Using Technology at the Bedside

Julie K. Gaines, MLIS, AHIP
Ed Sperr, MLIS, AHIP
Flint Buchanan, MFA, MEd
Financial Disclosure

Ms. Gaines, Mr. Sperr and Mr. Buchanan have no financial relationships to disclose.
Objectives

1. Discuss methods for accessing resources from the AU libraries in the clinical setting
2. Introduce participants to information resources for common clinical information needs
3. Explore how to evaluate which information resource to reach for first in a given scenario
Mobile Technology Uses

- Note taking
- 3D images for anatomy
- Electronic medical record (EMR) access
- Patient education
- Access to medical knowledge resources for clinical decision support
- Evidence-based databases at the point-of-care

http://www.flickr.com/photos/smemon/6972691660/
Mobile Technology in Medical Education

• Medical schools moving away from the standard ‘paper’ curriculum
• 2500 page textbooks now available on a mobile device
• Medical schools now requiring students to use mobile technology
• Residency programs purchasing mobile technology
What makes a good Mobile Resource for the bedside?

• Portability
  – Apps and Mobile-friendly websites

• Meets a common clinical need
  – What would you want to see?
What types of resources are available?

- Drug references
- Calculators
- Practice guidelines
- Clinical decision support resources
- *Note* most of the resources shown will combine more than one of these
Library Resources

**AccessMedicine**
Resource that features McGraw-Hill’s ebooks, Diagnosaurus, and other medical content

**Cochrane Library**
Collection of evidence-based resources that inform healthcare decision-making (Systematic Reviews, RCTs, protocols)

**Trip Database**
Clinical Search Engine designed to allow users to quickly find and use high-quality research evidence

**Essential Evidence Plus**
Evidence-based, point-of-care clinical decision support system

**UpToDate**
Access UpToDate’s synthesized clinical information including evidence-based recommendations [subscription required]
For Library Resources, you’ll need…

• Augusta University **login** and **password**
  – Not Sure you have an account? Check with your clerkship office
  – Forgot your password?
    AU IT Help Desk:
    (706)721-4000 or (709)721-7500

• **Duo mobile** installed on a phone or device
  – Details at: [https://www.augusta.edu/its/duo/](https://www.augusta.edu/its/duo/)
  – More help available at the Tech Support session at 11:45
UpToDate

• Start by setting up your login!

• Besides articles, can choose from:
  • Calculators
  • Drug interactions

• Can also manage your CME credits
### UpToDate: “article” search

<table>
<thead>
<tr>
<th>Topic</th>
<th>Category</th>
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</thead>
<tbody>
<tr>
<td>Dipeptidyl peptidase-4 (DPP-4) inhibitors for the treatment of type 2 diabetes mellitus</td>
<td>All</td>
</tr>
<tr>
<td>Initial management of blood glucose in adults with type 2 diabetes mellitus</td>
<td>Adult</td>
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<tr>
<td>Sodium-glucose co-transporter 2 inhibitors for the treatment of hyperglycemia in type 2 diabetes mellitus</td>
<td>Pediatric</td>
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<tr>
<td>Epidemiology, presentation, and diagnosis of type 2 diabetes mellitus in children and adolescents</td>
<td>Patient</td>
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<tr>
<td>Screening for type 2 diabetes mellitus</td>
<td></td>
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<tr>
<td>Pathogenesis of type 2 diabetes mellitus</td>
<td></td>
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<tr>
<td>Management of persistent hyperglycemia in type 2 diabetes mellitus</td>
<td></td>
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<tr>
<td>Insulin therapy in type 2 diabetes mellitus</td>
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<tr>
<td>Risk factors for type 2 diabetes mellitus</td>
<td></td>
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<tr>
<td>Prevention of type 2 diabetes mellitus</td>
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<tr>
<td>Management of type 2 diabetes mellitus in children and adolescents</td>
<td></td>
</tr>
<tr>
<td>Nutritional considerations in type 2 diabetes mellitus</td>
<td></td>
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<tr>
<td>Comorbidities and complications of type 2 diabetes mellitus in children and adolescents</td>
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<tr>
<td>Glucagon-like peptide-1 receptor agonists for the treatment of type 2 diabetes mellitus</td>
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<tr>
<td>Glycemic control and vascular complications in type 2 diabetes mellitus</td>
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<tr>
<td>Treatment of type 2 diabetes mellitus in the older patient</td>
<td></td>
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<tr>
<td>Moderately increased albuminuria (microalbuminuria) in type 2 diabetes mellitus</td>
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<tr>
<td>Metformin in the treatment of adults with type 2 diabetes mellitus</td>
<td></td>
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</tbody>
</table>
Management of persistent hyperglycemia in type 2 diabetes mellitus

INTRODUCTION

Initial treatment of patients with type 2 diabetes mellitus includes lifestyle changes focusing on diet, increased physical activity and exercise, and weight reduction, reinforced by consultation with a registered dietician and diabetes self-management education, when possible. Monotherapy with metformin is indicated for most patients, and insulin may be indicated as initial treatment for those who present with catabolic features (polyuria, polydipsia, weight loss) [1]. The natural history of most patients with type 2 diabetes is for blood glucose concentrations to rise gradually with time. Most patients require continuous treatment in order to maintain normal or near-normal glycemia.

Treatment for hyperglycemia that fails to respond to initial monotherapy and long-term medication use in type 2 diabetes are reviewed here. Options for initial therapy and other therapeutic issues in diabetes management, such as the frequency of monitoring and evaluation for microvascular and macrovascular complications, are discussed separately. (See "Initial management of blood glucose in adults with type 2 diabetes mellitus" and "Overview of medical care in adults with diabetes mellitus".)

INDICATIONS FOR A SECOND AGENT
UpToDate: Drug interactions

Alcohol (Ethyl)
Xanax (CNS Depressants)

DISCLAIMER: Readers are advised that decisions regarding drug therapy must be based on the independent judgment of the clinician, changing information about a drug (e.g., 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.
Alcohol (Ethyl) / CNS Depressants

Risk Rating: C - Monitor therapy

Summary: CNS Depressants may enhance the CNS depressant effect of Alcohol (Ethyl). Severity: Moderate Onset Rapid

Reliability Rating: Good

Patient Management: Monitor for increased CNS depression when alcohol is coadministered with other CNS depressants. Caution patients of these effects.

CNS Depressants Interacting Members: Acetazolamide, Aflatoxins, Alcohol (Ethyl), Alfentanil, ALPRAZOLAM, Amitriptyline, Amoxicillin, Amoxicillin, APAP, Aripiprazole, ARIPiprazole LAuroxil, Asparagine, Baclofen, Benserazide, Benzhydrococrodine, Bilastine, Blonanserin, Brexanolone, Brexiprazole, Brompheniramine, Bucindz, BuPROPion, BusPRone, Butabarbital, Butalbital, Butorphanol, Carbinoxamine, Cariprazine, Carisoprodol, Catizrine (Systemic), Chloral Butaine, Chloral Hydrate, ChlorhidroxPOXIDE, Chlorhexadine, Chlorpheniramine, Chlorpromazine, Chlorzoxazone, Cinnarizine, Clemastine, CloBAMe, Clomipramine, ClonazePAM, Clonididine, Clorazepate, Clothiapine, CloZAPine, Codeine, Cyclobenzaprine, Cyproheptadine, Dantrolene, Desflurane, Desipramine, Desloratadine, Deuterobromazine, Dexbrompheniramine, Dexchlorpheniramine, DizaxPAM, Difenoxin, Dihydrocodeine, DimenhydrINATE, Dimethindene (Systemic), DiphenhydRAMINE (Systemic), DiphenhydRAMINE (Topical), Diphenoxylate, Dosulepin, Doxepin (Systemic), Doxepin (Topical), Doxylamine, Dropropiz, Ebasine, Efexorein, Emetadine (Systemic), Entacapone, Eperitone, Esketamine, Estazolam, Eszopiclone, Ethosuximide, Ethotoxin, Ethyl Levazeplato, Etizolam, Etozabine, Felbamate, FentaNYL, Flavoxate, Flurbiprofen, Flurazepam, Flunitrazepam, Fluorexol, FlUIPENAZINE, Flurazepam, Flupehentil, Gabapentin Enacarb, Glutethimide, GuanFACINE, Haloperidol, Halothane, Heroin, HYDROcodeine, HYDROsmorphine, HydroXYzine, Iloperidone, Imipramine, Isoflurane, Ketamine, Ketocfen (Systemic), Lamotrigine, LevETIRacetam, Levotecetrizine, Levomethadone, Levorphanol, Lofezapam, Lorazepam, Loriprazine, Loriprazine, Loxapine, Luprinal, Meprobamate, Methazol, Methadone, Methotrexate, Methotrexate, Methoxyflurane, Methoxime, Meprobamate, Mirtazapine, Molindone, Morphine (Systemic), Moxonidine, Nalbuphine, Nafurafla, Nefopam, Nitrazepam, Nitro胥scheme, Norsedepam, Noroxynone, Nortriptyline, OLANZAPine, Oxopacaine (Systemic), Opium, Opium Tincture, Orphanedrine, Orlichemazine, OXAZepam, Oxochromazine, OxyCODONE, OxyMORphine, Paliperidone, Pentaldehyde, Pentagocine, PENTobarbitol, Pernapam, Periciazine, Perphenazine, Phenazine, PHELeneRbarbitol, PhenytoinXamine, Phenoxyxamine, Phenoxyxazine, Phentolamine, Pipamperone [INT], Pizilox, Pointolamide, Prazepam, Pregabalin, Primidine, Prochlorperazine, Promazine, Promethazine, Propofol, Propranolol, Prynixatrine (Systemic), Quazepam, QUElapine, Remetril, Ramifentanil, Risperidone, Risperdone, Rupate, Rupadone, Scopolamine (Ophthamlic), Scopolamine (Systemic), Seccobarbitol, Sevoflurane, Semicum Oxybate, Sert grimol, SULPentanil, Sulphide, Supraventax, Tapentadol, Teramxamol, Terazepam, Tetramisox, Thalidomide, Thiopenal, Thioridazine, Thiozoxazine, Thonzylamine, TicGABine, TicAZNide, Tolosal, Tokapone, Topiramate, TriAMiDol, TralZODone, Triazolam, Trihexyphenidyl, Trimeprazine, Trimipramine, Trimipramine, Valerian, Vigenestrin, Zaleplon, Ziconotid, Ziprasidone, Zolpidem, Zonisamid, Zopiclone, Zuclopenthixol

Discussion: Ethanol is a CNS depressant. Additive effects (i.e., increased CNS depression) can be anticipated when coadministered with other drugs that possess CNS-depressing properties. Blood alcohol levels within the legal driving limits may likely be unsafe among other CNS depressants.

Footnotes:
## UpToDate: Calculators

### Most Viewed
- Apgar score in newborns
- Alcohol consumption screening AUDIT questionnaire in adults (Patient education)

### A
- A-a gradient (alveolar-arterial gradient; AaG)
- ABCD2 score to predict stroke risk after TIA in adults
- APACHE II scoring system in adults
- ARISCAT (Canet) preoperative pulmonary risk index in adults
- Absolute eosinophil count
- Absolute neutrophil count
- Adjusted cerebrospinal fluid white blood cell count in the presence of red blood cells
- Adult burn injury fluid resuscitation (Parkland crystalloid estimate)
- Albumin-bilirubin (ALBI) grade estimate of survival of adults with hepatocellular carcinoma
- Alcohol consumption screening AUDIT questionnaire in adults (Patient education)
- Apgar score in newborns
- Aspartate aminotransferase (AST) to platelet ratio index (APRI)

### B
- BODE Index for COPD survival prediction in adults
- Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) in adults
- Bedside Index of Severity in Acute Pancreatitis (BISAP) score in adults
Calculator: Harvey-Bradshaw index of Crohn's disease activity

Patient sense of general well being in the last 24 hours
- Very well (0 points)
- Somewhat below normal (1 point)
- Poor (2 points)
- Very poor (3 points)
- Terrible (4 points)

Patient report of abdominal pain in last 24 hours
- None (0 points)
- Mild (1 point)
- Moderate (2 points)
- Severe (3 points)

Number of liquid stools in last 24 hours

Finding of an abdominal mass
- No mass (0 points)
- Possible mass (1 point)
- Definite mass (3 points)
- Mass present and tender (4 points)

Complications
- Arthralgias (1 point)
- Uveitis (1 point)
- Erythema nodosum (1 point)
- Aphthous ulcers (1 point)
- Pyoderma gangrenosum (1 point)
- Anal fissure (1 point)
- Newly discovered fistula (1 point)
- Abscess (1 point)

Total Criteria Point Count: 0
AccessMedicine

- Several AccessMedicine texts are available on a portable app
- You will need an individual “MyAccess Profile”
AccessMedicine

- Gateway to some of the resources on AccessMedicine, particularly **diagnosis**
- Includes:
  - Quick Medical Diagnosis and Treatment
  - Diagnosaurus
  - Fitzpatrick’s Clinical Dermatology Atlas
  - Guide to Diagnostic Tests
- Search all texts at once
  - Index or full-text of articles
- Many articles have “cross-links” to other AccessMedicine resources
Diabetes Mellitus, Type 2

**Key Features**

**Essentials of Diagnosis**
- Typically > 40 years of age
- Obesity
- Polyuria and polydipsia
- Candidal vaginitis sometimes an initial manifestation
- Often few or no symptoms
- After an overnight fast, plasma glucose ≥ 126 mg/dL (7 mmol/L) more than once
- After 75 g oral glucose, diagnostic values are ≥ 200 mg/dL (11.1 mmol/L) 2 h after the oral glucose
- Hemoglobin A1c (HbA1c) ≥ 6.5%
- Often associated with hypertension, dyslipidemia, and atherosclerosis

**General Considerations**
- Circulating endogenous insulin is sufficient to prevent ketoacidosis but inadequate to prevent hyperglycemia from tissue insensitivity
- Strong genetic influences
- Prevalence of obesity in type 2 diabetes mellitus
  - 30% in Chinese and Japanese
  - 60–70% in North Americans, Europeans, and Africans
  - Nearly 100% in Pima Indians and Pacific Islanders from Nauru or Samoa
- Abdominal fat, with an abnormally high waist–hip ratio, is generally associated with obesity in type 2 diabetes. This visceral obesity correlates with insulin resistance, whereas subcutaneous fat seems to have less of an association

**Demographics**
- ~28 million Americans have type 2 diabetes
- Traditionally occurred in middle-aged adults but now more frequently encountered in children and adolescents
AccessMedicine: Fitzpatricks

- Text and many, many images
- Organized by topics, organ system and ICD-10 code

Smallpox

- Smallpox is a viral infection unique to humans. The disease has been eradicated caused by a global immunization program, with the last case having been reported in 1977.

- **Etiology.** Variola major and Variola minor. Humans are only host. DNA virus replicates in cell cytoplasm. Transmitted by respiratory droplets. Variola major has a 30 to 50% mortality.

- **Pathogenesis.** Enters respiratory tract, passing rapidly into local lymph nodes, and producing viremia. Infection with smallpox confers lifelong immunity.

- **Clinical manifestation.** Acute onset of fever, followed by exanthem. Small red macules evolve to papules over 1 to 2 days. Initially, on the face, forearms and mouth, then gradually becomes disseminated. In 1 to 2 more days, papules become vesicles. Vesicles evolve to pustules about 4 to 7 days after onset of the rash (Fig. 27.8), and lasts for 5 to 8 days. Followed by umbilication and crusting (Fig. 27.8). Lesions are generally all at the same stage of development. Pockmarks/pitted scars occur in 65 to 85% of severe cases, especially on the face (Fig. 27.9). Secondary *Staphylococcus aureus* infection with abscesses and cellulitis may occur in smallpox lesions. Enanthema (tongue, mouth, or oropharynx) precedes exanthem by a day.

- **Differential Diagnosis.** Severe chicken pox (varicella lesions are in different stages of development), measles, secondary syphilis (great pox), hand-foot-and-mouth disease (HFMD) (coxackievirus A-16), cowpox, monkeypox, and tanapox.

- **Treatment.** Report possible smallpox to public health officials; diagnosis confirmed in a Biological Safety Level 4 laboratory where staff members have been vaccinated. Cidofovir may be effective.
Smallpox: variola major

Multiple pustules becoming confluent on the face.
Online databases

Robert B. Greenblatt, M.D. Library

Search PubMed

ACCESS MEDICINE  CINAHL  GALILEO  GIL-FIND  JOURNALS A-Z  RESEARCH GUIDES

CONTACT US:

Health Sciences Campus
706-721-3441
Online databases

RESEARCH TOOLS & COLLECTIONS
- Databases A-Z
- Essential Evidence Plus
- Historical Collections & Archives
- Multimedia Resources
- Ovid MEDLINE
- PubMed/MEDLINE
- UpToDate | Expanded Access
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- Virtual Tour

RESEARCH & TEACHING ASSISTANCE
- Citation Style Guides
- Find all Subject Librarians
- Off-Campus Access
- Publishing & Copyright Support
- Pure Research Profiles
- Research Guides
- Research Services
- Systematic Review Services
Online databases
Essential Evidence +

• Built to be a clinical decision support system
• Organized around diagnoses, conditions and procedures
• Includes “over 13,000 topics, guidelines, abstracts, tools, images, and summaries”
Decision Support Tools

Decision support tools and calculators that help you make better decisions at the point of care.

CV: Acute MI/Unstable angina (19)
CV: Angioplasty (6)
CV: Atrial fibrillation (3)
CV: Chest pain and CAD (16)
CV: DVT and PE (18)
CV: Heart failure (10)
CV: HTN, lipids, screening (4)
CV: Other (7)
CV: Pre-op evaluation (13)
CV: Stroke, aneurysm, AVM (32)
CV: Valve and endocarditis (4)
Drug dosing (4)
Endocrinology (12)
Epidemiology (2)
Fluids/electrolytes (3)
Gastroenterology: GERD/dyspepsia (6)
Gastroenterology: GI Blood (7)
Gastroenterology: Hepatic (16)
Gastroenterology: Lower GI (7)
Gastroenterology: Other (6)
Gastroenterology: Pancreas (5)
Gynecology and obstetrics (14)
Hematology: anti-coagulation (15)
Infectious disease (26)
Musculoskeletal: Diagnostic criteria (4)
Musculoskeletal: Need for imaging (9)
Musculoskeletal: Osteoporosis (9)
Musculoskeletal: Other (15)
Neurology (30)
Legionella probability in community-acquired pneumonia

For adults with community-acquired pneumonia:

- C-reactive protein > 187 mg/L
- Plasma sodium < 133 mmol/L
- Lactate Dehydrogenase > 225 U/L
- Platelet count < 171 x 10^9/L
- Fever > 39.4 C
- Dry or non-productive cough

Low risk for legionella. If overall risk is 2%, patients with score < 2 have a 0.4% risk of legionella.

More Info
Trip PRO

• Stockpile of evidence-based content
• Classified into resource category (but that gets hinky sometimes because it’s based on publisher)
• Comes in free and “Pro” versions
  Second one available through AU
### Trip PRO: Evidence Categories

<table>
<thead>
<tr>
<th>Evidence type</th>
<th>Clinical Area</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All Secondary Evidence</strong></td>
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<tr>
<td>Systematic Reviews</td>
<td>2,563</td>
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<tr>
<td>Evidence-based Synopses</td>
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<tr>
<td><strong>Guidelines</strong></td>
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<tr>
<td>Aus &amp; NZ</td>
<td>223</td>
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<tr>
<td>Canada</td>
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<tr>
<td>UK</td>
<td>583</td>
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<tr>
<td>USA</td>
<td>885</td>
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<tr>
<td>Other</td>
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<tr>
<td><strong>Regulatory Guidance</strong></td>
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<td>Key Primary Research</td>
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<tr>
<td>Clinical Q&amp;A</td>
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<tr>
<td>Controlled Trials</td>
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<td><strong>Primary Research</strong></td>
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<tr>
<td>Ongoing systematic reviews</td>
<td>91,308</td>
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<tr>
<td>Ongoing clinical trials</td>
<td>1,392</td>
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<tr>
<td><strong>Patient decision aids</strong></td>
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<tr>
<td>Patient information leaflets</td>
<td>757</td>
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</tbody>
</table>

166,208 results
Trip PRO: Guidelines

1. Second-line Drug Therapy for Patients with Type 2 Diabetes
   Second-line Drug Therapy for Patients with Type 2 Diabetes. Second-line drug therapy for patients with Type 2 Diabetes. A Consensus Statement from the Kaiser Permanente National Integrated Cardiovascular Health (ICVH) Work Group. November 19, 2018. The Kaiser Permanente ICVH group is aware of the new treatment recommendations published in the American Diabetes Association’s (ADA) Management of Hyperglycemia in Type 2 Diabetes 2018 Consensus Report. The ADA places newer diabetic medications (…) (including insulin) are...

2. AACE/ACE Comprehensive Type 2 Diabetes Management Algorithm (Full text)
   AACE/ACE Comprehensive Type 2 Diabetes Management Algorithm. CONSSENSUS STATEMENT BY THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS AND AMERICAN COLLEGE OF ENDOCRINOLOGY ON THE COMPREHENSIVE TYPE 2 DIABETES MANAGEMENT ALGORITHM – 2019 EXECUTIVE SUMMARY. Endocrine Practice. Volume 25, Issue 1 (January 2019). Alerts for the Journal Click to set an email alert for every new issue of...

3. Diabetes Type 2
   Diabetes Type 2 ©1996 Kaiser Foundation Health Plan of Washington. All rights reserved. Type 2 Diabetes Screening and Treatment Guideline Major Changes as of May 2017. 2 Prevention 2 Screening and Tests 2
1. Alpha-glucosidase inhibitors for prevention or delay of type 2 diabetes mellitus and its associated complications in people at increased risk of developing type 2 diabetes mellitus. (PubMed)

Alpha-glucosidase inhibitors for prevention or delay of type 2 diabetes mellitus and its associated complications in people at increased risk of developing type 2 diabetes mellitus. Alpha-glucosidase inhibitors (AGI) reduce blood glucose levels and may thus prevent or delay type 2 diabetes mellitus (T2DM) and its associated complications in people at risk of developing of T2DM. To assess the effects of AGI in people with impaired glucose tolerance (IGT), impaired fasting blood glucose (IFG...) model with assessment of risk ratios (RRs) for

Full text: Augusta University
2018  Cochrane

Tweet this  Star this  Report broken link  Related  57 clicks

2. Diet, physical activity or both for prevention or delay of type 2 diabetes mellitus and its associated complications in people at increased risk of developing type 2 diabetes mellitus. (Full text)

Diet, physical activity or both for prevention or delay of type 2 diabetes mellitus and its associated complications in people at increased risk of developing type 2 diabetes mellitus. The projected rise in the incidence of type 2 diabetes mellitus (T2DM) could develop into a substantial health problem worldwide. Whether diet, physical activity or both can prevent or delay T2DM and its associated complications in at-risk people is unknown. To assess the effects of diet, physical activity or both

Full text: Augusta University
2017  Cochrane  PubMed

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Trip PRO: PICO Builder

Trip medical database, a smart, fast tool to find high quality clinical research evidence.

Searched over 125,000,000 times
Over 70% of clinical questions answered

Millions of articles items indexed & uniquely ranked
Twenty years of learning & fine tuning

Trip Pro is the most advanced version of Trip it has extra content and functionality, including:

- 100,000+ extra systematic reviews
- Medical images and videos
- Links to millions of full-text articles
- Export facility to reference management software
- Advanced search
1. Migraine and Tension Headache

Effectiveness of antidepressants, ACE inhibitors, beta blockers, and antiepileptics for prophylactic treatment of tension headache in patients aged > 13 years? 6. What is the clinical effectiveness of acupuncture for the treatment of tension-type headaches? 7. What is the clinical effectiveness of oral contraceptive pills or triptans for prophylactic treatment of menstrual migraine with aura in adolescents and adults? 8. What is the clinical effectiveness of repeated doses of triptans for refractory (...). Published guidelines that meet the above standards.

2018  Kaiser Permanente Clinical Guidelines

2. Calcitonin Gene-Related Peptide (CGRP) Inhibitors as Preventive Treatments for Patients with Episodic or Chronic Migraine: Effectiveness and Value

Interventions can be as debilitating as migraine. Patients struggle to access effective care or treatment. Difficulties arise in finding a physician who understands migraine and migraine pain. Due to high costs and access restrictions, patients may not have a sufficient supply of acute treatment (e.g., triptans); patients may ration treatment and choose the "important" days to take treatment. Patients feel discouraged because treatment strategies follow a "try and test" procedure, which can take (...). Calcitonin Gene-Related Peptide

2018  California Technology Assessment Forum

3. Transcutaneous electrical stimulation of the supraorbital nerve for treating and preventing migraine

Rights reserved. Subject to Notice of rights (https://www.nice.org.uk/terms-and-conditions#notice-of-rights). Page 2 of 72.2. The usual treatment option for patients with migraine is medical therapy, either to stop or prevent attacks. Treatments for acute migraine attacks include medications such as analgesics, triptans and anti-emetics (as recommended in NICE's guideline on headaches in over 12s). Treatments to stop or reduce the frequency of migraine attacks include medications such as beta (...)-blockers, tricyclic antidepressants and antiepileptics. 2.3

2016  National Institute for Health and Clinical Excellence - Interventional Procedures
Trip PRO: “Clinical Area”

1. Flu vaccine reduces deaths for people with type 2 diabetes

   Flu vaccine reduces deaths for people with type 2 diabetes. Flu vaccination helps prevent some deaths, serious strokes, heart failure and pneumonia in people with type 2 diabetes. Vaccination is linked to less hospital admissions for these reasons, but there is no link to rates of admissions for heart attack. The results come from a reliable population-based study that...

   Full text: Augusta University

   2019    NIHR Dissemination Centre

   🎨 Tweet this  🌟 Star this  🐸 Report broken link  🔗 Related  4 clicks

2. Host-Parasite Interactions in Individuals with Type 1 and 2 Diabetes Result in Higher Frequency of Ascaris lumbricoides and Giardia lamblia in Type 2 Diabetic Individuals (Full text)

   Host-Parasite Interactions in Individuals with Type 1 and 2 Diabetes Result in Higher Frequency of Ascaris lumbricoides and Giardia lamblia in Type 2 Diabetic Individuals. Host-parasite interactions in diabetic patients might influence diabetes complications and intestinal parasitosis. The aim was to investigate the occurrence of enteroparasites in individuals with diabetes types 1 and 2. A descriptive study was designed to estimate frequencies of parasites and to compare them in individuals with diabetes types 1 and 2 from two Health...

   Full text: Augusta University

   2018    Journal of diabetes research

   PubMed

   🎨 Tweet this  🌟 Star this  🐸 Report broken link  🔗 Related  0 clicks

3. Flu vaccine reduces deaths for people with type 2 diabetes
Cochrane Library

Contains several databases:

- Cochrane Database of Systematic Reviews
- Cochrane Central Register of Controlled Trials
- Cochrane Clinical Answers
Cochrane Library
Cochrane Library: Cochrane Reviews

Filter your results

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Trials 40515
Editorials 2
Special collections 0
More

234 Cochrane Reviews matching diabetes type 2 in Title Abstract Keyword

Cochrane Database of Systematic Reviews
Issue 5 of 12, May 2019

Select all (234) Export selected citation(s) Show all previews

Order by Relevancy

1. Colesevelam for type 2 diabetes mellitus
   Cheow Peng Ooi, Seng Cheong Loke
   Intervention Review 12 December 2012
   Show Preview

2. Momordica charantia for type 2 diabetes mellitus
   Cheow Peng Ooi, Zaitun Yassin, Tengku-Aizan Hamid
   Intervention Review 15 August 2012
   Show Preview

3. Development of type 2 diabetes mellitus in people with intermediate hyperglycaemia
   Bernd Richter, Bianca Hemmingsen, Maria-Inti Metzendorf, Yemisi Takwoingi
   Prognosis Review 29 October 2018
   Show Preview

4. Glucagon-like peptide analogues for type 2 diabetes mellitus
19 Clinical Answers matching diabetes type 2 in Title Abstract Keyword

**Cochrane Clinical Answers**

1. How does metformin compare with insulin in pregnant women with type 2 diabetes?
   - Vicka Poudyal
   - 4 April 2018

2. Can intensive glycemic control help prevent cognitive decline in people with type 2 diabetes mellitus?
   - E. Chris Vincent
   - 20 December 2017

3. In people with type 2 diabetes mellitus, does individual patient education improve outcomes?
   - George P Samraj
   - 30 November 2012

4. Does momordica charantia (bitter gourd) improve outcomes in people with type 2 diabetes mellitus?
   - Thomas Hiltz
Point of Care/Patient Care Apps

**Micromedex Drug Information**

**Micromedex Drug Interaction**

**Calculate by QxMD**
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**GoodRx**
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**Read by QxMD**
Read favorite medical journals in magazine format. Provides easy, one click viewing of PDF articles and will store them
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Description</th>
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<tbody>
<tr>
<td>12 Hour Cold Maximum Strength (Pseudoephedrine Hydrochloride)</td>
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</tr>
<tr>
<td>13C Urea/Citric Acid</td>
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<tr>
<td>14C Urea</td>
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<tr>
<td>3 Day Vaginal Cream (Clotrimazole)</td>
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<tr>
<td>4-Way Long Lasting (Oxymetazoline Hydrochloride)</td>
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<tr>
<td>4-Way Saline Moisturizing Mist (Sodium Chloride)</td>
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<tr>
<td>8-Mop (Methoxsalen)</td>
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</tr>
<tr>
<td>A-G Profen (Ibuprofen)</td>
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<tr>
<td>A-Hydrocort (Hydrocortisone Sodium Succinate)</td>
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<tr>
<td>A-Methapred (Methylprednisolone Sodium Succinate)</td>
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<tr>
<td>A-Spas S/L (Hyoscyamine Sulfate)</td>
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<tr>
<td>A/T/S (Erythromycin)</td>
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<tr>
<td>A200 Lice Control (Permethrin)</td>
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<tr>
<td>A200 Maximum Strength (Piperonyl Butoxide/Pyrethrum Extract)</td>
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<td>A200 Time-Tested Formula (Piperonyl Butoxide/Pyrethrum Extract)</td>
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<tr>
<td>Abacavir Sulfate</td>
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<tr>
<td>Abacavir Sulfate/Lamivudine</td>
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<tr>
<td>Abacavir Sulfate/Lamivudine/Zidovudine</td>
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<tr>
<td>Abacavir/Dolutegravir/Lamivudine</td>
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<td>Abaloparatide</td>
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<td>Abbokinase (Urokinase)</td>
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<td>Abelcet (Amphotericin B Lipid Complex)</td>
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<td>Abemaciclib</td>
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<td>Abilify (Aripiprazole)</td>
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<tr>
<td>Abilify Discmel (Aripiprazole)</td>
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<td>Drug Name</td>
<td>Description</td>
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<tr>
<td>Metformin Hydrochloride</td>
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<tr>
<td>Metaglip (Glipizide/Metformin Hydrochloride)</td>
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<tr>
<td>Actoplus Met (Pioglitazone Hydrochloride/Metformin Hydrochloride)</td>
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<tr>
<td>Actoplus Met XR (Pioglitazone Hydrochloride/Metformin Hydrochloride)</td>
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<td>Alogliptin Benzoate/Metformin Hydrochloride</td>
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<td>Avandamet (Rosiglitazone Maleate/Metformin Hydrochloride)</td>
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<tr>
<td>Canagliflozin/Metformin Hydrochloride</td>
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<tr>
<td>Dapagliflozin Propanediol/Metformin Hydrochloride</td>
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<td>Empagliflozin/Metformin Hydrochloride</td>
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<tr>
<td>Ertugliflozin/Metformin Hydrochloride</td>
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<tr>
<td>Fortamet (Metformin Hydrochloride)</td>
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<tr>
<td>Glipizide/Metformin Hydrochloride</td>
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<td>Glucophage (Metformin Hydrochloride)</td>
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<td>Glucophage XR (Metformin Hydrochloride)</td>
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<tr>
<td>Glucovance (Glyburide/Metformin Hydrochloride)</td>
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<tr>
<td>Glumetza (Metformin Hydrochloride)</td>
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<tr>
<td>Glyburide/Metformin Hydrochloride</td>
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<tr>
<td>Invokamet (Canagliflozin/Metformin Hydrochloride)</td>
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<tr>
<td>Invokamet XR (Canagliflozin/Metformin Hydrochloride)</td>
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<tr>
<td>Janumet (Sitagliptin Phosphate/Metformin Hydrochloride)</td>
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<tr>
<td>Janumet XR (Sitagliptin Phosphate/Metformin Hydrochloride)</td>
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<tr>
<td>Jentadueto (Linagliptin/Metformin Hydrochloride)</td>
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<tr>
<td>Jentadueto XR (Linagliptin/Metformin Hydrochloride)</td>
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<tr>
<td>Kazano (Alogliptin Benzoate/Metformin Hydrochloride)</td>
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<tr>
<td>Kombiglyze XR (Saxagliptin Hydrochloride/Metformin Hydrochloride)</td>
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<td>Linagliptin/Metformin Hydrochloride</td>
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<tr>
<td>Pioglitazone Hydrochloride/Metformin Hydrochloride</td>
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<tr>
<td>Prandil/Met (Dapagliflozin/Metformin Hydrochloride)</td>
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<td>Section</td>
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<tr>
<td>Dosing and Indications</td>
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<td>Black Box Warning</td>
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<tr>
<td>Contraindications/Warnings</td>
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<tr>
<td>Drug Interactions</td>
<td></td>
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<tr>
<td>Adverse Effects</td>
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<tr>
<td>Drug Name Info</td>
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<tr>
<td>Mechanism Of Action</td>
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<tr>
<td>Pharmacokinetics</td>
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<tr>
<td>Administration</td>
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<td>Monitoring</td>
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<td>How Supplied</td>
<td></td>
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<tr>
<td>Toxicology</td>
<td></td>
</tr>
<tr>
<td>Clinical Teaching</td>
<td></td>
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</tbody>
</table>
MicroMedex
Drug Interactions

Available drugs
- Amoxicillin
- Amoxicillin/Clavulanate Potassium
- Amodan (Amoxicillin/Clavulanate Potassium)
- Amoxicot (Amoxicillin)
- Amoxil (Amoxicillin)
- Augmentin (Amoxicillin/Clavulanate Potassium)
- Augmentin ES-600 (Amoxicillin/Clavulanate Potassium)
- Augmentin XR (Amoxicillin/Clavulanate Potassium)
- DisperMox (Amoxicillin)
- Lansoprazole/Amoxicillin/Clarithromycin

Drugs to check
- Amoxicillin
- Warfarin Sodium
Severity: Major
Onset: Delayed
Documentation: Good

Interaction Effect:
Concurrent use of AMOXICILLIN and WARFARIN may result in an increased risk of bleeding.

Clinical Management:
Concomitant use of amoxicillin and warfarin should be approached with caution as this may result in increased INR and thereby increase the risk for bleeding. When possible, substitute amoxicillin for an antibiotic with a low-risk profile for bleeding. If concomitant use of amoxicillin and warfarin is required, more frequent monitoring of the patient's INR is recommended (Baillargeon et al, 2012), especially during initiation and discontinuation of the antibiotic (Prod Info COUMADIN(R) oral tablets, intravenous injection powder lyophilized for solution, 2011). In addition, adjust the warfarin dose as needed to maintain the desired anticoagulation level (Prod Info AUGMENTIN XR(R) extended release oral tablets, 2010).

Probable Mechanism:
disruption of vitamin K synthesis
<table>
<thead>
<tr>
<th>Title</th>
<th>Description</th>
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<tbody>
<tr>
<td>Alcohol Use Disorders Identification Test-Concise (AUDIT-C)</td>
<td>Brief screen to detecting heavy alcohol use</td>
</tr>
<tr>
<td>3-Month Mortality in Incident Elderly ESRD Patients</td>
<td>Estimate the risk of early death (at 3 months) in elderly patients starting dialysis</td>
</tr>
<tr>
<td>6-Month Mortality on HD</td>
<td>Estimate 8 month mortality on dialysis using the Cohen model</td>
</tr>
<tr>
<td>A-a Gradient</td>
<td>Used to determine cause of hypoxemia</td>
</tr>
<tr>
<td>ABCD² Score</td>
<td>Guide admission in TIA based on ABCD² Score</td>
</tr>
<tr>
<td>Access Care and Complications Management</td>
<td></td>
</tr>
<tr>
<td>Access Recirculation</td>
<td></td>
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<tr>
<td>Acute GVHD Grading</td>
<td>Determine severity in acute graft versus host disease.</td>
</tr>
<tr>
<td>ADPKD Prognostic Tool using Kidney Dimensions</td>
<td>Estimate risk of progression in Autosomal Dominant Polycystic Kidney Disease using kidney dimensions</td>
</tr>
<tr>
<td>ADPKD Prognostic Tool using Total Kidney Volume</td>
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</tr>
<tr>
<td>Questions</td>
<td>Question</td>
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<tr>
<td>---------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
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<tr>
<td>Over the last two weeks, how often have you been bothered by: Little</td>
<td>Over the last two weeks, how often have you been bothered by: Little</td>
</tr>
<tr>
<td>interest or pleasure in doing things?</td>
<td>interest or pleasure in doing things?</td>
</tr>
<tr>
<td>Over the last two weeks, how often have you been bothered by:</td>
<td>Answer Choices</td>
</tr>
<tr>
<td>Feeling down, depressed, or hopeless?</td>
<td>Not at all</td>
</tr>
<tr>
<td>Over the last two weeks, how often have you been bothered by:</td>
<td>Several days</td>
</tr>
<tr>
<td>Trouble falling asleep, or sleeping too much?</td>
<td>More than half the days</td>
</tr>
<tr>
<td>Over the last two weeks, how often have you been bothered by:</td>
<td>Nearly every day</td>
</tr>
<tr>
<td>Feeling tired or having little energy?</td>
<td></td>
</tr>
<tr>
<td>Over the last two weeks, how often have you been bothered by:</td>
<td></td>
</tr>
<tr>
<td>Poor appetite or overeating?</td>
<td></td>
</tr>
<tr>
<td>Over the last two weeks, how often have you been bothered by:</td>
<td></td>
</tr>
<tr>
<td>Feeling bad about yourself—-or that you are a failure or have let your</td>
<td></td>
</tr>
<tr>
<td>self or your family</td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Response</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
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<tr>
<td>Over the last two weeks, how often have you been bothered by:</td>
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<tr>
<td>Feeling bad about yourself—or that you are a failure or have let yourself or your family down?</td>
<td>More than half the days</td>
</tr>
<tr>
<td>Over the last two weeks, how often have you been bothered by:</td>
<td></td>
</tr>
<tr>
<td>Trouble concentrating on things, such as reading the newspaper or watching television?</td>
<td>Not at all</td>
</tr>
<tr>
<td>Over the last two weeks, how often have you been bothered by:</td>
<td></td>
</tr>
<tr>
<td>Moving or speaking so slowly that other people could have noticed? Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual?</td>
<td>Not at all</td>
</tr>
<tr>
<td>Over the last two weeks, how often have you been bothered by:</td>
<td></td>
</tr>
<tr>
<td>Thoughts that you would be better off dead or of hurting yourself in some way?</td>
<td>Several days</td>
</tr>
</tbody>
</table>

Results

**Score**

13

**Diagnosis**

Moderate symptoms are present and depression is likely
GoodRx

CONFIGURE PRESCRIPTION

Metformin
generic Glucophage

Dosage
500mg

Quantity
60 tablets

Pharmacies Near
Athens, GA

Find the lowest price
<table>
<thead>
<tr>
<th>Pharmacy</th>
<th>Location</th>
<th>Distance</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kroger Pharmacy</td>
<td>Athens, GA</td>
<td>2.8 miles</td>
<td>FREE</td>
</tr>
<tr>
<td>Walmart</td>
<td></td>
<td>2.4 miles</td>
<td>$4.00</td>
</tr>
<tr>
<td>Publix</td>
<td></td>
<td>1.9 miles</td>
<td>$4.37</td>
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<tr>
<td>Walgreens</td>
<td></td>
<td>0.8 miles</td>
<td>$5.00</td>
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<tr>
<td>HealthWarehouse</td>
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<td>$9.60</td>
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<tr>
<td>CVS Pharmacy</td>
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<td>0.8 miles</td>
<td>$9.69</td>
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<tr>
<td>Target (CVS)</td>
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<td>1.1 miles</td>
<td>$9.69</td>
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</tbody>
</table>

View more pharmacy prices

Other pharmacies
Use this option to get this price at most local pharmacies

Add to My Rx
<table>
<thead>
<tr>
<th>Title</th>
<th>Description</th>
<th>Date</th>
<th>Journal/Source</th>
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<tbody>
<tr>
<td>The role of librarians in patient safety: gaps and strengths in the current culture.</td>
<td>No Abstract Available.</td>
<td>Mar, 2019, Nature</td>
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</tr>
<tr>
<td>Wave of horse deaths on famed racetrack poses puzzle.</td>
<td>No Abstract Available.</td>
<td>Mar 29, 2019, Science</td>
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<tr>
<td>The impact of violence on Venezuelan life expectancy and lifespan inequality.</td>
<td>CONCLUSIONS: As increases in violence-related deaths among young men (ages 15-39) have slowed gains in male life expectancy and increased lifespan inequality, Venezuelan males face more uncertainty about their age at death. There is an urgent need for more accurate mortality estimates in Venezuela.</td>
<td>Apr 21, 2019, International Journal...</td>
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<tr>
<td>Management of acute upper gastrointestinal bleeding.</td>
<td>Upper gastrointestinal bleeding (UGIB) is a common medical emergency, with a reported</td>
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</tbody>
</table>
S-PACK: A Modular and Modifiable, Comprehensive Pre-Departure Preparation Curriculum for Global Health Experiences.

PROBLEM: Approximately 25% of trainees participate in a global health elective during their undergraduate or graduate medical education. Increasingly, educators in the US and international partners are calling for improved pre-departure preparation training for global...

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Professionalism Lapses and Adverse Childhood Experiences: Reflections From the Island of Last Resort.

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PROBLEM: Quality improvement (QI) and patient safety (PS) are cornerstones of health care delivery. Accreditation organizations increasingly require that learners engage in QI/PS. For many faculty, these are new domains. Additional faculty development is needed fo...
Questions?

Julie K. Gaines, MLIS, AHIP – jkgaines@uga.edu
Ed Sperr, MLIS, AHIP – esperr@uga.edu