EndNote 21

參考文獻與論文撰寫輔助軟體

方靜如 參考館員 成功大學醫學圖書分館

flora@ncku.edu.tw

06-2353535 #5155

單筆手動輸入:練習範例

Nelson Textbook of

PEDIATRICS

19th Edition

ELSEVIER

Philadelphia: Elsevier, 2011

圖書章節引用

Robert M. Kliegman, MD

Professor and Chair
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圖書章節引用 p.552-564

Chapter 91 The High-Risk Infant

Waldemar A. Carlo

Neonates at risk should be identified as early as possible to decrease neonatal morbidity and mortality (Chapter 87). The term high-risk infant designates an infant who should be under close observation by experienced physicians and nurses. Factors that define infants as being high-risk are listed in Table 91-1. Approximately 9% of all births require special or neonatal intensive care. Usually needed for only a few days, such observation may last from a few hours to several months. Some institutions find it advantageous to provide a special or transitional care nursery for high-risk infants, often within the labor and delivery suits. This facility should be equipped and staffed like a populately

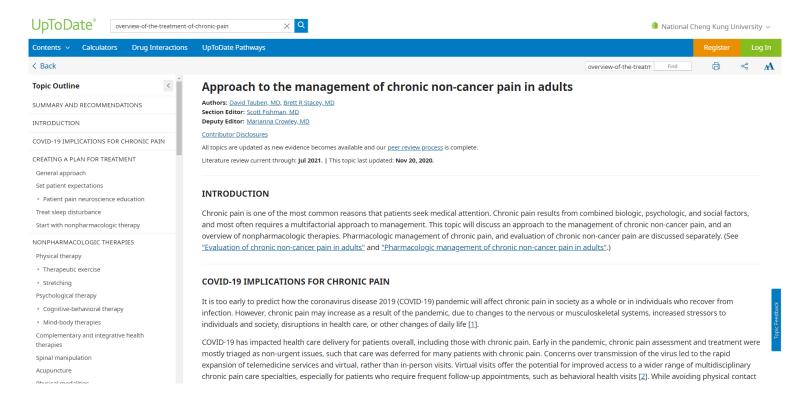
網頁引用:

111年度全民健康保險醫療統計年報

https://dep.mohw.gov.tw/dos/lp-5103-113-xCat-y111.html



全文資料庫引用:



Approach to the management of chronic non-cancer pain in adults

https://www.uptodate.com/contents/approach-to-the-management-of-chronic-non-cancer-pain-in-adults

既有書目(回溯)建檔:

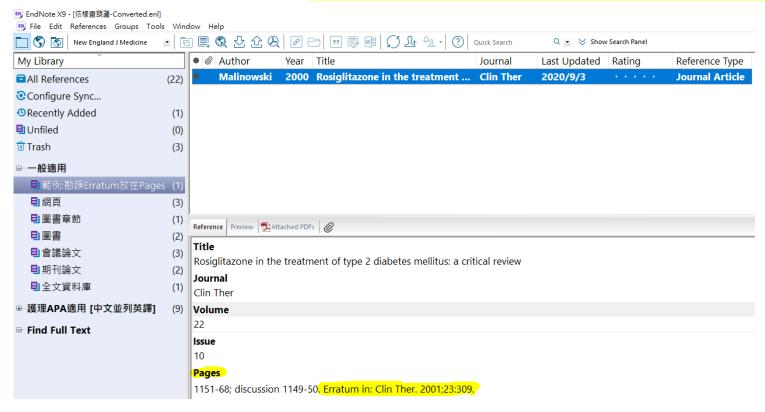
- 1. Gahn G, von Kummer R. **Ultrasound in acute stroke: a review.** *Neuroradiology* 2001;43:702–11
- Baumgartner RW, Baumgartner I, Mattle HP, et al. Transcranial color-coded duplex sonography in the evaluation of collateral flow through the circle of Willis. AJNR Am J Neuroradiol 1997;18:127–33
- 3. Gerriets T, Seidel G, Fiss I, et al. **Contrast-enhanced transcranial color-coded duplex sonography: efficiency and validity.** *Neurology 1*999;52:1133–37
- Gahn G, Gerber J, Hallmeyer S, et al. Contrast-enhanced transcranial colorcoded duplexsonography in stroke patients with limited bone windows. AJNR Am J Neuroradiol 2000;21:509–14
- Bogdahn U, Becker G, Winkler J, et al. Transcranial color-coded real-time sonography in adults. Stroke 1990;21:1680–88
- Becker G, Lindner A, Bogdahn U. Imaging of the vertebrobasilar system by transcranial color-coded real-time sonography. J Ultrasound Med 1993;12: 395–401

引用勘誤 ICMJE Recommendations

https://www.nlm.nih.gov/bsd/uniform_requirements.html

Article with published erratum

Malinowski JM, Bolesta S. Rosiglitazone in the treatment of type 2 diabetes mellitus: a critical review. Clin Ther. 2000;22(10):1151-68; discussion 1149-50. Erratum in: Clin Ther. 2001;23(2):309.



期刊「投稿規範」和「已出版文章」不一致時,應遵循何者?

答:

- 參考數篇最新期文章
 - 若格式一致 → 「已出版文章」為主要設定
 - 若格式不一致 ⇒ 「投稿規範」為主要設定
- 徵詢期刊出版社

期刊投稿規範未提供特定資料類型(例Web Page網頁或 Online Database線上資料庫)的引用範例,該如何遵循?

答:

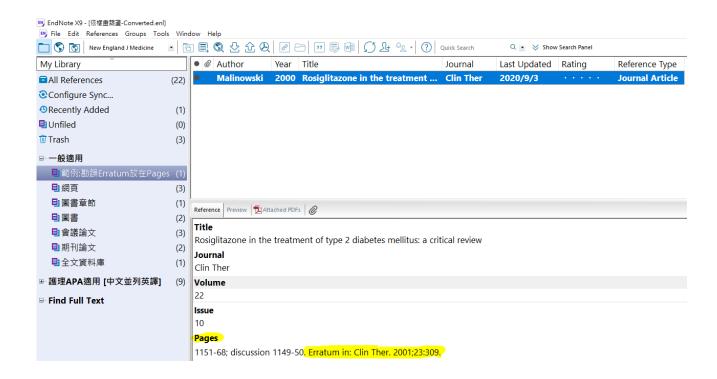
- o 參考近期已出版文章 (Review) ⇒ 找引用範例
- 引用原則: 編者/讀者可找到原文來參考,必要欄位要呈現

如何引用勘誤

答: 參考ICMJE Recommendations: Article with published erratum

Malinowski JM, Bolesta S. Rosiglitazone in the treatment of type 2 diabetes mellitus: a critical review. Clin Ther. 2000;22(10):1151-68; discussion 1149-50.

Erratum in: Clin Ther. 2001;23(2):309.



參考書目包含中英文書目,且其標點符號(英文採半型與中文採全型)與用語(例eds.或編)等有別時,如何處理?

答:

- (1)若中英文參考書目其中一種語言引用偏少(例如中文),可只製作符合英文參考書目的格式,在Convert to Plain Text(移除參數)後,再手動修改中文格式。
- (2)若中英文參考書目筆數皆有一定量,可為中英文各製作製作兩個Styles
 - ① 原文稿先套用中文格式,
 - ② Convert to Plain Text (移除參數)產生複本A
 - ③ 原文稿再套用英文格式,Convert to Plain Text (移除參數) 產生複本B
 - ④ 將AB兩份中英文各自符合正確中英文格式的,再合併為一份完稿遞出
 - ⑤ 注意出版社要求改稿時,請使用原文稿進行修改,再重複以上動作

原投稿A期刊要求的內文引用的前置需有空格,但改投B期刊為不需空格,如何處理?

答:透過EndNote Style編輯處理空格有無,會導致其他 Word排版問題,因此並不建議。建議依下頁步驟處理。

A 刊格式 (有空格)

Obstacles to answering clinical questions can be grouped into physician-related obstacles and resource-related obstacles. (2)

B 刊格式 (無空格)

Obstacles to answering clinical questions can be grouped into physician-related obstacles and resource-related obstacles.²

A 刊格式 (有空格)

Obstacles to answering clinical questions can be grouped into physician-related obstacles and resource-related obstacles. (2)

I 在Word的EN工具列,點選暫時移除套用EN格式 [Win] Convert Citations and Bibliography > Convert to Unformatted Citations [Mac] Tools > Convert to Unformatted Citations

Obstacles to answering clinical questions can be grouped into physician-related obstacles and resource-related obstacles. {Ely, 2005 #5}

2 尋找及取代

尋找(D) 取代(P) 到(G)

尋找目標(N): {
 選項: 全半形須相符

取代為(I): {
 取代為(I):
 取代(R) 全部取代(A) 尋找下

B 刊格式 (無空格)

Obstacles to answering clinical questions can be grouped into physician-related obstacles and resource-related obstacles.²



3

再點選Word的EN工具列 Update Citations and Bibliography 恢復套用之B刊格式,即完成。

Obstacles to answering clinical questions can be grouped into physician-related obstacles and resource-related obstacles. [Ely, 2005 #5]

A 刊格式 (有空格)

Obstacles to answering clinical questions can be grouped into physician-related obstacles and resource-related obstacles. (2)

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2 尋找及取代

尋找(D) 取代(P) 到(G)

尋找目標(N): {
 選項: 全半形須相符

取代為(I): {
 取代為(I):
 取代(R) 全部取代(A) 尋找下

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