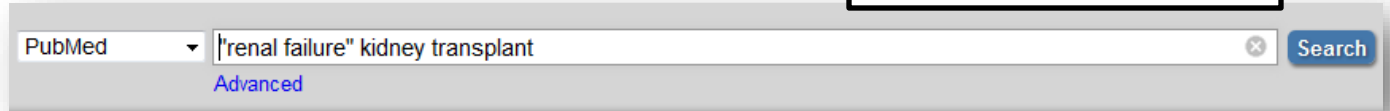


# Searching PubMed

- Google “PubMed” to get to the database (it is also listed in our class research guide under “Find articles”)
- Enter your search in the search box and click **Search** (NOTE: in PubMed you do not need to use AND to combine terms).

**PubMed** is a publicly accessible resource comprising more than 23 million citations for biomedical literature from MEDLINE, life science journals, and online books. Many articles are freely accessible, but some must be purchased. Click on **Free full text available** to limit your results to free articles only.



- When you get your list of results, use the filters on the left side of the screen to narrow your results to **Free full text**. You may also want to narrow your results to the last **5 years**, so that you are looking at the most current information on your research topic.

Article types  
Clinical Trial  
Review  
Customize ...

Text availability  
Abstract  
**Free full text**  
Full text

PubMed Commons  
Reader comments

Publication dates  
**5 years**  
10 years  
Custom range...

Species  
Humans  
Other Animals

[Clear all](#)  
[Show additional filters](#)

[Display Settings:](#)  Abstract, 20 per page, Sorted by Relevance

**Results: 1 to 20 of 56866**

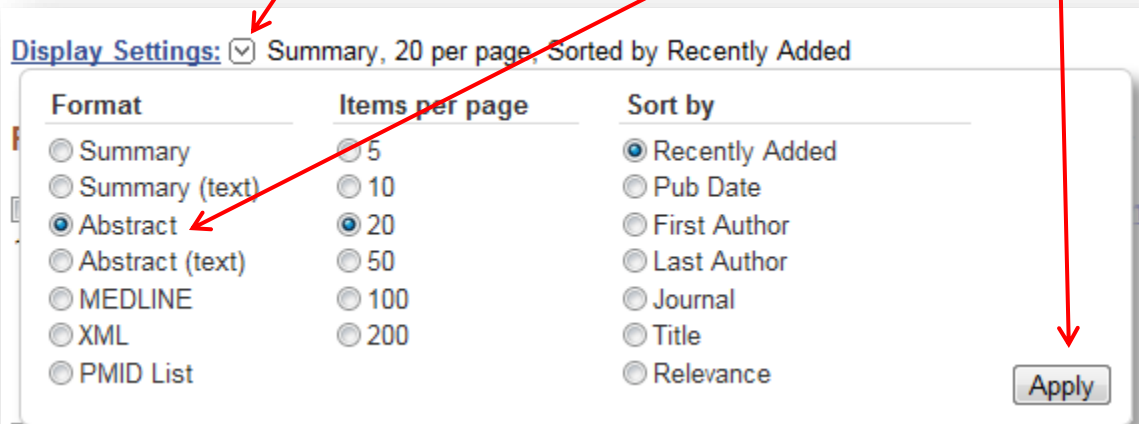
[J Clin Diagn Res.](#) 2014 Dec;8(12):CC12-4. doi: 10.7860/JCDR/2014-12-0012

1. **Correlation of Serum and Salivary Biochemical Parameters in End Stage Renal Disease Patients Undergoing Hemodialysis**  
Seethalakshmi C<sup>1</sup>, Koteeswaran D<sup>2</sup>, Chiranjeevi V<sup>3</sup>.

**Author information**

**Abstract**  
**AIM:** The aim of this study is to compare the salivary biochemical parameters in end stage renal disease patients undergoing dialysis and post dialysis state in end stage renal disease patients.  
**MATERIALS AND METHODS:** The study group was end stage renal disease patients of any cause, who are undergoing dialysis for a minimum of 3 months. The total number of subjects was 30. The venous blood samples were collected before dialysis and after the dialysis from the venous catheter. The collected samples were immediately (within 15 min) subjected to biochemical examination of urea, creatinine, sodium, potassium and phosphate. The unstimulated whole saliva was collected by spitting into a sterile container. The collected samples were immediately submitted to biochemical examination of urea, creatinine, sodium, potassium and phosphate by an autoanalyzer.  
**RESULT:** The paired t-test analysis was done in pre and post dialysis state. The mean urea, creatinine, sodium, potassium and phosphate levels were significantly higher in the pre dialysis state compared to the post dialysis state.

- Now click on the drop down menu by **Display Settings**, select **Abstract**, and click **Apply**. This will allow you to see the abstracts for each of the articles in your result list.



- Here is what a result looks like. The **Abstract** will give you a good sense of whether or not a particular article will be relevant to your research. Click on the links at the bottom of the record to access the full text.

PLoS One, 2014 Jan 14;9(1):e85029. doi: 10.1371/journal.pone.0085029. eCollection 2014.

1. **Intravascular administration of mannitol for acute kidney injury prevention: a systematic review and meta-analysis.**  
 Yang B<sup>1</sup>, Xu J<sup>1</sup>, Yu F<sup>2</sup>, Zou Z<sup>2</sup>, Ye C<sup>1</sup>, Mei C<sup>1</sup>, Mao Z<sup>1</sup>.

Author information

**Abstract**  
**BACKGROUND:** The effects of mannitol administration on acute kidney injury (AKI) prevention remain uncertain, as the results from clinical studies were conflicting. Due to the lack of strong evidence, the KDIGO Guideline for AKI did not propose completely evidence-based recommendations on this issue.  
**METHODS:** We searched PubMed, EMBASE, clinicaltrials.gov and Cochrane Controlled Trials Register. Randomized controlled trials on adult patients at increased risk of AKI were considered on the condition that they compared the effects of intravascular administration of mannitol plus expansion of intravascular volume with expansion of intravascular volume alone. We calculated pooled risk ratios, numbers needed to treat and mean differences with 95% confidence intervals for dichotomous data and continuous data, respectively.  
**RESULTS:** Nine trials involving 626 patients were identified. Compared with expansion of intravascular volume alone, mannitol infusion for AKI prevention in high-risk patients can not reduce the serum creatinine level (MD 1.63, 95% CI -6.02 to 9.28). Subgroup analyses demonstrated that serum creatinine level is negatively affected by the use of mannitol in patients undergoing an injection of radiopaque contrast agents (MD 17.90, 95% CI 8.56 to 27.24). Mannitol administration may reduce the incidence of acute renal failure or the need of dialysis in recipients of renal transplantation (RR 0.34, 95% CI 0.21 to 0.57, NNT 3.03, 95% CI 2.17 to 5.00). But similar effects were not found in patients at high AKI risk, without receiving renal transplantation (RR 0.29, 95% CI 0.01 to 6.60).  
**CONCLUSIONS:** Intravascular administration of mannitol does not convey additional beneficial effects beyond adequate hydration in the patients at increased risk of AKI. For contrast-induced nephropathy, the use of mannitol is even detrimental. Further research evaluating the efficiency of mannitol infusions in the recipients of renal allograft should be undertaken.

PMID: 24454783 [PubMed - in process] PMCID: PMC3891750 Free PMC Article

Related citations

Free PMC Article

Unlike most of the library databases at TCC, PubMed does NOT have a citation feature. Use the information at the top of the record (journal title, article title, authors, etc.) to create your APA citation.

