



راهنمای آموزشی Clinical Key

صغری گلمغانی

رئیس گروه اطلاع رسانی پزشکی و منابع علمی

۱۳۹۷

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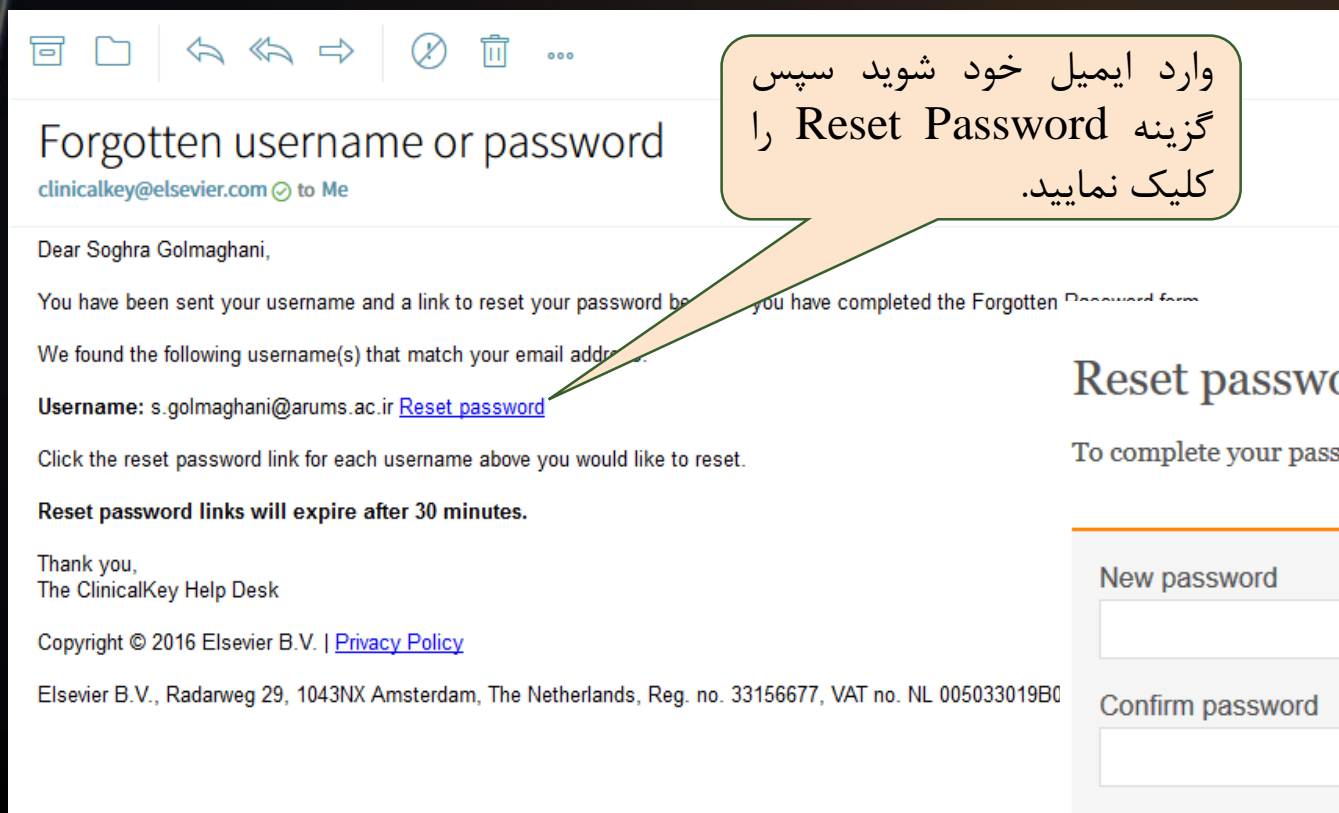
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کلیدواژه مورد نظر را وارد نمایید(در صورتی که املای واژه غلط باشد. این پایگاه املای صحیح را ارائه می دهد)با استفاده از فیلتر سمت چپ، نتایج را محدود نمایید

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Specialties

Date

Subscribed Content

GUIDELINE
Drug allergy
National Institute for Health and Care Excellence (NICE). Published July 30, 2015.

GUIDELINE
Drug allergy: diagnosis and management of drug allergy in adults, children and young people.
National Clinical Guideline Centre - National Government Agency [Non-U.S.]. Published September 1, 2014.

BOOK
Drug Allergy
Multivalency theory of haptenic drug allergy. Multivalent presentation of drug haptens on carrier proteins is necessary both for B cell activation (induction of immunoglobulin [Ig] synthesis) and for mast cell activation (type I effector mechani...

BOOK
Urticaria, Drug Hypersensitivity Rashes, Nodules and Tumors, and Atrophic Diseases
Urticaria. Erythema marginatum. Delayed hypersensitivity reaction. A, Drug reaction. B, Acral erythema. Hypersensitivity drug rash caused by phenytoin. Toxic epidermal necrolysis. A, Clinical appearance. B, Close-up appearance of epidermal sheets....
Goldman-Cecil Medicine.
Duvic, Madeleine. Published January 1, 2016. © 2016.

BOOK
Pathobiology
Drug Allergy

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

Conclusion

Pathophysiology

Clinical Manifestations

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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.

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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

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

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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](#)

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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



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asthma in children

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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

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Summary of Key Points

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- Detecting Cancer Mutations
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- The Genomics of Cancer
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Abeloff's Clinical Oncology, Fifth Edition

Abeloff's Clinical Oncology Fifth Edition

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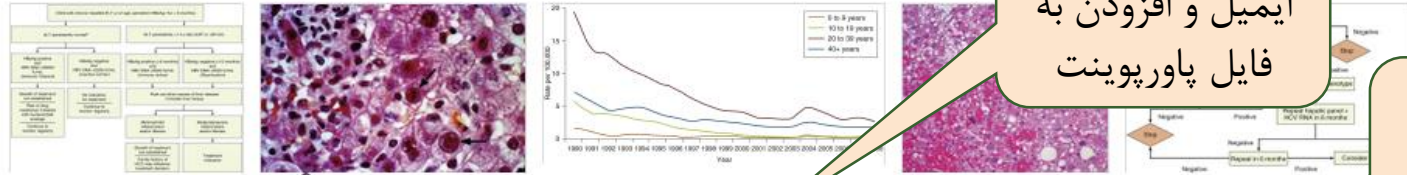
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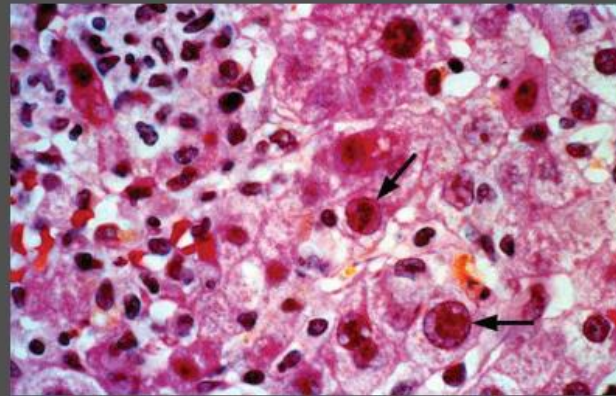
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IMAGE Viral Hepatitis in Children

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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.

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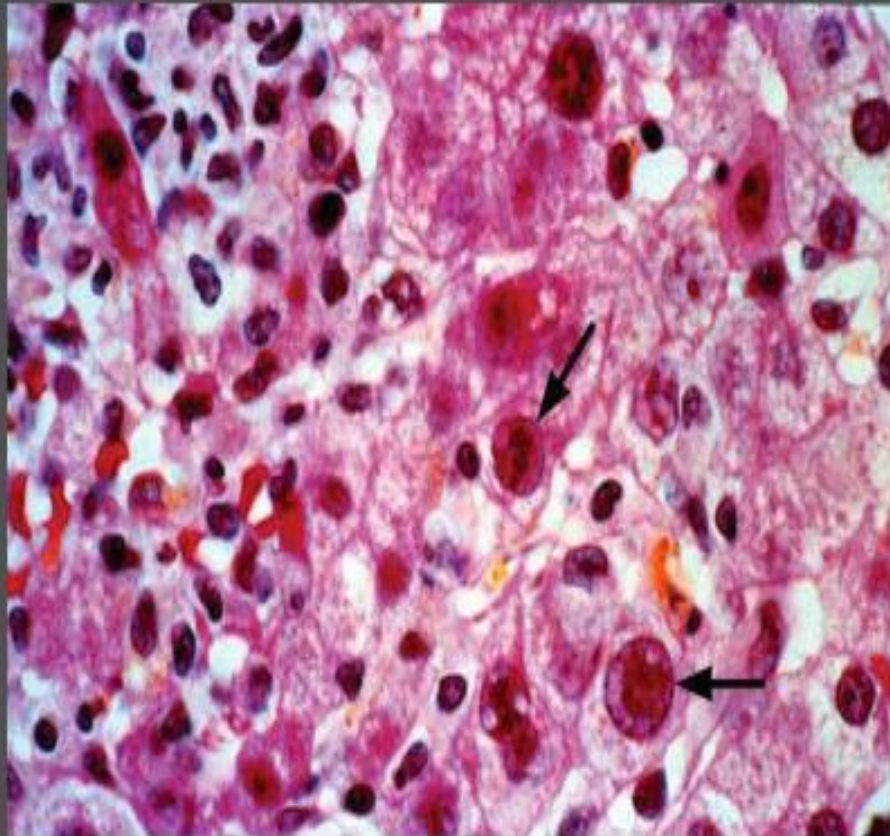


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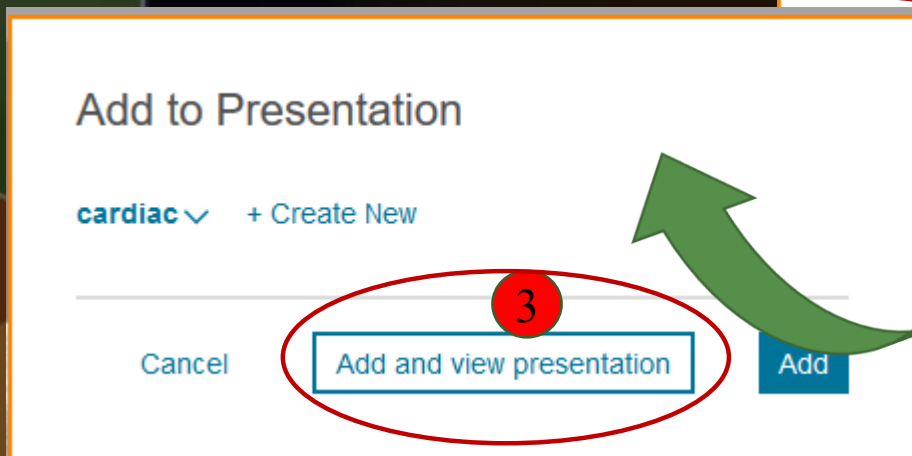
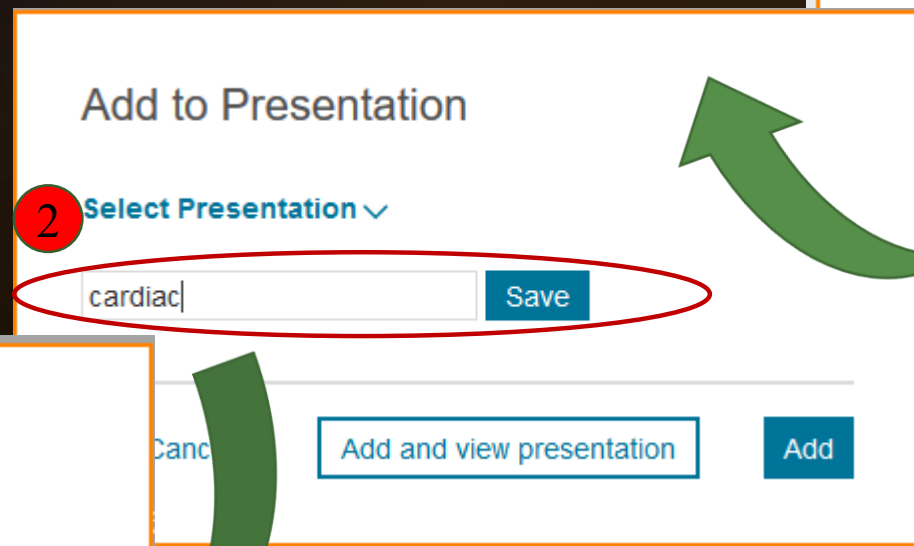
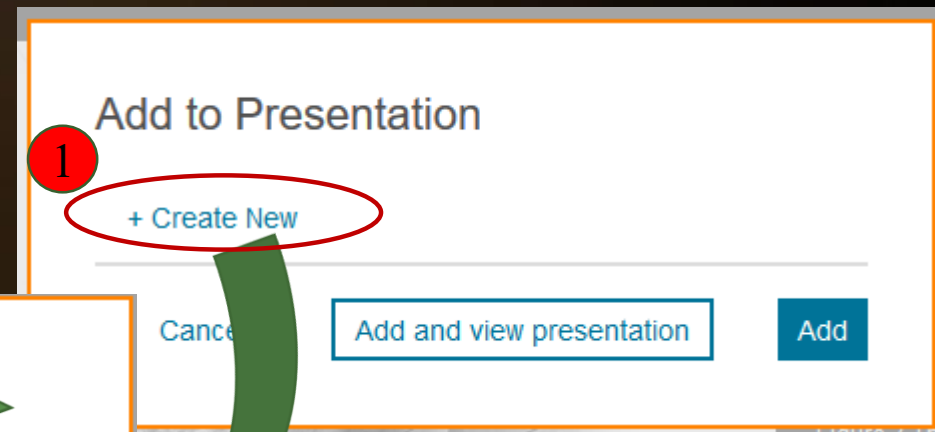
Fig. 65-1 (Adapted from <http://tpis.upmc.com/tpislibrary/HB/H00034f.html> .) Adenovirus hepatitis showing characteristic intranuclear inclusion bodies. A high magnification of the adenoviral lesion shows the light microscopic appearance of the typical adenoviral nuclear inclusions. The "smudgy" appearance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

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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

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مشاهده تصاویر اضافه شده

Multimedia ▼ cardiac surgery x Q Saved Searches Search History

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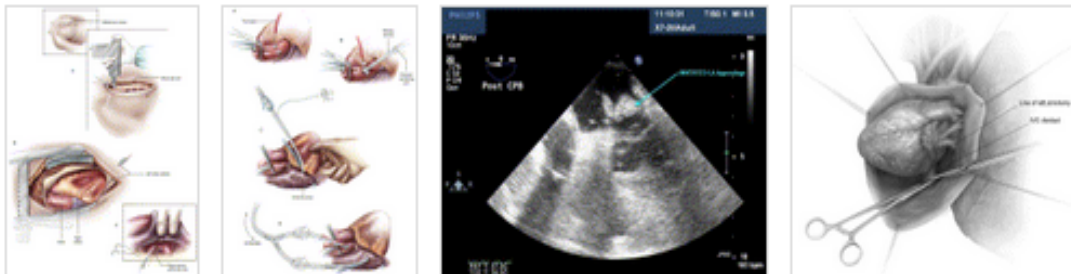
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2

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4

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1

2

3

4

A midline thoracotomy 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 midline 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 stitch 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
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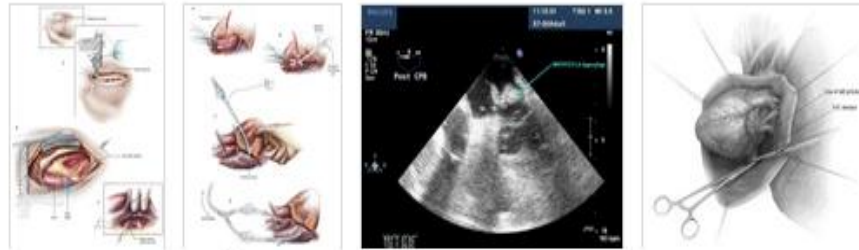


IMAGE
Setup for cardiac surgery
Cardiac Surgery: Operative Technique.
Doty, Donald B., M.D.; Doty, John R., M.D... Published January 2, 2012.
A Operations are performed during a single aortic occlusion

تاریخچه جستجو

The screenshot shows the ClinicalKey search history interface. At the top, there is a navigation bar with 'Multimedia' and 'cardiac surgery' selected. A search bar contains 'x Q'. To the right are links for 'Saved Searches' and 'Search History' (circled in red). Below this is a 'Search History' section with a sub-tab 'Saved Searches' (circled in red). A green callout bubble points to this tab with the text 'جستجو های ذخیره شده' (Saved searches). A 'Clear All History' link is also circled in red. A green callout bubble points to it with the text 'پاک کردن جستجوهای انجام شده' (Clearing completed searches). The main content area shows a list of search results under the heading 'Today'. The first result is 'cardiac surgery' with a filter 'You Filtered By: Image and Video'. A red box highlights this result, and a green callout bubble points to it with the text 'برای پاک کردن جستجو از تاریخچه با موس روی عنوان نگه دارید سپس روی سطل آشغال کلیک نمایید.' (To delete a search from the history, click and hold the mouse on the title, then click the trash can). A red circle highlights a star and trash icon next to the first result. The footer contains the Elsevier logo, contact information, and copyright notice: 'Copyright © 2017 Elsevier, Inc. All rights reserved. Cookies are used by this site. To decline or learn more, visit our Cookies page.' The RELX Group logo is also visible.

جستجو های ذخیره شده

پاک کردن جستجوهای انجام شده

Today

cardiac surgery

You Filtered By: Image and Video

cardiac surgery complications

You Filtered By: Image and Video

برای پاک کردن جستجو از تاریخچه با موس روی عنوان نگه دارید سپس روی سطل آشغال کلیک نمایید.

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Drug Monographs

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Alkylating Agents 7

Alpha Interferons 7

Alpha-blockers 6

Alpha-glucosidase Inhibitors 2

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Adverse Reactions ∨

Indications ∨

Contraindications ∨

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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

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Date

Subscribed Content

623 results

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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: Colchicine; 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 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

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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

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- Allergy and Immunology 9
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- Endocrinology & Metabolism 244
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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.

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و یا از لیست الفبایی انتخاب نمایید



CLINICAL DESCRIPTION

KEY INFORMATION

GOAL/OUTCOME
EVALUATION

PROBLEM INTERVENTIONS

PROBLEM INTERVENTIONS

ASSOCIATED
DOCUMENTATION

EDUCATION

EDUCATION

PATIENT EDUCATION

ANAPHYLACTIC REACTION (SYSTEMIC HYPERSENSITIVITY REACTION)

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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

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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

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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 had 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.

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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...



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