

UpToDate

臨床決策顧問資料庫
使用手冊


FlySheet
Med-Informatics

 Wolters Kluwer
Health

WHK 代理 – 飛資得醫學資訊

1

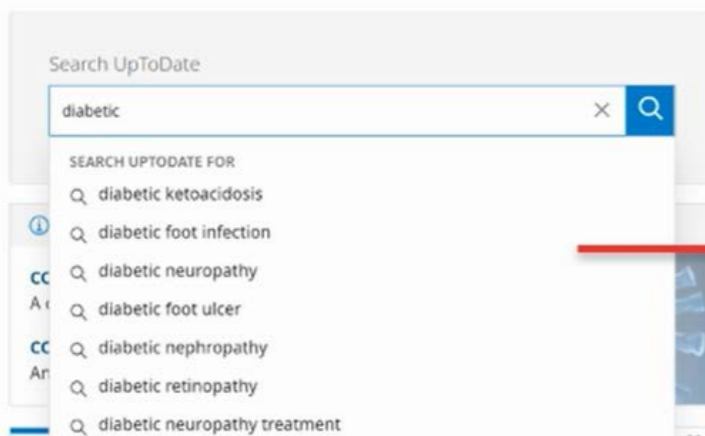
如何搜尋

- 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

A screenshot of the UpToDate search results page. The search bar at the top contains the text 'diabetic foot'. Below the search bar, there are navigation links: '目錄', '臨床計算工具', '藥物交互作用', and 'UpToDate Pathways'. A red box highlights the '成人' (Adult) filter option. To the right of the filters is a green 'Filters' button and a red '篩選' (Filter) button. Below the navigation bar, the text '顯示與 diabetic foot 相關的結果' (Show results related to diabetic foot) is displayed. The main content area shows the title 'Management of diabetic foot ulcers' in blue, followed by a red heading '檢索結果' (Search Results). The text below the title reads: '...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 ...'. Below this text, there are links for 'Infected', 'Summary and recommendations', and 'Management of diabetic foot wounds'.

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

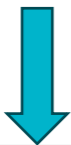
Threatened limb classification: Wifl

Wagner, PEDIS, and others



UpToDate

語言切換方式：請將滑鼠移到最下方



Wolters Kluwer **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](#)

[Wolters Kluwer Health](#) [Emmi®](#) [Facts & Comparisons®](#) [Lexicomp®](#) [Medi-Span®](#)

The screenshot displays the UpToDate website interface. At the top, the UpToDate logo is on the left, and a search bar contains the text 'diabetic foot'. To the right of the search bar are icons for help, user profile, and a CME badge showing 'CME 30.5' and a 'Sign out' link. 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 tabs for '< Back', 'All' (which is selected and underlined), 'Adult', 'Pediatric', 'Patient', and 'Graphics', followed by a 'Collapse Results' link. The main content area shows 'Showing results for **diabetic foot**'. The first result is titled 'Management of diabetic foot ulcers' in blue. Below the title is a snippet of text: '...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 ...'. Below the snippet are three links: 'Infected', 'Summary and recommendations', and 'Management of diabetic foot wounds' (which is preceded by a small icon).

Showing results for **diabetic foot**

Management of diabetic foot ulcers

...percent . **Diabetic foot** ulcers are a
nontraumatic amputations performed

- Infected
- Summary and recommendations
 - Management of diabetic foot wounds

< Back


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

×

Q

? Help ▾

Lucy Yu ▾

CME 31.0

Sign out

Menu

[< Back](#)

Topic Graphics (15)

SEARCH

CHECK

PRINT

SHARE

AA


BOOKMARK

INFORMATION FOR PATIENTS

SUMMARY AND RECOMMENDATIONS

ACKNOWLEDGMENT

REFERENCES

 GRAPHICS [view all](#)

Algorithms

• Management of diabetic foot wounds

Tables

Rate ☆☆☆☆

Topic Feedback

Management of diabetic foot ulcers

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



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

藥物資訊與藥物交互作用查詢



UpToDate®

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

病患

[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 給藥

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

[目錄 ▾](#)[臨床計算工具](#)[藥物交互作用](#)[UpToDate Pathways](#)[< 上一頁](#)

Aspirin: Drug information

[- Pricing](#)[Canada: Dosage Forms](#)

Administration

[Adult](#)[Pediatric](#)

Uses

[Labeled Indications](#)[Off-Label: Adult](#)

Medication Safety Issues

Interactions

[Metabolism/Transport Effects](#)

Lexicomp®

Copyright 1978-2023 Lexicomp, Inc. All rights reserved.

Contributor Disclosures

(For additional information see "Aspirin: Patient drug information" and see "Aspirin: Pediatric drug information")

For abbreviations, symbols, and age group definitions used in Lexicomp ([show table](#))

Brand Names: US

Ascriptin Regular Strength [OTC]; Aspercin [OTC]; Aspir-low [OTC] [DSC]; Aspirin Adult Low Dose [OTC]; Aspirin Low Strength [OTC]; Aspirin EC Low Strength [OTC]; Aspirin Extra Strength [OTC]; Bayer Aspirin EC Low Dose [OTC]; Bayer Aspirin Extra Strength [OTC]; Bayer Aspirin Regimen Adult Low Strength [OTC]; Bayer Aspirin Regimen Children's [OTC]; Bayer Aspirin Regimen Regular Strength [OTC]; Bayer Aspirin [OTC]; Bayer Genuine Aspirin [OTC]; Bayer Plavix [OTC]; Bayer Women's Low Dose Aspirin [OTC]; Buffasal [OTC]; Bufferin Extra Strength [OTC]; Bufferin

適應症通過FDA
適應症未通過FDA

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

Drug Interactions

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

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

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 0 mg salicylate/100 g. Aspirin (acetylsalicylate). Management: Administer with food or large volume of water. Avoid: alcohol, powder, paprika, licorice.

→ Reproductive Considerations

Low-dose aspirin has been evaluated to improve live birth rates in patients diagnosed with recurrent pregnancy loss (Hamulyák 2020; Hamulyák 2020). Treatment differs between guidelines. Some guidelines initiate aspirin with or without other agents (heparin or low-molecular-weight heparin) in patients with a history of recurrent pregnancy loss but who are not currently pregnant [Sammaritano 2020]; ESHRE [Bender Atik 2018]; EULAR [Andreoli 2018]; in patients with a history of recurrent pregnancy loss but who are not currently pregnant (Naimi 2021).

Pregnancy Considerations

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

藥物交互作用進入方式

Metabolism/Transport Effects <

→ 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*

Drug Interactions

Food Interactions

Reproductive Considerations

UpToDate®

Contents ▾ Calculators Drug Interactions UpToDate Pathways

UpToDate

UpToDate[®]

Lexicomp[®] Drug Interactions

Add items to your list by searching below.

Enter item name

ITEM LIST

Clear List Analyze

aspiri

- 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 concurrently. This is likely more of a concern in patients receiving salicylates at a dose of 3 grams or greater per day.

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

Agents with Blood Glucose Lowering Effects Interacting Members Acarbose, Albiglutide, Alogliptin, Anagliptin, Bromocriptin, 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 Pump, Lixisenatide, Lobeglitazone, Mecasermin, MetFORMIN, MifepriStone, Miglitol, Mitiglinide, Nateglinide, Octreotide, Pasireotide, Pramlintide, Quinine, Repaglinide, Rosiglitazone, Saroglitazar [INT], Saxagliptin, Semaglutide, Sitagliptin, Somatostatin Acetate, Sulfisoxazole, Sunitinib, Teneligliptin, Tolazamide, Tolbutamide, Tramadol, Vildagliptin, Voglibose

UpToDate

Lexicomp® Drug Interactions

Add items to your list by searching below.

ITEM LIST

Clear 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

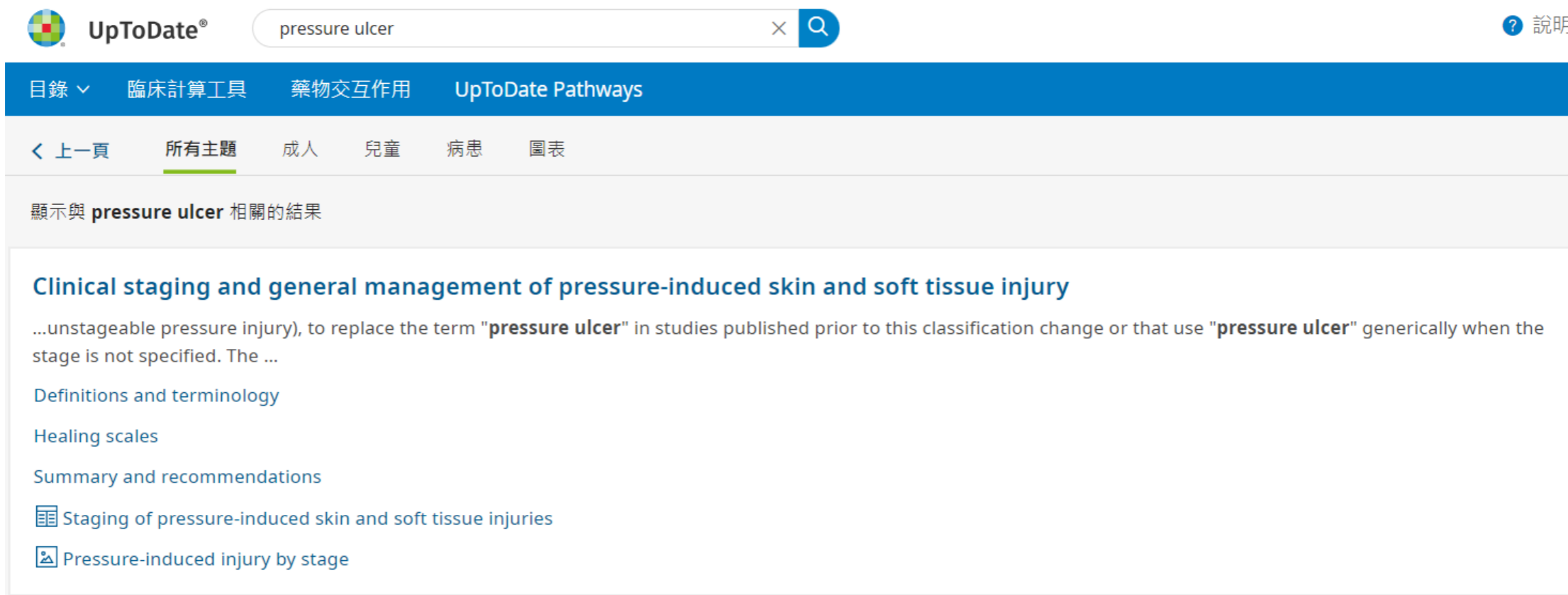
X	Aspirin Dexibuprofen
X	Aspirin (Salicylates) Dexketoprofen
X	Aspirin (Salicylates) Influenza Virus Vaccine (Live/Attenuated)
X	Aspirin Ketorolac (Nasal)
X	Aspirin Ketorolac (Systemic)
X	Aspirin Macimorelin
X	Aspirin Omacetaxine
X	Aspirin (Salicylates) Probenecid
X	Aspirin (Salicylates) Sulfinpyrazone
X	Aspirin (Agents with Antiplatelet Properties) Urokinase
X	Aspirin (Salicylates) Varicella Virus-Containing Vaccines
D	Aspirin Abrocitinib

直接點選該藥物

D	Aspirin Nonsteroidal Anti-Inflammatory Agents (COX-2 Selective)
D	Aspirin (Salicylates) Nonsteroidal Anti-Inflammatory Agents (Nonselective)
D	Aspirin (Salicylates) Nonsteroidal Anti-Inflammatory Agents (Topical)
D	Aspirin (Salicylates) PRALatrexate
D	Aspirin Rivaroxaban
D	Aspirin (Drugs that Affect Gallbladder Function) Sincalide
D	Aspirin Sucroferic Oxyhydroxide
D	Aspirin Talinflumate
D	Aspirin Ticagrelor
D	Aspirin Vaccines
D	Aspirin (Salicylates) Vitamin K Antagonists
C	Aspirin (Agents with Antiplatelet Properties) Acalabrutinib
C	Aspirin (Agents with Antiplatelet Properties) Agents with Antiplatelet Properties
C	Aspirin (Salicylates) Agents with Antiplatelet Properties
C	Aspirin (Salicylates) Agents with Blood Clotting Lowering Effects

圖表使用

以pressure ulcer 壓瘡、褥瘡為案例



The screenshot displays the UpToDate website interface. At the top, the UpToDate logo is on the left, and a search bar contains the text "pressure ulcer" with a magnifying glass icon on the right. To the right of the search bar is a link labeled "? 說明". Below the search bar is a blue navigation bar with links: "目錄", "臨床計算工具", "藥物交互作用", and "UpToDate Pathways". Underneath this is a grey bar with navigation links: "< 上一頁", "所有主題" (which is underlined), "成人", "兒童", "病患", and "圖表". Below the grey bar is a light grey box containing the text "顯示與 pressure ulcer 相關的結果". The main content area has a blue heading "Clinical staging and general management of pressure-induced skin and soft tissue injury". Below the heading is a paragraph of text: "...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 ...". Below the text are four links: "Definitions and terminology", "Healing scales", "Summary and recommendations", and "Staging of pressure-induced skin and soft tissue injuries" (which is highlighted with a blue icon). At the bottom is a link "Pressure-induced injury by stage" (highlighted with a blue icon).

UpToDate®

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	Non-blanchable redness of intact skin, which may be painful, warm, cool, firm, soft, moist, or dry.
2	Partial-thickness loss of skin with exposed dermis. The wound bed may contain pink or red fleshy tissue, which may be painful, warm, cool, firm, soft, moist, or dry.
3	Full-thickness loss of skin. The wound bed may contain white, yellow, or red tissue. The wound may be painful, warm, cool, firm, soft, moist, or dry.
4	Full-thickness loss of skin and tissue. The wound bed may contain white, yellow, or red tissue. The wound may be painful, warm, cool, firm, soft, moist, or dry.
Unstageable	Full-thickness loss of skin and tissue. The wound bed is obscured by slough and/or eschar.
Deep tissue pressure injury	Localized persistent, non-blanchable purple or maroon discoloration of intact skin or blood-filled blisters that indicate damage to 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

Observations	Score
1. Skin intact	1
2. Skin intact with non-blanchable redness	2
3. Partial-thickness loss of skin	3
4. Full-thickness loss of skin	4
5. Full-thickness loss of skin and tissue	5
6. Full-thickness loss of skin and tissue with exposed bone, tendon, or muscle	6
7. Full-thickness loss of skin and tissue with exposed bone, tendon, or muscle and slough or eschar	7
8. Full-thickness loss of skin and tissue with exposed bone, tendon, or muscle and slough or eschar and deep tissue pressure injury	8
9. Full-thickness loss of skin and tissue with exposed bone, tendon, or muscle and slough or eschar and deep tissue pressure injury and infection	9
10. Full-thickness loss of skin and tissue with exposed bone, tendon, or muscle and slough or eschar and deep tissue pressure injury and infection and necrosis	10

Pressure sore status tool

Pressure ulcer scale for healing (PUSH)

Observations	Score
1. Skin intact	1
2. Skin intact with non-blanchable redness	2
3. Partial-thickness loss of skin	3
4. Full-thickness loss of skin	4
5. Full-thickness loss of skin and tissue	5
6. Full-thickness loss of skin and tissue with exposed bone, tendon, or muscle	6
7. Full-thickness loss of skin and tissue with exposed bone, tendon, or muscle and slough or eschar	7
8. Full-thickness loss of skin and tissue with exposed bone, tendon, or muscle and slough or eschar and deep tissue pressure injury	8
9. Full-thickness loss of skin and tissue with exposed bone, tendon, or muscle and slough or eschar and deep tissue pressure injury and infection	9
10. Full-thickness loss of skin and tissue with exposed bone, tendon, or muscle and slough or eschar and deep tissue pressure injury and infection and necrosis	10

Pressure Ulcer Scale for Healing (PUSH)*

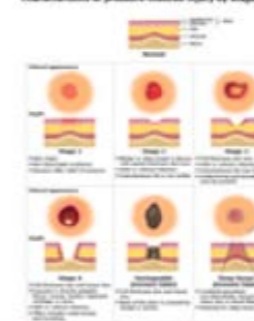
Sites associated with pressure-induced injury



Common sites for development of pressure-induced skin and soft tissue injury.

Sites associated with pressure-induced injury

Characteristics of pressure-induced injury by stage



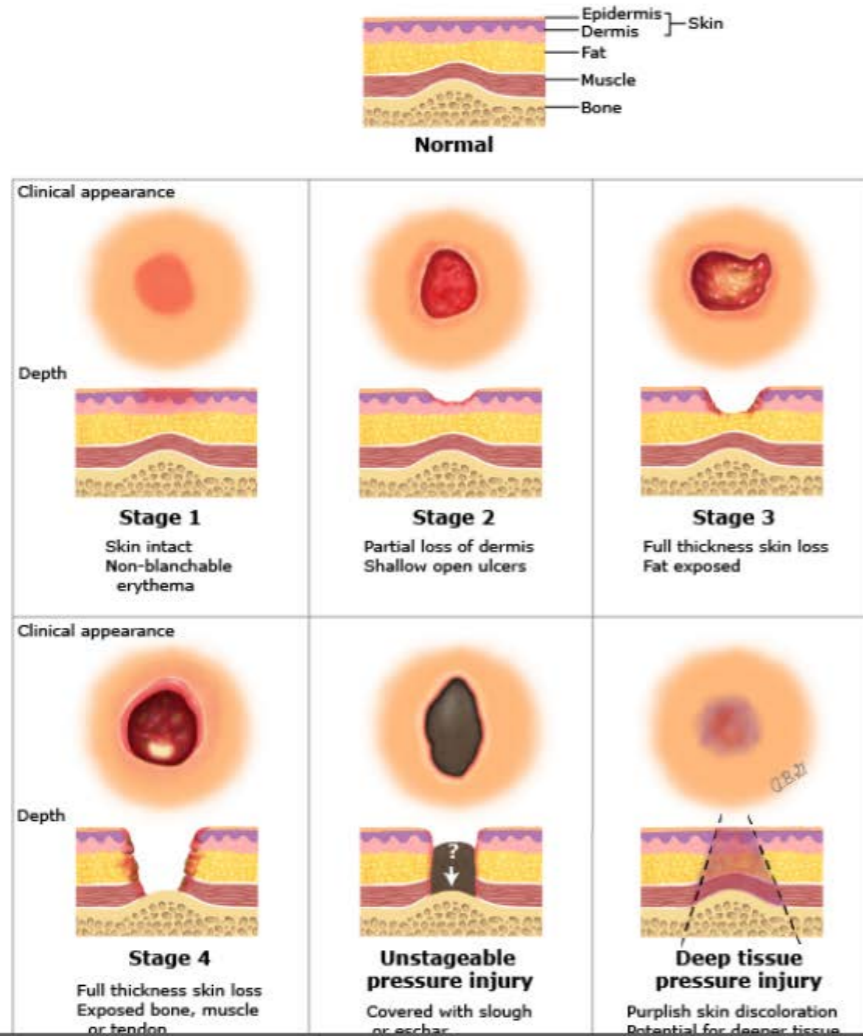
Characteristics of pressure-induced injury by stage

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

© 2024 UpToDate, Inc. and/or its affiliates. All Rights Reserved.

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: microbiology, clinical manifestations, and diagnosis", section on 'Cellulitis and erysipelas' and "Cellulitis and skin abscess: Epidemiology, microbiology, and diagnosis".)

STAGING

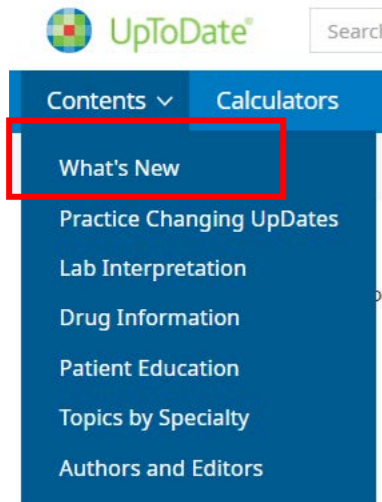
A number of staging systems have been developed to describe the extent of pressure-induced injury to the skin [6-8]. The most commonly used is the Pressure Injury Advisory Panel (NPIAP) (table 1 and figure 2) [6]. NPIAP suggests using the terminology "pressure injury" to describe the extent of skin damage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

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 backward) not imply a step-wise sequence (either direction). In addition, the practice of changing the stage as healing occurs, known as reverse staging, is discouraged.

- Stage 1 is characterized by intact skin with a localized area of nonblanchable erythema (picture 1), which may appear differently in dark skin. Color changes do not include purpura. Changes in sensation, temperature, or firmness may precede visual changes. Color changes do not include purpura. Color changes do not include purpura.
- 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 slough or eschar. Adipose (fat) is not visible and deeper tissues are not visible. Granulation tissue, slough, and eschar are not present. This stage should not be used to describe moisture-associated skin damage (MASD) including incontinence-associated dermatitis (IAD), intertriginous dermatitis (ITD), medical adhesive-related skin injury (MARS), 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 epibole (rolled edges) are present.

What's New



[< 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](#)

[Allergy and immunology](#)

[Anesthesiology](#)

[Cardiovascular medicine](#)

[Dermatology](#)

[Drug therapy](#)

[Emergency medicine](#)

[Endocrinology and diabetes mellitus](#)

[Family medicine](#)

[Gastroenterology and hepatology](#)

[Geriatrics](#)

[Hematology](#)

[Hospital medicine](#)

[Infectious diseases](#)

[Nephrology and hypertension](#)

[Neurology](#)

[Obstetrics and gynecology](#)

[Oncology](#)

[Palliative care](#)

[Pediatrics](#)

[Primary care](#)

[Psychiatry](#)

[Pulmonary and critical care medicine](#)

[Rheumatology](#)

[Sleep medicine](#)

[Sports medicine \(primary care\)](#)

[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，我們建議 [PCV21](#) (Grade 2C)，而不是單獨使用 [PCV20](#) 或先接種 [PCV15](#) 再接種 [PPSV23](#)。

 UpToDate®

搜尋 UpToDate



 說明 ▾

 Lucy Yu ▾






CME 32.5

登出

Menu

[< 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

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

UpToDate


5


UpToDate Pathways

快速搜尋專科



UpToDate®

 Help ▾

 Lucy Yu ▾

Contents ▾

Calculators

Drug Interactions

UpToDate Pathways

UpToDate®

Search UpToDate





Pathways

View By Specialty

List Alphabetically

Search Pathways

☐ Clinically Significant Updates Only

Anesthesiology

Cardiovascular Medicine

Emergency Medicine (Adult and Pediatric)

Endocrinology and Diabetes

Family Medicine and General Practice

Gastroenterology and Hepatology



Pathways

View By Specialty

List Alphabetically

Search Pathways



Clinically Significant Updates Only

Clostridioides difficile infection: Treatment of adults with an initial or recurrent infection

Abnormal liver tests: Initial evaluation

Acute bacterial rhinosinusitis: Evaluation and management for adults who have failed initial antibiotic treatment

Acute bronchitis: Evaluation of suspected acute bronchitis in adults

Acute decompensated heart failure: Determining if a hospitalized adult is ready for discharge

Acute decompensated heart failure: Discharge checklist

Acute decompensated heart failure: Initial management of hypervolemic patients with adequate perfusion

飛資得醫學-醫路陪伴您！

每週為您提供最新的醫學新知！

加入LINE官方帳號，掌握第一手醫學訊息！

歡迎透過LINE與小編聯繫，我們將竭誠為您服務！

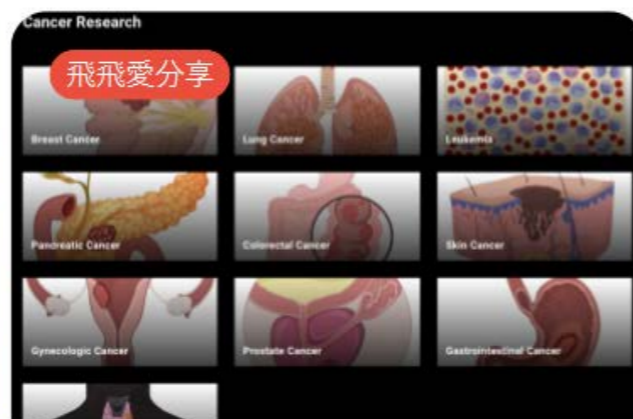


shutterstock.com · 2494808153



遠距教學，JoVE挺你！

JoVE Education 線上有獎徵答-好消息！上線看JOVE影片，回答問題，抽精美好禮給你！活動辦法看這裡👉



JoVE癌症研究系列新主題影片推出嘍！

Head and Neck Cancers

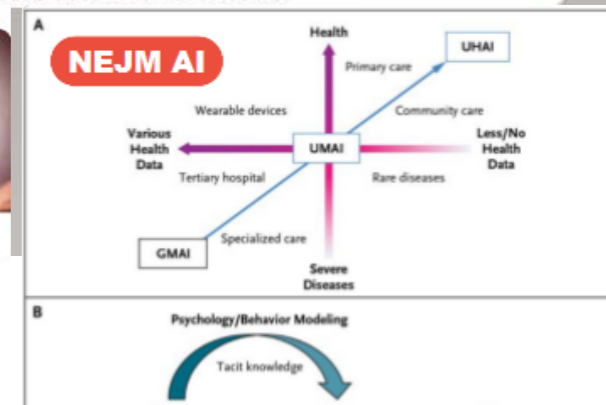
頭頸部癌症的研究方法和實驗技術！



3D 解剖學-產科主題

BioDigital Human 的 3D 解剖學方案！

600+ 3D疾病和治療模型



台灣醫學AI模型新發展

新AI模型和演算法如何轉化為適用於各種環境下的臨床應用，使人工智慧更加整合、直觀，並適應患者、醫生和社會的需求..

THANKS & QUESTIONS