Recursos de ayuda en la toma de decisiones en la práctica clínica : Uptodate, Dynamed, Fisterra, Access Medicine

Dynamed Plus

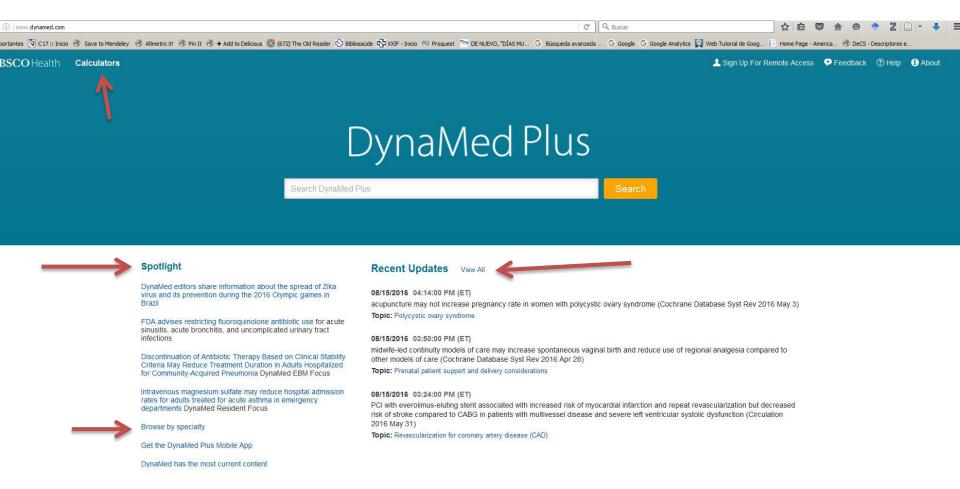
Qué es Acceso Para qué usarlo Cómo usarlo

Qué es

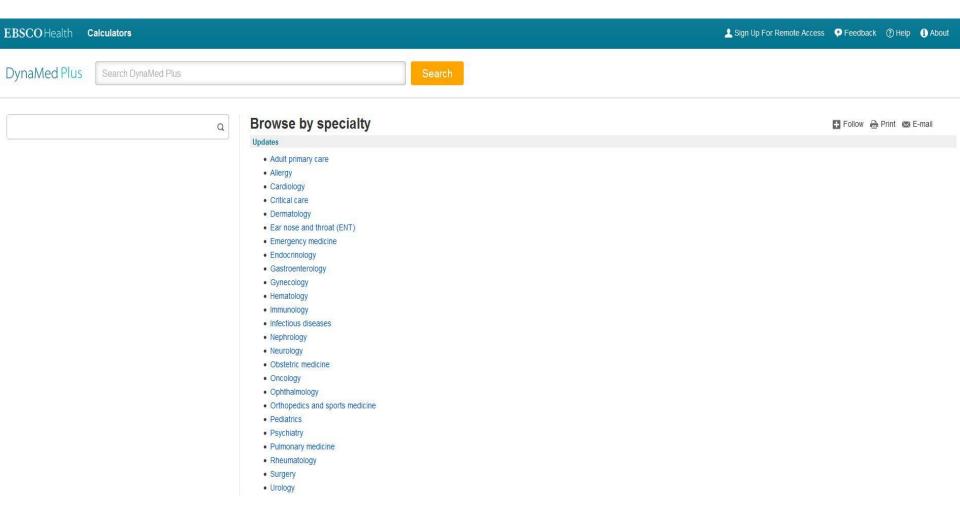
- Herramienta de referencia clínica para encontrar respuestas a preguntas clínicas.
- Un equipo de expertos e investigadores sintetizan la información y ofrecen análisis objetivos.
- Los temas se basan en evidencias clínicas y se actualizan a diario.
- Incluye recomendaciones, imágenes y gráficos, acceso móvil...

Acceso

http://www.dynamed.com



Especialidades



Calculadoras

DynaMed

Calculators

Medical Equations

Clinical Criteria

Decision Trees

Statistics Calculators

Units & Dose Converters

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Math Calculator

Glossary References

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Medical Equations

Click a letter to jump to that section. Click on a link below to use a formula or criteria.

A|B|C|D|E|F|G|H|I|J|K|L|M|N|O|P|Q|R|S|T|U|V|W|X|Y|Z

A

A-a Gradient

a/A Ratio

AaPO2 Correction for FIO2

Absolute Eosinophil Count

Absolute Lymphocyte Count

Absolute Neutrophil Count

Absolute Reticulocyte Count

Acute Heart Failure Prediction Based on NT-proBNP and Clinical Features

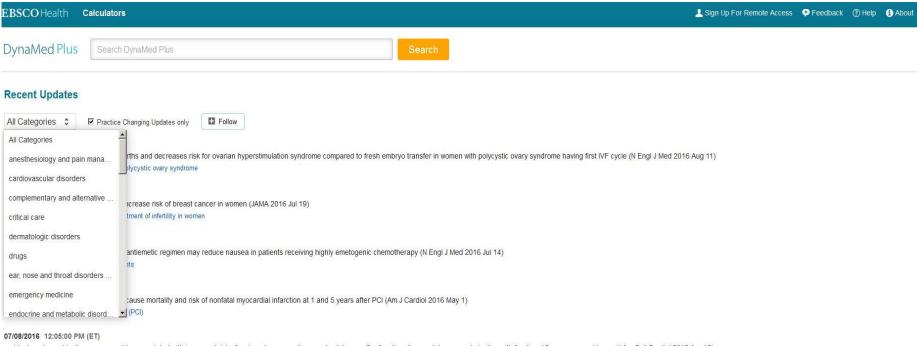
Allowable Blood Loss

Amikacin Dosing q24hr (also Kanamycin and Streptomycin)

Aminoglycoside Clearance Estimate

Amortization of Student Loans

Actualizaciones. Las que cambian la práctica clínica



residual angiographic disease may not be associated with increased risk of major adverse cardiac events at 1 year after functionally complete revascularization with fractional flow reserve guidance (J Am Coll Cardiol 2016 Apr 12)

Topic: Percutaneous coronary intervention (PCI)

06/29/2016 04:40:00 PM (ET)

flexible sigmoidoscopy screening reduces colorectal cancer-related mortality and colorectal cancer incidence in adults (USPSTF Jun 2016)

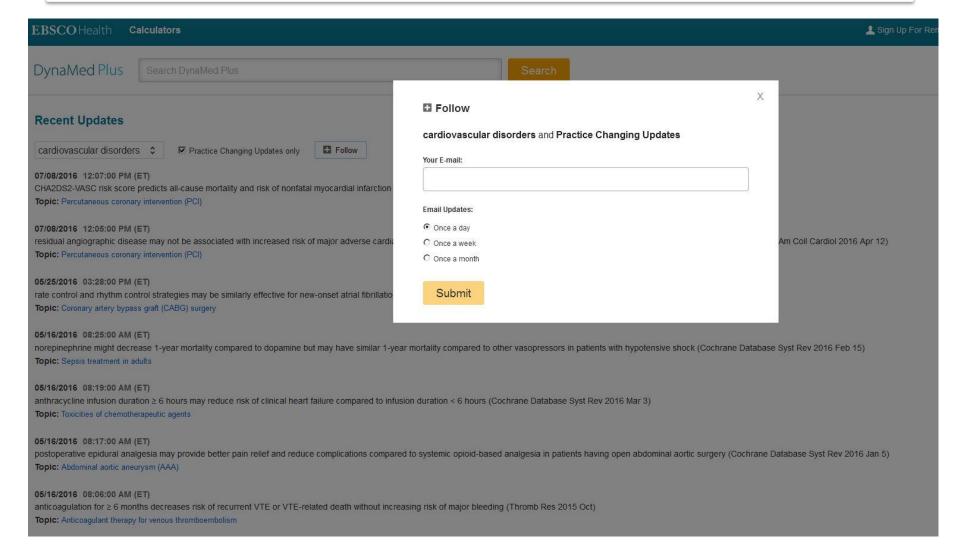
Topic: Flexible sigmoidoscopy for colorectal cancer screening

06/20/2016 02:33:00 PM (ET)

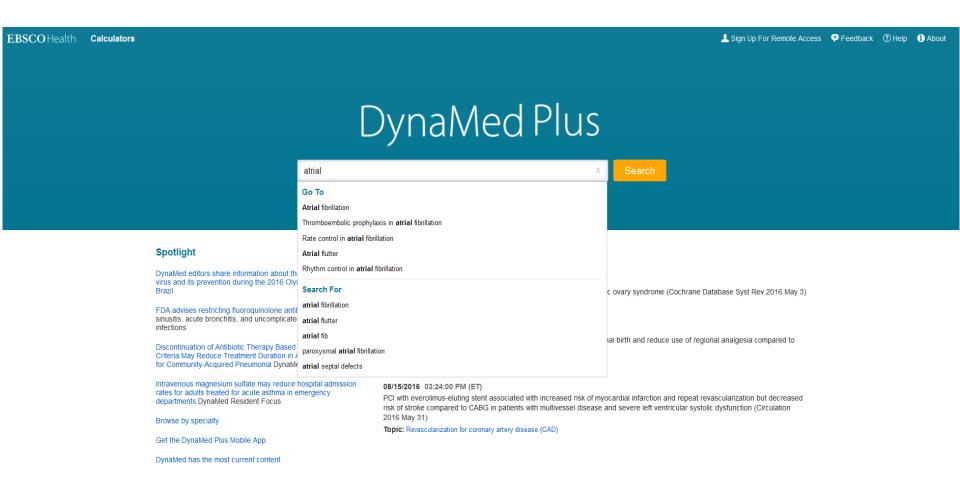
noninvasive ventilation via helmet reduces need for intubation and mortality compared to face mask in patients with acute respiratory distress syndrome (JAMA 2016 Jun 14)

Topic: Noninvasive positive pressure ventilation (NPPV) in adults

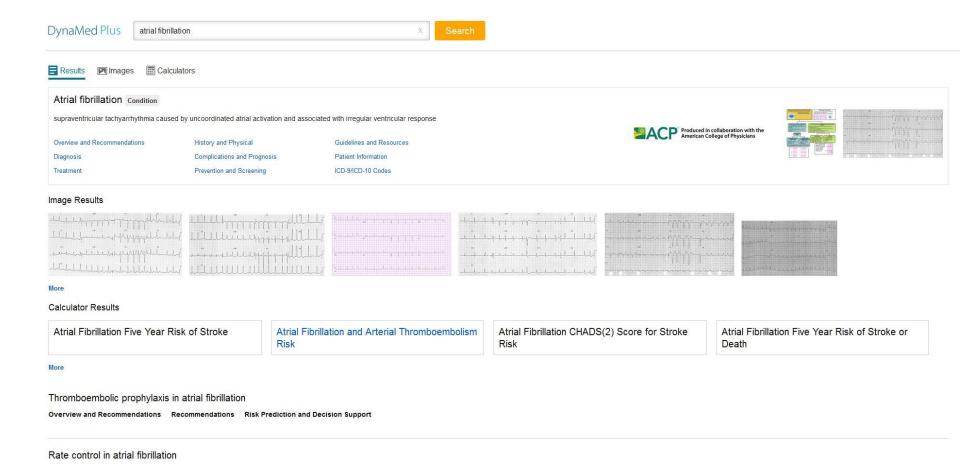
Seguir las actualizaciones



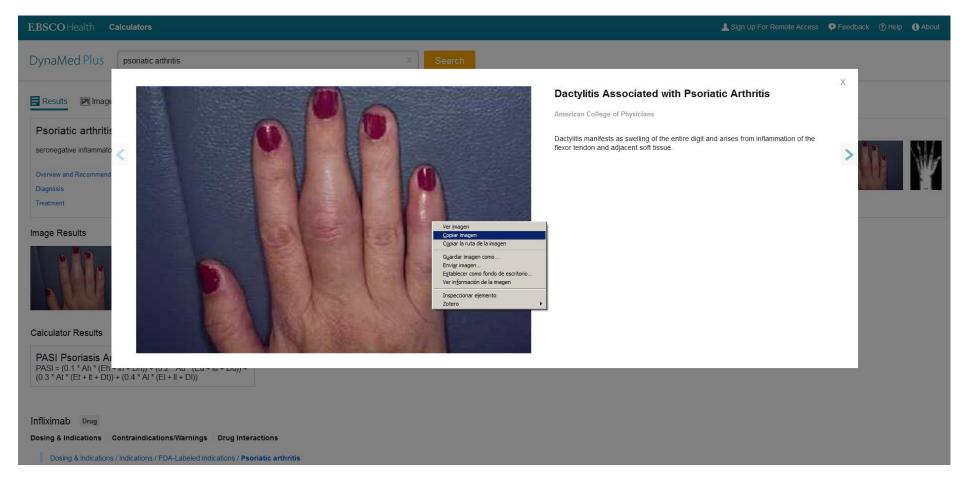
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atrial fibrillation

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Overview and Recommendations

Related Summaries

- General Information
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- History and Physical
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 Patient Information
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- References

Atrial fibrillation

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[+]Updated 2016 Jul 13 08:08:00 AM



Topic Editor Panagiotis Papageorgiou, MD, PhD

Recommendations Editor Amir Qaseem, MD, PhD, MHA, FACP

Deputy Editor Peter Oettgen MD, FACC, FAHA

Overview and Recommendations

Background

- Atrial fibrillation (AF) is a common supraventricular tachyarrhythmia caused by uncoordinated atrial activation and associated with an irregularly irregular ventricular response.
- . Causes of atrial fibrillation include an underlying structural heart disease, metabolic disorders, endocrine diseases, and certain medications.
- . The prevalence of AF is approximately 1%-2% in the general population of developed countries.
- · Definitions of AF:
- o Paroxysmal AF is recurrent atrial fibrillation that terminates spontaneously, lasting possibly up to 7 days, but usually < 48 hours.
- Persistent AF is atrial fibrillation that is sustained > 7 days or requires termination by cardioversion.
- Longstanding persistent AF is atrial fibrillation that is persistent for > 1 year.
- Permanent AF refers to atrial fibrillation where the patient and physician agree to stop additional attempts to restore or maintain normal sinus rhythm.
- Lone AF is atrial fibrillation in patients < 60 years old with no clinical history or echocardiographic evidence of cardiovascular disease, hypertension, or diabetes, and may be paroxysmal, persistent, or permanent
- · Patients with AF are often at a significantly increased risk of thromboembolism and, in particular, stroke.

Evaluation

- . Suspect a diagnosis of atrial fibrillation (AF) on a physical exam when an irregularly irregular heart rhythm is detected by the palpation of a pulse or the auscultation of heart sounds.
- Obtain an electrocardiogram (ECG) to establish the diagnosis. Characteristic findings include:
- o rapid oscillatory ('fibrillatory') baseline waves varying in amplitude, shape, and timing
- o absence of P waves
- o irregularly irregular ventricular response
- In patients with paroxysmal AF, an ambulatory electrocardiogram (Holter monitor, event monitor, loop monitor) may be needed to make the diagnosis.

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