



UpToDate

臨床決策顧問資料庫
使用手冊



Wolters Kluwer
Health

WHK 代理 – 飛資得醫學資訊

1

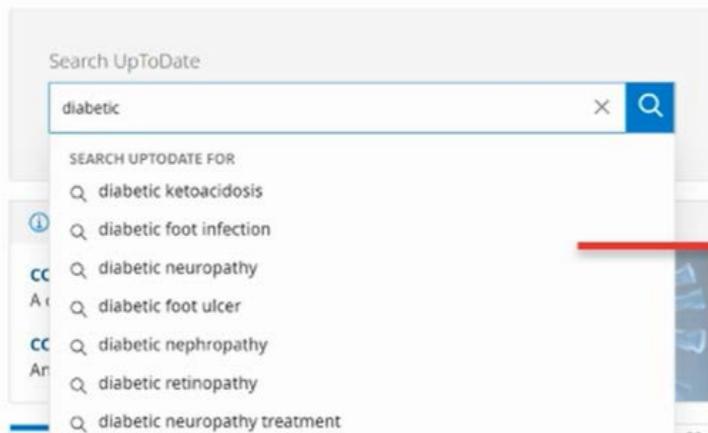
如何搜尋

- 診斷
- 檢查
- 藥物名稱
- 不須特別連接詞
- 直覺式

案例：

diabetic foot

糖尿病足是糖尿病和其併發症累積而成的足部傷害，最常見的足部皮膚潰瘍、傷口不易癒合。



相關關鍵詞句可以選擇

UpToDate®

diabetic foot

目錄 ▾ 臨床計算工具 藥物交互作用 UpToDate Pathways

上一頁 所有主題 成人 兒童 病患 圖表 Filters 篩選

顯示與 **diabetic foot** 相關的結果

Management of diabetic foot ulcers **檢索結果**

...percent. **Diabetic foot** ulcers are a major cause of morbidity, accounting for at least two-thirds of all nontraumatic amputations performed in the United States. Infected or ischemic **diabetic foot** ulcers ...

Infected

Summary and recommendations

Management of diabetic foot wounds

顯示與 **diabetic foot** 相關的結果

Management of diabetic foot ulcers

...percent. **Diabetic foot** ulcers are a major cause of morbidity, accounting for at least two-thirds of all nontraumatic or ischemic **diabetic foot** ulcers ...

[Infected](#)[Summary and recommendations](#)[Management of diabetic foot wounds](#)

Diabetic foot infections, including osteomyelitis: Treatment

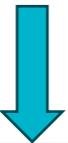
...topic discusses the management of **diabetic foot** infections, including both soft tissue infection and osteomyelitis. Infections are discussed in detail ...

點選大綱或是其他主題

Outline

[顯示圖片 \(15\)](#)[SUMMARY AND RECOMMENDATIONS](#)[INTRODUCTION](#)[ETIOLOGY](#)[ULCER CLASSIFICATION](#)[University of Texas system](#)[Threatened limb classification: WIFL](#)[Wagner, PEDIS, and others](#)

語言切換方式：請將滑鼠移到最下方



Language

使用條款

Manage Cookie Preferences

政策

支援標籤

連絡我們

關於我們

UpToDate 新聞

UpToDate 造訪選項

幫助和培訓

演示

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Medi-Span®

The screenshot shows the UpToDate search interface. At the top, the search bar contains 'diabetic foot'. To the right of the search bar are buttons for 'CME 30.5' and 'Sign out'. Below the search bar is a blue navigation bar with links for 'Contents', 'Calculators', 'Drug Interactions', and 'UpToDate Pathways'. Underneath this is a secondary navigation bar with links for 'Back', 'All' (which is underlined in green), 'Adult', 'Pediatric', 'Patient', and 'Graphics'. A 'Collapse Results' link is on the far right. The main content area displays the search results for 'diabetic foot', starting with a section titled 'Management of diabetic foot ulcers'. Below this, there are links for 'Infected', 'Summary and recommendations', and 'Management of diabetic foot wounds'.

Showing results for **diabetic foot**

Management of diabetic foot ulcers

...percent. **Diabetic foot** ulcers are a major cause of morbidity, accounting for at least two-thirds of all nontraumatic amputations performed in the United States. Infected or ischemic **diabetic foot** ulcers ...

Infected

Summary and recommendations

Management of diabetic foot wounds

Showing results for **diabetic foot**

Management of diabetic foot ulcers

...percent. Diabetic foot ulcers are a major cause of nontraumatic amputations performed in the United States.



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diabetic foot



Help

Lucy Yu

CME 31.0

Sign out

Menu

Infected

[Summary and recommendations](#)[Management of diabetic foot wounds](#)

Topic

Graphics (15)

INFORMATION FOR PATIENTS

SUMMARY AND RECOMMENDATIONS

ACKNOWLEDGMENT

REFERENCES

GRAPHICS

[view all](#)

Algorithms

- Management of diabetic foot wounds

Management of diabetic foot ulcers



SUMMARY AND RECOMMENDATIONS

- **Patient assessment** – The treatment of diabetic foot ulcers begins with a comprehensive assessment of the ulcer and the patient's overall medical condition. Evidence of underlying neuropathy, bony deformity, and peripheral artery disease should be actively sought. The ulcer is classified upon initial presentation and with each follow-up visit using a standardized system to document the examination and treatment plan, and to follow the progress of healing. (See 'Introduction' above and 'Ulcer classification' above.)

一定要在SUMMARY AND RECOMMENDATIONS才能看到證據等級

UpToDate® diabetic foot x ? Help Lucy Yu CME 31.0 Sign out ☰ Menu

◀ Back Management of diabetic foot ulcers 🔍 🕒 🖨️ 🔗 _AA Bookmark

Topic Graphics (15) INFORMATION FOR PATIENTS SUMMARY AND RECOMMENDATIONS ACKNOWLEDGMENT REFERENCES GRAPHICS view all

Treatment for all ulcers, regardless of stage and depth. (See [Management overview](#) above.)

- **Debridement** – For most patients with diabetic foot ulcers, we suggest surgical (sharp) debridement rather than another method (**Grade 2C**). If a surgeon with clinical expertise in sharp debridement is not available, we suggest autolytic debridement with hydrogels (**Grade 2C**). Alternatively, the patient can be referred to a facility with appropriate surgical expertise in the management of diabetic foot problems.
- **Dressings** – Dressings are selected based upon ulcer or postsurgical wound characteristics. For managing extensive open wounds following debridement for infection or necrosis, or partial foot amputation, we suggest negative pressure wound therapy (NPWT) (**Grade 2A**). All necrotic tissue or infected bone

Rate ☆ ☆ ☆ ☆ ☆ Topic Feedback



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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

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.

推薦等級

1. 強烈建議：對大多數（如果不是全部）患者而言，益處明顯大於風險和負擔（反之亦然）
2. 弱推薦：收益和風險密切平衡和/或不確定

證據等級

1. 高質量證據：來自隨機試驗的一致證據，或其他形式的壓倒性證據
2. 中等質量的證據：來自具有重要局限性的隨機試驗的證據，或其他形式的非常有力的證據
3. 低質量證據：來自觀察性研究、非系統性臨床觀察或存在嚴重缺陷的隨機試驗的證據

2

藥物資訊與藥物交互作用查詢



aspirin



Lucy Yu

CM

目錄

臨床計算工具

藥物交互作用

UpToDate Pathways

< 上一頁

所有主題

成人

兒童

病患

圖表

顯示與 aspirin 相關的結果

替代搜尋: Antiplatelet agents, Nonselective nonsteroidal antiinflammatory drugs

Aspirin for the secondary prevention of atherosclerotic cardiovascular disease

...safety between doses of 75 to 150 mg/day (called **low-dose aspirin**) and 160 to 325 mg/day (called **medium-dose aspirin**). The optimal daily dose of **aspirin** for long-term, secondary prevention of CVD events ...

[Aspirin sensitivity](#)

[Alternatives to aspirin](#)

[Summary and recommendations](#)

NSAIDs (including aspirin): Secondary prevention of gastroduodenal toxicity

...a PPI, patients were assigned to continue taking **aspirin** (80 mg per day) or to stop the **aspirin** and switch to a placebo for eight weeks. Stopping **aspirin** therapy was associated with a nonsignificant

藥物資訊

Aspirin

一般 兒童 痘患

[查看完整主題](#)

[Aspirin: Drug information](#)

[Dosing](#)

[Adult](#)

[Kidney Impairment \(Adult\)](#)

[Hepatic Impairment \(Adult\)](#)

[Older Adult](#)

Aspirin

一般 兒童 病患

查看完整主題

Aspirin: Drug information

Dosing 劑量

Adult

Kidney Impairment (Adult) 腎損傷 (成人)

Hepatic Impairment (Adult) 肝損傷 (成人)

Older Adult

Pediatric See Pediatric tab above for full pediatric topic

Adverse Reactions 不良反應

Brand Names 品牌名稱

Administration 紿藥

Dosage Forms 劑型

Mechanism of Action

Pharmacologic Category 藥物分類

Launch drug interactions program →

Administration : 口服或是其他方式，注意事項

不良反應

Adverse Reactions

Adverse Reactions (Significant): Considerations

Adverse Reactions

Contraindications/Warnings

Adverse Reactions (Significant): Considerations

GI effects

Hypersensitivity reactions (immediate and delayed)

不良反應 (嚴重) : 注意事項

胃腸道效應

過敏反應 (立即和延遲)

交互作用 : 藥物、食物

Interactions

Metabolism/Transport Effects

Drug Interactions

Food Interactions

(For additional information: Launch drug interactions program) Lexicomp®

Note: Interacting drugs may **not be individually listed below** if they are part of a drug class (e.g., "CYP3A4 Inducers [Strong]"). Individual drugs within "CYP3A4 Inducers [Strong]" are NOT listed. For a complete list of interacting drugs, including drug name and detailed management recommendations, use the Lexicomp drug interaction program.

三大族群有生殖能力、懷孕、哺乳

Reproduction, Pregnancy, Lactation

- Reproductive Considerations
- Pregnancy Considerations
- Breastfeeding Considerations

Monitoring

- Monitoring Parameters
- Reference Range

Pharmacology

- Mechanism of Action
- Pharmacokinetics

Brand Names: International

REFERENCES

accumulation. These foods contain up to 100 mg salicylate/100 g. Avoid high salicylate. Management: Administer with food or large volume of water, powder, paprika, licorice.

→ Reproductive Considerations

Low-dose aspirin has been evaluated to improve live birth rates in women with recurrent pregnancy loss. Treatment guidelines for women diagnosed with recurrent pregnancy loss (Hamulyák 2020; Hamulyák 2020) differ between guidelines. Some guidelines initiate aspirin or other agents (heparin or low-molecular-weight heparin) in patients with a history of recurrent pregnancy loss but who are not pregnant (Sammaritano 2020); ESHRE (Bender Atik 2018); EULAR (Andreoli 2018); in patients with a history of recurrent pregnancy loss but who are pregnant (Naimi 2021).

Pregnancy Considerations

Salicylate is present in umbilical cord and newborn serum following birth (Garrettson 1975; Levy 1975; Palmisano 1969); salicylic acid and other salicylates are present in the urine of newborns following in utero exposure (Garrettson 1975).

藥物交互作用進入方式



Metabolism/Transport Effects

Drug Interactions

Food Interactions

Reproductive Considerations

→ **Drug Interactions**

(For additional information: [Launch drug interactions program](#)) Lexicomp®

Abrocitinib: Aspirin may enhance the antiplatelet effect of Abrocitinib. Management: Do not use aspirin at doses greater than 81 mg/day with abrocitinib during the first 3 months of abrocitinib therapy. The abrocitinib prescribing information lists this combination as contraindicated. *Risk D: Consider therapy modification*

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Contents ▾

Calculators

Drug Interactions

UpToDate Pathways

UpToDate®

Lexicomp® Drug Interactions

Add items to your list by searching below.

Enter item name

ITEM LIST

Clear List Analyze

aspir

- Aspirin and Caffeine
- Aspirin and Calcium Carbonate
- Aspirin and Codeine
- Aspirin and Diphenhydramine
- Aspirin and Dipyridamole
- Aspirin and Omeprazole
- Aspirin and Pravastatin
- Aspirin Buffered

Clear List Analyze

- Aspirin
- Green Tea
- AmLODIPine
- MetFORMIN
- Plavix
- Dong Quai
- Xanax
- Acetaminophen

Title Agents with Blood Glucose Lowering Effects / Salicylates

Dependencies

- **Dose:** This interaction is likely only of concern when using salicylate doses of 3 grams per day or more.



Risk Rating C: Monitor therapy

Summary Salicylates may enhance the hypoglycemic effect of Agents with Blood Glucose Lowering Effects. **Severity** Moderate

Patient Management Monitor for excessive pharmacological effect (e.g., hypoglycemia) in patients receiving a salicylate concomitantly. This is likely more of a concern in patients receiving salicylates at a dose of 3 grams or greater per day.

Salicylates Interacting Members Aminosalicylic Acid, Aspirin, Bismuth Subsalicylate, Choline Magnesium Trisalicylate, Choline Salicylate, Triflusal

Agents with Blood Glucose Lowering Effects Interacting Members Acarbose, Albiglutide, Alogliptin, Anagliptin, Bromocriptine, Dapagliflozin, Disopyramide, Dulaglutide, Empagliflozin, Ertugliflozin, Evogliptin, Exenatide, Gemigliptin, Gliclazide, Glimepiride (Inhalation), Insulin Aspart, Insulin Degludec, Insulin Detemir, Insulin Glargine, Insulin Glulisine, Insulin Lispro, Insulin NPH, Insulin Lisixenatide, Labetalol, Mecasermin, MetFORMIN, MiFEPRIStone, Miglitol, Mitiglinide, Nateglinide, Octreotide, Pasireotide, Pramlintide, QuiNINE, Repaglinide, Rosiglitazone, Saroglitazar [INT], SAXagliptin, Semaglutide, SITagliptin, Somatostatin Acetate, SulfonylUREA, SulfisOXAZOLE, SUNitinib, Teneligliptin, TOLAZamide, TOLBUTamide, TraMADol, Vildagliptin, Voglibose

Lexicomp® Drug Interactions

Add items to your list by searching below.

Enter item name

ITEM LIST
Analyze

- [Aspirin](#)
- [Green Tea](#)
- [AmLODIPine](#)
- [MetFORMIN](#)
- [Plavix](#)
- [Dong_Quai](#)
- [Xanax](#)
- [Acetaminophen](#)

Display complete list of interactions for an individual item by clicking item name.

109 Results

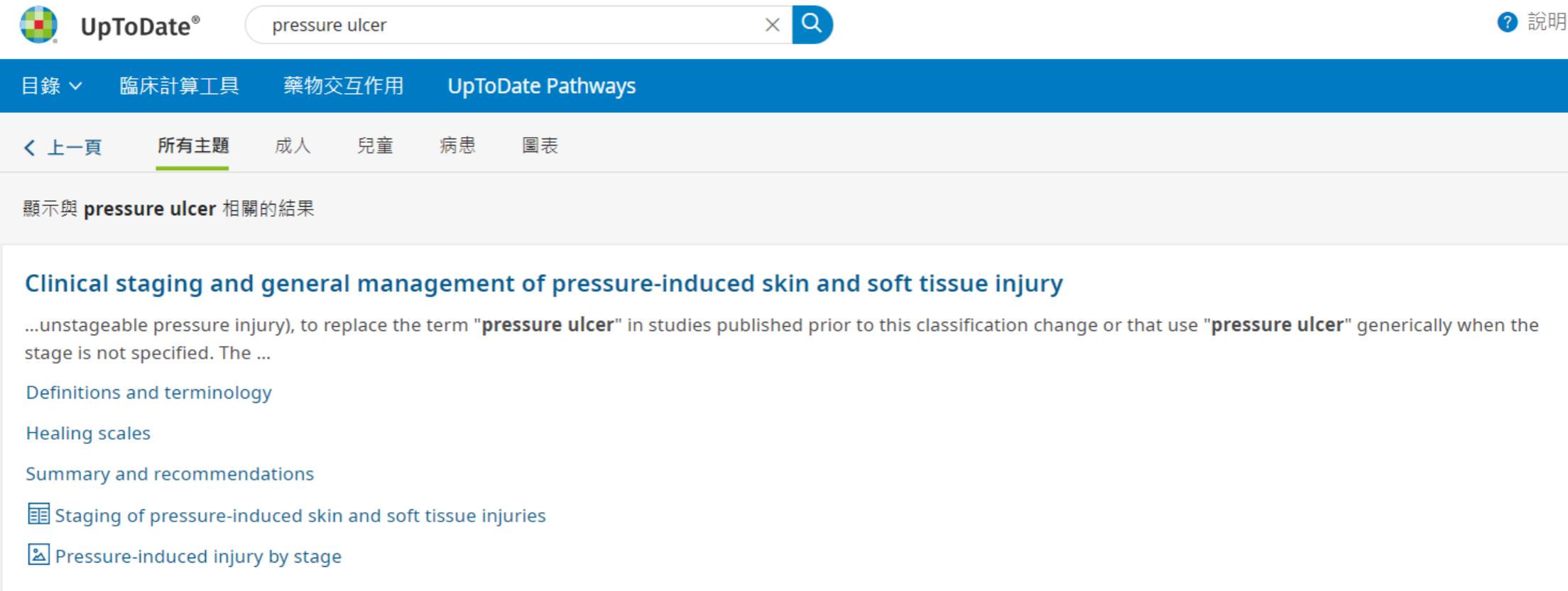
X	Aspirin Dexibuprofen	D Aspirin Nonsteroidal Anti-Inflammatory Agents (COX-2 Selective)
X	Aspirin (Salicylates) Dexketoprofen	D Aspirin (Salicylates) Nonsteroidal Anti-Inflammatory Agents (Nonselective)
X	Aspirin (Salicylates) Influenza Virus Vaccine (Live/Attenuated)	D Aspirin (Salicylates) Nonsteroidal Anti-Inflammatory Agents (Topical)
X	Aspirin Ketorolac (Nasal)	D Aspirin PRALatrexate
X	Aspirin Ketorolac (Systemic)	D Aspirin Rivaroxaban
X	Aspirin Macimorelin	D Aspirin Drugs that Affect Gallbladder Function
X	Aspirin Omacetaxine	D Aspirin Sincalide
X	Aspirin (Salicylates) Probenecid	D Aspirin Sucroferric Oxyhydroxide
X	Aspirin (Salicylates) Sulfinpyrazone	D Aspirin Talniflumate
X	Aspirin (Agents with Antiplatelet Properties) Urokinase	D Aspirin Ticagrelor
X	Aspirin (Salicylates) Varicella Virus-Containing Vaccines	C Aspirin (Salicylates) Vaccines
D	Aspirin Abrocitinib	C Aspirin (Salicylates) Vitamin K Antagonists
D	Aspirin (Agents with Antiplatelet Properties) Urokinase	C Aspirin (Agents with Antiplatelet Properties) Acalabrutinib
D	Aspirin (Salicylates) Varicella Virus-Containing Vaccines	C Aspirin (Agents with Antiplatelet Properties) Agents with Antiplatelet Properties
D	Aspirin Abrocitinib	C Aspirin (Salicylates) Agents with Antiplatelet Properties
D	Aspirin Abrocitinib	C Aspirin (Salicylates) Agents with Blood Glucose-Lowering Effects

直接點選該藥物

3

圖表使用

以pressure ulcer 壓瘡、褥瘡為案例



The screenshot shows the UpToDate search interface. The search bar at the top contains the text "pressure ulcer". Below the search bar is a navigation bar with links to "目錄", "臨床計算工具", "藥物交互作用", and "UpToDate Pathways". The "所有主題" link is underlined, indicating it is the active category. Below the navigation bar, there are links for "上一頁", "所有主題", "成人", "兒童", "病患", and "圖表". The main content area displays the search results for "pressure ulcer", with the first result being a section titled "Clinical staging and general management of pressure-induced skin and soft tissue injury". Below this title, there is a brief description and several sub-links: "Definitions and terminology", "Healing scales", "Summary and recommendations", "Staging of pressure-induced skin and soft tissue injuries", and "Pressure-induced injury by stage".

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pressure ulcer

說明

目錄 ▾ 臨床計算工具 藥物交互作用 UpToDate Pathways

‹ 上一頁 所有主題 成人 兒童 病患 圖表

顯示與 **pressure ulcer** 相關的結果

Clinical staging and general management of pressure-induced skin and soft tissue injury

...unstageable pressure injury), to replace the term "**pressure ulcer**" in studies published prior to this classification change or that use "**pressure ulcer**" generically when the stage is not specified. The ...

Definitions and terminology

Healing scales

Summary and recommendations

Staging of pressure-induced skin and soft tissue injuries

Pressure-induced injury by stage



Graphics in this topic

Staging of pressure-induced skin and soft tissue injuries ^[1]	
Stage	Description
1	Blow intact but with non-blanching redness for 24 hours after relief of pressure.
2	Blister or other lesion in the dermis with partial-thickness skin loss, with or without infection. Subcutaneous fat is not visible.
3	Full-thickness skin loss, with or without infection. Undermining and tunneling may be present.
4	Full-thickness skin and tissue loss in which the base of the ulcer is covered by slough and/or eschar in the wound bed.
Unstageable	Full-thickness skin and tissue loss in which the base of the ulcer is covered by slough and/or eschar in the wound bed.
Deep tissue pressure injury	Located persistent, non-blanchable purple or maroon discolored, but intact skin or subcutaneous tissue due to damage of underlying tissue from prolonged pressure or shear at the bone-muscle interface.

Staging of pressure-induced skin and soft tissue injuries^[1]

Pressure sore status tool	
1. Non-blanching redness	2. Non-blanching redness

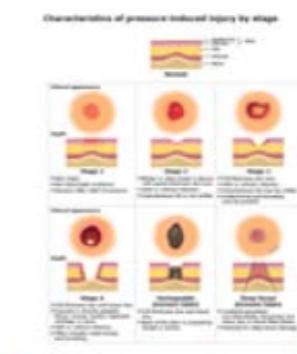
Pressure sore status tool

Pressure Ulcer Scale for Healing (PUSH)*	
1. Non-blanching redness	2. Non-blanching redness

Pressure Ulcer Scale for Healing (PUSH)*



Sites associated with pressure-induced injury



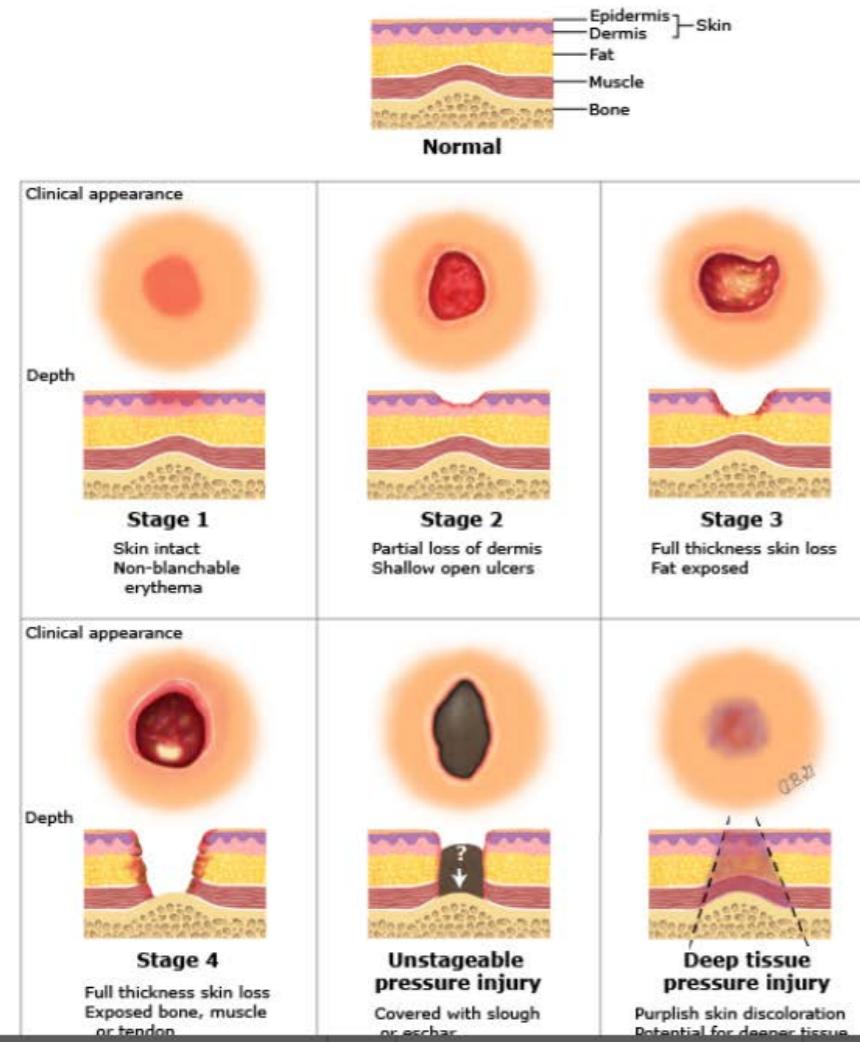
Characteristics of pressure-induced injury by stage



Pressure-induced injury by stage



Characteristics of pressure-induced injury by stage



These illustrations highlight the characteristics of the stages of pressure-induced injuries as defined by the National Pressure Ulcer Advisory Panel. Each panel demonstrates the clinical appearance of the involved skin as well as the cross section of the depth of injury. Most pressure-induced injuries are associated with an underlying bony prominence. There is always the potential for deeper tissue damage than appreciated on clinical examination, as illustrated by the panel "Deep tissue pressure injury."

Adapted from definitions by the National Pressure Ulcer Advisory Panel.

Graphic 50125 Version 7.0

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文章內容與圖片點選切換

◀ 上一頁

Topic Graphics (6)

Outline

SUMMARY AND RECOMMENDATIONS

INTRODUCTION

DEFINITIONS AND TERMINOLOGY

CLINICAL EVALUATION

Differential diagnosis

STAGING

NPIAP staging

GENERAL CARE

Control pain

Treat infection

Optimize nutrition

Redistribute pressure

Prevent contamination

GENERAL WOUND MANAGEMENT

Uncertain benefit for adjunctive therapies

MONITORING

Clinical staging and general management of pressure-induced skin and soft tissue injury

assessment of chronic wounds", section on 'Differentiation of chronic ulcers').

Pressure-related skin and soft tissue injury may also be confused with other conditions that cause skin erythema, such as cellulitis. (See "Cellulitis: Epidemiology, microbiology, clinical manifestations, and diagnosis", section on 'Cellulitis and erysipelas' and "Cellulitis and skin abscess: Epidemiology, microbiology, and diagnosis".)

STAGING

A number of staging systems have been developed to describe the extent of pressure-induced injury to the skin [6-8]. The most commonly used Pressure Injury Advisory Panel (NPIAP) ([table 1](#) and [figure 2](#)) [6]. NPIAP suggests using the terminology "pressure injury" to describe these degrees of skin damage due to pressure may not be associated with skin ulceration. Our usage of these terms is described above. (See 'Definitions and terminology' for more information.)

NPIAP staging — The NPIAP staging system is described below ([table 1](#) and [figure 2](#)) [6]. The NPIAP stage is used to describe the **initial** damage. An unintended consequence of numerical staging is misinterpretation that a 'stage' implies progression or regression (forward or back) and not imply a step-wise sequence (either direction). In addition, the practice of changing the stage as healing occurs, known as reverse staging, is

- Stage 1 is characterized by intact skin with a localized area of nonblanchable erythema ([picture 1](#)), which may appear differently in dark or blanchable erythema or changes in sensation, temperature, or firmness may precede visual changes. Color changes do not include purple or black discoloration, which may indicate deep tissue pressure injury.
- Stage 2 is characterized by partial-thickness loss of skin with exposed dermis ([picture 1](#)). The wound bed is viable, pink or red, moist, and may contain a ruptured serum-filled blister. Adipose (fat) is not visible and deeper tissues are not visible. Granulation tissue, slough, and eschar are not present. Stage 2 pressure injuries are often associated with pressure ulcers. These pressure ulcers may result from adverse microclimate and shear in the skin over the pelvis and shear in the heel. This stage should **not** be used to describe moist skin (MASD) including incontinence-associated dermatitis (IAD), intertriginous dermatitis (ITD), medical adhesive-related skin injury (MARSI), or burns, abrasions.

Stage 3 is characterized by full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and eschar (yellowish, tan, or black) are present. Stage 4 is characterized by full-thickness loss of skin, in which muscle, tendon, and/or bone are visible in the ulcer.

What's New



UpToDate

Search

Contents ▾ Calculators

What's New

Practice Changing UpDates

Lab Interpretation

Drug Information

Patient Education

Topics by Specialty

Authors and Editors

Back

以專科的方式呈現

What's New

Our editors select a small number of the most important updates and share them with you via What's New. See these updates by clicking on the specialty you are interested in.

Find Out What's New In:

Practice Changing UpDates	Gastroenterology and hepatology	Palliative care
Allergy and immunology	Geriatrics	Pediatrics
Anesthesiology	Hematology	Primary care
Cardiovascular medicine	Hospital medicine	Psychiatry
Dermatology	Infectious diseases	Pulmonary and critical care medicine
Drug therapy	Nephrology and hypertension	Rheumatology
Emergency medicine	Neurology	Sleep medicine
Endocrinology and diabetes mellitus	Obstetrics and gynecology	Sports medicine (primary care)
Family medicine	Oncology	Surgery

編輯團隊以總結方式分享最新資訊

目錄 ▾ 臨床計算工具 藥物交互作用

UpToDate Pathways

◀ 上一頁

Practice Changing UpDates



Outline

INTRODUCTION

INFECTIOUS DISEASES (September 2024)

PCV21 for pneumococcal vaccination

INFECTIOUS DISEASES (September 2024)

Updated 2024-2025 COVID-19 vaccines

評分

Topic Feedback

AUTHORS: April F Eichler, MD, MPH, Sadhna R Vora, MD

Contributor Disclosures

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

Literature review current through: **Aug 2024**.
This topic last updated: **Sep 20, 2024**.

INTRODUCTION

This section highlights selected specific new recommendations and/or updates that we anticipate may change usual clinical practice. Practice Changing UpDates focus on changes that may have significant and broad impact on practice, and therefore do not represent all

傳染病 (2024年9月)

用於肺炎鏈球菌疫苗接種的 PCV21

- 對於先前未接種過肺炎鏈球菌疫苗的患者的疫苗選擇，我們建議[PCV21](#) (Grade 2C)，而不是單獨使用[PCV20](#)或先接種[PCV15](#)再接種[PPSV23](#)。



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搜尋 UpToDate



說明

Lucy Yu

CME 32.5

登出

Menu

上一頁

Practice Changing UpDates



AA



Outline

INTRODUCTION

INFECTIOUS DISEASES (September 2024)

PCV21 for pneumococcal vaccination

INFECTIOUS DISEASES (September 2024)

Updated 2024-2025 COVID-19 vaccines

NEUROLOGY (August 2024)

Ceftriaxone for pneumonia prevention in ventilated patients with acute traumatic

INFECTIOUS DISEASES (September 2024)

PCV21 for pneumococcal vaccination

- For choice of vaccine in patients who have not received prior pneumococcal vaccines, we suggest [PCV21](#) (Grade 2C) rather than [PCV20](#) alone or [PCV15](#) followed by [PPSV23](#).

For pneumococcal vaccination in the United States, pneumococcal conjugate vaccine 20 (PCV20) alone or [PCV15](#) followed by [pneumococcal polysaccharide vaccine](#) 23 (PPSV23) have been the preferred options. In 2024, the Advisory Committee on Immunization Practices (ACIP) updated guidance on pneumococcal vaccination to include pneumococcal conjugate vaccine 21 (PCV21) alone as an additional option [1]. Since PCV21 contains eleven serotypes that are common causes of invasive pneumococcal disease in adults that are

5

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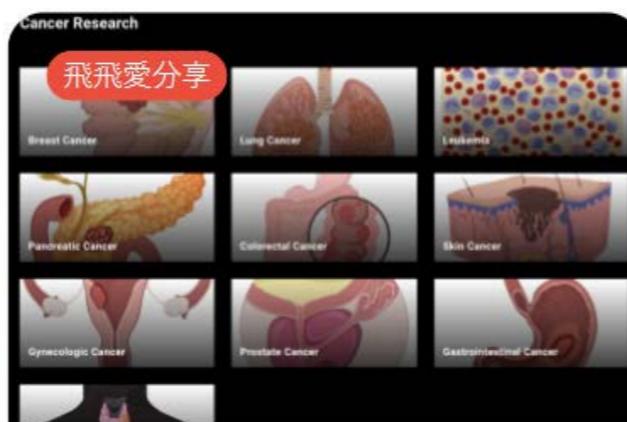


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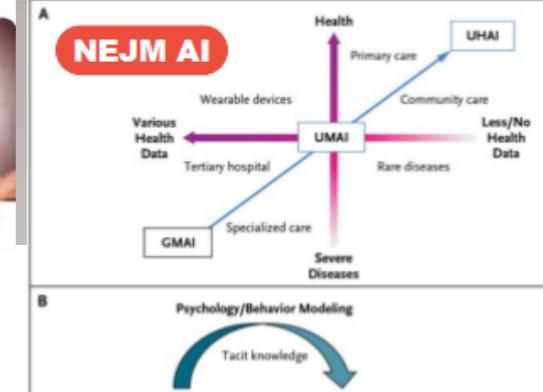
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