### **TTUHSC** Preston Smith Library

### presents

## Information Resources

## for MS III

Rev. 06/2019

## Welcome!

### Preston Smith Library located west of the Academic Classroom Building

### There is a temporary entrance during construction



#### 4<sup>th</sup> Street

#### **F1 Parking Lot**

#### Alternate foot traffic routes

• ADA access & all foot traffic after 6:30 pm - access only from the F1 parking lot to the main library doors

From F-1 parking through the front

- · Foot traffic from the F1 parking lot may enter the main library doors as usual
- All other foot traffic before 6:30 pm:
  - Exit the main HSC building from the southwest door

Library

- Enter the Library from the south
- Travel the hallway be main library entrance

#### **Main entrance**

7:30 am – 11:45 pm M-Th 7:30 am - 10:00 pm F 9:00 am – 10:00 pm Sat 9:00 – 11:45 pm Sun

Loading dock back entrance 7:30 am– 6:00 pm M-F



Use sidewalk to walk around fenced area.

## 

F-2, E-2 and HSC must enter through Pod C of the HSC walk to the back and enter the library through the loading dock, walk through the library to the

#### ER/UMC

### When searching library applications, use



Mozilla Firefox, Safari, or Internet Explorer often do not work with library applications or <u>open journal articles</u>!

Plus, Chrome is TTUHSC IT's supported browser!

# Can Follow Along

# Library Home Page

#### https://ttuhsc.libguides.com/



### **Click Home**



# Top Resources

# LibGuides:



Tutorials

#### https://ttuhsc.libguides.com/

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#### https://ttuhsc.libguides.com/

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## Clinical Resources

## Clinical Queries

## in PubMed

## From the libraries home page at https://ttuhsc.libguides.com/



Last Updated: Jun 13, 2019 2:47 PM URL: https://ttuhsc.libguides.com/new 🖨 Print Page

Login to LibApps Report a problem.



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My NCBI retains user information and database preferences to provide customized services for many NCBI databases.



My NCBI features include:

- Save searches & automatic e-mail alerts
- Display format preferences
- Filter options
- My Bibliography & NIH public access policy compliance
- SciENcy: a researcher biosketch profile service
- Highlighting search terms
- Recent activity searches & records for 6 months
- LinkOut, document delivery service & outside tool selections

#### NIH funded investigator?

Extramural NIH-funded investigators looking for NIH Public Access Compliance tools can sign in with either "eRA Commons" or "NIH Login". Use your eRA Commons credentials on the subsequent sign in page. Once signed in, navigate to the My Bibliography section.

Documentation for using these features is located in the Managing Compliance to the NIH Public Access Policy section of the NCBI Help Manual.

Click Register for an NCBI account

NCBI Resources 🖸 How To 🖸	Sign in to NCBI
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Create account	Sign in with an existing account

### Verifying your MY NCBI Account

#### Open the email you used in the account:

- 1) Locate the link from NCBI
- 2) Click the link
- 3) Tells NCBI you are a real user requesting the account (not computer generated)
- 4) Your user name will now appear on the top right-hand side

#### Your username

#### Your user name SNCBI Resources 🖸 How To 🖸 My NCBI Sign Out Pub Med.gov PubMed Se US National Library of Advanced Help Medicine National Institutes of Health Click My NCBI PubMed

PubMed comprises more than 27 million citations for biomedical literatu and online books. Citations may include links to full-text content from Pu

#### Using PubMed **PubMed Tools** More Resources PubMed Quick Start Guide PubMed Mobile MeSH Database Full Text Articles Single Citation Matcher Journals in NCBI Databases **Batch Citation Matcher** PubMed FAQs **Clinical Trials** PubMed Tutorials **Clinical Queries** E-Utilities (API) New and Noteworthy **Topic-Specific Queries** LinkOut

Latest Literature	Trending Articles	PubMed Commons	
New articles from highly accessed journals	PubMed records with recent increases in activity	Featured comments	
Am J Clin Nutr (4)	Hypothalamic stem cells control ageing speed partly	Reviewing renal safety: C Wiedermann discusses	
Blood (1)	Nature. 2017.	patients bit.ly/2sP2sg4	
Cochrane Database Syst Rev (1)	To vegan or not to vegan when pregnant, lactating or	Jul 24	
Drugs (1)	feeding young children. Eur J Clin Nutr. 2017.	Reporting representativeness: @MarcusMunafo & author T Littlejohns discuss potential for bias in biobank	
J Biol Chem (6)	The impact of wool in the patients with chronic non-	analyses. bit.ly/2vgBf6F	
JAMA (2)	specific low back pain.	Risk management & nationt choice in end-of-life care:	
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Nature (32)	Blood. 2017.		

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articles that review the literature on a subject





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## Fast Identification of EBM articles on specific

### problems or an overview in a systematic review



## Search opioid addiction



#### **Clinical Study Categories**

This column displays citations filtered to a specific clinical study category and scope. These search filters were developed by <u>Haynes RB et al.</u> See more <u>filter information</u>.

#### **Systematic Reviews**

This column displays citations for systematic reviews. See <u>filter information</u> or additional <u>related sources</u>.

#### Medical Geneti

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## **Click SEARCH**





- Health Related Quality of Life in Individuals Transferred from a Needle Exchange Program and
- 13. <u>Starting Opioid Agonist Treatment.</u>

Bråbäck M, Brådvik L, Troberg K, Isendahl P, Nilsson S, Håkansson A. J Addict. 2018 Dec 19;2018:3025683. doi: 10.1155/2018/3025683. eCollection 2018. PMID: 30662785 Free PMC Article Similar articles

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reversal of

Patients: A Randomized, Double-Blind Clinical Trial.

Moeini M, Omidi A, Sehat M, Banafshe HR. Eur Addict Res. 2019;25(1):41-47. doi: 10.1159/000496194. Epub 2019 Jan 10. PMID: 30630161 Free Article Similar articles

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- 16. release oxycodone formulation.

Friedmann N, Marsman MR, de Kater AW, Burns LH, Webster LR. J **Opioid** Manag. 2018 Nov/Dec;14(6):437-443. doi: 10.5055/jom.2018.0476. PMID: 30629280

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The Effects of Oxytocin on Withdrawal, Craving and Stress Response in		
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© 2019 S. Karger AG, Basel.	Related information	
KEYWORDS: Cortisol; Craving; Heroin; Oxytocin; Withdrawal	MedGen	
PMID: 30630161 DOI: <u>10.1159/000496194</u>	PubChem Compound (MeSH Keyword)	
[Indexed for MEDLINE] Free full text		
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Abstract Opioid dependence is an increasing clinical and public health problem. Current pharmacotherapies have	Similar articles		
limited efficacy and cause serious side effects. Increasing bodies of evidences suggest the neuropeptide,	Effects of cortisol administration on		
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Publication type Randomized Controlled Trial

MeSH terms Administration, Intranasal Adult Anxiety/complications Anxiety/drug therapy Craving/drug effects\* Dehydroepiandrosterone Sulfate/blood **Double-Blind Method** Heroin Dependence/blood Heroin Dependence/complications\* Heroin Dependence/drug therapy\* Humans Hydrocortisone/blood Male Oxytocin/administration & dosage Oxytocin/pharmacology\* Oxytocin/therapeutic use\* Stress, Psychological/complications Stress, Psychological/drug therapy\* Substance Withdrawal Syndrome/complications Substance Withdrawal Syndrome/drug therapy\* Young Adult

Substances Oxytocin Dehydroepiandrosterone Sulfate Hydrocortisone List of MeSH – subject headings for that article

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Enter a Journal Title

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- Correct search MEDSURG Nursing

## Evidence-Based

Medicine

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\*decision support information accessible at the patient's bedside or the "point of care"

\*data that is evaluated and rated with levels of evidence

\*clinical information including: history and physical signs and symptoms differential diagnosis diagnosis therapy guidelines

## **Hierarchy of Evidence**



## How Old is the Information??

in books, eBooks, textbooks? on average - 10 years! in Point of Care tools?

Clinical Overviews update noted on link

DynaMed

updated daily

Essential Evidence Plus

full reviews 3x's/year
# Clinical Overviews in Clinical Key



# **Clinical Key**

\* *Free* content from eBooks, eJournals, & videos

# **Clinical Overviews**

- \* point of care decision support tool
- \* main source of information is from the Cochrane Collaboration where possible



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## Information from the Point of Care Tool *Clinical Overviews*

and cellular elements play a role: in particular mast cells, neutrophils, eosinophils, T lymphocytes, macrophages, and epithelial cells. In susceptible individuals, this inflammation causes recurrent episodes of fracticularly at night or

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asthma

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# Click Asthma in adults

guidelines define asthma as "a chronic inflammatory disease of the airways in which many cells and cellular elements play a role: in particular mast cells, neutrophils, eosinophils, T lymphocytes, macrophages, and epithelial cells. In susceptible individuals, this inflammation causes recurrent episodes of coughing (particularly at night or early in the morning), wheezing, breathlessness, and chest tightness. The episodes are usually associated with widespread but variable airflow obstruction that is reversible... More

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Synopsis Key Points Pitfalls Terminology Clinical Clarification Classification Diagnosis Clinical Presentato History Physical Examination Causes and Risk Factors Causes Risk Factors And/or Associations Diagnostic Procedures Primary Diagnostic Tools Laboratory Imaging Functional Testing Differential Diagnosis Most Common Treatment Coals	<ul> <li>CLINICAL OVERVIEW</li> <li>Asthma in adults</li> <li>Elsevier Point of Care (see details)</li> <li>Updated April 2, 2019. Copyright Elsevier BV. All rights reserved.</li> <li>Synopsis</li> <li>Eve Points</li> <li>Diagonosis</li> <li>Presents with episodic wheezing, chest tightness, difficulty breathing, and cough; cough-variant asthmay present with coughing as primary symptom</li> <li>Presents with episodic wheezing, chest tightness, difficulty breathing, and cough; cough-variant asthmay present with coughing as primary symptom</li> <li>Diagnosis is based on appropriate history plus clinical picture and documented reversibility of airflov obstruction (12% increase or more from baseline in FEV1; minimum 200 mL) following treatment wit an inhaled short-acting bronchodilator 1</li> <li>Classify the asthma initially by frequency of symptoms (intermittent or persistent) and their effect on daily functioning (ie, mild, moderate, severe); initial pharmacotherapy is based on this classification</li> <li>After starting pharmacotherapy, classify the asthma by level of control; pharmacotherapies are stepp up or down based on this level</li> <li>Persistent asthma requires use of a daily controller medication, starting with a low-dose inhaled corticosteroid for mild persistent asthma. There is some evidence that starting inhaled corticosteroids as needed. Leukotriene inhibitors are alternative add-on drugs</li> <li>Step-up to an inhaled long-acting β2-agonist with increasing doses of inhaled corticosteroids as needed. Leukotriene inhibitors are alternative add-on drugs</li> <li>Mon with an inhaled short exacting inhibitors are alternative add-on drugs</li> </ul>	Urge • Qu any dis tirrina sat oxy lea • Co suc or • wo act • • FE me sev do tre • • Be; mc	gent Acti uickly ass ny patient istress: vit ring from ing function aturation. xygen to n ast 90% onsider al uch as fore r congestiv could requi- ction EV1 or pea- easureme eaverity of a o not allow reatment egin treatm oderate as	on ess the f with re- cal signs work of on, and Give su- naintain ternative eign bod ve heart ire othe ak expir ent is he an exace v testing ment of sthma e	following i spiratory oxygen pplementa a SaO2 of a ve diagnose that agains the diagnose the diagnose that agains the diagnose the diagn	<sup>27</sup> in <i>5</i> , al tt es, on aat 7 sess but	q
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- guidelines, abstracts, and summaries
- Systematic Reviews from Cochrane Collaboration
- Daily POEMS
- Calculators
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### To access the disease information module,

always select from *Essential Evidence Topics* 

Search Kest		All databases
Showing <b>1-20</b> of <b>602</b> for: asthma		Page: 1   <u>2</u>   <u>3</u>   <u>4</u>   <u>5</u>     <u>31</u>   <u>Next&gt;</u>
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Content	Asthma (chronic management) ESSENTIAL EVIDENCE TOPICS, 10-DEC-2018	
<ul> <li>         Epidemiology (22)     </li> <li>         Diagnosis (26)     </li> <li>         Screening and Prevention (24)     </li> <li>         Treatment (346)     </li> <li>         Prognosis (15)     </li> </ul>	Asthma (acute exacerbation) ESSENTIAL EVIDENCE TOPICS, 1-JAN-2019 Allergic rhinitis ESSENTIAL EVIDENCE TOPICS, 2-JAN-2019	Click link
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<u>Calculators (5)</u> <u>Diagnostic Test Calculators (3)</u>	<u>Asthma relapse in adults</u> DECISION SUPPORT TOOLS, 1-JUN-2002	





### Asthma (chronic

Essential Evidence

🖶 Printer Friend.

#### Authors:

Timothy D. Riley, MD, Assistant Professor, T David L. Lee, MD, Resident, The Pennsylvania Walter Kraft, MD, MS, Associate Professor, T

Yaa Oppong, MD, Hospitalist and Clinical Pha Editors:

Mark H. Ebell, MD, MS, Professor, College of Linda French, MD, Professor and Chair, Depa David Slawson, MD, Vice Chair, Department

#### **OVERALL BOTTOM LINE**

- Symptoms of asthma include wheezing, shore
- Long-term management of asthma requires
- Chronic asthma is treated on the basis of dis
- Long-acting beta agonists are the preferred a
- Short-acting beta 2 agonists (SABAs) are indicated and a second secon
- Patient education is a key component of disease

# Click

### to return to home page

ESSE

		inponent of disc							
Background	Prevention	Diagnosis	Treatment	Prognosis	Populations	References	Evidence	Resources	
Backgrou	und					(	Jump to		\$
Asthma is a hyperrespo include recu variable air	a chronic lower rea nsiveness. The dia urrent episodes of flow obstruction t	spiratory disease sorder results fro coughing, whee hat is often reven	characterized by om an interaction zing, breathlessr rsible either spor	v chronic airway between geneti tess, and chest t taneously or wit	inflammation ass c and environmer ightness. Asthma h treatment. <u>57</u>	sociated with rev ntal factors. In s atic episodes are	versible airflow ob susceptible indivic usually associate	ostruction and air duals, typical sym ed with widesprea	way 1ptoms ad but
Prevalence	1								
9.5% of	US children. 20								
▶ 8.2% of	US adults. 20								
Economic I	mpact   Back	<u>to Top</u>							

Over \$50 billion per year in the United States.

#### Other Impact | Back to Top

- Asthma accounts for 14.2 million physician office visits per year.
- Acute exacerbations of asthma account for 1.8 million emergency department visits per year.
- There are 439,000 hospital admissions per year attributable to asthma. 20



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## Select Asthma suspected-> asthma

### **Browse Databases and Tools**

Showing 1-20 of 53 for: Diagnostic Test Calculators > Respiratory 📀

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Sort by Title A-Z

ES

Summary View O Expanded View

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#### **About this Resource**

The 2,000 Diagnostic Test Calculators, divided into 450 symptom/disease pairings, help clinicians choose the best diagnostic test and interpret the test results. The tool offers test characteristics and an estimate of the probability of disease before conducting a test. The calculators also outline the probability of disease based upon test results. You can tailor test result interpretations based on the details of the clinical circumstance. Acute respiratory failure and infiltrates -> ARI DIAGNOSTIC TEST CALCULATORS, 1-SEP-2007

**Product Information** 

<u>Allergy suspected -> allergic thinitis</u> DIAGNOSTIC TEST CALCULATORS, 1-AUG-2006

Asthma exacerbation -> unfavourable outcome DIAGNOSTIC TEST CALCULATORS, 1-JAN-2000

Asthma suspected -> asthma DIAGNOSTIC TEST CALCULATORS, 1-JAN-2008

**D. PERLOSSIS SUSPECIED -> DOFUELEITA PERLOSSIS** DIAGNOSTIC TEST CALCULATORS, 1-APR-2008

<u>Chest pain (all) -> coronary artery spasm</u> DIAGNOSTIC TEST CALCULATORS, 1-JAN-2000

CME Credits		Му Асс	ount
asthma All databases			<b>Q</b>
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Diagnostic Tests	E Printer Friendly	2008-01-01
Determine the likelih	nood of a patient having a disease based on the results of a diagnostic test.	xternal
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US National Library of Medicine National Institutes of Health	Advanced	ndersta
Article types	Format: Summary - Sort by: Most Recent - Send to -	iagnostic test calculator
Clinical Trial Review Customize	Selected items	cplore the effect of Sensitivity and pecificity on likelihood ratios and obabilities.
Text availability Abstract Free full text Full text Publication dates 5 years 10 years Custom range	<ul> <li>Items: 3</li> <li>Prospective evaluation of the validity of exhaled nitric oxide for the diagnosis of asthma.</li> <li>Dupont LJ, Demedts MG, Verleden GM. Chest. 2003 Mar;123(3):751-6. PMID: 12628874 Similar articles</li> <li>A comparison of the validity of different diagnostic tests in adults with asthma.</li> </ul>	
Species Humans Other Animals Clear all	<ol> <li>Hunter CJ, Brightling CE, Woltmann G, Wardlaw AJ, Pavord ID. Chest. 2002 Apr;121(4):1051-7.</li> <li>PMID: 11948032 Similar articles</li> </ol>	
Show additional filters	<ul> <li>Diagnosing asthma: comparisons between exhaled nitric oxide measurements and</li> <li>conventional tests.</li> <li>Smith AD, Cowan, IQ, Filsell S, McI achlan C, Monti-Sheehan G, Jackson P, Taylor DR</li> </ul>	🕒 Share / Save 🖪 🔰 🆈
	Am J Respir Crit Care Med. 2004 Feb 15;169(4):473-8. Epub 2003 Nov 25. PMID: 14644933 Similar articles	

ESSE



### Asthma suspect

Diagnostic Tests 🛛 🖶 Printer Frien

Determine the likelihood of a patien

Preferred Units: Metric | SI

Symptom: Asthma suspected Disease: asthma

#### Select a Test:

49 - Exhaled nitric oxide > 20 ppb

» Show test summary

LR+: 49 Sensitivity: 49% LR-: 0.5 Specificity: 99%





### to return to home page

Pre-test probability (%):

67 🔭 📩 <u>help</u>

Positive test result: Negative test result:

99% probability of disease.51.4% probability of disease.

Negative test rest

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#### **Basic Sciences**

Generate multiple-choice quizzes from the resources below.

Clinical Practice & Board Review

Flashcards

Play Showdown!

CURRENT Diagnosis & Treatment: Surgery, 14e 216 Ouestions



Graber and Wilbur's Family Medicine Examination & Board Review, 4e 200 Ouestions

HARRISON	1
	THE PARTY NAMES IN COLUMN

Harrison's™ Principles of Internal Medicine: Self-Assessment and Board Review, 19e 1296 Questions



Katzung & Trevor's Pharmacology: Examination & Board Review, 12e 806 Questions

# Clinical Trials

## **Clinical Trials.gov**

About Studies 🔻

#### NIH U.S. National Library of Medicine Find Studies ClinicalTrials.gov ClinicalTrials.gov is a database of privately and publicly funded clinical studies

conducted around the world.

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IMPORTANT: Listing a study does not mean it has been evaluated by the U.S. Federal Government. Read our disclaimer for details.

Before participating in a study, talk to your health care provider and learn about the risks and potential benefits.

O Recruiting	g and not yet recruiting studies OAll studies	
Condition or dis	sease () (For example: breast cancer)	
		>
Other terms ()	(For example: NCT number, drug name, investigator nam	e)
		>
Country <b>0</b>		)

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## Cancer.gov at NCI





Immunotherapy to Treat Cancer

Immunotherapy is a type of cancer treatment that helps your immune system fight cancer.



Survivorship

Find out how to adjust to the new feelings and issues that arise when cancer treatment is over.



🖶 🖂 f 🎽 🦻

Annual Report to the Nation on the Status of Cancer

An update of rates for new cases and deaths as well as trends for the most common cancers in the United States.

# Patient Education

# MedlinePlus.gov



Page last updated on 19 June 2019 URL for this page: https://medlineplus.gov

\*Reliable Patient Education materials

#### \*Free from NLM at NIH

\*Includes multiple languages

#### \*Free mobile app!

# Drug Information

# Medical Letter





## The Medical Letter

🛕 Tuesday, June 19, 1	2018			
	The Medical Le	tter	S	pecific Drugs
	Essential to your practice			
THE MEDICAL LETTER Current Issue Previous Issues	CURRENT ISSUE 1549June 18, 2018 Andexxa - An Antidote for Apixaban and Rivaroxaban	advanced	Q search ►	
Most Read Articles	Coagulation factor Xa (recombinant), inactivated-zhzo (andexanet alfa; <i>Andexxa</i> – Portola) has received	Conversation		
ABOUT US The Medical Letter In the News	accelerated approval from the FDA for urgent reversal of the anticoagulant effect of the direct factor Xa inhibitors apixaban ( <i>Eliquis</i> ) and rivaroxaban ( <i>Xarelto</i> ). Andexanet alfa is the second antidote for a direct oral anticoagulant	Follow us f v in b	s Email	*Stav current
PRODUCTS Continuing Education Mobile App Drugs of Choice	to become available in the US, and the first for factor Xa inhibitors. Idarucizumab ( <i>Praxbind</i> ) was approved in 2015 for reversal of the anticoagulant effect of the direct thrombin inhibitor dabigatran etexilate ( <i>Pradaxa</i> ). Indexanet alfa has not been approved to date for	The Medical Letter @MedicalLetter As seen in @JAMA_curre Ertugliflozin for Type 2 #Diabetes bit.ly/2MAh8df	y 0 ent -	*unbiased information
CONTACT US	Tex. The fanticoagulation with the direct factor Xa inhibitor, the sean (Savaysa) or betrixaban (Bevyxxa). BLEEDING WITH: Xa INHIBITORS – As with all	○ [→ The Medical Letter @Medical attar	9 <u>h</u>	*not from drug companies
Blog	anticoagulants, severe, Continue reading	WiedicalLetter		not nom urug companies
Tramadol Is an Opioid	More from Issue 1549	FROM ISSUE FROM For Migraine Prevention	movig)	
Opioids Again and Again	<ul> <li>Erenumab (Aimovig) for Migraine Preventio.</li> <li>Meropenem/Vaborbactam (Vabomere) for</li> </ul>	EDA has approved ere ovig – Amgen/N	numab- ovartis), a uslv-	

### Topics: Weight Managment

#### Previous Issue:

- Diet, Drugs, Devices, and Surgery for Weight Management
- Comparison Table: Some FDA-Approved Drugs for Weight Management (online only)

**a**, 2018

View Complete Issue

Previous Issues (

approved by the FDA. **MIGRAINE PREVENTION** – Patients with frequent or severe disabling migraine headaches and those who

against the peptide receptor, treatment of migraine ... the first drug in its class to

cannot take or are refractory to acute treatment should receive preventive treatment.

Beta blockers and antiepileptic drugs are commonly used for prevention of migraine, but some patients find their adverse effects difficult to tolerate. Propranolol (Inderal LA, and others) and timolol

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# Micromedex





- Comprehensive drug information
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Jump To: DRUG-DRUG (1)   Ingredient Duplication (0)   ALLERGY (0)   FOOD (13	Interactions between
Drugs: Sev ASPIRIN WARFARIN SODIUM	*Drug-Drugs
Ingredient Duplication (None found)	*Drug-Food
Drug-ALLERGY Interactions (None found)	*Drug-Ethanol
Drug-FOOD Interactions (13) Drugs: Sev	*Drug-Lab
WARFARIN SODIUM	
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ASPIRIN	*Drug-Pregnancy
WARFARIN SODIUM	Drug rregnancy
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# Sanford Guide to Antimicrobial Therapy



#### ID Update

by admin last updated Jun 13, 2019 11:10 AM  $\odot$  Antimicrobial Therapy, II

- ID Update<sup>™</sup> is the Sanford Guide infectious diseases news page. I new drug approvals, new dosage forms, new treatment indication sharing it with a colleague? Sign up here!
- Sanford Guide digital content is updated on an continual basis, so

#### JUNE 2019

#### CDC Health Advisory

 CDC is expecting a 3 to 10 month nationwide shortage of Aplisol for use in performing tuberculin skin tests (TSTs). The time frame include substituting IGRA blood tests for TSTs, using the other lice authorities. Further information can be found on the CDC website

#### **Practice Pearls**

 Kounis syndrome, first described in 1991, is an unusual hypers also known as allergic angina or allergic MI. There are three typ enzymes. Type II occurs in patients with inactive underlying co III includes coronary artery stent thrombosis secondary to the a life-threatening if not recognized promptly. Treatment begins with dilate the coronary arteries or suppress the allergic response. Many published. A recent report describing type I Kounis syndrome in a patie

second to implicate that drug (Am J Emerg Med 2019 June 3 [Epub ahead of print]).

New or Updated Treatment Guidelines

## Newsletter update

- CDC Health Advisory
- Practice Pearls
- New or Updated Treatment Guidelines
- Drug Shortages

ell transplantation and in patients receiving other types of therapy for Infect Dis 2019 May 29 [Epub ahead of print]).

on (HIV Med 20 Suppl 6: s2-s83, 2019). These guidelines update the 2011

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There's so much information! Where do I start???

Do you need background information such as: an overview on management of disease and treatment?

> If so, use: an ebook from: an Access Product or Clinical Key or a point-of-care tool such as: Dynamed First Consult (in Clinical Key) Essential Evidence Plus

There's so much information! Where do I start???

Do you need information for a *specific problem*? Such as patient with a unique problem?

### If so, do any of the following:

- run a search in PubMed and/or Embase
- use any of the special tools listed in the LibGuide *Resources for Residents*

 Point of Care Tool

- Medical Letter
- Micromedex
- Sanford Guide to
   Antimicrobial
   Therapy



## Have Questions

Or

Need Help?

Available on 2<sup>nd</sup> floor of library, across from the Methodology Lab and the public computers



Peggy Edwards



8am–6pm Monday–Friday





**Margaret Vugrin** 

# Today's PowerPoint



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