to it: "جستجوی کلیدواژه مورد نظر در ژورنال انتخابی" (Search for the keyword of interest in the selected journal).
- Journal Information:** A sidebar on the left provides details about the journal, including the publisher (Lippincott Williams & Wilkins, Inc.), the journal title (Journal of Clinical Engineering), ISSN (0363-8855), and a link to 'About This Journal'. An annotation points to it: "اطلاعات بیشتر در خصوص ژورنال" (More information about the journal).
- Journal Issue List:** A sidebar listing various issues by year and volume. An annotation points to it: "موارد انتخابی Clear Selected" (Selectable items, Clear Selected).
- Selected Page:** A section for selecting specific pages or articles. An annotation points to it: "تمامی عناوین موجود در صفحه Selected Page" (All titles available on the page, Selected Page).
- Show Abstracts:** A button to display abstracts for the selected items. An annotation points to it: "نمایش Show Abstracts چکیده مقالات" (Display Show Abstracts, article abstracts).
- Archives:** A list of years from 2005 to 2015, indicating the availability of back issues. An annotation points to it: "آرشیو ژورنال" (Journal archive).
- Article Selection:** A list of articles with checkboxes for selection. An annotation points to it: "انتخاب عناوین مورد نظر جهت پرینت، ایمیل و خروجی استناد" (Select titles of interest for printing, email, and citation output).
- Journal Details:** The main content area shows the journal title, ISSN, copyright information, and the current issue details (Volume 40(3), July/September 2015). An annotation points to it: "تصویر ژورنال، اطلاعات آخرین شماره" (Journal image, information about the latest issue).
- Article Details:** The main content area displays the title of a selected article, "Clinical Engineering: Summer in the City," along with its page number (109), DOI, and author information (Levin Epstein, Michael). An annotation points to it: "دریافت مقالات جدید ژورنال بطور خودکار" (Automatic retrieval of new journal articles).
- Action Buttons:** Various buttons are available for each article, including 'Print', 'Email', 'Export', 'Add to My Projects', 'Keep Selected', 'Ovid Full Text', 'Complete Reference', and 'Request Permissions'. An annotation points to these: "دریافت فهرست مقالات شماره های جدید درایمیل دریافت لینک مستقیم ژورنال مورد نظر در ایمیل" (Retrieve the list of new issue articles in email, retrieve the direct link of the journal of interest in email).
- Output Options:** A section on the right side of the article details offers options for 'Print', 'Email', 'Complete Reference', and 'Request Permissions'. An annotation points to it: "چاپ ایمیل خروجی استناد افزودن به فضای شخصی" (Print, email, citation output, add to personal space).

مرور کتاب:

در این قسمت می توانید کتاب هایی را که از طریق دانشگاه مشترک هستید بصورت آنلاین مطالعه نمایید.

The screenshot displays the Ovid database interface. The top navigation bar includes 'Search', 'Journals', 'Books', 'Multimedia', 'My Workspace', and 'Primal Pictures'. The 'Books' tab is selected. A search bar is visible on the left. The main content area shows a list of books under the heading 'All Books'. Three books are visible: '5-Minute Clinical Consult 2009, The (17th Edition)', '5-Minute Infectious Diseases Consult', and '5-Minute Obstetrics & Gynecology Consult, The'. Annotations with orange lines point to various features: 'جستجوی کلیدواژه مورد نظر' points to the search bar; 'در کتاب های اشتراک دانشگاه' points to the 'Books' tab; 'مرور کتاب ها بر اساس موضوع' points to the 'Title' and 'Subject' filters; 'مشاهده فهرست الفبایی عنوان کتاب ها بر اساس حرف انتخابی از جدول' points to the alphabetical index; 'تنظیم نحوه نمایش نتایج' points to the view options (list, grid, etc.); 'ارسال لینک صفحه به ایمیل' points to the 'Email Link' icon; 'عنوان کتاب بصورت لینک' points to the book title; 'اطلاعات مختصر در خصوص کتاب' points to the book details and 'Preview New Book Reader' button.

جستجوی کلیدواژه مورد نظر

در کتاب های اشتراک دانشگاه

مرور کتاب ها بر اساس موضوع

مشاهده فهرست الفبایی عنوان کتاب ها بر اساس حرف انتخابی از جدول

تنظیم نحوه نمایش نتایج

ارسال لینک صفحه به ایمیل

عنوان کتاب بصورت لینک

اطلاعات مختصر در خصوص کتاب

نکته:

این قسمت عناوین کتابهایی در ارتباط با پزشکی، پرستاری و داروسازی را از ناشران متنوع همراه با متن کامل کتاب ارائه می نماید. این قسمت شامل متن کامل کتاب، منابع مرجع و روزآمد و نیز تصاویری از منابع بارزش پزشکی، پرستاری، و داروسازی را ارائه میکند. همچنین شامل نمودارهای رنگی، جداول نیز قابل مشاهده است. (کتابهای Text مصور که از لحاظ گرافیکی کامل قابل دریافتند.

بررسی یک عنوان کتاب مورد نظر

نمایش یا عدم نمایش عنوان، باکس جستجو، فهرست مندرجات

عنوان کتاب انتخابی

نوار جستجو

دریافت لینک مستقیم صفحه ای که در آن هستید از طریق ایمیل ارسال متن مورد نظر به ایمیل مشاهده فرمت قابل چاپ متن مورد نظر ذخیره متن بخش مورد نظر افزودن به فضای شخصی در Ovid

Current Book - جستجوی کلید واژه مورد نظر در این کتاب

All Book - جستجوی کلید واژه مورد نظر در تمامی کتابهای Ovid

Check Spelling - چک شدن کلیدواژه از نظر املايي

فهرست مندرجات کتاب

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مرور چند رسانه ای ها (Multimedia)

▶ در این قسمت می توانید به جستجوی چند رسانه ای ها مثل فیلم، صوت و تصویر بپردازید.

▶ مرور چند رسانه ای ها به ۵ طریق امکان پذیر است :

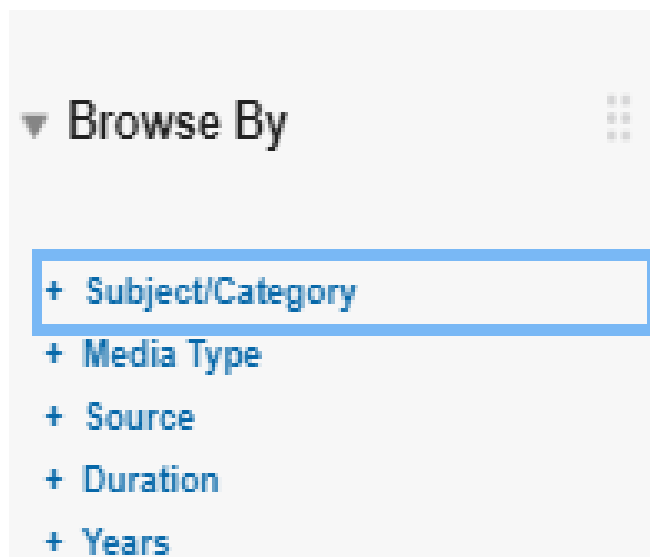
▶ **Subject/ category**: براساس دسته بندی موضوعی

▶ **Media type**: براساس نوع رسانه شامل: فیلم، صوت و عکس

▶ **Source**: براساس نوع منبع شامل : ژورنال و کتاب.

▶ **Duration**: براساس مدت زمان فیلم یا صوت

▶ **Years**: براساس سال



نمونه ای از جستجو در چند رسانه ای ها

The screenshot shows the Ovid Multimedia search interface. The interface includes a top navigation bar with 'Wolters Kluwer' logo and user information. Below it is a search bar and a 'Quick Search' section. The main content area displays search results for multimedia items, including titles, authors, and durations. Annotations in Persian point to various features of the interface.

تنظیم نحوه نمایش مطالب (Adjust display format of content)

چاپ (Print)

ایمیل (Email)

خروجی استاندارد (Standard output)

افزودن به فضای شخصی (Add to personal space)

جستجوی سریع کلیدواژه مورد نظر (Quick search of the keyword of interest)

افزودن عناوین مورد نظر به بخش My Projects (Add titles of interest to the My Projects section)

دسترسی به رسانه هایی با موضوع مشابه (Access to media with similar topics)

انتقال مدرک به فضای شخصی شما در Ovid (Transfer document to your personal space in Ovid)

افزودن یادداشت شخصی (Add personal notes)

دانلود (Download)

میز کار شخصی

این فضا امکانات مفیدی را در اختیار قرار می دهد که براساس آن می توان به ذخیره سازی، پردازش و مدیریت اطلاعات پرداخت. در این قسمت شما می توانید مواردی را در هنگام جستجو در این پایگاه به لیست علاقه مندی های خود اضافه کردید مشاهده و مدیریت نمایید.

The screenshot displays the Ovid My Workspace interface. At the top, there is a navigation bar with links for 'My Account', 'My PayPerView', 'Support & Training', 'Help', and 'Logoff'. Below this is a search bar and a 'Search' button. The main content area is divided into several sections: 'Manage Projects' with a table listing a project named 'rubella' with 1 item and a modified date of 2015-Jan-01; 'Archived Projects' with a similar table structure; a storage usage indicator showing '0.0 of 50MB Storage used'; and a 'Trash' section with a warning to empty the trash and a list of deleted folders and items, both dated 2015-Jan-01. The interface is branded with 'Wolters Kluwer' in the top right corner.

Name	Items	Modified
rubella	1	2015-Jan-01

Name	Items	Modified
Deleted Folders		2015-Jan-01
Deleted Items		2015-Jan-01

ادامه:

- ▶ در بخش محیط کار چهار جزء اصلی با عنوان های زیر وجود دارد:
- ▶ **My projects**: در این قسمت می توانید با ایجاد پوشه‌های متعدد اطلاعاتی ذخیره شده در محیط شخصی ovid خود را مدیریت کنید .
- ▶ **My searches& alerts**: این بخش محل نگهداری جستجو های ذخیره شده و alert های تنظیم شده است.
- ▶ **My etocs**: در این قسمت می توانید با وارد کردن ایمیل مورد نظر، زورنال هایی که مایل هستید تا فهرست مطالب شماره های جدید آنها را در ایمیل خود دریافت کنید انتخاب نمایید.
- ▶ **Install toolbar**: در این قسمت برن افزاری تعبیه شده است که با نصب آن، گزینه ای با عنوان **ovid- add to my projects** به نوار ابزار مرورگر شما می افزاید و به این ترتیب شما می توانید هنگام جستجو در وب سایت های دیگر، صفحاتی را که مایلید به پوشه های موجود در فضای شخصی خود در ovid اضافه نمایید.

تاریخچه جستجو

در بخش جستجو گزینه ای با عنوان search history وجود دارد که از طریق آن می توانید تمام جستجو های انجام شده خود را مشاهده نمایید.

The screenshot shows a 'Search History' window with a table of search records. The table has columns for 'Searches', 'Results', 'Search Type', and 'Actions'. Three search entries are listed, with the first and third entries selected. Below the table are buttons for 'Remove Selected', 'Save Selected', and 'Combine selections with: And Or', along with an 'RSS' icon and a 'Save Search History' button.

Searches	Results	Search Type	Actions
<input checked="" type="checkbox"/> 3 limit 2 to yr="2014-Current"	208	Advanced	Display More >
<input type="checkbox"/> 2 "hypothyri".m_title	3185	Advanced	Display More >
<input checked="" type="checkbox"/> 1 "hypothyri" and vitamin d).m_title	1	Advanced	Display More >

Annotations on the left side:

- انتخاب جستجوی مورد نظر جهت ترکیب دو یا چند جستجو
- Remove Selected حذف جستجوی انتخابی
- Save Selected ذخیره جستجوی انتخابی
- کلیدواژه های جستجو شده

Annotations on the right side:

- تعداد نتایج جستجو
- نوع جستجوی انجام شده
- مشاهده نتایج جستجو
- دسترسی به گزینه های بیشتر برای حذف، ذخیره، Alert و یا RSS جستجوی انجام شده.
- ترکیب دو یا چند جستجوی انتخابی با AND یا OR



* راهنمای استفاده از Up To Date

مدرس: دکتر معصومه لطیفی
معاونت تحقیقات و فناوری
واحد علم سنجی
شهریور ۱۳۹۸

آنچه خواهیم آموخت :

* معرفی

* پوشش موضوعی UpToDate

* پایگاه اطلاعاتی تداخلات دارویی (Drug interactions)

* دامنه میزان تداخلهای تعریف شده برای داروها

* نمونه رکورد در پایگاه اطلاعاتی دارویی

* جستجو در UpToDate

* اخص کردن عبارت جستجو

* نکات جستجو

* دریافت زمینه های موضوعی از صفحه نتایج جستجو

* استفاده از پیشنهادهای جستجو

* اطلاعات ویژه بیماران

Up To Date * معرفی

Uptodate یک محتوای مبتنی بر شواهد است که به پزشکان در هنگام درمان بیماران ، برای گرفتن تصمیمات بالینی بهتر کمک میکند . این منبع شامل به روز ترین اطلاعات پزشکی و دارویی میباشد که این اطلاعات توسط ۶۵۰۰ پزشک مشهور بین المللی جمع آوری و بعد از بازبینی توسط ویراستاران و متخصصان هر رشته ، منتشر شده است . این نرم افزار بیش از ۱۱۰۰۰ موضوع بالینی در ۲۵ رشته تخصصی را پوشش میدهد .

دستیابی پزشکان و داروسازان به آخرین اطلاعات پزشکی و دارویی از هدفهای ایجاد دیتابیس Uptodate می باشد. با نصب این نرم افزار دسترسی شما ، به آخرین و به روزترین اطلاعات پزشکی و دارویی جهان ، که در قالب توصیه های مبتنی بر تجربه و مشاهدات است ، امکانپذیر می باشد.

- از جمله سرفصل های که روشهای جدید درمان یا اطلاعات بروز اخیر اضافه میگردد به قسمت **Whats New** و قسمت **Practice Changing Update** میتوان اشاره کرد که در اینجا تمامی تحقیقات یا تغییرات مربوط به هر رشته ثبت میگردد. این تغییرات معمولاً بصورت سه ماهه و گاهی بصورت ماهانه آپدیت میگردد. این پایگاه اطلاعات را در قالب **TOPIC** های که در نتیجه بررسی مقالات در موضوع خاص می باشد را ارائه می دهد و هر چهار ماه یکبار روزآمد می شوند.

ویژگی های آن :

- اطلاعات براساس پزشکی مبتنی بر شواهد می باشد.
- دارای بانک اطلاعاتی دارویی است.
- یکی از معتبرترین منابع اطلاعاتی بالینی جهان است.
- پایگاهی جامع و بروز که برای پزشکان و بیماران کاربرد دارد.

منابع آن شامل:

بیش از ۱۱۰۰۰ زمینه موضوعی بالینی در بیش از ۲۵ تخصص پزشکی

بیش از ۱۵۰۰ موضوع آموزش بیمار

بیش از ۲۸۰۰۰ گرافیک

بیش از ۵۴۰۰ مونوگراف دارویی

بیش از ۴۰۰۰۰۰ رفرنس و استنادات

بیش از ۹۶۰۰ توصیه درمانی

تخصص های موضوعی پوشش داده شده در پایگاه

اورژانس های پزشکی کودک و بزرگسال

پزشکی داخلی و مراقبت های اولیه بزرگسال

آلرژی و ایمونولوژی

پزشکی قلب و عروق

پوست

غدد درون ریز و دیابت

طب خانواده و عمل عمومی

گوارش و کبد

جراحی عمومی

سالمندان

نفرولوژی و فشار خون بالا

زنان و زایمان، بهداشت زنان

اطفال

روان پزشکی

پزشکی ریه و مراقبت های ویژه

روماتولوژی

بیماری های عفونی

هماتولوژی

و ...

ورود به پایگاه

از طریق آدرس:

<https://www.uptodate.com/contents/search>

از لوگو یا لینک up to date در کتابخانه دیجیتال دانشگاه

<http://diglib.hums.ac.ir/>



صفحه اصلی / کتابخانه / کارگاه های آموزشی / مجلات داخلی / علم سنجی / جستجو در منابع کتابخانه / راهنمای آموزشی کتابخانه دیجیتال / از کتابدار پرس

لینک های مفید



کتابخانه مرکزی



معاونت تحقیقات و فناوری



نحوه درج وابستگی سازمان



VPN دانشگاه



Trial Products & Free e-Resource

Database

مشاهده تمام اطلاعیه ها

اطلاعیه ها

به اطلاع کاربران گرامی می‌رساند دسترسی به منبع Springer امکانپذیر می باشد.

1397/6/10

به اطلاع کاربران گرامی می‌رساند دسترسی به منبع EBSCO و UpToDate تا اطلاع ثانوی امکانپذیر نمی باشد.

1397/6/10

عناوین ژورنال های جدید پایگاه ClinicalKey

1397/4/30

دسترسی به ژورنال The New England Journal of Medicine از طریق لینک <https://www.nejm.org>

1397/4/26

دسترسی به ژورنال Portuguese Journal of Cardiology ، سال 2018 در پایگاه Clinical Key از طریق لینک زیر

1397/4/17



E.Journals



Dissertation & Thesis



Evidence Based Medicine

ثبت نام در up to date *

The screenshot shows the UpToDate website interface. At the top left is the UpToDate logo. Next to it is a search bar with the text "Search UpToDate" and a magnifying glass icon. On the top right, there is a dropdown menu for "University of Medical Sciences". Below the search bar is a navigation menu with "Contents", "Calculators", and "Drug Interactions". To the right of this menu are two buttons: "Register" (orange) and "Log In" (green). A red arrow points from the "Log In" button to a white box containing the Persian text "ورود به پایگاه". Another red arrow points from the "Register" button down to the heading "ثبت نام در پایگاه".

UpToDate® Search UpToDate University of Medical Sciences

Contents Calculators Drug Interactions Register Log In ورود به پایگاه

ثبت نام در پایگاه

Log In

UpToDate Username

UpToDate Password

Remember me [Forgot Username or Password?](#)

[OpenAthens Log In](#) [Institutional Log In](#)

Log In

Register Now

Make the most of your UpToDate experience: Register for an account and benefit from mobile access to our trusted clinical content. Plus, earn and redeem CME/CE/CPD credits while you work.

*منوهای جستجو

The screenshot shows the UpToDate website interface. At the top, the browser address bar displays the URL <https://lib.utoo.ir:2057/contents/search>. The UpToDate logo is prominently displayed. A blue navigation bar contains the following menu items: Contents (with a dropdown arrow), Calculators, and Drug Interactions. Below this, a vertical sidebar lists several categories, each with a corresponding Persian annotation in a red-bordered box:

- What's New**: جدیدترین اطلاعات اضافه شده به پایگاه
- Practice Changing UpDates**: تغییرات اخیر راهکارهای بالینی نظیر نحوه درمان بیماریها، تجویز دارو و ...
- Drug Information**: پایگاه اطلاعات دارویی
- Patient Education**: آموزش به بیمار
- Topics by Specialty**: مباحث براساس تخصص
- Authors and Editors**: نویسندگان و ویراستاران

On the right side of the page, there is a search box labeled "Search UpToDate" with a magnifying glass icon and a vertical cursor inside the input field.

what's news

آخرین تغییرات در حوزه پزشکی را در سه ماهه یا گاهی یک ماه گذشته براساس موضوع و تاریخ لیست می کند.

UpToDate® Search UpToDate

Contents ▾ Calculators Drug Interactions

What's New

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.

Find Out What's New In:

Practice Changing UpDates	Gastroenterology and hepatology	Oncology
Allergy and immunology	General surgery	Palliative care
Anesthesiology	Geriatrics	Pediatrics
Cardiovascular medicine	Hematology	Primary care
Dermatology	Hospital medicine	Psychiatry
Drug therapy	Infectious diseases	Pulmonary and critical care medicine
Emergency medicine	Nephrology and hypertension	Rheumatology
Endocrinology and diabetes mellitus	Neurology	Sleep medicine
Family medicine	Obstetrics and gynecology	Sports medicine (primary care)

Practice Changing UpDates

* آخرین تغییرات مربوط به تصمیمات بالینی پزشکی در موضوعات مختلف اطلاعاتی که روی درمان بالینی پزشکی تاثیر گذار بوده است را ارائه می دهد.

Topic Outline	
INTRODUCTION	
OBSTETRICS, GYNECOLOGY AND WOMEN'S HEALTH (August 2019)	
New ACOG guidelines for preventing early-onset group B streptococcus infection in newborns	
HEMATOLOGY (December 2018, Modified August 2019)	
Ibrutinib in previously untreated younger adults with CLL	<ul style="list-style-type: none">For most younger (eg, <70 years) patients with IGHV-unmutated chronic lymphocytic leukemia who require therapy, we suggest ibrutinib with or without rituximab rather than chemoimmunotherapy as initial therapy (Grade 2B).
INFECTIOUS DISEASES (June 2019)	<p>Until recently, fludarabine, cyclophosphamide, and rituximab (FCR) had been our preferred initial therapy for young, fit patients with previously untreated symptomatic chronic lymphocytic leukemia (CLL) without a 17p deletion/TP53 mutation. In a large randomized trial in this population (ECOG-ACRIN E1912), ibrutinib plus rituximab improved progression-free survival (PFS) and overall survival over that seen with FCR, with a different toxicity profile [2]. In subgroup analysis, this benefit was clear in those with IGHV-unmutated CLL, but did not reach statistical significance in those with IGHV-mutated CLL. Based on this and other studies, ibrutinib-based therapy is now one of our preferred treatments for patients with previously untreated IGHV-unmutated CLL who require systemic therapy. Some UpToDate contributors offer ibrutinib plus rituximab as used in this trial protocol, while others prefer single-agent ibrutinib based on extrapolation of data from randomized trials in older adults that have not shown a benefit with the addition of rituximab. While ibrutinib is also an option for IGHV-mutated CLL, some patients may prefer FCR if they are willing to undergo a more intensive therapy with the potential for long-term control. (See "Selection of initial therapy for symptomatic or advanced chronic lymphocytic leukemia", section on 'Efficacy in younger patients'.)</p> <h3>INFECTIOUS DISEASES (June 2019)</h3> <h4>Screening of US health care workers for latent tuberculosis infection</h4> <p>Screening of US health care workers for latent tuberculosis infection</p> <ul style="list-style-type: none">In US regions with a low incidence rate of tuberculosis (TB), health care workers in facilities where the tuberculin skin test conversion rate is low need not undergo routine serial TB testing following a baseline TB test. However, routine serial TB testing may be reasonable for those with increased risk for occupational exposure to TB (eg, pulmonologists, respiratory therapists, emergency department personnel), and institutional policies should be individualized. <p>Annual screening of health care workers (HCWs) for latent tuberculosis infection (LTBI) has been a longstanding practice in the United States for prevention of tuberculosis (TB) transmission; however, the national incidence of TB has declined steadily over the past several decades, there is no evidence that annual screening reduces TB incidence, and testing has a number of limitations. Based on these factors, the US Centers for Disease Control and Prevention (CDC) and National Tuberculosis Controllers Association (NTCA) issued new guidelines in May 2019 stating that, following baseline screening, health care workers should not undergo routine annual screening [3]. We agree with this guidance, which serves as an update to the prior 2005 guidelines (table 1). Annual screening may be reasonable for HCWs at increased risk for occupational TB exposure (such as pulmonologists or respiratory therapists) or for HCWs in certain settings (such as emergency departments). Institutional policies should be individualized to incorporate these factors. (See "Approach to diagnosis of latent tuberculosis infection (tuberculosis screening) in adults", section on 'Health care workers'.)</p> <h3>GENERAL SURGERY (April 2019)</h3> <h4>Routine antibiotics following anorectal abscess drainage</h4> <p>Routine antibiotics following anorectal abscess drainage</p> <ul style="list-style-type: none">Following incision and drainage of an anorectal abscess, we suggest a course of empiric antibiotics for all patients (Grade 2C). <p>Following a drainage procedure for an anorectal abscess, complications may include development of a fistula or recurrent abscess formation. The role of antibiotics to prevent complications has been uncertain, with major society guidelines recommending treatment for high-risk patients only. A 2019 meta-analysis of two randomized trials and one retrospective study found that routine empiric antibiotic therapy was associated with a lower rate of fistula formation (16 versus 24 percent), although the quality of the evidence was not high (risk of bias and high degree of heterogeneity) [4]. There was no effect on the rate of abscess</p>
GENERAL SURGERY (April 2019)	
Mesh placement not effective in prevention of parastomal hernia	
NEPHROLOGY AND HYPERTENSION; ENDOCRINOLOGY AND DIABETES; PRIMARY CARE (ADULT) (April 2019)	
Canagliflozin in patients with diabetes and proteinuria	
CARDIOVASCULAR MEDICINE; HOSPITAL MEDICINE (March 2019)	
Optimal antithrombotic therapy in patients with AF who undergo PCI or who sustain an ACS	
GENERAL SURGERY (March 2019)	
Interval appendectomy after nonoperative management of perforated appendicitis	
ONCOLOGY (November 2018, Modified March 2019)	
Atezolizumab and nab-paclitaxel in triple-	

UP TO DATE توصیه پزشکی را با یک GRADE نشان می دهد. یعنی براساس کیفیت به سه دسته تقسیم می کند:

- کد A: توصیه قوی
- کد B: توصیه متوسط
- کد C: توصیه ضعیف

:Drug Information

این پایگاه اطلاعاتی یک بانک دارویی است که اطلاعات دارویی را در شش زیر گروه تقسیم بندی کرده است با انتخاب هر زیر گروه می توانید لیست الفبایی از داروها و اطلاعات دارویی مربوط به آن را مشاهده کنید.

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

[General drug information](#)

[Patient drug information](#)

[What's new in drug therapy](#)

[International drug information \(concise\)](#)

[Pediatric drug information](#)

[Patient Education](#)

اگر به دنبال اطلاعات در مورد داروی خاصی می باشید می توانید نام دارو را در باکس جستجو وارد نمایید و اطلاعات کامل آن را دریافت نمایید.

UpToDate[®]

Contents ▾ Calculators Drug Interactions

Showing results for **plavix**

All Adult Pediatric Patient Graphics

plavix = Clopidogrel

Click related term for plavix: [antiplatelet agents](#) , [platelet p2y12 receptor blocker](#)

Clopidogrel resistance and clopidogrel treatment failure

...pharmacodynamic effects of **clopidogrel**. Therefore, a patient taking **clopidogrel** after stenting may have a new ischemic event in the presence of potent response to **clopidogrel** as measured by a platelet function ...

- [Management of possible clopidogrel failure](#)
- [Variation in clopidogrel metabolism](#)
- [Summary and recommendations](#)

Hypersensitivity reactions to clopidogrel

...reaction to **clopidogrel**, there are three options for continuing antiplatelet therapy (other than aspirin [ASA] monotherapy): Treating through without stopping **clopidogrel** Stopping **clopidogrel** and reintroducing ...

- [Reactions that necessitate stopping clopidogrel](#)
- [Types of clopidogrel reactions that have been managed with desensitization](#)
- [Summary and recommendations](#)

Practice Changing UpDates

...the aspirin group. While previously we had suggested triple therapy (NOAC, **clopidogrel**, aspirin) or dual therapy (NOAC **clopidogrel**) for the first six months after PCI or ACS in patients with atrial fibrillation ...

Overview of pharmacogenomics

...for "**clopidogrel** resistance" by genetic testing for CYP2C19 poor metabolizers. The adverse in vivo effects of reduced function CYP2C19 alleles on benefit from the anti-platelet agent **clopidogrel** have been ...

- [Altered pharmacokinetics](#)
- [Summary](#)

Antiplatelet therapy for secondary prevention of stroke

...testing for **clopidogrel** . The issue of resistance/nonresponse to **clopidogrel** in cardiovascular disease is discussed in greater detail separately. The side effect profile of **clopidogrel** is favorable ...

Clopidogrel

General Pediatric

[View Full Topic](#)
[Clopidogrel: Drug information](#)

Dosing

[Adult](#)
[Renal Impairment \(Adult\)](#)
[Hepatic Impairment \(Adult\)](#)

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- [Adverse Reactions](#)
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Alerts [US Boxed Warning](#)

Drug Interactions

[Launch drug interactions program](#)

دوز داروئی، واکنش های جانبی، نام تجاری، مکانیسم عمل، تداخلات داروئی و ...

Patient education

* این بخش جهت پاسخگویی به نیازهایی اطلاعاتی بیماران می باشد. شامل دو سطح است:

۱. سطح مقدماتی (the basics) شامل مطالب کوتاه و به زبان ساده

۲. سطح پیشرفته (beyond the basics) مطالب مفصل تر و جزییات بیشتر

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.

با کلیک بر روی گزینه Beyond The Basic یا The Basic می توانید سطح اطلاعات دریافتی را تعیین کنید.*

HIV and AIDS

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.

Body fluid exposure

[Blood or body fluid exposure \(The Basics\)](#) [View in Spanish](#)

[Preventing HIV after unprotected sex or needle-sharing \(The Basics\)](#) [View in Spanish](#)

[Taking medicines to prevent HIV before exposure \(The Basics\)](#) [View in Spanish](#)

Complications

[HIV-associated dementia \(The Basics\)](#) [View in Spanish](#)

[Kaposi sarcoma \(The Basics\)](#) [View in Spanish](#)

*UpToDate صدها موضوع آموزشی را برای بیماران فراهم آورده است که همانند اطلاعات مخصوص پزشکان هر ۴ ماه یکبارروزامد می شوند و در نتیجه دقیق ترین و جدیدترین مطالب در اختیار بیماران قرار می گیرد. این اطلاعات مربوط به شایع ترین بیماریها بوده و به جنبه هایی از بیماری مانند ریسک فاکتورها، علل بیماری، روش های تشخیص، اقدامات پیشگیرانه، اختلالات و درمان های پیشنهادی اشاره می کند.

*اطلاعات ارائه شده در این قسمت تنها برای آموزش و آگاهی بیماران و خانواده های آنها می باشد و برای سایر گروه های خوانندگان مناسب نیست. اطلاعات مخصوص بیماران به صورت رایگان در اختیار عموم قرار گرفته است و از طریق سایت www.uptodate.com/patients در دسترس می باشد.

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Cardiovascular Medicine

Dermatology

Emergency Medicine (Adult and Pediatric)

Endocrinology and Diabetes

Family Medicine and General Practice

Gastroenterology and Hepatology

General Surgery

Geriatrics

Hematology

Hospital Medicine

Infectious Diseases

Nephrology and Hypertension

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Obstetrics, Gynecology and Women's Health

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Palliative Care

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Primary Care (Adult)

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Psychiatry

Pulmonary and Critical Care Medicine

Rheumatology

Sleep Medicine



جداولی برای محاسبه موضوعات مختلف پزشکی

View By Specialty

List Alphabetically

Search Calculators

ALLERGY AND IMMUNOLOGY CALCULATORS

Clinical Criteria

Temperature unit conversions

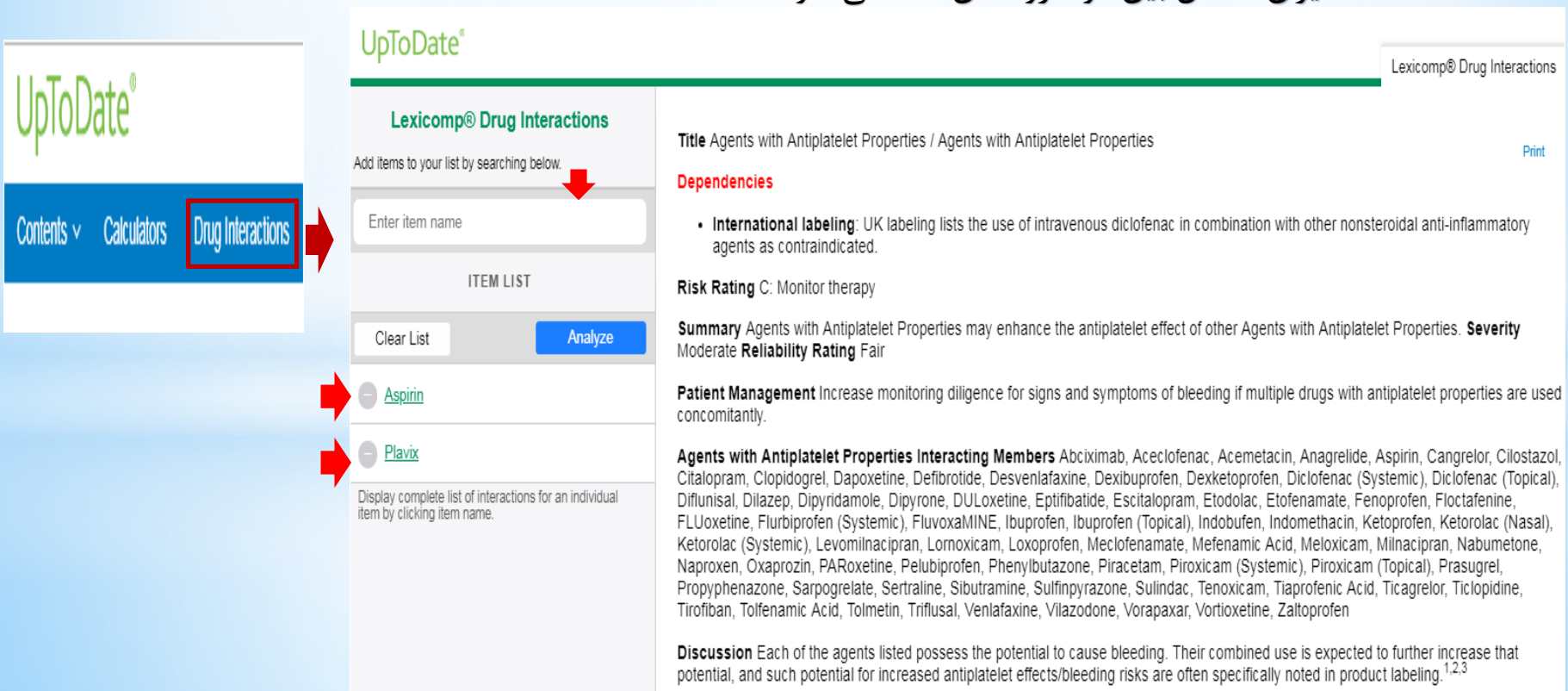
Weight unit conversions

Medical Equations

Absolute eosinophil count

Drug Interaction بانک*

این پایگاه اطلاعاتی دارای یک بانک دارویی است که به تحلیل تداخل دارو با دارو و دارو با گیاهان دارویی می پردازد. نام دارو را در کادر جستجو وارد کرده و روی نام آن (سبز رنگ) کلیک کنید. در صورت عدم اطمینان از املای صحیح نام دارو حرف اول را تایپ کرده و از لیست پیشنهادی انتخاب کنید. در صورتی که تداخل دارویی دو دارو مد نظر باشد. هر دو دارو جداگانه جستجو شده سپس با انتخاب گزینه آنالیز Analyze دامنه میزان تداخل بین دو دارو نشان داده می شود.



The screenshot displays the Lexicomp® Drug Interactions interface. On the left, a navigation menu includes 'Contents', 'Calculators', and 'Drug Interactions' (highlighted with a red box). The main content area is titled 'Lexicomp® Drug Interactions' and features a search bar with the prompt 'Add items to your list by searching below.' and a red arrow pointing to it. Below the search bar is an 'ITEM LIST' section containing 'Aspirin' and 'Plavix', each with a minus sign icon and a red arrow pointing to it. The right side of the interface provides detailed information for the selected items, including 'Title Agents with Antiplatelet Properties / Agents with Antiplatelet Properties', 'Dependencies' (International labeling), 'Risk Rating C: Monitor therapy', 'Summary Agents with Antiplatelet Properties may enhance the antiplatelet effect of other Agents with Antiplatelet Properties. Severity Moderate Reliability Rating Fair', 'Patient Management Increase monitoring diligence for signs and symptoms of bleeding if multiple drugs with antiplatelet properties are used concomitantly.', 'Agents with Antiplatelet Properties Interacting Members' (listing various drugs), and 'Discussion Each of the agents listed possess the potential to cause bleeding. Their combined use is expected to further increase that potential, and such potential for increased antiplatelet effects/bleeding risks are often specifically noted in product labeling.^{1,2,3}

نکته:

داروها از طریق نام تجاری قابل بازیابی هستند. برای مثال داروی آسپرین با استفاده از نام تجاری **Aspirin** قابل جستجو است و با نام علمی **Acetylsalicylic acid** یا **ASA** امکان دسترسی به اطلاعات مورد نظر وجود ندارد. به هنگام جستجو با درج چند حرف ابتدای نام یک دارو امکان مشاهده یک سیاهه از نام داروهایی که با این چند حرف شروع می شوند، وجود دارد اما در مواردی که این حروف در سایر قسمت های نام دارو وجود داشته باشد، داروها قابل بازیابی نیستند. به عبارت دیگر برای بازیابی اطلاعات مربوط به یک دارو، نام دارو به طور کامل وارد پنجره جستجو می شود و یا اینکه برای جستجو، چند حرف ابتدای آن مورد استفاده قرار می گیرد.

به منظور حذف نام یک دارو از فهرست داروهای جستجو شده، علامت تیک در کنار نام دارو را برداشته و در این حالت نام دارو حذف می شود و برای انجام یک جستجوی جدید با انتخاب **New list** یک صفحه جستجوی جدید نمایش داده خواهد شد.

دامنه میزان تداخل‌های تعریف شده برای داروها

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

این پایگاه اطلاعاتی دارای یک بانک دارویی است که به تحلیل تداخل دارو با دارو و دارو با گیاهان دارویی می پردازد.

کد A: نشان دهنده نبود تداخل در بین دو دارو است.

کد B: نمایانگر امکان وجود واکنش در بین دو دارو است اما نیازی به تغییر یکی از داروها برای بیمار وجود ندارد.

کد C: بیانگر نیاز به دخالت در دوز مصرفی بیمار به هنگام مصرف همزمان دو دارو است. با توجه به وضعیت بیمار و فواید مصرف زمان دو دارو، در

تعداد اندکی از بیماران و برای کاهش میزان عوارض باید در دوز مصرفی یک یا هر دو دارو هماهنگی برقرار شود.

کد D: نشان می دهد که دو دارو با یکدیگر تداخل دارویی دارند. به گونه ای که با توجه به وضعیت بیمار، میزان فواید مصرف هم زمان دو دارو و

خطرهای ناشی از آن مورد ارزیابی قرار می گیرد و نیاز به مشاهده دقیق وضعیت بیمار به هنگام مصرف، تغییر در دوز داروها با توجه به شرایط بالینی

بیمار و جایگزینی داروهای معادل وجود دارد.

کد X: بیانگر وجود تداخل در بین دو دارو است. در این شرایط میزان خطر ناشی از مصرف همزمان دو دارو بیشتر از فواید آن است و نباید دو دارو را

با یکدیگر برای بیمار تجویز کرد.

Lexicomp® Drug Interactions

Add items to your list by searching below.

Enter item name

ITEM LIST

Clear List

Analyze

Aspirin and Codeine

Display complete list of interactions for an individual item by clicking item name. Add another item to analyze for potential interactions.

راهنمای
درجه خطر

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

195 Results

Print

X	Aspirin and Codeine (CNS Depressants) Azelastine (Nasal)
X	Aspirin and Codeine (CNS Depressants) Bromperidol
X	Aspirin and Codeine (Aspirin) Dexibuprofen
X	Aspirin and Codeine (Salicylates) Dexketoprofen
X	Aspirin and Codeine (Opioid Analgesics) Eluxadoline
X	Aspirin and Codeine (Aspirin) Floctafenine
X	Aspirin and Codeine (Salicylates) Influenza Virus Vaccine (Live/Attenuated)
X	Aspirin and Codeine (Aspirin) Ketorolac (Nasal)
X	Aspirin and Codeine (Aspirin) Ketorolac (Systemic)
X	Aspirin and Codeine (Aspirin) Macimorelin
X	Aspirin and Codeine (Aspirin) Omacetaxine
X	Aspirin and Codeine (Opioid Analgesics) Opioids (Mixed Agonist / Antagonist)
X	Aspirin and Codeine (CNS Depressants) Orphenadrine
X	Aspirin and Codeine (CNS Depressants) Oxememazine
X	Aspirin and Codeine (CNS Depressants) Paraldehyde
X	Aspirin and Codeine (Salicylates) Sulfipyraxone

داروهایی که با آسپرین تداخل
دارند و درجه خطر آن ها

جستجو در UpToDate

UpToDate®

Contents ▾ Calculators Drug Interactions

Showing results for **heart attack**

All **Adult** Pediatric Patient Graphics

heart attack = Myocardial Infarction

محدود کردن نتایج به ۱. بزرگسال ۲. کودک ۳. بیمار ۴. گرافیک

[Collapse Results](#)
[Expand Results](#)

Click related term for heart attack: [acute coronary syndrome](#)

Overview of the acute management of ST-elevation myocardial infarction

... The first step in the management of the patient with an **acute ST-elevation myocardial infarction (STEMI)** is prompt recognition, since the beneficial effects of therapy with reperfusion are greatest when ...

- [STEMI after noncardiac hospital admission](#)
- [Initial therapy](#)
- [Summary and recommendations](#)

Diagnosis of acute myocardial infarction

... three groups based on the pattern: **ST-elevation MI (STEMI)**; ST-elevation or new left bundle branch block [LBBB]. Non-ST elevation ACS, with either non-ST elevation MI (NSTEMI) or unstable angina (UA; ST-depression ...

- [Definitions](#)
- [When to suspect acute MI](#)
- [Summary and recommendations](#)

Previously undiagnosed myocardial infarction

... In contrast to the high prevalence of CMR-detected MI in unselected older **adult** populations, ... diagnosis of **Q wave MI** in clinical practice, several reports have shown associations between RBBB and both false-negative and false-positive ECG diagnoses of **Q wave MI**

- [Summary and recommendations](#)

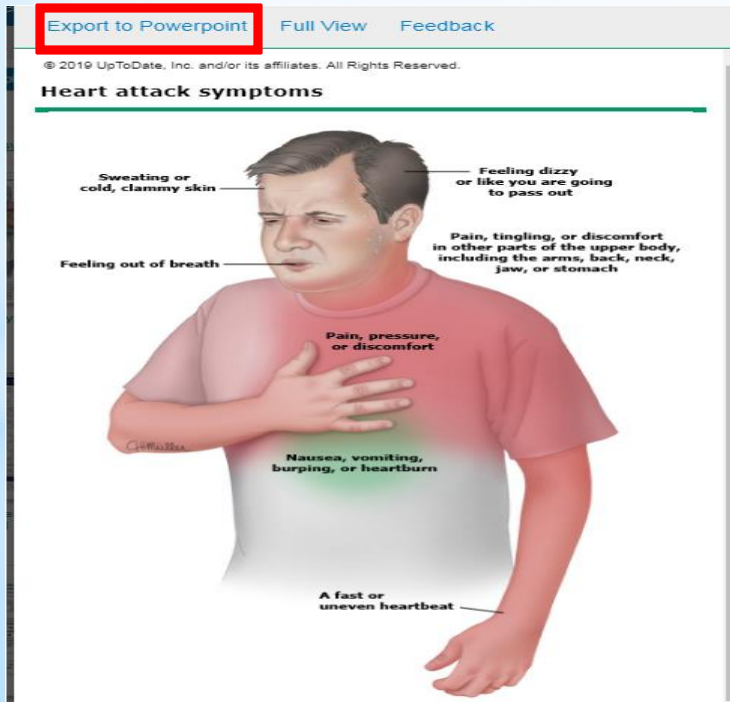
تغییر نحوه نمایش
نتایج با جزئیات
بیشتر

Patient: با کلیک روی این گزینه در نتایج جستجو، به مطالب مخصوص بیمار هدایت می شوید.

Graphic: با کلیک روی این گزینه می توانید گرافیک و موضوعات مرتبط با آن را جست و جو نمایید.

گرافیک ها شامل: عکس، جداول، تصاویر، اشکال هندسی، نمودارها، الگوریتم و فیلم ...

چنانچه تمایل به تهیه خروجی به شکل پاورپوینت داشته باشید بر روی تصویر کلیک کنید و سپس گزینه



export to powerpoint را انتخاب کنید.

دنبال اطلاعاتی در مورد (Heart Attack) هستیم

UpToDate® Heart attack

Contents Calculators Drug Interactions

Showing results for Heart attack

All Adult Pediatric Patient Graphics

heart attack = Myocardial infarction

Click related term for heart attack: [acute coronary syndrome](#)

Overview of the acute management of ST-elevation myocardial infarction
... The first step in the management of the patient with an acute ST-elevation myocardial infarction (STEMI) is prompt recognition, since the beneficial effects of therapy with reperfusion are greatest when ...
[Initial therapy](#)
[Summary and recommendations](#)

Diagnosis of acute myocardial infarction
... three groups based on the pattern: ST-elevation MI (STEMI; ST-elevation or new left bundle branch block [LBBB]), Non-ST elevation ACS, with either non-ST elevation MI (NSTEMI) or unstable angina (UA; ST-depression ...
[When to suspect acute MI](#)
[Summary and recommendations](#)

Overview of the non-acute management of ST elevation myocardial infarction
...with acute STEMI in the hours and days following the very early decision making period. The management of the patient with a non-ST elevation or non-Q wave MI or with a complication of an acute MI (eg ...
[Further medical therapy](#)
[Summary](#)

Initial evaluation and management of suspected acute coronary syndrome (myocardial infarction, unstable angina) in the emergency department
...concise outline of the immediate interventions needed to manage ST elevation myocardial infarction (STEMI), non-ST elevation myocardial infarction (NSTEMI), and unstable angina . Caution should be employed ...
[ST elevation](#)
[Summary and recommendations](#)

Acute myocardial infarction: Role of beta blocker therapy
...predominantly patients with ST-elevation myocardial infarction (STEMI). There have been no randomized trials specifically addressing the efficacy of these drugs in non-ST elevation MI (NSTEMI). Observational ...
[Indications](#)
[Summary and recommendations](#)

Topic Outline [show graphics \(3\)](#)

- SUMMARY & RECOMMENDATIONS
- INTRODUCTION
- DEFINITIONS
 - After revascularization
 - Prior MI
 - MI after noncardiac surgery
- WHEN TO SUSPECT ACUTE MI
- CLINICAL MANIFESTATIONS
 - History and physical examination
 - ECG
 - ST-elevation
 - Non-ST elevation ECG abnormalities
 - Nondiagnostic initial ECG
 - Bundle branch block or paced rhythm
 - Troponin
 - Other causes of biomarker elevation

سر فصل مطالب جستجو شده

Topic Outline

INTRODUCTION

OBSTETRICS, GYNECOLOGY AND
WOMEN'S HEALTH (August 2019)

New ACOG guidelines for preventing early-onset group B streptococcus infection in newborns

HEMATOLOGY (December 2018, Modified
August 2019)

Ibrutinib in previously untreated younger adults with CLL

INFECTIOUS DISEASES (June 2019)

Screening of US health care workers for latent tuberculosis infection

GENERAL SURGERY (April 2019)

Routine antibiotics following anorectal abscess drainage

GENERAL SURGERY (April 2019)

Mesh placement not effective in prevention of parastomal hernia

Practice Changing UpDates

Authors: [H Nancy Sokol, MD](#), [April F Eichler, MD, MPH](#)

[Contributor Disclosures](#)

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

Literature review current through: Jul 2019. | This topic last updated: Aug 21, 2019.

تاریخ آخرین بروزرسانی موضوع

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.

OBSTETRICS, GYNECOLOGY AND WOMEN'S HEALTH (August 2019)

New ACOG guidelines for preventing early-onset group B streptococcus infection in newborns

- Universal screening of pregnant women for Group B streptococcal (GBS) colonization is now recommended at 36 0/7 to 37 6/7 weeks of gestation, rather than the previously recommended 35 to 37 weeks. Women with GBS bacteriuria any time in pregnancy or who had an infant with early-onset GBS infection in a previous pregnancy can be excluded from culture-based screening as they should routinely receive intrapartum antibiotic prophylaxis.

بازگشت به نتایج جستجو

Topic Outline

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After revascularization

Prior MI

MI after noncardiac surgery

WHEN TO SUSPECT ACUTE MI

CLINICAL MANIFESTATIONS

History and physical examination

ECG

- ST-elevation
- Non-ST elevation ECG abnormalities
- Nondiagnostic initial ECG
- Bundle branch block or paced rhythm

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Diagnosis of acute myocardial infarction

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Contributor Disclosures

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

Literature review current through: **Jul 2019**. | This topic last updated: **Sep 24, 2018**.

INTRODUCTION

Myocardial infarction (MI) is defined as a clinical (or pathologic) event in the setting of myocardial ischemia in which there is evidence of myocardial injury [1,2]. The diagnosis is secured when there is a rise and/or fall of troponin (high sensitivity assays are preferred) along with supportive evidence in the form of typical symptoms, suggestive electrocardiographic (ECG) changes, or imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.

A related issue is the evaluation of a patient who presents with chest pain suggestive of an acute coronary syndrome in whom the initial evaluation (ECG, cardiac enzymes) is not diagnostic. This issue is discussed separately. (See "[Initial evaluation and management of suspected acute coronary syndrome \(myocardial infarction, unstable angina\) in the emergency department](#)", section on 'Observation'.)

DEFINITIONS

This section defines the terms acute coronary syndrome (ACS), acute MI, ST-segment elevation myocardial infarction (STEMI), non-ST elevation myocardial infarction (NSTEMI), and unstable angina (UA). There are three types of ACS: STEMI, NSTEMI, and UA. UA is defined as chest pain with at least one value > 99th percent upper reference limit (URL) [3].

با کلیک بر روی هر منبع به صفحه مدلاین هدایت میشوید و می توانید به چکیده و در صورت موجود بودن به متن کامل دسترسی یابید.

UA is considered to be present in patients with ischemic symptoms suggestive of an ACS without elevation in biomarkers with or without ECG changes indicative of ischemia [4]. (See "[Troponin](#)" below.)

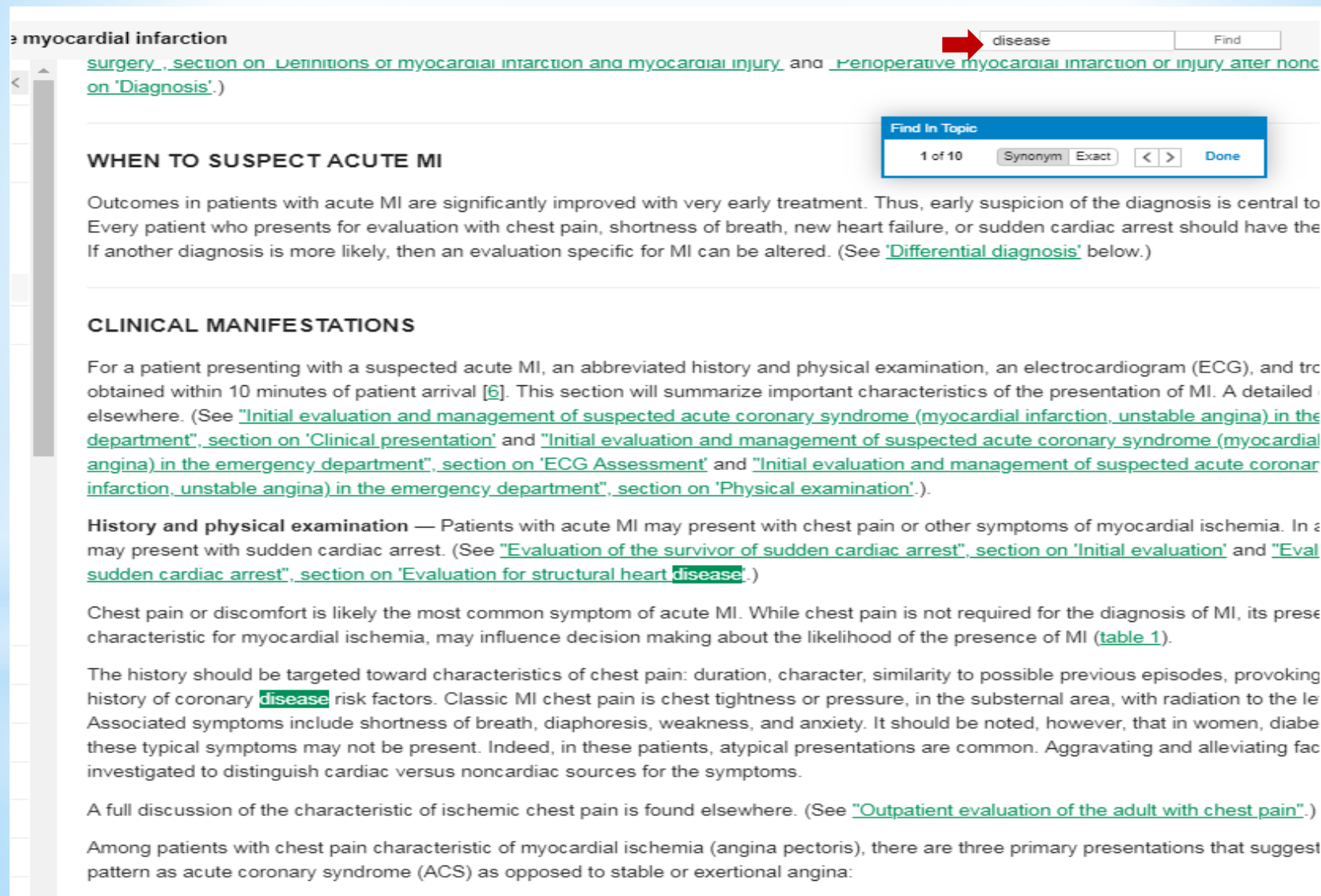
UA and NSTEMI are frequently indistinguishable at initial evaluation. ST-segment and/or T wave electrocardiographic changes are often persistent in NSTEMI, while, if they occur in UA, they are usually transient. UA defines a higher-risk group [5]. (See "[Acute coronary syndrome: Terminology and classification](#)".)

اطلاعات بیشتر را می توانید در این منبع مشاهده نمایید.

The Joint Task Force of the European Society of Cardiology and the American Heart Association, the American Heart Association, and the World Heart Federation (ESC/ACCF/AHA/WHF) defined acute MI (2018) as the presence of acute myocardial injury detected by abnormal cardiac biomarkers in the setting of evidence of acute myocardial ischemia [2].

The joint task force refined the definition of MI by developing a clinical classification according to the assumed anatomic cause of the myocardial ischemia:

در صورتیکه که در متن به دنبال کلمه خاصی هستید می توانید از باکس find استفاده کنیم.



The screenshot shows a web page with a search bar at the top right containing the word "disease" and a "Find" button. A red arrow points to the search bar. Below the search bar, there is a "Find In Topic" dialog box with the text "1 of 10" and buttons for "Synonym", "Exact", navigation arrows, and "Done". The main content of the page is about myocardial infarction, with sections for "WHEN TO SUSPECT ACUTE MI" and "CLINICAL MANIFESTATIONS".

myocardial infarction

[surgery](#), [section on Definitions of myocardial infarction and myocardial injury](#) and [Peroperative myocardial infarction or injury after noncardiac surgery](#) ([on 'Diagnosis'](#)).

WHEN TO SUSPECT ACUTE MI

Outcomes in patients with acute MI are significantly improved with very early treatment. Thus, early suspicion of the diagnosis is central to the management of MI. Every patient who presents for evaluation with chest pain, shortness of breath, new heart failure, or sudden cardiac arrest should have the diagnosis of MI considered. If another diagnosis is more likely, then an evaluation specific for MI can be altered. (See ['Differential diagnosis'](#) below.)

CLINICAL MANIFESTATIONS

For a patient presenting with a suspected acute MI, an abbreviated history and physical examination, an electrocardiogram (ECG), and troponin T or I should be obtained within 10 minutes of patient arrival [6]. This section will summarize important characteristics of the presentation of MI. A detailed discussion is found elsewhere. (See ["Initial evaluation and management of suspected acute coronary syndrome \(myocardial infarction, unstable angina\) in the emergency department"](#), [section on 'Clinical presentation'](#) and ["Initial evaluation and management of suspected acute coronary syndrome \(myocardial infarction, unstable angina\) in the emergency department"](#), [section on 'ECG Assessment'](#) and ["Initial evaluation and management of suspected acute coronary syndrome \(myocardial infarction, unstable angina\) in the emergency department"](#), [section on 'Physical examination'](#).)

History and physical examination — Patients with acute MI may present with chest pain or other symptoms of myocardial ischemia. In addition, they may present with sudden cardiac arrest. (See ["Evaluation of the survivor of sudden cardiac arrest"](#), [section on 'Initial evaluation'](#) and ["Evaluation of the survivor of sudden cardiac arrest"](#), [section on 'Evaluation for structural heart disease'](#).)

Chest pain or discomfort is likely the most common symptom of acute MI. While chest pain is not required for the diagnosis of MI, its presence is characteristic for myocardial ischemia, may influence decision making about the likelihood of the presence of MI ([table 1](#)).

The history should be targeted toward characteristics of chest pain: duration, character, similarity to possible previous episodes, provoking factors, and history of coronary [disease](#) risk factors. Classic MI chest pain is chest tightness or pressure, in the substernal area, with radiation to the left arm or jaw. Associated symptoms include shortness of breath, diaphoresis, weakness, and anxiety. It should be noted, however, that in women, diabetes, and older age, these typical symptoms may not be present. Indeed, in these patients, atypical presentations are common. Aggravating and alleviating factors should be investigated to distinguish cardiac versus noncardiac sources for the symptoms.

A full discussion of the characteristic of ischemic chest pain is found elsewhere. (See ["Outpatient evaluation of the adult with chest pain"](#).)

Among patients with chest pain characteristic of myocardial ischemia (angina pectoris), there are three primary presentations that suggest the diagnosis of acute coronary syndrome (ACS) as opposed to stable or exertional angina:

نکته:

برای بازیابی اطلاعات دقیق تر، عبارتی را وارد پنجره جستجو کنید که دقیقاً آنچه را که می خواهید نشان دهد. برای مثال به منظور یافتن اطلاعاتی درباره چگونگی درمان فشار خون در دوران حاملگی، دقیقاً عبارت **Treatment of hypertension in pregnancy** را وارد کادر جستجو کنید، زیرا این عبارت اطلاعات دقیق تری را نسبت به واژه **Hypertension** برای شما بازیابی خواهد کرد.

نکات جستجو:

- * UpToDate اختصارات و مترادف های رایج را تشخیص می دهد. برای مثال کلمه HIV نتایج مربوط به (Human Immunodeficiency Virus) بیماری رفلاکس مری را بازیابی می کند.
- * در فرایند جستجو استفاده از حروف بزرگ یا کوچک نتایج یکسانی را بازیابی می کند.
- * عبارت جستجو به طور خودکار در تمامی تخصص های موضوعی پزشکی تحت پوشش UpToDate جستجو می شود.
- * در UpToDate نام یک نویسنده، عنوان یک مجله و سال انتشار قابل جستجو نمی باشد.

استفاده از پیشنهادهای جستجو

- * در برخی از موارد، UpToDate به هنگام جستجوی یک موضوع، اصطلاحات تکمیلی یا جایگزینی را پیشنهاد می دهد که در بالای صفحه نتایج جستجو نشان داده می شوند. این موارد عبارتند از:
 - * برای یک اختصار که در جستجو به کار برده شده است، بیش از یک معنی وجود داشته باشد.
 - * اشتباهات املائی یا سایر اشکالات تایپی در اصطلاح یا واژه جستجوی درج شده توسط کاربر وجود داشته باشد.
 - * دسته های عام تری از اطلاعات برای یک اصطلاح جستجو وجود داشته باشد.
- * برای مثال، برای اصطلاح **CEA** دو معنای " Carcinoembryonic antigen " و " Carotid endarterectomy " وجود دارد. UpToDate هر دو پیشنهاد را در بالای صفحه نتایج جستجو برای اصطلاح **CEA** ارائه کرده است.
- * با انتخاب اصطلاح پیشنهادی موردنظر، UpToDate تنها مدارکی را بازبینی می کند که درباره موضوع انتخابی باشد و مدارک ناخواسته را حذف می کند.

Calculators

* محاسبه فرمول های مختلف مانند: محاسبه قد ، وزن و ... را به صورت آنلاین ارائه می دهد. می

توانید از لیست الفبایی یا براساس تخصص جستجو کنید.

Calculator: Clinical indicators for malignant hyperthermia in adults

- Rigidity***
- Generalized muscular rigidity without shivering during or immediately following emergence from inhalational anesthesia (15 points)
 - Masseter muscle spasm shortly following succinylcholine administration (15 points)
- Rhabdomyolysis***
- CK >20,000 IU after anesthesia with succinylcholine (15 points)
 - CK >10,000 IU after anesthesia without succinylcholine (15 points)
 - Cola-colored urine in perioperative period (10 points)
 - Urine myoglobin >60 mg/L (5 points)
 - Serum myoglobin >170 mg/L (5 points)
 - Serum K >6 meq/L (without renal failure) (3 points)
- Respiratory Acidosis***
- Controlled ventilation PETCO₂ >55 (15 points)
 - Controlled ventilation PaCO₂ >60 (15 points)
 - Spontaneous ventilation PETCO₂ >60 (15 points)
 - Spontaneous ventilation PaCO₂ >65 (15 points)
 - Inappropriate hypercarbia (judgement) (15 points)
 - Inappropriate tachypnea (judgement) (10 points)
- Fever***
- Inappropriate rapid increase in temperature (judgement) (15 points)
 - Inappropriate perioperative temperature >38.8°C (judgement) (10 points)
- Tachycardia***
- Inappropriate sinus tachycardia (3 points)
 - Ventricular tachycardia or ventricular fibrillation (3 points)
- Other ****
- Base excess below -8 mEq/L (10 points)
 - Arterial pH <7.25 (10 points)
 - Rapid reversal of MH signs with dantrolene (5 points)
 - Positive family history together with positive personal anesthetic history (not including elevated resting CK) (10 points)
 - Resting elevated serum CK (in patient with positive family history) (10 points)

امتیاز نهائی

Total criteria point count: 43

Reset form

Malignant Hyperthermia Likelihood and MH Rank

0 points:MH Rank = 1 and MH likelihood is Almost never
3 to 9 points:MH Rank = 2 and MH likelihood is Unlikely
10 to 19 points:MH Rank = 3 and MH likelihood is Somewhat less than likely
20 to 34 points:MH Rank = 4 and MH likelihood is Somewhat greater than likely
35 to 49 points:MH Rank = 5 and MH likelihood is Very likely
50 to 108 points:MH Rank = 6 and MH likelihood is Almost certain

جدول تفسیر
نتایج