Resource Highlight

UpToDate

SMHCS Medical Library

SARASOTA MEMORIAL HEALTH CARE SYSTEM

UpToDate

- Evidenced-based point of care clinical medical database providing recommendations across 26 specialties. UpToDate integrates and links to LexiDrug (formerely LexiComp)

- With UpToDate:
  - Answer Questions Quickly
  - Increase Clinical Knowledge
  - Improve Patient Care
  - Earn CME
  - Share Patient Education

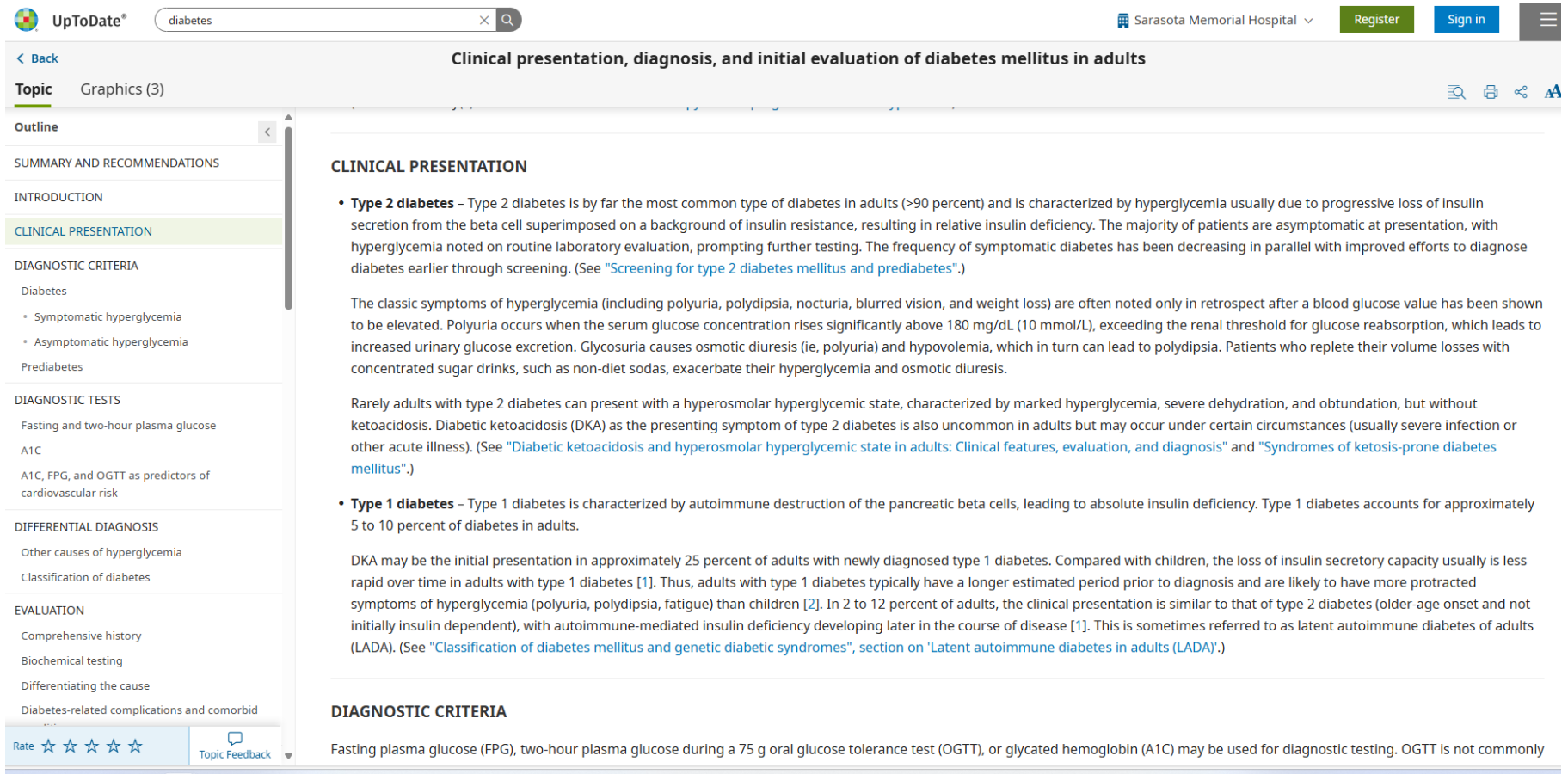
- UpToDate is available via website and mobile app.

Quick Overview

UpToDate	
Evidence-based	More expert opinion,Less well referenced
Built-in drug info	From Lexicomp
Patient information	Yes, UTD written materials
Breadth	Monitors over 460 journals plus Cochrane. Also monitors 10,000+ national and international guidelines.
Peer Reviewed	Yes

Style of Presentation - UpToDate

- UpToDate favors longer, **narrative** style delivery.



Style of Presentation - Grading Labels

UpToDate includes grading labels in the treatment recommendations.

SUMMARY AND RECOMMENDATIONS

- **Epidemiology** – Hip fractures are common worldwide and substantially increase the risk of death and major morbidity in older adults. (See "Hip fracture in older adults: Epidemiology and medical management".)
- **Clinical anatomy and fracture classification** – Hip fractures are classified by anatomic location and fracture type. The general categories include intracapsular (femoral neck and head) and extracapsular (intertrochanteric and subtrochanteric) fractures. Fracture classification is described further in the text. Intracapsular fractures have higher rates of nonunion, malunion, and avascular necrosis of the femoral head because the blood supply is more easily disrupted (figure 2 and figure 3). (See 'Fracture classification' above and 'Anatomic considerations' above.)
- **Initial care** – Initial management of the patient with a hip fracture consists primarily of providing adequate analgesia and consulting an orthopedic surgeon. Regional nerve blocks can be effective. It is prudent to obtain blood for type and crossmatch in patients with any two of the following risk factors: age over 75 years, initial hemoglobin below 12 g/dL (SI 120 g/L), and a peritrochanteric fracture. We suggest **not** using skin or skeletal traction (**Grade 2B**). (See 'Initial assessment and medical management' above.)

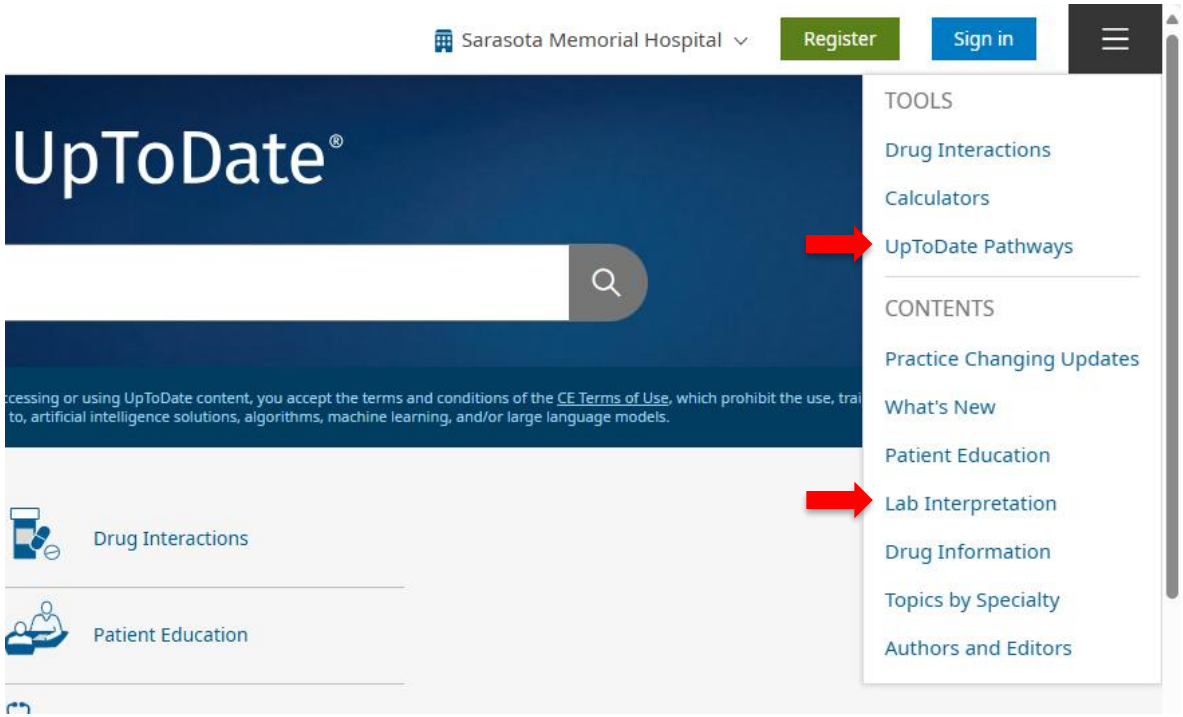
A	High-quality evidence: Consistent evidence from randomized trials, or overwhelming evidence of some other form
B	Moderate-quality evidence: Evidence from randomized trials with important limitations, or very strong evidence of some other form
C	Low-quality evidence: Evidence from observational studies, unsystematic clinical observations, or from randomized trials with serious flaws

Unique Tools – Pathways & Lab Interpretation

- **UpToDate Pathways** provide interactive guides to help make appropriate decisions related to specific clinical questions exclusively utilizing synthesized content from UpToDate and underlying evidence in society guidelines.

- **Lab Interpretations** enable you to quickly and accurately interpret and decide next steps on abnormal lab results.

- Pathways and Lab Interpretations are available on both the web and mobile app versions of UpToDate.



Contact the Library for Assistance and in-person or virtual training.

Email: Medical-Library@SMH.com

Website: https://library.smh.com