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Actualización y búsqueda en UpToDate

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1. **Qué es UpToDate**
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de **25 especialidades médicas**



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Endocrinology and Diabetes	Neurology	Rheumatology
Family Medicine and General Practice	Obstetrics, Gynecology and Women's Health	Sleep Medicine
Gastroenterology and Hepatology	Oncology	
General Surgery	Palliative Care	

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<https://www.uptodate.com/contents/authors-and-editors>

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- Consultar **interacciones entre fármacos**.
- Estar **actualizados en temas médicos** que estáis tratando.
- **Enviar comentarios** en cada apartado en el que aparece.

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Qué encontramos en UpToDate

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COVID-19 Homepage

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Answers to some of the most commonly asked questions by UpToDate users

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Password rules:

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- at least 1 uppercase letter
- cannot match username
- at least 1 number, or special character from the following set

! " # \$ % & ' () * + , - . / : ;

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Búsquedas en UpToDate

Buscador general

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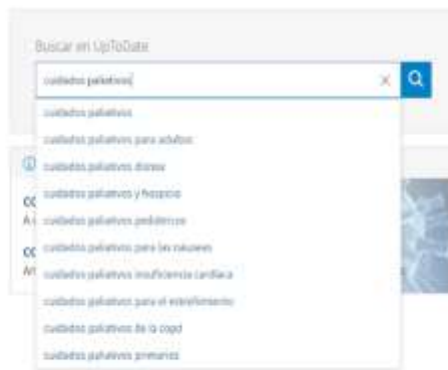
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1. Buscador general



1. Buscador general

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← Atrás Todos los temas Adultos Pediatría Pacientes Gráficos Colapsar resultados

Mostrando resultados para **cuidados paliativos**

Overview of comprehensive patient assessment in palliative care
...illness, as well as their families. **Palliative care** aims to relieve suffering in all stages of disease and does not have to be limited to **end-of-life care**. **Palliative care** may be provided along with curative ...
Gaps in general medical assessment in palliative care patients
Summary
☒ Models of health care delivery
☐ Palliative care assessment at admission criteria

Overview of managing common non-pain symptoms in palliative care
...across sites of care. **Palliative care** aims to relieve suffering in all stages of disease and is not limited to **end-of-life care**. Within an integrated model of medical care, **palliative care** is provided at the ...
Hydration in end-of-life care
Palliative sedation
Summary and Recommendations

Palliative care: The last hours and days of life
...assessment and symptom assessment for **palliative care** patients, as well as an overview of managing pain and common non-pain symptoms in **palliative care** patients, **hospice care**, and issues surrounding stopping ...
Palliative sedation for patients with refractory symptoms
Summary and recommendations

Contenidos ▾ Calculadoras Interacciones de fármacos UpToDate Pathways Registrarse Iniciar sesión

← Atrás Buscar

Topic Outline

- SUMMARY AND RECOMMENDATIONS
- INTRODUCTION
- CHALLENGES FOR SYMPTOM MANAGEMENT AT THE END OF LIFE
 - Symptom assessment
 - Importance of communication
- FATIGUE
- PAIN
- GASTROINTESTINAL SYMPTOMS
 - Nausea with or without vomiting
 - Cancer patients
 - Non-cancer conditions
 - Constipation
 - Xerostomia
 - Dysphagia
- CACHEXIA-ANOREXIA
 - Artificial nutrition and hydration

Overview of managing common non-pain symptoms in palliative care

Authors: [Eduardo Bruera, MD, Sony Day, DO](#)
Section Editor: [Thomas J Smith, MD, FACP, FASCO, FAHPM](#)
Deputy Editor: [Jane Grune, MD](#)
[Contributor Disclosures](#)

All topics are updated as new evidence becomes available and our [peer review process](#) is complete.
 Literature review current through: **Feb 2021**. | This topic last updated: **Feb 23, 2021**.

INTRODUCTION

Most patients in the terminal phase of a serious and/or life-threatening illness, such as cancer, develop potentially devastating physical, psychosocial, and existential distress in the weeks to months before death [1]. Patients admitted to tertiary palliative care units are likely to present with more frequent and severe symptoms compared with those admitted to community hospices or acute care hospital beds, although the frequency of symptoms is high in all groups ([table 1](#)).

Effective treatment will successfully alleviate, and may even eliminate, the majority of symptoms (pain, dyspnea, nausea/vomiting, fatigue, etc) that arise in terminally ill patients.

Palliative care is an interdisciplinary medical specialty that focuses on preventing and relieving unnecessary suffering by supporting the best possible quality of life for patients and their loved ones facing serious and/or life-threatening illness. The primary tenets of palliative care are symptom management; establishing goals of care that are in keeping with the patient's values and preferences; consistent and sustained communication between the patient and all those involved in their care; psychosocial, spiritual, and practical support both to patients and their families or caregivers; and coordination across sites of care. Palliative care aims to relieve suffering in all stages of disease and is not limited to end-of-life care. Within an integrated model of medical care, palliative care is provided at the same time as curative or life-prolonging treatments. (See ["Benefits, services, and models of subspecialty palliative care"](#).)

Referral to palliative care at an earlier stage of an advanced, serious, or life-threatening illness may reduce the symptom burden of patients and prepare family caregivers for the last stages of life. In a seminal study of patients with metastatic non-small-cell lung cancer, early palliative care consultation led to modest improvements in quality of life and mood, longer median survival,

← Atrás

Topic Outline

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Frequency of symptoms in terminal cancer patients as assessed by a consult team in a variety of care settings*

Symptom	TPCU	Referral hospitals	Hospices	"p" value
Pain	116/154 (74%)	300/639 (47%)	231/407 (57%)	<0.0001 [†]
Activity	138/154 (90%)	561/624 (90%)	356/431 (83%)	0.0014 [†]
Nausea	55/152 (36%)	125/636 (20%)	93/368 (25%)	0.0001 [†]
Depression	87/148 (59%)	256/573 (44%)	179/391 (46%)	0.0042 [†]
Anxiety	102/152 (67%)	288/583 (49%)	202/403 (50%)	0.0003 [†]
Drowsiness	111/154 (72%)	394/621 (63%)	310/417 (74%)	0.0009 [†]
Appetite	116/152 (76%)	502/617 (81%)	314/428 (73%)	0.0082
Wellbeing	118/147 (80%)	390/540 (72%)	262/404 (65%)	0.001 [†]
Shortness of breath	76/153 (50%)	206/630 (33%)	151/393 (38%)	0.0004 [†]

TPCU: tertiary palliative care units.
* All frequencies defined as the proportion of patients who scored 30 or higher on a 1 to 100 mm visual analog scale for the severity of that particular symptom.
† P value significant after bonferroni correction.

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Graphic 79614 Version 3.0

Tabla 1 del artículo

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Contenidos ▾ Calculadoras Interacciones de fármacos UpToDate Pathways

← Atrás Todos los temas Adultos Pediatría Pacientes **Gráficos**

Mostrando resultados para **cuidados paliativos**



Models of health care delivery



Criteria for a palliative care assessment at the time of admission



Approach to cardiac implantable electronic device management (permanent pacemakers and implantable cardioverter-defibrillators)



Initiating a discussion about palliative care for patients with advanced lung disease



Primary palliative care educational offerings



Primary palliative care assessment components



Palliative care in the emergency department definitions



Components of early ambulatory palliative care consultation



NCCN criteria for palliative care assessment



Causes of dyspnea in palliative care patients



Causes of hemoptysis in palliative care patients



Summary of the treatment approach to chronic nausea and/or vomiting in palliative care patients with cancer



Representative primary and subspecialty palliative care skills in each domain



Common clinical syndromes associated with pruritus in palliative care populations



Refusal of care: Specific scenarios in palliative care settings



Non-malignant causes of cough in palliative care



Primary palliative care assessment of patients with chronic lung disease



Common causes of nausea and vomiting in palliative care



Selection of etiology-based antiemetics in palliative care



Management of depression in adult palliative care patients: Pharmacologic therapy with stimulants and antidepressants

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3. Interpretación de pruebas genéticas

[Contenidos](#) [Calculadoras](#) [Interacciones de fármacos](#) [UpToDate Pathways](#) [Registrarse](#) [Iniciar sesión](#)

Buscar en UpToDate :

gene test interpretation

X Q

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3. Interpretación de pruebas genéticas

Contenidos: [Calculadoras](#) [Interacciones de fármacos](#) [UpToDate Pathways](#) [Regístrate](#) [Iniciar sesión](#)

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Mostrando resultados para **gene test interpretation**

Gene test interpretation: BRCA1 and BRCA2

Gene test interpretation: RBT

Gene test interpretation: SMAD4

Gene test interpretation: BMPR1A

Gene test interpretation: Factor V Leiden

Gene test interpretation: CFTR
...typically measures blood levels of immunoreactive trypsinogen (IRT), with or without concurrent CFTR **gene testing**. If IRT is abnormal, genetic testing is indicated. Infants with one or more pathogenic CFTR...

Gene test interpretation: MUTYH

Gene test interpretation: HFE
...associated with rare variants such as HFE gene deletions or variants affecting other iron regulatory **genes** **Testing** for these may be indicated in suspected or known juvenile hemochromatosis. The diagnosis...

Gene test interpretation: HEXA
...determining whether the test evaluated a targeted panel of common variants or the entire HEXA **gene**. **Testing** used to guide clinical care should be performed in a Clinical Laboratory Improvement Amendments...

3. Interpretación de pruebas genéticas

Contenidos:  Calculadoras: Interacciones de fármacos: UpToDate Pathways:  Registrarse: Iniciar sesión

 Atrás: Todos los temas: Adultos: Pediatría: Pacientes: Gráficos:  Colapsar resultados

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Gene test interpretation: HEXA
...determining whether the test evaluated a targeted panel of common variants or the entire HEXA gene. Testing used to guide clinical care should be performed in a Clinical Laboratory Improvement Amendments...

Resume la interpretación de las pruebas de línea germinal de los genes BRCA1 y BRCA2, que inhiben los tumores malignos y cuya mutación aumenta el riesgo de cáncer de mama y ovario en las mujeres

Pruebas genéticas para HFE, el gen principal asociado con la sobrecarga hereditaria de hierro.

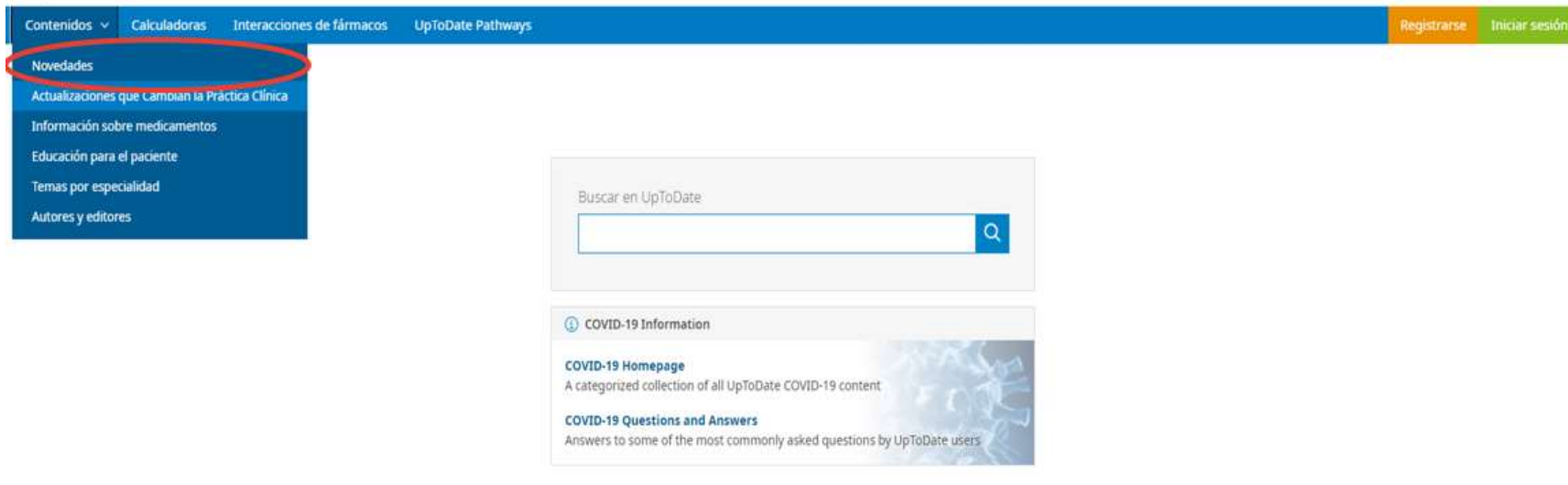
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5. Actualizaciones que cambian la práctica clínica



Contenidos ▾ Calculadoras Interacciones de fármacos UpToDate Pathways Registrarse Iniciar sesión

Novedades
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[< Atrás](#) [What's New](#)

Our editors select a small number of the most important updates and share them with you via What's New.

Find Out What's New In:

Practice Changing UpDates	Gastroenterology and hepatology	Palliative care
Allergy and immunology	Geriatrics	Pediatrics
Anesthesiology	Hematology	Primary care
Cardiovascular medicine	Hospital medicine	Psychiatry
Dermatology	Infectious diseases	Pulmonary and critical care medicine
Drug therapy	Nephrology and hypertension	Rheumatology
Emergency medicine	Neurology	Sleep medicine
Endocrinology and diabetes mellitus	Obstetrics and gynecology	Sports medicine (primary care)
Family medicine	Oncology	Surgery

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Topic Outline

SYMPTOM MANAGEMENT

- Early integration of supportive care for metastatic esophagogastric cancer (January 2021)
- Revised REMS for transmucosal immediate release fentanyl preparations (January 2021)
- Morphine for palliative treatment of dyspnea (October 2020)
- Exercise for insomnia in palliative care patients (September 2020)

REFERENCES

 GRAPHICS

Tables

- Multidisciplinary approach to treating dyspnea

 RELATED TOPICS

What's new in palliative care

Authors: [Jane Givens, MD](#), [Diane MF Savarese, MD](#)
[Contributor Disclosures](#)

All topics are updated as new evidence becomes available and our [peer review process](#) is complete.
 Literature review current through: **Feb 2021**. | This topic last updated: **Feb 02, 2021**.

The following represent additions to UpToDate from the past six months that were considered by the editors and authors to be of particular interest. The most recent What's New entries are at the top of each subsection.

SYMPTOM MANAGEMENT

Early integration of supportive care for metastatic esophagogastric cancer (January 2021)

Patients with advanced esophagogastric cancer have a high incidence of malnutrition and psychologic distress, which may impair survival. The benefit of early supportive care was shown in a Chinese trial in which patients with previously untreated metastatic esophagogastric cancer who were randomly assigned to early interdisciplinary input with a focus on nutrition and psychological health integrated into standard oncologic care had significantly longer survival, better emotional and cognitive functioning, and less weight loss than did those receiving standard care alone [1]. All patients with newly diagnosed advanced gastric cancer should have a full assessment of symptom burden, nutritional and psychological status, and social supports as early as possible, ideally prior to starting systemic chemotherapy. (See "[Initial systemic therapy for locally advanced unresectable and metastatic esophageal and gastric cancer](#)", [section on 'Importance of early supportive care'](#).)

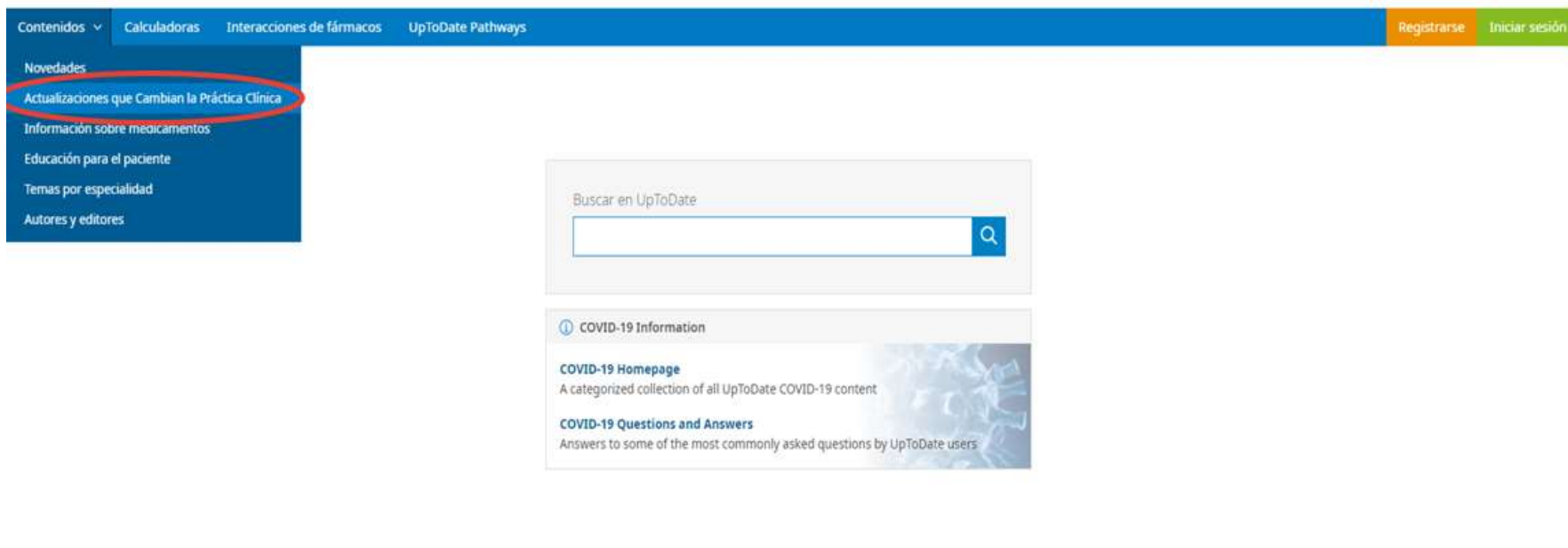
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5. Actualizaciones que cambian la práctica clínica



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Topic Outline

INTRODUCTION

INFECTIOUS DISEASES (November 2020, Modified February 2021)
Vaccines to prevent SARS-CoV-2 infection

INFECTIOUS DISEASES; EMERGENCY MEDICINE (ADULT AND PEDIATRIC) (February 2021)
Tocilizumab for COVID-19

INFECTIOUS DISEASES; OBSTETRICS, GYNECOLOGY AND WOMEN'S HEALTH; PRIMARY CARE (ADULT); FAMILY MEDICINE AND GENERAL PRACTICE; EMERGENCY MEDICINE (ADULT AND PEDIATRIC) (January 2021)
Anaerobic coverage for treatment of pelvic inflammatory disease

INFECTIOUS DISEASES; PRIMARY CARE (ADULT); FAMILY MEDICINE AND GENERAL

Practice Changing UpDates

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: **Feb 2021**. | This topic last updated: **Mar 10, 2021**.

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 updates that affect practice. These Practice Changing UpDates, reflecting important changes to UpToDate over the past year, are presented chronologically, and are discussed in greater detail in the identified topic reviews.

INFECTIOUS DISEASES (November 2020, Modified February 2021)

Vaccines to prevent SARS-CoV-2 infection

- For individuals who are eligible for vaccination according to local allocation priorities, we recommend COVID-19 vaccination ([Grade 1B](#)). Vaccine selection depends on local availability.

Various vaccines to prevent SARS-CoV-2 infection are becoming available in different countries. In the United States, the [COVID-19 mRNA vaccines](#) BNT162b2 (Pfizer-BioNTech COVID-19 vaccine) and mRNA 1273 (Moderna COVID-19 vaccine) and the [COVID-19 adenovirus vector vaccine](#) Ad26.COV2.S (Janssen COVID-19 vaccine) have received emergency use authorization [1-3]. The mRNA vaccines are each given as two intramuscular doses separated by a few weeks; the adenovirus vector vaccine is a single intramuscular dose. In large placebo-controlled trials, these vaccines

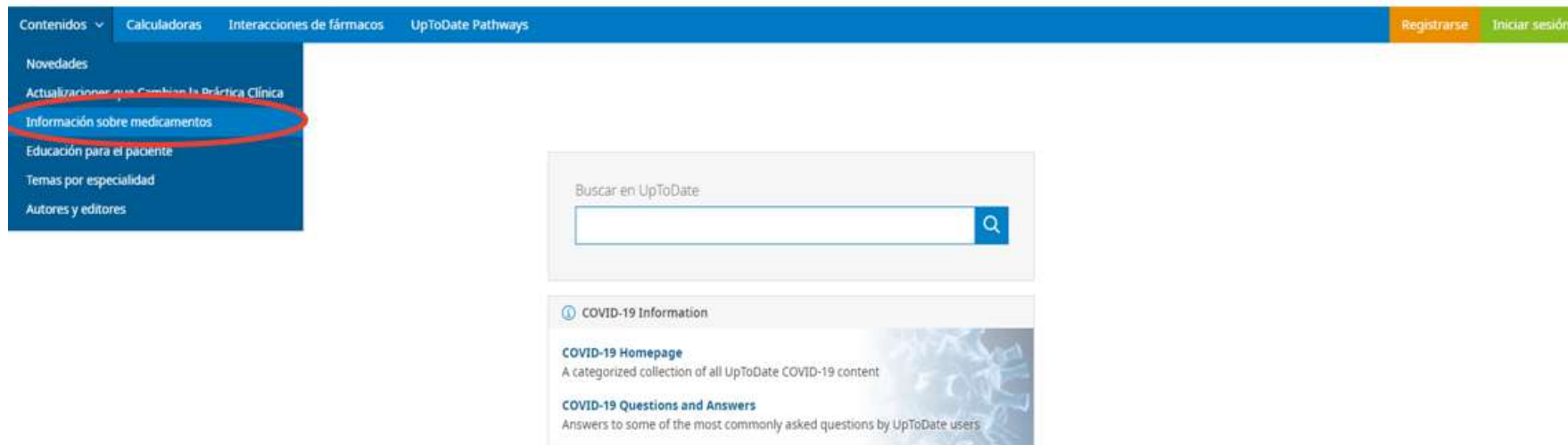
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6. Información sobre medicamentos



The screenshot displays the UpToDate website interface. At the top, a blue navigation bar contains the following links: "Contenidos" (with a dropdown arrow), "Calculadoras", "Interacciones de fármacos", and "UpToDate Pathways". On the right side of this bar are two buttons: "Registrarse" (orange) and "Iniciar sesión" (green). A dropdown menu is open under "Contenidos", listing several options: "Novedades", "Actualizaciones que Cambian la Práctica Clínica", "Información sobre medicamentos" (which is circled in red), "Educación para el paciente", "Temas por especialidad", and "Autores y editores". Below the navigation bar, there is a search section with the text "Buscar en UpToDate" above a search input field and a magnifying glass icon. Underneath the search bar, there is a section titled "COVID-19 Information" with a sub-header "COVID-19 Homepage" and a description "A categorized collection of all UpToDate COVID-19 content". Below this, there is another sub-header "COVID-19 Questions and Answers" with a description "Answers to some of the most commonly asked questions by UpToDate users".

6. Información sobre medicamentos

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< Atrás **Drug Information**

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International drug information (concise)

Patient drug information

Pediatric drug information

What's new in drug therapy

Patient Education

6. Información sobre medicamentos

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[< Atrás](#) **General drug information**

[14-C Urea breath test: Drug information](#)

[Abacavir and lamivudine: Drug information](#)

[Abacavir, lamivudine, and zidovudine: Drug information](#)

[Abacavir: Drug information](#)

[Abaloparatide: Drug information](#)

[Abametapir: Drug information](#)

[Abatacept: Drug information](#)

[Abciximab \(United States: Not available\): Drug information](#)

[Abemaciclib: Drug information](#)

[Abiraterone: Drug information](#)

[AbobotulinumtoxinA \(Dysport\): Drug information](#)

6. Información sobre medicamentos

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Topic Outline

- Pharmacologic Category
- Dosing: Adult
- Dosing: Renal Impairment: Adult
- Dosing: Hepatic Impairment: Adult
- Dosing: Pediatric
- Dosing: Renal Impairment: Pediatric
- Dosing: Hepatic Impairment: Pediatric
- Dosing: Geriatric
- Product Availability
- Administration: Adult
- Administration: Pediatric
- Use: Labeled Indications

Acyclovir (ophthalmic): Drug information Lexicomp®

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(For additional information [see "Acyclovir \(ophthalmic\): Patient drug information"](#) and [see "Acyclovir \(ophthalmic\): Pediatric drug information"](#))

For abbreviations and symbols that may be used in Lexicomp ([show table](#))

Pharmacologic Category

Antiviral Agent, Ophthalmic

Dosing: Adult

Herpetic keratitis: Ophthalmic: Apply a ½-inch ribbon of ointment in the lower cul-de-sac of the affected eye(s) 5 times daily (approximately every 3 hours while awake) until the corneal ulcer heals, then apply a ½-inch ribbon 3 times daily for 7 days.

Dosing: Renal Impairment: Adult

There are no dosage adjustments provided in the manufacturer labeling (has not been studied). However, dosage adjustment unlikely due to low systemic absorption.

Dosing: Hepatic Impairment: Adult

There are no dosage adjustments provided in the manufacturer labeling (has not been studied). However, dosage adjustment unlikely due to low systemic absorption.

Dosing: Pediatric

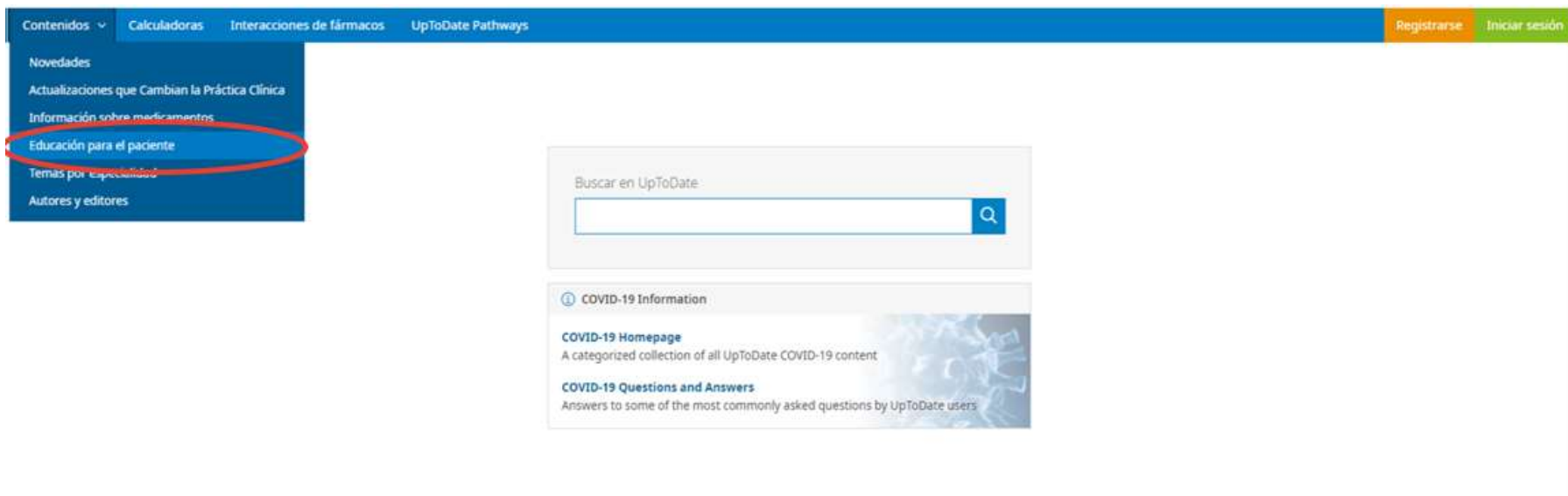
Buscador general

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Foto de smalllikeart

7. Educación para el paciente



Contenidos ▾ Calculadoras Interacciones de fármacos UpToDate Pathways Registrarse Iniciar sesión

- Novedades
- Actualizaciones que Cambian la Práctica Clínica
- Información sobre medicamentos
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- Autores y editores

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7. Educación para el paciente

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< Atrás
Patient Education

Patient Education

UpToDate offers two levels of content for patients:

- The Basics** are short overviews. They are written in accordance with plain language principles and answer the four or five most important questions a person might have about a medical problem.
- Beyond the Basics** are longer, more detailed reviews. They are best for readers who want detailed information and are comfortable with some medical terminology.



This site complies with the HONcode standard for trustworthy health information: verify here.

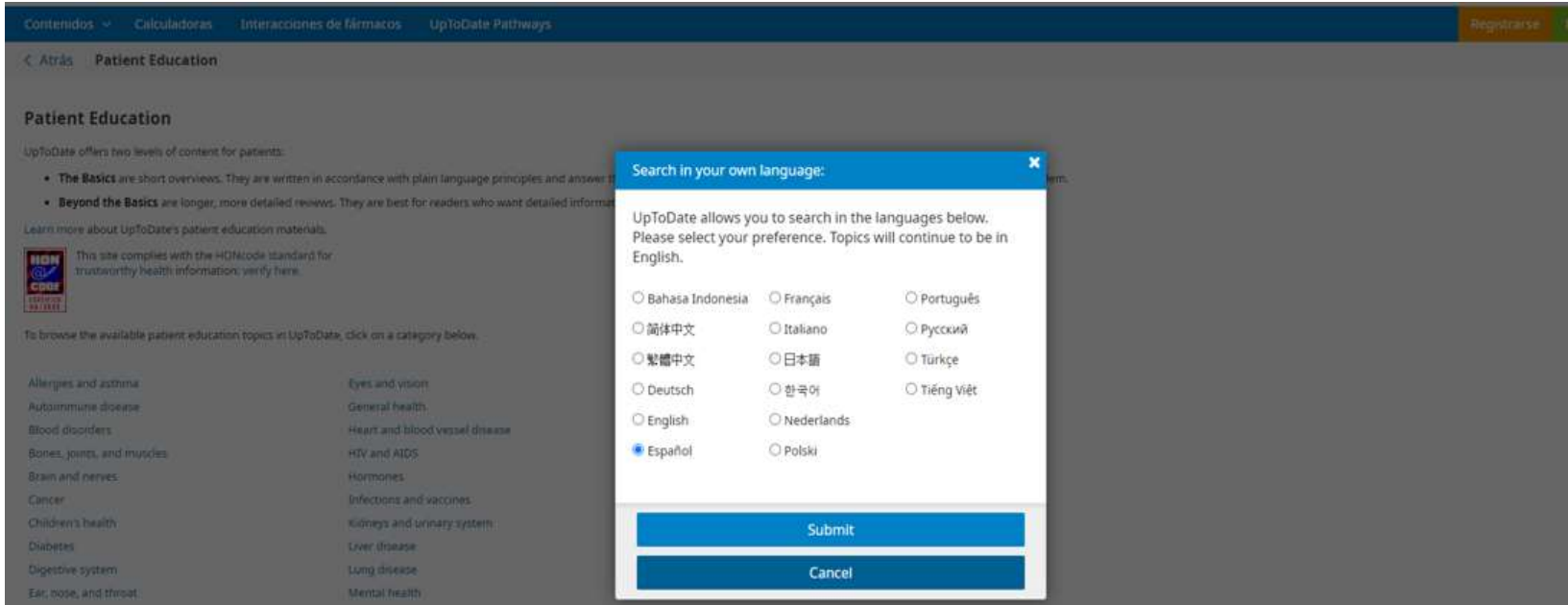
To browse the available patient education topics in UpToDate, click on a category below.

Allergies and asthma	Eyes and vision	Nutrition, diet, and weight
Autoimmune disease	General health	Pregnancy and childbirth
Blood disorders	Heart and blood vessel disease	Senior health
Bones, joints, and muscles	HIV and AIDS	Sexual and reproductive health
Brain and nerves	Hormones	Skin, hair, and nails
Cancer	Infections and vaccines	Sleep
Children's health	Kidneys and urinary system	Surgery
Diabetes	Liver disease	Travel health
Digestive system	Lung disease	
Ear, nose, and throat	Mental health	


Language

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7. Educación para el paciente



The screenshot shows the UpToDate Patient Education page. The top navigation bar includes links for 'Contenidos', 'Calculadoras', 'Interacciones de fármacos', and 'UpToDate Pathways'. A 'Registrarse' button is in the top right. The main heading is 'Patient Education'. Below it, text states 'UpToDate offers two levels of content for patients:' followed by two bullet points: 'The Basics' (short overviews) and 'Beyond the Basics' (longer, more detailed reviews). A link 'Learn more about UpToDate's patient education materials.' is provided. Below this is a 'HON' logo and a statement: 'This site complies with the HONcode standard for trustworthy health information: verify here.' A section titled 'To browse the available patient education topics in UpToDate, click on a category below.' lists various medical categories in two columns. A modal window titled 'Search in your own language:' is open, displaying a list of languages with radio buttons. 'Español' is selected. The modal also includes a 'Submit' button and a 'Cancel' button.

Contenidos ▾ Calculadoras Interacciones de fármacos UpToDate Pathways Registrarse

< Atrás Patient Education

Patient Education

UpToDate offers two levels of content for patients:

- **The Basics** are short overviews. They are written in accordance with plain language principles and answer the most common questions about a condition.
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Learn more about UpToDate's patient education materials.

 This site complies with the HONcode standard for trustworthy health information: verify here.

To browse the available patient education topics in UpToDate, click on a category below.

Allergies and asthma	Eyes and vision
Autoimmune disease	General health
Blood disorders	Heart and blood vessel disease
Bones, joints, and muscles	HIV and AIDS
Brain and nerves	Hormones
Cancer	Infections and vaccines
Children's health	Kidneys and urinary system
Diabetes	Liver disease
Digestive system	Lung disease
Ear, nose, and throat	Mental health

Search in your own language:

UpToDate allows you to search in the languages below. Please select your preference. Topics will continue to be in English.

☐ Bahasa Indonesia	☐ Français	☐ Português
☐ 简体中文	☐ Italiano	☐ Русский
☐ 繁體中文	☐ 日本語	☐ Türkçe
☐ Deutsch	☐ 한국어	☐ Tiếng Việt
☐ English	☐ Nederlands	
☒ Español	☐ Polski	

Submit

Cancel

7. Educación para el paciente

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< Atrás Eyes and vision

The Basics Beyond the Basics

"The Basics" are short (1 to 3 page) articles written in plain language. They answer the 4 or 5 most important questions a person might have about a medical problem. These articles are best for people who want a general overview.

Crossed eyes and lazy eye

Educación para el paciente: Bizquera y ojo perezoso (Conceptos Básicos) [View in English](#)

Detached retina

Educación para el paciente: Desprendimiento de retina (Conceptos Básicos) [View in English](#)

Dry eyes

Educación para el paciente: Ojo seco (Conceptos Básicos) [View in English](#)

Eye infections

Educación para el paciente: Conjuntivitis (Conceptos Básicos) [View in English](#)

Educación para el paciente: Celulitis orbitaria (Conceptos Básicos) [View in English](#)

7. Educación para el paciente

Contenidos  Calculadoras Interacciones de fármacos UpToDate Pathways Registrarse Iniciar sesión

[< Atrás](#)

Tabla de contenidos 

- ¿Qué es el ojo seco?
- ¿Cuál es la causa del ojo seco?
- ¿Cuáles son los síntomas del ojo seco?
- ¿Debo consultar a un médico o enfermero?
- ¿Es necesario que me realice pruebas?
- ¿Cómo se trata el ojo seco?
- Más información sobre este tema

 **RELATED TOPICS**

Educación para el paciente: Síndrome de Sjögren (Conceptos Básicos)

Educación para el paciente: Ojo seco (Conceptos Básicos)

View in [English](#)

Redactado por los médicos y editores de UpToDate

Imprimir, enviar por correo, aumentar

¿Qué es el ojo seco?

El ojo seco se produce cuando los ojos no producen suficientes lágrimas o cuando las lágrimas que producen se evaporan (desaparecen) demasiado rápido. Esto hace que el ojo se sienta seco e irritado. El término médico para ojo seco es "queratoconjuntivitis sicca".

¿Cuál es la causa del ojo seco?

Muchas personas tienen ojo seco, entre ellas aproximadamente un tercio de los adultos mayores. Unas pocas personas con ojo seco podrían tener otra enfermedad, como el síndrome de Sjögren, diabetes o enfermedad de Parkinson. Algunas medicinas pueden causar síntomas de ojo seco o empeorar el problema.

¿Cuáles son los síntomas del ojo seco?

Las personas tienen distintos síntomas, pero los más comunes son ojos que:

- Se sienten secos o con ardor
- Se ven rojos

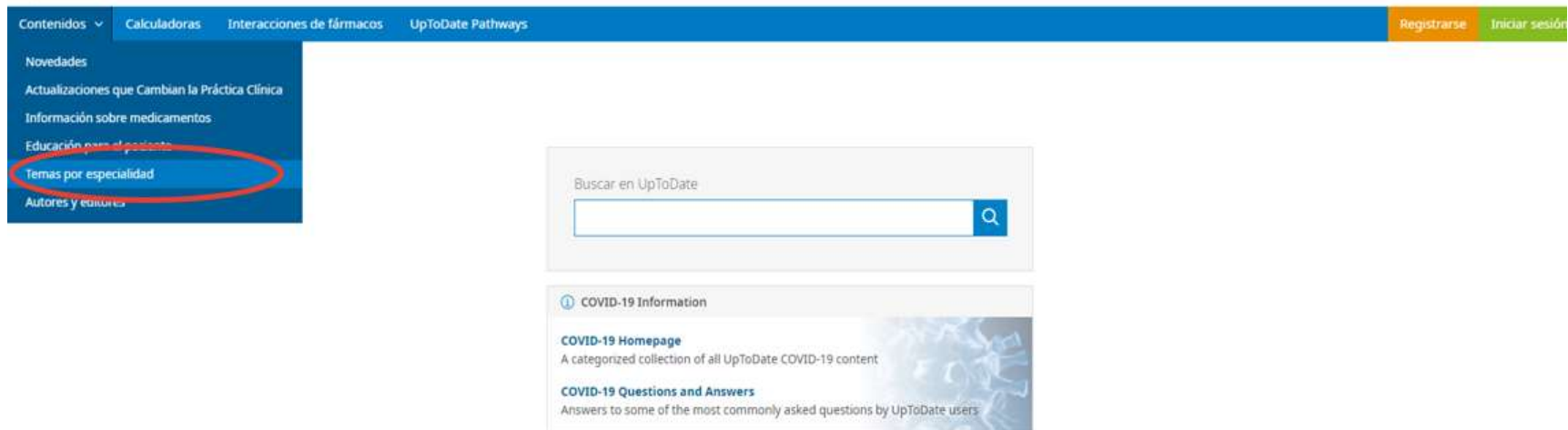
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Foto de smalllikeart

8. Temas por especialidad



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- Temas por especialidad**
- Autores y editores

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8. Temas por especialidad

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< Atrás **Topics by Specialty**

You have access to the entire UpToDate® library of specialties with your subscription. Click on one of the specialties below to see sections associated with each.

Allergy and Immunology	Geriatrics	Pediatrics
Anesthesiology	Hematology	Primary Care (Adult)
Cardiovascular Medicine	Hospital Medicine	Primary Care Sports Medicine (Adolescents and Adults)
Dermatology	Infectious Diseases	Psychiatry
Emergency Medicine (Adult and Pediatric)	Nephrology and Hypertension	Pulmonary and Critical Care Medicine
Endocrinology and Diabetes	Neurology	Rheumatology
Family Medicine and General Practice	Obstetrics, Gynecology and Women's Health	Sleep Medicine
Gastroenterology and Hepatology	Oncology	
General Surgery	Palliative Care	

8. Temas por especialidad

[Contenidos](#) [Calculadoras](#) [Interacciones de fármacos](#) [UpToDate Pathways](#) [Registrarse](#) [Iniciar sesión](#)

[< Atrás](#) **Palliative Care**

You receive the entire UpToDate library of specialties with your subscription. Click on a section below to view a detailed list of topics associated with that particular section. If you'd like to see the table of contents for other specialties, click [here](#).

General principles of palliative care	Psychosocial issues	Special sites of care and allied health professions
Non pain symptoms: Assessment and management	Selected end stage conditions	What's new in palliative care
Pain: Assessment and management	Society guidelines in Palliative Care	Patient Education

8. Temas por especialidad

Contenidos ▾ Calculadoras Interacciones de fármacos UpToDate Pathways Registrarse Iniciar sesión

< Atrás **Pain: Assessment and management**

General

Assessment of cancer pain

Ethical considerations in effective pain management at the end of life

Overview of cancer pain syndromes

Palliative sedation

Palliative sedation

Specific pain etiologies

Bone metastases in advanced prostate cancer: Clinical manifestations and diagnosis

Bone metastases in advanced prostate cancer: Management

Clinical features and diagnosis of neoplastic epidural spinal cord compression

Radiation therapy for the management of painful bone metastases

Treatment and prognosis of neoplastic epidural spinal cord compression

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[< Atrás](#) **Calculators**

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Calculadoras por especialidad

ALLERGY AND IMMUNOLOGY CALCULATORS

[Clinical Criteria](#)

[Temperature unit conversions](#)

[Weight unit conversions](#)

[Medical Equations](#)

[Absolute eosinophil count](#)

[Conventional \(gravimetric, imperial, US\) unit to SI unit conversions: Chemistry and endocrine tests](#)

[Conventional \(gravimetric, imperial, US\) unit to SI unit conversions: Immunology lab values](#)

[SI unit to conventional \(gravimetric, imperial, US\) unit conversions: Chemistry and endocrine tests](#)

[SI unit to conventional \(gravimetric, imperial, US\) unit conversions: Immunology lab values](#)

ANESTHESIOLOGY CALCULATORS

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View By Specialty

List Alphabetically

Search Calculators

Calculadoras por lista alfabética

A-a gradient (alveolar-arterial gradient; AaG)

ABCD2 score to predict stroke risk after TIA 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 (conventional and SI units)

Alcohol consumption screening AUDIT questionnaire in adults (Patient education)

APACHE II scoring system in adults

Apgar score in newborns

ARISCAT (Canet) preoperative pulmonary risk index in adults

Contenidos ▾ Calculadoras Interacciones de fármacos UpToDate Pathways Registrarse Iniciar sesión

< Atrás

Calculator: Weight unit conversions

FROM:

Pull-Down

▼

TO:

Pull-Down

▼

kilogram

pound (US)

stone (UK)

Set maximal display

form

Calculadora peso

Notes

- To make simple unit conversions, select the starting units with the pull-down selector on the right. Then type a starting value in the top **FROM** input box. To convert the value, choose the new unit in the lower right selector. The converted value will appear immediately in the **TO** box.
- To convert: pounds to kilograms (kg): multiply weight in pounds by 0.454; stone (UK) to kg: multiply by 6.35; kgs to pounds: multiply kg by 2.205; kg to stone (UK): multiply kg by 0.157.

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Topic 90339 Version 3.0

Buscador general

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10. Interacciones de fármacos



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10. Interacciones de fármacos

UpToDate®

Lexicomp® Drug Interactions

Add items to your list by searching below.

Enter item name:

ITEM LIST

Clear List

Print List

10. Interacciones de fármacos

UpToDate®

Lexicomp® Drug Interactions

Add items to your list by searching below.

acyl

[Acyclovir and Hydrocortisone](#)

Acyclovir (Ophthalmic)

Acyclovir (Systemic)

Acyclovir (Topical)

10. Interacciones de fármacos

UpToDate®

Lexicomp® Drug Interactions

Add items to your list by searching below:

Enter item name

ITEM LIST

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Search

Acyclovir and Hydralazine

Display complete list of interactions for an individual item by clicking item name. Add another item to analyze for potential interactions.

10. Interacciones de fármacos

UpToDate®

Lexicomp® Drug Interactions

Add items to your list by searching below

Enter item name

ITEM LIST

Clear List

Apply

Acyclovir and Hydrocortisone

Display complete list of interactions for an individual item by clicking item name. Add another item to analyze for potential interactions.

X Avoid combination	C Monitor therapy	A No known interaction
D Consider therapy modification	B No action needed	More about Risk Ratings ▼

4 Results

Print

- X** Acyclovir and Hydrocortisone (Corticosteroids)
Aldesleukin
- C** Acyclovir and Hydrocortisone (Hydrocortisone (Topical))
Calcipotriene
- C** Acyclovir and Hydrocortisone (Antiherpetic Antivirals)
Talinogene Laherparepvec
- B** Acyclovir and Hydrocortisone (Corticosteroids)
Beta2 Agonists

DISCLAIMER: Readers are advised that decisions regarding drug therapy must be based on the independent judgment of the clinician, changing information about a drug (eg, as reflected in the literature and manufacturer's most current product information), and changing medical practices.

Lexicomp® Drug Interactions

Add items to your list by searching below.

ITEM LIST

Clear List

Remove

[Aldesleukin and Hydrocortisone](#)

Display complete list of interactions for an individual item by clicking item name. Add another item to analyze for potential interactions.

Title Aldesleukin / Corticosteroids

Risk Rating X: Avoid combination

Summary Corticosteroids may diminish the antineoplastic effect of Aldesleukin. **Severity** Major **Reliability Rating** Fair

Patient Management Avoid concurrent use of corticosteroids with aldesleukin.

Corticosteroids Interacting Members Alclometasone, Amcinonide, Beclomethasone (Oral Inhalation), Beclomethasone (Topical), Betamethasone (Nasal), Betamethasone (Ophthalmic), Betamethasone (Topical), Budesonide (Oral Inhalation), Budesonide (Systemic), Budesonide (Topical), Ciclesonide (Oral Inhalation), Clobetasol, Clobetasone, Clotacortolone, Cortisone, Deflazacort, Desoximetasone, DexAMETHasone (Systemic), Diflorasone, Diflucortolone, Fludrocortisone, Flunisolide (Oral Inhalation), Flucinolone (Topical), Flucinsonide, Fluoprometholone, Flurandrenolide, Fluticasone (Oral Inhalation), Fluticasone (Topical), Halcinonide, Halobetasol, Hydrocortisone (Systemic), Hydrocortisone (Topical), Medrysone, MethylPREDNISolone, Mometasone (Oral Inhalation), Mometasone (Topical), Prednicarbate, PrednisolONE (Systemic), PrednisolONE (Topical), PredniSONE, Rimexolone, Tixocortol Pivalate, Triamcinolone (Topical)

Exceptions Beclomethasone (Nasal), Budesonide (Nasal), Ciclesonide (Nasal), Desonide, DexAMETHasone (Ophthalmic), Difluprednate, Flunisolide (Nasal), Flucinolone (Ophthalmic), Fluticasone (Nasal), Hydrocortisone (Ophthalmic), Loteprednol, Mometasone (Nasal), PrednisolONE (Ophthalmic), Triamcinolone (Nasal), Triamcinolone (Ophthalmic)

Discussion A study of patients involved in other clinical trials of interleukin-2 (ie, aldesleukin) with or without concurrent dexamethasone found that patients receiving concurrent corticosteroids displayed substantially lower concentrations of tumor necrosis factor (TNF)-alpha, lower concentrations of the acute phase reactant C-reactive protein, and less of an alteration in neutrophil chemotaxis.¹ Patients receiving dexamethasone also displayed fewer interleukin-2-associated adverse effects and were able to tolerate higher interleukin-2 doses. Despite this improved tolerability, it is unclear whether the effects of corticosteroid therapy on mediators like TNF-alpha may have a negative impact on the clinical effectiveness of therapy. Aldesleukin prescribing information recommends avoiding concurrent corticosteroids due to the potential for such steroids to interfere with the antitumor effects of aldesleukin.²

Footnotes

1. Mier JW, Vachino G, Klempner MS, et al. Inhibition of interleukin-2-induced tumor necrosis factor release by dexamethasone: prevention of an acquired neutrophil chemotaxis defect and differential suppression of interleukin-2-associated side effects. *Blood*. 1990;76(10):1933-1940. [PMID: 2242421]

2. Proleukin (aldesleukin) [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; October 2008.

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10. Interacciones de fármacos

UpToDate®

Lexicomp® Drug Interactions

Add items to your list by searching below

Enter item name

ITEM LIST

Clear List **Analyze**

Acyclovir (Cotriva®)

DiscePAM

Display complete list of interactions for an individual item by clicking item name.

X Avoid combination	C Monitor therapy	A No known interaction
D Consider therapy modification	B No action needed	More about Risk Ratings

Filter Results by Item [Print](#)

No interactions of Risk Level A or greater identified.

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.

Combinar y Analizar

Buscador general

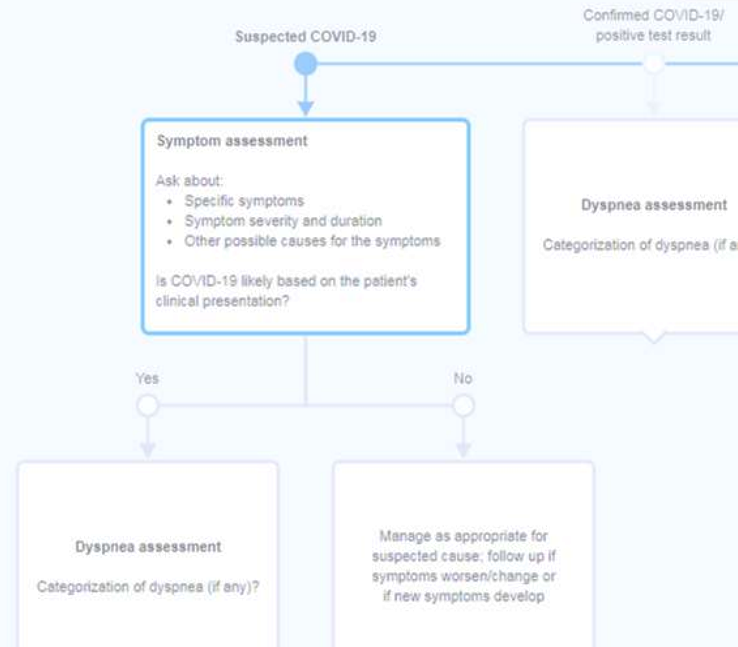
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Nueva herramienta

UpToDate Pathways (árboles de decisión, para ayudar a tomar decisiones ante una pregunta clínica). Solo tenemos acceso a información de COVID con nuestra suscripción a UpToDate.



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You have no history.

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COVID-19: Anticoagulation in adults with COVID-19

Infectious Diseases

COVID-19: Anticoagulation in adults with COVID-19

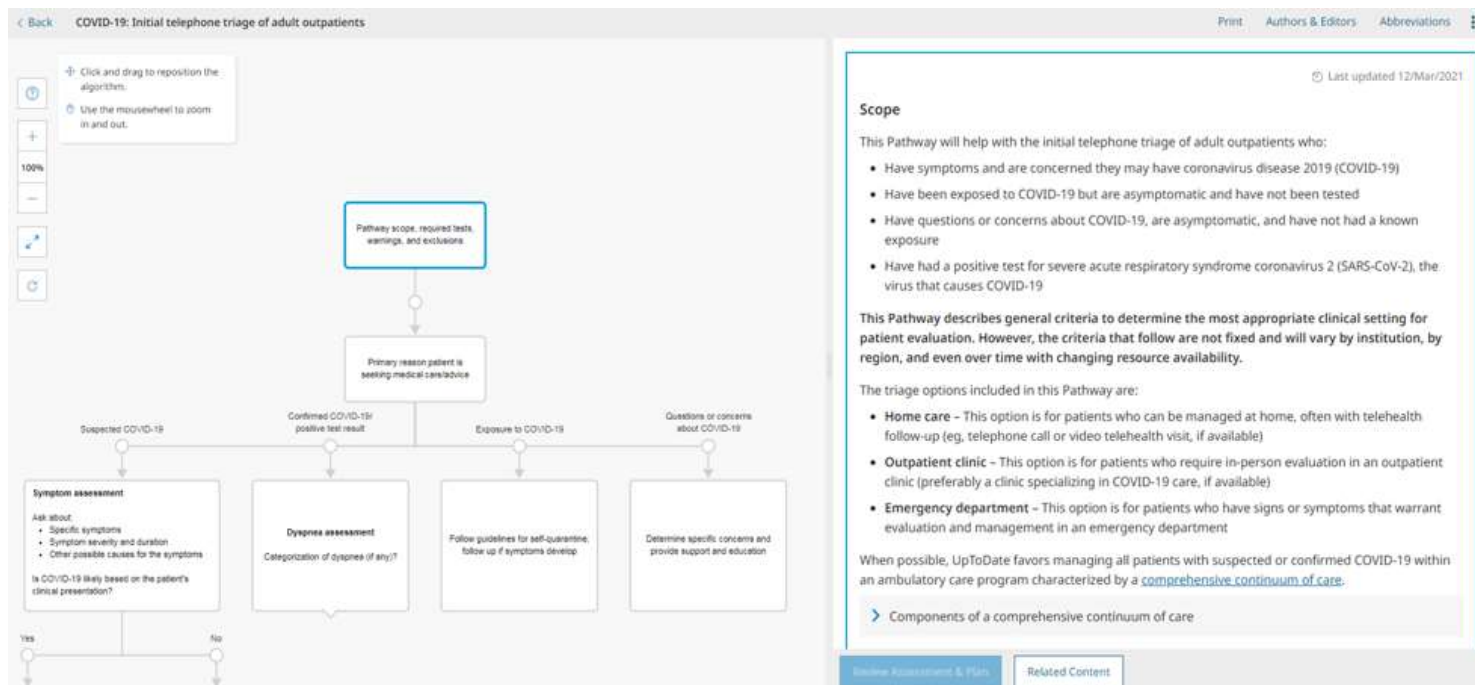
COVID-19: Initial telephone triage of adult outpatients

Primary Care (Adult)

COVID-19: Initial telephone triage of adult outpatients

Pulmonary and Critical Care Medicine

11. UpToDate Pathways



COVID-19: Initial telephone triage of adult outpatients

Print Authors & Editors Abbreviations

Questions or concerns about COVID-19

Symptom assessment

Assessing the patient's symptoms should include determining:

- If the symptoms are consistent with COVID-19 ([table 1](#))
- When the symptoms started and how severe they are (in particular, the onset and severity of dyspnea)
- If there is another, more likely cause for the patient's symptoms (eg, an asthma exacerbation)

> Typical symptom progression

In patients with less typical symptoms, such as isolated rhinorrhea or headache, the likelihood of illness due to COVID-19 should take into account the local prevalence of disease. However, during a pandemic, COVID-19 **cannot** be ruled out based upon clinical history. Further, even in locations with a high prevalence of COVID-19, the possibility of other etiologies of symptoms should be considered.

If the symptoms are not explained by another cause, patients are generally **managed presumptively as having COVID-19**, even if they had a single negative test result or have not been tested.

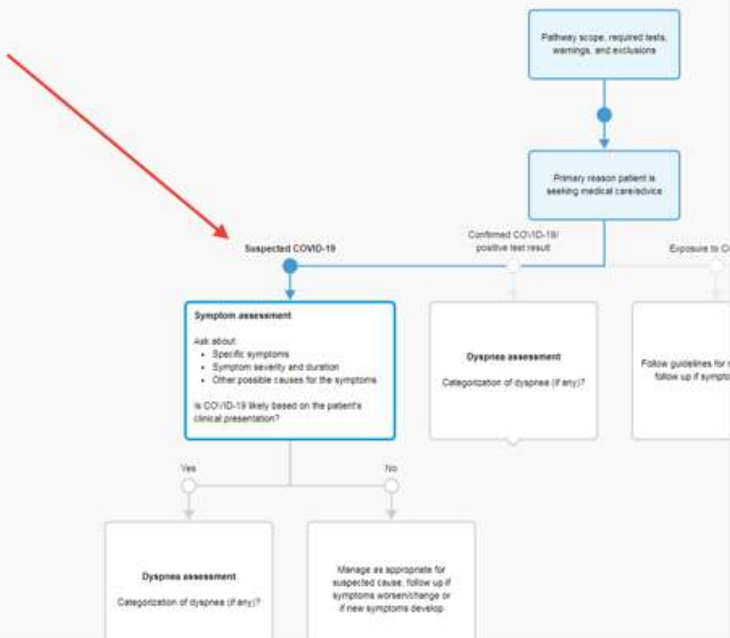
Given sampling variability, viral load variation, and potential [false-negative results](#), a single negative test does not exclude infection and should not guide management.

Is COVID-19 likely based on the patient's clinical presentation?

☐ Yes

☐ No

Review Assessment & Plan Related Content



```

graph TD
    A[Pathway scope, required tests, warnings, and exclusions] --> B[Primary reason patient is seeking medical care/advice]
    B --> C[Confirmed COVID-19/ positive test result]
    B --> D[Exposure to COVID-19]
    C --> E[Dyspnea assessment  
Categorization of dyspnea (if any)?]
    C --> F[Follow guidelines for follow up if symptomatic]
    D --> G[Symptom assessment  
Ask about:  
• Specific symptoms  
• Symptom severity and duration  
• Other possible causes for the symptoms  
Is COVID-19 likely based on the patient's clinical presentation?]
    G -- Yes --> H[Dyspnea assessment  
Categorization of dyspnea (if any)?]
    G -- No --> I[Manage as appropriate for suspected cause, follow up if symptoms worsen/change or if new symptoms develop]
  
```

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COVID-19: Initial telephone triage of adult outpatients

Print Authors & Editors **Abbreviations**

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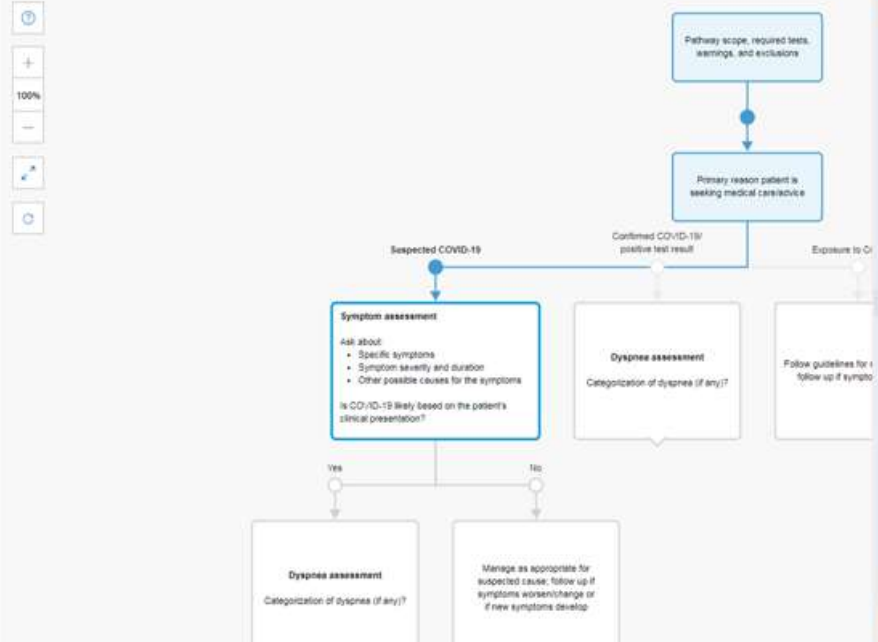
Given sampling variability, viral load variation, and potential **false-negative results**, a single negative test does not exclude infection and should not guide management.

Is COVID-19 likely based on the patient's clinical presentation?

☐ Yes

☐ No

Review Assessment & Plan Related Content



11. UpToDate Pathways

COVID-19: Initial telephone triage of adult outpatients

Pathway scope, required tests, warnings, and exclusions

Questions or concerns about COVID-19

Symptom assessment

Assessing the patient's symptoms should include determining:

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likely cause for the patient's symptoms (eg, an asthma exacerbation)

isolation

symptoms, such as isolated rhinorrhea or headache, the likelihood of
take into account the local prevalence of disease. However, during a
e ruled out based upon clinical history. Further, even in locations with a
the possibility of other etiologies of symptoms should be considered.

ined by another cause, patients are generally managed presumptively
ey had a single negative test result or have not been tested.

Given sampling variability, viral load variation, and potential **false-negative results**, a single negative test does not exclude infection and should not guide management.

Is COVID-19 likely based on the patient's clinical presentation?

☐ Yes

☐ No

Abbreviations

- BMI: body mass index
- COPD: chronic obstructive pulmonary disease
- COVID-19: coronavirus disease 2019
- PPE: personal protective equipment
- SARS-CoV-2: severe acute respiratory syndrome coronavirus 2

Symptom assessment

Ask about:

- Specific symptoms
- Symptom severity and duration
- Other possible causes for the symptoms

Is COVID-19 likely based on the patient's clinical presentation?

Dyspnea assessment

Categorization of dyspnea (if any?)

Manage as appropriate for suspected cause; follow up if symptoms worsen/change or if new symptoms develop

Review Assessment & Plan

Related Content

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¡Gracias!

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Actualización y búsqueda en UpToDate

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