

**Clin-eguide™**  
*The single source for clinical decision support.*

**Release Notes**  
version 3.2.0



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## Clin-eguide Release Overview

Clin-eguide is an online clinical decision support tool that provides evidence-based information for health care providers in the clinical setting. In this powerful clinical tool, we have blended the effectiveness of a vast amount of relevant, fully integrated, evidence-based information resources – from diagnostic and treatment guidelines to drug monographs to natural product reviews. Content has been chosen by and for health care practitioners. With several search options available, Clin-eguide has an interface through which any of your site's health care professionals can quickly and easily gain the results they need.

These new features are available in this release:

*Enhanced!*     [Customizing the Quick Hits Page](#)

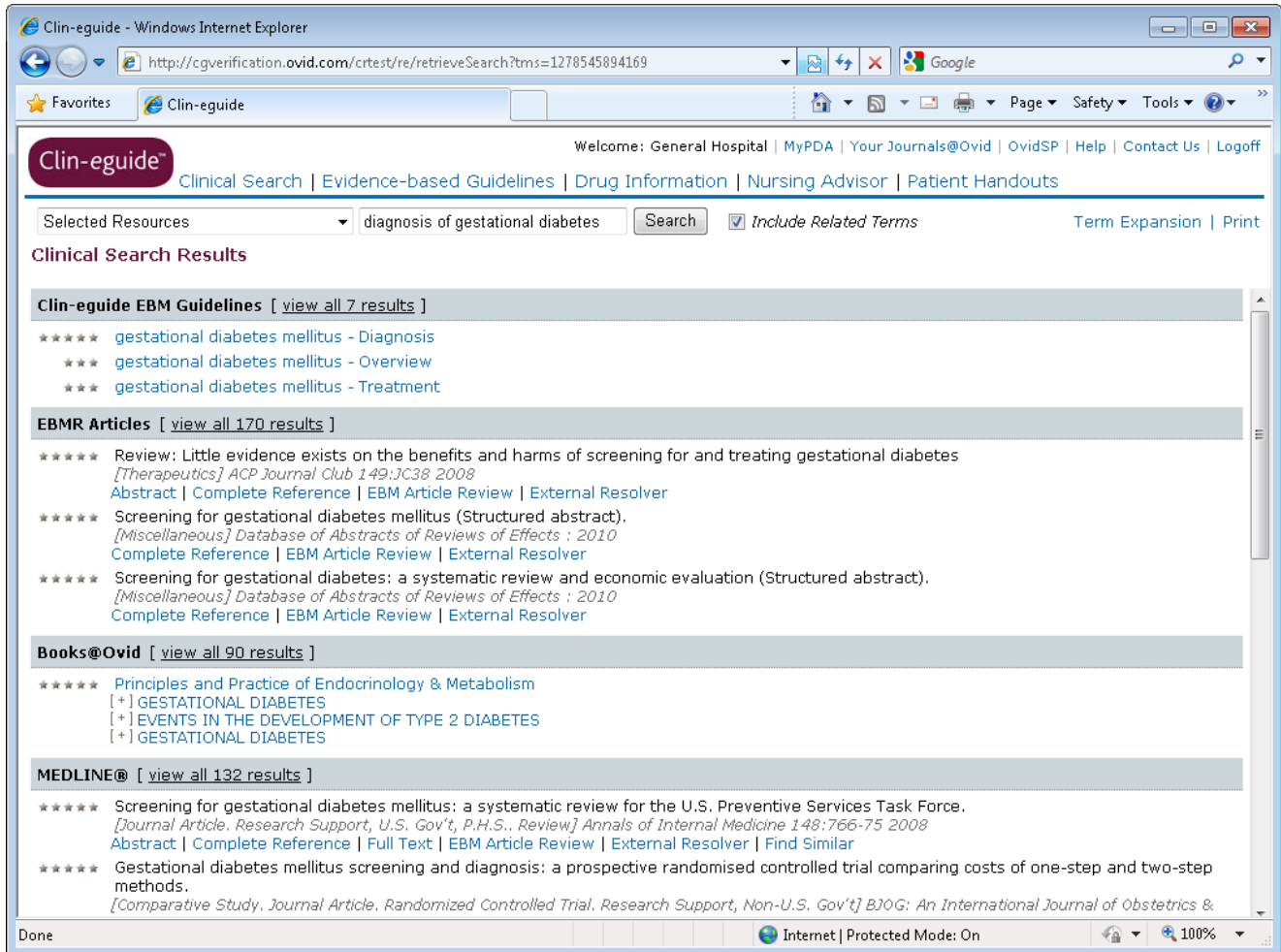
*Enhanced!*     [Lippincott's Nursing Advisor](#)

*Enhanced!*     [HL7 Infobutton API](#)

## Enhanced! Customizing the Quick Hits Page

Clin-eguide previously had a fixed order for search results displayed on the Quick Hits page. The Clin-eguide EBM guidelines were always first, followed by the Five Minute Clinical Suite, and so on. This new feature allows users to define their own Quick Hits display order. Customers will also be able to request two result columns instead of the default single-column display.

The example below shows the single-column display.



The screenshot shows a web browser window displaying the Clin-eguide search results for the query "diagnosis of gestational diabetes". The page is organized into several sections:

- Clin-eguide EBM Guidelines** [ view all 7 results ]
  - \*\*\*\*\* gestational diabetes mellitus - Diagnosis
  - \*\*\* gestational diabetes mellitus - Overview
  - \*\*\* gestational diabetes mellitus - Treatment
- EBMR Articles** [ view all 170 results ]
  - \*\*\*\*\* Review: Little evidence exists on the benefits and harms of screening for and treating gestational diabetes [Therapeutics] ACP Journal Club 149:JC38 2008  
Abstract | Complete Reference | EBM Article Review | External Resolver
  - \*\*\*\*\* Screening for gestational diabetes mellitus (Structured abstract). [Miscellaneous] Database of Abstracts of Reviews of Effects : 2010  
Complete Reference | EBM Article Review | External Resolver
  - \*\*\*\*\* Screening for gestational diabetes: a systematic review and economic evaluation (Structured abstract). [Miscellaneous] Database of Abstracts of Reviews of Effects : 2010  
Complete Reference | EBM Article Review | External Resolver
- Books@Ovid** [ view all 90 results ]
  - \*\*\*\*\* Principles and Practice of Endocrinology & Metabolism  
[+] GESTATIONAL DIABETES  
[+] EVENTS IN THE DEVELOPMENT OF TYPE 2 DIABETES  
[+] GESTATIONAL DIABETES
- MEDLINE@** [ view all 132 results ]
  - \*\*\*\*\* Screening for gestational diabetes mellitus: a systematic review for the U.S. Preventive Services Task Force. [Journal Article. Research Support, U.S. Gov't, P.H.S.. Review] Annals of Internal Medicine 148:766-75 2008  
Abstract | Complete Reference | Full Text | EBM Article Review | External Resolver | Find Similar
  - \*\*\*\*\* Gestational diabetes mellitus screening and diagnosis: a prospective randomised controlled trial comparing costs of one-step and two-step methods. [Comparative Study. Journal Article. Randomized Controlled Trial. Research Support, Non-U.S. Gov't] BJOG: An International Journal of Obstetrics &

The example below shows the double-column display.

The screenshot shows the Clin-eguide website interface in a Windows Internet Explorer browser. The search term is "diagnosis of gestational diabetes". The results are displayed in two columns. The left column contains sections for EBM Guidelines, 5-Minute Clinical Suite, Drug Information, Visual Dx, and National Guidelines. The right column contains sections for Books@Ovid, EBMR Articles, and MEDLINE@. Each result includes a star rating and a brief description of the content.

**Clin-eguide** - Windows Internet Explorer  
 http://cgverification.ovid.com/crtest/re/retrieveSearchTwoColumn?tms=1278528296139  
 Welcome: General Hospital | MyPDA | Your Journals@Ovid | OvidSP | Help | Contact Us | Logoff  
 Clinical Search | Evidence-based Guidelines | VisualDx | Drug Information | Nursing Advisor | Patient Handouts  
 Selected Resources: diagnosis of gestational diabetes Search Include Related Terms Term Expansion | Print

**Clinical Search Results**

**Clin-eguide EBM Guidelines** [ view all 7 results ]

- ★★★★ gestational diabetes mellitus - Diagnosis
- ★★★ gestational diabetes mellitus - Overview
- ★★★ gestational diabetes mellitus - Treatment

**5-Minute Clinical Suite** [ view all 44 results ]

- ★★★★ Gestational Diabetes: Screening and management > Obstetrics and Gynecology
- ★★★★ ACOG Guidelines for Screening and Well-Woman Care > Obstetrics and Gynecology
- ★★★★ Diabetes > Women's Health

**Drug Information** [ view all 6 results ]

- ★★★ Insulin > Drug Facts & Comparisons - Drug Facts & Comparisons
- ★★★ Insulin Isophane And Regular Injection > Drug Facts & Comparisons - Drug Facts & Comparisons
- ★★★ Insulin Isophane Injection > Drug Facts & Comparisons - Drug Facts & Comparisons

**Visual Dx** [ view all 2 results ]

- ★★★★ Neonate/Infant - Neonate/Infant Rash - Subcutaneous Fat Necrosis Of The Newborn
- ★★★★ Neonate/Infant - Neonate/Infant Growth Or Lesion - Subcutaneous Fat Necrosis Of The Newborn

**National Guidelines** [ view all 6 results ]

- ★★★★ Standards of medical care in diabetes. III. Detection and diagnosis of GDM. - Endocrine System Diseases

**Books@Ovid** [ view all 90 results ]

- ★★★★ Principles and Practice of Endocrinology & Metabolism  
 [+ ] GESTATIONAL DIABETES  
 [+ ] EVENTS IN THE DEVELOPMENT OF TYPE 2 DIABETES  
 [+ ] GESTATIONAL DIABETES

**EBMR Articles** [ view all 170 results ]

- ★★★★ Review: Little evidence exists on the benefits and harms of screening for and treating gestational diabetes  
 [Therapeutics] ACP Journal Club 149:JC38 2008  
 Abstract | Complete Reference | EBMR Article Review | External Resolver
- ★★★★ Screening for gestational diabetes mellitus (Structured abstract).  
 [Miscellaneous] Database of Abstracts of Reviews of Effects : 2010  
 Complete Reference | EBMR Article Review | External Resolver
- ★★★★ Screening for gestational diabetes: a systematic review and economic evaluation (Structured abstract).  
 [Miscellaneous] Database of Abstracts of Reviews of Effects : 2010  
 Complete Reference | EBMR Article Review | External Resolver

**MEDLINE@** [ view all 132 results ]

- ★★★★ Screening for gestational diabetes mellitus: a systematic review for the U.S. Preventive Services Task Force.  
 [Journal Article, Research Support, U.S. Gov't, P.H.S., Review] Annals of Internal Medicine 148:766-75 2008  
 Abstract | Complete Reference | Full Text | EBMR Article Review | External Resolver | Find Similar
- ★★★★ Gestational diabetes mellitus screening and diagnosis: a prospective randomised controlled trial comparing costs of one-step and two-step methods.  
 [Comparative Study, Journal Article, Randomized Controlled Trial]

Internet | Protected Mode: On | 100%

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## *Enhanced!* Lippincott's Nursing Advisor

The following content has been added with this release:

Hospital-acquired conditions that include discussion of common conditions that patients can contract during a hospital stay. Also called "never events," these issues are often covered in the media. Examples include catheter-associated urinary tract infection and Stage III and IV pressure ulcers.

Nursing Care Plans for Medical Diagnosis was started Q1 of 2010. We are taking each of the 400+ diseases in Nursing Advisor and developing a set of care plans that are specific to a particular disease. For example, for the disease Appendicitis, the Nursing Care Plan for Medical Diagnosis contains these care plans:

- Acute pain
- Imbalanced nutrition- Less than body requirements
- Impaired skin integrity
- Risk for infection, etc.

The content, which was based on our original set of Nursing Diagnosis Care Plans, was edited to be specific to Appendicitis.

These care plans will be rolled out the remainder of this year and will continue into 2011.

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## *Enhanced!* HL7 Infobutton API

The HL7 Infobutton API continues to provide support for parameter names from the draft standard but now also supports the new parameter names from the normative version of the standard. For more information, please contact [support@clineguide.com](mailto:support@clineguide.com) to request a copy of our HL7 Infobutton API guide.

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## Clin-eguide Guideline Updates

These Clin-eguide Evidence-based Medicine guidelines have been updated for this release.

### Asymptomatic bacteriuria

The Infectious Disease Society of America recommends a 3-7 day course of antimicrobial therapy in pregnant women presenting with asymptomatic bacteriuria. This is supported by a 2000 Cochrane meta-analysis that found insufficient evidence to evaluate if single dose antimicrobial therapy is equivalent to longer-duration therapy to treat asymptomatic bacteriuria in pregnancy.

However, a 2009 RCT conducted by the World Health Organization demonstrated that a 7-day course of nitrofurantoin was more effective in achieving bacteriologic cure compared with 1-day nitrofurantoin therapy. In addition, infants born to the mothers in the 7-day treatment group had a higher mean birth weight and mean gestational age at delivery.

Reference: Lumbiganon P, Villar J, Laopaiboon M, et al. One-day compared with 7-day nitrofurantoin for asymptomatic bacteriuria in pregnancy: a randomized controlled trial. *Obstetrics & Gynecology* 2009;113 (2 Pt 1):339-45.

### Acute myeloid leukemia

The NCCN recommends that consideration be given to G-CSF administration in elderly patients after chemotherapy. G-CSF appears beneficial in elderly AML-patients, and there is some evidence that administration can be delayed for up to 5 days postchemotherapy without an increase in neutropenia or adverse effects. G-CSF priming (administration before or concurrent with chemotherapy to increase the susceptibility of malignant cells to chemotherapy) does not improve survival outcome and is not recommended.

Reference: O'Donnell M, Appelbaum F, Coutre S. National Comprehensive Cancer Network. Acute myeloid leukemia. Jenkintown, PA: National Comprehensive Cancer Network, Inc, 2010;V.2.2010(Practice guideline). Available from URL: <http://www.nccn.org> [Accessed Jun 1, 2010]

### Anemia, approach

Although determining hemoglobin concentration is useful in assessing anemia in most patients, changes may reflect alterations in plasma volume and not a reduction in red blood cell mass.

Reference: Means RT Jr, Glader B. Anemia: general considerations. In: Greer JP, Foerster J, Rodgers GM, et al, editors. *Wintrobe's Clinical Hematology*. 12th ed. Philadelphia, PA: Lippincott Williams & Wilkins, 2009:779-809

### Cardiomyopathy

The European Society of Cardiology (ESC) updated the 1995 classification defining cardiomyopathy as a structural and functional abnormality of the heart muscle brought on by genetic or nongenetic causes other than CAD, hypertension, valvular heart disease, and congenital heart disease. Channelopathies are excluded in this classification system.

Elliott P, Andersson B, Arbustini E. Classification of the cardiomyopathies: a position statement from the European Society Of Cardiology Working Group on Myocardial and Pericardial Diseases. *European Heart Journal* 2008;29(2):270-6

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## Conjunctivitis, acute infective

Use of topical fluoroquinolones are effective in acute bacterial conjunctivitis; their use is reserved for conjunctivitis in contact lens wearers in whom keratitis has been ruled out. Contact lenses should not be used until the sclera is white and there has been no discharge for 24 hours after the completion of antibiotic therapy.

References: Karpecki P, Depaolis M, Hunter JA, et al. Besifloxacin ophthalmic suspension 0.6% in patients with bacterial conjunctivitis: a multicenter, prospective, randomized, double-masked, vehicle-controlled, 5-day efficacy and safety study. *Clinical Therapeutics* 2009;31(3):514-26; Comstock TL, Paterno MR, Usner DW, Pichichero ME. Efficacy and safety of besifloxacin ophthalmic suspension 0.6% in children and adolescents with bacterial conjunctivitis: a post hoc, subgroup analysis of three randomized, double-masked, parallel-group, multicenter clinical trials. *Paediatric Drugs* 2010;12(2):105-12; Karpecki P, Depaolis M, Hunter JA, et al. Besifloxacin ophthalmic suspension 0.6% in patients with bacterial conjunctivitis: a multicenter, prospective, randomized, double-masked, vehicle-controlled, 5-day efficacy and safety study. *Clinical Therapeutics* 2009;31(3):514-26; McDonald MB, Protzko EE, Brunner LS, et al. Efficacy and safety of besifloxacin ophthalmic suspension 0.6% compared with moxifloxacin ophthalmic solution 0.5% for treating bacterial conjunctivitis. *Ophthalmology* 2009;116(9):1615-23.e1; Szaflik J, Szaflik JP, Kaminska A, Levofloxacin Bacterial Conjunctivitis Dosage Study Group. Clinical and microbiological efficacy of levofloxacin administered three times a day for the treatment of bacterial conjunctivitis. *European Journal of Ophthalmology* 2009;19(1):1-9

## Dementia with Lewy bodies

A double-blind, 24-week, randomized controlled study suggests efficacy for memantine in patients with Dementia with Lewy bodies or Parkinson's disease dementia. Of the 72 patients enrolled in the trial, patients receiving memantine had significant improvements in clinical global impression of change scores in comparison to placebo.

Reference: Aarsland D, Ballard C, Walker Z, et al. Memantine in patients with Parkinson's disease dementia or dementia with Lewy bodies: a double-blind, placebo-controlled, multicentre trial. *Lancet Neurology* 2009; 8(7): 613-8

## Diabetic foot

Screening for cardiovascular autonomic neuropathy should begin at diagnosis of type 2 diabetes and 5 years after the diagnosis of type 1 diabetes. Signs and symptoms may be used. Special testing is only occasionally needed and may not affect treatment or outcomes.

All patients with diabetes, should have an comprehensive annual foot examination to identify risk factors for ulcers and amputations. The examination should include:

- visual inspection
- foot pulse assessments
- testing for loss of protective sensation.

Reference: American Diabetes Association. Standards of medical care in diabetes--2010. *Diabetes Care* 2010;33(Suppl 1):S11-S61

## Dyspepsia, approach

Although guidelines recommend the use of PPIs in the initial management of dyspepsia, the DIAMOND study demonstrated that a step-up strategy (starting with antacid therapy) is more cost effective and equally clinically effective than step-down therapy (starting with PPIs) in Dutch patients seen in the primary care setting.

Reference: van Marrewijk CJ, Mujakovic S, Franssen GA, et al. Effect and cost-effectiveness of step-up versus step-down treatment with antacids, H2-receptor antagonists, and proton pump inhibitors in patients with new onset dyspepsia (DIAMOND study): a primary-care-based randomised controlled trial. *Lancet* 2009;373(9659):215-25

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## Heart failure, chronic

Adding the combination of a nitrate and hydralazine improves outcomes in African Americans with moderately severe symptoms when added to optimal standard HF therapy (diuretics, ACE inhibitors and (beta-blockers).

Reference: Jessup M, Abraham WT, Casey DE, et al, American College of Cardiology Foundation, American Heart Association Task Force on Practice Guidelines, International Society for Heart and Lung Transplantation. 2009 focused update: ACCF/AHA Guidelines for the Diagnosis and Management of Heart Failure in Adults: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines: developed in collaboration with the International Society for Heart and Lung Transplantation. *Circulation* 2009;119(14):1977-2016

## Hyperosmolar hyperglycemic state

Diagnostic criteria for HHS have been updated by Kitabchi et al to increase the serum bicarbonate threshold from >15 mmol/L to >18 mmol/L and to include mental status change. Current criteria are:

- anion gap <12 (most patients have a mild anion gap [10-12] acidosis)
- arterial pH >7.30
- blood glucose >33.3 mmol/L (>600 mg/dL)
- effective serum osmolality >320 mmol/kg H<sub>2</sub>O (>320 mOsm/kg H<sub>2</sub>O)
- mental status change (stupor/coma)
- serum bicarbonate >15 mmol/L
- small/mild degree of ketonemia and/or ketonuria.

Reference: Kitabchi AE, Umpierrez GE, Miles JM, Fisher JN. Hyperglycemic crises in adult patients with diabetes. *Diabetes Care* 2009;32(7):1335-43

## Hypothyroidism, primary

2009 US Preventive Services Task Force finds evidence is insufficient to recommend for or against routine screening for thyroid disease in asymptomatic adults to detect subclinical thyroid dysfunction.

Reference: Screening for thyroid disease. The Guide to Clinical Preventive Services 2009: Recommendations of the US Preventive Services Task Force Rockville, MD: Agency for Healthcare Research and Quality, 2009. Available from URL: <http://www.ahrq.gov/clinic/pocketgd09/pocketgd09.pdf> [Accessed Jul 1, 2010]

## Mitral regurgitation

The optimal surgical strategy for treating patients with chronic ischemic mitral regurgitation (MR) has not been determined. For patients with moderate-to-severe or severe ischemic MR, valve annuloplasty is often performed at the same time as coronary artery bypass grafting (CABG). A meta-analysis of nonrandomized trials found no mortality benefit with combined CABG and mitral valve annuloplasty compared with CABG alone. Combined surgery was associated with significantly reduced residual MR grade, but postoperative New York Heart Association functional class did not significantly differ.

Reference: Benedetto U, Melina G, Roscitano A, et al. Does combined mitral valve surgery improve survival when compared to revascularization alone in patients with ischemic mitral regurgitation? A meta-analysis on 2479 patients. *Journal of Cardiovascular Medicine* 2009;10(2):109-14

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## Mitral stenosis

The AHA has released a statement on the prevention of rheumatic fever and the diagnosis and treatment of acute streptococcal pharyngitis. This updates the previous guideline from 1997. In relation to patients with rheumatic valvular heart disease, the recommended secondary prophylaxis regimens have not changed. Antibiotic options remain benzathine penicillin or penicillin V, or sulfadiazine, with a macrolide or azalide recommended for patients with penicillin and sulfadiazine allergy.

Reference: Gerber MA, Baltimore RS, Eaton CB, et al. Prevention of rheumatic fever and diagnosis and treatment of acute streptococcal pharyngitis: a scientific statement from the American Heart Association Rheumatic Fever, Endocarditis, and Kawasaki Disease Committee of the Council on Cardiovascular Disease in the Young, the Interdisciplinary Council on Functional Genomics and Translational Biology, and the Interdisciplinary Council on Quality of Care and Outcomes Research: endorsed by the American Academy of Pediatrics. *Circulation* 2009;119(11):1541-51

## Mitral valve prolapse

Mitral valve prolapse (MVP) is one of the most common valvular disorders. The American College of Cardiology and the American Heart Association guidelines on valvular heart disease were updated in 2008 with new recommendations on prophylaxis against infective endocarditis. Traditionally, antibiotic prophylaxis was recommended for patients with MVP. Although contentious, these guidelines now recommend restricting prophylaxis to patients with MVP and MR or thickened valve leaflets on echocardiography, and only for selected dental procedures. The guidelines acknowledge that some clinicians and patients may feel more comfortable continuing prophylaxis for patients with severe MVP, but the risks of antibiotic prophylaxis must be low.

Reference: Bonow RO, Carabello BA, Chatterjee K, et al, 2006 Writing Committee Members, American College of Cardiology/American Heart Association Task Force. *Circulation* 2008;118(15):e523-661

## Pancreatitis, chronic

In an RCT evaluating antioxidant supplementation, the number of painful days per month was significantly lower in the antioxidant group compared with the placebo group. Validation studies are needed. The role of pancreatic enzymes in decreasing abdominal pain, weight loss, steatorrhea, and analgesic use remains equivocal.

References: Bhardwaj P, Garg PK, Maulik SK, et al. A randomized controlled trial of antioxidant supplementation for pain relief in patients with chronic pancreatitis. *Gastroenterology* 2009;136(1):149-159; Shafiq N, Rana S, Bhasin D, et al. Pancreatic enzymes for chronic pancreatitis. *Cochrane Database of Systematic Reviews* 2009;4

## Pharyngitis

Debate over the treatment or testing of patients satisfying 3 or 4 of the 4 Centor criteria is ongoing. The American College of Physicians recommends empirical treatment, whereas the Infectious Diseases Society of America recommends treating only patients with a positive rapid antigen detection test for group A streptococci.

Reference: Centor RM. Expand the pharyngitis paradigm for adolescents and young adults. *Annals of Internal Medicine* 2009;151(11):812-5

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## Primary sclerosing cholangitis

Ursodiol has been approved by the FDA as therapy for primary biliary cirrhosis, but evidence supporting use in primary sclerosing cholangitis (PSC) is not as strong; serum liver biochemistries are lowered by ursodiol in both diseases but this is not shown to improve prognosis in PSC.

The AASLD recommends against the use of ursodiol for medical therapy of PSC in adult patients and as chemoprevention of colorectal cancer in patients with ulcerative colitis and PSC.

References: Chapman R, Fevery J, Kalloo A, et al, American Association for the Study of Liver Diseases. Diagnosis and management of primary sclerosing cholangitis. *Hepatology* 2010;51(2):660-78; Drug Facts and Comparisons. St Louis, MO: Facts and Comparisons, 2010. Available from URL: <http://www.factsandcomparisons.com> [Accessed: Jul 1, 2010]; Lindor KD, Gershwin ME, Poupon R, et al, American Association for Study of Liver Diseases. Primary biliary cirrhosis. *Hepatology* 2009;50(1):291-308; Pardi DS, Loftus EV Jr, Kremers WK, et al. Ursodeoxycholic acid as a chemopreventive agent in patients with ulcerative colitis and primary sclerosing cholangitis. *Gastroenterology* 2003;124(4):889-93; Talwalkar JA, Lindor KD. Primary sclerosing cholangitis. *Inflammatory Bowel Diseases* 2005;11(1):62-72

## Schizophrenia

A meta-analysis of 19 studies found antipsychotic combination therapy to be superior to monotherapy in the treatment of schizophrenia with regards to study defined inefficacy and all-cause discontinuation. However, due to heterogenous data and possible publication bias of this study, combination therapy should continue to be reserved for treatment resistant patients until further research confirms these results.

Reference: Correll CU, Rummel-Kluge C, Corves C, et al. Antipsychotic combinations vs monotherapy in schizophrenia: a meta-analysis of randomized controlled trials. *Schizophrenia Bulletin* 2009; 35(2): 443-57.

## Syndrome of inappropriate antidiuretic hormone secretion

Recognize that even mild hyponatremia has been shown to carry a poor long-term prognosis in the middle-aged and elderly. Acute severe hyponatremia ( $\text{Na}^+ < 125 \text{ mEq/L}$  [ $< 125 \text{ mmol/L}$ ]) has a 20% in-hospital and a 40% 1-year mortality rate. Do not correct serum sodium faster than 8 mEq/L in 24 hours, 14 mEq/L in 48 hours, and 16 mEq/L in 72 hours.

References: Sajadieh A, Binici Z, Mouridsen MR, et al. Mild hyponatremia carries a poor prognosis in community subjects. *American Journal of Medicine* 2009;122(7):679-86; Ellison DH, Berl T. The syndrome of inappropriate antidiuresis. *New England Journal of Medicine* 2007;356(20):2064-72; Sterns RH, Nigwekar SU, Hix JK. The treatment of hyponatremia. *Seminars in Nephrology* 2009;29(3):282-99

## Total hip arthroplasty

For prophylaxis of symptomatic thromboembolism, the American Academy of Orthopaedic Surgeons (AAOS) recommends a target INR during warfarin therapy of  $\leq 2$ , and does not condemn the use of aspirin as a single agent for thromboprophylaxis when reasonable, as distinct from recommendations by the American College of Chest Physicians (ACCP) which recommends a target INR between 2-3 and specifically recommends against use of aspirin as a single prophylactic agent.

References: Johanson NA, Lachiewicz PF, Lieberman JR, et al. Prevention of symptomatic pulmonary embolism in patients undergoing total hip or knee arthroplasty. American Academy of Orthopaedic Surgeons. *Journal of the American Academy of Orthopaedic Surgeons* 2009;17(3):183-196; Hirsh J, Guyatt G, Albers GW, et al. Executive summary: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines (8th Edition). *Chest* 2008;133(6 Suppl):715-1095

## Toxic megacolon

Mortality rates have improved over the last few decades, from 20% in 1976 to 4-5% currently, due to earlier recognition, intensive medical management, early surgical consultation, and improved surgical technique and postoperative care.

Reference: Hanauer SB, Wald A. Acute and chronic megacolon. *Current Treatment Options in Gastroenterology* 2007;10(3):237-47

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## For More Information

For more information about Clin-eguide,  
go to [www.clineguide.com](http://www.clineguide.com) or call 1-800-388-8884, option 2.