

“Cómo realizar búsquedas en PEMSoft, ToxinZ DynaMed y EBSCOhost”

INFOMED

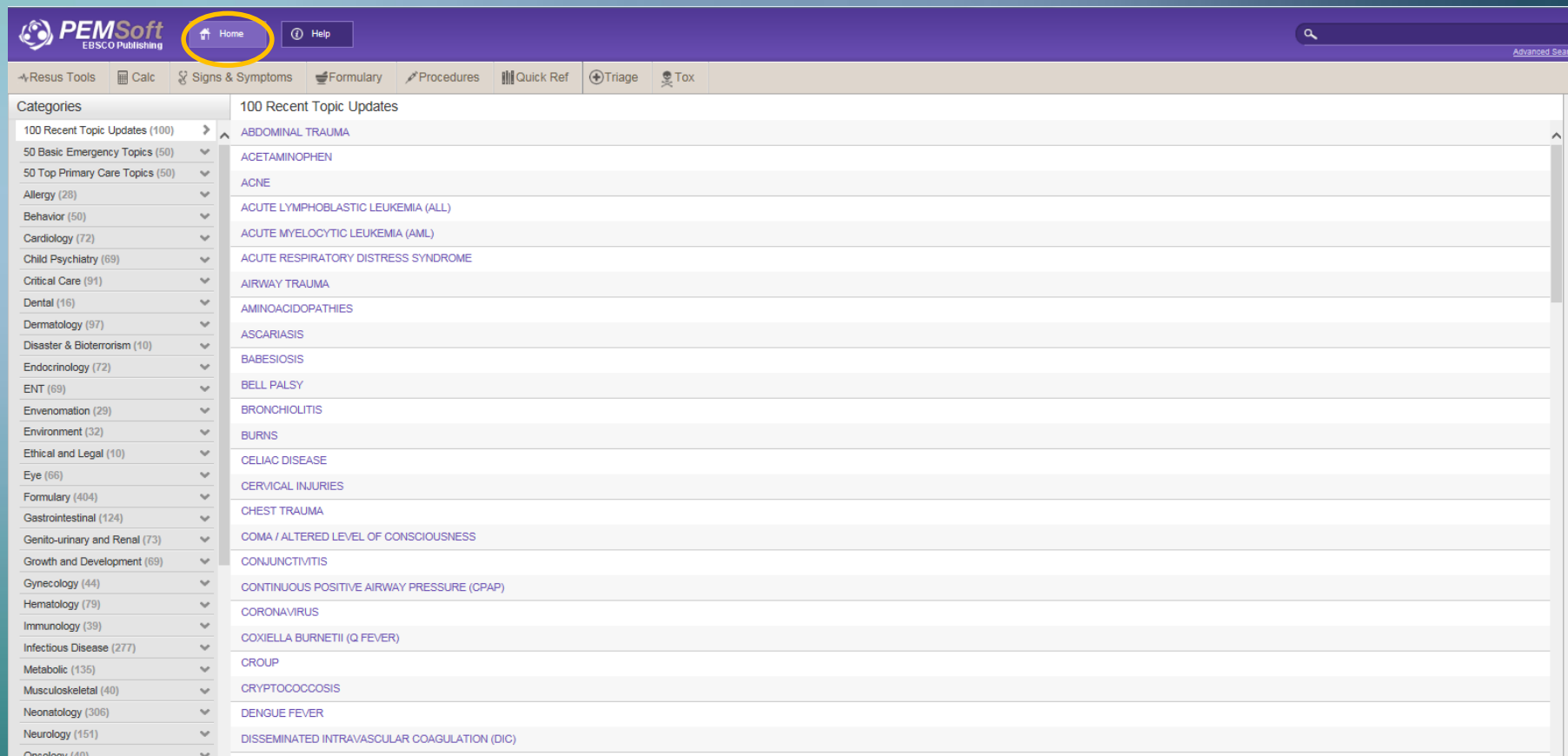
13 de Octubre, 2015

¿Qué es PEMSoft?

- Es una herramienta interactiva, diseñada con propósitos educativos y de apoyo en el punto de atención de emergencias pediátricas, cuidados primarios y críticos. Su base de datos comprende todas las subespecialidades pediátricas, como Neonatología, Pediatría, y medicina para adolescentes y jóvenes adultos.

- PEMSoft proporciona importante apoyo a través de gráficas, elementos multimedia y mediante la entrega de información que da mayor seguridad en la práctica.
- La base de datos de PEMSoft está integrada por diagnóstico, categorías, diagnóstico por categorías,.
- El contenido en PEMSoft está vinculado de forma extensiva con la oportunidad de brincar de un tópico al siguiente.
- Las herramientas de resucitación y calculadoras matemáticas, permiten la individualización de uso de medicamentos, tamaño de los equipos a utilizar, acercamiento a trata para niños y adolescentes.

Un vistazo a la interfaz



The screenshot displays the PEMSoft EBSCO Publishing interface. The top navigation bar is purple and contains the PEMSoft logo, a 'Home' button (circled in orange), and a 'Help' button. Below the navigation bar is a toolbar with icons for Resus Tools, Calc, Signs & Symptoms, Formulary, Procedures, Quick Ref, Triage, and Tox. The main content area is divided into two sections: 'Categories' on the left and '100 Recent Topic Updates' on the right. The 'Categories' section lists various medical topics with their respective counts, such as '100 Recent Topic Updates (100)', '50 Basic Emergency Topics (50)', and '50 Top Primary Care Topics (50)'. The '100 Recent Topic Updates' section lists a series of medical conditions, including 'ABDOMINAL TRAUMA', 'ACETAMINOPHEN', 'ACNE', 'ACUTE LYMPHOBLASTIC LEUKEMIA (ALL)', 'ACUTE MYELOCYTIC LEUKEMIA (AML)', 'ACUTE RESPIRATORY DISTRESS SYNDROME', 'AIRWAY TRAUMA', 'AMINOACIDOPATHIES', 'ASCARIASIS', 'BABESIOSIS', 'BELL Palsy', 'BRONCHIOLITIS', 'BURNS', 'CELIAC DISEASE', 'CERVICAL INJURIES', 'CHEST TRAUMA', 'COMA / ALTERED LEVEL OF CONSCIOUSNESS', 'CONJUNCTIVITIS', 'CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP)', 'CORONAVIRUS', 'COXIELLA BURNETII (Q FEVER)', 'CROUP', 'CRYPTOCOCCOSIS', 'DENGUE FEVER', and 'DISSEMINATED INTRAVASCULAR COAGULATION (DIC)'.

Bienvenido al tutorial de EBSCO sobre **PEMSoft**. En este tutorial usted aprenderá sobre las funciones más importantes, como; conducir búsquedas básicas, navegar por categorías y por contenido que ha sido actualizado recientemente.

En cualquier momento, usted puede regresar a la pantalla de inicio de **PEMSoft** haciendo clic en **Home**.

En **PEMSoft**. Se puede acercar al tema de interés por área temática como: las actualizaciones más recientes, Emergencias, Atención primaria, así como áreas temáticas específicas

The screenshot displays the PEMSoft website interface. At the top, there is a purple header with the PEMSoft logo and navigation links for Home and Help. Below the header is a horizontal menu with icons and labels for various tools: Resus Tools, Categories (highlighted with a red arrow), Signs & Symptoms, Formulary, Procedures, Quick Ref, Triage, and Tox. The main content area is divided into two columns. The left column, titled 'Categories', lists various medical topics with their respective counts in parentheses, such as '100 Recent Topic Updates (100)', '50 Basic Emergency Topics (50)', '50 Top Primary Care Topics (50)', 'Allergy (28)', 'Behavior (50)', 'Cardiology (72)', 'Child Psychiatry (69)', 'Critical Care (91)', 'Dental (16)', 'Dermatology (97)', 'Disaster & Bioterrorism (10)', 'Endocrinology (72)', 'ENT (69)', 'Envenomation (29)', 'Environment (32)', 'Ethical and Legal (10)', 'Eye (66)', 'Formulary (404)', 'Gastrointestinal (124)', 'Genito-urinary and Renal (73)', 'Growth and Development (69)', 'Gynecology (44)', 'Hematology (79)', 'Immunology (39)', 'Infectious Disease (277)', and 'Metabolic (475)'. The right column, titled '50 Basic Emergency Topics', lists specific medical conditions and procedures, including 'ABC APPROACH TO FRACTURES', 'ABC APPROACH TO PROCEDURAL SEDATION', 'ABC APPROACH TO RASHES', 'ABDOMINAL PAIN - ACUTE', 'ALTERED LEVEL OF CONSCIOUSNESS', 'APPENDICITIS', 'APPROACH TO POISONING', 'ASTHMA MANAGEMENT', 'BACTERIAL MENINGITIS', 'BASIC CPR', 'CARDIAC MURMURS', 'CHILD MALTREATMENT', 'COMA / ALTERED LEVEL OF CONSCIOUSNESS', 'DEHYDRATION', 'DIABETIC KETOACIDOSIS (DKA)', 'DYSRHYTHMIAS', 'ENDOTRACHEAL INTUBATION', 'EYE TRAUMA', 'FEBRILE SEIZURE', 'FEVER WITHOUT SOURCE', 'HEMATEMESIS', and 'HYPOGLYCEMIA'.

En *cada una de las Categorías*, los temas principales se ordenan en orden alfabético

A -- Z

PEMSoft
EBSCO Publishing

Home Help

Resus Tools Calc Signs & Symptoms Formulary Procedures Quick Ref Triage Tox

Categories

50 Basic Emergency Topics

- 100 Recent Topic Updates (100)
- 50 Basic Emergency Topics (50)
- 50 Top Primary Care Topics (50)
- Allergy (28)
- Behavior (50)
- Cardiology (72)
- Child Psychiatry (69)
- Critical Care (91)
- Dental (16)
- Dermatology (97)
- Disaster & Bioterrorism (10)
- Endocrinology (72)
- ENT (69)
- Envenomation (29)
- Environment (32)
- Ethical and Legal (10)
- Eye (66)
- Formulary (404)
- Gastrointestinal (124)
- Genito-urinary and Renal (73)
- Growth and Development (69)
- Gynecology (44)
- Hematology (79)
- Immunology (39)
- Infectious Disease (277)

ABC APPROACH TO FRACTURES

ABC APPROACH TO PROCEDURAL SEDATION

ABC APPROACH TO RASHES

ABDOMINAL PAIN - ACUTE

ALTERED LEVEL OF CONSCIOUSNESS

APPENDICITIS

APPROACH TO POISONING

ASTHMA MANAGEMENT

BACTERIAL MENINGITIS

BASIC CPR

CARDIAC MURMURS

CHILD MALTREATMENT

COMA / ALTERED LEVEL OF CONSCIOUSNESS

DEHYDRATION

DIABETIC KETOACIDOSIS (DKA)

DYSRHYTHMIAS

ENDOTRACHEAL INTUBATION


EYE TRAUMA

FEBRILE SEIZURE

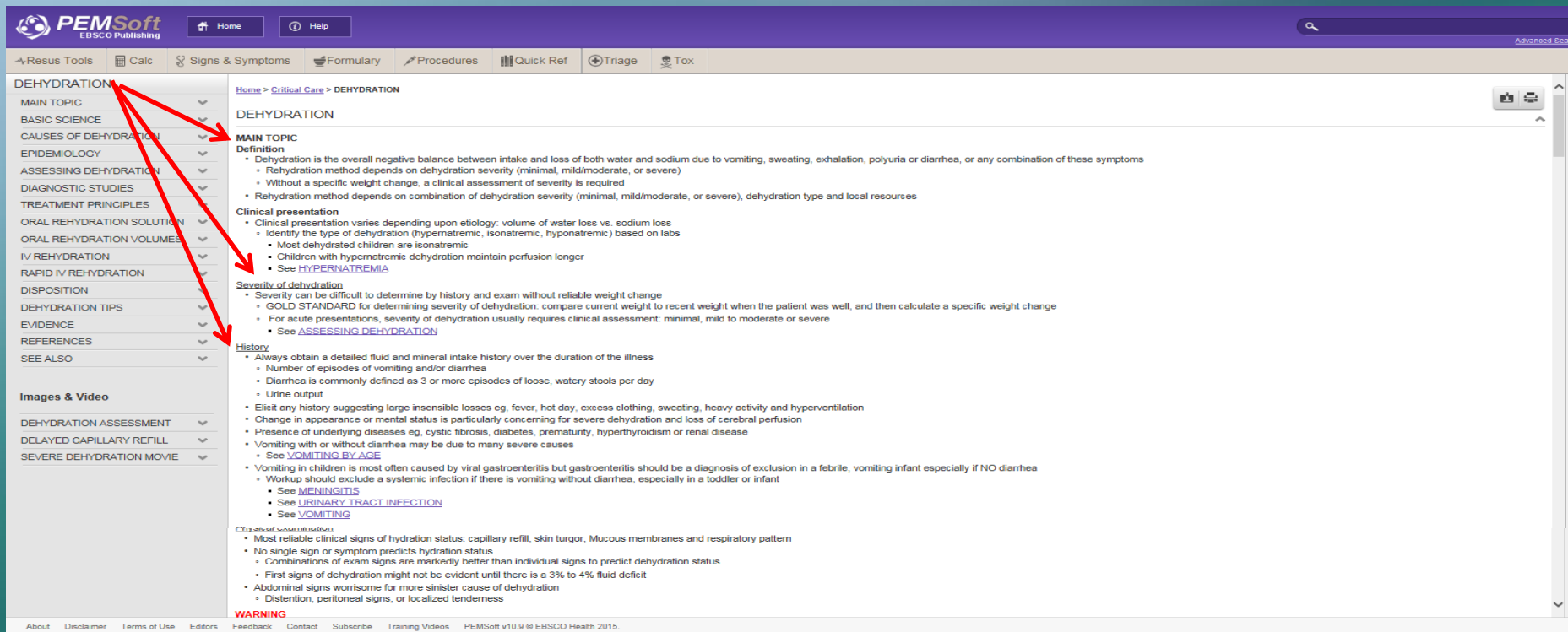
FEVER WITHOUT SOURCE

HEMATEMESIS

HYPOGLYCEMIA



Al elegir una de las áreas temáticas específicas, se podrá observar toda la información de forma ordenada.



PEMSoft
EBSCO Publishing

Home Help

Resus Tools Calc Signs & Symptoms Formulary Procedures Quick Ref Triage Tox

DEHYDRATION

- MAIN TOPIC
- BASIC SCIENCE
- CAUSES OF DEHYDRATION
- EPIDEMIOLOGY
- ASSESSING DEHYDRATION
- DIAGNOSTIC STUDIES
- TREATMENT PRINCIPLES
- ORAL REHYDRATION SOLUTION
- ORAL REHYDRATION VOLUMES
- IV REHYDRATION
- RAPID IV REHYDRATION
- DISPOSITION
- DEHYDRATION TIPS
- EVIDENCE
- REFERENCES
- SEE ALSO

Images & Video

- DEHYDRATION ASSESSMENT
- DELAYED CAPILLARY REFILL
- SEVERE DEHYDRATION MOVIE

Home > Critical Care > DEHYDRATION

DEHYDRATION

MAIN TOPIC

Definition

- Dehydration is the overall negative balance between intake and loss of both water and sodium due to vomiting, sweating, exhalation, polyuria or diarrhea, or any combination of these symptoms
 - Rehydration method depends on dehydration severity (minimal, mild/moderate, or severe)
 - Without a specific weight change, a clinical assessment of severity is required
- Rehydration method depends on combination of dehydration severity (minimal, mild/moderate, or severe), dehydration type and local resources

Clinical presentation

- Clinical presentation varies depending upon etiology: volume of water loss vs. sodium loss
 - Identify the type of dehydration (hypernatremic, isonatremic, hyponatremic) based on labs
 - Most dehydrated children are isonatremic
 - Children with hypernatremic dehydration maintain perfusion longer
 - See [HYPERNATREMIA](#)

Severity of dehydration

- Severity can be difficult to determine by history and exam without reliable weight change
 - GOLD STANDARD for determining severity of dehydration: compare current weight to recent weight when the patient was well, and then calculate a specific weight change
 - For acute presentations, severity of dehydration usually requires clinical assessment: minimal, mild to moderate or severe
 - See [ASSESSING DEHYDRATION](#)

History

- Always obtain a detailed fluid and mineral intake history over the duration of the illness
 - Number of episodes of vomiting and/or diarrhea
 - Diarrhea is commonly defined as 3 or more episodes of loose, watery stools per day
 - Urine output
- Elicit any history suggesting large insensible losses eg, fever, hot day, excess clothing, sweating, heavy activity and hyperventilation
- Change in appearance or mental status is particularly concerning for severe dehydration and loss of cerebral perfusion
- Presence of underlying diseases eg, cystic fibrosis, diabetes, prematurity, hyperthyroidism or renal disease
- Vomiting with or without diarrhea may be due to many severe causes
 - See [VOMITING BY AGE](#)
- Vomiting in children is most often caused by viral gastroenteritis but gastroenteritis should be a diagnosis of exclusion in a febrile, vomiting infant especially if NO diarrhea
 - Workup should exclude a systemic infection if there is vomiting without diarrhea, especially in a toddler or infant
 - See [MENINGITIS](#)
 - See [URINARY TRACT INFECTION](#)
 - See [VOMITING](#)

Clinical signs of dehydration

- Most reliable clinical signs of hydration status: capillary refill, skin turgor, Mucous membranes and respiratory pattern
- No single sign or symptom predicts hydration status
 - Combinations of exam signs are markedly better than individual signs to predict dehydration status
- First signs of dehydration might not be evident until there is a 3% to 4% fluid deficit
- Abdominal signs worrisome for more sinister cause of dehydration
 - Distention, peritoneal signs, or localized tenderness

WARNING

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En **PEMSoft**. Además de presentar la información ordenada, se cuenta con material multimedia para facilitar el proceso de toma de decisiones.

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Home Help

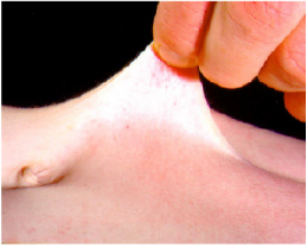
Resus Tools Calc Signs & Symptoms Formulary Procedures Quick Ref Triage Tox

DEHYDRATION

- MAIN TOPIC
- BASIC SCIENCE
- CAUSES OF DEHYDRATION
- EPIDEMIOLOGY
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- DISPOSITION
- DEHYDRATION TIPS
- EVIDENCE
- REFERENCES
- SEE ALSO

DEHYDRATION ASSESSMENT

Severe dehydration - skin turgor. Image courtesy of Dr. Rob Pitt



severe dehydration

Images & Video

- DEHYDRATION ASSESSMENT
- DELAYED CAPILLARY REFILL
- SEVERE DEHYDRATION MOVIE

Esta interfaz permite al usuario utilizar como material de apoyo desde imágenes hasta video.

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Home Help

Resus Tools Calc Signs & Symptoms Formulary Procedures Quick Ref Triage Tox

DEHYDRATION


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DEHYDRATION ASSESSMENT


- DEHYDRATION ASSESSMENT
- DELAYED CAPILLARY REFILL
- SEVERE DEHYDRATION MOVIE

DELAYED CAPILLARY REFILL

Delayed capillary refill time is an important early sign of shock in young children and indicates at least moderate dehydration in an infant with gastroenteritis. Assess by firmly pressing either the finger or toe tips (whole finger or toe in an infant) and observing how long it takes to restore normal skin appearance (normal < 3 sec). Capillary refill may also be delayed by the autonomic redistribution of peripheral flow that clusters temperature in young children with an infection. Video courtesy of Dr. P. J. ...



Images & Video



PEMSoft, es útil tanto en el punto de atención o educativo

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Home Help

Resus Tools Calc Signs & Symptoms Formulary Procedures Quick Ref Triage Tox

DEHYDRATION


- MAIN TOPIC
- BASIC SCIENCE
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Images & Video

- DEHYDRATION ASSESSMENT
- DELAYED CAPILLARY REFILL
- SEVERE DEHYDRATION MOVIE

SEVERE DEHYDRATION MOVIE

Severe dehydration caused by viral gastroenteritis.



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The screenshot displays the PEMSoft EBSCO Publishing interface. The top navigation bar includes links for Home and Help, a search bar, and an Advanced Search link. Below this is a menu with various clinical tools: Resus Tools, Calc, Signs & Symptoms, Formulary, Procedures, Quick Ref, Triage, and Tox. The main content area is titled 'Topics beginning with "P"' and lists various medical topics. A red arrow points to the entry 'PANCREATITIS', which is highlighted in blue. On the right side, there is a vertical alphabetical index (A-Z) with a red oval highlighting it.

Categories	Topics beginning with "P"
00 Recent Topic Updates (100)	P MITRALE
0 Basic Emergency Topics (50)	P PULMONALE
0 Top Primary Care Topics (50)	P WAVE
0 Allergy (28)	PACKED RED BLOOD CELLS
0 Behavior (50)	PAIN
0 Cardiology (72)	PAIN MANAGEMENT
0 Child Psychiatry (69)	PAIN MANAGEMENT - NEONATAL
0 Critical Care (91)	PAIN SYNDROMES
0 Dental (16)	PALATAL PETECHIAE
0 Dermatology (97)	PALIPERIDONE
0 Disaster & Bioterrorism (10)	PALLISTER-HALL SYNDROME
0 Endocrinology (72)	PALLISTER-KILLIAN MOSAIC SYNDROME
0 ENT (69)	PALMOPLANTAR PSORIASIS
0 Envenomation (29)	PALMOPLANTAR PUSTULOSIS
0 Environment (32)	PALS
0 Ethical and Legal (10)	PANAUTONOMIC NEUROPATHY
0 Eye (66)	PANAYIOTOPOULOS SYNDROME
0 Formulary (404)	PANCREATIC INJURY
0 Gastrointestinal (124)	PANCREATITIS
0 Genito-urinary and Renal (73)	PANCURONIUM
0 Growth and Development (69)	PANCYTOPENIA
0 Gynecology (44)	PANDAS
0 Hematology (79)	
0 Immunology (39)	
0 Infectious Disease (277)	
0 Metabolic (135)	

Con **PEMSoft** se tiene acceso a calculadoras que son ordenadas alfabéticamente

PEMSoft
EBSCO Publishing

Home Help

Resus Tools **Calc** Signs & Symptoms Formulary Procedures Quick Ref Triage Tox

Calculators

Equations

- A-a O2 Gradient
- Absolute Neutrophil Count (ANC)
- Absolute Reticulocyte Count (Reticulocyte Index)
- Anion Gap
- Base Energy Expenditure
- Bayesian Sensitivity, Specificity, Pos/Neg
- Bicarbonate Deficit
- BMI and Body Surface Area (BSA)
- Calcium Correction for Hypoalbuminemia
- Corrected QT Interval (QTc)
- Creatinine Clearance (Cockcroft-Gault Equation)
- CBF WBC Corrector for RBCs
- Endotracheal Tube Size for Pediatrics
- Fractional Excretion of Sodium (FENa)/F
- Fractional Excretion of Urea (FEUrea)
- Free Water Clearance for Hyponatremia
- Maintenance Fluid Requirements
- Mean Arterial Pressure (MAP)
- Oxygenation Index
- Parkland Formula for Burns
- Pediatric Ins and Outs (per kg and per hour)
- Serum Osmolality/Osmolality
- Sodium Correction for Hyperglycemia
- Sodium Correction Rate in Hyponatremia
- Sodium Deficit in Hyponatremia
- Winters' Formula for Metabolic Acidosis/Compensation

Scores

- APGAR Score
- Glasgow Coma Scale/Score
- Modified Centor Score for Strep
- Ottawa and Pittsburgh Knee Rules
- Ottawa Ankle Rules
- PELD Score (Pediatric End-Stage Liver Disease) (younger than 12)
- Winkle Color Scale Chart

Parkland Formula for Burns

Patient Weight kg

Estimated Percentage Body Burned %

Fluid Requirements, 1st 24 Hours Liters

Fluid Requirements, First 8 Hours (1/2 of total) Liters

Rule of 9's for Adults: 9% for each arm, 18% for each leg, 9% for head, 18% for front torso, 18% for back torso.

Rule of 9's for Children: 9% for each arm, 14% for each leg, 18% for head, 18% for front torso, 18% for back torso.

Fluid Requirements = TBSA burned(%) \times Wt (kg) \times 4mL.
Give 1/2 of total requirements in 1st 8 hours, then give 2nd half over next 16 hours.

[RULE OF 9'S]

ANTERIOR INFANT POSTERIOR

PALMAR METHOD
(Patient's palm)

1%

Otra posibilidad de tener acceso a la información de **PEMSoft** es en Signos y Síntomas; que son ordenadas alfabéticamente

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En esta sección Signos & Síntomas la información se encuentra organizada, de tal forma que se puede consultar sección por sección o bien con todo el resultado desplegado en su totalidad sobre la parte derecha de la pantalla.

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Home Help

Resus Tools Calc Signs & Symptoms Formulary Procedures Quick Ref Triage Tox

RECURRENT ABDOMINAL PAIN

Home > Behavior > RECURRENT ABDOMINAL PAIN

RECURRENT ABDOMINAL PAIN

MAIN TOPIC

Childhood functional abdominal pain (FAP)

- At least 3 episodes over at least 3 months severe enough to interfere with normal activity
 - Prepubertal functional pain identified by the patient's whole hand at the umbilicus
 - Vague pain unrelated to meals, activity or stool pattern and not awakening the patient
 - No cause in over 80% (normal organs and normal psychological functioning)
 - Gastrointestinal complaints in about 1/3 and abnormal gut motility postulated

Clinical presentation

- Peri-umbilical pain usually lasts less than one hour
 - Epigastric location is reported in 10 percent of patients
- Often accompanied by autonomic features eg, pallor, nausea, dizziness, headache, fatigue
 - May have autonomic instability
- May have mild tenderness left lower quadrant
- Check for co-morbidities secondary to the pain stress and/or psychological markers
- Check for emotional stresses or lifestyle
- School problems suggested if pain free on weekends
- See [WORK UP OF RAP](#)

Other non-organic recurrent abdominal pain

- See [FUNCTIONAL DYSPEPSIA](#)
- See [IRRITABLE BOWEL SYNDROME](#)

Las búsquedas también se pueden realizar en la sección de FORMULAS, la cual se encuentra organizada alfabéticamente y el medicamento que se requiere corroborar debe buscarse por su nombre genérico

The screenshot displays the PEMSoft EBSCO Publishing website interface. The top navigation bar includes the PEMSoft logo, a Home button, a Help button, and a search bar. Below this, a secondary navigation bar contains icons and labels for various tools: Resus Tools, Calc, Signs & Symptoms, **Formulary** (highlighted with a red circle), Procedures, Quick Ref, Triage, and Tox. The main content area is divided into two columns. The left column, titled 'Categories', lists various medical categories with their respective counts and expandable/collapsible arrows. The right column, titled 'Formulary Topics', lists specific medications and topics in alphabetical order, also with expandable/collapsible arrows. A vertical alphabetical index (A-Z) is visible on the far right edge of the page.

Categories	Formulary Topics
Formulary (404) >	ACE INHIBITORS
Gastrointestinal (124) v	ACETAMINOPHEN
Genito-urinary and Renal (73) v	ACETAZOLAMIDE
Growth and Development (69) v	ACTINOMYCIN D
Gynecology (44) v	ACTIVATED CHARCOAL
Hematology (79) v	ACYCLOVIR
Immunology (39) v	ADENOSINE
Infectious Disease (277) v	ALBUMIN
Metabolic (135) v	ALBUTEROL
Musculoskeletal (40) v	ALMOTRIPTAN
Neonatology (306) v	AMANTADINE
Neurology (151) v	AMETOP
Oncology (40) v	AMIKACIN
Orthopedics (196) v	AMINOGLYCOSIDES
Procedures (98) v	AMINOPHYLLINE
Quick Reference (145) v	
Respiratory (66) v	
Resuscitation (32) v	

Para llegar al nombre del medicamento que se busca se puede hacer por Categoría o por orden alfabético.

The screenshot shows the PEMSoft EBSCO Publishing interface. The top navigation bar includes links for Home and Help, and a search bar. Below the navigation bar is a row of icons for various tools: Resus Tools, Calc, Signs & Symptoms, Formulary, Procedures, Quick Ref, Triage, and Tox. The 'Formulary' icon is circled in red. Below the navigation bar is a 'Categories' menu, which is also circled in red. The 'Categories' menu lists various medical categories with their respective counts: Formulary (404), Gastrointestinal (124), Genito-urinary and Renal (73), Growth and Development (69), Gynecology (44), Hematology (79), Immunology (39), Infectious Disease (277), Metabolic (135), Musculoskeletal (40), Neonatology (306), Neurology (151), Oncology (40), Orthopedics (196), Procedures (98), Quick Reference (145), and Respiratory (66). To the right of the 'Categories' menu is a list of topics beginning with 'M'. The 'METOPROLOL' entry is highlighted in purple. A red arrow points from the 'Categories' menu to the 'METOPROLOL' entry. Another red circle is placed at the end of the arrow, pointing to the 'METOPROLOL' entry.

Categories	Topics beginning with "M"
Formulary (404)	METHYLMALONIC ACIDEMIA
Gastrointestinal (124)	METHYLPHENIDATE
Genito-urinary and Renal (73)	METHYLPREDNISOLONE
Growth and Development (69)	METOCLOPRAMIDE
Gynecology (44)	METOPROLOL
Hematology (79)	METRONIDAZOLE
Immunology (39)	MEVALONATE KINASE DEFICIENCY
Infectious Disease (277)	MIC-KEY BUTTON
Metabolic (135)	MICONAZOLE
Musculoskeletal (40)	MICROANGIOPATHIC HEMOLYTIC ANEMIA
Neonatology (306)	MICROARRAY
Neurology (151)	MICROCEPHALY
Oncology (40)	MICROCYTIC ANEMIA
Orthopedics (196)	MICROGNATHIA
Procedures (98)	MICROPAPULAR PSORIASIS
Quick Reference (145)	
Respiratory (66)	

Al localizar el medicamento necesario se observarán las principales secciones: descripción, en qué circunstancias se receta, contraindicaciones, Dosis recomendadas, vía de administración, .

PEMSoft
EBSCO Publishing

Home Help

Advanced Search

Resus Tools Calc Signs & Symptoms **Formulary** Procedures Quick Ref Triage Tox

BETA BLOCKERS

- MAIN TOPIC
- INDICATIONS
- CONTRAINDICATIONS
- ADVERSE REACTIONS
- ALERTS
- ATENOLOL
- ESMOLOL
- LABETALOL
- METOPROLOL
- PROPRANOLOL
- SOTALOL
- REFERENCES
- SEE ALSO

METOPROLOL

Description

- Beta-1 selective beta blocker with beta-2 effects at higher doses
- Metoprolol is eliminated by hepatic metabolism involving primarily CYP2D6
- CYP2D6 exhibits pharmacogenetic polymorphism, hence clearance of metoprolol may be decreased in some individuals

Indications

- Hypertension, cardiac dysrhythmias, hypertrophic cardiomyopathy, pheochromocytoma

Contraindications

- Use with caution in patients with asthma, cardiac failure and conduction disorders

Dosage

- Common brand name: Arbralene, Betaloc, Lopresor, Toprol
- Formulations: injection 5 mg/5mL; tablets 25 mg, 50 mg, 100 mg, 200 mg

INTRAVENOUS

- Single IV dose: 0.1 mg/kg over 5 minutes may be repeated if needed
- Infusion dose: 1 to 5 microgram/kg/min
- Cardiac monitoring to detect bradycardia

ORAL

- Ongoing oral dose 1 mg/kg/dose bid to qid

Alerts

- May exacerbate asthma, cardiac failure and heart block
- May interact with calcium channel antagonists (verapamil, diltiazem, mebeferdil) resulting in heart block and bradydysrhythmias

PROPRANOLOL

Description

Indications

BIRTHMARKS and NEVI

MAIN TOPIC

VASCULAR MALFORMATIONS

HEMANGIOMA OF INFANCY

HEMANGIOMA ASSOCIATIONS

HEMANGIOMA COMPLICATIONS

EPIDERMAL NEVUS

EPIDERMAL NEVUS SYNDROME

SPITZ NEVUS

NEVUS SPILUS

NEVUS SEBACEOUS

FOLLICULAR NEVUS

SWEAT GLAND NEVUS

LINEAR EPIDERMAL NEVUS

CONGENITAL MELANOCYTIC NEVUS

BLUE NEVUS

HALO NEVUS

NEVUS ARANEUS

PROTEUS SYNDROME

CHILD SYNDROME

HEMANGIOMA OF INFANCY

Description

- Proliferative tumors of endothelial cells
- More common in girls and in premature infants
- The structure is the same whether superficial or deep or a combination
- Masses of endothelial cells early and later larger vascular spaces

Natural history

- Most appear just after birth as pale areas that become telangiectatic, then red blebs progressing to lobulated tumor
- Extensive segmental telangiectatic lesions may present at birth with blebs soon appearing
- Deep lesions often not evident till several weeks of age
- Most are benign and self-limited, but have rapid growth for the first 6 to 12 months then involute some rapidly and some taking until late childhood for maximal regression
- Extensive facial lesions grow for longer

Clinical presentation

- Superficial lesions bright red early, become more purple with grey areas as resolve
- Deep lesions blue or skin colored, become softer on involution

Differential diagnosis

- See [KAPOSI SARCOMA](#)

Complications

- Facial hemangioma requires neurological and cardiovascular work up due to the large number of associations
 - See [PHACE SYNDROME](#)

Treatment

- Direct pressure with if a pressure garment can be worn accelerates resolution
- Oral propranolol 1 to 2 mg/kg/day effective in arresting growth, and unlike oral steroids, has even been shown to decrease the size of a hemangioma that has past its growth phase
 - Indications include lesions close to vital structures and large lesions that, if left to grow, would be difficult to repair cosmetically later on
 - Minimal side effects and have replaced oral steroids as treatment of choice in children
- See [PROPRANOLOL](#)

La siguiente sección disponible es PROCEDIMIENTOS en la que, para acortar nuestra búsqueda de este tema se puede recurrir a la clasificación en orden alfabético.

The screenshot displays the PEMSoft EBSCO Publishing interface. The top navigation bar includes links for Home and Help, and a search bar. Below this, a row of tabs provides access to various medical topics: Resus Tools, Calc, Signs & Symptoms, Formularies, Procedures, Quick Ref, Triage, and Tox. The 'Procedures' tab is highlighted with a red circle. On the left, a 'Categories' sidebar lists medical fields with their respective article counts. The 'Procedures' category is selected, showing a count of 98. The main content area, titled 'Procedures Topics', lists various medical procedures. On the right side of this list, a vertical alphabetical index is highlighted with a red rectangle. An arrow points from the 'Procedures' tab to this index, indicating that users can click on a letter to filter the list of procedures alphabetically.

Categories	Procedures Topics
Immunology (39)	ANKLE ASPIRATION
Infectious Disease (277)	ANOSCOPY
Metabolic (135)	ARTERIAL BLOOD GAS
Musculoskeletal (40)	ARTHROCENTESIS
Neonatology (306)	AURICULAR HEMATOMA DRAINAGE
Neurology (151)	BAG-MASK VENTILATION
Oncology (40)	BASIC CPR
Orthopedics (196)	BUBBLE CPAP
Procedures (98)	BURN CARE
Quick Reference (145)	CARDIOPULMONARY RESUSCITATION
Respiratory (66)	CENTRAL VASCULAR ACCESS
Resuscitation (32)	CONGENITAL DISLOCATION OF THE HIP (CDH)
Rheumatology (27)	CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP)
Safety and Prevention (18)	CORNEAL FOREIGN BODY REMOVAL
Sedation and Analgesia (26)	CRICOTHYROTOMY
Signs and Symptoms (226)	DEFIBRILLATION
Sports Medicine (8)	
Syndromes (208)	
Toxicology (54)	

Los procedimientos se van presentando paso a paso, además de que en la sección de equipo también se encontrará material multimedia.

PEMSoft
ERSO Platform

Home | Home | Help

Resus Tools | Calc | Signs & Symptoms | Formulary | Procedures | Quick Ref | Triage | Tox

DEFIBRILLATION

Home > Procedures > DEFIBRILLATION

DEFIBRILLATION

MAIN TOPIC
DEFIBRILLATION

DEFINITION
Defibrillation is the asynchronous electrical depolarization of the myocardium.

BACKGROUND
• Used to convert ventricular fibrillation or pulseless ventricular tachycardia to sinus rhythm.
• Can be performed externally or internally (open chest).
• Best performed immediately in unconscious patients with appropriate dysrhythmias, in conjunction with basic life support maneuvers.
• Clear airway.
• Bag mask ventilation.
• Chest compressions.
• See [BASIC LIFE SUPPORT](#).

INDICATIONS
• Ventricular fibrillation.
• After failed synchronized cardioversion in a child with shock or pulselessness and tachydysrhythmia.
• See [SUPRAVENTRICULAR TACHYCARDIA](#).
• See [VENTRICULAR TACHYCARDIA](#).

CONTRAINDICATIONS
• Adequate perfusing rhythm.
• Presence of any other cardiac rhythm other than ventricular fibrillation or a tachydysrhythmia.

EQUIPMENT
• AED with pediatric attenuation system.
• Defibrillator, monophasic or biphasic.
• Defibrillation paddles or pads. **M**
• Pediatric: for infants under 1 year of age (4 x 6 cm).
• Adult: for children over 1 year of age (8 x 10 cm).
• Use largest paddles that do not touch each other on chest wall, to maximize contact surface area.
• Electrically conductive media.
• Gel pads.
• Electrode cream or paste.
• Self-adhesive pads.
• AED with pediatric attenuation system.
• Defibrillator, monophasic or biphasic.
• Defibrillation paddles or pads. **M**
• Pediatric: for infants under 1 year of age (4 x 6 cm).
• Adult: for children over 1 year of age (8 x 10 cm).
• Use largest paddles that do not touch each other on chest wall, to maximize contact surface area.
• Whenever possible select adult paddles, usually when child > 10kg.
• Pediatric paddles have higher transthoracic impedance, which causes a lower peak current flow.
• Electrically conductive media.
• Gel pads.
• Electrode cream or paste.
• Self-adhesive pads.

TECHNIQUE
Automatic external defibrillator
• See [AED](#).
Standard defibrillator
• Apply electrically conductive pad or cream to right upper chest.
• Apply same media to apex of heart.
• Alternatively, apply electrodes to anterior-posterior or chest wall.
• Anterior defibrillation pads. **M**
• Posterior defibrillation pads. **M**
• Use largest possible pads to ensure complete contact with chest wall.

DEFIBRILLATION

MAIN TOPIC ▼

INDICATIONS ▼

CONTRAINDICATIONS ▼

EQUIPMENT ▼

TECHNIQUE ▼

COMPLICATIONS ▼

TIPS ▼

AED ▼

REFERENCES ▼

SEE ALSO ▼

Images & Video

DEFIBRILLATION PADDLES ▼

ANTERIOR DEFIB PADS ▼


POSTERIOR DEFIB PADS ▼

DEFIBRILLATION PADDLES

Place the paddles in the anterior sterno-apical location and apply firm pressure to assure good contact and effective delivery of electricity to the myocardium. Image courtesy of Dr. Ron Dieckmann



La sección de REFERENCIAS RÁPIDAS se encuentra organizada en orden alfabético.

 [Home](#) [Help](#) [Advanced Search](#)

[Resus Tools](#) [Calc](#) [Signs & Symptoms](#) [Formulary](#) [Procedures](#) **[Quick Ref](#)** [Triage](#) [Tox](#)

Categories	Quick Reference Topics
Immunology (39)	1000 NORMAL LAB VALUES
Infectious Disease (277)	ACTH - NORMAL LAB VALUES
Metabolic (135)	ACUTE PHASE REACTANTS - NORMAL LAB VALUES
Musculoskeletal (40)	ALPHA-FETOPROTEIN
Neonatology (306)	AMYLASE - NORMAL LAB VALUES
Neurology (151)	ANION GAP
Oncology (40)	ANION GAP ACIDOSIS
Orthopedics (196)	APGAR SCORE
Procedures (98)	BLADDER IMAGING
Quick Reference (145)	BLEEDING TIME
Respiratory (66)	BLOOD GASES - PH & O2 & CO2
Resuscitation (32)	BLOOD GLUCOSE - NORMAL LAB VALUES
Rheumatology (27)	BLOOD PRESSURE - NEWBORN
Safety and Prevention (18)	BLOOD PRESSURE - NORMAL RANGE
Sedation and Analgesia (26)	BODY SURFACE AREA
Signs and Symptoms (226)	BRAIN DEATH
Sports Medicine (8)	
Syndromes (208)	
Toxicology (51)	

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

NORMAL VITAL SIGNS

- MAIN TOPIC ▾
- BLOOD PRESSURE ▾
- NEWBORN BLOOD PRESSURE ▾
- PRETERM & LBW BLOOD PRESSURE ▾
- TEMPERATURE ▾
- TEMP CONVERSION CHART ▾
- BODY SURFACE AREA ▾
- REFERENCES ▾
- SEE ALSO ▾

Images & Video

DELAYED CAPILLARY REFILL ▾

[Home](#) > [Quick Reference](#) > NORMAL VITAL SIGNS

NORMAL VITAL SIGNS

MAIN TOPIC

Background

- This range of pediatric vital signs is approximate
 - Assessment of cardiopulmonary function requires clinical correlation
- Infants and young children display larger increases in heart and respiratory rate with fever
 - Heart rate increases about 10 beats per minute for each 1°C (1.8°F) of temperature rise
- A heart rate > 180/min suggests a potentially serious pathology at any age
 - Heart rate > 150/min should incite similar concern in older children
- Capillary refill time normally > 3 sec

Normal heart rate

Age	Rate per minute (mean)
<1d	93 to 154 (123)
1 to 2 d	91 to 159 (123)
3 to 6 d	91 to 166 (129)
1 to 3 wk	107 to 182 (148)
1 to 2 mo	121 to 179 (149)
3 to 5 mo	106 to 186 (141)
6 to 11 mo	109 to 169 (134)
1 to 2 yr	89 to 151 (119)
3 to 4 yr	73 to 137 (108)
5 to 7 yr	65 to 133 (100)
8 to 11 yr	62 to 130 (91)
12 to 15 yr	60 to 119 (85)

Normal respiratory rate

Age	Rate per minute
0 to 1	24 to 38
1 to 3	22 to 30
4 to 6	20 to 24
7 to 9	18 to 24
10 to 14	16 to 22
14 to 18	14 to 20

BLOOD PRESSURE

- Arterial BP is determined by cardiac output and peripheral vascular resistance

Definitions

- Systolic = Korotkoff 1 (sudden appearance of sound)
- Diastolic is the muffling of heart sounds (Korotkoff 4) under 13 years or the disappearance of sounds (Korotkoff 5) 13 years or over
 - Diastolic more stable and better basis for comparison

La sección de TRIAGE se encuentra organizada en orden alfabético.


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EBSCO Publishing

Home Help

Resus Tools Calc Signs & Symptoms Formulary Procedures Quick Ref **Triage** Tox

Categories	Triage Topics
Environment (32)	TRIAGE: ABDOMINAL PAIN
Ethical and Legal (10)	TRIAGE: AIRWAY OBSTRUCTION
Eye (66)	TRIAGE: ALLERGIC REACTION
Formulary (404)	TRIAGE: ALTERED LEVEL OF CONSCIOUSNESS
Gastrointestinal (124)	TRIAGE: APPARENT LIFE-THREATENING EVENT (ALTE)
Genito-urinary and Renal (73)	TRIAGE: ASSESSMENT OF THE PEDIATRIC PATIENT
Growth and Development (69)	TRIAGE: BURN
Gynecology (44)	TRIAGE: CARDIOPULMONARY ARREST
Hematology (79)	TRIAGE: CHEST/ABD/BACK TRAUMA
Immunology (39)	TRIAGE: CONSTIPATION
Infectious Disease (277)	TRIAGE: COUGH COLD SYMPTOMS
Metabolic (135)	TRIAGE: DYSURIA
Musculoskeletal (40)	TRIAGE: EARACHE
Neonatology (306)	TRIAGE: EXTREMITY TRAUMA
Neurology (151)	TRIAGE: FEVER
Oncology (40)	TRIAGE: HEAD TRAUMA
Orthopedics (196)	TRIAGE: HEADACHE
Procedures (98)	TRIAGE: MULTI-SYSTEM TRAUMA
Quick Reference (145)	TRIAGE: NAUSEA VOMITING DIARRHEA
Respiratory (66)	TRIAGE: NEAR-DROWNING
Resuscitation (32)	TRIAGE: NEWBORN PROBLEMS
Rheumatology (27)	TRIAGE: RASH
Safety and Prevention (18)	TRIAGE: RESPIRATORY DISTRESS
Sedation and Analgesia (26)	
Signs and Symptoms (226)	
Sports Medicine (8)	
Syndromes (208)	

La sección de TRIAGE se puede conocer en sus niveles del 1 al 5 o bien, se puede ir directamente



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TRIAGE: NAUSEA VOMITING...

MAIN TOPIC

LEVEL 1 TRIAGE CATEGORY

LEVEL 2 TRIAGE CATEGORY

LEVEL 3 TRIAGE CATEGORY

LEVEL 4 TRIAGE CATEGORY

LEVEL 5 TRIAGE CATEGORY

PEDI ASSESSMENT TRIANGLE

CRITICAL CARE

VITAL SIGNS

ORTHOSTATIC VITAL SIGNS

TEMP CONVERSION CHART

IMMUNIZATION SCHEDULE

NEURO ASSESSMENT

GLASGOW COMA SCALE

RESPIRATORY DISTRESS

HYDRATION STATUS

PAIN ASSESSMENT

PAIN INTERVENTIONS

SEE ALSO

Images & Video

VISUAL PAIN SCALE

[Home](#) > [Triage](#) > TRIAGE: NAUSEA VOMITING DIARRHEA

TRIAGE: NAUSEA VOMITING DIARRHEA

MAIN TOPIC

Considerations

- Vomiting and diarrhea can cause loss of large amounts of water and electrolytes and lead to clinically significant dehydration
- Diarrhea is a very common problem in childhood and it is usually mild and brief
- Associated symptoms may include fever, loss of appetite, stomach pain, cramps, and blood and/or mucus in the bowel movement
- Vomiting and diarrhea in children is commonly caused by a stomach or intestinal infection
- Other illnesses that can cause vomiting and diarrhea include: strep throat, urinary tract infection, respiratory or sinus infection, meningitis, ear infection, appendicitis, milk or food allergy, or side effects of oral medications (usually antibiotics)

Triage assessment - unresponsive patient

- See [LEVEL 1 TRIAGE CATEGORY](#)

Responsive patient

- PAT (Pediatric Assessment Triangle)
 - Appearance
 - Work of breathing
 - Circulation to skin
- ABC's with c-spine stabilization if history of trauma
- History of events of present illness/injury and treatment prior to arrival
- Past medical history (PMH)
- Prescription and over-the-counter (OTC) medication usage and allergies
- Immunization status, potential need for isolation
- Problem-focused physical assessment
- Complete set of vital signs
- Determine triage level

More medical information



- See [DEHYDRATION](#)
- See [DIARRHEA](#)
- See [GASTROENTERITIS](#)
- See [VOMITING](#)

LEVEL 1 TRIAGE CATEGORY

- Pediatric patient with a condition that is life or limb-threatening and requires immediate intervention

Clinical presentation

- Apneic
- Pulseless
- Intubated




La sección de TOXICIDAD o ENVENENAMIENTO nos provee de dos alternativas de búsqueda, ya sea por CATEGORIAS o por TEMAS DE TOXICOLOGÍA

The screenshot shows the PEMSoft EBSCO Publishing interface. The top navigation bar includes 'Home' and 'Help' buttons. Below the navigation bar, there are several tabs: 'Basic Tools', 'Calc', 'Signs & Symptoms', 'Formulary', 'Procedures', 'Quick Ref', 'Triage', and 'Tox'. The 'Tox' tab is highlighted with a red circle. Below the 'Tox' tab, there are two sub-tabs: 'Categories' and 'Toxicology Topics'. Both are highlighted with red circles. The 'Categories' tab is on the left, and the 'Toxicology Topics' tab is on the right. The 'Toxicology Topics' tab is selected, and a list of topics is displayed on the right side of the screen. The topics include: APPROACH TO POISONING, DRUG EXTRACTION AND REMOVAL, EYE SIGNS IN POISONING, FOOD POISONING, MERCURY TOXICITY, TOX: ACETAMINOPHEN, TOX: AMPHETAMINES, TOX: ARSENIC, TOX: BETA BLOCKERS, TOX: BIOLOGICAL TOXINS, TOX: BUTTON BATTERIES, TOX: CADMIUM POISONING, TOX: CALCIUM ANTAGONISTS, TOX: CAMPHOR, TOX: CARBAMATE, TOX: CARBON MONOXIDE (CO), TOX: CARDIAC GLYCOSIDES, TOX: CAUSTICS, TOX: CIGUATERA, TOX: CLONIDINE, TOX: COCAINE, TOX: COLD AND ALLERGY MEDICINES, and TOX: CYANIDE.

Categories	Toxicology Topics
Approach to Poisoning (32)	APPROACH TO POISONING
Ethical and Legal (10)	DRUG EXTRACTION AND REMOVAL
Eye (66)	EYE SIGNS IN POISONING
Formulary (404)	FOOD POISONING
Gastrointestinal (124)	MERCURY TOXICITY
Genito-urinary and Renal (73)	TOX: ACETAMINOPHEN
Growth and Development (69)	TOX: AMPHETAMINES
Gynecology (44)	TOX: ARSENIC
Hematology (79)	TOX: BETA BLOCKERS
Immunology (39)	TOX: BIOLOGICAL TOXINS
Infectious Disease (277)	TOX: BUTTON BATTERIES
Metabolic (135)	TOX: CADMIUM POISONING
Musculoskeletal (40)	TOX: CALCIUM ANTAGONISTS
Neonatology (306)	TOX: CAMPHOR
Neurology (151)	TOX: CARBAMATE
Oncology (40)	TOX: CARBON MONOXIDE (CO)
Orthopedics (196)	TOX: CARDIAC GLYCOSIDES
Procedures (98)	TOX: CAUSTICS
Quick Reference (145)	TOX: CIGUATERA
Respiratory (66)	TOX: CLONIDINE
Resuscitation (32)	TOX: COCAINE
Rheumatology (27)	TOX: COLD AND ALLERGY MEDICINES
Safety and Prevention (18)	TOX: CYANIDE
Sedation and Analgesia (26)	
Signs and Symptoms (226)	
Sports Medicine (8)	
Syndromes (208)	

La sección de TOXICIDAD presenta su información clínicamente organizada.



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Advanced Search

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TOX: COCAINE

MAIN TOPIC

MECHANISM OF TOXICITY

PHARMACOKINETICS

DIAGNOSTIC STUDIES

TREATMENT

DISPOSITION

PREVENTION

TIPS

REFERENCES

SEE ALSO

Images & Video

CT in CNS HEMORRHAGE

[Home](#) > [Toxicology](#) > TOX: COCAINE

TOX: COCAINE

MAIN TOPIC

Description

- Cocaine is a popular drug of abuse
 - Used therapeutically as a local anesthetic, applied to the skin or in the nose for short-term procedures
 - Illicit forms include hydrochloride salt, free base, and "crack" (a form of free base)
 - Can be snorted, swallowed, injected, or smoked (free base form)
- May be combined with other drugs (eg, heroin, in so-called "speedball")
 - Levamisole is a common adulterant

Toxic dose

- Highly variable depending on the route of administration and the form (salt vs free base)

Clinical presentation

- CNS toxicity: euphoria, insomnia, combativeness, violence, psychosis, seizures
 - Agitated delirium may be associated with hyperthermia, rhabdomyolysis
- Psychotic effects may include paranoid hallucination, and suicidal or homicidal tendencies
 - Some effects may be prolonged in the presence of the adulterant levamisole
- Cardiovascular toxicity: tachycardia, hypertension, chest pain, angina, dysrhythmias
 - Severe hypertension can cause hemorrhagic stroke, aortic dissection
 - Massive doses can cause cardiac depression and wide QRS complex due to sodium channel blockade (similar to effects of tricyclic antidepressants)
- Other sympathomimetic effects
 - See [HYPERTHERMIA](#)
 - See [EYE SIGNS IN POISONING](#)
 - Diaphoresis, decreased bowel motility, bladder retention


MECHANISM OF TOXICITY

- Blocks reuptake of catecholamines (norepinephrine, dopamine, serotonin), increasing sympathetic tone, and mediating most of the CNS and sympathomimetic effects
 - Severe cases may demonstrate late signs of catecholamine depletion, with hypotension and coma
- Local anesthetic properties mediated by neuronal sodium channel blockade
 - Myocardial sodium channel blockade (Type Ia antidysrhythmic effect) leads to widened QRS complex and increased risk of tachydysrhythmias
- Myocardial ischemia may result from coronary vasospasm and excessive myocardial oxygen demand

PHARMACOKINETICS

- Well absorbed by all routes
 - Smoking (inhaling vapors of heated free base form) has onset as fast as IV
 - Mucosal absorption (eg, snorting) may take several minutes to peak
 - Ingestion (especially if wrapped in foil or a plastic baggie) may cause delayed onset

La sección de nos puede mostrar elementos multimedia.

**PEMSoft**
EBSCO Publishing


HomeHelp

Advanced Search

Resus ToolsCalcSigns & SymptomsFormularyProceduresQuick RefTriageTox

TOX: COCAINE
MAIN TOPIC
MECHANISM OF TOXICITY
PHARMACOKINETICS
DIAGNOSTIC STUDIES
TREATMENT
DISPOSITION
PREVENTION
TIPS
REFERENCES
SEE ALSO

CT in CNS HEMORRHAGE
Noncontrast CT reveals an acute left putamenal brain hemorrhage in a teenager after smoking crack cocaine. Images courtesy of Dr Alisa Gean



Images & Video
CT in CNS HEMORRHAGE

A
B
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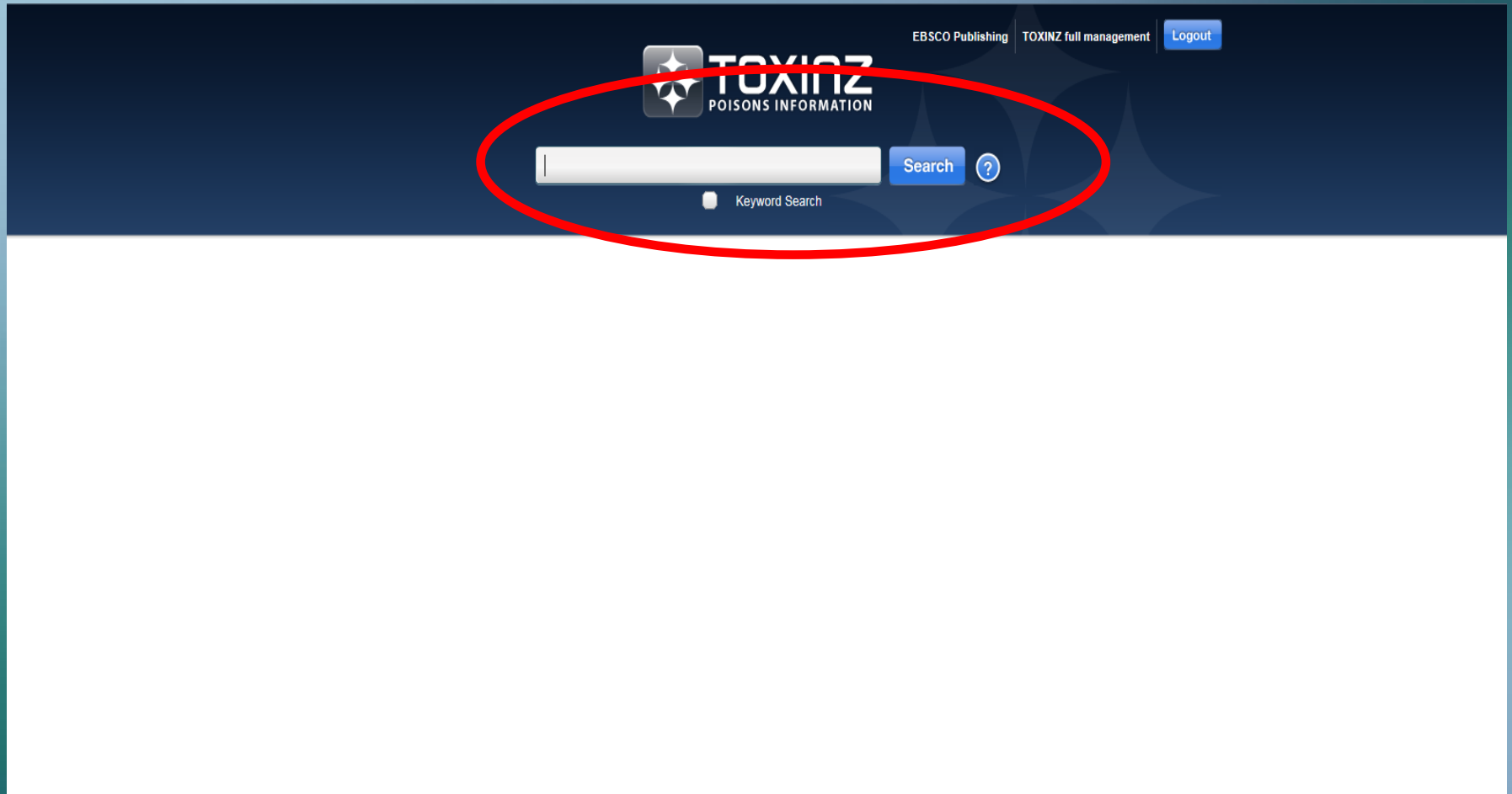
¿Qué es TOXINZ?

- **TOXINZ** es una base de datos de información que presenta de forma actualizada, concisa y con confiables recomendaciones en el manejo de envenenamiento de más de **190,000 productos químicos, fármacos, plantas y criaturas peligrosas**. Este recurso se revisa continuamente y se expande continuamente agregando más información.

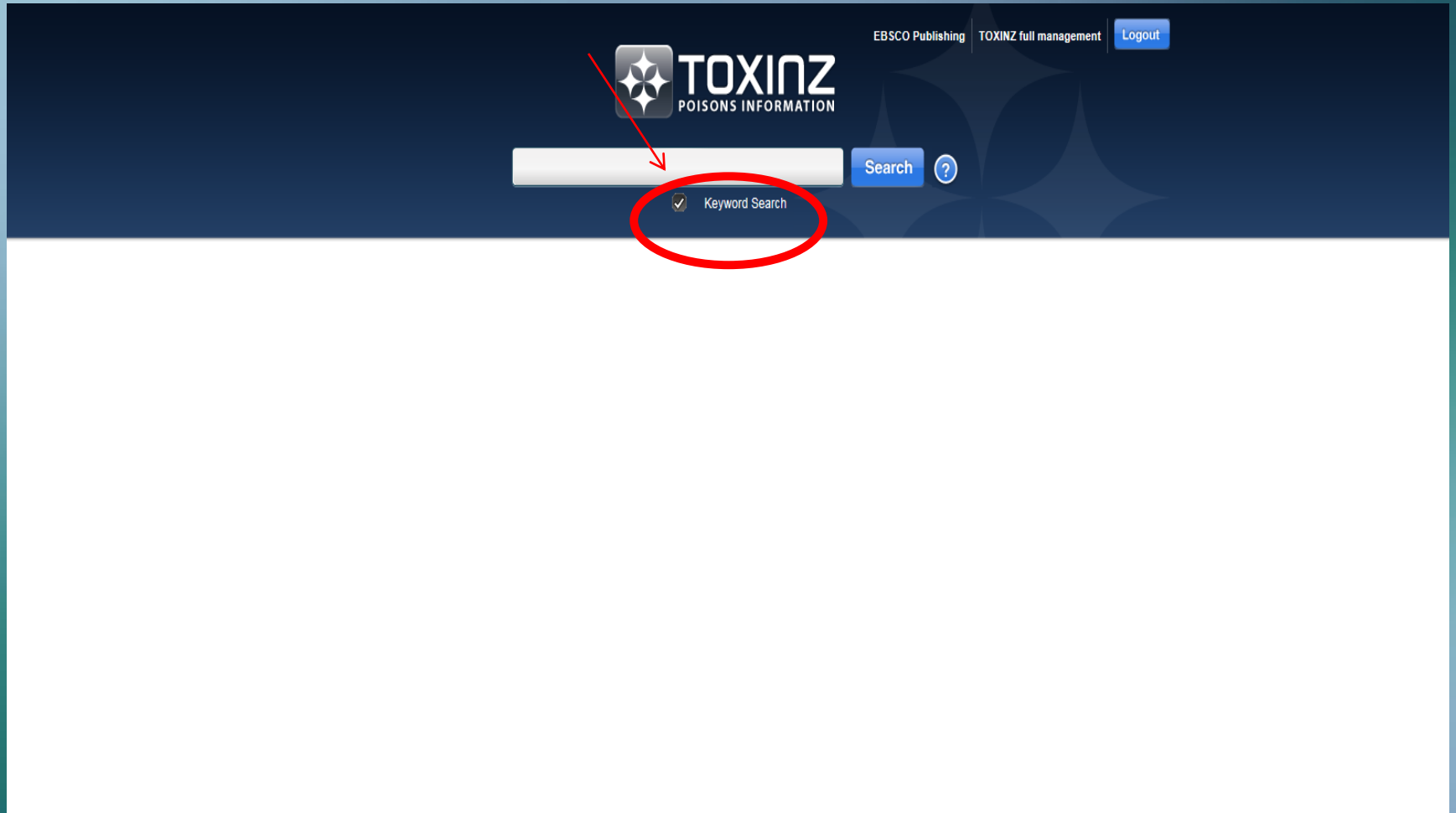
TOXINZ: Primary	TOXINZ: Full
(Creado para grupos de médicos, paramédicos y todos los interesados en Toxicología)	(Desarrollada para uso en sala de emergencias de un hospital, cuidados intensivos, y ambientes de farmacia)

- La información se presenta de forma amplia, comprensiva, fácil de navegar y contiene recomendaciones claras sobre el manejo del paciente. Los consejos que proporciona están respaldados con imágenes y nomogramas, está referenciada por completo con actualizaciones en tiempo real.

Pantalla principal con una caja única de búsqueda



Al realizar una búsqueda es importante seleccionar la casilla “Keyword Search”



The screenshot shows the TOXINZ POISONS INFORMATION search interface. At the top, there is a dark blue header with the TOXINZ logo and the text "POISONS INFORMATION". To the right of the logo, there are links for "EBSCO Publishing", "TOXINZ full management", and a "Logout" button. Below the header, there is a search bar with a red arrow pointing to it. To the right of the search bar is a blue "Search" button and a help icon (a question mark in a circle). Below the search bar, there is a red circle around a checkbox labeled "Keyword Search", which is currently checked.

- Al realizar la búsqueda se muestran las sugerencias a partir de las coincidencias



TOXINZ
POISONS INFORMATION

EBSCO Publishing

TOXINZ full management

Logout

penicilina



Search



Keyword Search

Found 3 results for 'penicilina'

3 Direct Matches

[Fenoximetilpenicilina](#)

[Fenoximetilpenicilina Potassica](#)

[Procaina Bencilpenicilina](#)

Estructura de la información con “Summary info”



Fenoximetilpenicilina

Summary InfoFull Info

13.Apr.2015-Expires: 7 days - Do not archive

Fenoximetilpenicilina + -

☒ DESCRIPTION >

☒ INTERVENTION CRITERIA >

☒ TREATMENT >

☒ SIGNS AND SYMPTOMS >

☐ TOXICITY >

☐ THERAPEUTIC DRUG INFORMATION >

☐ IDENTIFICATION >

☒ REFERENCES

Check AllUncheck AllPrint

Summary InformationFull Information

 **DESCRIPTION**

SUBSTANCE NAME
Phenoxymethylpenicillin

SUBSTANCE CLASS
Penicillin
Natural Penicillins

 **INTERVENTION CRITERIA**

INTERVENTION LEVEL
Child and Adult
Appropriate medical management and observation is recommended in any of the following situations:

- Greater than 250 mg/kg penicillin is ingested or injected
- The dose is unknown, but significant
- Intentional exposures
- Symptomatic cases (other than mild GI upset)

If the patient is experiencing symptoms indicative of anaphylaxis, an ambulance should be called immediately.

OBSERVATION PERIOD
Observation at Home

Fenoximetilpenicilina

Fenoximetilpenicilina + -

☒ DESCRIPTION >

☒ INTERVENTION CRITERIA >

☒ TREATMENT >

☒ SIGNS AND SYMPTOMS >

☐ TOXICITY >

☐ THERAPEUTIC DRUG INFORMATION >

☐ IDENTIFICATION >

☒ REFERENCES

Check All Uncheck All Print

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OBSERVATION PERIOD

Observation at Home

If the patient does not require medical observation they can be monitored at home for 24 hours in the care of a reliable observer.

Maintain a good (not excessive) water intake for 24 hours post-ingestion.

If the following signs and symptoms occur the patient can remain at home:


- Unpleasant taste
- Nausea
- Mild vomiting
- Mild diarrhea

The patient should be medically assessed if any other symptoms develop, including:

- Severe or persistent GI upset
- Symptoms indicative of allergy or anaphylaxis including:
 - Skin redness, rash, hives, welts, itching, swelling
 - Flushed face and neck with tearing eyes and runny nose
 - Shortness of breath, wheezing, noisy breathing, persistent cough
 - Weakness, dizziness, confusion^[1]

Immediately call an ambulance if the patient develops sudden swelling to the face, lips or tongue, has difficulty swallowing, speaking or breathing, or is weak, dizzy, or confused.

Estructura de la información con “Full info”



Search

Keyword ?

EBSCO Publishing

TOXINZ full management

Logout

Fenoximetilpenicilina

Summary InfoFull Info

13.Apr.2015-Expires: 7 days - Do not archive

Fenoximetilpenicilina + -

✓ DESCRIPTION >

✓ INTERVENTION CRITERIA >

✓ TREATMENT >

✓ SIGNS AND SYMPTOMS >

✓ TOXICITY >

✓ THERAPEUTIC DRUG INFORMATION >


✓ IDENTIFICATION >

✓ REFERENCES >

Check AllUncheck AllPrint


Summary Information

Full Information

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Fenoximetilpenicilina

13 Apr.2015-Expires: 7 days - Do not archive

Fenoximetilpenicilina + -

✓ DESCRIPTION >

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✓ TREATMENT >

✓ SIGNS AND SYMPTOMS >

✓ TOXICITY

✓ ANIMAL

✓ BIOLOGICAL LEVELS -

✓ REPRODUCTION

> ✓ PREGNANCY

> ✓ LACTATION

> Benzylpenicillin

✓ TOXIC MECHANISM

✓ THERAPEUTIC DRUG INFORMATION >

✓ IDENTIFICATION >

✓ REFERENCES

Check All Uncheck All Print

LACTATION

No information could be found relating to phenoxymethyl penicillin use during lactation. However the following data can be used as a guideline.

Benzylpenicillin

Benzylpenicillin is excreted into human breast milk and may affect the nursing infant. Taking benzylpenicillin is considered safe when breastfeeding.^[36]

No adverse effects have been reported in infants, although it is possible for modification of bowel flora and an allergic response to occur.^[36]

TOXIC MECHANISM

Penicillins are not thought to have a direct nephrotoxic effect and are predominantly excreted via the kidneys. Crystalluria generally occurs when the solubility of the penicillin in urine is decreased; for example in cases of decreased diuresis or if the urine is acidic.^[10] Intrarenal precipitation of crystals leads to tubular damage and medullary congestion. This is thought to be the cause of hematuria and acute renal failure.^[9]

Penicillin-induced seizures are thought to be caused by impairing GABA inhibition. Penicillin G inhibits GABA-gated chloride ion influx in a dose-dependent manner.^{[37][38]} It is thought to be mediated through an interaction with the GABA receptor binding site or a nearby binding site. When this site is activated an allosteric change prevents GABA from binding to its receptor leading to a lack of inhibitory tone.^{[30][38]}

Hypersensitivity reactions may also cause renal failure as renal biopsies have shown renal tubule damage with interstitial mononuclear and eosinophilic cellular infiltration.^[9]

Penicillins have caused cholestatic hepatic injury. This is thought to occur from direct toxicity, or a hypersensitivity reaction as hepatic injury often occurs with pruritus.^{[11][12]}

The toxicity of penicillins is often increased in patients with renal or hepatic failure. The serum half-life of some penicillins is prolonged in these patients, including dicloxacillin, nafcillin, benzylpenicillin and carbenicillin.^{[40][41][42][43][44]}

Large intra venous injections of potassium penicillin salts increase serum potassium levels which can have serious cardiac consequences including cardiac arrest.^{[45][28]}

THERAPEUTIC DRUG INFORMATION

Fenoximetilpenicilina

13.Apr.2015-Expires: 7 days - Do not archive

Fenoximetilpenicilina + -

✓ DESCRIPTION >

✓ INTERVENTION CRITERIA >

✓ TREATMENT >

✓ SIGNS AND SYMPTOMS >

✓ TOXICITY >

✓ THERAPEUTIC DRUG INFORMATION ✓

✓ INDICATIONS

✓ THERAPEUTIC DOSE RANGE ✓

> Child

> Adult

✓ PHARMACOLOGICAL ACTION

✓ KINETICS ✓

> ✓ ABSORPTION

> ✓ DISTRIBUTION

> ✓ METABOLISM

> ✓ ELIMINATION

✓ IDENTIFICATION >

✓ REFERENCES

Check All Uncheck All Print

LACTATION

No information could be found relating to phenoxymethyl penicillin use during lactation. However the following data can be used as a guideline.

Benzympenicillin

Benzympenicillin is excreted into human breast milk and may affect the nursing infant. Taking benzympenicillin is considered safe when breastfeeding.^[36]

No adverse effects have been reported in infants, although it is possible for modification of bowel flora and an allergic response to occur.^[36]

TOXIC MECHANISM

Penicillins are not thought to have a direct nephrotoxic effect and are predominantly excreted via the kidneys. Crystalluria generally occurs when the solubility of the penicillin in urine is decreased; for example in cases of decreased diuresis or if the urine is acidic.^[10] Intrarenal precipitation of crystals leads to tubular damage and medullary congestion. This is thought to be the cause of hematuria and acute renal failure.^[8]

Penicillin-induced seizures are thought to be caused by impairing GABA inhibition. Penicillin G inhibits GABA-gated chloride ion influx in a dose-dependent manner.^{[37][38]} It is thought to be mediated through an interaction with the picrotoxin-binding site or a nearby binding site. When this site is activated an allosteric change prevents GABA from binding to its receptor leading to a lack of inhibitory tone.^{[39][38]}

Hypersensitivity reactions may also cause renal failure as renal biopsies have shown renal tubule damage with interstitial mononuclear and eosinophilic cellular infiltration.^[9]

Penicillins have caused cholestatic hepatic injury. This is thought to occur from direct toxicity, or a hypersensitivity reaction as hepatic injury often occurs with pruritus.^{[11][12]}

The toxicity of penicillins is often increased in patients with renal or hepatic failure. The serum half-life of some penicillins is prolonged in these patients, including dicloxacillin, nafcillin, benzympenicillin and carbenicillin.^{[40][41][42][43][44]}

Large intra venous injections of potassium penicillin salts increase serum potassium levels which can have serious cardiac consequences including cardiac arrest.^{[45][28]}

✱ THERAPEUTIC DRUG INFORMATION

INDICATIONS

Fenoximetilpenicilina

13 Apr 2015-Expires: 7 days - Do not archive

Fenoximetilpenicilina + -

✓ DESCRIPTION >

✓ INTERVENTION CRITERIA >

✓ TREATMENT >

✓ SIGNS AND SYMPTOMS >

✓ TOXICITY >

✓ THERAPEUTIC DRUG INFORMATION >

✓ IDENTIFICATION v

✓ PRODUCT INFORMATION

✓ OTHER NAME(S) v

> Common Names

> Chemical Name

✓ CODES v

> ✓ ATC CLASSIFICATION

> ✓ CAS NUMBER

✓ MOLECULAR FORMULA

✓ PHYSICOCHEMICAL PROPERTIES

✓ REFERENCES

Check All

Uncheck All

Print

IDENTIFICATION

PRODUCT INFORMATION

Generally tablets and capsules range from 125 to 937.5 mg phenoxymethyl penicillin. Sustained release formulation are not available.

Formulations for injections usually contain 1,500 mg/vial. Oral solutions are available in 25 to 60 mg/mL. Slow release formulations are not normally available.

The packaging of each trade product will include information on the exact quantity of phenoxymethyl penicillin.

OTHER NAME(S)

Common Names

Fenoximetilpenicilina
Penicillin V
Penicillin V calcium
Phenomycilline
Phenoxymethyl penicillin
Phenoxymethylpenicillin calcium
Phenoxymethylpenicillin potassium
Phenoxymethylpenicillinum
Phenoxymethylpenicillinum kalcium

Chemical Name

Phenoxymethyl Penicillin:
[2S-(2alpha, 5alpha, 6beta)]-3,3-Dimethyl-7-oxo-6-[(phenoxyacetyl)amino]-4-thia-1-azabicyclo[3.2.0]heptane-2-carboxylic acid

CODES

ATC CLASSIFICATION

Beta-lactam Antibacterials, Penicillins - Beta-lactamase Sensitive Penicillins
J01C E02
Phenoxymethylpenicillin

Vínculo a referencias



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Full Info

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Fenoximetilpenicilina + -

☐ DESCRIPTION >

☐ INTERVENTION
CRITERIA >

☐ TREATMENT >

☐ SIGNS AND
SYMPTOMS >

☐ TOXICITY >

☐ THERAPEUTIC DRUG
INFORMATION >

☐ IDENTIFICATION v

☐ PRODUCT INFORMATION

☐ OTHER NAME(S) v

> Common Names

> Chemical Name

☐ CODES v

> ☐ ATC CLASSIFICATION

> ☐ CAS NUMBER

☐ MOLECULAR FORMULA

☐ PHYSICOCHEMICAL
PROPERTIES

☒ REFERENCES

Summary Information

Full Information

REFERENCES

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Tutorial



Dynamed : Búsqueda Básica



¿Qué es Dynamed?



- Herramienta de Referencia Clínica diseñada por médicos para ser utilizada por médicos y otros profesionales de la salud en el punto de atención.
- Contiene resúmenes clínicamente organizados de más de 3.200 temas
- Requerimientos mínimos del buscador : última versión del navegador

Vigilancia Sistemática de Literatura

- La vigilancia de más de 500 revistas, directa e indirectamente a través de servicios de revisión de publicaciones.
- Cada artículo es evaluado por su relevancia clínica y cada artículo en cuestión es evaluado para su validez en relación con el contenido existente en *DynaMed*.

- Los artículos más válidos se resumen, los resúmenes están integrados con el contenido *DynaMed*.
- *Dynamed* usa Cochrane Database of Systematic Reviews entre muchas otras fuentes de evidencia.
- *Dynamed* es la única base de datos de referencia basada en la evidencia que ha mostrado responder a más preguntas clínicas en atención primaria

Definiendo el término Basado en Evidencia

El proceso editorial de *DynaMed* aplica en forma rigida los siguientes protocolos para asegurarse que las conclusiones son realmente basadas en evidencia:

1. Identificación sistemática de toda la evidencia aplicable.
2. Selección sistemática de la mejor evidencia disponible.
3. Evaluación sistemática de la evidencia seleccionada.
4. Informe objetivo y preciso de los hallazgos de evidencia y su calidad.
5. Síntesis de múltiples reportes de evidencias.
6. Fundamentar las conclusiones y recomendaciones de la Evidencia
7. Cambio de las conclusiones cuando una nueva evidencia altera la mejor evidencia disponible.

Contenido en Dynamed: Resúmenes clínicamente
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- Enfermedades comunes y no comunes y síntomas condiciones (e.g., *Abdominal aneurysm (AAA)*)
- Los síntomas (e.g., *Chest pain, Foot pain – differential diagnosis*)
- Los medicamentos (e.g., *Tiotropium*)
- Otros temas clínicamente importantes ((e.g., *Breastfeeding, Cardiac stress testing*)

- Intereses específicos (e.g., *West Nile virus encephalitis, Acute radiation syndrome*)
- Nuevo ámbito de la información basada en el desarrollo de la investigación (e.g., *Metabolic syndrome, D-dimer testing for venous thromboembolism*)
- Guías (e.g., *American Cancer Society (ACS) guidelines for cervical cancer screening*)

Organizador del Contenido

- La información esta organizada para ser encontrada facilmente en el formato clínico práctico
 - Description (including ICD-9/ICD-10 codes)
 - Causes & Risk Factors
 - Complications & Associated Conditions
 - History
 - Physical
 - Diagnosis
 - Prognosis
 - Treatment
 - Prevention & Screening
 - References (including reviews & guidelines)
 - Patient Information

Niveles de Evidencia

Nivel 1 - Datos derivados de múltiples ensayos clínicos aleatorizados o metaanálisis

Nivel 2 - Datos derivados del único ensayo aleatorizado o de estudios no aleatorizados

Nivel 3 - Sólo opiniones de consenso de expertos, estudios de casos, o estándar de cuidado

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Spotlight

- Thrombolytics for acute stroke: evidence synthesis suggests possible net harm for t-PA 3-4.5 hours after stroke
- Urinary Incontinence in women with ACP guidelines (Ann Intern Med 2014 Sep 16)
- DynaMed EBM Focus: Needle or Laser Acupuncture Does Not Improve Chronic Knee Pain in Patients with Knee Osteoarthritis
- DynaMed Resident Focus: Angiotensin-Converting Enzyme Inhibitors or Angiotensin-Receptor Blockers May Decrease Mortality in Patients with Chronic Kidney Disease
- Statins for prevention of cardiovascular disease includes patient risk-specific NNT estimates
- DynaMed 7 Step Evidence Based Methodology
- DynaMed is THE MOST CURRENT point-of-care reference (BMJ 2011)
- Recent changes to Skyscape DynaMed mobile app

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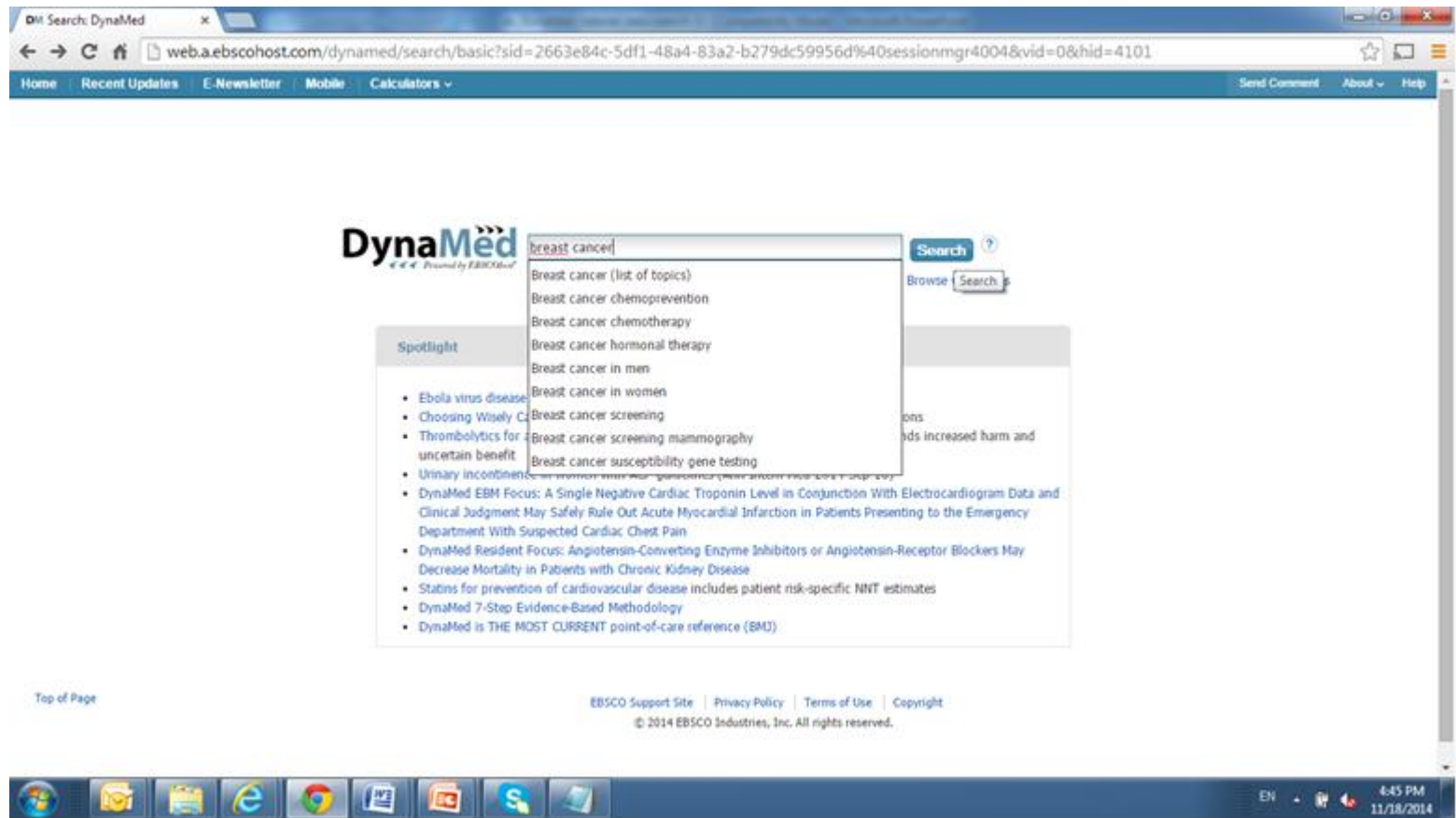
LEXI COMP



SMART IMAGEBASE

Bienvenido al tutorial de EBSCO sobre **DynaMed Búsqueda Básica**. En este tutorial usted aprenderá sobre las funciones más importantes de *DynaMed*, como conducir búsquedas básicas, navegar por categorías y por contenido que ha sido actualizado recientemente. También aprenderemos como obtener el crédito de Educación Médica Continua “Continuing Medical Education” para sus búsquedas.

En cualquier momento, usted puede regresar a la pantalla de inicio de *DynaMed* haciendo clic en **Home**.



Vamos a empezar por conducir una búsqueda sobre “Cáncer de mama”. Escriba la palabra “breast cancer” en la caja de búsqueda y la interfaz le mostrara una lista de términos relacionados, seleccione y haga clic en **Search (Buscar)**



Search ?

Browse: [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](#)

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Spotlight

- [Thrombolytics for acute stroke evidence synthesis suggests possible net harm for t-PA 3-4.5 hours after stroke](#)
- [Urinary incontinence in women with ACP guidelines \(Ann Intern Med 2014 Sep 16\)](#)
- [DynaMed EBM Focus: Needle or Laser Acupuncture Does Not Improve Chronic Knee Pain in Patients with Knee Osteoarthritis](#)
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También puede navegar por la lista alfabética accediendo a la [Búsqueda por Categorías](#).

Result List: breast cancer: X

web.a.ebscohost.com/dynamed/results?sid=2663e84c-5df1-48a4-83a2-b279dc59956d%40sessionmgr4004&vid=2&hid=4101&bquery=(breast+AND+cancer)E

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DynaMed

breast cancer Search ?

Browse: 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 Browse Categories

1-50 of 766 Page: 1 2 3 4 5 Next

- Breast cancer screening
- Male breast cancer
- Breast cancer chemotherapy
- Breast cancer chemoprevention
- Chemoprevention of breast cancer
- Breast cancer in women
- Breast cancer in men
- Breast cancer screening mammography
- Screening for breast cancer
- Breast cancer hormonal therapy
- Lobular carcinoma in situ
- Ductal carcinoma in situ
- Endocrine therapy for breast cancer
- Chemotherapy for early and locally advanced breast cancer
- HER2 inhibitors for breast cancer
- Risk factors for breast cancer
- Chemotherapy for metastatic breast cancer

EN 4:49 PM 11/18/2014

El término buscando aparecerá en la primer columna como primer resultado de la lista. Los siguientes resultados son enlaces relacionados con el tema de búsqueda

The screenshot shows a web browser window with the URL `web.a.ebscohost.com/dynamed/results?sid=2663e84c-5df1-48a4-83a2-b279dc59956d%40sessionmgr4004&vid=28&hid=4101&bquery=(breast+AND+cancer)&`. The DynaMed logo is visible, along with a search bar containing 'breast cancer' and a 'Search' button. Below the search bar, there are links to 'Browse: A-Z' and 'Browse Categories'. The main content area displays a list of search results. On the left, a sidebar lists various topics, with 'Breast cancer screening' highlighted and a red arrow pointing to it. On the right, a detailed view of 'Breast cancer screening' is shown, including a 'close' button and a list of sub-topics: Related Summaries, Overview, Recommendations, Mammography, Clinical Breast Exam, Breast Self-Exam, Magnetic Resonance Imaging, Ultrasonography, Other breast imaging modalities, False Positive Tests, Promotion of Breast Cancer Screening and Decision-Making, Special Populations, Quality Improvement, Guidelines and Resources, Patient Information, and References. The Windows taskbar at the bottom shows the time as 5:05 PM on 11/18/2014.

En la lista de resultados, haga clic en **Breast cancer screening** para acceder a ese tema, o solamente posicione el cursor en el título para pre-visualizar todas las secciones de este tema en la columna derecha. Cuando esté disponible, puede cambiar el tamaño del texto haciendo clic en los iconos de texto en la esquina superior derecha.

The screenshot shows a web browser window with the URL `web.a.ebscohost.com/dynamed/results?sid=2663e84c-5df1-48a4-83a2-b279dc59956d%40sessionmgr4004&vid=2&hid=4101&bquery=(breast+AND+cancer)&`. The left sidebar contains a list of topics under the heading "Breast cancer screening":

- Male breast cancer
- Breast cancer chemotherapy
- Breast cancer chemoprevention
- Chemoprevention of breast cancer
- Breast cancer in women
- Breast cancer in men
- Breast cancer screening mammography
- Screening for breast cancer
- Breast cancer hormonal therapy
- Lobular carcinoma in situ
- Ductal carcinoma in situ
- Endocrine therapy for breast cancer
- Chemotherapy for early and locally advanced breast cancer
- HER2 inhibitors for breast cancer
- Risk factors for breast cancer
- Chemotherapy for metastatic breast cancer
- Radiation therapy for breast cancer
- Surgery for early and locally advanced breast cancer
- Tumor markers in breast cancer
- Hormonal replacement therapy (HRT) and breast cancer
- Mammography for breast cancer screening

The right pane, titled "Breast cancer screening", shows a tree view of the selected topic. The "Recommendations" section is expanded, showing a list of organizations: United States Preventive Services Task Force (USPSTF), American College of Obstetricians and Gynecologists (ACOG), American Cancer Society (ACS), American College of Radiology and Society of Breast Imaging, American College of Physicians (ACP), and Canadian Task Force on Preventive Health Care (CTFPHC). Below this, the "Clinical Breast Exam" section is also expanded, showing "Recommendations for clinical breast exam" and "Evidence for clinical breast exam". Other sections visible include "Mammography", "Breast Self-Exam", "Magnetic Resonance Imaging", "Ultrasonography", "Other breast imaging modalities", and "False Positive Tests".

Las secciones se pueden expandir más haciendo clic en el icono que está a la izquierda de cada título. Pero si usted quiere ver una sección específica de una tema, solo haga clic en el título de la sección.

web.a.ebscohost.com/dynamed/detail?sid=2663e84c-5df1-48a4-83a2-b279dc59956d%40sessionmgr4004&vid=11&expand=Recommendations&hid=4101&bc

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DynaMed breast cancer Search

Result List 1 of 766 Expand All Collapse All Search Within Text

Breast cancer screening

Recommendations

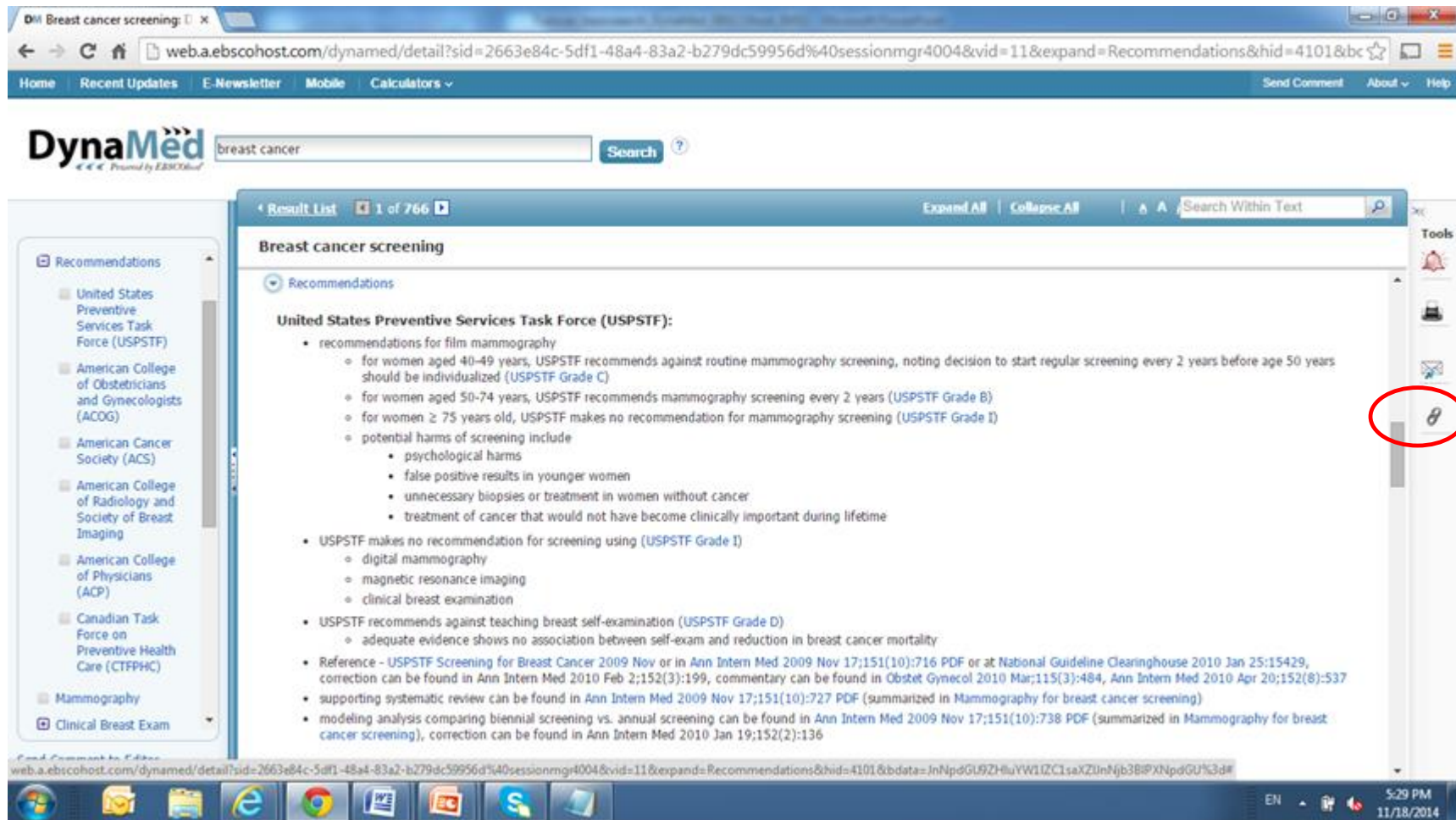
United States Preventive Services Task Force (USPSTF):

- recommendations for film mammography
 - for women aged 40-49 years, USPSTF recommends against routine mammography screening, noting decision to start regular screening every 2 years before age 50 years should be individualized (USPSTF Grade C)
 - for women aged 50-74 years, USPSTF recommends mammography screening every 2 years (USPSTF Grade B)
 - for women ≥ 75 years old, USPSTF makes no recommendation for mammography screening (USPSTF Grade I)
- potential harms of screening include
 - psychological harms
 - false positive results in younger women
 - unnecessary biopsies or treatment in women without cancer
 - treatment of cancer that would not have become clinically important during lifetime
- USPSTF makes no recommendation for screening using (USPSTF Grade I)
 - digital mammography
 - magnetic resonance imaging
 - clinical breast examination
- USPSTF recommends against teaching breast self-examination (USPSTF Grade D)
 - adequate evidence shows no association between self-exam and reduction in breast cancer mortality
- Reference - USPSTF Screening for Breast Cancer 2009 Nov or in Ann Intern Med 2009 Nov 17;151(10):716 PDF or at National Guideline Clearinghouse 2010 Jan 25;15429, correction can be found in Ann Intern Med 2010 Feb 2;152(3):199, commentary can be found in Obstet Gynecol 2010 Mar;115(3):484, Ann Intern Med 2010 Apr 20;152(8):537
- supporting systematic review can be found in Ann Intern Med 2009 Nov 17;151(10):727 PDF (summarized in Mammography for breast cancer screening)
- modeling analysis comparing biennial screening vs. annual screening can be found in Ann Intern Med 2009 Nov 17;151(10):738 PDF (summarized in Mammography for breast cancer screening), correction can be found in Ann Intern Med 2010 Jan 19;152(2):136

Print Comment to Editor

web.a.ebscohost.com/dynamed/detail?sid=2663e84c-5df1-48a4-83a2-b279dc59956d%40sessionmgr4004&vid=11&expand=Recommendations&hid=4101&bdata=JnNpdGU9ZlhuYW1lZC1saXZlbnNjb3B0eXNpdGU%3d#

EN 5:29 PM 11/18/2014



Aparece la pantalla sobre el tema. Para ingresar al contenido de un link permanente para este tema, haga clic en el icono de link permanente en la columna derecha, debajo de los iconos de imprimir y enviar por correo electrónico.

The screenshot shows a web browser window with the URL web.a.ebscohost.com/dynamed/detail?vid=13&sid=2663e84c-5df1-48a4-83a2-b279dc59956d%40sessionmgr4004&hid=4101&bdata=JnNpdGU9ZHluYW1lZC%3D. The page title is "Breast cancer screening". The search results show 1 of 766 items. The main content area displays recommendations from the United States Preventive Services Task Force (USPSTF) and the American College of Obstetricians and Gynecologists (ACOG). The USPSTF recommendations include:

- recommendations for film mammography
 - for women aged 40-49 years, USPSTF recommends against routine mammography screening, noting decision to start regular screening every 2 years before age 50 years should be individualized (USPSTF Grade C)
 - for women aged 50-74 years, USPSTF recommends mammography screening every 2 years (USPSTF Grade B)
 - for women ≥ 75 years old, USPSTF makes no recommendation for mammography screening (USPSTF Grade I)
- potential harms of screening include
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 - unnecessary biopsies or treatment in women without cancer
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 - adequate evidence shows no association between self-exam and reduction in breast cancer mortality
- Reference - USPSTF Screening for Breast Cancer 2009 Nov or in Ann Intern Med 2009 Nov 17;151(10):716 PDF or at National Guideline Clearinghouse 2010 Jan 25:15429, correction can be found in Ann Intern Med 2010 Feb 2;152(3):199, commentary can be found in Obstet Gynecol 2010 Mar;115(3):484, Ann Intern Med 2010 Apr 20;152(8):537
- supporting systematic review can be found in Ann Intern Med 2009 Nov 17;151(10):727 PDF (summarized in Mammography for breast cancer screening)
- modeling analysis comparing biennial screening vs. annual screening can be found in Ann Intern Med 2009 Nov 17;151(10):738 PDF (summarized in Mammography for breast cancer screening), correction can be found in Ann Intern Med 2010 Jan 19;152(2):136

The ACOG recommendations include:

- ACOG recommendations on breast cancer screening
 - mammography annually beginning at age 40 years

The left sidebar shows a list of topics: United States Preventive Services Task Force (USPSTF), American College of Obstetricians and Gynecologists (ACOG), American Cancer Society (ACS), American College of Radiology and Society of Breast Imaging, American College of Physicians (ACP), Canadian Task Force on Preventive Health Care (CTFPHC), Mammography, Clinical Breast Exam, and Breast Self-Exam. The bottom of the page shows a Windows taskbar with various application icons and a system clock displaying 5:44 PM on 11/18/2014.

Usted puede buscar dentro del texto de un tema. Escriba un término en el espacio que dice **Search Within Text** (**Buscar Dentro del Texto**) y haga clic en el icono del lente de aumento. Las coincidencias serán destacados en amarillo. También puede crear una alerta para que reciba una notificación cuando el tema sea actualizado. Solamente haga clic en el icono de **Alert** en la columna derecha. Escoja la frecuencia de la alerta, escriba la dirección de su correo electrónico y haga clic en **Create Alert** (**Crear Alerta**).



Search Other Services

Coronary artery disease (CAD)

Search

Browse: 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

Browse Categories

1-50 of 500 Page: 1 2 3 4 5 > Limit by Category: All

Practice Changing Updates only

Tool

Topic	Update Reason	Date
Insulin management	long-acting insulin analogs may have lower risk of severe hypoglycemia and might slightly reduce HbA1c and weight gain compared to NPH insulin in adults with type 1 diabetes (BMJ 2014 Oct 1)	10/22/2014 03:43:00 PM
Anal fissure	addition of topical nitroglycerin 0.2% following botulinum toxin injection does not appear to improve healing of anal fissures (N Z Med J 2014 May 2)	10/22/2014 02:39:00 PM
Nitroglycerin	addition of topical nitroglycerin 0.2% following botulinum toxin injection does not appear to improve healing of anal fissures (N Z Med J 2014 May 2)	10/22/2014 02:39:00 PM
Insulin management	insulin pump may improve glycemic control compared to multiple daily insulin injections in adults with type 2 diabetes (Lancet 2014 Oct 4)	10/22/2014 02:00:00 PM
Dyspepsia - differential diagnosis	NICE guideline on dyspepsia and gastro-oesophageal reflux disease (NICE 2014 Sep)	10/22/2014 01:51:00 PM

Los temas en *DynaMed* son actualizados diariamente. Para ver las actualizaciones, haga clic en **Recent Updates (Actualizaciones Recientes)** en la barra de herramientas ubicada en la parte superior de la pantalla.

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1-50 of 174 Page: [1](#) [2](#) [3](#) [4](#) [Next](#)

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Pantoprazole

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Gastroesophageal reflux disease (GERD)

Omeprazole

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Medical treatments for

DynaMed incluye mas 1,000 temas sobre drogas. Vamos a escribir *Omeprazole* en la caja de búsqueda y después hacer clic en **Search (Buscar)**. En la lista de resultados, vamos a hacer clic en **Omeprazole** para acceder al tema de DynaMed sobre esta droga. Como fue demostrado previamente, usted puede colocar posicionar el cursor sobre la palabra Omeprazole para previsualizar las secciones del tema en la columna derecha.

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- Stability and Compatibility
- Preparations

Result List 1 of 174

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Omeprazole

Updated 2013 Jul 15 04:45:00 PM: proton pump inhibitors are more effective than placebo or H2 receptor antagonists for relieving heartburn in short term and appear more effective than prokinetic agents (Cochrane Database Syst Rev 2013 May 31) [view update](#) | [Show more updates](#)

Related Summaries:

- Gastroesophageal reflux disease (GERD)
- Peptic ulcer disease

Warnings

Notifications:

Special Alerts:

[Posted 02/08/2012]**ISSUE:**FDA notified the public that the use of stomach acid drugs known as proton pump inhibitors (PPIs) may be associated with an increased risk of *Clostridium difficile*-associated diarrhea (CDAD). A diagnosis of CDAD should be considered for patients taking PPIs who develop diarrhea that does not improve. The FDA is working with manufacturers to include information about the increased risk of CDAD with use of PPIs in the drug labels. FDA is also reviewing the risk of CDAD in users of histamine H2 receptor blockers. H2 receptor blockers are used to treat conditions such as gastroesophageal reflux disease (GERD), stomach and small intestine ulcers, and heartburn.

Tools

Para ampliar cualquiera de las secciones de drogas en el registro, haga clic en el título de la sección. También puede expandir o contraer todas las secciones al mismo tiempo haciendo clic en los enlaces de ***Expand All*** (***Ampliar todo***) o ***Collapse All*** (***Contraer todos***) que están en la parte superior de la lista de resultados. Si hay una advertencia para un tema de drogas, se ampliará automáticamente cuando se abre el tema.



Browse by Category:



- [+ Allergic Disorders](#)
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Usted también puede buscar temas en *DynaMed* por categoría. Haga clic en ***Browse Categories (Navegar por Categorías)*** para ver las categorías disponibles en *DynaMed*. Haga clic en la categoría que desea desplegar. Se mostrarán todos los temas disponibles.



Browse by Category:



☐ Allergic Disorders

- ☐ Allergic conjunctivitis Tx Dx
- ☐ Allergic rhinitis Tx Dx
- ☐ Anaphylaxis Tx Dx
- ☐ Angioedema Tx Dx
- ☐ Atopic dermatitis Tx Dx
- ☐ Eosinophilic esophagitis in adults Tx Dx
- ☐ Eosinophilic esophagitis in children Tx Dx
- ☐ Food allergy Tx Dx
- ☐ Hymenoptera sting allergy Tx Dx
- ☐ Penicillin allergy Tx Dx
- ☐ Serum sickness Tx Dx
- ☐ Sulfa allergy Tx Dx
- ☐ Urticaria Tx Dx

Al hacer clic, aparecen los temas de la categoría seleccionada. En caso de existir otros temas dentro de esta categoría, se pueden expandir cada uno de ellos al hacer clic en cada icono con el signo suma.

De manera directa se puede acceder al **Tx (Tratamiento)** y al **Dx (Diagnóstico)** de igual manera.

¡GRACIAS!

Darío Lorenzo Chavarría
Training Specialist
dlorenzo@ebSCO.com
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Lista de resultados: diab... x

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1865 Fecha de publicación 2015

Resultados de la búsqueda: 1 a 50 de 422,956

Relevancia Ocultar opciones Compartir

- 1. Diabetes research: a perspective from the National Institute of Diabetes and Digestive and Kidney Diseases.**
(English) By: Fradkin JE; Rodgers GP; Diabetes [Diabetes], ISSN: 1939-327X, 2013 Feb; Vol. 62 (2), pp. 320-6; Publisher: American Diabetes Association; PMID: 23349536; Base de datos: MEDLINE Complete
Materias: United States; Diabetes Mellitus, Type 1 complications; Diabetes Mellitus, Type 1 epidemiology; Diabetes Mellitus, Type 1 genetics; Diabetes Mellitus, Type 1 prevention & control; Diabetes Mellitus, Type 2 complications; Diabetes Mellitus, Type 2 epidemiology; Diabetes Mellitus, Type 2 genetics; Diabetes Mellitus, Type 2 prevention & control; National Institute of Diabetes and Digestive and Kidney Diseases (U.S.); Female; Male
[Texto completo en PDF \(148KB\)](#)
- 2. Role of ceramide in diabetes mellitus: evidence and mechanisms.**
(English) ; Abstract available. By: Galadari S; Rahman A; Pallichankandy S; Galadari A; Thayyullathil F; Lipids In Health And Disease [Lipids Health Dis], ISSN: 1476-511X, 2013 Jul 08; Vol. 12, pp. 98; Publisher: BioMed Central; PMID: 23835113; Base de datos: MEDLINE with Full Text
Materias: Ceramides metabolism; Diabetes Mellitus, Type 1 genetics; Diabetes Mellitus, Type 1 metabolism; Diabetes Mellitus, Type 1 pathology; Diabetes Mellitus, Type 2 genetics; Diabetes Mellitus, Type 2 metabolism; Diabetes Mellitus, Type 2 pathology; Insulin metabolism
[Texto completo en PDF \(416.5KB\)](#)
- 3. Ethnic differences in glycemic control and diabetic ketoacidosis rate among children with diabetes mellitus type 1 in the Negev area.**
(English) ; Abstract available. By: Hilmi A; Pasternak Y; Friger M; Loewenthal N; Haim A; Herskovitz E; The Israel Medical Association Journal: IMAJ [Isr Med Assoc J], ISSN: 1565-1088, 2013 Jun; Vol. 15 (6), pp. 267-70; Publisher: The Association; PMID: 23882887; Base de datos: MEDLINE Complete
Materias: Israel; Autoimmune Diseases ethnology; Autoimmune Diseases etiology; Autoimmune Diseases prevention & control; Diabetes Complications ethnology; Diabetes Complications etiology; Diabetes Complications prevention & control; Diabetes Mellitus, Type 1 blood; Diabetes Mellitus, Type 1 complications; Diabetes Mellitus, Type 1 diagnosis; Diabetes Mellitus, Type 1 drug therapy; Diabetes Mellitus, Type 1 ethnology; Diabetic Ketoacidosis ethnology; Diabetic Ketoacidosis etiology

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Diabetes research: a perspective from the National Institute of Diabetes and Digestive and Kidney Diseases.

Autores: [Fradkin JE](#); Division of Diabetes, Endocrinology and Metabolic Diseases, National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health, Bethesda, Maryland, USA. [jf58s@nih.gov](#)
[Rodgers GP](#)

Fuente: [Diabetes](#) [Diabetes] 2013 Feb; Vol. 62 (2), pp. 320-6.

Tipo de publicación: Journal Article

Idioma: English

Información de la publicación: *Publisher:* American Diabetes Association *Country of Publication:* United States *NLM ID:* 0372763 *Publication Model:* Print Cited Medium: Internet *ISSN:* 1939-327X (Electronic) *Linking ISSN:* 00121797 *NLM ISO Abbreviation:* [Diabetes](#) *Subsets:* Core Clinical (AIM); MEDLINE

Nombre(s) de la colección: *Publication:* Alexandria, VA : American Diabetes Association
Original Publication: [New York, American Diabetes Association]

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[Diabetes Mellitus, Type 1*/epidemiology](#)
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Autores: [Fradkin JE](#); Division of Diabetes, Endocrinology and Metabolic Diseases, National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health, Bethesda, Maryland, USA. [j58s@nih.gov](#)
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Fuente: [Diabetes \[Diabetes\]](#) 2013 Feb; Vol. 62 (2), pp. 320-6.

Tipo de publicación: Journal Article

Idioma: English

Información de la publicación: Publisher: [American Diabetes Association](#) Country of Publication: United States NLM ID: 0372763 Publication Model: Print Cited Medium: Internet ISSN: 1939-327X (Electronic) Linking ISSN: 00121797 NLM ISO Abbreviation: [Diabetes Subsets: Core Clinical \(AIM\); MEDLINE](#)

Nombre(s) de la colección: Publication: Alexandria, VA : American Diabetes Association
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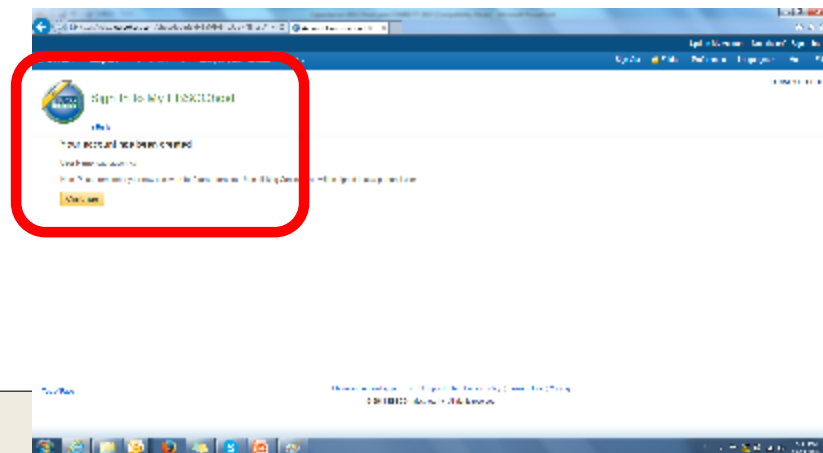
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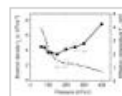
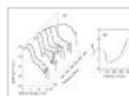
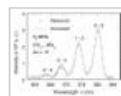
Langmuir probe diagnostics of **electron** energy distributions with optical and capacitively coupled rf discharge in nitrogen.

By: Abdel-Fattah, E.; Bazavan, M.; Sugai, H. *Journal of Applied Physics*. Dec2011, Vol. 110 Issue 11, p10.1063/1.3664858.

Subjects: NITROGEN plasmas; RESEARCH; **ELECTRON distribution** -- Research; **ELECTRON** energy LANGMUIR probes; ATOMIC emission spectroscopy

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2.



Academic
Journal

Potential and **electron** density calculated for freely expanding plasma by an

By: Ho, C. Y.; Wen, M. Y.; Tsai, Y. H.; Ma, C. *Journal of Applied Physics*. Jul2011, Vol. 110 Issue 1, p010.1063/1.3606581.

Subjects: **ELECTRON** beams -- Research; **ELECTRON distribution** -- Research; **ELECTRONS** -- Res chemical reactions

Database: Academic Search Complete

Subject: Thesaurus Term

☐ electron distribution (3,921)

☐ electrons (1,042)

☐ plasma (ionized gases) (893)

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☐ magnetic fields (409)

☐ electric fields (286)

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Determining the efficacy of a **nanotechnology** media product in enhancing children's engagement with **nanotechnology**.

Authors: Waldron, Anna¹ waldrona@missouri.edu
Batt, Carl² cb10@cornell.edu
Lui, Clarissa³ clui@mit.edu

Source: Journal of Nanoparticle Research; Dec2011, Vol. 13 Issue 12, p6291-6295, 5p

Document Type: Article

Subject Terms: ***NANOTECHNOLOGY**
*COMMUNITY & school
*MIDDLE school students
*AWARENESS
*UNIVERSITIES & colleges
*PERIODICALS
*COMPREHENSION in children
*MASS media

Author-Supplied K-12 students

Keywords: Media
Nanotechnology
Public awareness
Public engagement
Public understanding
Scale
Survey

NAICS/Industry 611310 Colleges, Universities, and Professional Schools
Codes:

Abstract: Public engagement in **nanotechnology** media products can lead to a greater interest in understanding of **nanotechnology**. A study was undertaken to determine middle school student engagement in Nanooze, a magazine featuring **nanotechnology** research that has been developed for a young adult audience. Teachers at 116 Detroit middle schools distributed two issues of the magazine to their students, and surveys were collected from 870 students after reading the magazines. Results suggest that the majority of students liked reading the magazine and learned something about **nanotechnology**. Engagement in **nanotechnology** led to understanding of **nanotechnology**. The Nanooze magazine was an effective medium for engaging middle school students in learning about **nanotechnology**. [ABSTRACT FROM AUTHOR]

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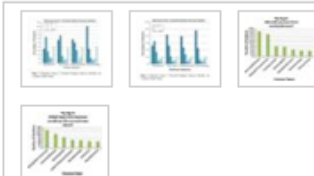
ISSN: 13880764

DOI: 10.1007/s11051-011-0525-6

Accession 69625286

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Images



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Determining the efficacy of a nanotechnology media product in enhancing children's engagement with nanotechnology.

Autores: Waldron, Anna¹ waldrona@missouri.edu
Batt, Carl² cab10@cornell.edu
Lui, Clarissa³ clui@mit.edu

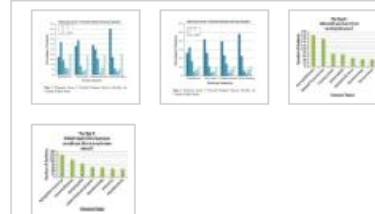
Fuente: Journal of Nanoparticle Research; Dec2011, Vol. 13 Issue 12, p6291-6295, 5p

Tipo de documento: Article

Descriptores: ***NANOTECHNOLOGY**
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Palabras clave K-12 students
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Publicación académica

Exploring New Energy Alternative.

By: LePoiré, David J.. Futurist, Sep/Oct2011, Vol. 45 Issue 5, p34-38, 5p, 6 Color Photographs

Especialidades: RENEWABLE energy sources; SOLAR energy; NANOTECHNOLOGY; WIND power plants; SOLAR thermal energy; ELECTRIC utilities; POWER plants; ENERGY industries; UNITED States; Other Electric Power Generation

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AMA

(American Medical
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Lista de referencias

LePoire D. Exploring New Energy Alternative. *Futurist* [serial online]. September 2011;45(5):34-38. Available from: Academic Search Complete, Ipswich, MA. Accessed April 30, 2012.

APA

(American Psychological
Assoc.)

Referencias

LePoire, D. J. (2011). Exploring New Energy Alternative. *Futurist*, 45(5), 34-38.

Chicago/Turabian: Author-Date

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LePoire, David J. 2011. "Exploring New Energy Alternative." *Futurist* 45, no. 5: 34-38. *Academic Search Complete*, EBSCOhost

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1968 Publication Date 2010

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- ☒ All Results
- ☐ Magazines (21)
- ☐ News (12)
- ☐ Academic Journals (9)
- ☐ Reviews (2)

Update

- El mejor oficio del mundo. (Spanish)**

By: García Márquez, **Gabriel**. Chasqui (13901079). jun2007, Issue 98, p26-31. 6p. Language: Spanish.

Subjects: COLOMBIA; LOS Angeles (Calif.); CALIFORNIA JOURNALISM & education; ART genres; EDITORIALS; LI

Database: Fuente Académica

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Title: El mejor oficio del mundo.

Authors: García Márquez, Gabriel

Source: Chasqui (13901079)

Date: 2007

Publication Type: Academic Journal

Subjects: COLOMBIA; LOS Angeles (Calif.); CALIFORNIA; JOURNALISM; SPEECHES, addresses, etc.; **GARCIA Marquez, Gabriel**, 1928-; JOURNALISM & education; ART genres; EDITORIALS; LITERARY form; MASS media

Abstract: The article presents a speech by Colombian author **Gabriel** García Márquez before the Asamblea de la Sociedad Interamericana de Prensa in Los Angeles, California. In the speech, García Márquez discusses the rise of journalism as a literary form. He discusses how, 50 years earlier, it was not a popular subject as it was a literal genre, not an art form. Nevertheless, he continues on, saying that newspapers are broken down into three basic areas: news, reporting and editorial notes. Of the three, editorials are the most central piece of newspaper writing.

Database: Fuente Académica

Detailed Record

- Memories of 1955.**

By: Márquez, **Gabriel** García. Virginia Quarterly Review.

Subjects: ESSAY (Literary form); TRAVEL; SOCIAL histor GENOWAYS, Ted

Database: Academic Search Complete

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- Do You Know Who Mercè Rodoreda Was?**

By: Márquez, **Gabriel** García. World Literature Today. M

Subjects: SPANISH fiction; SPANISH women authors; FI

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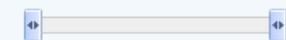
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1984 Publication Date 2013



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- ☐ Academic Journals (15)
- ☐ News (7)
- ☐ Reviews (1)

1.



Periodical

THE 100 BEST COMPANIES TO WORK FOR. (cover story).

By: TKACZYK, CHRISTOPHER; Keating, Caitlin; KONRAD, ALEX; Vandermeij, Anne; K/ 127. 8p. 4 Color Photographs.

Subjects: BUSINESS enterprises -- Ratings & rankings; JOB satisfaction; CORPORATE Consulting Group Inc.; WEGMANS Food Markets Inc.; DREAMWORKS Animation LLC

Database: Business Source Complete

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2.



Periodical

HEALTH Wealth and Happiness: The 2012 Best Companies to

By: COHEN, ERIKA; MOWRY, MATTHEW J. Business NH Magazine. Dec2012, Vol. 29 I

Subjects: MANCHESTER (N.H.); NEW Hampshire; BUSINESS enterprises -- Competitio Credit Union (**Company**); OLYMPUS Biotech (**Company**); RADISSON Hotel Corp.

Database: Regional Business News

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3.



Periodical

Best Companies to Work For.

By: Cutler, Sarah; Lewis, Di. Utah Business. Dec2012, Vol. 26 Issue 12, p64-77. 14p.

Subjects: AWARDS; NEUTRON Interactive (**Company**) -- Awards; BRAINSTORM Inc. -- Awards; CASTLE & Cooke Mortgage LLC -- Awards;

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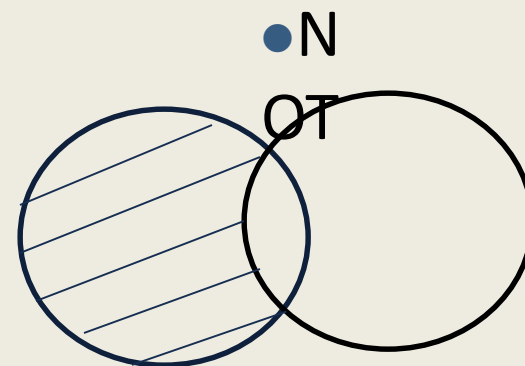
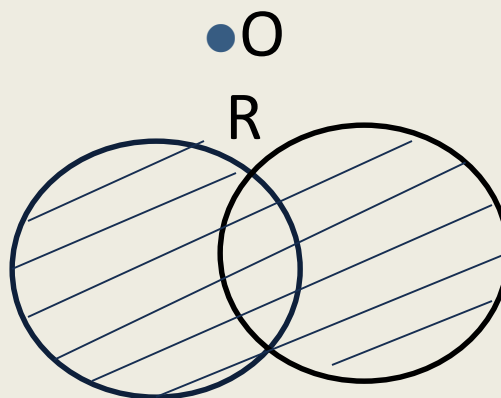
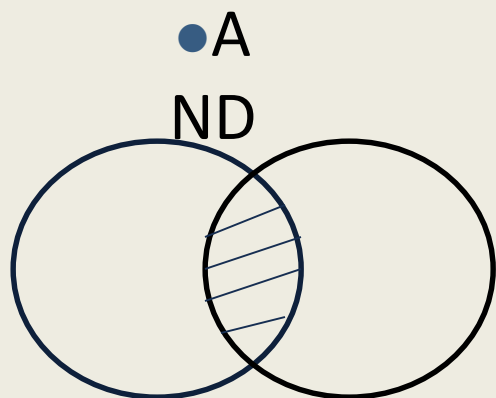
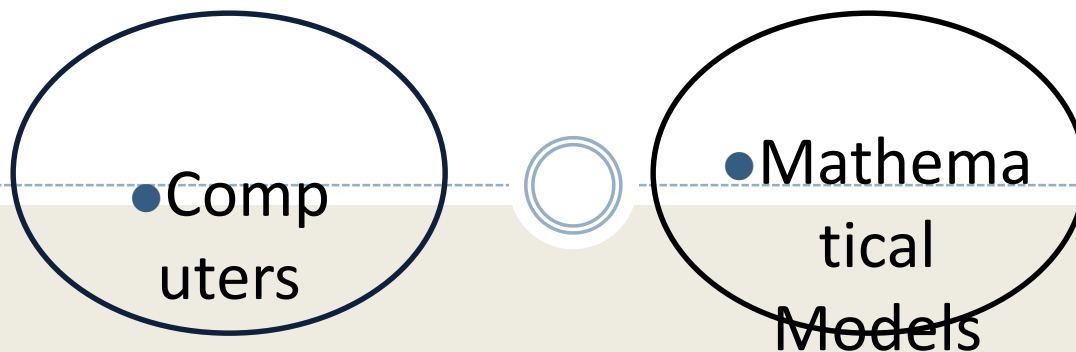
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● Uso de Operadores Booleanos para búsquedas efectivas



● Uso de Operadores Booleanos para búsquedas efectivas

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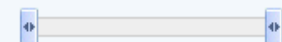
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1.



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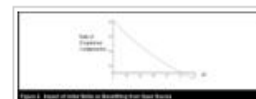
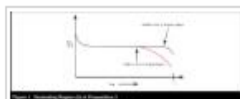
HUMAN CAPITAL DEVELOPMENT FOR PROGRAMMERS USING OPEN SOURCE SOFTWARE.

By: Mehra, Amit; Mookerjee, Vijay. MIS Quarterly. Mar2012, Vol. 36 Issue 1, p107-A5. 21p. 1 Diagram, 5 Graphs.

Subjects: HUMAN capital; MANAGEMENT; OPEN source software; **COMPUTER** programmers; TALENT management; CONTROL theory (Mathematics); COMPENSATION management -- **Mathematical models**; PERSONNEL management -- Research; INCENTIVES in industry -- **Mathematical models**; EMPLOYEES -- Training of; **MATHEMATICAL models**; CONJOINT analysis (Marketing); SKILLED labor -- **Mathematical models**; HUMAN capital -- **Mathematical models**; SALARIES, wages, etc.

Database: Business Source Complete

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2.



Academic

An integrated neural network-simulation algorithm for performance optimisation of the bi-criteria two-stage assembly flow-shop scheduling problem with stochastic activities.

By: Azadeh, A.; Jaihoonian, M.; Shoja, B. Maleki; Seyedm Mahmoudi, S.H. International Journal of Production Research. Dec2012, Vol. 50 Issue 24,

- **Uso de Comodines y Truncadores para búsquedas efectivas**
- El comodín es representado por un signo de interrogación ? o

#

Para utilizar el comodín ? escriba el término de búsqueda y reemplace la letra con la ?

- EBSCOhost encuentra todos los resultados de la palabra con la ? reemplazandola por una letra.
- Ejemplo : Al buscar **Cañon** y su teclado no contiene la ñ, esta puede ser reemplazada por el signo ? o bien al buscar **ne?t** la interface reemplazará esa letra faltante ofreciendo términos

- **Uso de Comodines y Truncadores para búsquedas efectivas**
- Para utilizar el comodín # escriba el termino de búsqueda y utilice el símbolo en los espacios donde se pueda ubicar una letra adicional dentro de la palabra.
- EBSCOhost muestra todos las coincidencias donde aparezca la palabra con o sin ese carácter.
- Ejemplo: Al buscar **colo#r** para encontrar los términos como **color** o **colour**.



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Booleans

Boolean logic defines logical relationships between terms in a search. The *Boolean search operators* are **and**, **or** and **not**. You can use these operators to create a very broad or very narrow search.

- **And** combines search terms so that each search result contains all of the terms. For example, **travel and Europe** finds articles that contain *both* travel and Europe.
- **Or** combines search terms so that each search result contains at least one of the terms. For example, **college or university** finds results that contain *either* college or university.
- **Not** excludes terms so that each search result does not contain any of the terms that follow it. For example, **television not cable** finds results that contain television but *not* cable.

Note: When executing a search, **And** takes precedence over **Or**.

The following table illustrates the operation of Boolean terms:

And	Or	Not
Each result contains all search terms.	Each result contains at least one search term.	Results do not contain the specified terms.
The search <i>heart and lung</i> finds items that contain both <i>heart</i> and <i>lung</i> .	The search <i>heart or lung</i> finds items that contain either <i>heart</i> or items that contain <i>lung</i> .	The search <i>heart not lung</i> finds items that contain <i>heart</i> but do not contain <i>lung</i> .

Using Booleans and Parentheses

To make even better use of Boolean operators, you can use *parentheses* to nest query terms within other query terms.

You can enclose search terms and their operators in parentheses to specify the *order in which they are interpreted*. Information *within* parentheses is read *first*, then information *outside* parentheses is read *next*. For example,

When you enter **(mouse OR rat) AND trap**, the search engine retrieves results containing the word mouse or the word rat together with the word trap in the fields searched by default.

If there are nested parentheses, the search engine processes the *innermost* parenthetical expression first, then the next, and so on until the entire query has been interpreted. For example,

((mouse OR rat) AND trap) OR mousetrap

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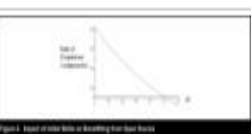
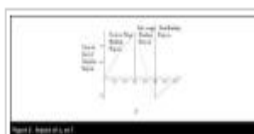
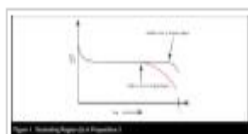
HUMAN CAPITAL DEVELOPMENT FOR PROGRAMMERS USING OPEN SOURCE SOFTWARE.

By: Mehra, Amit; Mookerjee, Vijay. MIS Quarterly. Mar2012, Vol. 36 Issue 1, p107-A5. 21p. 1 Diagram, 5 Graphs.

Subjects: HUMAN capital; MANAGEMENT; OPEN source software; **COMPUTER** programmers; TALENT management; CONTROL theory (Mathematics); COMPENSATION management -- **Mathematical models**; PERSONNEL management -- Research; INCENTIVES in industry -- **Mathematical models**; EMPLOYEES -- Training of; **MATHEMATICAL models**; CONJOINT analysis (Marketing); SKILLED labor -- **Mathematical models**; HUMAN capital -- **Mathematical models**; SALARIES, wages, etc.

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