

# BMJ Best Practice



Straight to the point of care

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## Agenda

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- BMJ and BMJ Best Practice - an overview
- Key highlights in 2018
- Questions

# BMJ advancing healthcare since 1840



Working with healthcare professionals in over **153** countries



Supporting healthcare professionals more than **6.2m** times each month in their efforts to improve healthcare



Publishing content in **10** languages



More than **one in 10** of our staff are fully-qualified health professionals. Employs **3<sup>rd</sup>** top CIO in the UK.



Improving outcomes in over **3000** institutions

## What is BMJ Best Practice?

**A clinical decision support tool, 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](#)

## Focusing on what's important to our users.

- Having the most recent, trusted information
- Being able to find answers quickly
- Being able to access information easily, when and where they want

# Ensure better, safer care with fast access to the latest clinical information, whenever and wherever you need it



High-quality care - with guidelines and evidence for all healthcare teams



Reduce variation in care and save time



Support junior doctors as they transition from medical school



Access anywhere, even offline

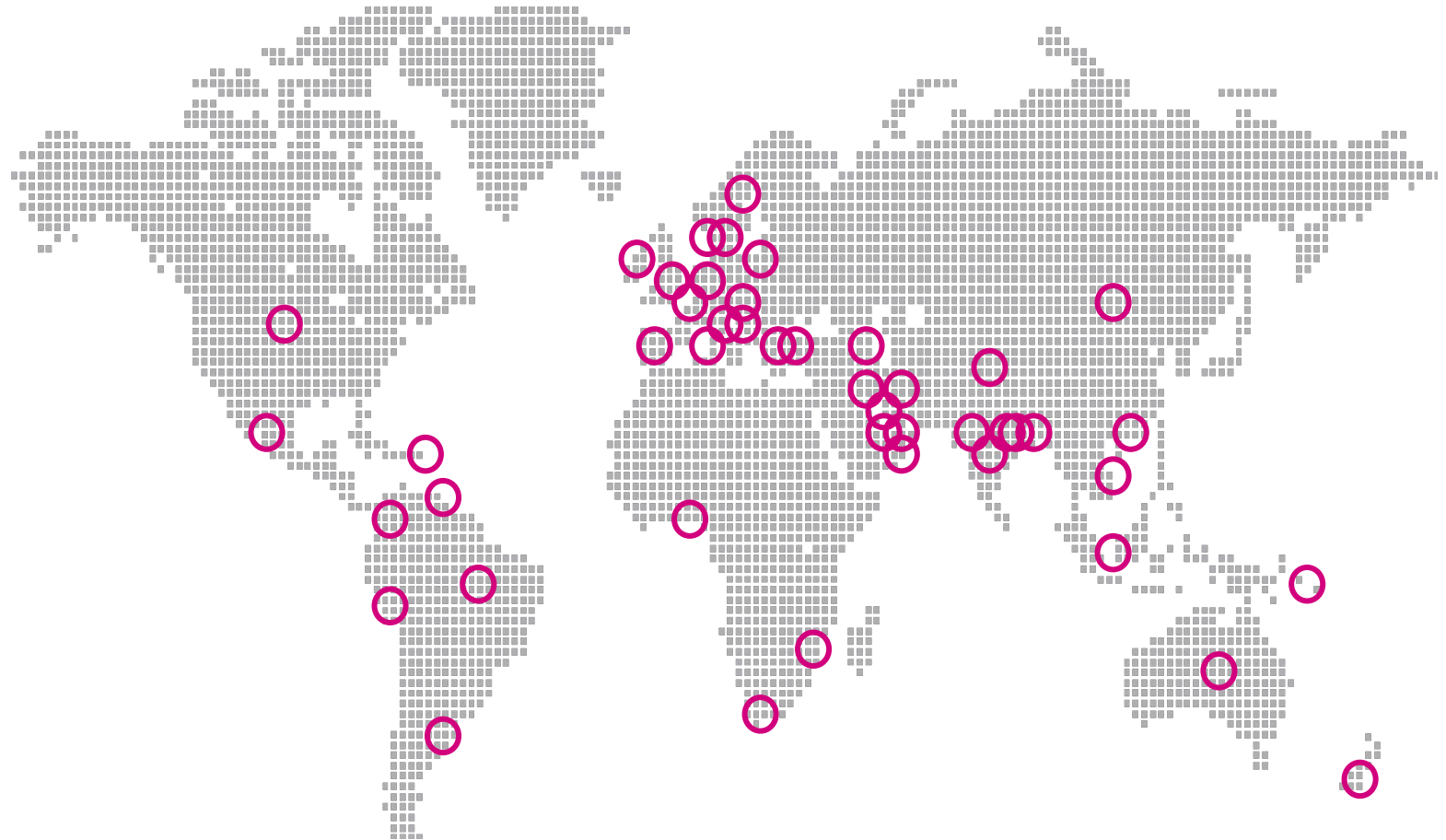
# Why BMJ Best Practice?

- Fully evidence-based
- UK focused - NICE guidelines, Cochrane Clinical Answers and free BNF/BNFC access
- Evidence-based patient leaflets, calculators and procedural videos
- 1000 discrete topics covering over 11,000 differentials
- Follow the patient consultation of prevention, diagnosis, treatment and follow up meaning we don't split the topics up as others do
- Users want to see all information about one condition in a single topic - not split up chapter-like
- Unique differentials and treatment algorithm
- Updated daily and covers diseases seen regularly in clinical practice as well as rare significant topics such as Ebola and Zika.
- User friendly and easy to access - continuously improved based on feedback from users
- App fully offline capable and takes 60% less storage than other competitor apps

# BMJ Best Practice is accredited worldwide

BMJ Best Practice is accredited for CME/CPD by a wide range of international organisations.

Search activity is automatically tracked and users can generate CME/CPD certificates to demonstrate their learning.



“...this is an excellent evidence based online clinical decision support system which reflects up to date clinical practice.” **Royal College of General Practitioners Assessor Panel**



# CME/CPD certificates

Take a look at our [user guide](#) guide to see how BMJ Best Practice can help your CME/CPD requirements.

Log in to your personal account each time you visit so that you can create and download certificates.

## CME/CPD Accreditation

Claim CME/CPD points for time spent reading topics while you are logged in to BMJ Best Practice. [See which institutions offer accreditation](#)



**CREATE CME/CPD CERTIFICATES**

MY CERTIFICATES

All your time spent on BMJ Best Practice is added to your certificate by default. Expand each month to deselect any activity you don't want included.

Nov 2017

[See all browsing activity](#) ▼

Hours: 4.80

[DOWNLOAD CERTIFICATE](#)

[Add reflections and impact](#) ▼

Aug 2017

[See all browsing activity](#) ▼

Hours: 9.41

[DOWNLOAD CERTIFICATE](#)

[Add reflections and impact](#) ▼

Jul 2017

[See all browsing activity](#) ▼

Hours: 3.39

[DOWNLOAD CERTIFICATE](#)

[Add reflections and impact](#) ▼

Jun 2017

[See all browsing activity](#) ▼

Hours: 2.50

[DOWNLOAD CERTIFICATE](#)

[Add reflections and impact](#) ▼

## 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

Date	Source	Search term(s)	Topic(s) viewed / Section	Hours
6 November 2017	WEB	cough	14:36:14 Assessment of chronic cough topic-homepage	0.68
			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				
10:59:22 Allergic rhinitis treatment:step-by-step				
3 November 2017	APP			10:59:34 Allergic rhinitis resources:references
			10:59:34 Allergic rhinitis resources:references	
3 November 2017	APP		10:59:34 Allergic rhinitis resources:references	0.26
			10:59:52 Allergic rhinitis follow-up:prognosis	
			10:59:54 Allergic rhinitis follow-up:complications	
			10:59:55 Allergic rhinitis follow-up:prognosis	

# Assessment of inflamed joint

 [View PDF](#)

OVERVIEW	THEORY	EMERGENCIES	DIAGNOSIS	RESOURCES
<a href="#">Summary</a>	<a href="#">Aetiology</a>	<a href="#">Urgent considerations</a>	<a href="#">Approach</a> <a href="#">Differentials</a>	<a href="#">Guidelines</a> <a href="#">Images and videos</a> <a href="#">References</a> <a href="#">Patient leaflets</a>

# Rheumatoid arthritis

 [View PDF](#)

OVERVIEW	THEORY	DIAGNOSIS	MANAGEMENT	FOLLOW UP	RESOURCES
<a href="#">Summary</a>	<a href="#">Epidemiology</a> <a href="#">Aetiology</a> <a href="#">Case history</a>	<a href="#">Approach</a> <a href="#">History and exam</a> <a href="#">Investigations</a> <a href="#">Differentials</a> <a href="#">Criteria</a>	<a href="#">Approach</a> <a href="#">Treatment algorithm</a> <a href="#">Emerging</a> <a href="#">Prevention</a>	<a href="#">Monitoring</a> <a href="#">Complications</a> <a href="#">Prognosis</a>	<a href="#">Guidelines</a> <a href="#">References</a> <a href="#">Patient leaflets</a> <a href="#">Evidence</a>



## The Reinvention of BMJ Best Practice

Find out more »

## Ranked one of the best clinical decision support tools for health professionals worldwide.\*

BMJ Best Practice takes you quickly and accurately to the latest evidence based information, whenever and wherever you need it.

Our step by step guidance on diagnosis, prognosis, treatment and prevention is updated daily using robust evidence based methodology and expert opinion.

We support you in implementing good practice.

**Have you seen the new BMJ Best Practice?**

[Click here](#)



## Log in to Best Practice

Choose one of the access methods below to log in or take a look at our [subscribe](#) and [free trial](#) options.

If you have a Best Practice personal account, your own subscription or have registered for a free trial, log in here:

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If your hospital, university, trust or other institution provides access to Best Practice, log in via the appropriate link below:



## Sign in with an OpenAthens account.

Username

Password

[Problems signing in?](#)

OR

## Find your organisation.

Search

By using this site you agree to us setting cookies. Please see our [privacy and cookie information](#).



# BMJ Best Practice

You may also register via this link

## Create your FREE personal account in one step



- By registering with BMJ Best Practice you are agreeing to BMJ's terms and conditions and its privacy policy.
- Tick to receive information and special offers about BMJ's products and services. BMJ will mainly contact you by email but occasionally by post, telephone, or SMS.

**CREATE ACCOUNT**



### With a personal account, you can:

- Use the highly rated BMJ Best Practice app, even offline
- Get CME/CPD certificates for time spent on BMJ Best Practice
- Access BMJ Best Practice anywhere

Do not show me this again **CLOSE**

Already have a personal account? [LOG IN.](#)

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

20 Nov 2017

**Generalised seizures**

Our programme of product development continues. Find out how our customers and users have changed our approach.

# BMJ Best Practice

Search conditions, symptoms...



  
Recent updates

  
Drugs

Success! You now have a Best Practice personal account ✕

Use your account to log in to the free app:



Or continue to the home page.

CONTINUE

Best Practice a

est Practice

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

ACCESS THE APP

syndromes

21 Nov 2017

**Retropharyngeal abscess**

21 Nov 2017

**Overview of musculoskeletal pain**

LATEST 50 UPDATED TOPICS

Our programme of product development continues. Find out how our customers and users have changed our approach.

TAKE A LOOK



# 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.

## Important updates

03 Jul 2018

**Sepsis in adults**

29 Jun 2018

**Seasonal affective disorder**

29 Jun 2018

**HIV infection in pregnancy**

## Re-inventing BMJ Best Practice



Our programme of product development continues. Find out how our customers and

→ **Accessing BMJ Best Practice on the move**

# Mobile view

BMJ Best Practice

Search conditions, symptoms... 🔍

Sepsis in adults ⋮ MENU

Last reviewed: October 2017  
Last updated: November 2017

**🔔 IMPORTANT UPDATES**

## Summary

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

[READ MORE](#) ▾

BMJ Best Practice

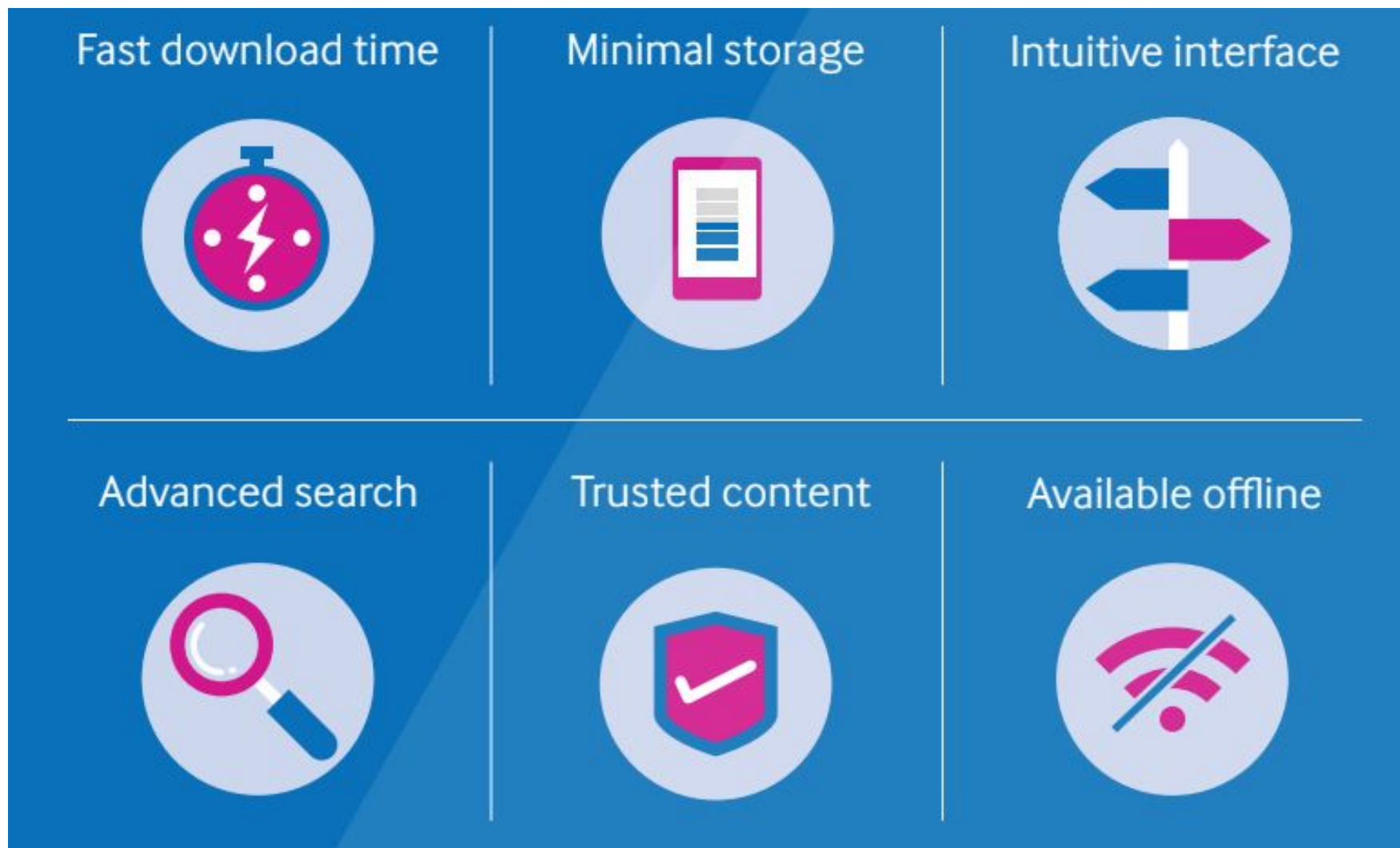
Search conditions, symptoms... 🔍

Sepsis in adults ⋮ CLOSE

- OVERVIEW ▾
- THEORY ▾
- DIAGNOSIS ▾
- MANAGEMENT ▾
- FOLLOW UP ▾
- RESOURCES ▾

# BMJ Best Practice app

Fast access to clinical information. Anywhere.



# Customer Reviews



Best second opinion support tool

This is the best mHealth decision support tool I have found. It links to Cochrane evidence too. Highly recommended for clinicians and academics alike.

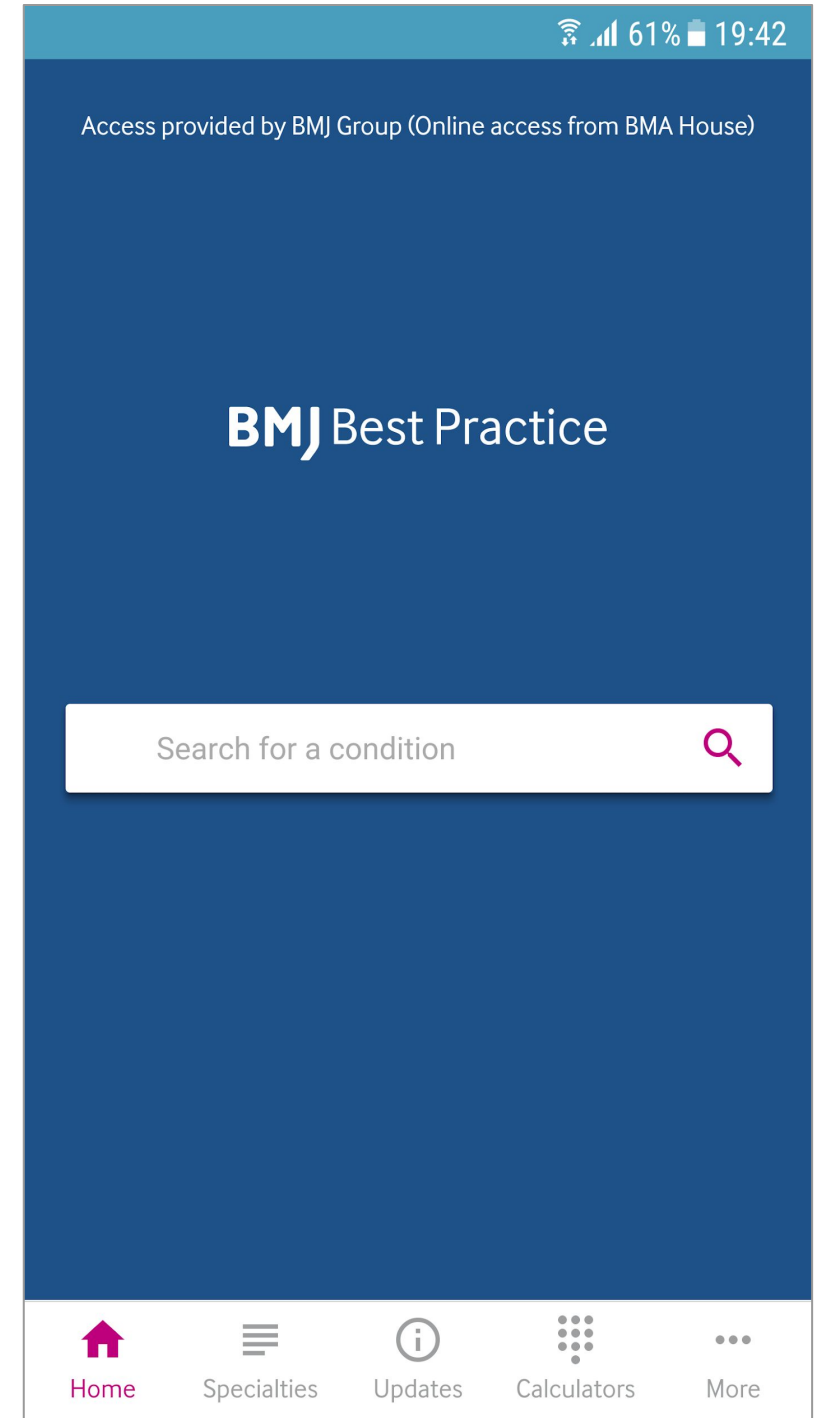


Fabulous resource for busy doctors



Absolutely Fantastic Resource

As a junior physician associate I refer to this at least 2-3 times a day to check my diagnostic or treatment approach is correct.





# BMJ Best Practice app

Access trusted clinical information anywhere

1. Search “BMJ Best Practice” on



Available on the  
**App Store**

OR



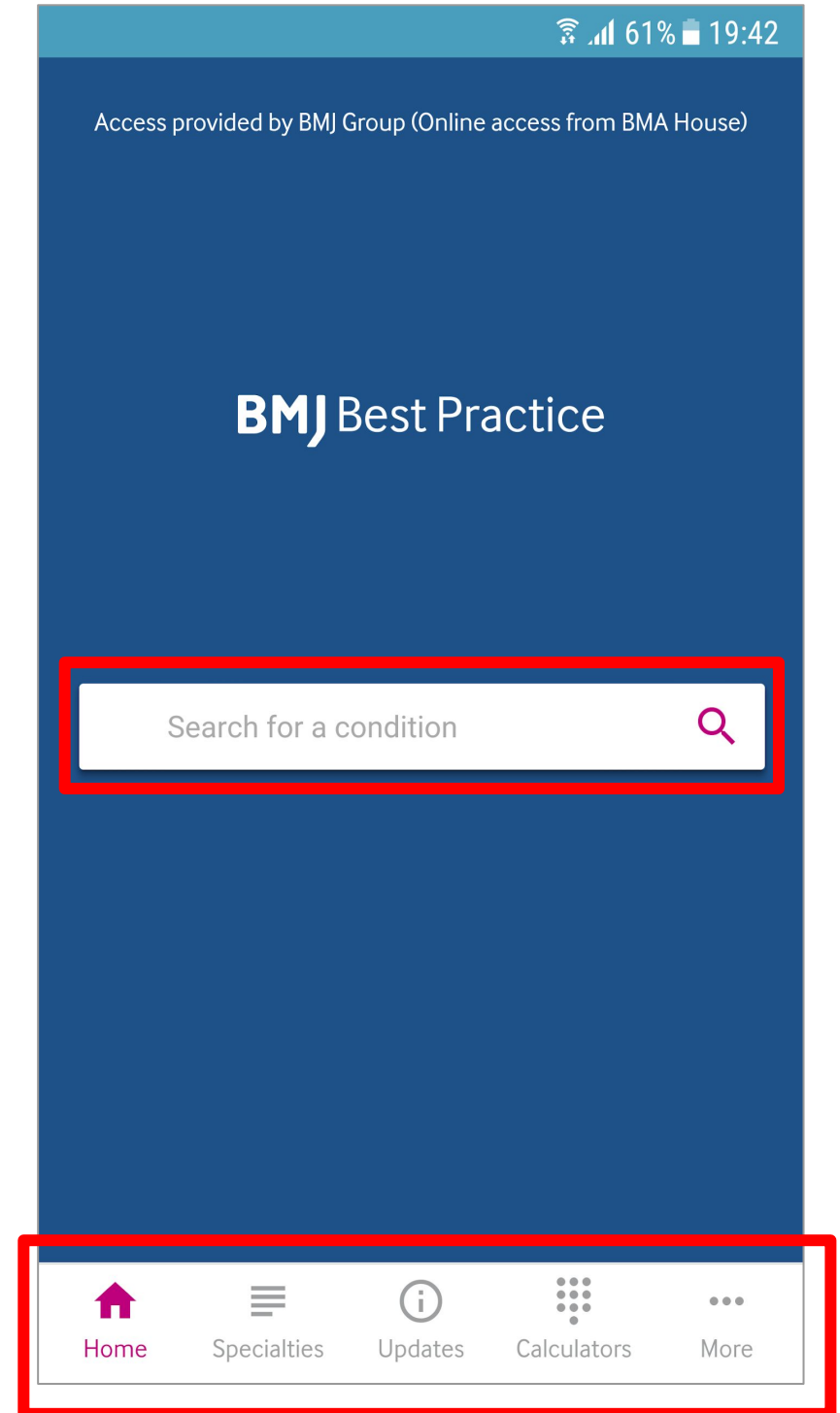
ANDROID APP ON  
**Google play**

2. Download the app.

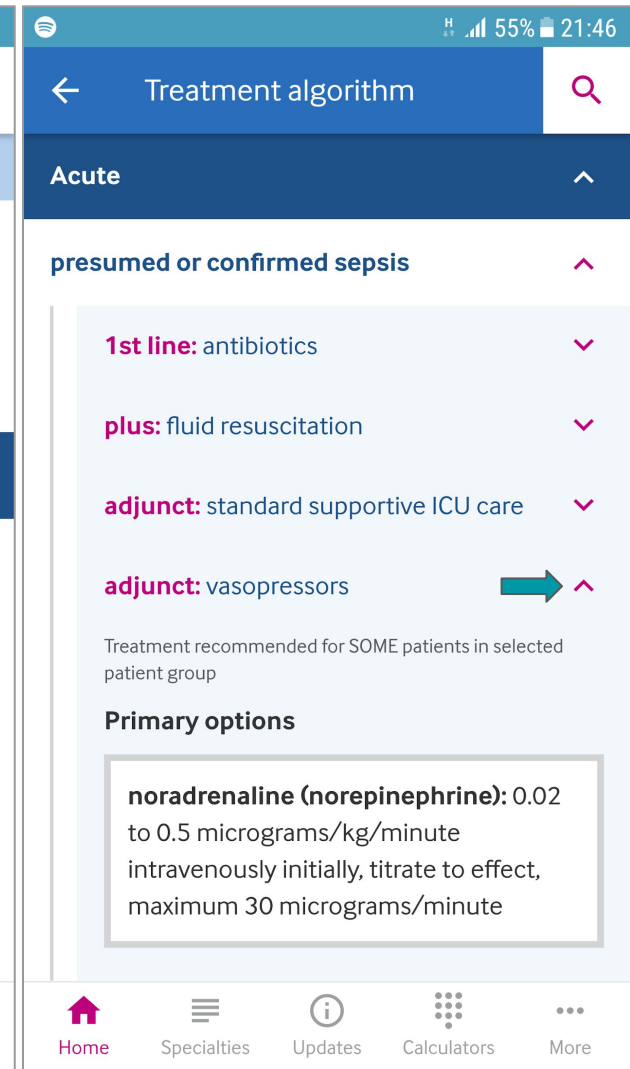
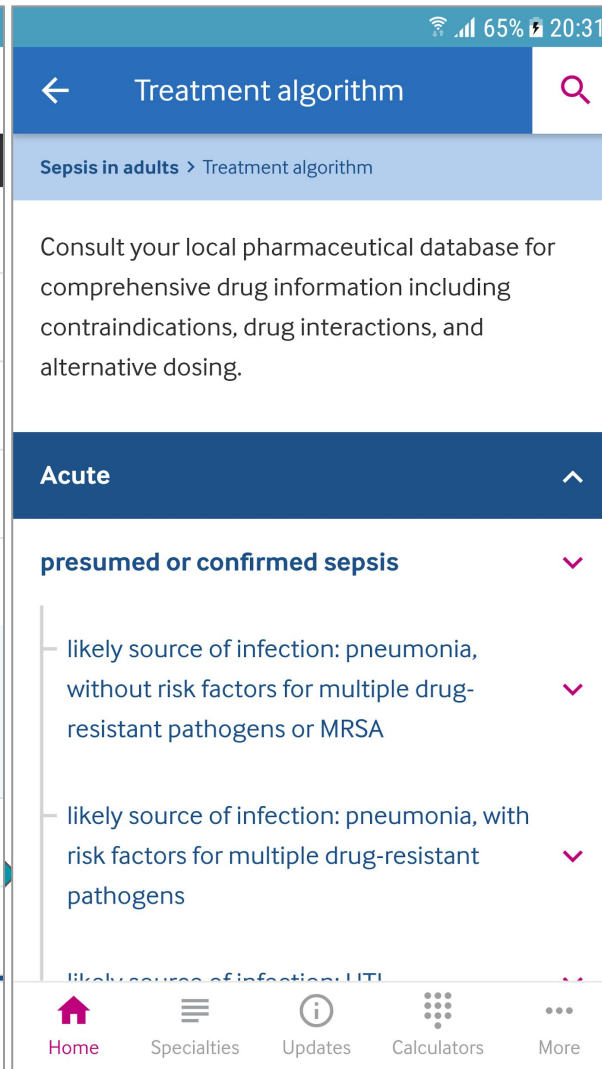
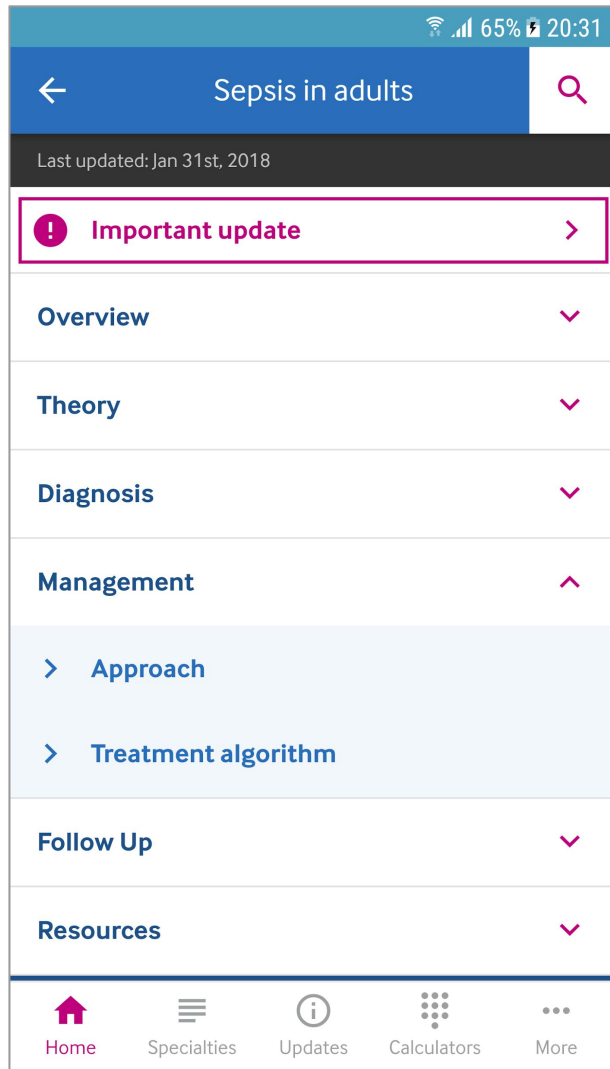
3. Enter your email address, and password.

# Using BMJ Best Practice app

BMJ Best Practice app offers both a [search](#) and a 'browse' functionality enabling you to explore content across multiple avenues including by speciality, updates and calculators [both online and offline](#).



# Using BMJ Best Practice app





**→ Key highlights so far in 2018**

# Continuous improvements

- Improve and enhance the site based on market insights and customer/user feedback
- Customer and user visits every 2 weeks
- Reply to every single feedback (both app and website) which builds important relationships with the users

# History and Exam display

OLD - all expanded with no option to hide/collapse list items

History & examination

Key diagnostic factors

**COMMON**

presence of risk factors (e.g., smoking)

The main risk factor is smoking. Other key risk factors include advancing age and genetic factors.

**cough**

Usually the initial symptom of COPD.

Frequently a morning cough, but becomes constant as disease progresses.

Usually productive, and sputum quality may change with exacerbations or

**UNCOMMON**

**cyanosis**

Seen in the late stages of COPD, usually with hypoxia, hypercapnia, and c

Other diagnostic factors

**COMMON**

presence of risk factors (e.g., smoking)

The main risk factor is smoking. Other key risk factors include advancing a

**cough**

Usually the initial symptom of COPD.

Frequently a morning cough, but becomes constant as disease progresses:

Usually productive, and sputum quality may change with exacerbations or

Risk factors

**STRONG**

**cigarette smoking**

- Most important risk factor. It causes 40% to 70% of cases of COPD. [12]
- Elicits an inflammatory response and causes cilia dysfunction and oxidative injury

**advanced age**

- The effect of age may be related to a longer period of cigarette smoking as well as the normal age-related loss of FEV1.

NEW - all collapsed to give user a better overview and the option to expand and collapse as needed

History and exam

Key diagnostic factors

**COMMON** VIEW ALL

- presence of risk factors
- polyuria
- polydipsia

Other diagnostic factors

**COMMON** VIEW ALL

- young age

**WEAK** VIEW ALL

- genetic predisposition
- infectious agents
- dietary factors

## RE: BMJ Best Practice feedback - History and Exam page

BMJ/CID/CDS/deputy product manager/Best Practice strategy/Project Nightingale/feedback x

Great to see the collapse/expand ability is back on the history and exam, and investigations pages of the site. It really makes it more user friendly (in my opinion). I've started using BMJ a bit more again since the change, as I find it very helpful to be able to visualise all the main headings on one page/screen.

Cheers,

# Drug linking on BMJ Best Practice

BMJ Best Practice has the ability to link to major drug formularies and now provides direct links to specific drug monographs at a Best Practice topic level. This enables users to **quickly** access in-depth drug information including interactions and contraindications at the point it is needed within the workflow.

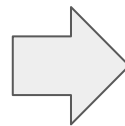
Drug linking has been available on BMJ Best Practice for some time but the way it works is changing.

This improved functionality will strengthen our 'speed to answer' credentials by giving immediate access to drug information.

## Current functionality:

There are two ways to access available drug database(s):

1. via the drug icon on the navigation bar on the homepage. This enables any available drug database to be chosen and a search conducted via the database.
2. Where drugs are highlighted within the topics/treatment algorithm - this links out to the homepage of the drug database and the user is required to conduct the search for the drug.



## New functionality:

Point 1 remains the same.

### The change impacts function number 2:

Drugs highlighted within BP topics will now link to **the specific information about that drug in the drug database**. Users will no longer need to conduct a search.

If the exact drug name match cannot be located in the formulary-users will be directed to the formulary homepage.

Drug databases can be accessed via the main navigation menu

Only the drug databases that the user/institution is subscribed to will be visible here and will link to the database's homepage where the user can access and search the full database

Access provided by: BMJ Group (Online access from BMA House) Log in Create account Help

# BMJ Best Practice

Search conditions, symptoms...

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

Best Practice app

Important updates  
21 Aug 2018

Accessing via your institution?

## Drug database

Search for drug information directly or by selecting a drug when viewing a condition or symptom.

# BNF

The latest guidance on prescribing, dispensing and administering medicines from internationally credible resources.

SEARCH BNF

# BNF for Children

The latest guidance on prescribing, dispensing and administering medicines from internationally credible resources.

SEARCH BNF FOR CHILDREN

MedicinesComplete Search BNF Stockley's Interactions Checker

**BNF for Children**  
Publication last updated on 14-Aug-2018 >  
Guidance on the actions and uses of drugs prescribed in the UK for children.

- Therapeutic Areas
- Drugs
- Treatment Summaries
- Medical Devices
- Borderline substances
- Cautionary And Advisory Labels for ...
- Guidance
- Dental Practitioners' Formulary
- Nurse Prescribers' Formulary
- About
- Legacy BNFc

1. Deep drug links can be accessed via the treatment algorithm

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

2. Users click on the drug name and a pop up will appear if they are subscribed to more than one database. If they only have one, the user will be taken straight to the drug monograph for that database.

Migraine headache in adults

OVERVIEW THEORY DIAGNOSIS MANAGEMENT FOLLOW UP RESOURCES

### Treatment algorithm

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](#)

INITIAL

migraineur presenting to the emergency department

1st line ^ rescue therapy

Primary options

- paracetamol
- OR --
- magnesium sulphate

Choose your drug database

- BNF
- BNF FOR CHILDREN

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](#)

3. Users select the drug database and click through to access the full drug monograph including interactions and contraindications

MedicinesComplete

Paracetamol (Acetaminophen)

<https://doi.org/10.18578/BNF.970446495> Last Update: 05-May-2016

BNF BNF Evidence grading

Subsections Related Content

- Indications and dose
- Unlicensed use
- Cautions
- Interactions
- Side-effects
- Pregnancy
- Breast feeding

### Indications and dose

Mild to moderate pain  
Pyrexia  
By mouth

**Adult**  
0.5-1 g every 4-6 hours; maximum 4 g per day.

# Integration of BMJ Best Practice

Users, and also customers, want their medical information all in one place so that they don't have to break the workflow by moving from one tool to another. The ability to link to disease specific data from within the electronic patient record is the ideal way of doing this.

## What level of integration is right for me?

Choosing how to integrate BMJ Best Practice depends on your clinical needs:

- **Level 1** - the HL7 infobutton provides links to specific BMJ Best Practice topic pages from your patients' problems list in the Electronic Patient Record (EPR).

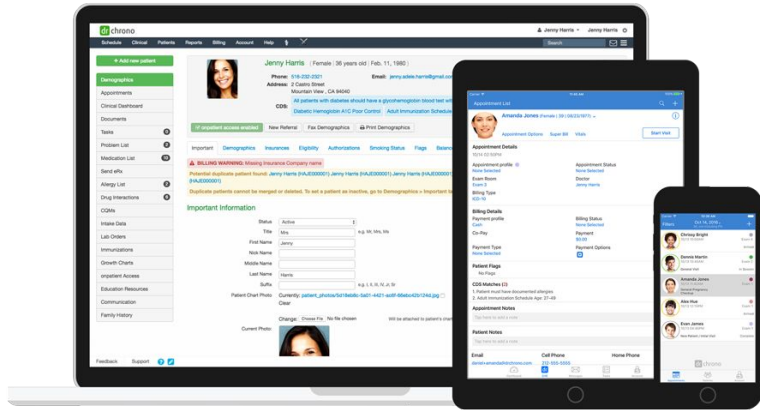
With HL7 Infobutton integration, that supports both free-text searching as well as standard medical codes, BMJ Best Practice can provide clinicians with access to context-aware, actionable evidence-based medical content from within your EHR system as part of their workflow. We currently support SNOMED-CT and will support ICD-9 and ICD-10 soon.

- **Level 2** - we can work with you to fully integrate and embed BMJ Best Practice with your EHR.





# Integration of BMJ Best Practice



Electronic Patient Records



BMJ Best Practice

Ontology inc SNOMED-CT

- Patient problem lists use SNOMED-CT codes, or ICD10 codes
- EHRs provide standard plugs to content



# HL7 infobutton

## What can you search?

You can search for all available BMJ Best Practice topics that match one or more condition codes in your patient's electronic health record problems list. If your EHR does not support coded diagnoses, or no topic matches the code, then a page will be returned with a link for the user to perform a text based search of the site with the free text term.

Easy linking to medicines information - either within BMJ Best Practice, or an external drug database - is also available.

## What is displayed?

A small button is added next to each condition in the patient's problems list, which, when clicked, will take you directly to the matching BMJ Best Practice topic.

<b>EHR System</b>	<b>St Elsewhere Hospital</b>	
<b>Patient:</b>	<b>D Wall</b>	
<b>Problem List:</b>	<b>Acute bronchitis</b>	

# OpenURLs

OpenURL information is added to the institution's account and then displayed on the website.

Clicking on the reference link, takes them to pubmed which includes full text links unique to their institution

## Multiple sclerosis

OVERVIEW ▼ THEORY ▼ DIAGNOSIS ▼ MANAGEMENT ▼ FOLLOW UP ▼ RESOURCES

### Key articles

Lublin FD, Reingold SC, Cohen JA, et al. Defining the clinical course of multiple sclerosis: the 2013 revisions. *Neurology*. 2014 Jul 15;83(3):278-86.

Full text [↗](#) Abstract [↗](#) FindIt@CMCLIB [↗](#)

Polman CH, Reingold SC, Banwell B, et al. Diagnostic criteria for multiple sclerosis: 2010 revisions to the McDonald criteria. *Ann Neurol*. 2011 Feb;69(2):292-302.

Full text [↗](#) Abstract [↗](#) FindIt@CMCLIB [↗](#)

Kantarci O, Wingerchuk D. Epidemiology and natural history of relapsing and remitting multiple sclerosis. *Neurol*. 2006 Jun;19(3):248-54.

Abstract [↗](#) FindIt@CMCLIB [↗](#)

Rovira À, Wattjes MP, Tintoré M, et al; MAGNIMS study group. Evid-based consensus guidelines on the use of MRI in multiple sclerosis-clinical practice. *Nat Rev Neurol*. 2015 Aug;11(8):471-82.

Full text [↗](#) Abstract [↗](#) FindIt@CMCLIB [↗](#)

NCBI Resources How To Sign in to NCBI

PubMed  
US National Library of Medicine  
National Institutes of Health

Advanced

Format: Abstract

Send to

Full text links

Wiley Online Library Full Text Online Find It @ The Catholic Univ. of Korea Medical Library

Save items

Add to Favorites

Similar articles

Review Outcome measures in acne vulgaris: systematic review. [Br J Dermatol. 2009]

Effect on quality of life in patients with pityriasis rosea: is it associated with [Int J Dermatol. 2005]

Randomised controlled multiple treatment comparison to pro [Health Technol Assess. 2005]

A randomized, controlled, split-face clinical trial of 1320-nm Nd:YAG las [J Am Acad Dermatol. 2007]

Review [Clinical aspects of acne]. [Rev Prat. 2002]

See reviews... See all...

MeSH terms

LinkOut - more resources

# RSS & Atom feeds

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<?xml version="1.0" encoding="UTF-8"?>
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    <description>Most Recent 50 Important Updates</description>
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      <category>Psychiatry</category>
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      <category>Neurology</category>
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Atom feeds:

Important updates:

<http://bestpractice.bmj.com/atom/important-updates?lang=en-gb>

Recent updates:

<http://bestpractice.bmj.com/atom/recent-updates?lang=en-gb>

RSS feeds:

Important updates:

<http://bestpractice.bmj.com/rss/important-updates?lang=en-gb>

Recent updates:

<http://bestpractice.bmj.com/rss/recent-updates?lang=en-gb>

# New calculators

Added new calculators:

- HEART score
- NAFLD fibrosis score

based on customer requests.

There are now over 250 calculators available on BMJ Best Practice

## Calculators

A - Z BY SPECIALTY

heart

[Acute Heart Failure Prediction Based on NT-proBNP and Clinical Features](#)  
Estimates risk of acute heart failure.

[Cardiovascular Risk Assessment \(10-year, PROCAM Score, Munster Heart Study SI units\)](#)  
Ten-year cardiovascular risk score based on Munster study with cholesterol levels in SI units.

[Cardiovascular Risk Assessment \(10-year, PROCAM Score, Munster Heart Study\)](#)  
Ten-year cardiovascular risk score based on Munster study with cholesterol levels in mg/dL.

[HEART Score](#)  
Incorporates elements of the patient's history, ECG, age, risk factors, and troponin and is used for patients in the accident and emergency department setting to assess risk of acute MI, PCI, CABG, and death within 6 weeks of initial presentation

[Heart Failure Diagnosis](#)  
Clinical criteria for diagnosis of heart failure.

## Heart Score

Input:

History  High suspicion of ischemic cardiac pain (2)  
 Moderate suspicion of ischemic cardiac pain (1)  
 Slight or no suspicion of ischemic cardiac pain (0)

Electrocardiogram  ST segments show significant depression (2)  
 Non-specific repolarization changes (1)  
 No ST segment changes (0)

Age  | yr

Risk Factors  Atherosclerosis: coronary, cerebrovascular, peripheral (3)  
 Three or more other risk factors (see below) (2)  
 One or two other risk factors (1)  
 No risk factors (0)

Troponin  | ng/mL

Top Normal Troponin  | ng/mL

Results:

Heart Score  | points

Add to Favs

Notes

- In this calculator, mcg is the abbreviation for micrograms.
- This calculator utilizes troponin thresholds of one and three times normal per the 2013 and 2017 articles below. The earlier 2008 article suggested troponin thresholds of one and two times normal.
- **Age Factor** is set to 0, 1, or 2 points based on **Age** thresholds of 45 and 65 years of age.
- Non-specific repolarization changes include bundle branch block, LVH, changes due to digoxin, and pre-existing/stable repolarization disturbances.
- **Risk Factors** apart from atherosclerosis include:
  - Systemic hypertension
  - High cholesterol
  - Diabetes
  - Obesity with a BMI of 30 kg/m<sup>2</sup> or higher
  - Smoking
  - Significant family history of heart disease

Equation parameters such as **History**, have two or more discrete values that may be used in the calculation. The numbers in the parentheses, e.g. (2), represent the values that will be used.

References

1. Six AJ, Backus BE, Kelder JC. Chest pain in the emergency room: value of the HEART score. *Neth Heart J*. 2008 Jun;16(6):191-6.
2. Backus BE, Six AJ, Kelder JC, et al. A prospective validation of the HEART score for chest pain patients at the emergency department. *Int J Cardiol*. 2013 Oct 3;168(3):2153-8.
3. Appelman Y, Manneerts HFJ, van Dantzig JM, et al. Effect of Using the HEART Score in Patients With Chest Pain in the Emergency Department: A Stepped-Wedge, Cluster Randomized Trial. *Ann Intern Med*. 2017 May 16;166(10):689-697.

HeartScore = History + Electrocardiogram + AgeFactor + RiskFactors + TroponinFactor



# New procedural videos

## Procedural videos



Insertion of intercostal drain: open technique animated demonstration



Bag-valve-mask ventilation animated demonstration



Diagnostic lumbar puncture animated demonstration



Practical suturing techniques animated demonstrations



Female urethral catheterisation animated demonstration



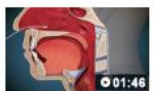
Male urethral catheterisation animated demonstration



How to perform an ECG animated demonstration



Venepuncture and phlebotomy animated demonstration



Nasogastric tube insertion animated demonstration



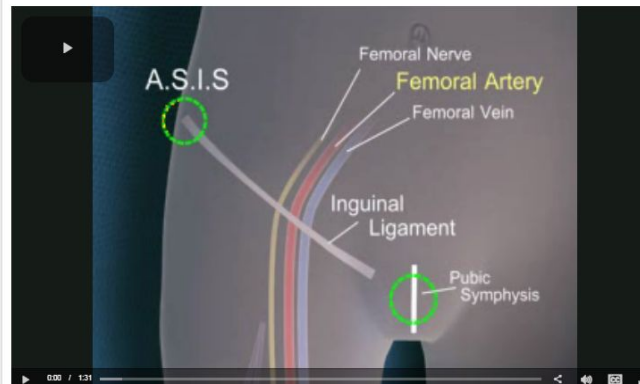
Aspiration and injection of the knee animated demonstration

These 5 new videos were added:

- Femoral artery puncture
- Insertion of intercostal drain: open technique
- Radial artery puncture
- Nasogastric tube insertion
- Pocket mask ventilation

Brings the total number of videos now on Best Practice to 25 with many more planned in 2019.

## ← Procedural videos



Femoral artery puncture animated demonstration

### Equipment needed

The equipment for femoral artery puncture includes:

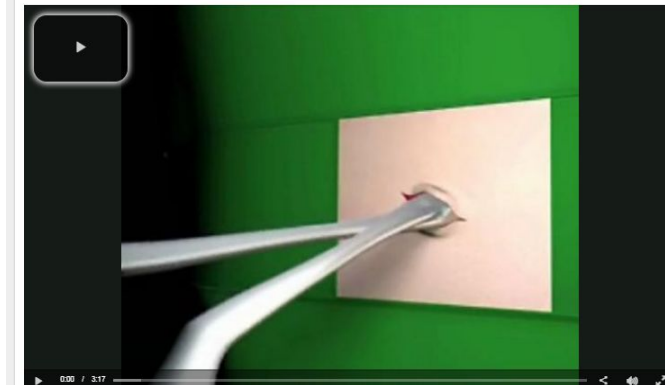
- Alcohol wipes
- Sterile gloves, protective glasses, and apron
- Cotton wool or gauze
- Pre-heparinised 3 mL arterial blood gas syringe, a rubber block, and cap
- 21 gauge needle.

### Contraindications

Absolute contraindications include:

- Absence of a palpable pulse in an otherwise conscious patient
- Prosthetic arterial bypass graft or stent at intended site of puncture
- Arteriovenous fistula (use of an AI/ fistula for blood sampling can risk the patency of the graft)

## ← Procedural videos



Insertion of intercostal drain: open technique animated demonstration

### Equipment needed

- Sterile gloves
- Sterile gown
- Eye protection and mask
- Sterile drapes
- Ultrasound scanner to guide insertion of drain especially when aspirating fluid, unless in an emergency [161]
- Antiseptic
- 1% lidocaine local anaesthetic
- Syringe and needle for local anaesthetic
- Scalpel
- Artery forceps
- Chest tube
- Drainage bottle with water seal
- Silk suture to keep chest tube in position
- Wound dressing.

# Rapid Recommendations - Accelerating evidence into practice

It can take years for new research evidence to filter into new treatment guidelines. In the meantime, many patients receive outdated care.

That is why The BMJ is working with [MAGIC](#), a non-profit research and innovation programme, to develop Rapid Recommendations.

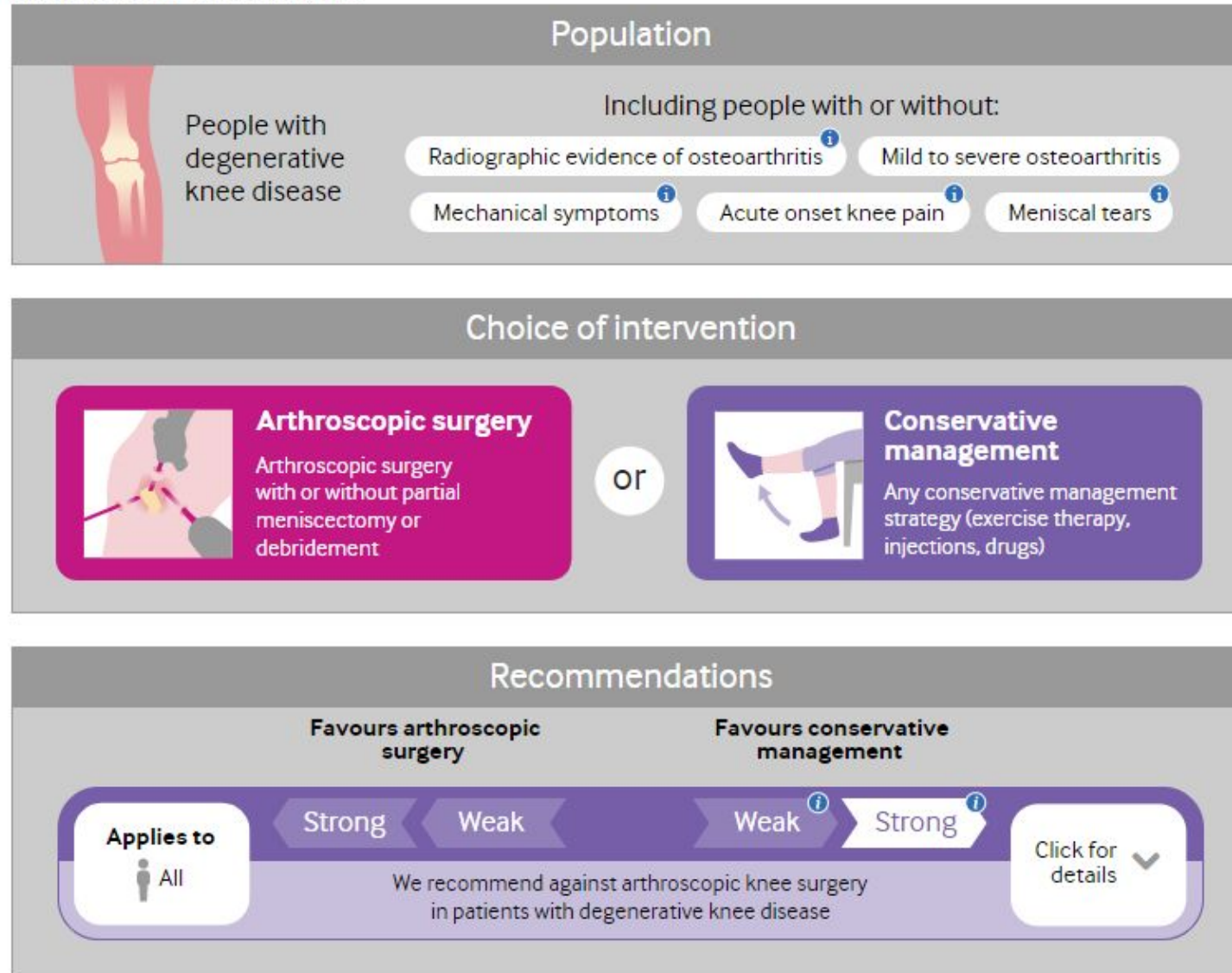
Answering the questions that matter, quickly and transparently. Emerging research is translated into user friendly and trustworthy recommendations, evidence summaries, and decision aids.

These visual summaries will be incorporated into BMJ Best Practice, offering another tool for healthcare professionals who need to make decisions in areas of uncertainty.

# Arthroscopic surgery for degenerative knee arthritis and meniscal tears: a clinical practice guideline

BMJ 2017 ; 357 doi: <https://doi.org/10.1136/bmj.j1982> (Published 10 May 2017)

Cite this as: *BMJ* 2017;357:j1982



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**Thank you.**

**Any questions?**

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