

Biblioteca para todos

leer durante el ingreso

La Biblioteca es un servicio que ofrece el Hospital como parte fundamental del cuidado global de las personas.

Los usuarios de la Biblioteca son los pacientes hospitalizados y sus familiares, así como los del Hospital de Día y el propio personal del Hospital.

Objetivos

Entretener a las personas ingresadas que soliciten un libro.

Favorecer la recuperación, disminuyendo las sensaciones de soledad y aislamiento.

Incrementar las actividades de fomento de la lectura dirigidas hacia pacientes y usuarios del hospital.

¿Cómo solicitar el servicio?

Para solicitar el servicio de préstamo bibliotecario solo tiene que avisar al personal de la planta para que le faciliten el catálogo de los libros de la Biblioteca. Ellos se pondrán en contacto con el responsable de la biblioteca, que le facilitará el libro solicitado.

Leer te ayuda



SERVICIO DE SALUD
DEL PRINCIPADO DE ASTURIAS
GERENCIA DEL ÁREA SANITARIA VII

Contacto

La Biblioteca del Área Sanitaria VII está ubicada en la Planta Técnica del Hospital Vital Álvarez Buylla.

Responsable: Ángel Mones
Teléfono: 56036
Correo: biblioteca.area7@sespa.es

Biblioteca



Biblioteca del Hospital V. Álvarez Buylla

Área Sanitaria VII

Servicios

La Biblioteca

❖ MISIÓN

Gestionar los recursos de información y proporcionar el acceso, la preservación y difusión de los mismos, prestando los servicios necesarios para generar conocimiento.

❖ VISIÓN

La biblioteca aspira a ser una referencia del más alto nivel, con áreas de excelencia en los ámbitos docente e investigador.

Vinculada con otras entidades y profesionales, e integrada en las metas de calidad y objetivos del Área Sanitaria VII, quiere ser capaz de provocar con su actividad unos usuarios mejor formados e informados, contribuir al aprendizaje permanente y favorecer una mejor atención a los pacientes y a sus acompañantes.

❖ VALORES

Los valores por los que se rige la actividad de la Biblioteca son:

- .Equidad
- .Profesionalidad
- .Orientación al usuario
- .Innovación

❖ USUARIOS

Los profesionales del Área Sanitaria.
Los estudiantes en prácticas.
Los pacientes y sus acompañantes.

Cartera de Servicios

- ❖ Acceso a una colección renovada de recursos.
- ❖ Gestión de espacios.
- ❖ Servicio de Obtención de Documentos (SOD)
- ❖ Asistencia de Referencia e Información.
- ❖ Asesoría de Información Científica.
- ❖ Búsquedas Expertas.
- ❖ Servicios Personalizados.
- ❖ Formación en competencias informacionales.
- ❖ Docencia pregrado, grado y postgrado.
- ❖ Difusión Selectiva de la Información.

Apoyo a la investigación

Líneas de actuación de la Biblioteca:

- ❖ Homologación perfil de autor.
- ❖ Elaboración de un mapa de recursos.
- ❖ Facilitar las herramientas que ayuden en la consecución de los procesos.
- ❖ Informar y alertar sobre la actualidad del mundo científico.
- ❖ Ayudar en la labor de publicación.
- ❖ Seguimiento de proyectos.
- ❖ Recopilar la información científica realizada por los profesionales del Área Sanitaria VII.
- ❖ Analizar los datos recopilados y difundirlos a través de la Memoria Científica.
- ❖ Formación continuada.

Formación en recursos bibliográficos 2019

Mayo

Ciclo de sesiones(1): La información en el móvil

1. UpToDate
2. Dynamed Plus
3. Webmail correo
4. Clinical Key
5. Twitter

Junio

Ciclo de sesiones(2): Recursos de salud en español

1. La biblioteca Virtual GcSalud
2. C17
3. Dialnet
4. Lilacs
5. Guía Terapéutica en Atención Primaria

Septiembre

Ciclo de sesiones(3): Bases de datos salud

1. Pubmed
2. Embase
3. Web of Science
4. Cinahl
5. Google Scholar y Microsoft Academic Search

Octubre

Ciclo de sesiones(4): Autoría

1. Perfil profesional. La firma
2. CVN (Curriculum Vitae Normalizado)
3. Número de autores y orden de firma.
4. Creative Commons. Protege derechos de autor
5. Cómo evitar el Plagio, y la propiedad intelectual de las imágenes

Noviembre

Ciclo de sesiones(5): Estructura de un artículo

1. El título y los objetivos
2. Material y método
3. Resultados y Discusión
4. Conclusiones
5. Bibliografía

Las fechas se anunciará un mes antes.

Cada ciclo cuenta con dos ediciones:

8:10 a 9:10 // 15:30 a 16:30

Además, los profesionales, a través de los responsables de formación de su Servicio/Unidad, podrán solicitar formación específica.

Ciclo de Sesiones



SERVICIO DE SALUD
DEL PRINCIPADO DE ASTURIAS
GERENCIA DEL ÁREA SANITARIA VII

Información de salud en el móvil

Todos los jueves de mayo 2019
En dos ediciones:
de 8:10 a 9:10 y de 15:30 a 16:30

Aula 1 . Planta Técnica del Hospital V. Álvarez
Buylla

Dirigido a: todo el personal sanitario del Área Sanitaria

Organiza: Biblioteca. Unidad de Calidad

Inscripción: no precisa

Duración de la Sesión: 60 minutos

Más información: Carmen Blanco. Teléfono: 56960



Jueves, 2 de mayo
.UpToDate

Jueves, 9 de mayo
.Dynamed Plus

Jueves, 16 de mayo
.Webmail correo

Jueves, 23 de mayo
.Clinical Key

Jueves, 30 de mayo
.Twitter

Solicitada Acreditación



Formación en recursos bibliográficos 2019

Mayo	Ciclo de sesiones(1): La información en el móvil
	<ol style="list-style-type: none">1. UpToDate2. Dynamed Plus3. Webmail correo4. Clinical Key5. Twitter
Junio	Ciclo de sesiones(2): Recursos de salud en español
	<ol style="list-style-type: none">1. La biblioteca Virtual GcSalud2. C173. Dialnet4. Lilacs5. Guía Terapéutica en Atención Primaria
Septiembre	Ciclo de sesiones(3): Bases de datos salud
	<ol style="list-style-type: none">1. Pubmed2. Embase3. Web of Science4. Cinahl5. Google Scholar y Microsoft Academic Search
Octubre	Ciclo de sesiones(4): Autoría
	<ol style="list-style-type: none">1. Perfil profesional. La firma2. CVN (Curriculum Vitae Normalizado)3. Número de autores y orden de firma.4. Creative Commons. Protege derechos de autor5. Cómo evitar el Plagio, y la propiedad intelectual de las imágenes
Noviembre	Ciclo de sesiones(5): Estructura de un artículo
	<ol style="list-style-type: none">1. El título y los objetivos2. Material y método3. Resultados y Discusión4. Conclusiones5. Bibliografía

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Además, los profesionales, a través de los
responsables de formación de su Servicio/Unidad,
podrán solicitar formación específica.

Acceso a todos los recursos de la BVgcSalud

Desde este apartado podrá encontrar todos los recursos electrónicos disponibles. Acceso al Buscador "Busca BVgcSalud", libros, revistas, bases de datos y otros recursos de información. Para cualquier duda escriba a bvgcs@asturias.org

06 abril, 2017 | Principado de Asturias

Imprimir



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Guía de ayuda Buscador

Guía de ayuda para la personalización del buscador

RECURSOS DESTACADOS

UpToDate en España



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- Hace mayo 2018 upgrade a UpToDate Anywhere

La pirámide de las 6 S de la evidencia

Tipos de recursos



Ejemplos de recursos

- No existen
- National Guidelines Clearinghouse
 - NICE
 - UpToDate
- Evidence Based Medicine
- Bandolier
- ACP Journal Club
- Cochrane Database of Systematic Reviews
- Revisiones sistemáticas en PubMed
- ACP Journal Club
- TRIP Database
- Pubmed

{DiCenso et al., 2009, Ann Intern Med, 151, JC3-2, JC3-3}

UpToDate®: consejos para acceder desde cualquier lugar

REGÍSTRATE

1. Accede a UpToDate www.uptodate.com desde cualquier ordenador conectado a la red de tu hospital o a través de la biblioteca virtual de tu región.

Si ya tienes un usuario y contraseña UpToDate, simplemente haz clic en el botón de “iniciar sesión” situado en la esquina superior derecha de la página principal, e introduce tu usuario y contraseña.

2. Si no tienes cuenta UpToDate haz clic en el botón “registrarse” en la esquina superior derecha de tu pantalla.

The screenshot shows the UpToDate website interface. A yellow callout box on the left says: "1) Desde dentro de la red del hospital o biblioteca virtual accede a www.uptodate.com y sigue con a) o b)". A yellow callout box on the top right says: "a) ¿No tienes cuenta UpToDate? Para darse de alta - pulsa 'Registrarse'". A yellow callout box on the bottom right says: "b) ¿Ya tienes cuenta UpToDate? Inicie sesión al menos una vez cada 90 días desde dentro de la red del hospital." The website header includes the UpToDate logo, navigation links (Contenidos, Calculadoras, Interacciones de fármacos), and buttons for "Registrarse" and "Iniciar sesión". A search bar is visible in the center of the page.

Recuerda: tienes que realizar el registro desde la red de tu organización para acceder a la aplicación móvil y los créditos FMC.

Recuerda: tienes que realizar el registro desde la red de tu organización para acceder a la aplicación móvil y los créditos FMC.

3. Para registrarte, completa todos los campos en la página de registro (puedes elegir tu propio usuario y contraseña), y haz clic en “Submit Registration”

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Specialty

Role

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Username

Password

Verify Password

Submit Registration

Submit Registration

Después de completar el proceso de registro recibirás un email de confirmación de UpToDate con instrucciones para descargar la aplicación móvil.

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Historial Más visto Favoritos ✕

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Graphic: Example of epinephrine infusion (4 micrograms/mL) - Adult

Graphic: Comparison of representative topical corticosteroid preparations (classified according to the US system)

Educación para el paciente: Anafilaxia (Conceptos Básicos)



ANGEL MONES ▾

CME 4.0

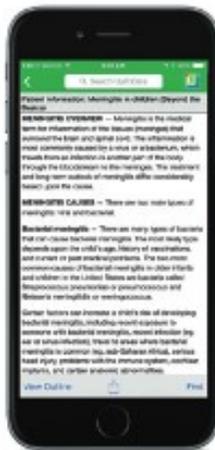
Cerrar sesión

ACCESO MÓVIL

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1. En tu smartphone o tableta, busca “UpToDate” en la tienda de aplicaciones e instala la aplicación gratuita.
2. Abre la aplicación móvil de UpToDate una vez se haya completado la descarga.
3. Accede a la aplicación móvil con tu usuario y contraseña. Sólo necesitas completar este paso una vez, ya que la aplicación guarda tu usuario y contraseña.

Aplicación de UpToDate para iOS*



Aplicación de UpToDate para Android*



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- Además de la aplicación móvil, puedes acceder a UpToDate desde cualquier ordenador con acceso a internet.
- Simplemente dirígete a www.uptodate.com, haz clic en el botón de “iniciar sesión” situado en la esquina superior derecha de la página principal, e introduce tu usuario y contraseña.



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Log In

Register Now

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- Para mantener tu acceso ininterrumpido a UpToDate desde cualquier lugar, debes volver a verificar la suscripción con tu organización cada 90 días.
- Para volver a verificar tu suscripción, accede a UpToDate (www.uptodate.com) con tu usuario y contraseña desde cualquier ordenador conectado a la red de tu hospital a través de la biblioteca virtual de tu región.

Recuerda: si aún no lo has hecho, te comunicaremos desde la aplicación y por email que necesitas verificar tu suscripción 10 días antes de que ésta caduque. Recibirás una segunda alerta el día 90. Si no realizas esta operación perderás el acceso móvil y remoto a la aplicación. Para volver a acceder, simplemente accede a UpToDate con tu usuario y contraseña cuando estés conectado a la red de tu hospital o tu organización.

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Favoritos e historial



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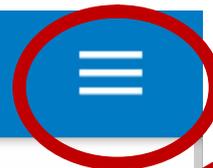


Favoritos e historial



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Favoritos e historial





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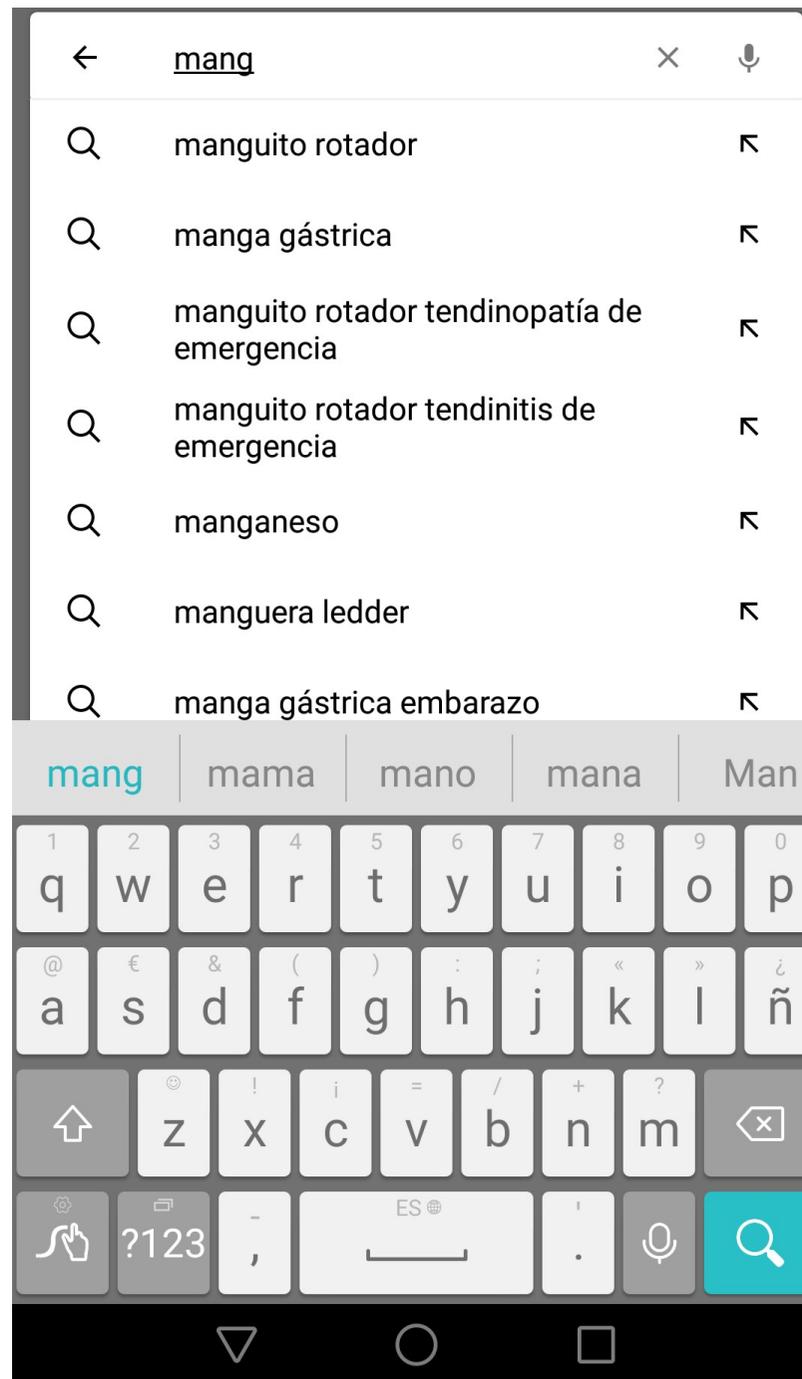


Practice Changing UpDates



Treatment of psoriasis in adults







Search results for "manguito rotador"

Todo

Adulto

Pediatría

Paciente

Rotator cuff tendinopathy



Presentation and diagnosis of rotator cuff tears



Management of rotator cuff tears



Patient education: Rotator cuff injury (The Basics)



Patient education: Rotator cuff tendinitis and tear (Beyond the Basics)



Society guideline links: Shoulder soft tissue injuries (including rotator cuff)



Physical examination of the shoulder



Evaluation of the adult with shoulder complaints





Search results for "manguito rotador"

Todo

Adulto

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Rotator cuff tendinopathy



Presentation and diagnosis of rotator cuff tears



Management of rotator cuff tears



Patient education: Rotator cuff injury (The Basics)



Patient education: Rotator cuff tendinitis and tear (Beyond the Basics)



Rehabilitation principles and practice for shoulder impingement and related problems



Physical examination of the shoulder



Evaluation of the adult with shoulder complaints





Search results for "manguito rotador"

Todo

Adulto

Pediatría

Paciente

Physical examination of the shoulder >

Throwing injuries of the upper extremity:
Clinical presentation and diagnostic
approach >

Musculoskeletal ultrasound of the shoulder >

Rehabilitation principles and practice for
shoulder impingement and related problems >

Society guideline links: Shoulder soft tissue
injuries (including rotator cuff) >

Throwing injuries of the upper extremity:
Treatment, follow-up care, and prevention >

Throwing injuries: Biomechanics and
mechanism of injury >

Acromioclavicular joint disorders >



Search results for "manguito rotador"

- Todo
- Adulto
- Pediatría
- Paciente**

Patient education: Rotator cuff injury (The Basics)

Patient education: Rotator cuff tendinitis and tear (Beyond the Basics)

Rotator cuff tendinopathy

Management of rotator cuff tears

Presentation and diagnosis of rotator cuff tears

Society guideline links: Shoulder soft tissue injuries (including rotator cuff)

Patient education: Shoulder impingement (The Basics)

Throwing injuries of the upper extremity: Clinical presentation and diagnostic approach



Patient education: Rotator cuff injury (The Basics)

Topic Outline

What is a rotator cuff injury?

What are the symptoms of a rotator cuff injury?

Will I need tests?

How is a rotator cuff injury treated?

Is there anything I can do on my own to feel better?

What if my symptoms don't get better?

More on this topic



GRAPHICS

Ver tema



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Patient education: Rotator cuff injury (The Basics)

View in [Spanish](#)

Written by the doctors and editors at
UpToDate

What is a rotator cuff injury?

A rotator cuff injury is a condition that can cause shoulder pain. The rotator cuff is made up of 4 shoulder muscles and their tendons. Tendons are strong bands of tissue that connect muscles to bones.

People can get different types of rotator cuff injuries. One common injury is "tendinopathy," which is when people have a problem with 1 of their tendons. In most

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Educación para el paciente: Lesión del manguito rota...

Tabla de contenidos

¿Qué es la lesión del manguito rotador?

¿Cuáles son los síntomas de la lesión del manguito rotador?

¿Es necesario que me realice pruebas?

¿Cómo se trata la lesión del manguito rotador?

¿Hay algo que pueda hacer por mi cuenta para sentirme mejor?

¿Qué pasa si mis síntomas no mejoran?

Más información sobre este tema

[Ver tema](#)



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¿Qué es la lesión del manguito rotador?

La lesión del manguito rotador es un padecimiento que puede causar dolor en el hombro. El manguito rotador está compuesto por 4 músculos del hombro y sus tendones. Los tendones son bandas de tejido resistente que conectan los músculos a los huesos.

Existen diferentes tipos de lesiones del manguito rotador. Una lesión común es la “tendinopatía”, que se produce cuando la persona tiene un problema en uno de los tendones. En la mayoría de las personas con tendinopatía, los tendones no se inflaman ni

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Más información sobre este tema

[Educación para el paciente: Hombro congelado \(Conceptos Básicos\)](#)

[Educación para el paciente: Tendinopatía del bíceps \(Conceptos Básicos\)](#)

[Educación para el paciente: Compresión del hombro \(Conceptos Básicos\)](#)

[Patient education: Rotator cuff tendinitis and tear \(Beyond the Basics\)](#)

[Patient education: Frozen shoulder \(Beyond the Basics\)](#)

[Patient education: Shoulder impingement syndrome \(Beyond the Basics\)](#)

[Patient education: Biceps tendinitis or tendinopathy \(Beyond the Basics\)](#)

Todos los artículos se actualizan a medida que se descubre nueva evidencia y culmina nuestro [proceso de evaluación por homólogos](#)





Tabla de contenidos

¿Qué es la lesión del manguito rotador?

¿Cuáles son los síntomas de la lesión del manguito rotador?

Favorito añadido

¿Es necesario que me realice pruebas?

¿Cómo se trata la lesión del manguito rotador?

¿Hay algo que pueda hacer por mi cuenta para sentirme mejor?

¿Qué pasa si mis síntomas no mejoran?

Más información sobre este tema

Ver tema



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(CME recientes aún no se han sincronizado.)

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Favoritos e historial

 Wolters Kluwer

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Historial

Utilizadas con frecuencia

Favoritos

Filtrar títulos

Hoy

Educación para el paciente: Lesión del manguito rotador (Conceptos Básicos)



Patient education: Rotator cuff injury (The Basics)



Treatment of psoriasis in adults



Practice Changing UpDates



4 de septiembre de 2018

UVB therapy (broadband and narrowband)



Physical examination of the knee



19 de agosto de 2018



- Historial
- Utilizadas con frecuencia
- Favoritos**

Filtrar títulos

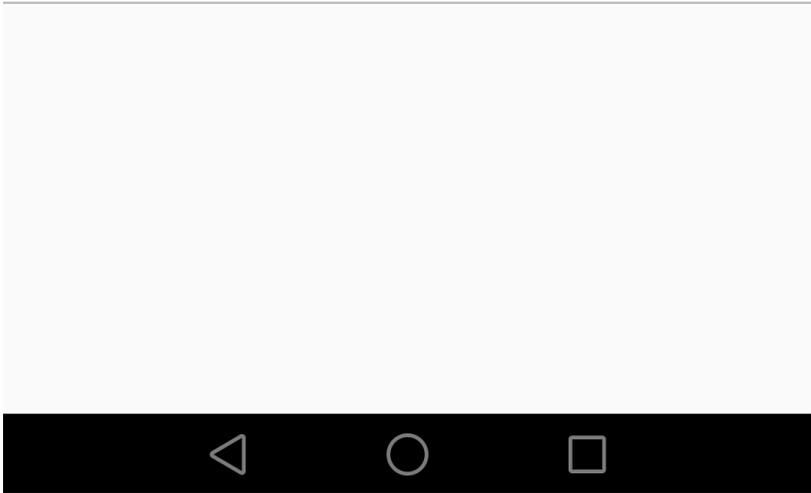
Educación para el paciente: Lesión del manguito rotador (Conceptos Básicos) >



Graphic: Example of epinephrine infusion (4 micrograms/mL) - Adult >

Graphic: Comparison of representative topical corticosteroid preparations (classified according to the US system) >

Educación para el paciente: Anafilaxia (Conceptos Básicos) >





Example of epinephrine infusion (4 micrograms/mL) - Adult

Example of preparation of epinephrine infusion for refractory symptoms of anaphylaxis (adult patient) for emergency/critical care units

Final concentration: Epinephrine 4 mcg/mL

Add 1 mg (1000 mcg) of epinephrine to 250 mL bag of 0.9% normal saline (NS) or 5% dextrose water (D5W)

Preparation

1. **CHECK** vial strength.
2. To prepare epinephrine infusion for a final concentration of 4 mcg/mL, dilute **10 mL** of **0.1 mg/mL** epinephrine (may also be labeled as 1:10,000) **OR 1 mL** of **1 mg/mL** epinephrine (may also be labeled as 1:1000) in **250 mL** bag of 0.9% NS or D5W.*

Administration

- Start the epinephrine infusion at **0.1 mcg/kg/minute** using a programmable infusion pump while continuously



Historial Utilizadas con frecuencia Favoritos



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Hoy



Clinical manifestations and diagnosis of fibromyalgia in adults >

fibr | fibra | fino | fibromialgia | fi

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Esquema



Clinical manifestations and diagnosis of fibromyalgia...

Topic Outline

SUMMARY & RECOMMENDATIONS

INTRODUCTION

EPIDEMIOLOGY

CLINICAL MANIFESTATIONS

Symptoms

Other common symptoms

Physical findings

Laboratory testing and other studies

DIAGNOSIS

Diagnostic evaluation

Ver tema



Buscar





Tema



Clinical manifestations and diagnosis of fibromyalgia...

Author: [Don L Goldenberg, MD](#)

Section Editor: [Peter H Schur, MD](#)

Deputy Editor: [Paul L Romain, MD](#)

[Contributor Disclosures](#)

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

Literature review current through: Mar 2019. | **This topic last updated:** Mar 28, 2019.

INTRODUCTION

Fibromyalgia (FM) is the most common cause of chronic widespread musculoskeletal pain, often accompanied by fatigue, cognitive disturbance, psychiatric symptoms, and multiple somatic symptoms [1,2]. The etiology of the syndrome is

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Clinical manifestations and diagnosis of fibromyalgia...

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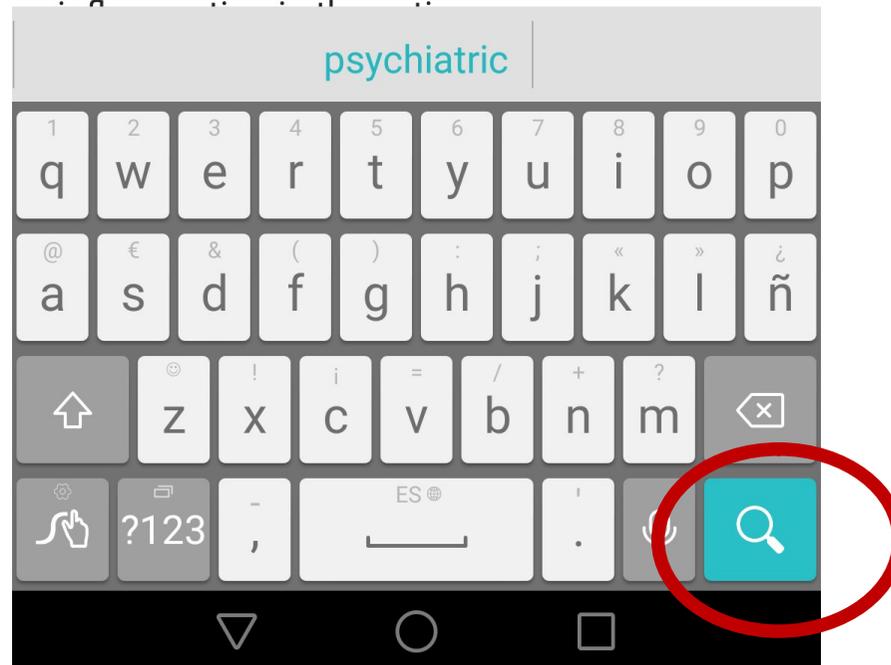
Buscar



Clinical manifestations and diagnosis of fibromyalgia...

🔍 psychiatric ✕ CANCELAR

cause of chronic widespread musculoskeletal pain, often accompanied by fatigue, cognitive disturbance, psychiatric symptoms, and multiple somatic symptoms [1,2]. The etiology of the syndrome is unknown, and the pathophysiology is uncertain [1,2]. Despite symptoms of soft tissue pain affecting the muscles, ligaments, and tendons, there is no evidence of



Clinical manifestations and diagnosis of fibromyalgia...

🔍 psychiatric



HECHO

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FM, like many other common chronic pain syndromes, has been a controversial condition [1,2]. Patients look well, there are no obvious abnormalities on physical examination other than widespread soft tissue tenderness, and laboratory and radiologic studies of musculoskeletal

1 de 14



SINÓNIMO





Clinical manifestations and diagnosis of fibromyalgia...

Fibromyalgia (FM) is the most common cause of chronic widespread musculoskeletal pain, often accompanied by fatigue, cognitive disturbance, psychiatric symptoms, and multiple somatic symptoms [1,2]. The etiology of the syndrome is unknown, and the pathophysiology is uncertain [1,2]. Despite symptoms of soft tissue pain affecting the muscles, ligaments, and tendons, there is no evidence of inflammation in these tissues.

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Ver esquema



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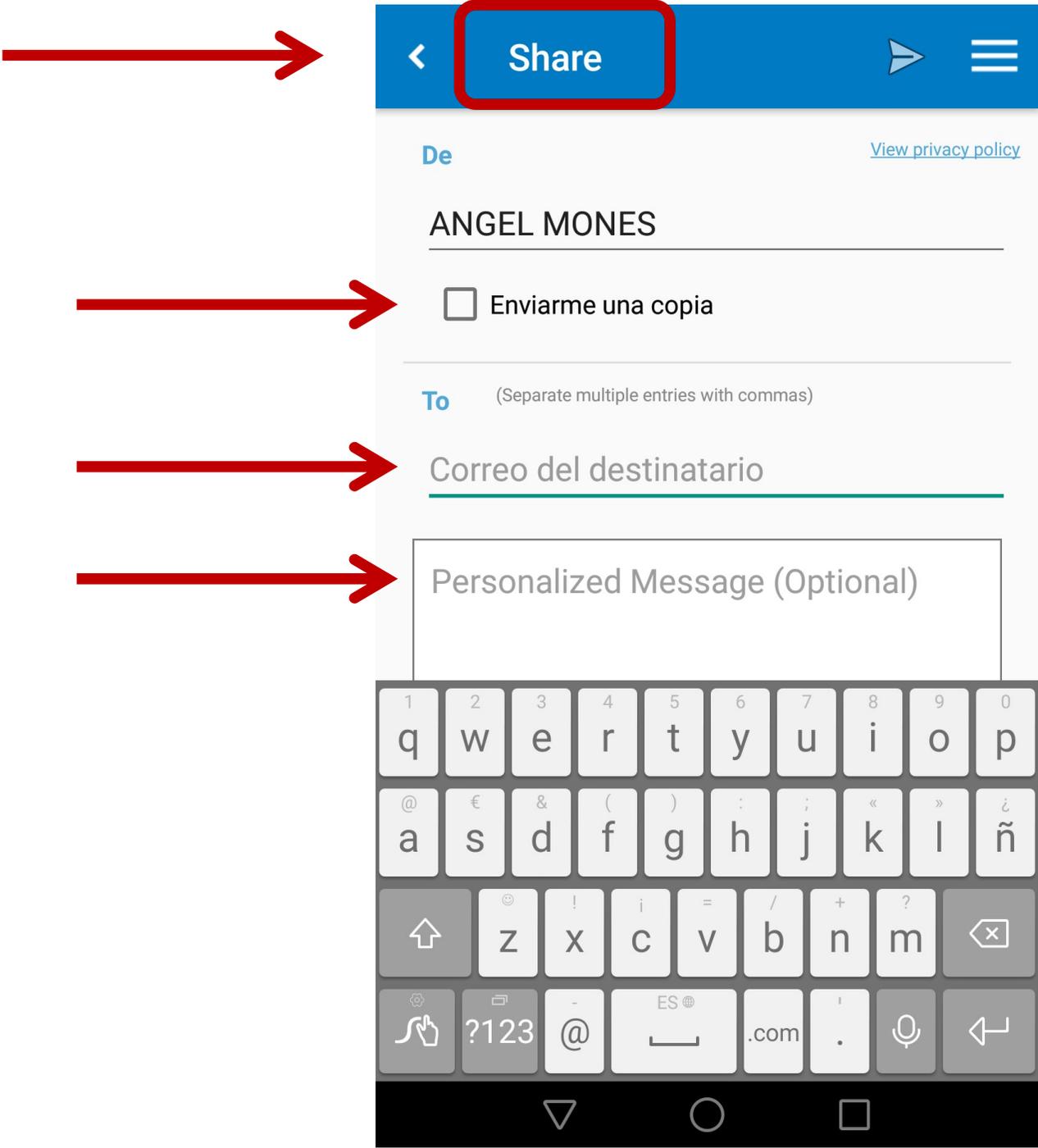


Fibromyalgia (FM) is the most common cause of chronic widespread musculoskeletal pain, often accompanied by fatigue, cognitive disturbance, psychiatric symptoms, and multiple somatic symptoms [1,2]. The etiology of the syndrome is unknown, and the pathophysiology is uncertain [1,2]. Despite symptoms of soft tissue pain affecting the muscles, ligaments, and tendons, there is no evidence of inflammation.

FM, like many syndromes, has no obvious abnormal findings on examination.

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Correo del destinatario

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Your message will include a link to the following:
"Clinical manifestations and diagnosis of fibromyalgia in adults"

Warning: This is not intended for use with individually identifiable patient information (Protected Health Information - PHI) and is not designed to protect PHI in accordance with patient privacy laws, including HIPAA. Do not include PHI within this field.





INTRODUCTION

Fibromyalgia (FM) is the most common cause of chronic widespread musculoskeletal pain, often accompanied by fatigue, cognitive disturbance, psychiatric symptoms, and other clinical symptoms [1,2]. The etiology is unknown, and the pathophysiology is uncertain [1,2]. Despite symptoms of soft tissue pain affecting the muscles, ligaments, and tendons, there is no evidence of inflammation in these tissues.

FM, like many other common chronic pain syndromes, has been a controversial condition [1,2]. Patients look well, there are no obvious abnormalities on physical examination other than widespread soft

Favorito añadido

Ver esquema



Buscar



Search results for "treatment of lipids"

- Todo
- Adulto**
- Pediatría
- Pacientes

Management of elevated low density lipoprotein-cholesterol (LDL-C) in primary prevention of cardiovascular disease >



Management of low density lipoprotein cholesterol (LDL-C) in the secondary prevention of cardiovascular disease >

Familial hypercholesterolemia in adults: Treatment >

Screening for lipid disorders in adults >

Local anesthetic systemic toxicity >

Lipid management in patients with nondialysis chronic kidney disease >

Measurement of blood lipids and lipoproteins >

Antihypertensive drugs and lipids >



Management of elevated low density lipoprotein-cholesterol...

Topic Outline



SUMMARY & RECOMMENDATIONS

INTRODUCTION

RATIONALE FOR LDL-C LOWERING IN PRIMARY PREVENTION

LIFESTYLE MODIFICATION

INDICATIONS

Specific populations

- Young patients
- Older patients

INITIAL DRUG THERAPY

Ver tema



Buscar



SUMMARY AND RECOMMENDATIONS

(Grade 2C).

- We suggest that all patients with an elevated LDL-C be counseled to exercise, eat a prudent diet, and lose weight as appropriate **(Grade 2C)**. (See ['Lifestyle modification'](#) above.)

(Grade 1A).

- We calculate a baseline risk for cardiovascular disease (CVD) events in all adult patients. (See ['Indications'](#) above.)
- For patients with greater than 10 percent risk of a CVD event within 10 years, we recommend statin therapy **(Grade 1A)**. (See ['Rationale for LDL-C'](#)



Grade 2C recommendation

A Grade 2C recommendation is a very weak recommendation; other alternatives may be equally reasonable.

Explanation:

A Grade 2 recommendation is a weak recommendation. It means "this is our suggestion, but you may want to think about it." It is unlikely that you should follow the suggested approach in all your patients, and you might reasonably choose an alternative approach. For Grade 2 recommendations, benefits and risks may be finely balanced, or the benefits and risks may be uncertain. In deciding whether to follow a Grade 2 recommendation in an individual patient, you may want to think about your patient's values and preferences or about your patient's risk aversion.

Grade C means the evidence comes from observational studies, unsystematic clinical experience, or from randomized, controlled trials with serious flaws. Any estimate of effect is uncertain.

Recommendation grades

1. Strong recommendation: Benefits clearly outweigh the risks and burdens (or vice versa) for most, if not all, patients
2. Weak recommendation: Benefits and risks closely balanced and/or uncertain





patient's risk aversion.

Grade C means the evidence comes from observational studies, unsystematic clinical experience, or from randomized, controlled trials with serious flaws. Any estimate of effect is uncertain.

Recommendation grades

-  1. Strong recommendation: Benefits clearly outweigh the risks and burdens (or vice versa) for most, if not all, patients
-  2. Weak recommendation: Benefits and risks closely balanced and/or uncertain

Evidence grades

-  A. High-quality evidence: Consistent evidence from randomized trials, or overwhelming evidence of some other form
-  B. Moderate-quality evidence: Evidence from randomized trials with important limitations, or very strong evidence of some other form
-  C. Low-quality evidence: Evidence from observational studies, unsystematic clinical observations, or from randomized trials with serious flaws

For a complete description of our grading system, please see the UpToDate editorial policy.



 GRAPHICS

Algorithms

- Management of LDL-C in adults without cardiovascular disease
- Management of statin myopathy

Figures

- Pravastatin for primary prevention of coronary heart disease

RELATED TOPICS

[Aspirin in the primary prevention of cardiovascular disease and cancer](#)

[Cardiovascular disease risk assessment for primary prevention: Our approach](#)

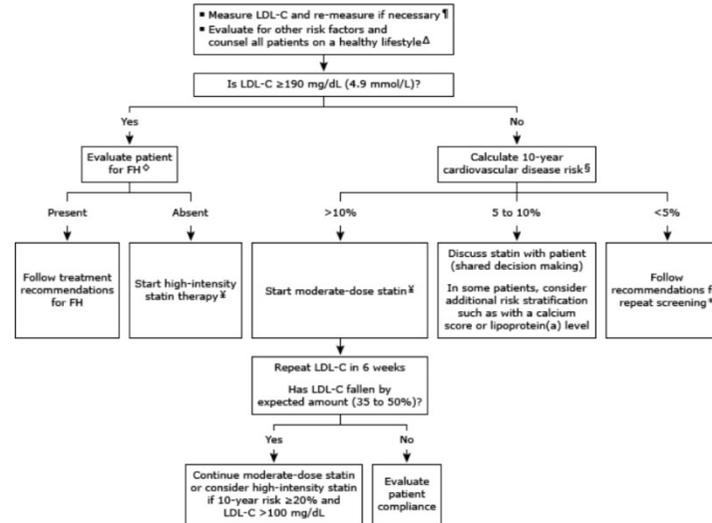
[Cardiovascular disease risk assessment for primary prevention: Risk calculators](#)

[Diagnostic and prognostic implications of coronary](#)





Algorithm for the management of elevated low density lipoprotein cholesterol in adults without cardiovascular disease*



This algorithm applies to all adult men and women between the ages of 18 and 75 years.

LDL-C: low density lipoprotein cholesterol; FH: familial hypercholesterolemia.

* Recommendations for screening are found elsewhere.

† We recommend that decisions regarding the initiation of LDL-C interventions be made only after two baseline values have been recorded.

Δ All adults, irrespective of LDL-C, should receive counseling on the benefits of a healthy lifestyle and should be evaluated for the presence of diabetes, hypertension, and smoking.

◊ Refer to the UpToDate topics on the evaluation of patients for familial hypercholesterolemia for more information.

§ Recommendations for the use of risk calculators are found elsewhere.

¶ High-dose statin = atorvastatin 40 to 80 mg once daily; rosuvastatin 20 to 40 mg once daily. Moderate-dose statin = atorvastatin 10 to 20 mg once daily; lovastatin 40 mg once daily; pravastatin 40 mg once daily; rosuvastatin 5 mg once daily; rosuvastatin 5 to 10 mg daily; simvastatin 40 mg once daily.

Graphic 117853 Version 2.0

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Algorithm for the management of cardiovascular disease*

Yes
↓
Evaluate patient for FH[§]
↓
Present
↓
Follow treatment recommendations for FH

Start high-dose statin

This algorithm applies to all adults with LDL-C ≥ 190 mg/dL (4.9 mmol/L) or LDL-C ≥ 160 mg/dL (4.1 mmol/L) in the presence of diabetes, hypertension, or a family history of cardiovascular disease.
* Recommendations for screening and treatment of FH are based on the 2013 ACC/AHA guideline on the treatment of cholesterol.
† We recommend that decisions regarding treatment be recorded.
‡ All adults, irrespective of LDL-C, should be screened for FH if they have a first-degree relative with FH, a personal history of premature atherosclerotic cardiovascular disease, or a personal history of aortic aneurysm or dissection.
§ Refer to the UpToDate topics on the diagnosis and treatment of FH for more information.
¶ Recommendations for the use of statins are based on the 2013 ACC/AHA guideline on the treatment of cholesterol.
‡ High-dose statin = atorvastatin 40 mg or 80 mg once daily, lovastatin 40 mg or 80 mg once daily, or simvastatin 40 mg or 80 mg once daily.
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Practice Changing UpDates

Topic Outline

INTRODUCTION



GENERAL SURGERY (April 2019)

Mesh placement not effective in prevention of parastomal hernia



CARDIOVASCULAR MEDICINE; HOSPITAL MEDICINE (March 2019)

Optimal antithrombotic therapy in patients with AF who undergo PCI or who sustain an ACS



GENERAL SURGERY (March 2019)

Interval appendectomy after nonoperative management of perforated appendicitis



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What's New

Practice Changing UpDates



Allergy and immunology



Anesthesiology



Cardiovascular medicine



Dermatology



Drug therapy



Emergency medicine



Endocrinology and diabetes mellitus





What's new in anesthesiology

Topic Outline



ACUTE AND CHRONIC PAIN

Lack of efficacy of opioids for chronic non-cancer pain (February 2019)

Risk of opioid-related death in patients prescribed pregabalin with opioids (December 2018)

Chronic pain and suicide (October 2018)



AIRWAY MANAGEMENT

Confirming tracheal tube placement with bedside ultrasound in adults (December 2018)

Cricoid pressure for rapid sequence induction and intubation (October 2018)



ANESTHESIA FOR PATIENTS WITH COMORBIDITIES

ICD reprogramming for selected surgical procedures



Welcome to Drug Interactions: A Drug-Drug, Drug-Herb, and Herb-Herb analysis tool, provided by Wolters Kluwer Clinical Drug Information utilizing Lexicomp clinical content.

Lexi-Interact Online combines literature and scientific understanding of drug interactions throughout the world with a state-of-the-art electronic platform, providing an efficient way to help inform healthcare professionals about adverse drug events that otherwise can compromise the care of patients.

Review all interactions for a selected medication or enter a patient specific regimen to analyze for potential interactions. Additionally, you may select a drug interaction result to obtain specific information on Patient Management, Interacting Members, Risk Rating, References and more.

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Item List



Your list is empty.
Add your first item using '+'

NOTE: This tool does not address chemical compatibility related to I.V. drug preparation or administration.





Back

Add Item

warf

Warfarin

warf

sara

Warren

Wang

Sara





Back

Add Item

aspi

Aspirin

Aspirin Adult Low Dose [OTC]

Aspirin Adult Low Strength [OTC]

Aspirin and Caffeine

aspi

así

aspiradora

aspira

asp





Item List



Warfarin



Aspirin Adult Low Dose [OTC]



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Analyze



Filter Results by Item ▼

D Warfarin (Vitamin K Antagonists)
Aspirin Adult Low Dose [OTC]
(Salicylates) >

DISCLAIMER: Readers are advised that decisions regarding drug therapy must be based on the independent judgment of the clinician, changing information about a drug (eg, as reflected in the literature and manufacturer's most current product information), and changing medical practices.

NOTE: This tool does not address chemical compatibility related to I.V. drug preparation or administration.

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Interaction Details

Title Vitamin K Antagonists / Salicylates

Dependencies

- **Dose:** Low cardioprotective aspirin doses, when indicated, generally only require enhanced monitoring for bleeding in patients receiving warfarin. Higher aspirin doses, and other salicylates included in this monograph, should generally be avoided.

D

Risk Rating D: Consider therapy modification

Summary Salicylates may enhance the anticoagulant effect of Vitamin K Antagonists.

Severity Major **Reliability Rating** Excellent

Patient Management Patients receiving coumarin derivatives should not take salicylate-containing medicines on an as-needed basis. Nonacetylated salicylates might be safer than aspirin. Acetaminophen (<1.3 g/day for <1 week) may be an acceptable antipyretic and analgesic choice for patients taking coumarin derivatives; caution appears warranted with higher acetaminophen doses. Aspirin (80-325 mg/day) and warfarin are used together, in selected cases and with careful

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1 Result



Filter Results by Item ▼

D

Warfarin (Vitamin K Antagonists)
Aspirin Adult Low Dose [OTC]
(Salicylates) >

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Risk Ratings



X

Avoid Combination

Data demonstrate that the specified agents may interact with each other in a clinically significant manner. The risks associated with concomitant use of these agents usually outweigh the benefits. These agents are generally considered contraindicated.



D

Consider Therapy Modification

Data demonstrate that the two medications may interact with each other in a clinically significant manner. A patient-specific assessment must be conducted to determine whether the benefits of concomitant therapy outweigh the risks. Specific actions must be taken in order to realize the benefits and/or minimize the toxicity resulting from concomitant use of the agents. These actions may include aggressive monitoring, empiric dosage changes, choosing alternative agents.



C

Monitor Therapy

Data demonstrate that the specified agents may interact with each other in a clinically significant manner. The benefits of concomitant use of these two medications usually outweigh the risks. An appropriate monitoring plan should be implemented to identify potential negative effects. Dosage





Back

Risk Ratings



D

taken in order to realize the benefits and/or minimize the toxicity resulting from concomitant use of the agents. These actions may include aggressive monitoring, empiric dosage changes, choosing alternative agents.



C

Monitor Therapy

Data demonstrate that the specified agents may interact with each other in a clinically significant manner. The benefits of concomitant use of these two medications usually outweigh the risks. An appropriate monitoring plan should be implemented to identify potential negative effects. Dosage adjustments of one or both agents may be needed in a minority of patients.



B

No Action Needed

Data demonstrate that the specified agents may interact with each other, but there is little to no evidence of clinical concern resulting from their concomitant use.



A

No Known Interaction

Data have not demonstrated either pharmacodynamic or pharmacokinetic interactions between the specified agents





Back

Add Item

warf

Warfarin

warf

sara

Warren

Wang

Sara



- X Warfarin (Anticoagulants)
Hemin >
- X Warfarin (Anticoagulants)
MIFEPRISone >
- X Warfarin (Anticoagulants)
Omacetaxine >
- X Warfarin (Vitamin K Antagonists)
Oxatomide >
- X Warfarin (Vitamin K Antagonists)
Streptokinase >
- X Warfarin (Vitamin K Antagonists)
Tamoxifen >
- X Warfarin (Anticoagulants)
Urokinase >

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Interaction Details

Title Anticoagulants / Hemin**Risk Rating** X: Avoid combination

Summary Hemin may enhance the anticoagulant effect of Anticoagulants. **Severity** Major **Reliability Rating** Fair: Reported in the prescribing information

Patient Management Avoid hemin use in combination with anticoagulants.

Anticoagulants Interacting Members

Acenocoumarol, Antithrombin, Apixaban, Argatroban, Bemiparin, Betrixaban, Bivalirudin, Dabigatran Etexilate, Dalteparin, Danaparoid, Desirudin, Edoxaban, Enoxaparin, Fondaparinux, Heparin, Nadroparin, Phenindione, Protein C Concentrate (Human), Rivaroxaban, Tinzaparin, Warfarin

Discussion Hemin US prescribing information states that its use should be avoided in patients receiving concurrent anticoagulant treatment because injectable hemin was associated with transient, mild anticoagulant effects in clinical studies.^{1,2} In vitro studies also support an anticoagulant effect of hemin, as well as a platelet-



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268 Results



- Urokinase
- X Warfarin (Anticoagulants)
Vorapaxar
- D Warfarin (Vitamin K Antagonists)
Allopurinol
- D Warfarin (Vitamin K Antagonists)
Amiodarone
- D Warfarin (Vitamin K Antagonists)
Androgens
- D Warfarin (Vitamin K Antagonists)
Antithyroid Agents
- D Warfarin (Vitamin K Antagonists)
Barbiturates
- D Warfarin (Vitamin K Antagonists)
Capecitabine

[Back](#)

Interaction Details

Title Vitamin K Antagonists / Allopurinol**Risk Rating** D: Consider therapy modification**Summary** Allopurinol may enhance the anticoagulant effect of Vitamin K Antagonists.**Severity** Moderate **Reliability Rating** Good**Patient Management** Monitor for increased prothrombin times (PT)/therapeutic effects of oral anticoagulants if allopurinol is initiated/dose increased, or decreased effects if allopurinol is discontinued/dose decreased. Reductions in coumarin dosage will likely be needed.**Vitamin K Antagonists Interacting Members**

Acenocoumarol, Phenindione, Warfarin*

** Denotes agent(s) specifically implicated in clinical data. Unmarked agents are listed because they have properties similar to marked agents, and may respond so within the context of the stated interaction.*

Discussion Clinical reports describe increases in the hypoprothrombinemic response to oral anticoagulants (including warfarin and dicumarol) following the addition of allopurinol.^{1,2,3,4} The incidence of adverse outcomes appears low,^{5,6} but at times the outcome can be quite significant

D Warfarin (Vitamin K Antagonists)
Sulfonamide Antibiotics >

D Warfarin (Vitamin K Antagonists)
Tegafur >

C Warfarin (Vitamin K Antagonists)
Acetaminophen >

C Warfarin
Adalimumab >

C Warfarin (Anticoagulants)
Agents with Antiplatelet Properties >

C Warfarin (Vitamin K Antagonists)
Alcohol (Ethyl) >

C Warfarin (Vitamin K Antagonists)
Anticoagulants >

C Warfarin (Vitamin K Antagonists)
Antihopaviral NS5B RNA Polymerase >

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Interaction Details

Title Warfarin / Adalimumab**Risk Rating** C: Monitor therapy

Summary Adalimumab may decrease the serum concentration of Warfarin. **Severity** Moderate
Reliability Rating Fair: Reported in the prescribing information

Patient Management Monitor for decreased PT/INR and clinical effects of warfarin following adalimumab initiation, or increased PT/INR and clinical effects of warfarin following adalimumab discontinuation.

Discussion Adalimumab U.S. prescribing information states that monitoring for warfarin's effects is recommended following adalimumab initiation or discontinuation, because changes in cytokine activity may be accompanied by reciprocal changes in cytochrome P450 (CYP) enzyme synthesis.¹ Adalimumab initiation could decrease cytokine activity and increase CYP synthesis (most importantly CYP2C9), leading to reduced warfarin concentrations, or adalimumab discontinuation could decrease CYP synthesis and increase warfarin concentrations if cytokine activity



- Zamrakast
- C** Warfarin
Zileuton >
- B** Warfarin (Vitamin K Antagonists)
5-Aminosalicylic Acid Derivatives >
- B** Warfarin
Cannabinoid-Containing Products >
- B** Warfarin (CYP2C9 Substrates (High risk
with Inhibitors))
Ceritinib >
- B** Warfarin
Conivaptan >
- B** Warfarin
Crizotinib >
- B** Warfarin
Oxleybenzamide >

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Interaction Details

Title Vitamin K Antagonists / 5-Aminosalicylic Acid Derivatives

Risk Rating B: No action needed

Summary 5-Aminosalicylic Acid Derivatives may enhance the adverse/toxic effect of Vitamin K Antagonists. Specifically, there may be a risk for greater anticoagulant response and/or an increased risk for bleeding. **Severity** Moderate
Reliability Rating Fair

Patient Management No action required.

5-Aminosalicylic Acid Derivatives Interacting Members Balsalazide, Mesalamine, Olsalazine, SulfaSALazine

Vitamin K Antagonists Interacting Members Acenocoumarol, Phenindione, Warfarin

Discussion Olsalazine prescribing information cautions that reports of increased prothrombin time associated with concurrent use of olsalazine and warfarin have been received.¹ The mechanism and clinical significance of this purported interaction are unclear.



- B Propranolol >
- B Warfarin (Vitamin K Antagonists)
RABEprazole >
- B Warfarin (Vitamin K Antagonists)
Vaccines >
- B Warfarin
Valproate Products >
- A Warfarin (Vitamin K Antagonists)
Antacids >
- A Warfarin (Vitamin K Antagonists)
AtorvaSTATin >**

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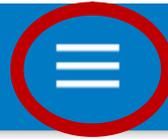
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Interaction Details

Title Vitamin K Antagonists / AtorvaSTATin**Risk Rating** A: No known interaction**Summary** AtorvaSTATin does not appear to alter the pharmacodynamic effect(s) of Vitamin K Antagonists. **Severity** N/A **Reliability Rating** Fair**Patient Management** No action required.**Vitamin K Antagonists Interacting Members**

Acenocoumarol, Phenindione, Warfarin

Discussion Despite study data and case reports indicating that other HMG-CoA Reductase inhibitors are capable of increasing the INR in patients stabilized on warfarin, atorvastatin does not appear to confer this risk of an interaction. In a study of 12 patients previously maintained on warfarin, the addition of atorvastatin (80mg) daily for 2 weeks resulted in no consistent change in anticoagulant response.¹ One case report describes an increase in INR when fluvastatin was initiated in place of atorvastatin, and a reversal in this effect when atorvastatin was subsequently re-initiated in place of fluvastatin.² Atorvastatin prescribing information also states that there is no interaction between



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0.5 Credits Apr 29, 2019 10:43 PM

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Credit Count

Month Range

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Apr 29, 2019 10:43 PM

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0.5 Credits

Apr 29, 2019 10:43 PM

Search term

treatment of lipids

Topic(s) reviewed

- Management of elevated low density lipoprotein-cholesterol (LDL-C) in primary prevention of cardiovascular disease

My search goal (select one):

Clinical manifestations

Diagnosis

Treatment

Prognosis

Prevention

Other

Application to practice (select one):

This modified my plan

This reinforced my plan

I need more information

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Finish

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Step 2: Reflect on 5.50 credits

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0.5 Credits

Apr 29, 2019 09:45 PM

Search term

heart failure

Topic(s) reviewed

- Overview of the therapy of heart failure with reduced ejection fraction

My search goal (select one):

Clinical manifestations

Diagnosis

Treatment

Prognosis

Prevention

Other

Application to practice (select one):

This modified my plan

This reinforced my plan

I need more information

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Step 2: Reflect on 5.50 credits

Search 3 of 11

0.5 Credits

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fibromialgia

Topic(s) reviewed

- Clinical manifestations and diagnosis of fibromyalgia in adults

My search goal (select one):

Clinical manifestations

Diagnosis

Treatment

Prognosis

Prevention

Other

Application to practice (select one):

This modified my plan

This reinforced my plan

I need more information

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Step 2: Reflect on 5.50 credits

Search 3 of 11

0.5 Credits

Apr 29, 2019 09:34 PM

Search term

fibromialgia

Tests (x) reviewed

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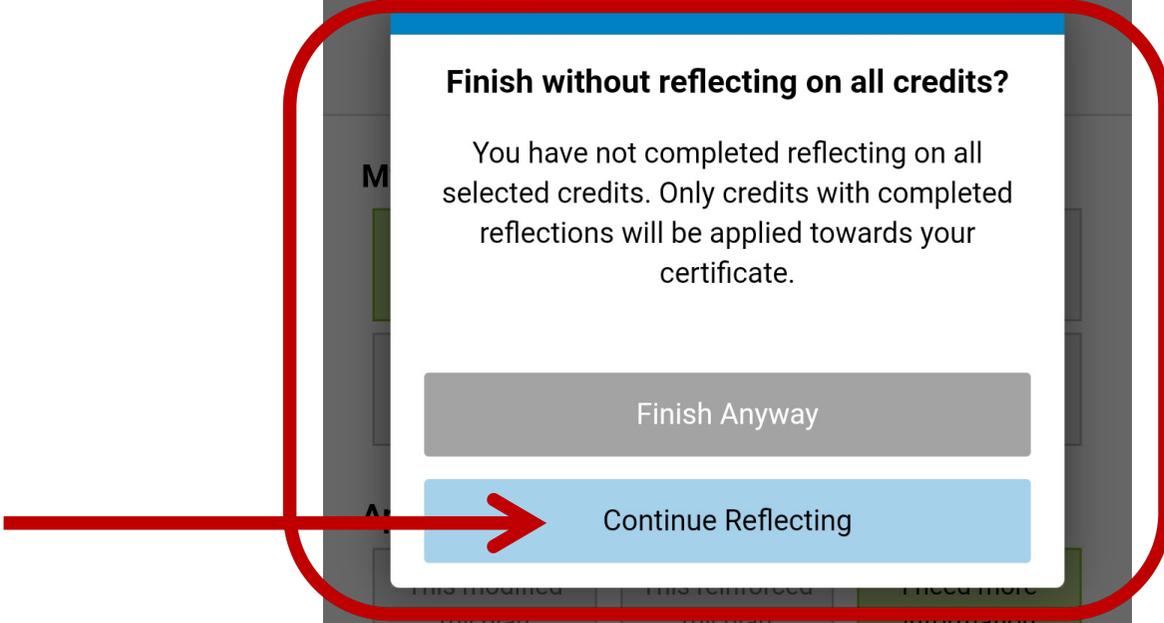
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Step 2: Reflect on 5.50 credits

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0.5 Credits

Apr 29, 2019 09:34 PM

Search term

fibromialgia

Topic(s) reviewed

- Clinical manifestations and diagnosis of fibromyalgia in adults

My search goal (select one):

Clinical manifestations

Diagnosis

Treatment

Prognosis

Prevention

Other

Application to practice (select one):

This modified my plan

This reinforced my plan

I need more information

Cancel

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Step 2: Reflect on 5.50 credits

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0.5 Credits

Sep 04, 2018 08:22 AM

Search term

psoriasis tratamiento

Topic(s) reviewed

- Treatment of psoriasis in adults
- UVB therapy (broadband and narrowband)
- Treatment of psoriasis in adults

My search goal (select one):

Clinical manifestations

Diagnosis

Treatment

Prognosis

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Other

Application to practice (select one):

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This reinforced my plan

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Step 2: Reflect on 5.50 credits

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May 30, 2018 10:18 AM

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Topic(s) reviewed

- Haloperidol: Drug information

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Clinical manifestations

Diagnosis

Treatment

Prognosis

Prevention

Other

Application to practice (select one):

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<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

b) modifies the way I manage patients

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

c) improves the quality of care I provide to my patients





Step 3: Evaluate

c) improves the quality of care I provide to my patients

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Please describe a change you have made in your practice as a result of using UpToDate:



This reinforced my plan

3. Purpose: The UpToDate program allows clinicians to effectively find information at the

Submit





Step 3: Evaluate

3. Purpose: The UpToDate program allows clinicians to effectively find information at the point of care to improve patient management:

Strongly agree	Agree	Neutral	Disagree	Strongly disagree
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. During a typical week when you are seeing patients, on average how often do you consult UpToDate?

For virtually every patient I see	For about 50% of the patients I see	For about 25% of the patients I see	For less than 25% of the patients I see
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

5. During a typical week when you are seeing patients, when do you tend to consult





Step 3: Evaluate

5. During a typical week when you are seeing patients, when do you tend to consult UpToDate?

a) Before the patient arrives in the clinic

Often	Sometimes	Never
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

b) While the patient is still in the clinic

Often	Sometimes	Never
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

c) After the patient has left the clinic

Often	Sometimes	Never
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

6. Did you perceive commercial bias in the UpToDate content?





Step 3: Evaluate

6. Did you perceive commercial bias in the UpToDate content?

Yes

No



7. If you answered "Yes" in the previous question, please explain.

8. Did the authors and section editors have the appropriate expertise to address the clinical

Submit





Step 3: Evaluate

8. Did the authors and section editors have the appropriate expertise to address the clinical question(s) you researched?

Strongly agree	Agree	Neutral	Disagree	Strongly disagree
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Are you a:

Other	Diferentes categorías	←	▼
-------	-----------------------	---	---

10. What is your specialty?

Other	Diferentes especialidades	←	▼
-------	---------------------------	---	---

Submit





Step 3: Evaluate

Other



11. Questions left unanswered that you would like the program to address:

Submit





CME History

You have successfully redeemed 5.5 credits

ONLINE MOC

Upon completion of the activity, **ABIM DIPLOMATES** (American Board of Internal Medicine) can submit completed UpToDate CME credits online for Maintenance of Certification (MOC).

[Go to Online MOC](#)

Credits

Redeemed

Log

Certificate

5.5

May 01, 2019

[View](#)

[View](#)

NOTICE TO ABMS DIPLOMATES: Upon completion of the activity, ABMS MOC DIPLOMATES (Allergy and Immunology, Anesthesiology, Colon and Rectal Surgery, Family Medicine, Pathology, Physical Medicine and Rehabilitation, Preventive Medicine, Psychiatry and Neurology, Thoracic Surgery) MUST COMPLETE the following satisfaction survey:





UpToDate certifies that

ANGEL MONES

has participated in the Internet point-of-care activity titled

UpToDate®

May 30, 2018 - Apr 29, 2019

and is awarded

5.5 AMA PRA Category 1 Credit(s)™

A handwritten signature in black ink that reads "Denise Basow".

Denise S. Basow, MD President & CEO, Clinical Effectiveness

See reverse side for accreditation statements

Certificate 1005197303 (May 01, 2019)

UNITED STATES OF AMERICA

UpToDate is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

American Medical Association

UpToDate designates this Internet point-of-care activity for a maximum of 0.5 AMA PRA Category 1 Credit(s)[™]. Physicians should claim only credit commensurate with the extent of their participation in the activity. There is no limit to the number of Internet point-of-care cycles that physicians may complete using UpToDate.

American Academy of Family Physicians

This point-of-care activity, UpToDate, has been reviewed and is acceptable for up to 20 Prescribed credits by the American Academy of Family Physicians. Term of approval begins 10/31/2018. Term of approval is for one year from this date. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

American Academy of Pediatrics

This continuing medical education activity has been reviewed by the American Academy of Pediatrics and is acceptable for a maximum of 30.00 AAP credits. These credits can be applied toward the AAP CME/CPD Award available to Fellows and Candidate Members of the American Academy of Pediatrics.

American Academy of Physician Assistants

AAPA accepts certificates of participation for educational activities certified for Category 1 credit from ACCME, Prescribed credit from AAFP, and AMA PRA Category 1 Credit(s)[™] from organizations accredited by ACCME or a recognized state medical society.

Physician assistants may receive a maximum of 0.5 hours of Category 1 credit for completing each Internet point-of-care learning cycle.

American Association of Nurse Practitioners

UpToDate is approved as a provider of nurse practitioner continuing education by the American Association of Nurse Practitioners. AANP Provider Number: 051212. This activity was planned in accordance with AANP Accreditation Standards and Policies.

For each hour of participation with the program, NPs can claim 1.0 contact hour. UpToDate automatically tracks the time you spend using the service.

American College of Emergency Physicians

Approved by the American College of Emergency Physicians for a maximum of 30 hour(s) of ACEP Category 1 credit.

American College of Obstetricians and Gynecologists (ACOG)

The American College of Obstetricians and Gynecologists has assigned up to 0.50 cognate credit per Internet point-of-care learning cycle.

There is no limit to the number of Internet point-of-care learning cycles that physicians may complete using UpToDate.

American Midwifery Certification Board (AMCB)

The Certificate Maintenance Program of the American Midwifery Certification Board (AMCB) accepts AMA PRA Category 1 Credit[™] and AANP NP contact hours, both of which UpToDate offers, to satisfy the 20 contact hours requirement. AMCB Certificates will be required to enter credit amount/upload credit certificate earned from use of UpToDate into the user portal on the AMCB's website in order to fulfill their continuing education requirements.

American Osteopathic Association (AOA)

UpToDate has been approved by the American Osteopathic Association for unlimited AOA Category 2-B credit.

American Board of Medical Specialties Continuing Certification Directory

Through the American Board of Medical Specialties ("ABMS") ongoing commitment to increase access to practice relevant Maintenance of Certification ("MOC") Activities through the **ABMS Continuing Certification Directory**, UpToDate has met the requirements as an **MOC Part II CME Activity** (apply toward MOC Part II Self- Assessment) and for an **MOC Part II Self-**



MOC Part II CME Activity

- American Board of Allergy and Immunology
- American Board of Anesthesiology
- American Board of Colon and Rectal Surgery
- American Board of Family Medicine
- American Board of Pathology
- American Board of Physical Medicine and Rehabilitation
- American Board of Preventive Medicine
- American Board of Psychiatry and Neurology
- American Board of Thoracic Surgery

American Board of Dermatology

Dermatology related AMA PRA Category 1 Credit[™] earned from use of UpToDate may fulfill Part 2 CME Resources of the American Board of Dermatology MOC Program.

American Board of Internal Medicine

Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 0.5 Medical Knowledge MOC points per Internet point-of-care activity in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. Participants will earn MOC points equivalent to the amount of CME credits claimed for the activity. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.

American Board of Surgery

Credits earned from use of UpToDate may fulfill Part 2 CME requirements of the American Board of Surgery MOC Program.

National Board of Physicians and Surgeons (NBPAS)

Credits earned from use of UpToDate may fulfill CME and certification requirements for the NBPAS.

AUSTRALIA/NEW ZEALAND

Australasian College of Dermatologists (ACD)

Time spent reading UpToDate may be claimed on the basis of 1 point per hour in Category 1 Level 1 Personal Reading and Study (Activity code STUDY) of the ACD CPD Program.

Australian and New Zealand College of Anaesthetists (ANZCA) and Faculty of Pain Medicine (FPM)

Time spent reading UpToDate may be claimed as a journal reading activity in the Knowledge and skills category at one credit per hour, maximum of 10 credits per year of the 2014 ANZCA and FPM CPD Program.

Australian College of Rural & Remote Medicine (ACRRM)

Time spent reading UpToDate may be claimed on the basis of 1 core point per hour in the Self-directed Learning category of the ACRRM Professional Development Program.

Impractic (New Zealand)

Doctors registered in the Impractic programme may claim time spent reading UpToDate as part of their continuing medical education requirement. CME activities must be recorded in the ePortfolio including relevance to PDP goal, what was learnt, and benefit to patients.

Royal Australian College of General Practitioners

Time spent reading UpToDate may be claimed on the basis of 2 points per hour in the Self Recorded Activities category of the RACGP QI & CPD Program.

Royal Australasian College of Physicians (RACP)

RACP Fellows may claim their UpToDate reading as CPD credits in the MyCPD program.

Royal Australian and New Zealand College of Obstetricians and Gynaecologists

Time spent reading UpToDate may be claimed on the basis of 1 point per hour in the Self-Education category of the RANZOG CPD Program.

Royal New Zealand College of General Practitioners

Time spent researching clinical topics on UpToDate may be claimed, on the basis of 1 point per hour spent, in the Continuing Medical Education category as individually planned learning. To claim these credits, an RNZCGP Learning Reflector form must be completed and saved for your records.

Royal New Zealand College of Urgent Care (RNZCUC)

Time spent reading UpToDate may be claimed as part of the CPD activities required for recertification at 1 point per hour. The RNZCUC will accept a maximum of 5 points earned from use of UpToDate per year.

Psychiatrists and Surgeons

To claim points for this activity, please refer to the CPD requirement of your relevant organization.

AUSTRIA

Austrian Academy of Physicians

The Austrian Academy of Physicians of the Austrian Medical Chamber recognizes programs accredited by the Accreditation Council for Continuing Medical Education (ACCME). Physicians may submit their credits earned from UpToDate toward their DFP e-learning requirements. One credit earned from UpToDate is equal to 1 DFP point.

BELGIUM

National Institute for Health and Disability Insurance

The Accrediteerinstuurgroep/Groep de direction d'accréditation of the National Institute for Health and Disability Insurance (NIHDI) recognizes programs that offer AMA PRA Category 1 Credit(s)[™]. Physicians may submit their credits earned from UpToDate toward their CME/CPD requirements. Each learning cycle accumulates 0.5 credits and there is no limit to the number of UpToDate credits that can be submitted toward requirements.

BRAZIL

Sociedade Brasileira de Nefrologia (SBN)

The Sociedade Brasileira de Nefrologia (SBN) recognizes UpToDate as a distance education program. Time spent reading UpToDate may be claimed towards EMC (continuing medical education) on the basis of 1 hour of reading equals 1 point of learning. The SBN and Brazilian Medical Association will accept a maximum of 5.5 points earned from use of UpToDate per year.

CANADA

College of Family Physicians of Canada

This **Self-Learning** program has been certified by the College of Family Physicians of Canada for up to 0.5 Mainpro+ Certified Self-Learning Credit per Internet point-of-care learning cycle for a maximum of 250 Mainpro+ certified credits (CERT+ Session ID# 186208-001).

Royal College of Physicians and Surgeons of Canada

Use of UpToDate may be recorded on the basis of 0.5 credit per activity in Section 2 (Scanning) of the Royal College Maintenance of Certification (MOC) Program.

ECUADOR

Colegio Médico de Pichincha

Colegio Médico de Pichincha recognizes UpToDate as a continuing education program. Time spent reading UpToDate, with a maximum of 10 minutes per topic, may be claimed by clinicians towards CME as defined by their specialty accrediting body.

GERMANY

Physician Chamber of North Rhine

UpToDate is recognized as a provider of micro e-learning under the Chamber's accreditation criteria. One credit point is awarded for 60 minutes of education completed.

This recognition begins January 1, 2018. Do not submit activity/points earned prior to this date. Points may be redeemed for up to two years from the time they were accrued. Points not redeemed within two years will expire and therefore, will not fulfill licensing requirements.

HONG KONG

Hong Kong College of Physicians (HKCP)

Use of UpToDate may be claimed on the basis of 0.5 points per Internet point of care learning cycle activity of Active CME/CPD. A maximum of 60 points per 3-year cycle may be submitted.

IRELAND

Certificates from the ACCME-accredited activity UpToDate are recognized by the Postgraduate Medical Training Bodies in Ireland and can be recorded as External CPD. Each learning cycle accumulates 0.5 credits.

ITALY

Age.n.a.s National ECM Program (National Commission for Continuing Education/National Agency for Regional Health Services)

Credits earned from the use of UpToDate (Foreign Provider) may be submitted to your college/professional association and will be recognized at 50% of the credit awarded and will be incorporated into your ECM record. Of the 150 credits clinicians need over a 3-year period, half of the credits can come from Foreign Providers. For credits to be acknowledged by your college/professional association, please submit both your credit certificate and activity log.

JAPAN

Japan Primary Care Association

The Japan Primary Care Association recognizes UpToDate as a provider of Internet point-of-care learning and will accept 0.2 points for each Internet point-of-care cycle completed for up to 10 points over the 5 year certification period.

UpToDate will award 0.5 points for each learning cycle completed. It will be up to the participant and the JPCA to make the necessary conversion to 0.2 points.

KUWAIT

Kuwait Institute of Medical Specialization (KIMS)

The Kuwait Institute of Medical Specialization (KIMS) recognizes the ACCME-accredited program UpToDate as a Category 2 Distance-Learning Provider. Participants can earn up to 5 credits per day and use credits earned to meet up to 40% of their Maintenance of Professional Competence (MPC) licensing requirements.

MEXICO

Colegio de Medicina Interna de México A.C. (CMIM)

The Colegio de Medicina Interna de México A.C. (CMIM) recognizes UpToDate as a source of information and analysis that leads to optimum clinical practice, and is in line with the CMIM objectives for continuous education in Internal Medicine. For time spent consulting UpToDate, participants will accrue up to 10 minutes per topic per visit. Certificates generated by UpToDate are fully recognized by CMIM and may in turn be submitted to Consejo Mexicano de Medicina Interna, A.C. as CME activities for recertification purposes at the point value set by their current statute.

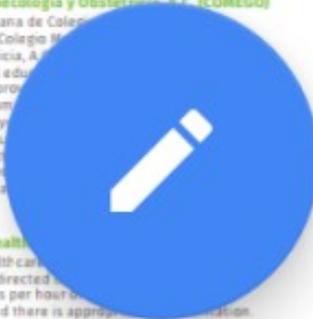
Federación Mexicana de Colegios de Obstetricia y Ginecología, A.C. (FEMECOG) and Colegio Mexicano de Especialistas en Ginecología y Obstetricia, A.C. (COMEGO)

The Federación Mexicana de Colegios de Obstetricia y Ginecología, A.C. and Colegio Mexicano de Especialistas en Ginecología y Obstetricia, A.C. recognize UpToDate as a source of continuing medical education. Time spent consulting UpToDate content provides professional knowledge for optimum clinical practice, and is in line with the objectives for continuous education in Obstetricia, A.C. For time spent consulting UpToDate, participants will accrue up to 10 minutes per topic per visit. You may request certificates generated by UpToDate and may in turn be submitted to Federación Mexicana de Colegios de Obstetricia, A.C. for recertification purposes at the point value set by their current statute.

QATAR

Qatar Council for Health

Qatar Council for Health recognizes UpToDate as a Category 2 Self-directed Learning activity. Time spent consulting UpToDate may be claimed for 0.5 credits per hour of use. Credits earned from UpToDate may be used by professionals provided there is appropriate supervision.





Consejo Profesional Médico Español de Acreditación para DPC/FMC
Spanish Medical Professional Accreditation Council for CPD/CME

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Reconocimiento Créditos Internacionales. ECMEC's / AMA Pra Category 1

Solicito credencial nominal en la que consten tanto el número de los *European-CME-credits (ECMECs)* así como su equivalencia en créditos del SNS.

Para ello adjunto el archivo correspondiente de mi certificado de asistencia a la actividad: *

Máximo 1 fichero.

límite de 10 MB.

Tipos permitidos: gif jpg png bmp eps tif pict psd txt rtf html odf pdf doc docx ppt pptx xls xlsx xml avi mov mp3 ogg wav b22 dmg gz jar rar sit svg tar zip.

La credencial solicitada se le enviará a la dirección de correo electrónico: *



Para ello adjunto el archivo correspondiente de mi certificado de asistencia a la actividad: *

Examinar...

Máximo 1 fichero.

límite de 10 MB.

Tipos permitidos: gif jpg png bmp eps tif pict psd txt rtf html odf pdf doc docx ppt pptx xls xlsx xml avi mov mp3 ogg wav bz2 dmg gz jar rar sit svg tar zip.

La credencial solicitada se le enviará a la dirección de correo electrónico: *

Documento Identificativo: NIF/NIE/Pasaporte: *

Información adicional (optativa):

Acepto la Política de Privacidad. *

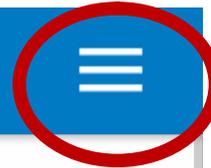
No soy un robot



Enviar

Los créditos de UpToDate,
que se consiguen desde la parte personalizada de la
herramienta,
se pueden convertir en créditos del SNS
mediante la plataforma que pone a disposición
el Consejo Profesional de Médico Español de Acreditación.
https://www.seaformec.es/reconocimiento_uems

ANGEL MONES
Créditos CME: 4.0



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< Configuración



Buscar idioma
Español

Tamaño del texto
100%

Lectura a pantalla completa

CME Settings

INFORMACIÓN/SOPORTE

Cuenta

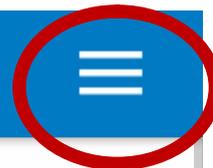
Contactar a UpToDate

Políticas e información legal

Acerca de UpToDate



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¿Quiere abrirla?

NO

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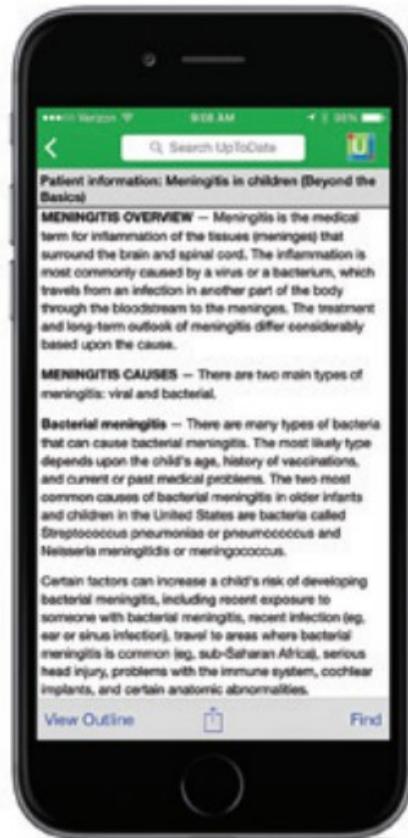
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- Join on-demand and Live Online Learning sessions

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Institutional Users***

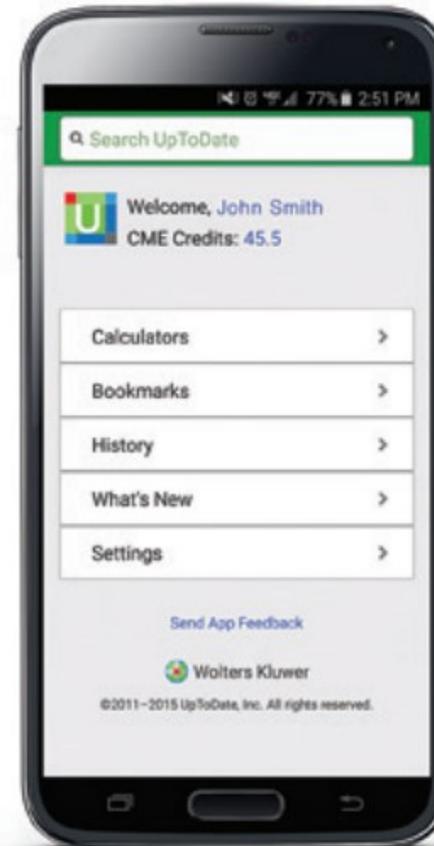
- View Registration guides and videos
- Learn how to earn and redeem CME
- Install the mobile app
- Join on-demand Live Online Learning sessions



Aplicación de UpToDate para iOS®



Aplicación de UpToDate para Android®



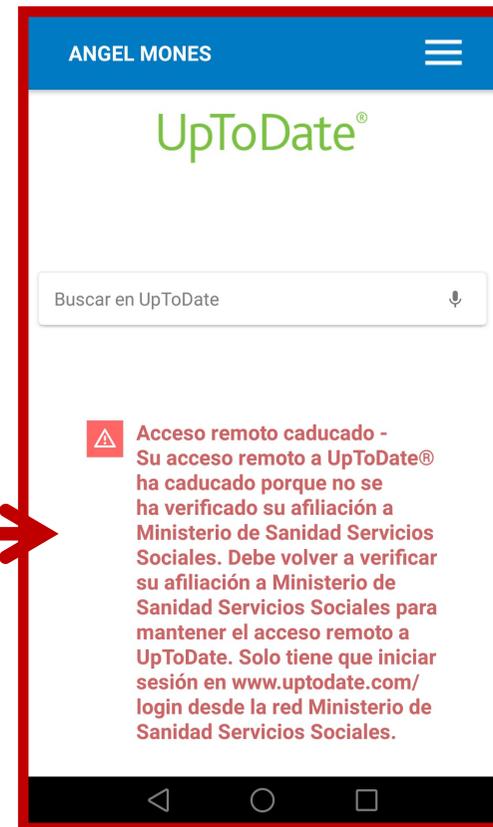
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MANTANER ACCESO

- Para mantener tu acceso ininterrumpido a UpToDate desde cualquier lugar, debes volver a verificar la suscripción con tu organización cada 90 días.
- Para volver a verificar tu suscripción, laccede a UpToDate (www.uptodate.com) con tu usuario y contraseña desde cualquier ordenador conectado a la red de tu hospital a través de la biblioteca virtual de tu región.

Recuerda: si aún no lo has hecho, te comunicaremos desde la aplicación y por email que necesitas verificar tu suscripción 10 días antes de que ésta caduque. Recibirás una segunda alerta el día 90. Si no realizas esta operación perderás el acceso móvil y remoto a la aplicación. Para volver a acceder, simplemente accede a UpToDate con tu usuario y contraseña cuando estés conectado a la red de tu hospital o tu organización.

A los 90 días hay que renovar la suscripción. Aparecerá este mensaje



Buscar en UpToDate

Suscripción y contrato de licencia

Al hacer clic en el botón Aceptar, situado a continuación, usted acepta los términos y condiciones de la suscripción y del contrato de licencia.

Accept License

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Educación para el paciente: Anamixia (Conceptos Básicos)

Buscar en UpToDate

Acceso remoto ampliado

Gracias por volver a verificar su afiliación a Ministerio de Sanidad Servicios Sociales. Su acceso remoto está ahora activado hasta el 17 de julio de 2019.

OK

system)

Educación para el paciente: Anafilaxia (Conceptos Básicos)

спасибо 谢谢
GRACIAS 谢谢

THANK YOU

ありがとうございました **MERCI**

DANKE धन्यवाद

شُكْرًا **OBRIGADO**