

- How often do I get a timely second opinion?
- When did I last use an updated reference?
- "I know it ... can't recall now"

CLINICAL DECISION SUPPORT SYSTEM (CDSS)

- ✓ Windows application
- ✓ 1000's of users

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EMPOWERING PHYSICIANS

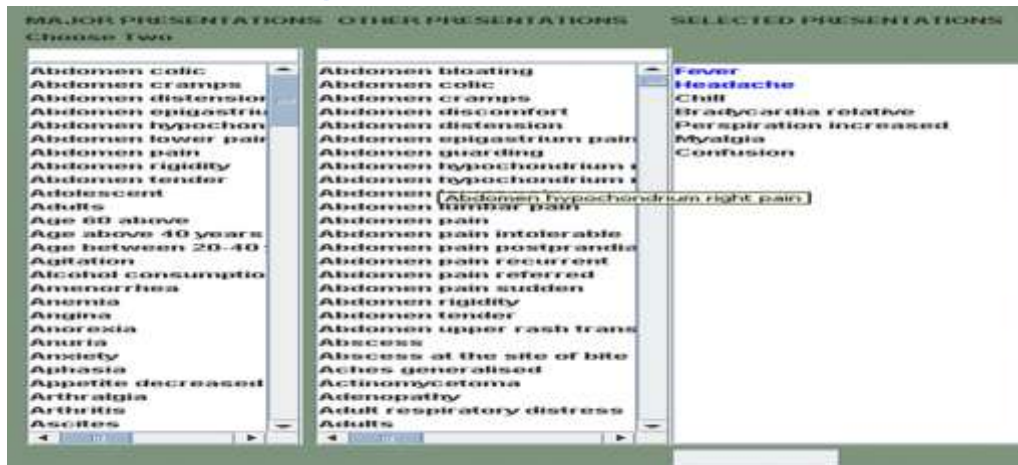
Why eClinician?

Created by Doctors with vast expertise in treatment and teaching.

- ➔ Simple to use
- ➔ Add value to practice
- ➔ Answers all clinical questions

Clinical decision support system
First of its kind, patent pending

Differential Diagnosis:



eClinician has the clinical presentations of 4500+ diseases. By choosing the clinical presentations of the patient, eClinician generates most probable differential diagnosis.

eClinician will not miss even an UNCOMMON DISEASE

Disease Viewer:

The screenshot shows the 'Complete Disease Viewer' interface. On the left, there is a search bar with 'M' entered and a scrollable list of diseases. The 'Malaria' entry is selected. On the right, there are tabs for 'Basics', 'Clinical Presentations', 'Clinical Examinations', and 'Etiology'. Below these are buttons for 'Differential Diagnosis', 'Lab Investigations', 'Treatment', 'Medications', and 'Prognosis'. The 'Basics' tab is active, displaying the following text:

Malaria
BASICS

Malaria is an acute and chronic protozoan infection transmitted by Anopheles mosquitoes to humans. There are four species that cause human infection: *Plasmodium falciparum*, *P. malariae*, *P. vivax*, *P. ovale*.

- Chills
- Fever
- Hemolysis
- *P. falciparum* (also known as malignant tertian malaria) does not have a specific periodicity in a non-immune individual. The patient may have persistent fever and in massive parasitemia may have serious complications including renal failure, central nervous system involvement, pulmonary edema, gastroenteritis, anemia, and thrombocytopenia. This is the only infection that is associated with fatal outcome.
- *P. malariae* (also known as quartan malaria) Patient will have attacks every 72 hours. This disease can become chronic. Nephrotic syndrome may be found in patients with chronic *P. malariae* infection
- *P. vivax* (benign tertian) and *P. ovale* patient will have attacks every 48 hours
- Splenomegaly is found in those with chronic infections
- Sickle cell trait
- Thalassemia
- G6PD deficiency and altered ATP in erythrocytes are relatively immune from malaria.
- Chronic progressive nephrotic syndrome is only observed in *P. malariae* infections
- Cerebral malaria is rare in children with protein calorie malnutrition
- Individuals infected with malaria respond poorly to other antigens such as tetanus toxoid
- High fever (may be periodic, but most patients do not exhibit this), chills, and rigors followed by sweating
- Headache, impairment in consciousness, behavioural change, or seizure activity (cerebral malaria)

4500+ diseases explained under "Basics, Clinical presentations, Clinical examinations, Etiology, Diff. diagnosis, Lab investigations, Treatment, Medications and Prognosis"

Clinical examination methods:

450+ clinical examination procedures (eg. Abdominal palpation, Codman's method, Mc Burney's sign etc.)

Lab investigations:

- 1000+ biochemical investigations
- 250+ instrumental investigations: CT, MRI, barium meal X ray, ocular manometry etc.
- Normal values in SI units & conventional units

Drug Interactions:

Drug - drug interactions, drug-food interactions, contraindications and precautions

ICD 10 Reference

HIV & AIDS:

HIV treatment directives - Drug interactions, complications, co infections and prevention of transmission

Essential Notes:

Notes on immunoprophylaxis, vitamin deficiency etc

3000+ USERS...

*“WHEN ARE YOU JOINING
THE PROGRESSIVE
GROUP?”*



CDSS

- Differential diagnosis from clinical presentations
- 4500+ disease references
- 1300+ lab investigations with normal values
- ICD 10 reference
- Drug interactions
- HIV & AIDS: Treatment guidelines
- Notes on immunoprophylaxis, vitamin def. etc.
- Clinical examination methods



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