

BMJ Best Practice



Confidence when it counts

BMJ Best Practice: evidence based knowledge and digital education

Dr Kieran Walsh
Clinical Director
BMJ

Welcome to our webinar



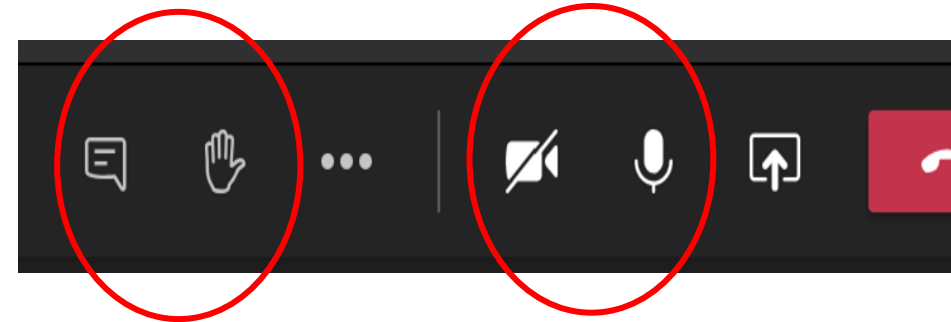
September 2022. #NHSKFH

www.hee.nhs.uk

We work with partners to plan, recruit, educate and train the health workforce.

Webinar etiquette

- We will mute all attendees to keep background noise to a minimum
- Please use the chat function if you want to ask a question or raise a point
- If you cannot use the chat function, then please raise your hand and we will come to you at the end of the presentation. (Please introduce yourself and put your camera on, if possible, when speaking)
- As time is limited any unanswered questions will be addressed after the event
- We are **recording this webinar** to share online for those who could not attend. If you do not want to be recorded, please keep your camera off and/or wait for the shared video to appear on the library.nhs.uk website
- We will email you with a short feedback form after the event and we would appreciate your comments



Agenda

- Introduction to BMJ
- Evidence based medicine
- Clinical decision support
- BMJ Best Practice
- Demo
- Q and A

Introduction to BMJ

A global healthcare knowledge provider
with a vision of helping to create
a healthier world



We share knowledge and expertise
to improve healthcare outcomes.

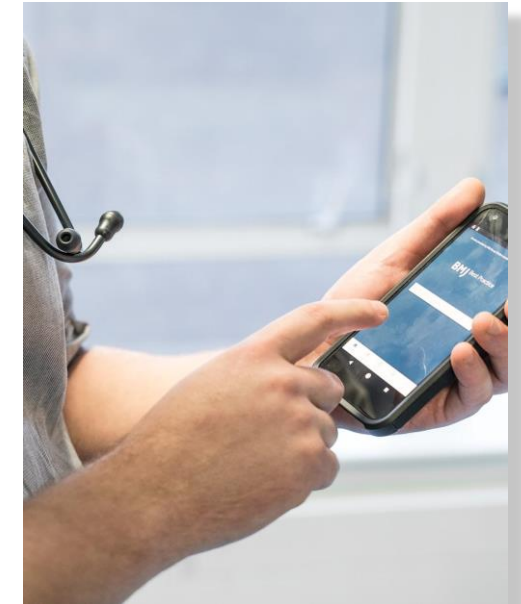
Did you know...



**Sharing
knowledge** through
over 70 journals



**Convening global
health experts**
through events



**Medical education
and point of care
decision support**



Evidence based medicine



Cochrane pointed out importance of testing effectiveness of healthcare



Term "evidence based medicine" introduced" by Guyatt et al

What we do is better if users are involved

Serving our customers to the best of our ability helps to improve healthcare

... shift "intuition, unsystematic clinical experience, and pathophysiologic rationale" to scientific, clinically relevant research.

Guyatt et al.

Evidence based medicine

Serving our customers to the best of our ability helps to improve healthcare



Sackett described evidence-based clinical decision as also taking into account clinical expertise



Satterfield et al. Three core components within the context of the organisation.



150,000 articles/month
10,000's RCTs/year



On average it takes **17 years** for
new clinical knowledge to become
routine practice

1. Balas EA, Boren SA. Managing clinical knowledge for health care improvement In: Bemmel J, McCray AT, editors. Yearbook of Medical Informatics 2000

More problems with EBM ...

- “The evidence based “quality mark” has been misappropriated by vested interests
- Statistically significant benefits may be marginal in clinical practice
- Inflexible rules and technology driven prompts may produce care that is management driven rather than patient centred
- Evidence based guidelines often map poorly to complex multimorbidity
- Lack of personalisation of evidence
- Too much mechanical rule following
- No shared decision making
- Lack of resources for multimorbidity”

Greenhalgh et al. Evidence based medicine: a movement in crisis?

Clinical Decision Support and Medical Education

Learning knowledge?

- No single person can keep up.

Future medical education

- Some core knowledge
- Learning knowledge-searching skills
- 24/7 access to point-of-care clinical decision support tools via mobile devices and online learning resources.





Clinical Decision Support – that works at the point of care

BMJ Best Practice & app



What is BMJ Best Practice?

BMJ Best Practice is a **generalist point of care tool** particularly useful for junior doctors, multidisciplinary teams, specialists working outside of their specialty and GPs.

It is **uniquely structured around the patient consultation** with advice on symptom evaluation, test ordering and treatment approach.

- Ranked one of the **best clinical decision support tools** for health professionals worldwide*
- **Scored highest** in an independent study of diagnostic decision support tools**

* [JMIR - Providing Doctors With High-Quality Information: An Updated Evaluation of Web-Based Point-of-Care Information Summaries](#)

** [Evaluating online diagnostic decision support tools for the clinical setting](#)

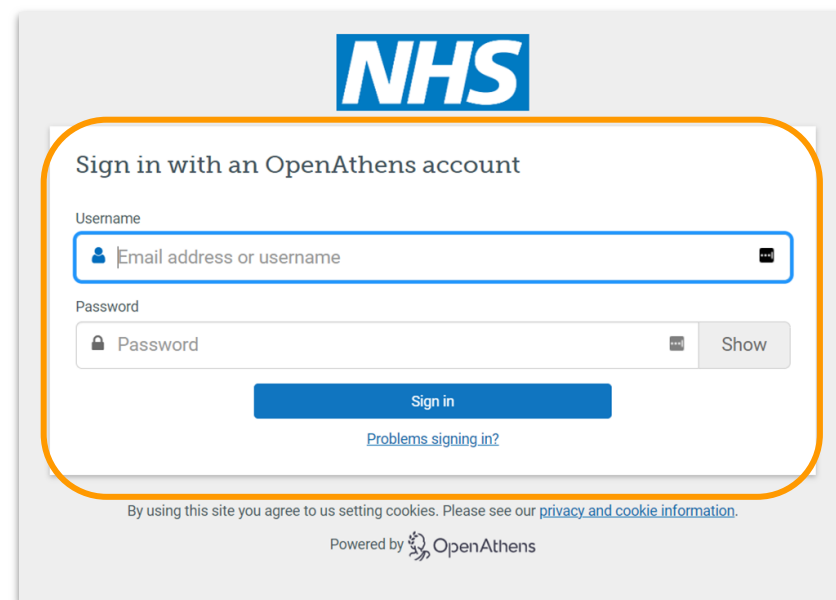
Funded by Health Education England, BMJ Best Practice is **free** to all **NHS staff and learners**.

Steps to create your account:

1. Visit bestpractice.bmj.com/nhsinengland

1. Enter your **OpenAthens username and password** to sign in.

NB: If you need help with your OpenAthens account or setting up BMJ Best Practice, contact your **local NHS library** or search hlisd.org for your local service.

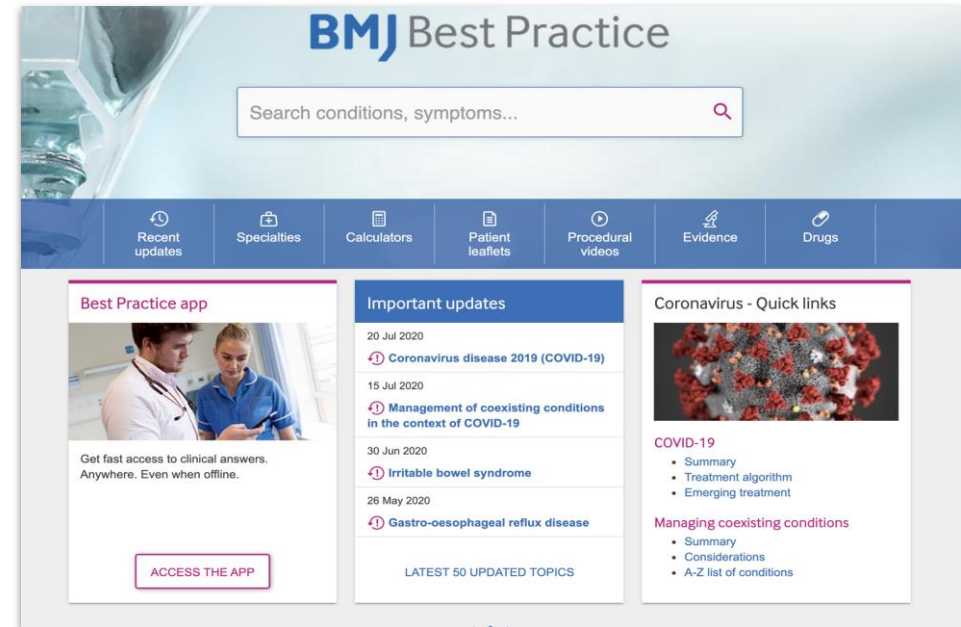
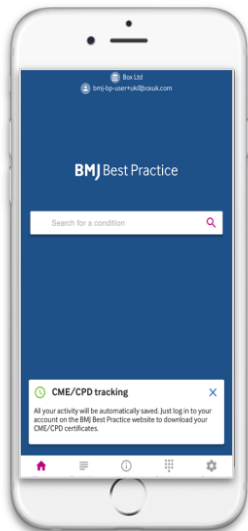


The screenshot shows the NHS OpenAthens sign-in interface. At the top is the NHS logo. Below it is the heading "Sign in with an OpenAthens account". There are two input fields: "Username" with a placeholder "Email address or username" and "Password" with a "Show" button. A blue "Sign in" button is centered below the fields. A link "Problems signing in?" is located below the "Sign in" button. At the bottom, there is a cookie consent notice: "By using this site you agree to us setting cookies. Please see our [privacy and cookie information](#)." and the text "Powered by OpenAthens" with the OpenAthens logo.

4. You now have access to BMJ Best Practice!

You will be prompted to create a **'Personal Account'** on your first visit.

A personal account enables you to **track your CME/CPD activities** automatically and print certificates.



You also get access to the app...

A personal account also enables you to **download and log into** the award winning **'BMJ Best Practice'** app from the App Store or Google Play.

Need help? Contact our team at support.bmj.com

Find out more: Videos, user guides and posters are all available on bmj.com/hee

Clinical scenario

Clinical scenario - COVID-19



Patient presents

A 70-year-old woman comes to see with cough, fever and loss of taste.

She has been unwell for a week.

Tests confirm the clinical suspicion of mild **COVID-19 infection**.

Coronavirus disease 2019 (COVID-19)

 [View PDF](#)

[OVERVIEW](#) ▾

[THEORY](#) ▾

[DIAGNOSIS](#) ▾

[MANAGEMENT](#) ▾

[FOLLOW UP](#) ▾

[RESOURCES](#) ▾

ACUTE

▾ [mild COVID-19](#)

▾ [moderate COVID-19](#)

▾ [severe COVID-19](#)

▾ [critical COVID-19](#)

Use of this content is subject to our [disclaimer](#)

Coronavirus disease 2019 (COVID-19)

 View PDF

OVERVIEW ▾

THEORY ▾

DIAGNOSIS ▾

MANAGEMENT ▾

FOLLOW UP ▾

RESOURCES ▾

ACUTE

^ mild COVID-19

- 1st line** ▾ consider home isolation
- Plus** ▾ monitoring
- Plus** ▾ symptom management and supportive care
- Consider** ▾ antipyretic/analgesic
- Consider** ▾ monoclonal antibody
- Consider** ▾ antiviral

▾ moderate COVID-19

▾ severe COVID-19

 FEE

Plus

^ symptom management and supportive care

Treatment recommended for ALL patients in selected patient group

Advise patients to avoid lying on their back as this makes coughing ineffective. Use simple measures first (e.g., a teaspoon of honey in patients aged 1 year and older) to help cough.[\[537\]](#)

- A meta-analysis found that honey is superior to usual care (e.g., antitussives) for the improvement of upper respiratory tract infection symptoms, particularly cough frequency and severity.[\[768\]](#)

Advise patients about adequate nutrition and appropriate rehydration.

- Advise patients to drink fluids regularly to avoid dehydration. Fluid intake needs can be higher than usual because of fever. However, too much fluid can worsen oxygenation.[\[79\]](#)[\[537\]](#)

Other supportive care measures include:

- Advise patients to improve air circulation by opening a window or door[\[537\]](#)
- Provide basic mental health and psychosocial support for all patients, and manage any symptoms of insomnia, depression, or anxiety as appropriate[\[79\]](#)

• Consider treatment for olfactory dysfunction (e.g., olfactory training) if it persists beyond 2 weeks. There is no evidence

Coronavirus disease 2019 (COVID-19)

 View PDF

OVERVIEW



THEORY



DIAGNOSIS



MANAGEMENT



FOLLOW UP



RESOURCES



Comorbidities

Primary options

tocilizumab:
800 mg/dose
[More](#)

Choose your drug database

- [AHFS](#)
- [BNF](#)
- [MARTINDALE](#)
- [MICROMEDEX](#)

Please note that formulations/routes and doses may differ between drug names and brands, drug formularies, or locations. Treatment recommendations are specific to patient groups: [see disclaimer](#)

mg/kg intravenously as a single dose, maximum

OR

sarilumab: c
[More](#)

mg intravenously as a single dose

Consider  **treatment**

Consider  **antipyreti**

Treatment recommended for SOME patients in selected patient group

Paracetamol or ibuprofen are recommended.[\[120\]](#)[\[600\]](#)

- There is no evidence at present of severe adverse events in COVID-19 patients taking non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen, or of effects as a result of the use of NSAIDs on acute healthcare utilisation, long-term survival, or quality of life in patients with COVID-19.[\[811\]](#)[\[812\]](#)[\[813\]](#)[\[814\]](#)[\[815\]](#)[\[816\]](#)[\[817\]](#)

Activate
Go to Settir

"Long covid" in primary care

Assessment and initial management of patients with continuing symptoms

Post-acute covid-19 appears to be a multi-system disease, sometimes occurring after a relatively mild acute illness. Clinical management requires a whole-patient perspective. This graphic summarises the assessment and initial management of patients with delayed recovery from an episode of covid-19 that was managed in the community or in a standard hospital ward.

An uncertain picture

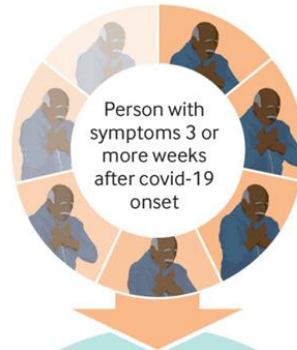


The long term course of covid-19 is unknown. This graphic presents an approach based on evidence available at the time of publication.

However, caution is advised, as patients may present atypically, and new treatments are likely to emerge

Managing comorbidities

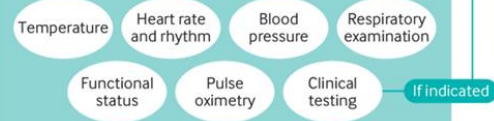
Many patients have comorbidities including diabetes, hypertension, kidney disease or ischaemic heart disease. These need to be managed in conjunction with covid-19 treatment. Refer to condition specific guidance, available in the associated article by Greenhalgh and colleagues



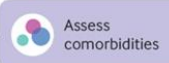
Clinical assessment



Examination, for example:



If indicated



Investigations

Clinical testing is not always needed, but can help to pinpoint causes of continuing symptoms, and to exclude conditions like pulmonary embolism or myocarditis. Examples are provided below:

Blood tests

- Full blood count
- Electrolytes
- Liver and renal function
- Troponin
- C reactive protein
- Creatine kinase
- D-dimer
- Brain natriuretic peptides
- Ferritin – to assess inflammatory and prothrombotic states

Other investigations

- Chest x ray
- Urine tests
- 12 lead electrocardiogram

Social, financial, and cultural support

Prolonged covid-19 may limit the ability to engage in work and family activities. Patients may have experienced family bereavements as well as job losses and consequent financial stress and food poverty. See the associated article by Greenhalgh and colleagues for a list of external resources to help with these problems

Safety netting and referral

The patient should seek medical advice if concerned, for example:

- Worsening breathlessness
- PaO₂ < 96%
- Unexplained chest pain
- New confusion
- Focal weakness

Specialist referral may be indicated, based on clinical findings, for example:

- Respiratory** if suspected pulmonary embolism, severe pneumonia
- Cardiology** if suspected myocardial infarction, pericarditis, myocarditis or new heart failure
- Neurology** if suspected neurovascular or acute neurological event

Pulmonary rehabilitation may be indicated if patient has persistent breathlessness following review

Medical management

- Symptomatic, such as treating fever with paracetamol
- Optimise control of long term conditions
- Listening and empathy
- Consider antibiotics for secondary infection
- Treat specific complications as indicated

Self management

- Daily pulse oximetry
- Attention to general health
- Rest and relaxation
- Self pacing and gradual increase in exercise **if tolerated**
- Set achievable targets

- Diet
- Sleep
- Quitting smoking
- Limiting alcohol
- Limiting caffeine

Mental health

- In the consultation:
- Continuity of care
 - Avoid inappropriate medicalisation
 - Longer appointments for patients with complex needs (face to face if needed)
- In the community:
- Community linkworker
 - Patient peer support groups
 - Attached mental health support service
 - Cross-sector partnerships with social care, community services, faith groups



← Patient leaflets

Patient information from BMJ

Print Download PDF

COVID-19 (coronavirus)

Last published: Oct 15, 2021

This leaflet is about the COVID-19 (coronavirus) outbreak that began in China in late 2019. The World Health Organization (WHO) has declared the outbreak a pandemic. This means that it has spread across the world.

This virus can cause a severe lung infection, and it can cause death. You can use our information to talk with your doctor if you are concerned about COVID-19.

What is COVID-19?

COVID-19 is a disease caused by a type of virus called a coronavirus. This is a common type of virus that affects

Activate Windows
Go to Settings to activate Windows.

FEEDBACK

Clinical scenario - COVID-19



Patient outcome

Evidence based care

Updated guidance

Actionable recommendations





Focusing on what's important to our users



Speed – Find answers quickly and accurately



Practical - information for use at the point of care



Assurance - Trusted clinical evidence, Important updates



Access - available anywhere, anytime

BMJ Best Practice

Access provided by: Helsebiblioteket Log in Create account Help

i Coronavirus disease 2019 (COVID-19): Latest diagnosis and treatment guidance

BMJ Best Practice

Search conditions, symptoms...

Recent updates | Specialties | Calculators | Patient leaflets | Procedural videos | Evidence | Drugs

Best Practice app

Get fast access to clinical answers. Anywhere. Even when offline.

[ACCESS THE APP](#)

Important updates

20 Jul 2020
🔔 **Coronavirus disease 2019 (COVID-19)**

15 Jul 2020
🔔 **Management of coexisting conditions in the context of COVID-19**

30 Jun 2020
🔔 **Irritable bowel syndrome**

26 May 2020
🔔 **Gastro-oesophageal reflux disease**

[LATEST 50 UPDATED TOPICS](#)

Coronavirus - Quick links

COVID-19

- Summary
- Treatment algorithm
- Emerging treatment

Managing coexisting conditions

- Summary
- Considerations
- A-Z list of conditions

Content covering 32 specialties – 1000 topics

Intuitive browse, and search to get to answers fast

Continuous updating

CME/CPD tracking

BMJ Best Practice

The screenshot shows the BMJ Best Practice interface for 'Irritable bowel syndrome'. The top navigation bar includes 'Recent updates', 'Specialties', 'Calculators', 'Comorbidities', 'Patient leaflets', 'Procedural videos', 'Evidence', and 'Drugs'. A search bar is present with the text 'Search conditions, symptoms...'. Below the navigation, there are language options: English, Português, Español, and Русский. The main content area is titled 'Irritable bowel syndrome' and includes a 'View PDF' link. A table of contents is displayed with columns: OVERVIEW, THEORY, DIAGNOSIS, MANAGEMENT, FOLLOW UP, and RESOURCES. The 'OVERVIEW' column contains a 'Summary' link. The 'THEORY' column lists 'Epidemiology', 'Aetiology', and 'Case history'. The 'DIAGNOSIS' column lists 'Approach', 'History and exam', 'Investigations', 'Differentials', and 'Criteria'. The 'MANAGEMENT' column lists 'Approach', 'Treatment algorithm', 'Emerging', and 'Patient discussions'. The 'FOLLOW UP' column lists 'Monitoring', 'Complications', and 'Prognosis'. The 'RESOURCES' column lists 'Guidelines', 'References', 'Patient leaflets', and 'Evidence'. Below the table, there is a section for 'IMPORTANT UPDATES' with a date of '30 Jun 2020' and a title 'US FDA approves tenapanor for the treatment of constipation-predominant IBS'. The update text reads: 'The US Food and Drug Administration (FDA) has approved tenapanor for the treatment of irritable bowel syndrome with constipation (IBS-C) in adults. Tenapanor inhibits...'. To the right, there are sections for 'Differentials' and 'Guidelines'. The 'Differentials' section lists 'Crohn's disease', 'Ulcerative colitis', and 'Lymphocytic and collagenous (microscopic colitis)'. The 'Guidelines' section lists 'BSG consensus guidelines on the management of inflammatory bowel disease'.

OVERVIEW	THEORY	DIAGNOSIS	MANAGEMENT	FOLLOW UP	RESOURCES
Summary	Epidemiology Aetiology Case history	Approach History and exam Investigations Differentials Criteria	Approach Treatment algorithm Emerging Patient discussions	Monitoring Complications Prognosis	Guidelines References Patient leaflets Evidence

Updated: January 2019

IMPORTANT UPDATES

30 Jun 2020

US FDA approves tenapanor for the treatment of constipation-predominant IBS

The US Food and Drug Administration (FDA) has approved tenapanor for the treatment of irritable bowel syndrome with constipation (IBS-C) in adults. Tenapanor inhibits

Differentials

- Crohn's disease
- Ulcerative colitis
- Lymphocytic and collagenous (microscopic colitis)

Guidelines

BSG consensus guidelines on the management of inflammatory bowel disease

Unique structure following clinical workflow

Alerts for important and practice-changing updates

Printable PDFs

Quick links to relevant information - differentials, guidelines, patient leaflets, calculators and more

Treatment Algorithm

Please note that formulations and doses between drug nomenclatures may differ: see disclaimer

ACUTE

acute exacerbation

[VIEW ALL](#) ▾

1st line ▾ short-acting bronchodilator

Adjunct ▾ systemic corticosteroid

Adjunct ▾ transition to inhaled corticosteroid

Adjunct ▾ airway clearance techniques

Adjunct ▾ supplemental oxygen

infectious exacerbation outpatients

Plus ▾ oral antibiotic

infectious exacerbation hospitalised patients

Plus ▾ oral or systemic antibiotics

respiratory insufficiency

Adjunct ▾ non-invasive positive-pressure ventilation

Adjunct ▾ invasive positive-pressure ventilation

ONGOING

group A: few symptoms and low risk of exacerbations

[VIEW ALL](#) ▾

1st line ▾ short- or long-acting bronchodilator

Unique treatment algorithms to guide users through treatment options



Recent updates

Browse recent updates. BMJ Best Practice is continuously updated to provide the latest evidence-based decision support.

ALL UPDATES

IMPORTANT UPDATES

UPDATES BY SPECIALTY

02 Sep 2022

Topic: [Assessment of neutropenia](#)

02 Sep 2022

Topic: [Cervical cancer](#)

02 Sep 2022

Topic: [Peripheral arterial disease](#)

01 Sep 2022

 **FEEDBACK**

BMJ Best Practice

Notifications

 **Gout**

Important Update: 26 Feb 2019

Log out

My details

Search conditions, symptoms...




Recent updates


Specialties


Calculators


Patient leaflets


Procedural videos


Evidence


Drugs

Best Practice app



Get fast access to clinical answers. Anywhere. Even when offline.

Important updates

27 Mar 2019

 **Depression in adults**

19 Mar 2019

 **Cervical cancer**

15 Mar 2019

 **Non-Hodgkin's lymphoma**

Accessing via your institution?

3 reasons why you need a personal account

1. Access BMJ Best Practice outside of your institution
2. Use your account details to download (for free) the award winning app for offline, anytime access



Calculators

A - Z

BY SPECIALTY

A

[A-a Gradient](#)

Calculates difference between alveolar and arterial oxygen concentration.

[ABCD2 Score to Predict Stroke Risk after TIA](#)

Estimates the risk of stroke following transient ischemic attack.

[Absolute Eosinophil Count](#)

Assesses number of eosinophils (e.g., in people with allergic or autoimmune conditions, or parasite infections).

[Absolute Lymphocyte Count](#)

Estimates number of lymphocytes and predicts CD4 count.

[Absolute Neutrophil Count](#)

Measures number of neutrophils (used to assess neutropenia or neutrophilia).

[Absolute Reticulocyte Count](#)

Perform calculations without disturbing your workflow. Then search or navigate to recent topics from here



Patient leaflets

[A - Z](#)[BY SPECIALTY](#)[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [R](#) [S](#) [T](#) [U](#)

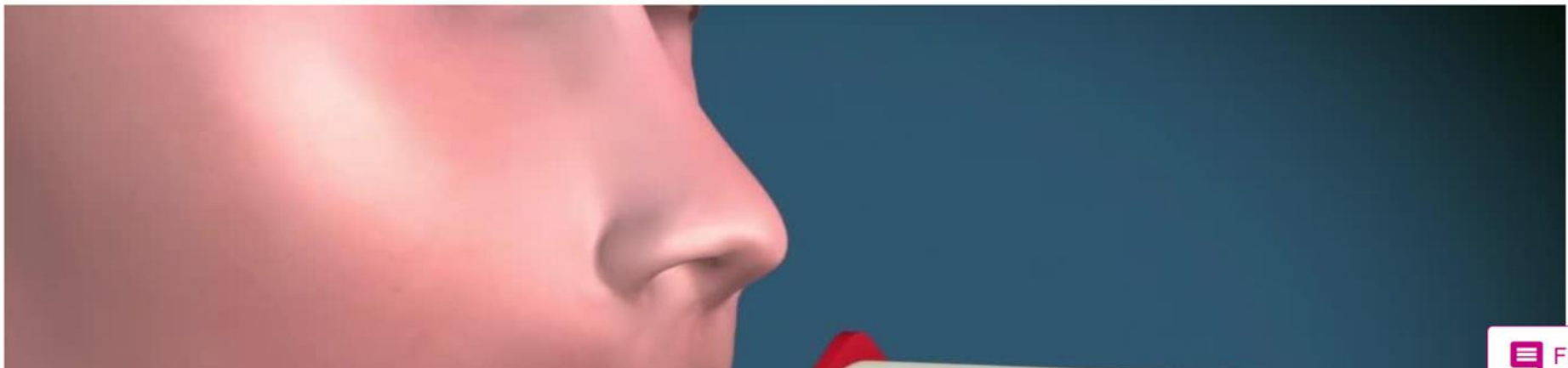
A

[Abdominal aortic aneurysm](#)[Absence seizures in children](#)[Acne](#)[Acute kidney injury](#)[Acute respiratory distress syndrome](#)[Addison's disease: what is it?](#)[Addison's disease: what treatments work?](#)[ADHD: help in the classroom](#)[ADHD: questions to ask your doctor](#)[ADHD: what is it?](#)[ADHD: what treatments work?](#)

Now available to download and share from the app.

← Videos

Peak flow measurement animated demonstration





Café au lait spots on the back of a young boy

From the personal collection of Dr Vincent M. Riccardi; used with permission



Multiple Lisch nodules (pale yellow) on a blue iris

Acute otitis media

View PDF

OVERVIEW THEORY DIAGNOSIS MANAGEMENT FOLLOW UP RESOURCES

Acute otitis media

Otoscopy appearance of a bulging, erythematous tympanic membrane and absent landmarks

From the personal collection of Dr Armengol

See this image in context in the following section/s:

- Diagnosis Approach
- Case history
- History and exam

Chronic atrial fibrillation

OVERVIEW THEORY DIAGNOSIS MANAGEMENT FOLLOW UP RESOURCES

Chronic atrial fibrillation

Multifocal atrial tachycardia: there are P waves of multiple (at least 3) different morphologies

From the collection of Dr Arti N. Shah

See this image in context in the following section/s:

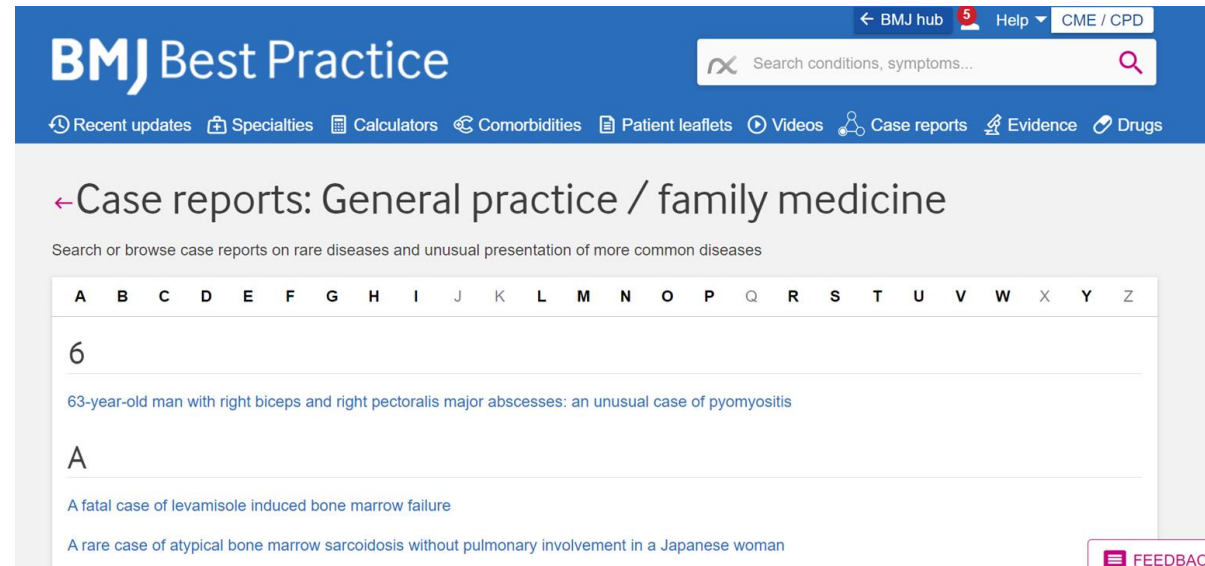
- Diagnosis Approach
- Differentials

Case reports

To add case reports of rare diseases and uncommon presentations into BMJ Best Practice

What does this mean?

- Integration of selected case reports into Best Practice
- Supports clinicians with quick access to information and guidance on **rare diseases and uncommon conditions and presentations** within the tool they are already using
- Integration of a selection of recent case reports
- These case reports cover rare diseases and uncommon conditions and presentations.
- There are approximately 5,000+ case reports included and this collection will be date limited to the last 5 years.








The screenshot displays the BMJ Best Practice website interface. At the top, there is a blue navigation bar with the 'BMJ Best Practice' logo on the left and navigation links for 'Recent updates', 'Specialties', 'Calculators', 'Comorbidities', 'Patient leaflets', 'Videos', 'Case reports', 'Evidence', and 'Drugs' on the right. A search bar is also present in the top right corner. Below the navigation bar, the page title is '← Case reports: General practice / family medicine'. Underneath the title, there is a search prompt: 'Search or browse case reports on rare diseases and unusual presentation of more common diseases'. A horizontal menu of letters from A to Z is displayed, with the letter '6' selected. Below this menu, two case report titles are visible: '63-year-old man with right biceps and right pectoralis major abscesses: an unusual case of pyomyositis' and 'A fatal case of levamisole induced bone marrow failure'. A 'FEEDBACK' button is located in the bottom right corner of the page.

OVERVIEW	THEORY	DIAGNOSIS	MANAGEMENT	FOLLOW UP	RESOURCES
Summary	Epidemiology Aetiology Case history	Approach History and exam Investigations Differentials Criteria Screening	Approach Treatment algorithm Emerging Prevention Patient discussions	Monitoring Complications Prognosis	Guidelines Images and videos References Patient leaflets Calculators Evidence


Evidence

What is inside the
blackbox of CDS?



- In people with chronic obstructive pulmonary disease, what are the effects of integrated disease management interventions?
[Show me the answer](#) 
- How does longer corticosteroid treatment (>7 days) compare with shorter (≤7 days) in people with exacerbations of chronic obstructive pulmonary disease?
[Show me the answer](#) 
- How does umeclidinium bromide compare with placebo for people with chronic obstructive pulmonary disease (COPD)?
[Show me the answer](#) 
- How does long-acting muscarinic antagonist (LAMA) plus long-acting beta-agonist (LABA) compare with LABA plus inhaled corticosteroid (ICS) for people with stable chronic obstructive pulmonary disease (COPD)?
[Show me the answer](#) 
- How does tiotropium compare with ipratropium bromide for people with chronic obstructive pulmonary disease (COPD)?
[Show me the answer](#) 
- What are the longer-term (>6 months) effects of inhaled corticosteroids in people with stable chronic obstructive pulmonary disease?

Acute sinusitis

 View PDF

OVERVIEW



THEORY



DIAGNOSIS



MANAGEMENT



FOLLOW UP



RESOURCES



^ What are the effects of short-course antibiotics versus long-course antibiotics in people with acute sinusitis?



This table is a summary of the analysis reported in a guideline (underpinned by a systematic review) that focuses on the above important clinical question.

[View the full source guideline](#) 

Evidence A [?]

Confidence in the evidence is high or moderate to high where GRADE has been performed and there is no difference in effectiveness between the intervention and comparison for key outcomes.

Population: Adults with acute sinusitis

Intervention: Short-course antibiotics

Comparison: Long-course antibiotics

Outcome	Effectiveness (BMJ rating) [?]	Confidence in evidence (GRADE) [?]
Cure or improvement (at the test of cure time point; 10-36 days follow-up)	No statistically significant difference	High
Cure or improvement (at the test of cure time point; 5 days vs. 10 days)	No statistically significant difference	High

OVERVIEW	THEORY	DIAGNOSIS	MANAGEMENT	FOLLOW UP	RESOURCES
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Diagnostic guidelines

EUROPE

[Chronic obstructive pulmonary disease in over 16s: diagnosis and management](#) 

Published by: National Institute for Health and Care Excellence

Last published: 2018

INTERNATIONAL

[Global strategy for the diagnosis, management, and prevention of COPD](#) 

Published by: Global Initiative for Chronic Obstructive Lung Disease

Last published: 2018

Management guidelines

EUROPE

[Chronic obstructive pulmonary disease in over 16s: diagnosis and management](#) 

BMJ Best Practice

Certificate of activity

This certificate confirms that

Ali Boukabache

has participated in educational activity using *BMJ Best Practice*, during the month(s):

November 2017

Total hours redeemed: 4.80

* see reverse for detailed list of activities

Kieran Walsh
Kieran Walsh
 Clinical Director



Certificate 63407688 (22 Nov, 2017)

BMJ Best Practice

Date	Source	Search term(s)	Topic(s) viewed / Section	Hours
6 November 2017	WEB	cough	14:36:14 Assessment of chronic cough topic-homepage	0.48
			14:37:23 Assessment of chronic cough differentials	
			14:38:51 Assessment of chronic cough diagnosis-approach	
			14:39:52 Assessment of chronic cough urgent-considerations	
			14:40:06 Assessment of chronic cough images-and-videos	
			14:40:42 Assessment of chronic cough differentials	
			14:41:06 COPD topic-homepage	
			14:43:07 COPD history-exam	
			14:43:57 COPD investigations	
			14:44:22 COPD differentials	
			14:45:13 COPD management-approach	
			14:45:42 COPD treatment-options	
			14:49:24 COPD guidelines	
			14:49:42 COPD images-and-videos	
			14:49:50 COPD evidence	
			3 November 2017	
10:31:50 Assessment of traumatic brain injury, acute topic-homepage				
10:32:17 Assessment of traumatic brain injury, acute differentials				
10:32:24 Assessment of traumatic brain injury, acute topic-homepage				
10:32:31 Assessment of traumatic brain injury, acute images-and-videos				
10:32:56 Assessment of traumatic brain injury, acute aetiology				
10:53:37 Ankle fractures resources:references				
10:53:40 Ankle fractures resources:images				
10:53:46 Ankle fractures basics:definition				
10:53:51 Ankle fractures highlights:overview				
10:58:07 Syncope (Assessment of) overview:summary				
10:59:14 Allergic rhinitis treatment:details				
10:59:21 Allergic rhinitis treatment:step-by-step				
10:59:22 Allergic rhinitis treatment:emerging				
3 November 2017	APP		10:59:22 Allergic rhinitis treatment:step-by-step	0.25
3 November 2017	APP		10:59:34 Allergic rhinitis resources:references	0.26
			10:59:34 Allergic rhinitis resources:references	
			10:59:52 Allergic rhinitis follow-up:prognosis	
			10:59:54 Allergic rhinitis follow-up:complications	
			10:59:55 Allergic rhinitis follow-up:prognosis	

Certificate 63407688 (22 Nov, 2017)

Local guidance tool benefits

- ★ The BMJ Best Practice local guidance tool enables healthcare organisations to easily add links to local clinical information to BMJ Best Practice topics
- ★ The tool provides a central place for healthcare professionals to access local clinical information as well as national and international guidance
- ★ Having key clinical information stored centrally and easily accessible supports healthcare organisations to ensure consistency of care
- ★ Users tell us that having all this information stored centrally will enable faster decision making. As a result, this significantly improves the healthcare process and ultimately, patient care
- ★ Increased visibility and ease of access of local protocol guidance

Mobile view

BMJ Best Practice

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Sepsis in adults

MENU

Last reviewed: March 2019
Last updated: October 2018

🔔 IMPORTANT UPDATES

Summary

Findings are generally non-specific and secondary to primary infection. They include malaise, leukocytosis, tachypnoea, and pulse >90 bpm....

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Definition

Sepsis is defined as life-threatening organ dysfunction caused by a dysregulated host response to an infection. [1] The definition of sepsis was updated in 2016 following publication

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Sepsis in adults

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- DIAGNOSIS ▾
- MANAGEMENT ▾
- FOLLOW UP ▾
- RESOURCES ▾

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Last reviewed: March 2019

BMJ Best Practice app

Access trusted clinical information anywhere

App Features

Fast download time



Minimal storage



Available offline



Search / browse



Activity tracked for CME/CPD



Intuitive interface



BMJ Best Practice



EHR Integration

Integrating the latest information into the clinical workflow

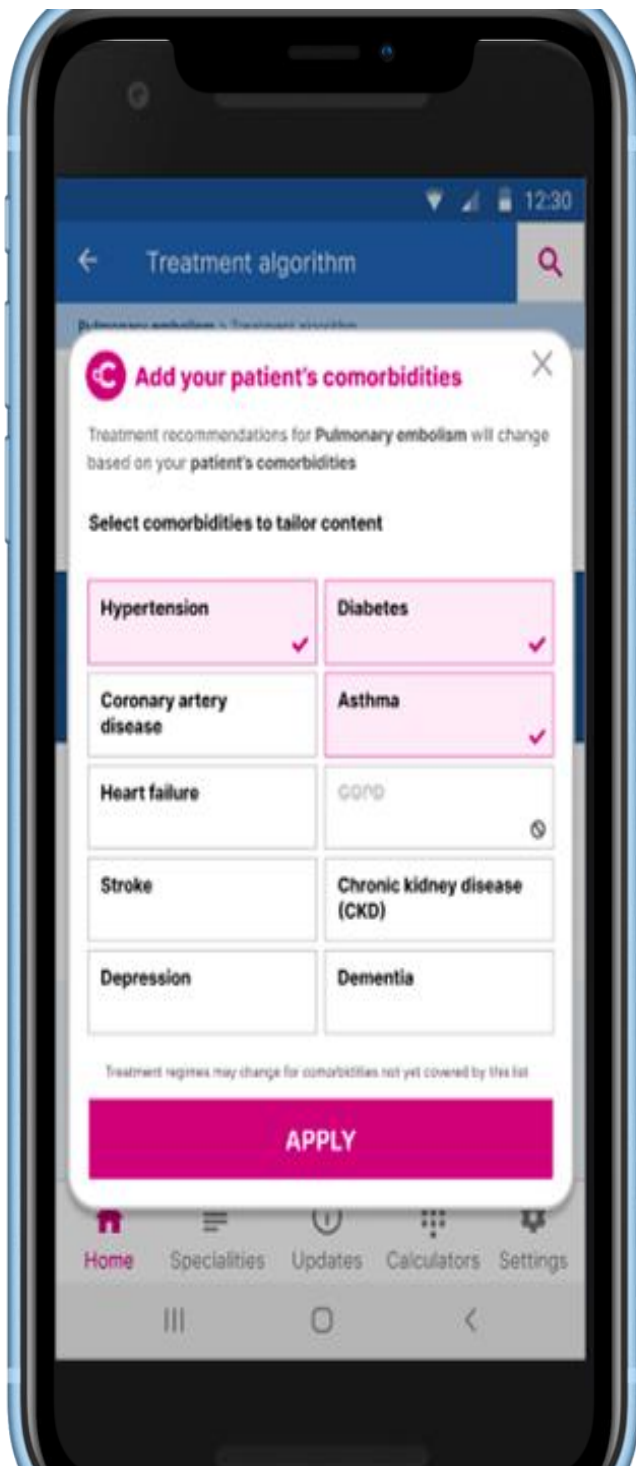
We support all levels of integration including:

- **Search widget** - this allows users to search BMJ Best Practice topics and clinical information directly from the EHR system. This gives fast access to our trusted information from within the clinical workflow.
- **HL7 infobutton** - this provides links to specific BMJ Best Practice topic pages from patients' problems list in the Electronic Patient Record (EPR).
- **Complete API integration** - this provides complete flexibility in how our clinical information is displayed within your EHR system.

BMJ Best Practice Comorbidities Manager - COVID-19 and AECOPD

Add the patient's comorbidities to an existing management plan and get a tailored plan instantly.

Supports healthcare professionals to treat the whole patient when managing acute conditions.



BMJ Best Practice

Search




DEMONSTRATION

Try the new Comorbidity
Add your patients' comorbidity data to get instant, tailored management recommendations.


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