

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

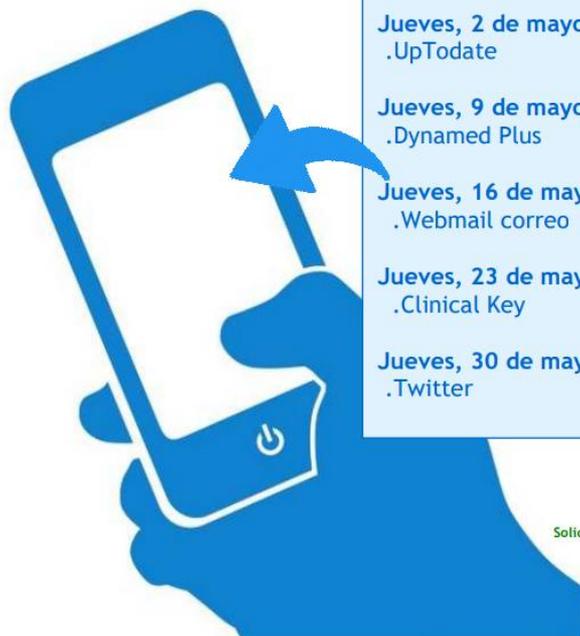
Dirigido a: todo el personal sanitario del Área Sanitaria

Organiza: Biblioteca. Unidad de Calidad

Inscripción: no precisa

Duración de la Sesión: 60 minutos

Más información: Carmen Blanco. Teléfono: 56960



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.UpToDate

Jueves, 9 de mayo
.Dynamed Plus

Jueves, 16 de mayo
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Jueves, 23 de mayo
.Clinical Key

Jueves, 30 de mayo
.Twitter

Solicitada Acreditación



Formación en recursos bibliográficos 2019

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La pirámide de las 6 S de la evidencia

Tipos de recursos



Ejemplos de recursos

No existen

National Guidelines Clearinghouse
NICE
UPTODATE/ DYNAMED PLUS

•Evidence Based Medicine
•Bandolier
•ACP Journal Club

•Cochrane Database of Systematic Reviews
•Revisiones sistemáticas en PubMed

•ACP Journal Club

•TRIP Database
•Pubmed

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 bvgs@asturias.org

06 abril, 2017 | Principado de Asturias



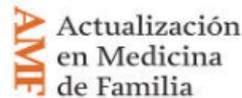
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[Guía de ayuda para la personalización del buscador](#)

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Targeting the brain: Lower blood pressure targets may not reduce dementia DynaMed EBM Focus

Completion of a sepsis bundle within one hour may lower in-hospital mortality for pediatric patients DynaMed Resident Focus

For hepatitis awareness month, read about hepatitis A virus infection

Recent Updates [View All](#)

05/03/2019 01:39:47 PM (ET)
30% increase of measles reported in 22 states in the United States between January 1 and April 26 (MMWR Morbidity and Mortality Weekly Report 2019 Apr 29)

Topic: Measles

05/03/2019 12:23:54 PM (ET)
outbreak with 6,149 suspected cases (61 confirmed cases among 173 samples tested) in Congo from January 1 to April 14, 2019 (WHO Disease Outbreak News 2019 May 1)

Topic: Chikungunya fever

05/03/2019 12:23:17 PM (ET)
dexamethasone may not improve dyspnea at 1 week in adults with cancer (Cochrane Database Syst Rev 2019 Feb 20)

Topic: Dyspnea and stridor in palliative care patients

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- Enter your email address and click **Send**.

NOTE: You will receive an email with a link which is valid for 48 hours. Open the email **from your mobile device** and tap the link to authenticate the app.

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7:13

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The Oxford Dictionaries Word of the Ye... ☆



Google Alerts

6:06

Alerta de Google - álvarez buylla

Google álvarez buylla Actualización in... ☆



alerts-no_reply

5:31

EMBASE EMAIL ALERT - mindfulnes...

EDIT any email alert DISABLE this ema... ☆



alerts-no_reply

5:30

EMBASE EMAIL ALERT - mosaicism...

EDIT any email alert DISABLE this ema... ☆

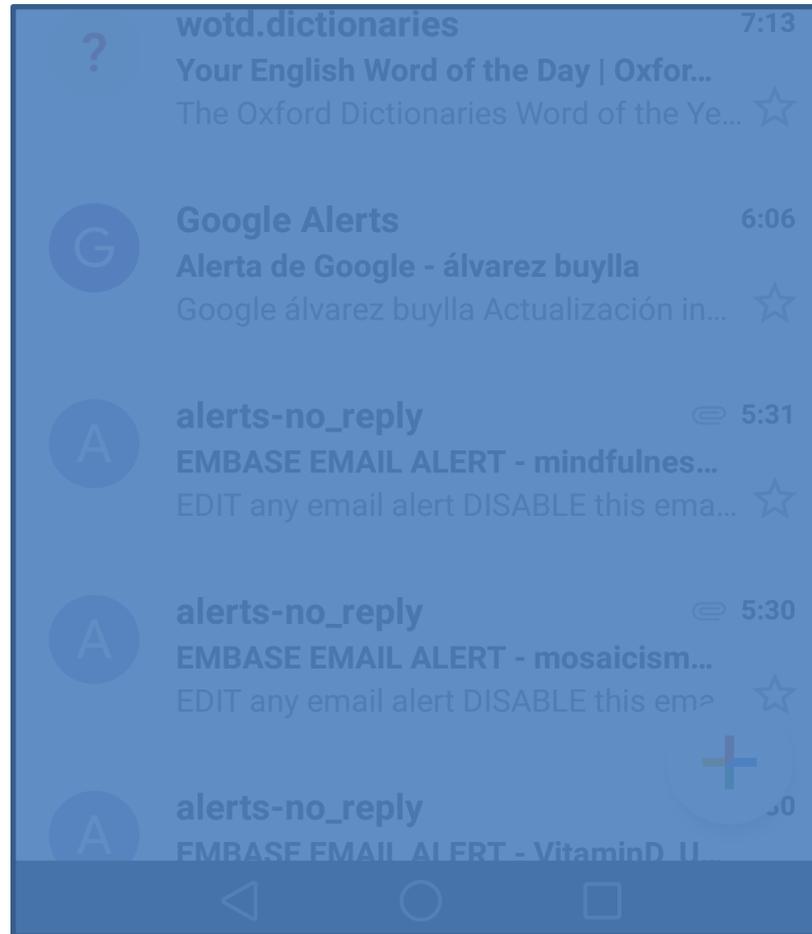


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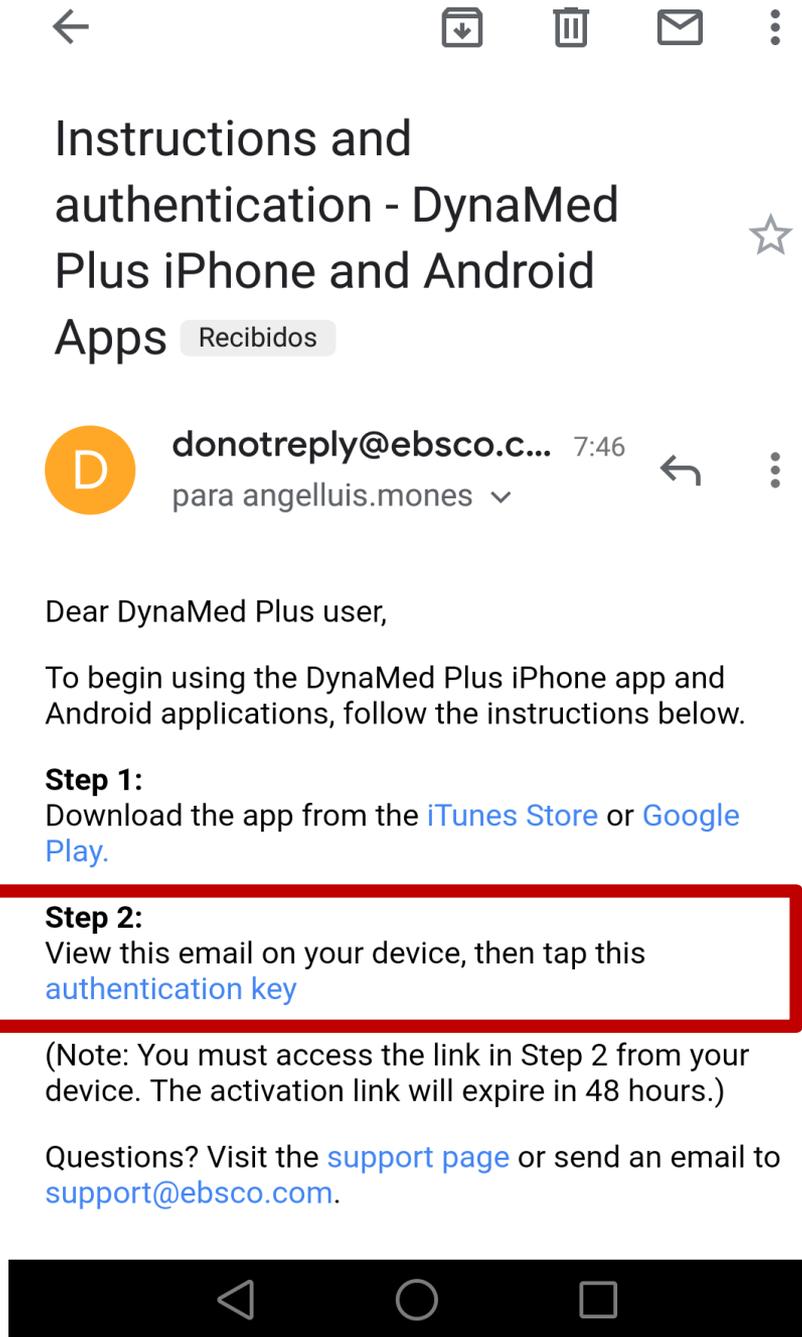
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luego toca esta
CLAVE de AUTENTICACIÓN**

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exitosa**



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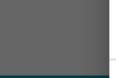
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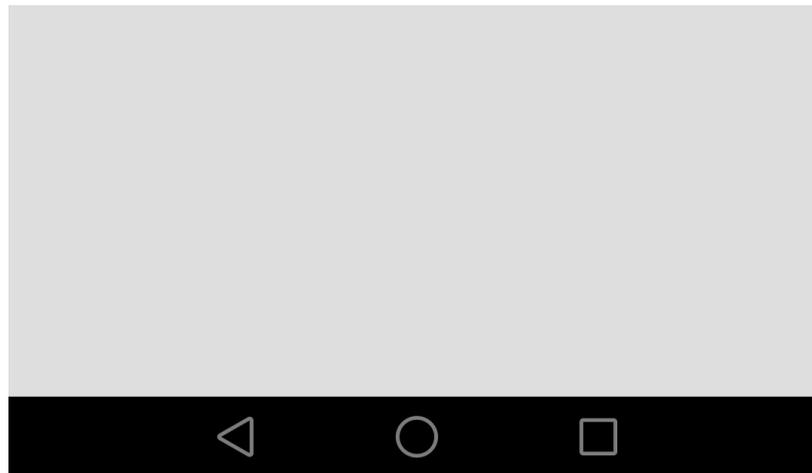
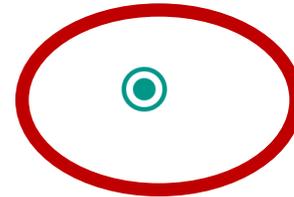


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Rotator cuff impingement



Rotator cuff tear



Management of rotator cuff impingement

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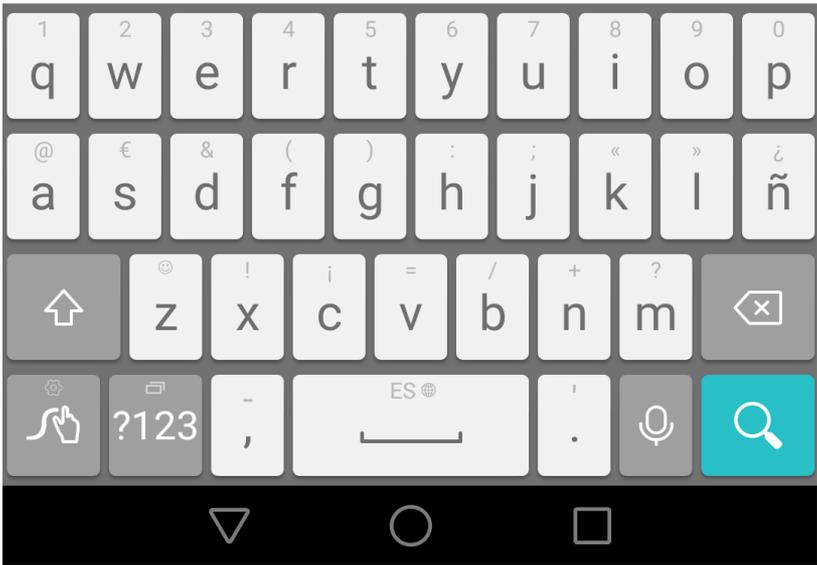
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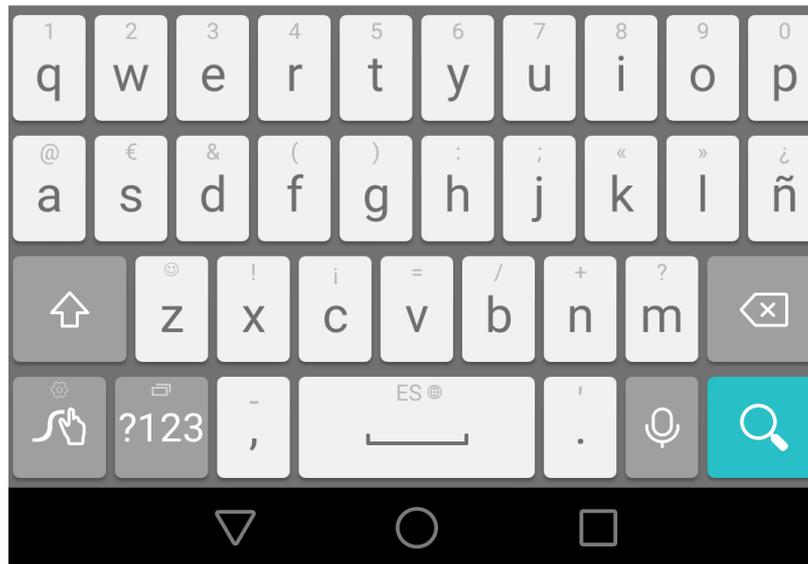
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 **Rotator cuff impingement** 

Overview and Recommendations

[+] Updated 2018 Jun 22 04:05 PM (ET)

Topic Editors
Pierre Rouzier, MD
Brent R. DeGeorge, MD

Recommendations Editor Allen
Shaughnessy, PharmD, M Med Ed,
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**Overview and
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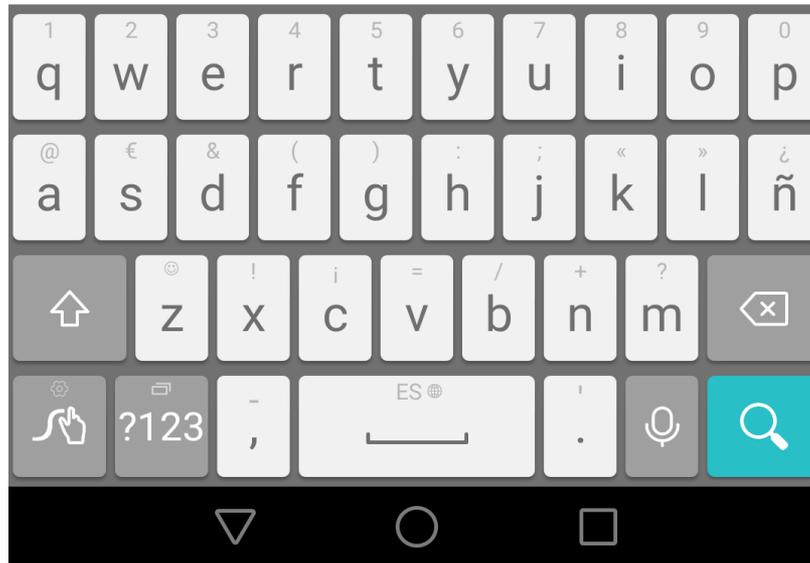
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- Rotator Cuff Tear Diagnosis

Topics

Rotator cuff impingement

Condition

Overview and Recommendations

Diagnosis | Treatment | Guidelines

progressive musculoskeletal condition

Results

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Calculators

- [Rotator Cuff Tear Diagnosis](#)

Topics

Rotator cuff tear Condition

Overview and Recommendations

Diagnosis | **Treatment** | **Guidelines**

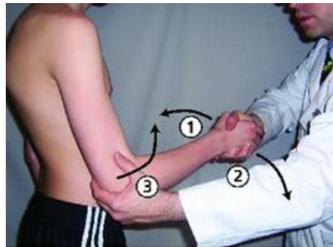
tear in 1 or more of rotator cuff muscles surrounding glenohumeral joint, including



Results

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Results

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Rotator Cuff Tear Diagnosis





Rotator Cuff Tear Diagnosis

Rotator Cuff Tear Diagnosis

- Supraspinatus weakness (1 point)
- External rotation weakness (1 point)
- Impingement sign(s) positive (1 point)

Total Criteria Point Count:

Reset Form

Probability of Rotator Cuff Tear

0 points: 5% Chance
1 point: 12-76% Age Dependent
2 points: 64-98% Age Dependent
3 points: 98%





rotator

Results

Images

Calcs

Rotator cuff impingement

Condition

Overview and Recommendations

[Diagnosis](#) | [Treatment](#) | [Guidelines](#)

progressive musculoskeletal condition involving rotator cuff tendon compression and injury, caused by altered shoulder biomechanics and/or structural abnormalities, leading to pain and potentially weakness

Rotator cuff tear

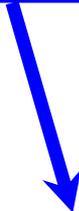
Condition

Overview and Recommendations

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General Information



Epidemiology



Etiology and Pathogenesis



History and Physical



Diagnosis



Treatment



Complications and Prognosis



Prevention and Screening

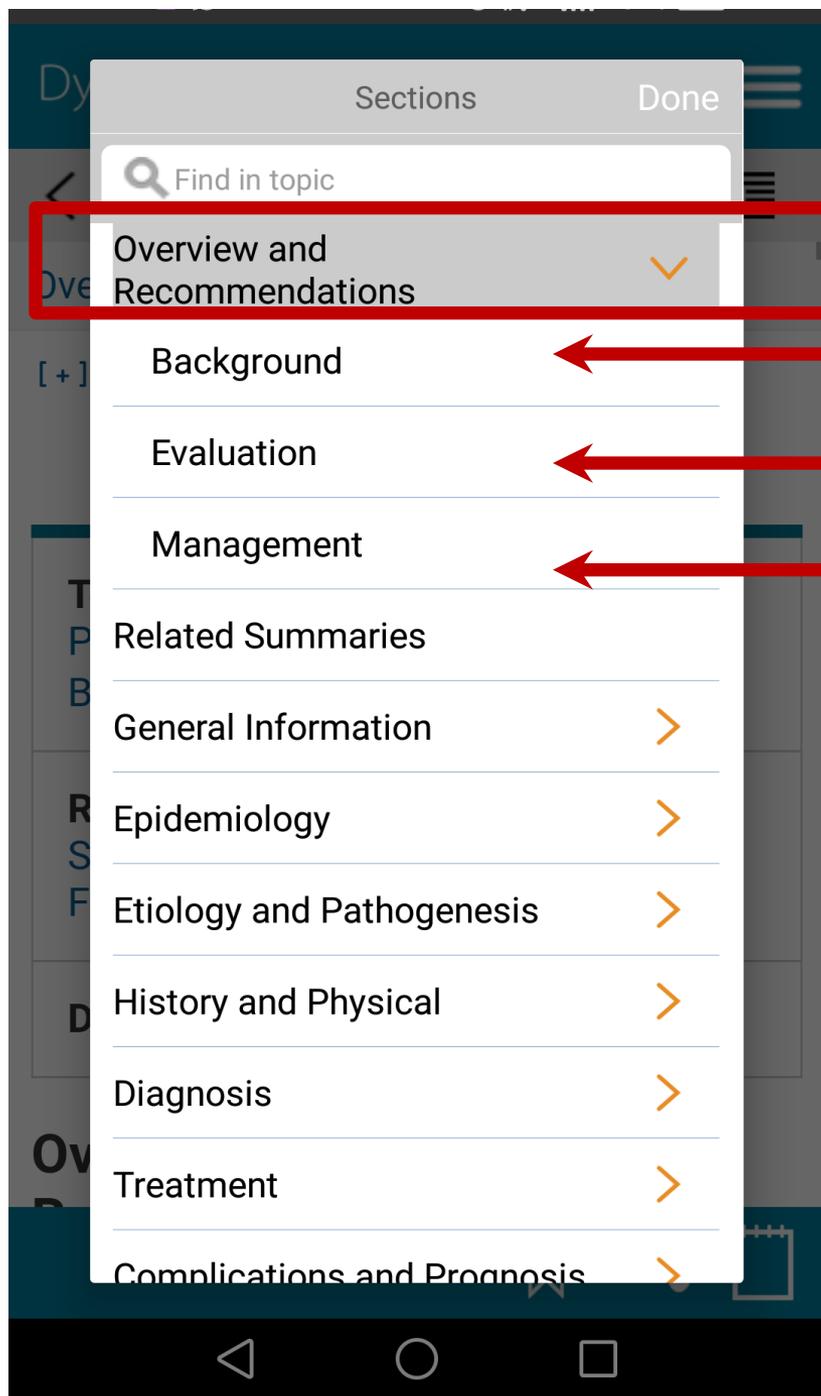


Quality Improvement



Guidelines and Resources





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Overview and Recommendations

Background

Evaluation

Management

Related Summaries

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Epidemiology

Etiology and Pathogenesis

History and Physical

Diagnosis

Treatment

Complications and Prognosis



Overview and Recommendations

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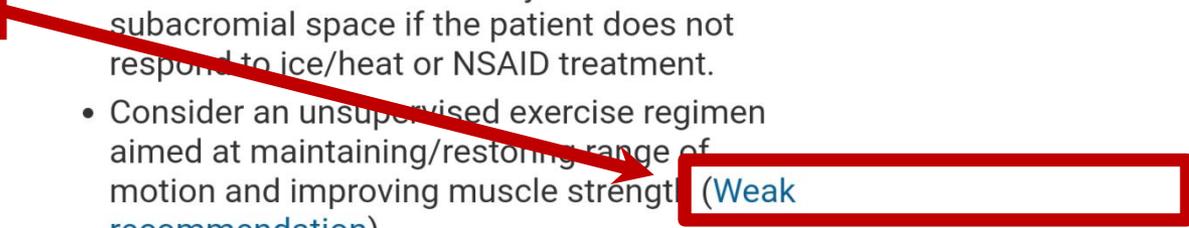
**Overview and
Recommendations**



Management

- Instruct the patient to limit activities that exacerbate pain, especially overhead movements.
- Consider ice for 20-30 minutes, every 2 hours, to reduce pain.
- Consider heat therapy if ice is not helpful.
- Consider an oral nonsteroidal anti-inflammatory drug (NSAID) or a topical NSAID for pain relief (Weak recommendation).
- Consider a corticosteroid injection to the subacromial space if the patient does not respond to ice/heat or NSAID treatment.
- Consider an unsupervised exercise regimen aimed at maintaining/restoring range of motion and improving muscle strength (Weak recommendation).
- Consider referral for physical therapy for select patients who do not respond to unsupervised exercise.
- Consider acupuncture as an alternative therapy or in addition to physical therapy.
- Consider a surgical consultation if symptoms do not improve after 3 months of conservative management.
- See [Management of rotator cuff impingement](#) for additional information.

Indica la fortaleza o debilidad de la recomendación



Etiology and Pathogenesis / Causes

- etiology of subacromial impingement syndrome is likely multifactorial⁽¹⁾
- theories on mechanism of rotator cuff tendinopathy include extrinsic impingement, intrinsic impingement, and combination of extrinsic and intrinsic impingement
 - intrinsic impingement - tissue degeneration occurs over time due to overuse, tension overload, or trauma of tendons
 - extrinsic impingement - tissue degeneration occurs over time due to mechanical compression by structures external to tendon
 - Reference - [Orthop Rev \(Pavia\) 2012 May 9;4\(2\):e18 full-text](#)
- potential functional causes and/or contributing factors of subacromial impingement reported to include⁽¹⁾
 - inefficient rotator cuff (may be due to weakness, muscle imbalance, or poor dynamic stabilization)
 - capsular mobility impairments, either hyper- or hypo-mobility
 - abnormal scapular position and/or motion (may be due to postural deviations or impaired neuromuscular control)

**Avisa si hay acceso
al artículo**

full-text





[Orthop Rev \(Pavia\)](#). 2012 May 9; 4(2): e18. PMID: PMC3395987
Published online 2012 May 31. PMID: [22802986](#)
doi: [10.4081/or.2012.e18](#)

Subacromial impingement syndrome

[Masood Umer](#), [Irfan Qadir](#), and [Mohsin Azam](#)

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Abstract

Go to: [v]

Subacromial impingement syndrome (SAIS) represents a spectrum of pathology ranging from subacromial bursitis to rotator cuff tendinopathy and full-thickness rotator cuff tears. The relationship between subacromial impingement and rotator cuff disease in the etiology of rotator cuff injury is a matter of debate. However, the etiology is multi-factorial, and it has been attributed to both extrinsic and intrinsic mechanisms. Management includes physical therapy, injections, and, for some patients, surgery. No high-quality randomized controlled trials are available so far to provide possible evidence for differences in outcome of different treatment strategies. There remains a need for high-quality clinical research on the diagnosis and treatment of SAIS.

Key words: subacromial impingement syndrome, subacromial bursitis, shoulder pain, rotator cuff

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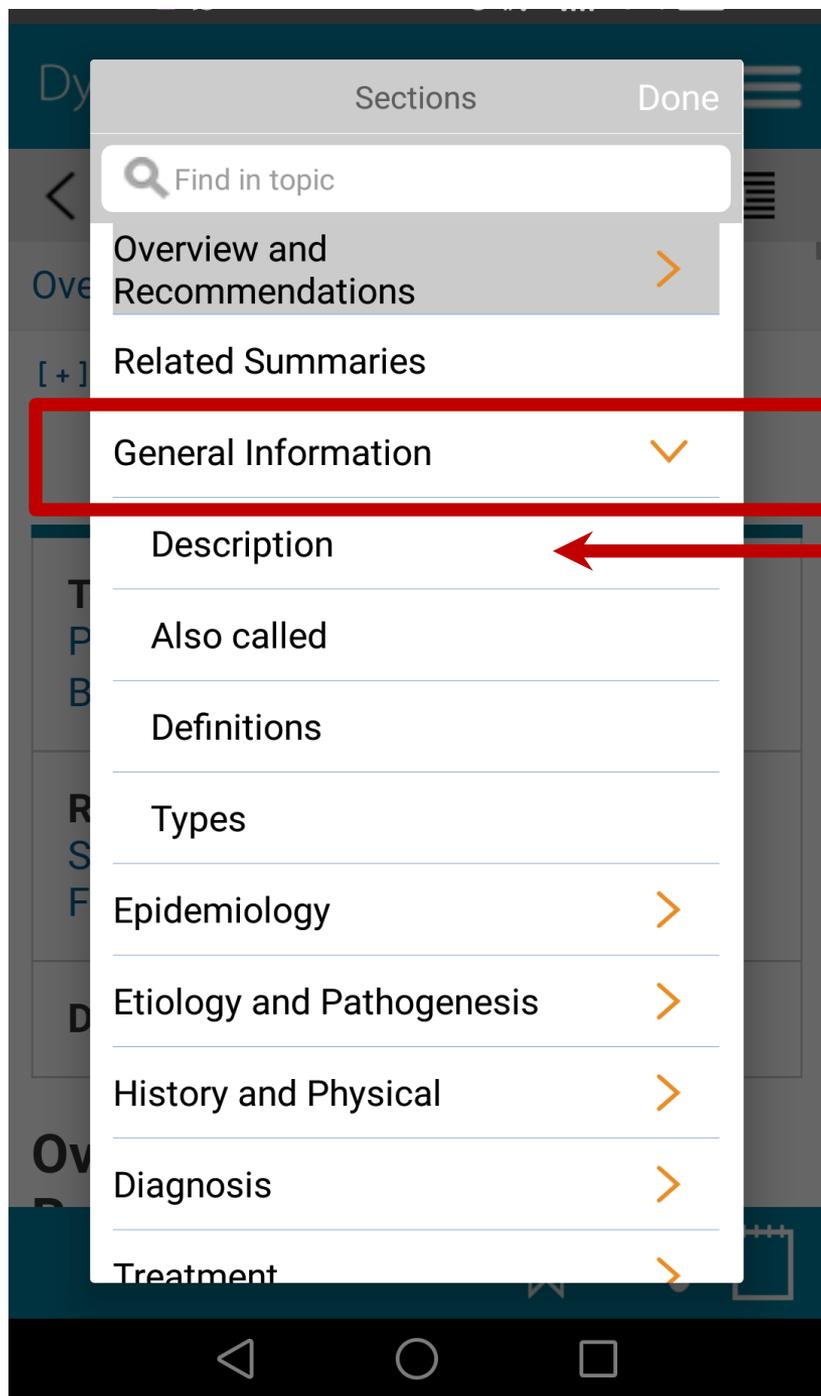
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Also called

Definitions

Types

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Etiology and Pathogenesis

History and Physical

Diagnosis

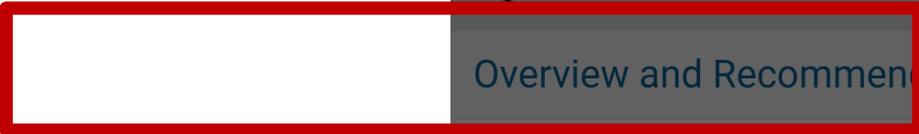
Treatment

General Information / Description**Description**

- progressive musculoskeletal condition involving rotator cuff tendon compression and injury, caused by altered shoulder biomechanics and/or structural abnormalities, leading to pain and potentially weakness^(1,2)

Also called

- subacromial impingement syndrome
- subacromial pain syndrome
- rotator cuff disease
- rotator cuff tendonitis
- rotator cuff tendinosis
- rotator cuff tendinopathy
- subacromial bursitis
- shoulder tendonitis
- subdeltoid bursitis
- supraspinatus tendonitis



Overview and Recommendations

[+] Updated 2017 Feb 16 02:19 PM (ET)

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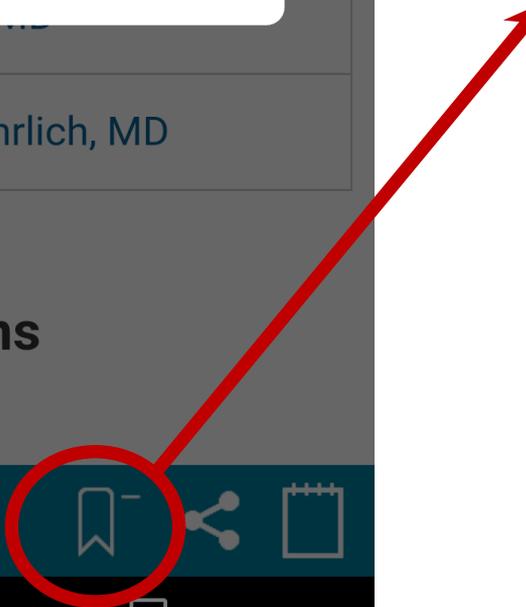
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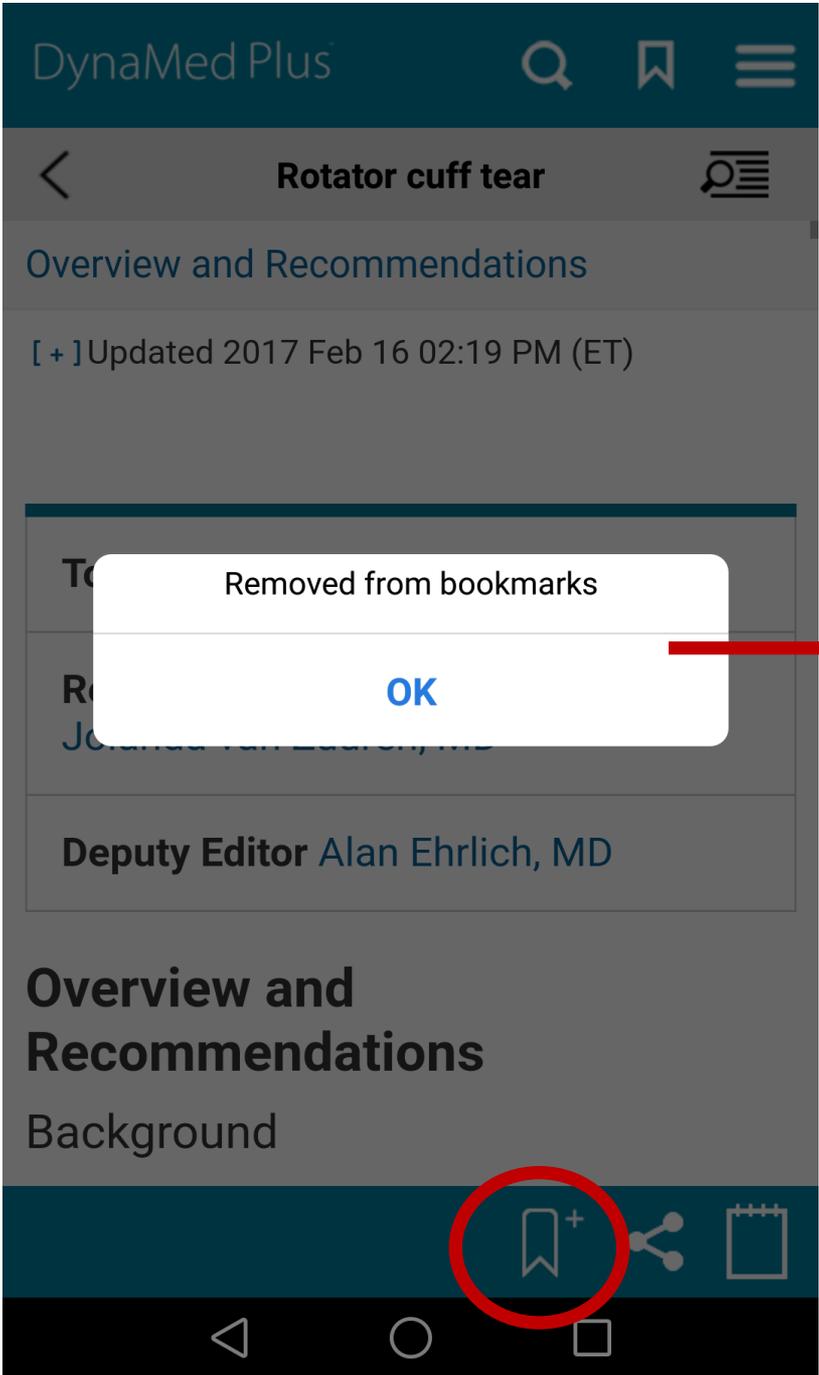
Journal of Orthopaedic Surgery

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Overview and Recommendations

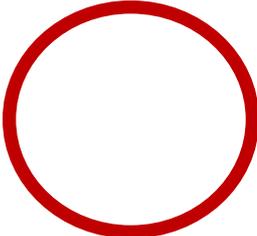
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Rotator cuff tear

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CATARACT

CATARACT

- Cataracts in adults



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- Corneal abrasion
- Corneal foreign body - emergency management
- Corneal ulcer
- Fuchs dystrophy
- Photokeratitis

EYELID INFLAMMATION

- Blepharitis
- Chalazion
- Eyelid inflammation - differential diagnosis



Overview and Recommendations



[+] Updated 2018 Jan 17 12:00 AM (ET)

Topic Editor Adam T. Lipman, MD

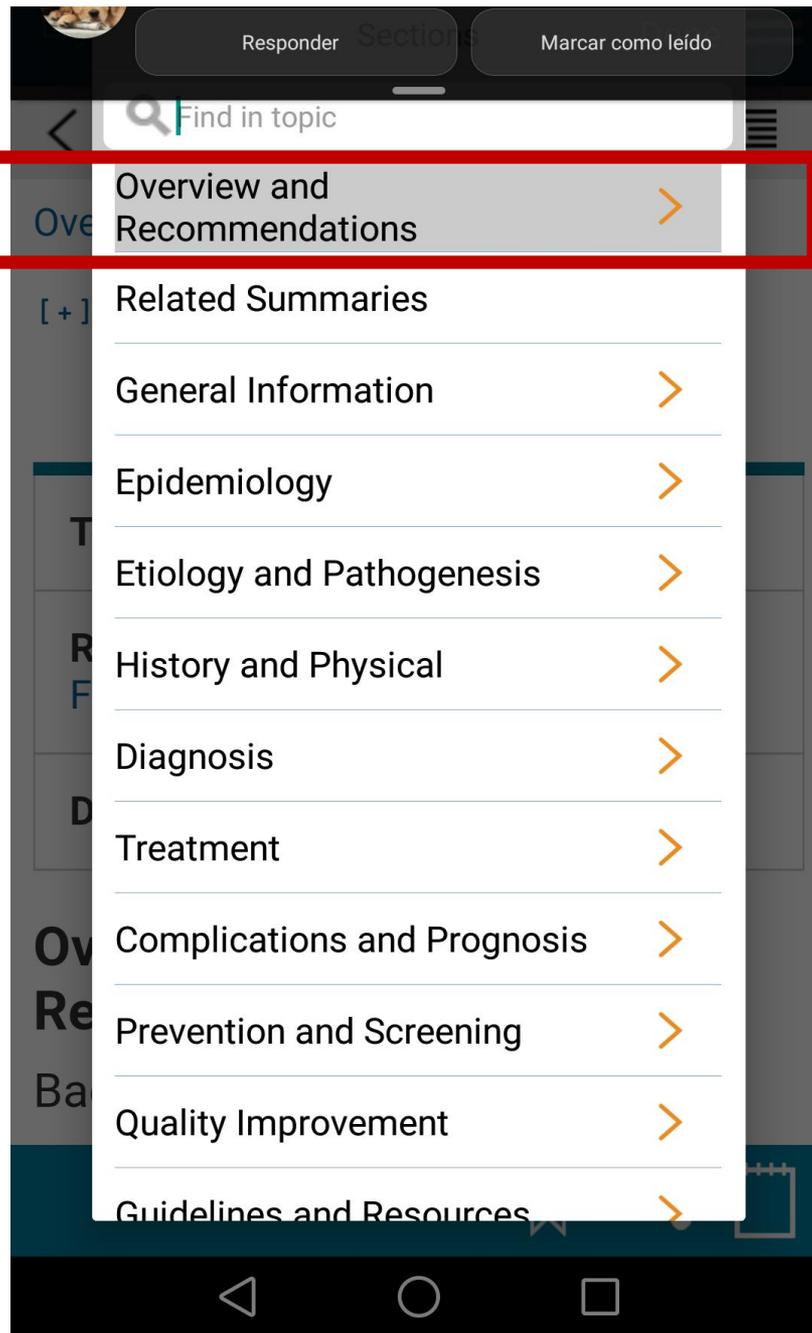
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Overview and Recommendations

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Epidemiology

Etiology and Pathogenesis

History and Physical

Diagnosis

Treatment

Complications and Prognosis

Prevention and Screening

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Guidelines and Resources

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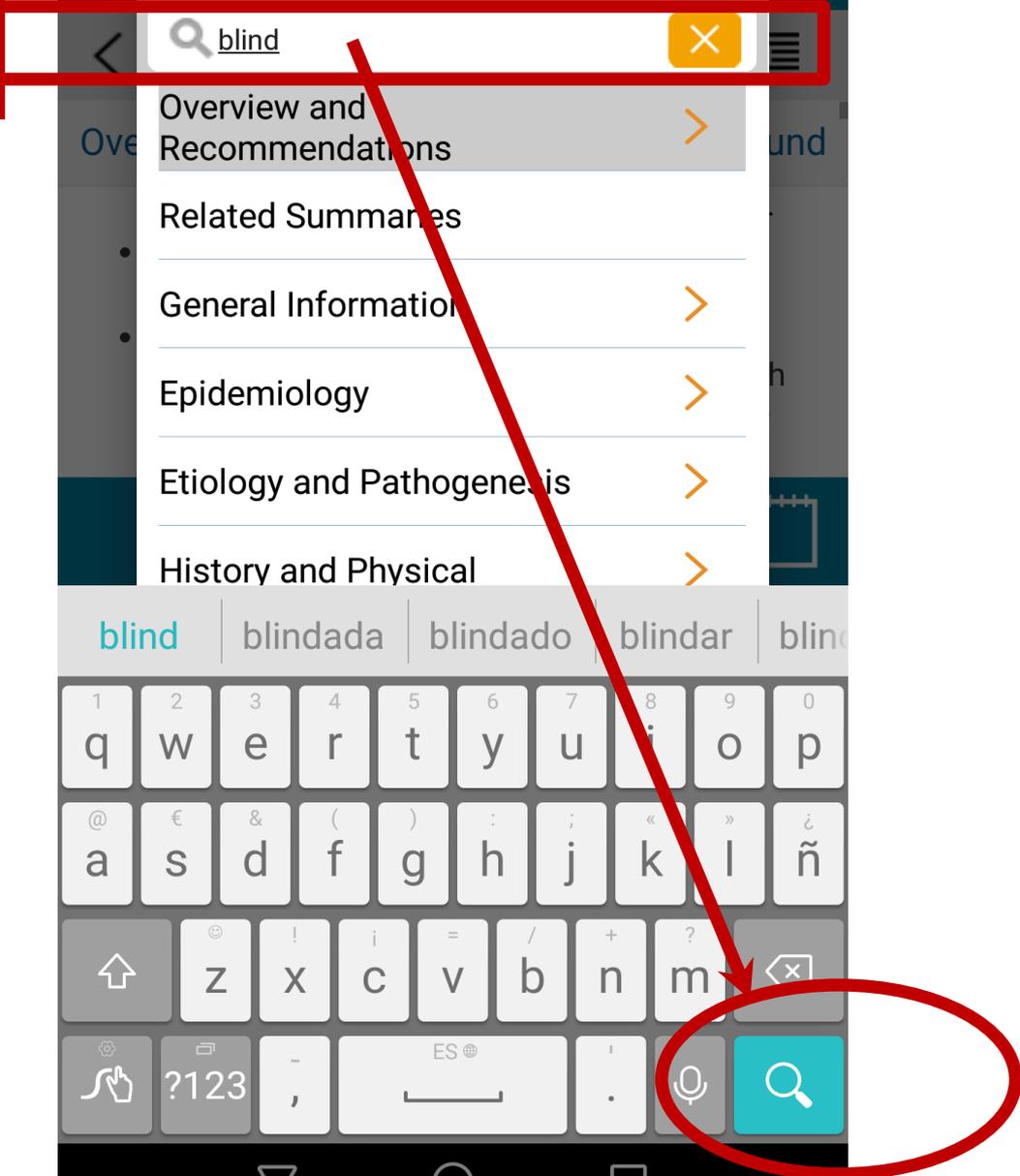
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- Related Summaries
- General Information
- Epidemiology
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intraocular lens resulting in vision changes.

Cataracts are the most common cause of reversible blindness worldwide.

- They are typically due to aging but may be caused or accelerated by other factors such as diabetes mellitus, tobacco smoking, eye trauma, or use of corticosteroids.
- Age-related cataracts are classified by the part of the lens that is primarily affected (can present alone or in combination) and include
 - nuclear cataract (nuclear sclerosis cataract)
 - cortical cataract
 - posterior subcapsular cataract

Evaluation

- Cataracts may present as lens opacities detected during routine eye exam in asymptomatic patients.

1 of 15
Matches



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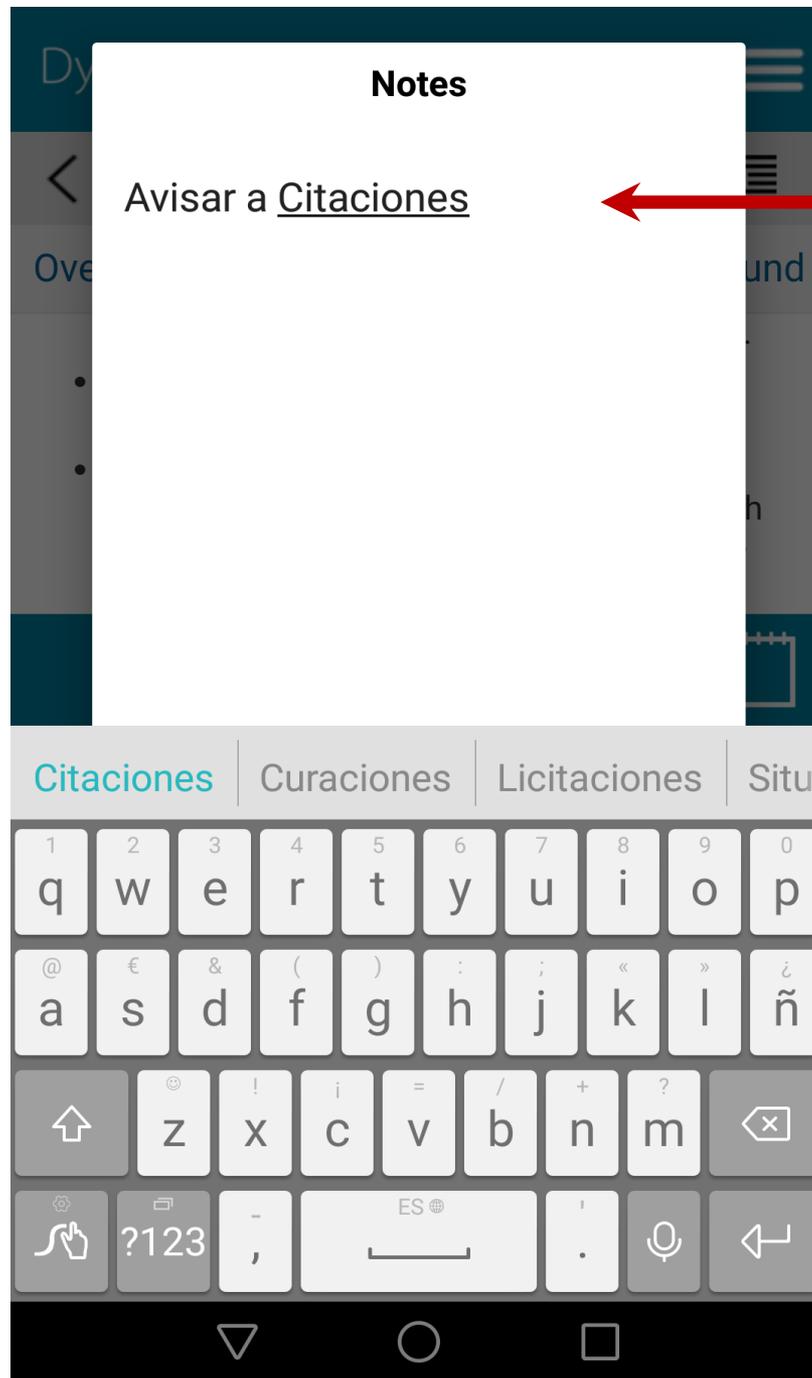
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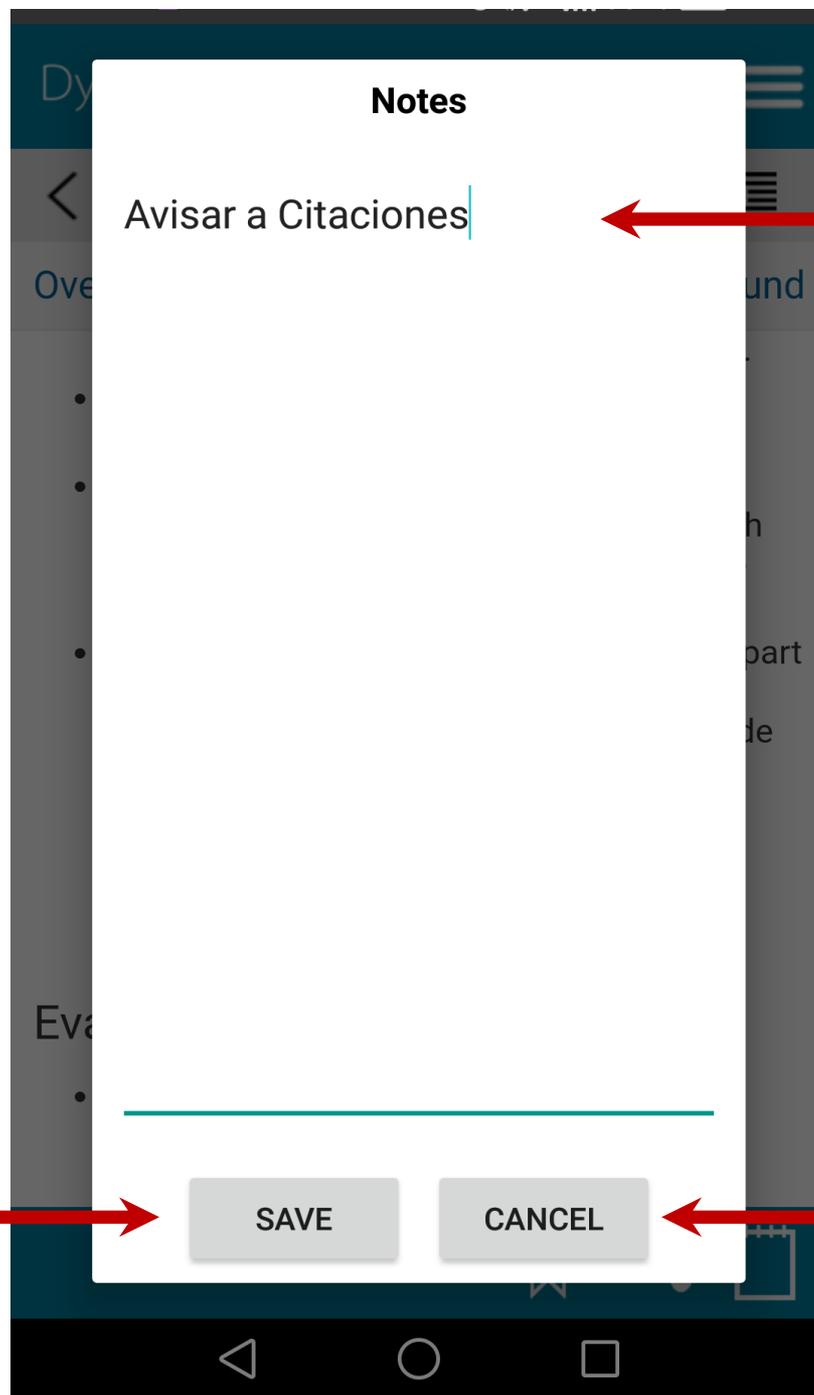
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Overview and Recommendati... / Background

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A-a Gradient

a/A Ratio

AaPO₂ Correction for FIO₂

ABCD Rule Predicting Stroke Within 7 Days of a TIA

ABCD2 Score to Predict Stroke Risk after TIA

Absolute Eosinophil Count

Absolute Lymphocyte Count

Absolute Lymphocyte Count

Absolute Lymphocyte Count



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Odds Ratio and Relative Risk

Omeprazole Therapeutic Gain (over placebo) in Dyspepsia

Omeprazole Therapeutic Index in Dyspepsia

Opioid Medication Dose Conversions

Osmolal Gap Calculator

Osmolal Gap Calculator (SI units)

Osmolality Estimator (serum)

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for orthopedic surgery patients

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and adolescents

Psoriasis

Ankle sprain

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Cyclothymia

Psychiatry (list of topics)

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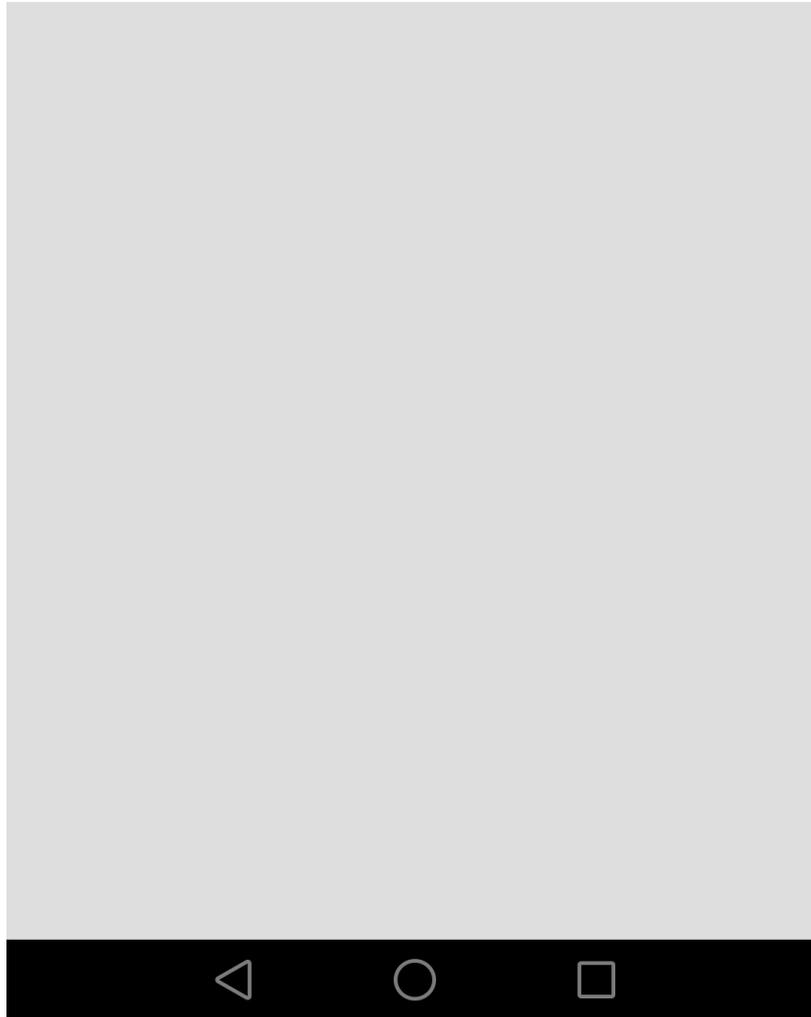
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addition of liraglutide to metformin with or without basal insulin lowers HbA1C, but increases risk of symptomatic hypoglycemia and gastrointestinal adverse events in children and adolescents with type 2 diabetes (N Engl J Med 2019 Apr 28 early online)

Diabetes mellitus type 2 in children and adolescents >

7/5/19 18:44:30

addition of liraglutide to metformin with or without basal insulin lowers HbA1C, but increases risk of symptomatic hypoglycemia and gastrointestinal adverse events in children and adolescents with type 2 diabetes (N Engl J Med 2019 Apr 28 early online)

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infant feeding with hydrolyzed formula might reduce incidence of allergic disease compared to cow's milk formula, insufficient evidence to evaluate hydrolyzed formula compared to human milk (Cochrane Database Syst Rev 2018 Oct 19)

Milk protein allergy

**4/2/19** **17:11:36** **Practice-Changing**

stereotactic radiosurgery (SRS) associated with decreased local recurrence at 0-3 months but increased local recurrence at ≥ 9 months compared to surgical resection in patients with 1-2 brain metastases and tumor diameter ≤ 4 cm (JAMA Oncol 2018 Nov 8)



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