



دانشگاه علوم پزشکی
و خدمات بهداشتی درمانی اردبیل

معاونت تحقیقات و فناوری

کتابدار بالینی

کتابدار پزشکی مبتنی بر شواهد

آشنایی با پایگاه های COCHRANE LIBRARY

UP TO , DATE CLINICAL KEY

صغری گلمغانی

کارشناس ارشد علم اطلاعات و دانش شناسی

گرایش مدیریت اطلاعات

فهرست

- تاریخچه، تعریف و ویژگی های کتابدار بالینی
- تعریف، اهمیت و فرایند پزشکی مبتنی بر شواهد
- قوانین شش گانه پزشکی مبتنی بر شواهد
- اهداف و مهارت های کتابدار بالینی
- منابع اطلاعاتی در پزشکی بالینی
- دوره های آموزشی کتابدار بالینی
- معرفی پایگاه های اطلاعاتی **UP TO DATE, CLINICAL KEY , COCHRANE LIBRARY**

مقدمه

- کتابداری و اطلاع رسانی پزشکی، از طریق تامین نیازهای اطلاعاتی افراد جامعه پزشکی، نقش مهمی در ارتقای کیفیت خدمات پزشکی ایفا می کند. امروزه، کتابداران بالینی می بایست در گروه مراقبت پزشکی حضور یابند و با استفاده از پزشکی مبتنی بر شواهد نقش مهمی در تامین نیازهای اطلاعاتی جامعه پزشکی، ایفا کنند

تاریخچه کتابدار بالینی

- در سال ۱۹۳۹، کتابداری پزشکی به عنوان یک حرفه جداگانه تشخیص داده شد. در سال ۱۹۴۷، اتحادیه کتابخانه پزشکی بطور رسمی یک برنامه آموزش مخصوص برای کتابداران پزشکی را پذیرفت و در سال ۱۹۴۸ اولین رشته کتابداری پزشکی به دانشگاه LIBRARY SERVICE در رابطه با خدمات کتابخانه کلمبیا در نیویورک پیشنهاد شد
- در سال ۱۹۷۰ با رشد فناوری اطلاعات، کتابداری پزشکی بالینی بوجود آمد.
- در سال ۱۹۷۱، خانم دکتر لامب پیشنهاد کرد که کتابداران و متخصصان اطلاعاتی آموزش دیده بایستی در تیم های مراقبت بهداشتی فعالیت نمایند.
- اولین برنامه کتابدار پزشکی بالینی در دانشکده پزشکی دانشگاه میسوری (MISSOURI) در شهر کانزاس (KANSAS) اجرا شد.
- در سال ۱۹۹۴ دانشکده پزشکی دانشگاه ویرجینیا برنامه کتابداری پزشکی بالینی را شروع کرد که در نتیجه آن کتابداران به دانشجویان پزشکی آموزش می دادند تا چگونه به منابع اطلاعاتی پزشکی مورد نیازشان دست یابند
- سپس کتابخانه پزشکی اسکاتلند، سه سیستم را اجرا نمود. اولین آن خدمات کتابداران پزشکی بالینی به کارمندان، دومی برای محققان پزشکی و سومی بیماران

تعریف و ویژگی های کتابدار بالینی

- کتابدار بالینی کسی است که در کتابخانه های بیمارستانی یا کتابخانه مرکزی دانشگاه علوم پزشکی خدمات کتابداری ارائه می دهد و به طور مستقیم و غیر مستقیم در درمان بیماران نقش دارد و دارای توانایی هایی مانند:
- آشنایی با اصطلاحات پزشکی
- آشنایی با پایگاه های اطلاعاتی حوزه پزشکی چون EVIDENCE CLINICAL و CINAHL, MEDLINE
- آشنایی با فناوری اطلاعات به منظور مدیریت اطلاعات
- آشنایی با زبان انگلیسی عمومی و تخصصی حوزه پزشکی
- مهارت جستجو و بازیابی اطلاعات و روش های آن
- توانایی ارزیابی علمی اطلاعات بازیابی شده
- آشنایی با اصول سازماندهی اطلاعات و چکیده نویسی و نمایه سازی
- آشنایی با اصول تدریس
- توسعه دستورالعمل های بالینی (CLINICAL GUIDELINES)
- توانایی برقراری ارتباط با دیگران
- در نتیجه نقش اصلی کتابدار بالینی فراهم آوری سریع اطلاعات مرتبط با نیاز کادر پزشکی برای درمان بیماران می باشد

پزشکی مبتنی بر شواهد (EVIDENCE-BASED MEDICINE=EBM)

- دکتر دیوید ساکت (DAVID SACKET) پزشکی مبتنی بر شواهد را چنین تعریف می کند: استفاده درست و خردمندانه از بهترین شواهد موجود در تصمیم گیری بالینی برای مراقبت از بیماران.
- به طور خلاصه پزشکی مبتنی بر شواهد دیدگاهی است که ضمن احترام به تجربه پزشکان، این تجربه بایستی با آخرین شواهد و مستندات علمی موجود در جهت ارزشها و خواسته های بیماران سلامت تلفیق گردد، در نتیجه ارتقاء سلامت جامعه محقق شود.
- بطور کلی استفاده از شواهد علمی در تصمیم گیری های بالینی

ضرورت پزشکی مبتنی بر شواهد

• لزوم به روز بودن اطلاعات افراد بالینی (یک متخصص برای به روز نگه داشتن دانسته های خود باید در طول هفته ۲۰ مقاله اصلی مطالعه کند. این رقم در مورد پزشک عمومی به ۱۷ مقاله اصلی در روز می رسد. بدلیل محدود بودن زمان، نیاز به پزشکی مبتنی بر شواهد مطرح است)

- انفجار اطلاعات پزشکی
- فقدان دسترسی به اطلاعات به هنگام/ به موقع نیاز
- اختلاف عملکرد بین افراد بالینی
- شکاف بین پژوهش و طبابت
- افزایش حجم بیماران و پیچیدگی بیماریها

قوانین شش گانه پزشکی مبتنی بر شواهد

- **قانون اول:** استفاده از آخرین شواهد علمی برای تشخیص و درمان بیماران ضروری است. (کتابدار بالینی بایستی دسترسی کادر درمان به اطلاعات معتبر، را فراهم کند)
- **قانون دوم:** هر پزشک، شواهد علمی خاصی جهت تشخیص و درمان نیاز دارد. (فراهم آوری انواع مدارک چاپی یا الکترونیکی مانند منابع مرجع، پایگاه های اطلاعاتی مبتنی بر شواهد

CLINICAL KEY, THE COCHRANE LIBRARY, PUBMED, CLINICAL TRIALS, UP-TO-DATE, EVIDENCE-BASED MEDICINE)

- **قانون سوم:** هر شاهد علمی برطرف کننده نیاز بیمار خاصی است. (پزشک را در تشخیص شواهد علمی دقیق و متناسب با شرایط آن بیمار راهنمایی نمایند)
- **قانون چهارم:** وقت کادر درمان ارزشمند و حیاتی است (در کمترین زمان، بهترین شواهد را در اختیار کادر درمان قرار گیرد)
- **قانون پنجم:** علم پزشکی به طور مداوم در حال تغییر و تحول است. (آخرین یافته های علمی را شناسایی و جهت تصمیم گیری در اختیار کادر درمان قرار دهند)
- **قانون ششم:** پزشکی مبتنی بر شواهد فرایند نظام مند و دقیقی است. (کتابداران بالینی و کادر درمان برای دسترسی به آخرین و دقیق ترین شواهد علمی، باید از یک فرایند علمی تبعیت نمایند)

فرایند پزشکی مبتنی بر شواهد

• دارای پنج مرحله به ترتیب زیر می باشد:

۱. طرح پرسش بالینی

۲. جستجوی منابع مرتبط برای یافتن بهترین شواهد موجود

۳. ارزیابی صحت و اعتبار و سودمندی شواهد با دید انتقادی

۴. بکارگیری شواهد: ترکیب شواهد نقد شده با ارزشهای بیمار و تجربیات بالینی

۵. ذخیره سازی اطلاعات و ارزیابی نحوه انجام مراحل ۱ تا ۴ به منظور اصلاح مداوم کیفیت انجام آنها و

همچنین دسترسی آسان برای استفاده بعدی

۱- طرح پرسش بالینی

• پرسش های بالینی معمولاً از چهار جزء تشکیل می شوند که به اختصار (PICO) نامیده می شود:

الف. بیمار (PATIENT)

ب. مداخله (INTERVENTION)

ج. مقایسه (COMPARISON)

د. نتیجه بالینی (OUTCOME)

مثال: در یک بیمار مبتلا به آرتروز پا مصرف موضعی ضد التهاب یا ایبوپروفن تا چه حدی در بهبودی موثر است.

فرد مبتلا به آرتروز (بیمار) – مصرف موضعی ضد التهاب (مداخله) – ایبوپروفن (مقایسه) تا چه حدی در بهبودی موثر است (نتیجه

بالینی)

۲- جستجوی منابع مرتبط برای یافتن بهترین شواهد موجود

- در این مرحله نقش اصلی برعهده کتابدار بالینی است
- پایگاه های اطلاعاتی الکترونیکی مانند EVIDENCE-BASED MEDICINE REVIEWS, MEDLINE, EMBASE و ...

۳- ارزیابی صحت و اعتبار و سودمندی شواهد با دید انتقادی

- تمامی شواهد بدست آمده باید به گونه ای منتقدانه مورد ارزیابی قرار گیرند و از لحاظ اعتبار، اهمیت و قابلیت کاربرد مورد بررسی قرار گیرند.

۴- بکارگیری شواهد: ترکیب شواهد نقد شده با ارزشهای بیمار و تجربیات بالینی

- بعد از شناسایی شواهد معتبر و مرتبط، پزشکان می توانند یا مستقیماً برای مراقبت از بیمار از آنها استفاده کنند یا در توافقات گروهی برای متحول کردن برنامه های آموزش پزشکی استفاده نمایند.

۵- ذخیره سازی اطلاعات و ارزیابی نحوه انجام مراحل ۱ تا ۴

سه بعد اصلی پزشکی مبتنی بر شواهد



- به منظور دسترسی آسان در مراجعات بعدی، بهتر است خلاصه ای ۱ تا ۲ صفحه ای از تمامی مراحل پزشکی مبتنی بر شواهد در خصوص یک سوال آماده نماییم که اجزای اصلی آن شامل عنوان، نام فرد مرور کننده، راهکارهای جستجو، تاریخ، مأخذ، خلاصه مطالعه، نقد و نتیجه گیری باشد.

مهمترین منابع اطلاعاتی در کتابداری بالینی

- **منابع نوع اول:** شامل مقالات اصلی از طریق پایگاه های Medline, Scopus, WOS قابل دسترسی است.
- **منابع نوع دوم:** مقالات مروری و سیستماتیک از طریق پایگاه های Evidence Clinical, Cochrane و ...
- **منابع نوع سوم:** ترکیبی از منابع اول و دوم می باشد. ۱۰۰ عنوان مقاله سیستماتیک را جستجو نموده سپس تجربه خود را نیز بدان می افزاید در نهایت به صورت یک بحث TOPIC که منابع آن مقالات استخراج شده در آن موضوع را ارائه می دهد مانند پایگاه UP TO DATE

شبکه ارتباطی کتابدار بالینی با کادر درمان



دوره‌های آموزشی که کتابدار بالینی بایستی بگذرانند

- PubMed
- Cochrane Library
- Evidence Based Resources
- OVID databases: **EMBASE, CINAHL**
- Reference Manager, EndNote

جستجو در COCHRANE LIBRARY

کلید search را بزنید

The image shows the homepage of the Cochrane Library. At the top left is the Cochrane Library logo with the tagline "Trusted evidence. Informed decisions. Better health." To the right is a search bar with the text "Search title, abstract, keyword" and a magnifying glass icon. Below the search bar are two buttons: "Browse" and "Advanced Search", with the latter highlighted by a red box. A callout bubble points to the "Advanced Search" button with the text "کلید search را بزنید". Below the search bar is a purple navigation bar with links for "Cochrane Reviews", "Trials", "More Resources", "About", and "Help". The main content area features three featured articles: "Implementing health systems in low-income countries" (An overview of systematic reviews), "Cervical cancer screening", and "Health systems overviews". At the bottom, there are three buttons: "Highlighted Reviews", "Editorials", and "Special Collections".

Cochrane.org

Search title, abstract, keyword

Browse Advanced Search

Cochrane Reviews ▾ Trials ▾ More Resources ▾ About ▾ Help ▾

Implementing health systems in low-income countries
An overview of systematic reviews
Read the review →

Cervical cancer screening
Read the review →

Health systems overviews
Read the editorial →

Highlighted Reviews Editorials Special Collections

COCHRANE LIBRARY نحوه ثبت نام در

Wiley Online Library

 **Cochrane Library** Trusted evidence. Informed decisions. Better health.

جهت ثبت نام کلیک نمایید

[Log in / Register](#)

Search Search Manager Medical Terms (MeSH) Browse

[Search Limits](#) [Search Help](#) (Word variations have been searched) [Add to Search Manager](#)

Wiley Online Library Publications Browse By Subject Resources
About us Help Contact Us Agents Advertisers Media Privacy Cookies Terms of Service Site Map

Copyright © 1999–2017 John Wiley & Sons, Inc. All Rights Reserved. About Wiley Wiley.com Wiley Job Network **WILEY**

در صورتی که قبلاً ثبت نام کرده اید. پست الکترونیکی و رمز عبور را وارد
نمایید. در غیر اینصورت دکمه **Register** را کلیک نمایید

Wiley Online Library



Log in to your Wiley Online Library account

E-mail address

Password

Remember me

[Log In](#) or [Register](#)

[Forgot your password?](#)

[Institutional login](#)

اطلاعات ضروری که با * نمایش داده شده است را تکمیل نموده گزینه **SUBMIT REGISTRATION** را کلیک نمایید

Wiley Online Library Iran Ministry of Health & Medical Education [Log in](#) / [Register](#)

Registration

Register on Wiley Online Library to:

- Receive email alerts for new content and saved searches
- Save articles, publications and searches to your profile
- Purchase individual articles and chapters
- Receive email updates and promotional offers on Wiley books and journals relevant to you
- Track your accepted article if you are a journal contributor
- If you have previously registered on Wiley InterScience your details have been migrated and you can log in with the same username and password.

* = Required Field

Login Information

E-mail Address: * Password: *
Re-type E-mail Address: * Re-type Password: *
A one-time confirmation e-mail will be sent to this address. Your e-mail will serve as your login. Passwords must be alphanumeric (no special characters) between 5 and 32 characters long.

Personal Profile

First name: * Country/Location: *
Last name: * Area of Interest: *
First Name and Last Name should be alphanumeric with the following allowed characters: hyphen(-), single quotes('), space and dot

Promotional Information

By e-mail: Please send me updates about enhancements to the Wiley Online Library and related products from Wiley. [View our Privacy Policy](#)

By regular mail: Please include me on your mailing list to receive brochures and other printed information about books and journals in my subject area

Mailing address

Organization: Address line 1: *
Department: Address line 2:
Phone: City/Town: *
State/Province:
Country/Location: *
Post/Zip code: *

Terms of Use

Please review our [Terms and Conditions of Use](#) prior to completing registration.

I have read and accept the Wiley Online Library Terms and Conditions of Use
[View Wiley Online Library Terms and Conditions of Use](#)

Verify Registration


Enter the text you see here: *

Submit registration

Wiley Online Library [Publications](#) [Browse by Subject](#) [Resources](#)
[About Us](#) [Help](#) [Contact Us](#) [Agents](#) [Advertisers](#) [Media](#) [Privacy](#) [Cookies](#) [Terms of Service](#) [Site Map](#)

با کلیک روی علامت - و + می توانید سطرهای جستجو را افزایش یا کاهش دهید

Wiley Online Library

 **Cochrane Library** Trusted evidence. Informed decisions. Better health.

[Log in / Register](#)

Search Search Manager Medical Terms (MeSH) Browse

Keywords

AND

AND

[Search Limits](#) [Search Help](#) (Word variations have been searched)

Wiley Online Library Publications Browse By Subject Resources
About us Help Contact Us Agents Advertisers Media Privacy Cookies Terms of Service Site Map

Copyright © 1999–2017 John Wiley & Sons, Inc. All Rights Reserved. [About Wiley](#) [Wiley.com](#) [Wiley Job Network](#) **WILEY**

Search

Search Manager

Medical Terms (MeSH)

Browse

Go

Save

[Search Limits](#)
[Search Help](#)

(Word variations have been searched)

[Add to Search Manager](#)

Clear

نتایج جستجو

All Results (18032)

 Cochrane Reviews (100)

 All

 Review

 Protocol

 Other Reviews (483)

 Trials (17137)

 Methods Studies (28)

 Technology Assessments (111)

 Economic Evaluations (173)

 Cochrane Groups (0)

 All

 Current Issue

 Me Methodology

 Dx Diagnostic

 Ov Overview

 Pg Prognosis

 Qu Qualitative

 Cc Conclusions changed

 Ns New search

 Mc Major change

 Up Update

 Wd Withdrawn

 Cm Comment


Cochrane Database of Systematic Reviews : Issue 10 of 12, October 2017

Issue [updated daily](#) throughout month


There are 100 results from 9988 records for your search on 'gastric in Title, Abstract, Keywords in Cochrane Reviews

Pages 1 - 25 | 26 - 50 | 51 - 75 | 76 - 100


Sort by Relevance: high to low

[Select all](#) | [Export all](#) | [Export selected](#)
  [Endoscopic injection of cyanoacrylate glue versus other endoscopic procedures for acute bleeding gastric varices in people with portal hypertension](#)
 Eddy Ríos Castellanos , Pamela Seron , Javier P Gisbert and Xavier Bonfill Cosp
 Online Publication Date: May 2015


Review

  [Additional bedtime H2-receptor antagonist for the control of nocturnal gastric acid breakthrough](#)
 Yiping Wang , Tao Pan , Qiong Wang and Zhen Guo
 Online Publication Date: October 2009

Review

  [Deflation of gastric band balloon in pregnancy for improving outcomes](#)
 Amanda E Jefferys , Dimitrios Siassakos , Tim Draycott , Valentine A Akande and Robert Fox
 Online Publication Date: April 2013


Review

  [Helicobacter pylori eradication for the prevention of gastric neoplasia](#)
 Alexander C Ford , David Forman , Richard Hunt , Yuhong Yuan and Paul Moayyedi

Review

  [Drug therapies for reducing gastric acidity in people with cystic fibrosis](#)
 Sze May Ng and Helen S Moore
 Online Publication Date: August 2016

Ns Review

  [Surgery for weight loss in adults](#)
 Jill L Colquitt , Karen Pickett , Emma Loveman and Geoff K Frampton
 Online Publication Date: August 2014

Ns Cc Review

توضیحات علائم اختصاری که در جلوی مقالات بکار رفته است

جهت دستیابی به
نتایج بهتر از
امکانات این بخش
استفاده نمایید.

SEARCH MANAGER

در صورتی که در صفحه اصلی جستجویی را انجام داده باشید و گزینه Search Manager را کلیک نمایید نتایج جستجو در این صفحه نشان داده می شود

با کلیک روی گزینه Search Manager صفحه زیر گشوده می شود

جهت جستجو واژه موردنظر را تایپ کنید

Wiley Online Library

Cochrane Library Trusted evidence. Informed decisions. Better health.

Log in / Register

Search Search Manager Medical Terms (MeSH) Browse

To search an exact word(s) use quotation marks, e.g. "hospital" finds hospital; hospital (no quotation marks) finds hospital, hospital (ing, payed)

Add to top

#1 gastric:ti,ab,kw (Word variations have been searched) 18032

#2 | N/A

Clear Strategy Search Help Highlight orphan lines

Save strategy

Strategy Name Save Strategy

Comments

Wiley Online Library Publications Browse By Subject Resources
About us Help Contact Us Agents Advertisers Media Privacy Cookies Terms of Service Site Map

Copyright © 1999–2017 John Wiley & Sons, Inc. All Rights Reserved. About Wiley Wiley.com Wiley Job Network WILEY

SEARCH MANAGER

Wiley Online Library



Trusted evidence.
Informed decisions.
Better health.

Log in / Register

Search

Search Manager

Medical Terms (MeSH)

Browse

گزینه ویرایش کلیدواژه

Use word(s) use quotation marks, e.g. "hospital" finds hospital; hosp

aid, pays, paying, payed)

Add to top

#1 gastric:ti,ab,kw (Word variations have

Edit #2 cancer

#3

با کلیک روی دایره نمایش داده شده، می توان از جستجوی Mesh استفاده کرد

تعداد نتایج جستجو (جهت رویت کلیک نمایید)

جهت انجام محدودیت کلیک نمایید تا صفحه مربوطه باز شود

Clear Strategy

Search Help

Highlight orphan

Save strategy

Strategy Name

Save Strategy

Comments

Wiley Online Library

Publications

Browse By Subject

Resources

About us

Help

Contact Us

Agents

Advertisers

Media

Privacy

Cookies

Terms of Service

Site Map

صفحه LIMITS گزینه SEARCH MANAGER

بر اساس نیاز
باکس ها را
انتخاب نمایید

Search limits

By default, your search will be of all Cochrane databases, all document statuses, for all years, unless you change these limits with the panel below

Database	Status	Cochrane Review Group
<input type="checkbox"/> Cochrane Reviews	Limit search to the following:	<input type="text" value="Choose review group"/>
<input checked="" type="radio"/> All	<input type="checkbox"/> New (all products)	
<input type="radio"/> Review		
<input type="radio"/> Protocol	For Cochrane Reviews only	
<input type="checkbox"/> Other Reviews	<input type="checkbox"/> New Search	
<input type="checkbox"/> Trials	<input type="checkbox"/> Conclusions Changed	
<input type="checkbox"/> Methods Studies	<input type="checkbox"/> Major Change	
<input type="checkbox"/> Technology Assessments	<input type="checkbox"/> Commented	
<input type="checkbox"/> Economic Evaluations	<input type="checkbox"/> Withdrawn	
<input type="checkbox"/> Cochrane Groups		

Dates

Publication Year (available for all databases)
Year (YYYY) the article was originally published
***For Cochrane Reviews, this is the year of the last update*

All Years
 Between and

Or

Cochrane Library Online Publication Date
Date the article was added (or last updated) on the Cochrane Library
***Available for Cochrane Reviews only*

All Dates
 In the last
 Between and

محدودیت های تاریخ انتشار

جستجو در MEDICAL TERMS(MESH)

کلیدواژه را در باکس جستجو وارد نمایید. هنگام تایپ لیستی از واژه های مرتبط نشان داده می شود. شما می توانید از میان آنها واژه مورد نظر را انتخاب نمایید

The screenshot shows the Wiley Online Library interface for searching Medical Terms (MeSH). The search bar contains the text "gastric". A dropdown menu is open, displaying a list of related terms starting with "Gastric". The "Medical Terms (MeSH)" tab is highlighted with a red box. The interface includes a search bar, a search manager, and a browse section. The search results are displayed in a list format.

Wiley Online Library

Cochrane Library Trusted evidence. Informed decisions. Better health.

Log in / Register

Search Search Manager Medical Terms (MeSH) Browse

gastric

Select subheadings of Gastric

Lookup Clear

Resources Agents Advertisers Media Privacy Cookies Terms of Service Site Map

About Wiley Wiley.com Wiley Job Network WILEY

- Gastric Absorption
- Gastric Absorptions
- Gastric Acid
- Gastric Acid Aspiration Syndrome
- Gastric Acid Reflux
- Gastric Acid Reflux Disease
- Gastric Acidity Determination
- Gastric Acidity Determinations
- Gastric Acids
- Gastric Agents
- Gastric Antral Vascular Ectasia
- Gastric Antrum
- Gastric Antrums
- Gastric Balloon
- Gastric Balloons
- Gastric Bubble
- Gastric Bubble, Garren-Edwards
- Gastric Bubbles
- Gastric Bypass
- Gastric Bypass, Greenville
- Gastric Bypass, Roux-en-Y
- Gastric Cancer
- Gastric Cancer, Familial Diffuse
- Gastric Cancers
- Gastric Chief Cell
- Gastric Chief Cells
- Gastric D Cell
- Gastric D Cells
- Gastric delta Cell
- Gastric delta Cells
- Gastric Dilatation
- Gastric Dilation
- Gastric Disease
- Gastric Diseases
- Gastric Diverticula



Search

Search Manager

Medical Terms (MeSH)

Browse

Stomach Neoplasms

Select subheadings / qualifiers

Lookup

Clear

[Search Help](#)

Definition

Stomach Neoplasms - Tumors or cancer of the STOMACH.

جستجوی دقیقتر از طریق
ساختار درختی MeSH

Thesaurus matches

Exact Term Match

Stomach Neoplasms

Synonyms: Gastric Cancer; Gastric Cancers.

Phrase Matches

Stomach Neoplasms

Synonyms: Gastric Neoplasms; Gastric Neoplasm; Neoplasm, Gastric; Neoplasms, Gastric; Cancer of Stomach; Stomach Cancers; Gastric Cancer; Cancer, Gastric; Cancers, Gastric; Gastric Cancers; Stomach Cancer; Cancer, Stomach; Cancers, Stomach; Cancer of the Stomach; Gastric Cancer, Familial Diffuse.

Any Word Match

Cancer-Associated Fibroblasts

Synonyms: Cancer-Associated Fibroblast; Fibroblast, Cancer-Associated; Fibroblasts, Cancer-Associated; Cancer Associated Fibroblasts; Cancer Associated Fibroblast; Fibroblast, Cancer Associated; Fibroblasts,

MeSH trees

MeSH term - Stomach Neoplasms

- Explode all trees
 Single MeSH term (unexploded)
 Explode selected trees

Select

Use the checkbox next to each tree to explode selected trees

 Tree Number 1

Neoplasms [+15]

Neoplasms by Site [+17]

Digestive System Neoplasms [+5]

Gastrointestinal Neoplasms [+5]

Esophageal Neoplasms

Intestinal Neoplasms [+5]

Stomach Neoplasms

 Tree Number 2

Digestive System Diseases [+8]

Digestive System Neoplasms [+5]

Gastrointestinal Neoplasms [+5]

Esophageal Neoplasms

Intestinal Neoplasms [+6]

Search results

There are 2095 results for your search on

- MeSH descriptor: [Stomach Neoplasms]
- explode all trees

Save search

[Add to Search Manager](#)

Cochrane Reviews	15
Other Reviews	312
Trials	1660
Methods Studies	0
Technology Assessments	36
Economic Evaluations	72
Cochrane Groups	0

View Results

واژه انتخاب
شده براساس
MeSH

برای تخصصی تر شدن نتایج جستجو می توانید از گزینه SELECT SUBHEADINGS/ QUALIFIERS استفاده کرد

The screenshot displays the Cochrane Library search interface. The search term 'Stomach Neoplasms' is entered in the search bar. The 'Medical Terms (MeSH)' dropdown menu is open, showing a list of MeSH terms such as 'Blood - BL', 'Blood supply - BS', 'Cerebrospinal fluid - CF', 'Chemically induced - CI', 'Chemistry - CH', 'Classification - CL', and 'Complications - CO'. The 'View Results' button is highlighted with a red box. The interface also shows the 'Definition' of 'Stomach Neoplasms' as 'Tumors or cancer of the STOMACH.' and a list of 'Thesaurus matches' including 'Stomach Neoplasms' and 'Cancer-Associated Fibroblasts'. The 'View Results' button is located in the bottom right corner of the search results area.

Wiley Online Library
Cochrane Library
Trusted evidence. Informed decisions. Better health.
Log in / Register

Search Search Manager Medical Terms (MeSH) Browse
Lookup Clear

Stomach Neoplasms
Search Help

Definition
Stomach Neoplasms - Tumors or cancer of the STOMACH.

Thesaurus matches

Exact Term Match
Stomach Neoplasms
Synonyms: Gastric Cancer; Gastric Cancers.

Phrase Matches
Stomach Neoplasms
Synonyms: Gastric Neoplasms; Gastric Neoplasm; Neoplasm, Gastric; Neoplasms, Gastric; Cancer of Stomach; Stomach Cancers; Gastric Cancer; Cancer, Gastric; Cancers, Gastric; Gastric Cancers; Stomach Cancer; Cancer, Stomach; Cancers, Stomach; Cancer of the Stomach; Gastric Cancer, Familial Diffuse.

Any Word Match
Cancer-Associated Fibroblasts
Synonyms: Cancer-Associated Fibroblast; Fibroblast, Cancer-Associated; Fibroblasts, Cancer-Associated; Cancer Associated Fibroblasts; Cancer Associated Fibroblast; Fibroblast, Cancer Associated; Fibroblasts,

MeSH terms
MeSH terms
Explosion options
Explosion options
Use the checkbox next to each tree to explode selected trees

Tree Number 1
Neoplasms [+15]
Neoplasms by Site [+17]
Digestive System Neoplasms [+5]
Gastrointestinal Neoplasms [+5]
Esophageal Neoplasms
Intestinal Neoplasms [+5]
Stomach Neoplasms

Tree Number 2
Digestive System Diseases [+8]
Digestive System Neoplasms [+5]
Gastrointestinal Neoplasms [+5]
Esophageal Neoplasms
Intestinal Neoplasms [+6]

2095 results for your search on MeSH descriptor: [Stomach Neoplasms] Load all trees
search Add to Search Manager

Cochrane Reviews	15
Other Reviews	312
Trials	1660
Methods Studies	0
Technology Assessments	36
Economic Evaluations	72
Cochrane Groups	0

View Results

Wiley Online Library
Publications About us
Browse By Subject Help
Resources Agents Advertisers
Media Privacy
Cookies Terms of Service

Copyright © 1999–2017 John Wiley & Sons, Inc. All Rights Reserved.
About Wiley Wiley.com Wiley Job Network

برای رویت نتایج
جستجو روی گزینه
View Results
کلیک نمایید

نتایج جستجو

Thesaurus matches

Exact Term Match

Stomach Neoplasms
Synonyms: Gastric Cancer; Gastric Cancers.

Phrase Matches

Stomach Neoplasms
Synonyms: Gastric Neoplasms; Gastric Neoplasm; Neoplasm, Gastric; Neoplasms, Gastric; Cancer of Stomach; Stomach Cancers; Gastric Cancer; Cancer, Gastric; Cancers, Gastric; Gastric Cancers; Stomach Cancer; Cancer, Stomach; Cancers, Stomach; Cancer of the Stomach; Gastric Cancer, Familial Diffuse.

Any Word Match

Cancer-Associated Fibroblasts
Synonyms: Cancer-Associated Fibroblast; Fibroblast, Cancer-Associated; Fibroblasts, Cancer-Associated; Cancer Associated Fibroblasts; Cancer Associated Fibroblast; Fibroblast, Cancer Associated; Fibroblasts,

MeSH trees

Tree Number 2
Digestive System Diseases [+8]
Digestive System Neoplasms [+5]
Gastrointestinal Neoplasms [+5]
Esophageal Neoplasms
Intestinal Neoplasms [+6]
Stomach Neoplasms
Zollinger-Ellison Syndrome
Gastrointestinal Stromal Tumors

Tree Number 3
Digestive System Diseases [+8]
Gastrointestinal Diseases [+8]
Gastrointestinal Neoplasms [+5]
Esophageal Neoplasms
Intestinal Neoplasms [+6]
Stomach Neoplasms
Zollinger-Ellison Syndrome
Gastrointestinal Stromal Tumors

Tree Number 4
Digestive System Diseases [+8]

Save search [Add to Search Manager](#)

Cochrane Reviews	15
Other Reviews	312
Trials	1660
Methods Studies	0
Technology Assessments	36
Economic Evaluations	72
Cochrane Groups	0

View Results

All Results (2095)

Cochrane Reviews (15)

- All
- Review
- Protocol

Other Reviews (312)

Trials (1660)

Methods Studies (0)

Technology Assessments (36)

Economic Evaluations (72)

Cochrane Groups (0)

All

Current Issue

Me Methodology

Dx Diagnostic

Ov Overview

Pg Prognosis

Qu Qualitative

Cc Conclusions changed

Ns New search

Mc Major change

Up Update

Wd Withdrawn





Cochrane Database of Systematic Reviews : Issue 10 of 12, October 2017

Issue [updated daily](#) throughout month

There are **15** results from **9988** records for your search on "MeSH descriptor: [Stomach Neoplasms] explode all trees in Cochrane Reviews"

Sort by **Relevance: high to low**

Select all | Export all | Export selected

-  **Molecular-targeted first-line therapy for advanced gastric cancer**
Huan Song , Jianwei Zhu and DongHao Lu
Online Publication Date: July 2016 **Review**
-  **Perioperative chemo(radio)therapy versus primary surgery for resectable adenocarcinoma of the stomach, gastroesophageal junction, and lower esophagus**
Ulrich Ronellenfitsch , Matthias Schwarzbach , Ralf Hofheinz , Peter Kienle , Meinhard Kieser , Tracy E Slanger , Katrin Jensen and GE Adenocarcinoma Meta-analysis Group
Online Publication Date: May 2013 **Review**
-  **Chinese herbal medicines for induction of remission in advanced or late gastric cancer**
Jinlin Yang , Linlin Zhu , Zongying Wu and Yiping Wang
Online Publication Date: April 2013 **Ns** **Review**
-  **Chemotherapy for advanced gastric cancer**
Anna Dorothea Wagner , Nicholas LX Syn , Markus Moehler , Wilfried Grothe , Wei Peng Yong , Bee-Choo Tai , Jingshan Ho and Susanne Unverzagt
Online Publication Date: August 2017 **Ns** **Cc** **Review**

انواع مطالعه

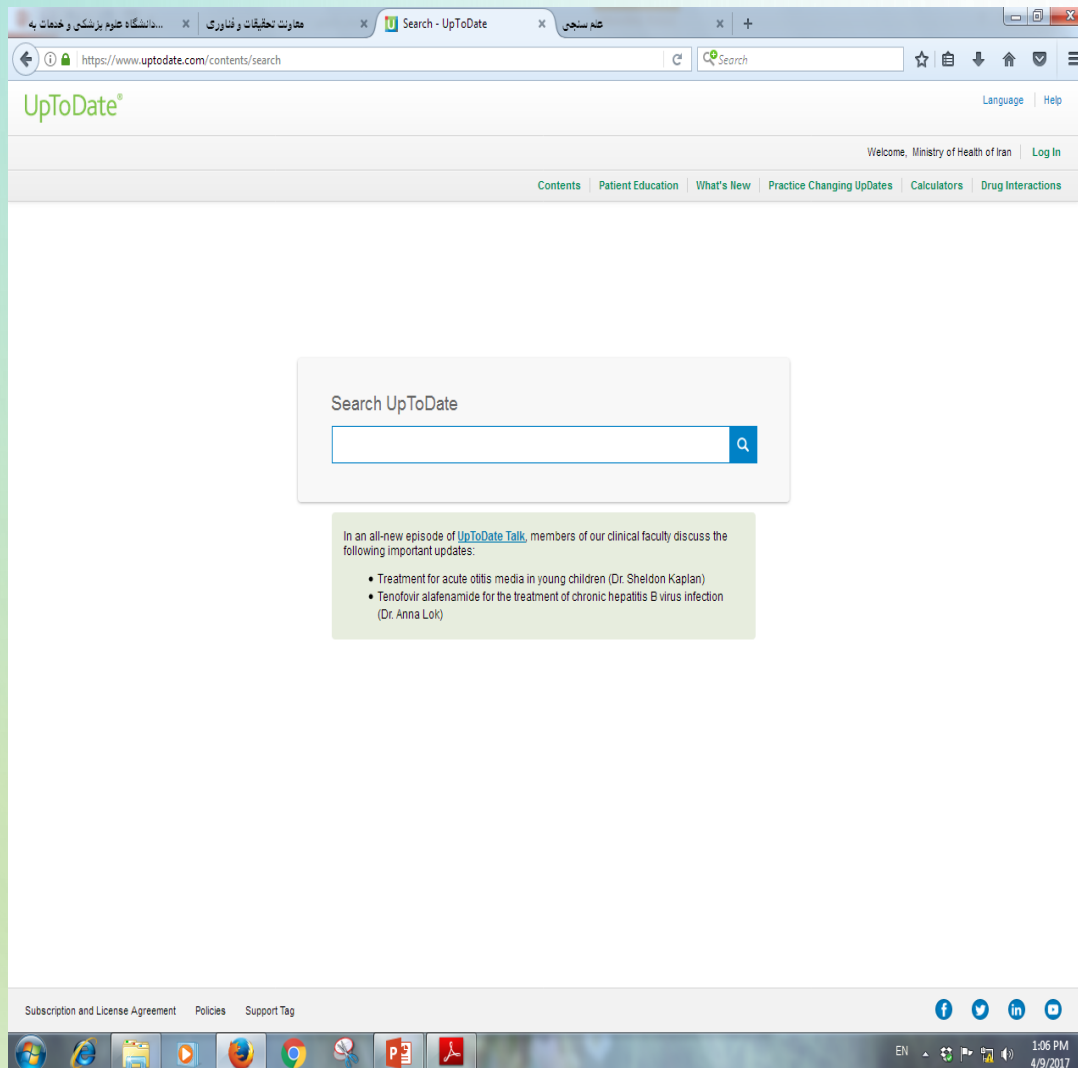
بانک اطلاعاتی UP TO DATE

- پایگاه اطلاعاتی است که اطلاعاتی را در خصوص مراقبت از بیمار(روش های آزمایشگاهی، علائم بالینی، تشخیص و درمان بیماری) ارائه می دهد. 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
- از طریق آدرس زیر قابل دسترسی است.

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



پوشش موضوعی بانک اطلاعاتی UP TO DATE

- دارای ۷۳۰۰ زمینه موضوعی در ۱۳ تخصص پزشکی و یک پایگاه اطلاعاتی دارویی می باشد.
- کلیه، اعصاب، گوارش و کبد، خون شناسی، سرطان، بیماری های عفونی، ریه، حساسیت ها و ایمنی شناسی، اطفال، روماتولوژی، زنان و زایمان و بهداشت زنان، غدد درون ریز، قلب و عروق، طب خانواده و اورژانس، مراقبتهای اولیه بزرگسالان

بانک اطلاعات دارویی UP TO DATE

- 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

تداخل دارویی

- 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 shows a web browser window with the UpToDate Lexicomp Drug Interactions tool. The browser's address bar shows the URL: https://www.uptodate.com/drug-interactions/?source=responsive_home#di-druglist. The page title is "Lexicomp® Drug Interactions". Below the title, there is a search bar with the placeholder text "Enter item name". Below the search bar, there is a section titled "ITEM LIST" with two buttons: "Clear List" and "Analyze". Below the buttons, there is a list of items: "Pediarx" and "Halcion". Below the list, there is a note: "Display complete list of interactions for an individual item by clicking item name." At the bottom of the page, there is a note: "NOTE: This tool does not address chemical compatibility related to I.V. drug preparation or administration." and a link for "Drug Interactions Feedback". The browser's taskbar at the bottom shows the system tray with the date and time: "1:44 PM 4/9/2017".

دانشگاه علوم پزشکی و خدمات تحقیقات و فناوری | nephrolithiasis - UpT... | راهنمای بانک اطلاعات | uptodate.pdf | Google Translate

https://www.uptodate.com/contents/search?search=nephrolithiasis&sp=&searchType=PLAIN_TEXT&source=USER_INPUT& Search

UpToDate® Language | Help

Welcome, Ministry of Health of Iran | Log In

nephrolithiasis Contents | Patient Education | What's New | Practice Changing UpDates | Calculators | Drug Interactions

Search Results for "nephrolithiasis"

All Adult Pediatric Patient Graphics Collapse Results

Diagnosis and acute management of suspected nephrolithiasis in adults
 ...strong family history of **nephrolithiasis** in siblings can suggest the presence of rare inherited forms of **nephrolithiasis**, such as Dent disease (a hypercalciuric form of **nephrolithiasis**), adenine phosphoribosyltransferase ...
 Acute therapy
 Tests of choice: Non-contrast CT scan or ultrasonography
 Summary and recommendations
 Management of acute symptomatic nephrolithiasis (Algorithms)
 Risk factors for calcium stones (Tables)

Options in the management of renal and ureteral stones in adults
 ... has been made in the medical and surgical management of **nephrolithiasis** over the past 20 years. Approximately 10 to 20 percent of all **kidney stones** require surgical removal, which is determined based upon ...
 Prevention of new stone formation
 Summary

Management of ureteral calculi
 ... discussion regarding the techniques utilized to treat **ureteral calculi** (including associated complications), the diagnosis and acute management of **nephrolithiasis**, and the significance of residual stones after ...
 Proximal ureteral calculi
 Distal ureteral stones
 Summary and recommendations

The first kidney stone and asymptomatic nephrolithiasis in adults
 ... **Renal stones (nephrolithiasis)** are a relatively common problem . In the United States, almost 2 million outpatient visits for a primary diagnosis of **urolithiasis** were recorded in 2000 . Up to 16 percent ...
 The first kidney stone
 Asymptomatic nephrolithiasis
 Summary and recommendations

Clinical features and diagnosis of nephrolithiasis in children
 ...factors that are associated with an increased likelihood for **nephrolithiasis**: History of previous **renal stone**. Family history of renal calculi ...

EN 1:48 PM 4/9/2017

©2017 UpToDate®

Calcium oxalate crystals in the urine



Urine sediment showing both dumbbell-shaped calcium oxalate monohydrate (long arrow) and envelope-shaped calcium oxalate dihydrate (short arrows) crystals. Although not shown, the monohydrate crystals may also have a needle-shaped appearance. The formation of calcium oxalate crystals is independent of the urine pH.

Courtesy of Frances Andrus, BA, Victoria Hospital, London, Ontario.

Graphic 65169 Version 2.0

APPEARS IN TOPICS:

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

- The first kidney stone and asymptomatic nephrolithiasis in adults
- Clinical features and diagnosis of nephrolithiasis in children
- Evaluation of the adult patient with established nephrolithiasis and treatment if stone composition is unknown
- Interpretation of kidney stone analysis
- Epidemiology of and risk factors for nephrolithiasis in children
- Risk factors for calcium stones in adults
- Primary hyperoxaluria
- Urinalysis in the diagnosis of kidney disease
- Approach to the child with occult toxic exposure
- Methanol and ethylene glycol poisoning

GRADE

• 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

Initial management of blood glucose in adults with type 2 diabetes mellitus

(The Basics)

• Beyond the Basics topics (see "Patient education: Diabetes mellitus type 2: Overview (Beyond the Basics)" and "Patient education: Diabetes mellitus type 2: Treatment (Beyond the Basics)" and "Patient education: Self-blood glucose monitoring in diabetes mellitus (Beyond the Basics)")

SUMMARY AND RECOMMENDATIONS

- Patients with newly diagnosed diabetes should participate in a comprehensive diabetes self-management education program, which includes instruction on nutrition, physical activity, optimizing metabolic control, and preventing complications. Weight reduction through diet, exercise, and behavioral modification can all be used to improve glycemic control, although the majority of patients with type 2 diabetes will require medication over the course of their diabetes. (See "Diabetes education" above.)
- Target glycated hemoglobin (A1C) levels in patients with type 2 diabetes should be tailored to the individual, balancing the improvement in microvascular complications with the risk of hypoglycemia. A reasonable goal of therapy might be an A1C value of ≤ 7.0 percent (53.0 mmol/mol) (calculator 1) for most patients. Glycemic targets are generally set somewhat higher for older adult patients and for those with comorbidities or a limited life expectancy and little likelihood of benefit from intensive therapy (See "Degree of glycemic control" above and "Glycemic control and vascular complications in type 2 diabetes mellitus", section on "Glycemic targets".)
- In the absence of specific contraindications, we suggest **metformin** as initial therapy in most patients (**Grade 2B**). (See "A1C at < 7.6 percent" or close to > 0.5 to 1.5 percent above, eg, 7.6 to 8.5 percent" treatment goal" above and "A1C relatively far from goal (eg, 8.5 to 9.5 percent)" above.)

Insulin can also be considered a first-line therapy for all patients with type 2 diabetes, particularly patients presenting with A1C > 9 percent (74.9 mmol/mol). (See "Insulin therapy in type 2 diabetes mellitus".)

We suggest initiating **metformin** at the time of diabetes diagnosis, along with consultation for lifestyle intervention (**Grade 2C**). For highly motivated patients with A1C near target (ie, < 7.5 percent), however, a three- to six-month trial of lifestyle modification before initiating pharmacologic therapy is reasonable. (See "When to start" above.)

The dose of **metformin** should be titrated to its maximally effective dose (usually 2000 to 2500 mg per day in divided doses) over one to two months, as tolerated. Metformin should not be administered when conditions predisposing to lactic acidosis are present. (See "Metformin in the treatment of adults with type 2 diabetes mellitus", section on "Contraindications".)

- In the presence of contraindications to **metformin**, we suggest a shorter-duration sulfonylurea (**glipizide**) for initial therapy (**Grade 2B**). (See "Contraindications to metformin" above.)

We suggest initiating lifestyle intervention first, at the time of diagnosis, since the weight gain that often accompanies a sulfonylurea will presumably be less if lifestyle efforts are underway (**Grade 2C**). However, if lifestyle intervention has not produced a significant reduction in symptoms of hyperglycemia or in glucose values after one or two weeks, then the sulfonylurea should be added.

- In patients who are intolerant of or are not candidates for **metformin** or sulfonylureas, **repaglinide** is a reasonable alternative, particularly in a patient with chronic kidney disease at risk for hypoglycemia. (See "Contraindications to metformin" above and

اطلاعات ویژه بیماران

UpToDate®

Welcome, Ministry of Health of Iran | Log In

diabetes treatment

Contents Patient Education What's New Practice Changing Updates Calculators Drug Interactions

HIV and AIDS

The Basics **Beyond the Basics**

"Beyond the Basics" articles are 5 to 10 pages long and more detailed than "The Basics". These articles are best for readers who want a lot of detailed information and who are comfortable with some technical medical terms.

HIV infection

Symptoms of HIV infection (Beyond the Basics)

HIV testing

Testing for HIV (Beyond the Basics)

Opportunistic infections

Preventing opportunistic infections in HIV (Beyond the Basics)

Pregnancy and HIV

HIV and pregnancy (Beyond the Basics)

Treatment

Initial treatment of HIV (Beyond the Basics)

Tips for taking HIV medications (Beyond the Basics)

grade Highlight All Match Case Whole Words 5 of 6 matches

8:12 AM 4/10/2017

- اطلاعات این قسمت مربوط به شایع ترین بیماریها بوده و به جنبه های خاص بیماری مانند: ریسک فاکتورها، علل بیماری، روش های تشخیص، اقدامات پیشگیرانه و درمان های پیشنهادی می پردازد. و هر ۴ ماه یکبار به روز رسانی می شود.

- بیماران می توانند از قسمت "THE BASICS" به این اطلاعات دست یابند ولی سایر گروهها می توانند از قسمت "BEYOND THE BASICS" اطلاعات مورد را بدست آورند

WHAT'S NEWS

- آخرین تغییرات در حوزه پزشکی را در شش ماهه گذشته بر اساس موضوع و تاریخ لیست می کند.

The screenshot shows a web browser window with the UpToDate website. The address bar displays the URL: <https://www.uptodate.com/contents/table-of-contents/whats-new>. The page title is "What's New". Below the title, there is a search bar with the text "hiv" and a search icon. The main content area is titled "What's New" and contains the following text: "Our editors select a small number of the most important updates and share them with you via What's New. See these updates by clicking on the specialty you are interested in below. You may also enter 'What's new' in the search box." Below this text, there is a section titled "Find Out What's New In:" followed by a grid of medical specialties. The specialties listed are: Practice Changing UpDates, Allergy and immunology, Cardiovascular medicine, Dermatology, Drug therapy, Emergency medicine, Endocrinology and diabetes mellitus, Family medicine, Gastroenterology and hepatology, General surgery, Geriatrics, Hematology, Hospital medicine, Infectious diseases, Nephrology and hypertension, Neurology, Obstetrics and gynecology, Oncology, Palliative care, Pediatrics, Primary care, Psychiatry, Pulmonary and critical care medicine, Rheumatology, Sleep medicine, and Sports medicine (primary care). At the bottom of the page, there are links for "Subscription and License Agreement", "Policies", and "Support Tag". The browser's taskbar at the bottom shows various application icons and the system clock indicating 2:23 PM on 4/9/2017.

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.

The screenshot displays the UpToDate website interface. The browser address bar shows the URL: <https://www.uptodate.com/contents/practice-changing-updates>. The page title is "Practice Changing Updates" and the search term is "hiv". The left sidebar contains a "Topic Outline" with categories such as "ONCOLOGY (March 2017)", "ALLERGY AND IMMUNOLOGY (February 2017)", "ONCOLOGY, ADULT PRIMARY CARE (July 2016, Modified February 2017)", "INFECTIOUS DISEASES (December 2016)", "INFECTIOUS DISEASES, PEDIATRICS, ADULT PRIMARY CARE, FAMILY MEDICINE (November 2016)", "INFECTIOUS DISEASES (November 2016)", "HEMATOLOGY (October 2016, Modified October 2016)", and "PULMONARY AND CRITICAL CARE MEDICINE (October 2016)". The main content area is titled "Practice Changing Updates" and includes an introduction, contributor disclosures, and a section for "ONCOLOGY (March 2017)" with a sub-section for "Scalp hypothermia to prevent chemotherapy-induced alopecia". The text discusses new recommendations and updates that may change usual clinical practice. It mentions that literature review is current through March 2017 and the topic was last updated in April 2017. The introduction states that the section highlights selected specific new recommendations and/or updates that may have significant and broad impact on practice. The oncoLOGY section includes a list of bullet points: "For women with breast cancer who are receiving chemotherapy that is expected to result in significant alopecia, and who place a high value on avoiding chemotherapy-induced alopecia, we suggest the use of a scalp cooling device (Grade 2A). Scalp hypothermia could also be discussed as a potential option for patients with other solid tumors who are receiving chemotherapy that is expected to result in significant alopecia, although the evidence base is less robust." It also mentions two prospective studies evaluating the efficacy of two different automated scalp cooling devices in women with early stage breast cancer. The first study is an interim analysis of a randomized trial comparing the Paxman Scalp Cooling device and no scalp hypothermia for women with breast cancer receiving adjuvant chemotherapy (one-third anthracycline-based, the remainder taxane-based), one-half of the hypothermia group had limited hair loss (to less than 50 percent, not requiring a wig) compared with none in the control group [1]. Adverse events were all grade 1 and 2, including primarily headache and feeling cold. The success rate was higher with taxane-containing regimens. The second study is a multicenter prospective cohort study of 101 patients receiving non-anthracycline taxane-based chemotherapy and who used the DigniCap Scalp Cooling device were compared with 16 concurrently treated controls who did not use the device [2]. Two-thirds of the intervention group, compared with none of the control group, had limited hair loss (to less than 50 percent) one month after the end of chemotherapy. At a median follow-up of 2.5 years, no patient developed scalp metastases. The text concludes that these results confirm prior studies on the efficacy and safety of scalp hypothermia to reduce chemotherapy-induced alopecia. One of these devices (DigniCap) is FDA-cleared for this use in the United States. (See "Chemotherapy-induced alopecia" section on Efficacy and safety.) The bottom of the page shows the "ALLERGY AND IMMUNOLOGY (February 2017)" section.

CALCULATORS

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

The screenshot shows a web browser window with the UpToDate website. The address bar shows the URL: <https://www.uptodate.com/contents/table-of-contents/calculators/categorized>. The page header includes the UpToDate logo, a search bar with the text "diabetes treatment", and navigation links for "Contents", "Patient Education", "What's New", "Practice Changing UpDates", "Calculators", and "Drug Interactions". The main content area is titled "ALLERGY AND IMMUNOLOGY CALCULATORS" and lists several calculator categories: "Clinical Criteria", "Temperature unit conversions", "Weight unit conversions", "Medical Equations", "Absolute eosinophil count", and "Conventional (gravimetric, imperial, US) unit to SI unit conversions: Chemistry and endocrine tests".

diabetes treatment



Calculator: BODE Index for COPD survival prediction

Calculator: BODE Index for COPD survival prediction

FEV1 % Predicted After Bronchodialator

- >=65% (0 points)
- 50-64% (1 point)
- 36-49% (2 points)
- <=35% (3 points)

6 Minute Walk Distance

- >=350 Meters (0 points)
- 250-349 Meters (1 point)
- 150-249 Meters (2 points)
- <=149 Meters (3 points)

MMRC Dyspnea Scale (4 is worst)

- MMRC 0: Dyspneic on strenuous exercise (0 points)
- MMRC 1: Dyspneic on walking a slight hill (0 points)
- MMRC 2: Dyspneic on walking level ground; must stop occasionally due to breathlessness (1 point)
- MMRC 3: Must stop for breathlessness after walking 100 yards or after a few minutes (2 points)
- MMRC 4: Cannot leave house; breathless on dressing/undressing (3 points)

Body Mass Index

- >21 (0 points)
- <=21 (1 point)

Total Criteria Point Count:

Reset Form

Approximate 4 Year Survival Interpretation

0-2 Points: 80%

پایگاه اطلاعاتی **CLINICAL KEY**

از سال ۲۰۱۲ توسط شرکت ELSEVIER طراحی شد. این پایگاه جایگزین MD CONSULT شده است.

ویژگی های **CLINICAL KEY**

جامعیت : سوالات شما را از طریق مجموعه منابع پزشکی منتشر شده در موضوعات تخصصی پزشکی و جراحی پاسخ می دهد

در برگیرنده خلاصه مقاله MEDLINE، که هر روز از کتابخانه ملی پزشکی (NLM) بازیابی و به صورت یکپارچه به نتایج جستجو **CLINICAL KEY** اضافه می شود.

قابلیت اعتماد: دارای محتوای معتبر و قابل اطمینان در حوزه پزشکی و جراحی می باشد.

سرعت در پاسخگویی: مرتبط ترین پاسخ ها را در کوتاهترین زمان ارائه میدهد.

جهت ثبت نام در پایگاه گزینه REGISTER را کلیک نمایید. در صفحه گشوده شده اطلاعات را تکمیل کنید. سپس ایمیل ارسالی به پست الکترونیکی خود را تایید نمایید.

All Types ▼ Search for conditions, procedures, drugs, and more 🔍

* = Required. [Privacy policy.](#)

Your details

First name *

Family name *

Email and password

Your e-mail address will be your username for these [Elsevier products.](#)

Email address *

Password *

> [Additional profile details](#)

I wish to receive information from Elsevier B.V. and its affiliates concerning their products and services

I have read and understood the [Registered User Agreement](#) and agree to be bound by all of its terms. *

[Register](#) >

ClinicalKey English CME Login Register

Search for conditions, procedures, drugs, and more

All Types ▼ Search... 🔍

Browse

[Books](#) [Journals](#) [Drug Monographs](#) [Guidelines](#) [Patient Education](#) [First Consult/Clinical Overviews](#) ***

[News and Updates](#) [Other Resources](#)

News and Updates	Content Updates	Other Updates
	<p>New Book Editions in September 2017 🔗 Here's a look at what was added in September 2017</p> <p>New Book Editions in August 2017 🔗 Here's a look at what was added in August 2017</p> <p>New Book Added to ClinicalKey 🔗 'Robotics and Digital Guidance in ENT-H&N Surgery' is a new book title on ClinicalKey.</p>	<p>New Content Type: Clinical Overviews 🔗 Clinical Overviews are easy-to-scan, clinically focused medical topic summaries that are replacing the most frequently searched and used First Consult topics on ClinicalKey.</p>

برای استفاده در دفعات دیگر بایستی نام کاربری و رمزعبور را وارد نموده گزینه LOGIN را کلیک نمایید

The image shows a screenshot of the ClinicalKey login page. At the top, there is a search bar with the text "All Types" and "Search for conditions, procedures, drugs, and more". Below this is the "Log in" section. It contains a "Username" field, a "Password" field, and a "Log in >" button. There is also a link for "Forgotten username or password?". A callout box with Persian text points to the "Forgotten username or password?" link. Below the login fields, there is a "Remember me" checkbox and a "Not registered? Register now" link. To the right, there is a section for "Log in via your institution" with a link for "OpenAthens login" and a paragraph of text. Below that is a section for "Forgotten password" with a "Submit >" button and an email address field containing "s.golmaghani@arums.ac.ir".

Username

Password

Forgotten username or password?

Remember me

Log in >

Not registered? Register now

Log in via your institution

OpenAthens login

If your institution uses the OpenAthens service, you may log in to ClinicalKey using your username and password for your institution.

Other institution login

Forgotten password

Please enter your email address exactly as it was recorded in your personal profile and we will email a link to reset your password.

This feature is not available for email addresses associated with a third-party profile for which we do not store a username and password.

Email address

s.golmaghani@arums.ac.ir

Submit >

در صورت فراموشی رمزعبور کلیک نمایید. تا صفحه مربوطه باز شود. آدرس ایمیل خود را وارد کنید تا رمزعبور برای شما ارسال گردد

HTTPS://WWW.CLINICALKEY.CO M

پروفایل اشخاص

ClinicalKey®

Soghra Golmaghani



Soghra Golmaghani Library

- Profile
- Settings
- CME
- Change Language
- Saved Content
- Presentations
- Remote Access
- Log Out
- Help & Feedback
- Call Us
- Email Us
- Help
- Leave Feedback

Search for conditions, procedures, drugs, and more

All Types Search...

Saved Searches Search History

Browse

Books Journals Drug Monographs Guidelines Patient Education First Consult/Clinical Overviews

تنظیمات
آموزش مداوم پزشکی
تغییر زبان
ذخیره اطلاعات
لیست پاورپوینت و...
دسترسی از خانه
خروج

News and Updates Other Resources

News and Updates

Content Updates

New Book Editions in September 2017
Here's a look at what was added in September 2017

New Book Editions in August 2017
Here's a look at what was added in August 2017

New Book Added to ClinicalKey
'Robotics and Digital Guidance in ENT-H&N Surgery' is a new book title on ClinicalKey.

Other Updates

New Content Type: Clinical Overviews
Clinical Overviews are easy-to-scan, clinically focused medical topic summaries that are replacing the most frequently searched and used First Consult topics on ClinicalKey.

تایپ کلیدواژه مورد نظر

با وارد نمودن کلیدواژه در باکس جستجو، واژه های مرتبط با آن نمایش داده می شود

انتخاب نوع منبع برای جستجو

Search for conditions, procedures, drugs, and more

All Types allergy drugs

allergy drugs

- All Types
- Books
- Journals
- Clinical Trials
- Drug Monographs
- Guidelines
- Patient Education
- First Consult/Clinical Overviews
- Multimedia
- Procedures Consult
- Clinical Focus

Search for conditions, procedures, drugs, and more

All Types allergy

allergy complications

allergy diagnostics

allergy drugs

allergy risk factors

allergy treatment

allergy testing

Browse

Books Journals Drug M

News and Updates

New Book Editions in !
Here's a look at what was

New Book Editions in /
Here's a look at what was

New Book Added to C
'Robotics and Digital Guik
new book title on Clinical

نوار جستجو منوی کشویی ALL شامل:

- BOOKS: کتابها
- JOURNALS : مجلات
- CLINICAL TRIALS : مطالعات بالینی، کارآزمایی بالینی
- DRUG MONOGRAPHS : اطلاعات دارویی، امکان جستجوی بیماری و نمایش داروهای مرتبط با آن و مشاهده اطلاعات دارویی
- GUIDELINES: دستورالعمل ها
- PATIENT EDUCATION: آموزش بیمار
- FIRST CONSULT/CLINICAL OVERVIEWS : تشخیص افتراقی براساس پزشکی مبتنی بر شواهد که کاربرد بالینی دارد.
- MULTIMEDIA: شامل تصاویر و فیلم ها
- PROCEDURES CONSULT: آموزش و راهنمایی گام به گام روند بیش از ۳۵۰ تکنیک جراحی درمانی و تشخیصی به صورت فیلم و انیمیشن

کلیدواژه مورد نظر را وارد نمایید(در صورتی که املای واژه غلط باشد. این پایگاه املای صحیح را ارائه می دهد)با استفاده از فیلتر سمت چپ، نتایج را محدود نمایید

The screenshot shows a search engine interface with the following elements:

- Search Bar:** Contains the text "allergy drugs".
- Filter By:** A sidebar on the left with categories like "Source Type", "Specialties", and "Date".
- Results:** A list of search results, including "GUIDELINE Drug allergy", "GUIDELINE Drug allergy: diagnosis and management of drug allergy in adults, children and young people.", and "BOOK Drug Allergy".
- Right Panel:** A detailed view of a "Drug Allergy" topic, including "Disease Overview", "Epidemiology", and "Clinical Manifestations".

Callouts and annotations:

- Top Left:** "نوع مدرک و مطالعه" (Type of document and study).
- Middle Left:** "نوع موضوع و محتوا" (Type of topic and content).
- Bottom Left:** "بازه زمانی" (Time range).
- Top Center:** "موضوعات مرتبط" (Related topics).
- Bottom Center:** "محدود کردن نتایج به مدارک اشتراکی دانشگاه" (Limiting results to university shared documents).
- Bottom Right:** "آخرین اطلاعات در خصوص آلرژی دارویی" (Latest information on drug allergy).

Filter By: [x Clear all](#)Source Type [^](#) Journal Articles 12689 Full Text Only Full text and MEDLINE Systematic Reviews 43 Meta-analyses 26 Randomized Control Trials 579 Narrative Reviews 2051 Books 1803 Images 791 Clinical Trials 197 Guidelines 57 Patient Education 36 First Consult/Clinical Overviews 20 Drug Monographs 14 Videos 14 Procedures Consult 11Specialties [v](#)Date [v](#) All Content 43 resultsSort by: Relevance [v](#)[\[+\] Rate Results](#) MEDLINE®

The diagnosis and management of antibiotic allergy in children: Systematic review to inform a contemporary...

Archives of disease in childhood.
Marrs, Tom; Fox, Adam T... [Show all](#). Published June 1, 2015.

 FULL TEXT ARTICLE

Harmonisation in study design and outcomes in paediatric antibiotic clinical trials: a systematic review

Lancet Infectious Diseases, The.
Folgori, Laura, MD; Bielicki, Julia, MD... [Show all](#). Published September 1, 2016. Volume 16, Issue 9, e178-e189. © 2016.

 FULL TEXT ARTICLE

Endometriosis and type 1 allergies/immediate type hypersensitivity: a systematic review

European Journal of Obstetrics & Gynecology and Reproductive Biology.
Bungum, Helle Folge; Vestergaard, Christian; Knudsen, Ulla Breth. Published August 1, 2014. Volume 179, Pages 209-215. © 2014.

 MEDLINE®

A systematic review: can one prescribe carbapenems to patients with IgE-mediated allergy to penicillins or...

Clinical infectious diseases : an official publication of the Infectious Diseases Society of America.
Kula, Brittany; Djordjevic, Gordana; Robinson, Joan L. Published October 15, 2014.

 FULL TEXT ARTICLE

Efficacy of photodynamic therapy versus antibiotics as an adjunct to scaling and root planing in the...

Drug Allergy

Disease Overview

[View Full Topic](#)

Conn's Current Therapy 2017 · Bope, Edward T., MD; Kellerman, Rick D., MD

Epidemiology [^](#)

Drug hypersensitivity reactions are one of the many different types of adverse drug reactions (ADRs). ADRs are common, yet the more severe reactions have been estimated to cause 3% to 6% of hospital admissions. More than 100,000 deaths annually are caused by serious ADRs, making these reactions one of the leading cause of death in the United States. Early detection of all ADRs can potentially improve patient outcomes and lower health care costs. [More](#)

corticosteroids [v](#)Conclusion [v](#)Pathophysiology [v](#)Clinical Manifestations [v](#)Was this helpful? [Yes](#) or [No](#)

متن کامل

سرفصل مطالب جهت دسترسی به بخش های مختلف مقاله کلیک نمایید

- Introduction
- Methods
- Search strategy and selection criteria
- Results
- Study selection and description
- Quality assessment of included studies
- Patient inclusion criteria
- Patient exclusion criteria
- Primary and secondary endpoints
- Timing of endpoints
- Similarities with, and divergence from, adult EMA and FDA guidelines
- Discussion
- References

FULL TEXT ARTICLE

Harmonisation in study design and outcomes in paediatric antibiotic clinical trials: a systematic review

Laura Folgori MD, Julia Bielicki MD, Beatriz Ruiz MD, Mark A Turner MD, John S Bradley Prof, Daniel K Benjamin Prof, Theoklis E Zaoutis Prof, Irja Lutsar Prof, Carlo Giaquinto Prof, Paolo Rossi Prof and Mike Sharland Prof
Lancet Infectious Diseases, The, 2016-09-01, Volume 16, Issue 9, Pages e178-e189, Copyright © 2016 Elsevier Ltd

Summary

There is no global consensus on the conduct of clinical trials in children and neonates with complicated clinical infection syndromes. No comprehensive regulatory guidance exists for the design of antibiotic clinical trials in neonates and children. We did a systematic review of antibiotic clinical trials in complicated clinical infection syndromes (including bloodstream infections and community-acquired pneumonia) in children and neonates (0–18 years) to assess whether standardised European Medicines Agency (EMA) and US Food and Drug Administration (FDA) guidance for adults was used in paediatrics, and whether paediatric clinical trials applied consistent definitions for eligibility and outcomes. We searched MEDLINE, Cochrane CENTRAL databases, and ClinicalTrials.gov between Jan 1, 2000, and Nov 18, 2015. 82 individual studies met our inclusion criteria. The published studies reported on an average of 66% of CONSORT items. Study design, inclusion and exclusion criteria, and endpoints varied substantially across included studies. The comparison between paediatric clinical trials and adult EMA and FDA guidance highlighted that regulatory definitions are only variably applicable and used at present. Absence of consensus for paediatric antibiotic clinical trials is a major barrier to harmonisation in research and translation into clinical practice. To improve comparison of therapies and strategies, international collaboration among all relevant stakeholders leading to harmonised case definitions and outcome measures is needed.

پرینت، ایمیل، ذخیره، CME (آموزش مداوم پزشکی) فقط برای کتابها، First Consult و مقالات تمام متن در دسترس می باشد

THE LANCET Infectious Diseases



Lancet Infectious Diseases, The
Volume 16, Issue 9

Copyright © 2016 Elsevier Ltd

New Issue Alerts: [Subscribe](#)

[Get rights and content](#) 

نمونه مقاله بازیابی شده

مرور لیست کتابها

[Books](#) [Journals](#) [Drug Monographs](#) [Guidelines](#) [Patient Education](#) [First Consult/Clinical Overviews](#) [Multimedia](#)

کتاب های ویژه

Browse Books

Filter By:

Specialties

- Advanced Basic Science 20
- Allergy and Immunology 12
- Anatomy 16
- Anesthesia and Perioperative Care 36
- Anesthesiology 9
- Biochemistry 4
- Cardiothoracic Surgery 1
- Cardiovascular 66
- Critical Care 14
- Dentistry 20
- Dermatology 40
- Embriology 4
- Emergency 18
- Emergency Medicine 2
- Endocrinology and Metabolism 19

Filter List by Title



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

[AAOS Atlas of Orthoses and Assistive Devices](#)

[Abdominal Imaging](#)

[Abeloff's Clinical Oncology](#)

[Abernathy's Surgical Secrets](#)

[Accident and Emergency Radiology: A Survival Guide](#)

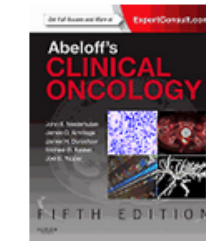
[Acute Coronary Syndromes: A Companion to Braunwald's Heart Disease](#)

[Adler's Physiology of the Eye](#)

[Adolescent Medicine](#)

[Advanced Approaches in Echocardiography](#)

Featured Books



[Abeloff's Clinical Oncology](#)

لیست تخصص ها

روی عنوان کتاب کلیک نمایید صفحه فهرست کتاب باز می شود. اگر روی هر یک از عناوین فهرست کلیک کنید. صفحه مربوطه گشوده می شود

Books Journals Drug Monographs Guidelines Patient Education First Consult/Clinical Overviews Multimedia ...

asthma in children

Find 'asthma in children' in this Chapter or Book

BOOK CHAPTER

Molecular Tools in Cancer Research

Mauro W. Costa and Nadia Rosenthal
Abeloff's Clinical Oncology, 1, 2-21

Summary of Key Points

- Our understanding and treatment of cancer have always relied heavily on parallel developments in biological research. Molecular biology provides the basic tools to study genes involved with cancer growth patterns and tumor suppression. An advanced understanding of the molecular processes governing cell growth and differentiation has revolutionized the diagnosis and prognosis of malignant disorders.
- This introductory chapter relates basic principles of molecular biology to emerging perspectives on the origin and progression of cancer and explains newly developed laboratory techniques, including whole genome analysis, expression profiling, and refined genetic manipulation in animal models, thus providing the conceptual and technical background necessary to grasp the central principles and new methods of current cancer research.

Introduction

Since the last edition of this book was published, advances in our understanding of the basic mechanisms of cancer have continued to inform and refine clinical approaches to prevention and therapy. New prognostic and predictive markers derived from molecular biology can now pinpoint specific genetic changes in particular tumors or detect occult malignant cells in normal tissues, leading to improved technologies for tumor screening and early detection. Diagnostic approaches have expanded from morphologic criteria and single gene analysis to whole genome technologies imported from other biological disciplines. A new systemic vision of cancer is emerging in which the importance of individual mutation has been superseded by an appreciation for higher order organization that is disrupted by complex interactions of disease-associated factors and gene-environmental parameters that affect tumor cell behavior. Results from these cross-disciplinary investigations underscore the complexity of carcinogenesis and have profoundly influenced the design of strategies for both

مشاهد سرفصل مطالب کتاب جهت دسترسی سریع

دانلود فایل Pdf مطلب ارائه شده

Table of Contents

Front Matter	29. Cancer Pharmacology	67. Eye, Orbit, and Adnexal Structures
Copyright	30. Hematopoietic Stem Cell Transplantation	68. Cancer of the Head and Neck
Dedication	31. Gene Therapy in Oncology	69. Melanoma
Memoriam	32. Therapeutic Antibodies and Immunologic Conjugates	70. Nonmelanoma Skin Cancers : Basal Cell and Squamous Cell Carcinoma
Preface	33. Complementary and Alternative Medicine	71. Cancer of the Endocrine System
Contributors	34. Disorders of Blood Cell Production in Clinical Oncology	72. Cancer of the Lung: Non-Small Cell Lung Cancer and Small Cell Lung Cancer
1. Molecular Tools in Cancer Research	35. Diagnosis, Treatment, and Prevention of Cancer-Associated Venous Thromboembolism	73. Diseases of the Pleura and Mediastinum
2. Intracellular Signaling	36. Infection in the Patient with Cancer	74. Cancer of the Esophagus
3. The Cellular Microenvironment and Metastases	37. Hypercalcemia	75. Cancer of the Stomach and Gastroesophageal Junction
4. Control of the Cell Cycle	38. Tumor Lysis Syndrome	76. Cancer of the Small Bowel
5. Pathophysiology of Cancer Cell Death	39. Paraneoplastic Neurologic Syndromes	77. Colorectal Cancer
6. Cancer Immunology	40. Cancer-Related Pain	78. Cancer of the Rectum
7. Stem Cells, Cell Differentiation, and Cancer	41. Cancer Cachexia	79. Cancer of the Anal Canal
8. Vascular and Interstitial Biology of Tumors	42. Nausea and Vomiting	80. Liver and Bile Duct Cancer
9. Environmental Factors	43. Oral Complications	81. Carcinoma of the Pancreas
10. DNA Damage Response Pathways and Cancer		82. Cancer of the Kidney
11. Viruses and Human Cancer		83. Bladder Cancer

Search this Book

Summary of Key Points

- Introduction
- Our Unstable Heredity
- Detecting Cancer Mutations
- Generating Diversity with Alternate Splicing
- The Genomics of Cancer
- Building Gene Libraries
- Losing Control of the Genome
- Epigenetics and Cancer
- Profiling Tumors
- The Cancer Proteome
- Modeling Cancer in Vivo
- Transgenic Models of Cancer
- Conditional Control of Oncogene Activation
- Models of Recessive Gene Mutations in Cancer
- Future View
- Recommended Texts
- Further Selected Reading

Abeloff's Clinical Oncology Fifth Edition

Copyright © 2014 by Churchill Livingstone, an imprint of Elsevier Inc.

Want to own this book? Buy your copy at Elsevier Health Bookstore today

Get rights and content

مرور لیست مجلات

محدود کردن
براساس تخصص

باکس جستجوی مجلات
براساس عنوان

مجلات ویژه

لیست الفبایی مجلات

Books Journals Drug Monographs Guidelines Patient Education First Consult/Clinical Overviews Multimedia ...

Browse Journals

Filter By:

Specialties

- Advanced Basic Science 20
- Advanced Practice Nursing 1
- Allergy and Immunology 1
- Anesthesia and Perioperative Care 6
- Anesthesiology 1
- Cardiothoracic Surgery 6
- Cardiovascular 7
- + More Specialties

Subscribed Content

Filter List by Title

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

- Academic Pediatrics
- Academic Radiology
- Addictive Behaviors
- Advances in Anesthesia
- Advances in Chronic Kidney Disease
- Advances in Integrative Medicine
- Advances in Ophthalmology and Optometry
- Advances in Pediatrics
- Advances in Surgery
- Ageing Research Reviews
- Aggression and Violent Behavior
- Air Medical Journal

Featured Journals

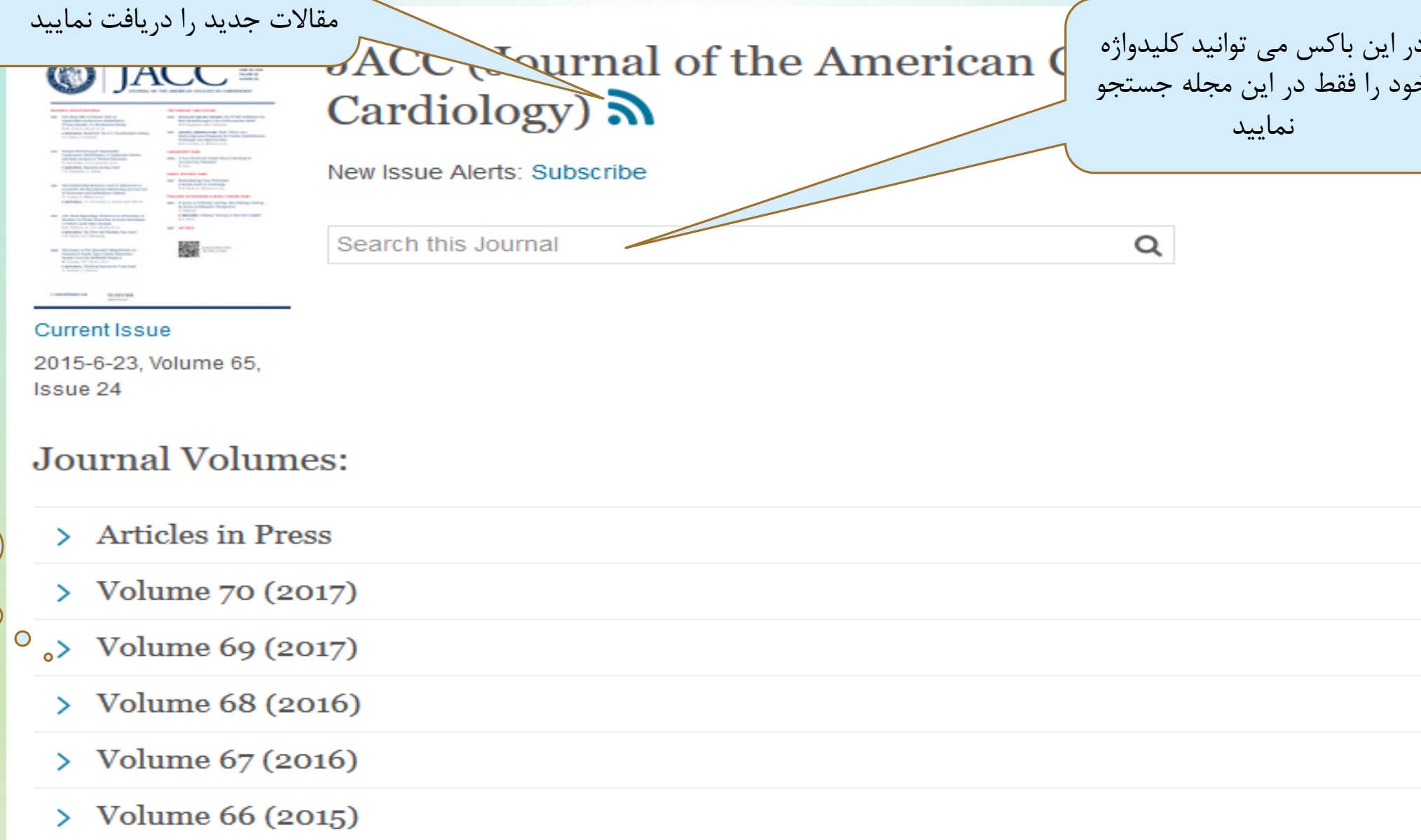
 JACC (Journal of the American College of Cardiology)

 Annals of Medicine and Surgery

صفحه خانگی مجله JACC

با استفاده از این گزینه (افزودن Feed آن به Reader خود) می توانید اتوماتیک وار فهرست مقالات جدید را دریافت نمایید

در این باکس می توانید کلیدواژه خود را فقط در این مجله جستجو نمایید



JACC (Journal of the American College of Cardiology)

New Issue Alerts: [Subscribe](#)

Search this Journal

Current Issue
2015-6-23, Volume 65,
Issue 24

Journal Volumes:

- > [Articles in Press](#)
- > [Volume 70 \(2017\)](#)
- > [Volume 69 \(2017\)](#)
- > [Volume 68 \(2016\)](#)
- > [Volume 67 \(2016\)](#)
- > [Volume 66 \(2015\)](#)

آرشیو
مجله

MULTIMEDIA

Books Journals Drug Monographs Guidelines Patient Education First Consult/Clinical Overviews Multimedia ...

Browse Multimedia

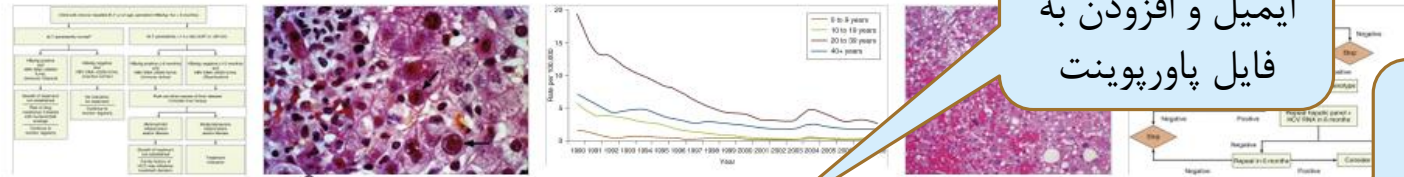
Filter By: [Clear all](#)

Specialties

- Gastroenterology and Hepatology 140299
- Advanced Basic Science 150591
- Advanced Practice Nursing 638
- Allergy and Immunology 140386
- Anatomy 12295
- Anesthesia & Perioperative Care 202
- Anesthesia and Perioperative Care 48484
- [+ More Specialties](#)

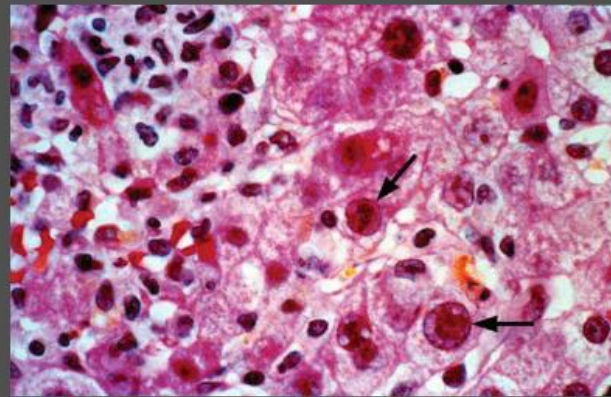
Media Type

- Images 136701
- Videos 3598
- Subscribed Content



ذخیره، پرینت،
ایمیل و افزودن به
فایل پاورپوینت

اطلاعات مربوط به
تصویر



IMAGE

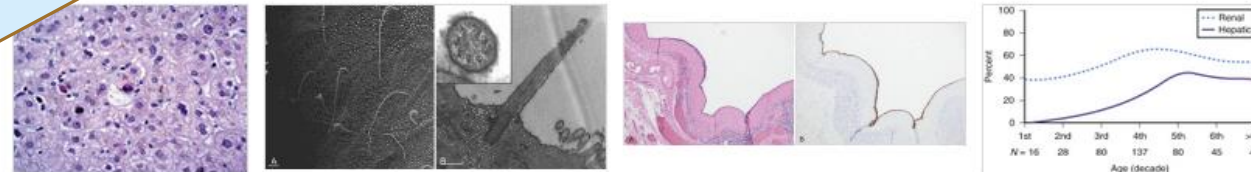
Viral Hepatitis in Children

Zakim and Boyer's Hepatology.

Schwarz, Kathleen B.; Schwarz, Kathleen B.... [Show all](#). © 2018.

Fig. 65-1 (Adapted from <http://tpis.upmc.com/tpislibrary/HB/H00034f.html>.) Adenovirus hepatitis showing characteristic intranuclear inclusion bodies. A high magnification of the adenoviral lesion shows the light microscopic appearance of the typical adenoviral nuclear inclusions. The "smudgy" appearance of the nucleus (arrows), the peripheralized chromatin pattern, and the lack of cytoplasmic inclusions that help differentiate these inclusions from those seen with CMV.

[View in source](#) [View full size](#)

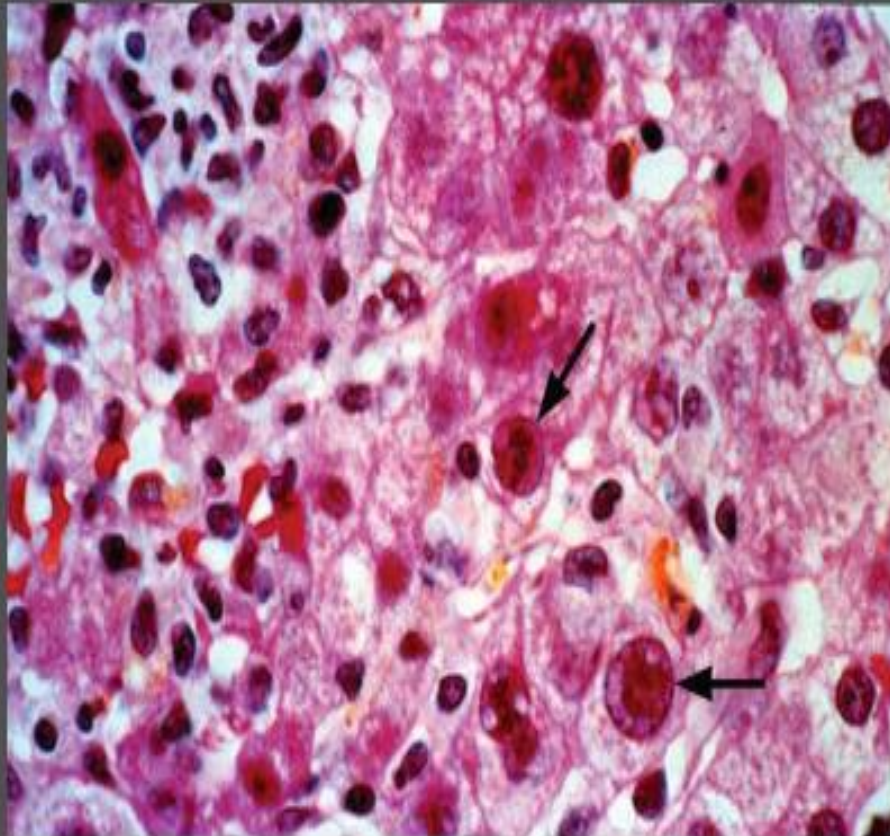


محدود نمودن
یافته ها براساس
تخصص

محدود نمودن
یافته ها براساس
تصاویر یا ویدئو

- مشاهده اندازه کامل تصویر
- مشاهده تصویر در منبع مربوطه

ایجاد POWERPOINTS



IMAGE

Viral Hepatitis in Children

Zakim and Boyer's Hepatology.

Schwarz, Kathleen B.; Schwarz, Kathleen B.... [Show all](#). © 2018.

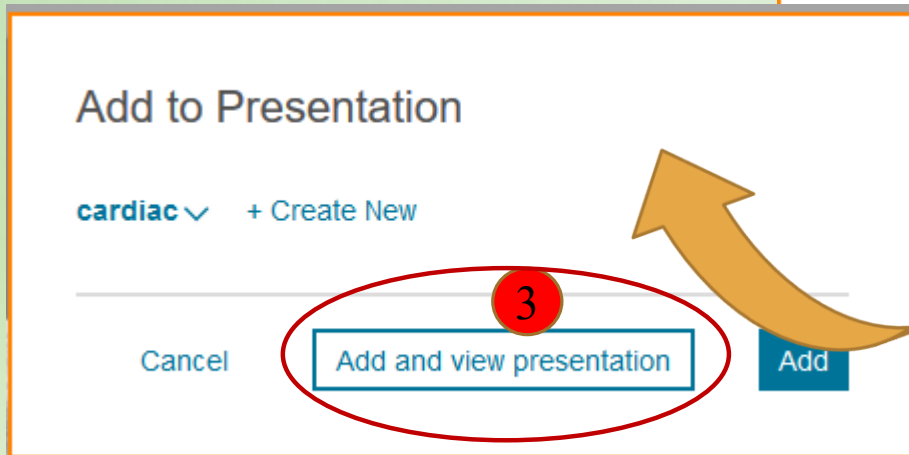
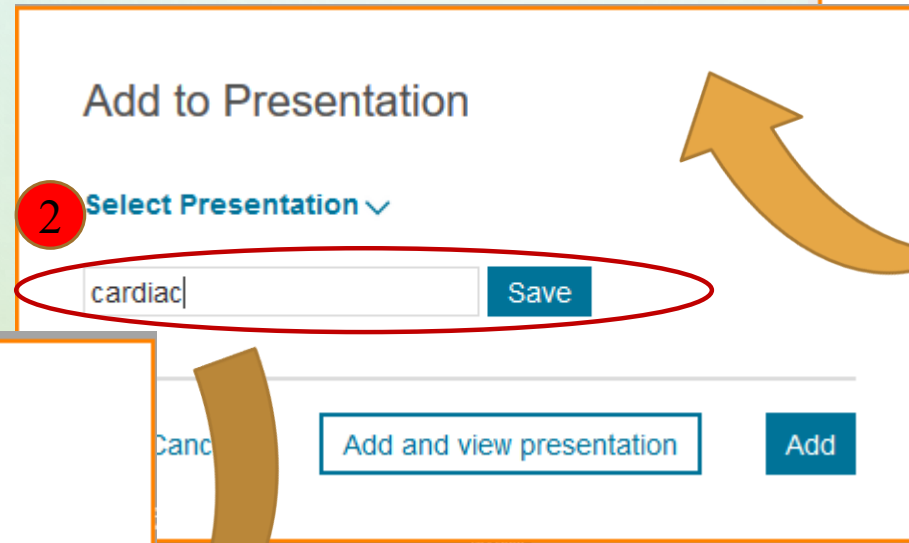
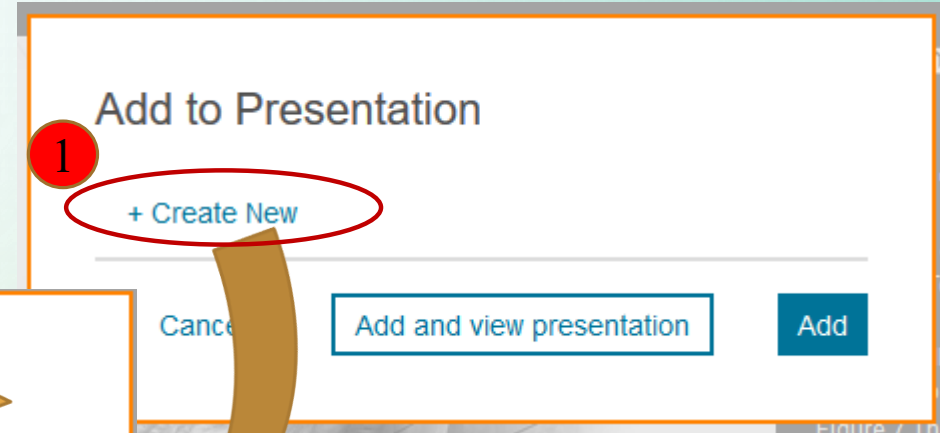
Fig. 65-1 (Adapted from <http://tpis.upmc.com/tpislibrary/HB/H00034f.html>.) Adenovirus hepatitis showing characteristic intranuclear inclusion bodies. A high magnification of the adenoviral lesion shows the light microscopic appearance of the typical adenoviral nuclear inclusions. The "smudgy" appearance of the nucleus (arrows), the peripheralized chromatin pattern, and the lack of cytoplasmic inclusions that help differentiate these inclusions from those seen with CMV.

قبل از ایجاد پاورپوینت حتما در پایگاه **Clinical Key** ثبت نام نمایید.

1. تصویر مورد نظر را انتخاب سپس روی آیکون مربوطه کلیک نمایید
2. انتخاب اسلاید جهت آپلود تصویر
3. روی اسلاید مورد نظر کلیک کرده گزینه Save را انتخاب نمایید

[View in source](#) [View full size](#)

برای ایجاد اسلاید جدید ۱- گزینه CREATE NEW را کلیک نمایید. تا پنجره جدید گشوده شود ۲- سپس برای اسلاید خود نامی متناسب داده کلید SAVE را کلیک نمایید ۳- در مرحله بعد جهت افزودن تصویر گزینه ADD AND VIEW PRESENTATION را کلیک کنید.



مشاهده تصاویر اضافه شده

Multimedia ▼ cardiac surgery x Q Saved Searches Search History

Presentation Maker

ایجاد اسلاید جدید

گرفتن خروجی از اسلاید های ذخیره شده

My Presentations

+ Create new presentation

cardiac 10/8/17

cardiac Change

+ Add images from Saved Content

Export

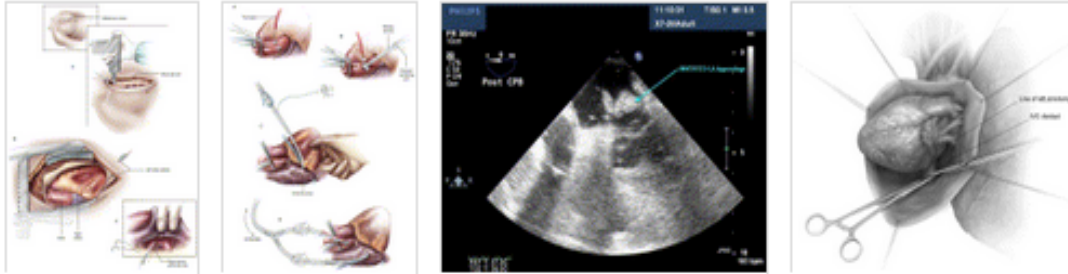
ویرایش اسلایدهای ایجاد شده

تصاویر اضافه شده به اسلاید انتخاب شده

cardiac 🗑 🔗

▶ 🍏 📺 f in 🐦 G+

cardiac Change



+ Add images from Saved Content

1

Export

Opening cardiac.ppt

You have chosen to open:

cardiac.ppt
which is: Microsoft PowerPoint 97-2003 Presentation (376 KB)
from: <https://www.clinicalkey.com>

What should Firefox do with this file?

Open with Microsoft PowerPoint (default)

Save File

Do this automatically for files like this from now on.

2

3

OK Cancel

4

cardiac [Read-Only] [Compatibility Mode] - PowerPoint

File Home Insert Design Transitions Animations Slide Show

Clipboard Slides Font Paragraph Drawing Editing

1

2

3

4

A midsternal incision is made for nearly all cardiac operations. The exceptions are operations on the branch pulmonary arteries or the thoracic aorta, such as palliative procedures in which a thoracotomy is used. The midsternal incision begins below the sternal notch over the sternal manubrium and extends to the xiphoid process. Low, short incisions are preferred for cosmetic reasons and should be used unless they would limit exposure of the heart. The incision is taken through the periosteum of the anterior table of the sternum using electrocautery dissection. A thyroid retractor is inserted to gain exposure of the upper end of the sternum, and a right-angled clamp is used to open the mediastinum behind the sternum. The sternal saw is tested for proper operation before placing it against the upper end of the sternum. The sternal saw is grasped firmly with the thumb at the top and the fourth and fifth fingers at the back and bottom so that the saw blade can be held firmly against the sternum and the saw's protective "toe" guard is forced against the posterior table of the sternum. Ventilation of the patient is stopped momentarily to allow the lungs to deflate and retract away from the anterior chest wall as the sternum is divided with the saw. It is usually advisable to back up the saw once or twice during division of the sternum to release mediastinal tissue that may be caught up in the instrument; this permits the pleura to be left intact. The sternal edges are separated initially with a thyroid retractor, and hemostasis is obtained using electrocautery with a ball-tipped electrode and a thin layer of bone wax or Cellofoam reconstituted with antibiotic solution. B The sternal retractor is used to separate the sternal edges for optimal exposure of the heart. The pericardium is opened in the midline, and retraction sutures are placed to gain access to the heart. The pericardium is cut back to the full extent of the reflection off the aorta superiorly and onto the diaphragm inferiorly. Extension of the pericardial incisions inferiorly to the right or left toward the pleural spaces may be required to expose the lower aspects of the right atrium or the apex of the heart. Retraction sutures of 2/0 silk are placed from the pericardium to the subcutaneous tissues or the retractor. The aorta, right ventricle, pulmonary artery, and right atrial appendage are clearly in view and freely accessible. The left ventricle, left atrium, and lower aspects of the right atrium must be exposed by retraction or displacement of the heart. C Placement of a small vinyl catheter for monitoring the left atrial pressure is the initial step of the setup for cardiac surgery. The right atrium is retracted to expose the right superior pulmonary vein. A box stitch is placed in the pulmonary vein using 4/0 polypropylene suture. A needle with a catheter is used to enter the pulmonary vein within the box stitch, and the catheter is advanced precisely for a measured length so that the catheter tip is located just inside the left atrium. The needle is withdrawn, and the catheter is secured by tying the box stitch and making an additional suture of 5/0 silk through the pericardium around the catheter. The catheter is brought out through the skin to the left of the skin incision.

Setup for cardiac surgery
Doty, Donald B., M.D., Cardiac Surgery: Operative Technique, Chapter 2, 16-37
Copyright © 2012, Copyright © 2012 by Saunders, an imprint of Elsevier Inc.

ClinicalKey®

نحوه خروجی گرفتن از پاورپوینت
ایجاد شده در پایگاه Clinical Key

حذف تصویر اضافه شده به اسلاید

Presentation Maker

My Presentations

+ Create new presentation

cardiac

10/8/17

cardiac [Change](#)

Export 

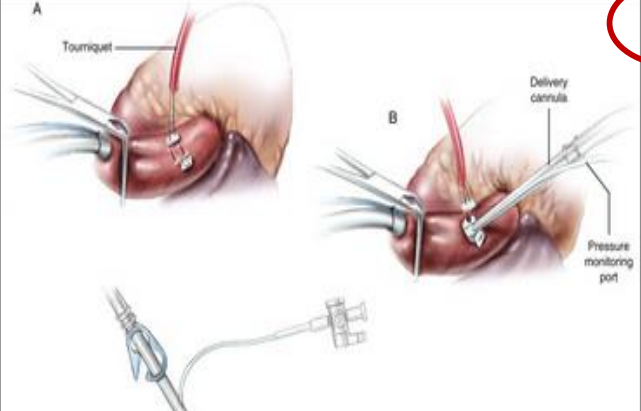






IMAGE
Setup for cardiac surgery
Cardiac Surgery: Operative Technique.
Doty, Donald B., M.D.; Doty, John R., M.D... Published January 2, 2012.
A Operations are performed during a single aortic occlusion

تاریخچه جستجو

The screenshot displays a search engine interface with a search history section. The search history is titled "Search History" and includes a "Clear All History" button. The search history lists several search terms, including "cardiac surgery" and "cardiac surgery complications". The interface also shows a "Saved Searches" section and a "Search History" link. The search history is filtered by "Image and Video".

Annotations in Persian:

- جستجو های ذخیره شده (Saved searches)
- پاک کردن جستجوهای انجام شده (Clearing completed searches)
- جستجو از تاریخچه با موس روی عنوان نگه دارید سپس روی سطل آشغال کلیک نمایید. (Click on the search term in the history with the mouse, then click on the trash icon to delete it.)

DRUG MONOGRAPHS

Browse Drug Monographs

Filter By:

Drug Class

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

- ADP Receptor Antagonists 4
- Acidifying Agents 13
- Alkalinizing Agents 14
- Alkylating Agents 7
- Alpha Interferons 7
- Alpha-blockers 6
- Alpha-glucosidase Inhibitors 2
- + More Drug Classes

Adverse Reactions

Indications

Contraindications

Subscribed Content

Filter List by Title

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

A-Free Prenatal®

Abacavir

Ziagen

Abacavir; Dolutegravir; Lamivudine

TRIUMEQ

Abacavir; Lamivudine, 3TC

Abacavir; Lamivudine | Epzicom

Abacavir; Lamivudine, 3TC; Zidovudine, ZDV

Abacavir; Lamivudine; Zidovudine | Trizivir

Abaloparatide

TYMLOS

Abarelix

Plenaxis

Abatacept

Orencia

۱- عنوان دارو را در باکس مربوطه تایپ کنید
۲- نام داروی مورد نظر را از لیست الفبایی
انتخاب نمایید

اگر روی عنوان دارو کلیک نمایید اطلاعات کامل دارو را بدست می آورید. (مثال: صفحه اطلاعات داروی استامینوفن)

☆ ✉ 📄

Indications & Dosage

Classifications

References

Global Drug Names

DRUG MONOGRAPH

Acetaminophen; Clemastine; Pseudoephedrine

Tavist Allergy Sinus Headache

Drug Information Provided By Gold Standard

NOTE: In January 2007, the CDC warned caregivers and healthcare providers of the risk for serious injury or fatal overdose from the administration of cough and cold products to children and infants less than 2 years of age. ³³⁵³⁴ This warning followed an investigation of the deaths of three (3) infants less than 6 months of age that were attributed to the inadvertent inappropriate use of these products. The symptoms preceding these deaths have not been clearly defined, and there is a lack of conclusive data describing the exact cause of death. The report estimated that 1519 children less than 2 years of age were treated in emergency departments during 2004–2005 for adverse events related to cough and cold medications. In October 2007, the FDA Nonprescription Drug Advisory Committee and the Pediatric Advisory Committee recommended that nonprescription cough and cold products containing pseudoephedrine, dextromethorphan, chlorpheniramine, diphenhydramine, brompheniramine, phenylephrine, clemastine, or guaifenesin not be used in children less than 6 years of age. In January 2008, the FDA issued a Public Health Advisory recommending that OTC cough and cold products not be used in infants and children less than 2 years. An official ruling regarding the use of these products in children greater than 2 years has not yet been announced. The FDA recommends that if parents and caregivers use cough and cold products in children greater than 2 years, labels should be read carefully, caution should be used when administering multiple products, and only measuring devices specifically designed for use with medications should be used. While some combination cough/cold products containing these ingredients are available by prescription only and are not necessarily under scrutiny by the FDA, clinicians should thoroughly assess each patient's use of similar products, both prescription and nonprescription, to avoid duplication of therapy and the potential for inadvertent overdose.

CLINICAL TRIALS

Clinical Trials **asthma**

Filter By: [Clear all](#)

Source Type

Journal Articles 19333

Full Text Only

Full text and MEDLINE

Systematic Reviews 346

Meta-analyses 328

Randomized Control Trials 1317

Narrative Reviews 2683

Books 3334

Images 2155

Clinical Trials 623

Guidelines 174

Drug Monographs 94

First Consult/Clinical Overviews 93

Patient Education 35

Procedures Consult 10

Videos 1

Date [v](#)

Subscribed Content

623 results

Sort by

CLINICAL TRIAL

Biofeedback for Asthma Comorbid With Anxiety or Depression

Published September 13, 2017. Conditions: ASTHMA; ANXIETY. Interventions: Behavioral: biofeedback.

CLINICAL TRIAL

Asthma Mobile Health Application 2.0

Published August 9, 2017. Conditions: Asthma. Interventions: Other: Current Daily Survey; Health App.

CLINICAL TRIAL

Asthma Clinical Research Network (ACRN)

Published January 12, 2017. Conditions: Asthma; Lung Diseases. Interventions: Drug: Albuterol; Drug: Adrenal Cortex Hormones; Drug: Adrenergic-Beta Agonists.

Searches related to asthma

[asthma in children](#)

[asthma drug](#)

[asthma care](#)

[Asthma severity](#)

CLINICAL TRIAL

The All Age Asthma Cohort (ALLIANCE) of the German Center for Lung Research (DZL), Pediatric Arm

Published December 5, 2016. Conditions: Asthma; Wheeze; Hypersensitivity; Endophenotype.

CLINICAL TRIAL

Purpose

Eligibility

Contacts and Locations

More Information

CLINICAL TRIAL

Prevention of Early Asthma

First received on January 3, 2006. Last updated on July 11, 2017.

Purpose

To evaluate current and novel therapies and management strategies for children with asthma. The emphasis is on clinical trials that help identify optimal therapy for children with different asthma phenotypes, genotypes, and ethnic backgrounds and children at different developmental stages.

Status **Completed**

Condition Asthma

کارآزمایی بالینی اتمام یافته

Purpose

Eligibility

Contacts and Locations

More Information

CLINICAL TRIAL

AsthMatic Inflammation and Neurocircuitry Activation (MINA)

First received on May 4, 2016. Last updated on June 29, 2017.

Purpose

The investigators have identified areas of the brain activated in response to disease-related emotional information, following whole lung allergen challenge in children with asthma. They propose that activity in these central nervous system locations, as measured by functional MRI, is associated with the intensity of allergic inflammation, provoked by segmental bronchial challenge in the absence of significant airflow obstruction. The investigators predict that this relationship will be mediated by changes in expression of genes in the IL-1 β /IL-17 pathway.

Status **Recruiting**

Condition Allergic Asthma

Phase N/A

Study Type Interventional

Official Title AsthMatic Inflammation and Neurocircuitry Activation (MINA)

کارآزمایی بالینی در حال بررسی

GUIDELINES

Browse Guidelines

Filter By:

Specialties

- Advanced Basic Science 11
- Allergy and Immunology 153
- Anesthesia & Perioperative Care 170
- Anesthesia and Perioperative Care 5
- Cardiothoracic Surgery 176
- Cardiovascular 961
- Critical Care 311
- [+ More Specialties](#)

Authoring Organizations

Subscribed Content

Filter List by Title



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

(1) American Society of Clinical Oncology clinical practice guideline: update on adjuvant endocrine therapy for breast cancer with hormone receptor–positive breast cancer

American Society of Clinical Oncology - Medical Specialty Society

(1) Gonococcal infections. In: Sexually transmitted diseases treatment guidelines, 2010. (2) Update to CDC's sexually transmitted diseases treatment guidelines, 2010: oral cephalosporins no longer a recommended treatment for gonococcal infections.

Centers for Disease Control and Prevention - Federal Government

(1) Peginterferon alfa and ribavirin for the treatment of chronic hepatitis C. (2) Peginterferon alfa and ribavirin for the treatment of chronic hepatitis C.

National Institute for Health and Care Excellence (NICE) - National Institute for Health and Care Excellence

- Recommendations
- Scope
- Methodology
- Evidence Supporting the Recommendations
- Benefits/Harms of Implementing the Guideline Recommendations
- Contraindications
- Qualifying Statements
- Implementation of the Guideline
- Institute of Medicine (IOM) National Healthcare Quality Report Categories
- Identifying Information and Availability
- Disclaimer

کلیدواژه مورد نظر خود را تایپ کنید و یا از لیست الفبایی انتخاب نمایید

GUIDELINE

(1) Gonococcal infections. In: Sexually transmitted diseases treatment guidelines, 2010. (2) Update to CDC's sexually transmitted diseases treatment guidelines, 2010: oral cephalosporins no longer a recommended treatment for gonococcal infections.

Centers for Disease Control and Prevention (CDC). Gonococcal infections. In: Sexually transmitted diseases treatment guidelines, 2010 [Erratum appears in MMWR Recomm Rep. 2011 Jan 14;60(1):18]. MMWR Recomm Rep. 2010 Dec 17;59(RR-12):49-55.

Recommendations

Major Recommendations

Note from the National Guideline Clearinghouse (NGC) and the Centers for Disease Control and Prevention (CDC): On August 10, 2012, the CDC released an addendum to their 2010 recommendation for treatment of gonococcal infections. This report, which uses data from CDC's Gonococcal Isolate Surveillance Project (GISP), describes laboratory evidence of declining cefixime susceptibility among urethral *Neisseria gonorrhoeae* isolates collected in the United States during 2006–2011. Based on this data, CDC no longer recommends cefixime at any dose as a first-line regimen for treatment of gonococcal infections. The updated recommendations are presented below, followed by the recommendations from the original 2010 guideline.

2012 Addendum

خلاصه ای از هر موضوع یا بیماری

PATIENT EDUCATION

Browse Patient Education

Filter By:

Filter List by Title



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

14 Tips for Parents Using OTC Medicines for Your Child

American Academy of Family Physicians. November 22, 2016.

14 Tips for Parents Using OTC Medicines for Your Child

American Academy of Family Physicians. August 22, 2017.

17-Hydroxycorticosteroids Test

Available to print in [English](#) & [Spanish](#). ExitCare, LLC. May 22, 2017.

17-Ketosteroid Test

Available to print in [English](#) & [Spanish](#). ExitCare, LLC. May 22, 2017.

2,3-Diphosphoglycerate Test

Available to print in [English](#) & [Spanish](#). ExitCare, LLC. May 22, 2017.

24-Hour Urine Collection

Available to print in [English](#), [Arabic](#)... Show all. ExitCare, LLC. May 22, 2017.

5'-Nucleotidase Test

Available to print in [English](#) & [Spanish](#). ExitCare, LLC. May 22, 2017.

کلیدواژه مورد نظر خود را تایپ کنید
و یا از لیست الفبایی انتخاب نمایید



Print

CLINICAL DESCRIPTION

KEY INFORMATION

GOAL/OUTCOME
EVALUATION

PROBLEM INTERVENTIONS

PROBLEM INTERVENTIONS

ASSOCIATED
DOCUMENTATION

EDUCATION

EDUCATION

PATIENT EDUCATION

ANAPHYLACTIC REACTION (SYSTEMIC HYPERSENSITIVITY REACTION)

Copyright 2018 Elsevier, Inc. All rights reserved.
Last reviewed on 11/11/2017.

CLINICAL DESCRIPTION

Hospitalized patient experiencing an acute systemic immunologic reaction to a defined exposure or trigger.

KEY INFORMATION

- A. A mild cough may be the first sign of an impending anaphylactic reaction. Airway compromise is the most common cause of death from anaphylaxis.

GOAL/OUTCOME EVALUATION

- A. Signs and Symptoms of potential problems will be absent, minimized, managed by discharge/transition of care.

◦ [Dermatologic Complications](#)

◦ [Diarrhea](#)

◦ [Hemodynamic Instability](#)

◦ [Hypoxial/Hypoxemia](#)

◦ [Nausea/Vomiting](#)

اطلاعات کامل را به صورت جزوه آموزشی
در مورد علائم، تشخیص و درمان بیماری
را ارائه میدهد

FIRST CONSULT/CLINICAL OVERVIEWS

دسترسی سریع به آخرین و معتبرترین اطلاعات پزشکی مبتنی بر شواهد جهت ارزیابی، تشخیص، درمان و مدیریت بیماری است

Browse First Consult/Clinical Overviews

Filter By:

Specialties

- Allergy and Immunology 21
- Anesthesiology 12
- Cardiothoracic Surgery 9
- Cardiovascular 67
- Critical Care 32
- Dentistry 2
- Dermatology 77
- + More Specialties

Subscribed Content

Filter List by Title



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

CLII

Ab

Upd.

Browse First Consult/Clinical Overviews

Filter By:

Specialties

- Allergy and Immunology 1
- Dermatology 1
- Emergency 1
- Other 1

Subscribed Content

allergy

A B C D E F G H I

FIRST CONSULT

Latex allergy

Released December 19, 2012

FIRST CONSULT

Stinging insect allergy

Released July 26, 2013

Key points

Background

Description

Epidemiology

Causes and risk factors

Associated disorders

Screening

Summary approach

Population at risk

Screening modalities

Primary prevention

Summary approach

Population at risk

Preventive measures

Diagnosis

Summary approach

Clinical presentation

Diagnostic testing

Serum IgE

FIRST CONSULT

Latex allergy

Revised: December 18, 2012

Copyright Elsevier BV. All rights reserved.

Key points

- The development of allergy to latex is asymptomatic, but once established, subsequent exposure to latex allergen can result in [dermatitis](#) (most often of the hands upon exposure to latex gloves), [urticaria](#), [conjunctivitis](#), [rhinitis](#), [asthma](#), and [anaphylaxis](#).
- While the prevalence of latex allergy in the general population is low, the risk of latex sensitization is higher in persons with regular latex exposure.
- There are no longer many settings in which the use of latex is high; however, settings in which the use of powdered latex gloves continues allow for significant potential exposure. Since the late 1990s, the U.S. Food and Drug Administration has required manufacturers to apply warning labels to all products containing natural rubber latex (NRL), which eliminates the occult latex exposure that has contributed to sensitization and to unintentional exposure of sensitized individuals.
- Primary prevention of latex sensitization and secondary prevention of latex allergy-related symptoms can be accomplished by reducing latex exposure for persons at risk.
- Immediate hypersensitivity to latex is most reliably and safely confirmed with a consistent history of allergy symptoms after latex allergen exposure and with latex-specific serum immunoglobulin E (IgE) measurement.

Background

Description

PROCEDURE CONSULT

فرآیندهای پزشکی درمان بیماری را به صورت مرحله به مرحله همراه با فیلم ارائه می کند.

Filter By: [Clear all](#)

Source Type

- Journal Articles 18462
 - Full Text Only
 - Full text and MEDLINE

- Systematic Reviews 253
- Meta-analyses 297
- Randomized Control Trials 1475
- Narrative Reviews 2009

- Images 5352
- Books 2050
- Clinical Trials 822
- Guidelines 219

- Videos 87
- First Consult/Clinical Overviews 30

- Patient Education 9
- Procedures Consult 8
- Drug Monographs 8

Specialties [v](#)

Date [v](#)

Subscribed Content

95 results

Sort by: Relevance [v](#)

[\[+\] Rate Results](#)

PROCEDURES CONSULT

Catheter Ablation of Atrial Flutter (Cardiology)

Catherine M. Otto. Published August 12, 2013.

PROCEDURES CONSULT

Implantation of Dual-Chamber Atrioventricular Pacemaker (Cardiology)

Catherine M. Otto. Published September 3, 2013.

VIDEO



Video 1 - Topical amiodarone during cardiac surgery: Does epicardial application of amiodarone prevent postoperative atrial fibrillation?

For patients treated with amiodarone-hydrogel, 150 mg of liquid amiodarone hydrochloride (3 mL) is added to a 2 mL COSEAL kit (Baxter Healthcare). Approximately 1.5 mL of amiodarone is added to each of the 2 syringes of the COSEAL kit. The mixed a...

each of the 2 syringes of the COSEAL kit. The mixed a...
Greenstein, David, BM; Beau, Jordan, BSc... [Show all](#). Published September 1, 2017. Volume 154, Issue 3. Pages 886-892. © 2017.

PROCEDURES CONSULT

Catheter Ablation of Atrial Fibrillation (Cardiology)

Catherine M. Otto. Published September 3, 2013.

PROCEDURES CONSULT

Intraoperative Transesophageal Echocardiography (Anesthesia)

Lee A Fleisher. Published September 19, 2016.



VIDEO

Video 1 - Topical amiodarone during cardiac surgery: Does epicardial application of amiodarone prevent postoperative atrial fibrillation?

Journal of Thoracic and Cardiovascular Surgery, The.

Greenstein, David, BM; Beau, Jordan, BSc... [Show all](#).. Published September 1, 2017. Volume 154, Issue 3. Pages 886-892. © 2017.

For patients treated with amiodarone-hydrogel, 150 mg of liquid amiodarone hydrochloride (3 mL) is added to a 2 mL COSEAL kit (Baxter Healthcare). Approximately 1.5 mL of amiodarone is added to each of the 2 syringes of the COSEAL kit. The mixed a...

- *LORAIN F .CLINICAL LIBRARIANSHIP: ITS VALUE IN MEDICAL CARE, ANN INTERN MED. 2001;134(8):717-720*

• طلاچی، هما؛ رواقی، حمید؛ آیت اللهی، هاله؛ اطلسی، رشا. گزارش کوتاه: بررسی ویژگی های علمی و عملی کتابداران بالینی با تاکید بر نقش آنان در فرایند پزشکی مبتنی بر شواهد : مروری بر متون. فصلنامه مدیریت سلامت. ۱۳۹۱؛ ۱۵ (۴۷): ۷-۱۲

• اولین دوره آموزش کتابدار بالینی، دکتر پیام کبیری

- <http://www.cochranelibrary.com>
- <https://www.clinicalkey.com>
- <https://www.uptodate.com/contents/search>

از توجه شما سپاسگزاریم

پست الکترونیکی جهت تماس

s.golmaghani@arums.ac.ir

s.golmaghani@yahoo.com