

BMJ

BMJ Best Practice 實證醫學決策資料庫

- * 產品說明
- * 功能介面介紹
- * 其他重要功能



What is BMJ Best Practice?

- BMJ Best Practice為臨床醫師(實習醫師)提供超過10,000種診斷的參考指引，經由全球知名專家peer review而成的資料庫，此外將Cochrane Clinical Answers整合於其中，讓證據資訊更加豐富與完整。
- 面臨醫學主題不斷增加、可用的時間愈來愈少的時代，透過BMJ Best Practice此一臨床決策參考資料庫來幫助臨床醫師(實習醫師)，在最快的時間內，找到最合適且值得參考的處置方式！
 - 不限使用人數、手機平板皆可使用

專為實習醫學生、住院醫師設計的BMJ Best Practice

- **提供症狀評估、檢驗、評估流程及建議診療方式**，收錄超過36個專科主題、超過10,000種診斷評估及鑑別診斷內容。
- 來自**Cochrane Clinical Answers**所提供的醫學臨床重要實證回應：將Cochrane系統性文獻回顧的基本資訊，簡化為簡短的問答方式，以臨床實證佐證，提供讀者更友善的使用界面，整合出綜合敘述、數字和圖形以及關鍵數據，包括人口，干預，比較，結論及GRADE的實證摘要。
- 各主題**串聯MicroMedex藥學資料庫**，提供重要藥物用藥資訊及衛教單張，以及檢驗/技術相關動畫。

專為實習醫學生、住院醫師設計的BMJ Best Practice(續)

- **超過250種醫學用計算機**來自EBMcalc：透過實證的計算機功能，其中涵蓋醫學公式，臨床標準集，決策樹分析，劑量/單位轉換器等。
- **實證醫學 (EBM) 工具包**：提供用戶學習、實踐和討論EBM的工具，如釐清臨床問題，設計搜索和評估，綜合和評估證據質量等。
- 提供手機板的App應用：提供更快速用直觀的界面，找尋臨床答案和更好的搜索/瀏覽和全文的**離線功能**，同時可以降低在載具上更多儲存空間需求。

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BMJ Best Practice 介面說明



BMJ Best Practice

Search conditions, symptoms...



全新瀏覽功能列

單一檢索框

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

Recent updates

17 Jan 2018

Asbestosis

17 Jan 2018

Precocious puberty

17 Jan 2018

Colonic polyps

17 Jan 2018

Bed bugs

LATEST 50 UPDATED TOPICS

Re-inventing BMJ Best Practice



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

TAKE A LOOK

簡明具現代感版面



COPD					
View PDF					
OVERVIEW	THEORY	DIAGNOSIS	MANAGEMENT	FOLLOW UP	RESOURCES
	Epidemiology	Approach	Approach	Monitoring	Guidelines
	Aetiology	History and exam	Treatment algorithm	Complications	Images and
	Case history	Investigations	Emerging	Prognosis	Reference
		Differentials	Prevention		Patient leaf
		Criteria	Patient discussions		Evidence
		Screening			

最近一次審閱和最近更新的時間會在概況上方顯示

重要更新：特別標示出在臨床上有重大變更，以提醒臨床人員注意

Last reviewed: December 2017

Last updated: November 2017

IMPORTANT UPDATES

Summary

Progressive disease state characterised by airflow limitation that is not fully reversible....

[READ MORE](#)

Definition

COPD is a preventable and treatable disease state characterised by airflow limitation that is not fully reversible. It encompasses both emphysema and chronic bronchitis. The airflow limitation is usually progressive and is associated with an abnormal inflammatory response of the lungs to noxious particles or gases. It is primarily caused by cigarette smoking. Although COPD affects the lungs, it also has significant systemic consequences. Exacerbations and comorbidities are important contributors to the overall condition and prognosis in individual patients. [1]



Differentials

- Asthma
- Congestive heart failure
- Bronchiectasis

Guidelines

History and exam

Key diagnostic factors

- presence of risk factors

Other diagnostic factors

- barrel chest

Risk factors

- cigarette smoking

bestpractice.bmj.com/topics/en-gb/718

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ekalceff@bmj.com Help CME / CPD

Search conditions, symptoms...

Recent updates Specialties Calculators Patient leaflets Procedural videos Evidence Drugs

Metastatic breast cancer

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

Last reviewed: December 2017 Last updated: November 2017

Summary

There is great heterogeneity in both the presentation and prognosis of metastatic breast cancer. ...

[READ MORE](#)

Definition

Breast cancer is considered metastatic breast cancer (MBC) if the disease has spread beyond the breast and ipsilateral lymph nodes (axillary, internal mammary, infra- and supraclavicular). [1]

History and exam

Key diagnostic factors	Other diagnostic factors	Risk factors
<ul style="list-style-type: none">presence of risk factorsbone painpalpable mass after treatment of the primarypleural effusion	<ul style="list-style-type: none">shortness of breathanorexiaweight lossneurological pain or weakness, headaches, seizures	<ul style="list-style-type: none">female sexage >50 yearsfamily history of breast and/or ovarian cancerBRCA1 (breast cancer type 1 early onset) or

Differentials

- Lung cancer
- Osteosarcoma
- Breast sarcoma

Guidelines

NCCN clinical practice guidelines in oncology: breast cancer

Pertuzumab for the neoadjuvant treatment of HER2-positive breast cancer

Patient leaflets

- Breast cancer, locally advanced: what is it?
- Breast cancer, locally advanced: what treatments work?

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[FEEDBACK](#)

以患者病程為中心
提供直覺式內容目錄

建立個人帳號自動追蹤及下載學習成效


下載整篇
主題內容

關鍵資訊
在右方展示

直接傳送回饋
給出版團隊

各主題以簡單易懂的方式呈現出 病因→診斷→治療→預後

Acute appendicitis

 View PDF

OVERVIEW

THEORY

DIAGNOSIS

MANAGEMENT

FOLLOW UP

RESOURCES

Summary

Epidemiology

Approach

Approach

Monitoring

Guidelines

Aetiology

History and exam

Treatment algorithm

Complications

Images and videos

Case history

Investigations

Emerging

Prognosis

References

Differentials

Patient discussions

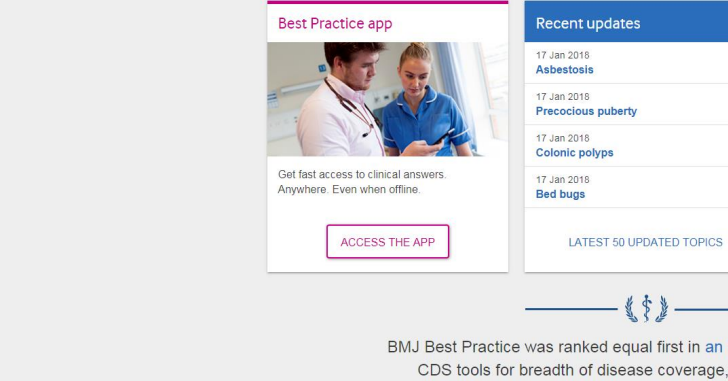
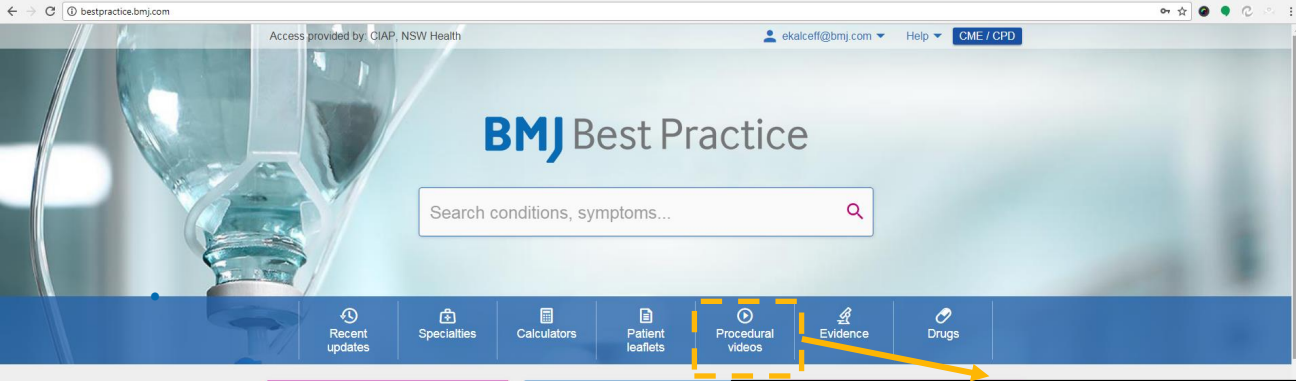
Patient leaflets

Criteria

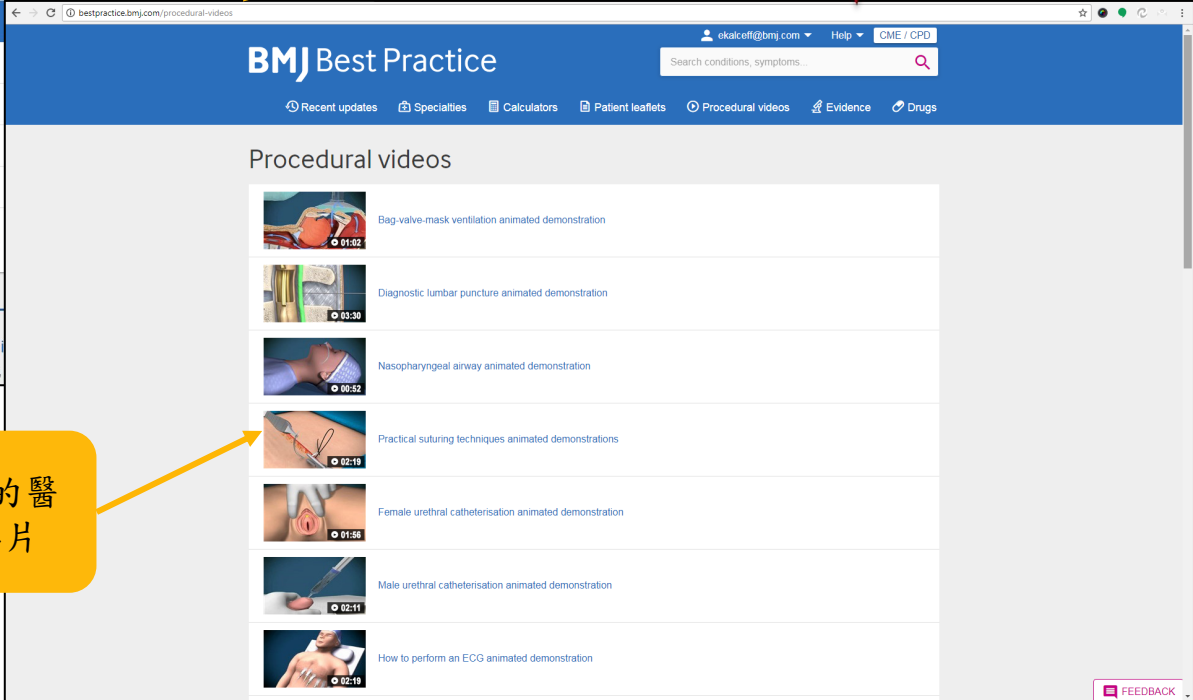
Calculators

BMJ Best Practice 其他重要功能 (一) Procedural videos





目前提供19種關於一般的醫學後手術技術的動畫影片



bestpractice.bmj.com/procedural-videos

BMJ Best Practice

Search conditions, symptoms...

Recent updates Specialties Calculators Patient leaflets Procedural videos

Procedural videos

- Bag-valve-mask ventilation animated demonstration 01:02
- Diagnostic lumbar puncture animated demonstration 03:30
- Nasopharyngeal airway animated demonstration 00:52
- Practical suturing techniques animated demonstrations 02:19
- Female urethral catheterisation animated demonstration 01:56
- Male urethral catheterisation animated demonstration 02:11
- How to perform an ECG 02:19

每部影片內容中會
包括下列資訊：

- 所需器具
- 禁忌症
- 適用症
- 併發症
- 術後照護

Procedural videos



Bag-valve-mask ventilation animated demonstration

Equipment needed

- Personal protective equipment, including gloves
- Bag-valve-mask apparatus
- Oxygen
- Reservoir bag attached to the bag-valve-mask apparatus
- Suction
- Oropharyngeal airway (have available to use if needed)
- Nasopharyngeal airway (have available to use if needed)
- Resuscitation kit

Contraindications

Complete upper airway obstruction is an absolute contraindication for bag-valve-mask ventilation.

If there is suspicion of a cervical spine injury, airway opening should ideally be achieved by jaw thrust or chin lift rather than head tilt, while maintaining manual inline stabilisation (MILS). If the airway remains obstructed despite these measures, perform a head tilt using small increments until the airway is open, while maintaining MILS. [115]

When it is clear from the outset that the patient needs a definitive airway (e.g., in the unconscious patient with a severe head and facial injury) call for help early while maintaining a patent airway by simple means until skilled help arrives.

Consider the level of the airway obstruction. Laryngospasm due to anaphylaxis, an inhalation burn, near drowning, or a foreign body will not improve significantly with simple airway manoeuvres, and the patient may need intubation or advanced airway procedure.

Indications

- Respiratory failure
- Failed intubation

Complications

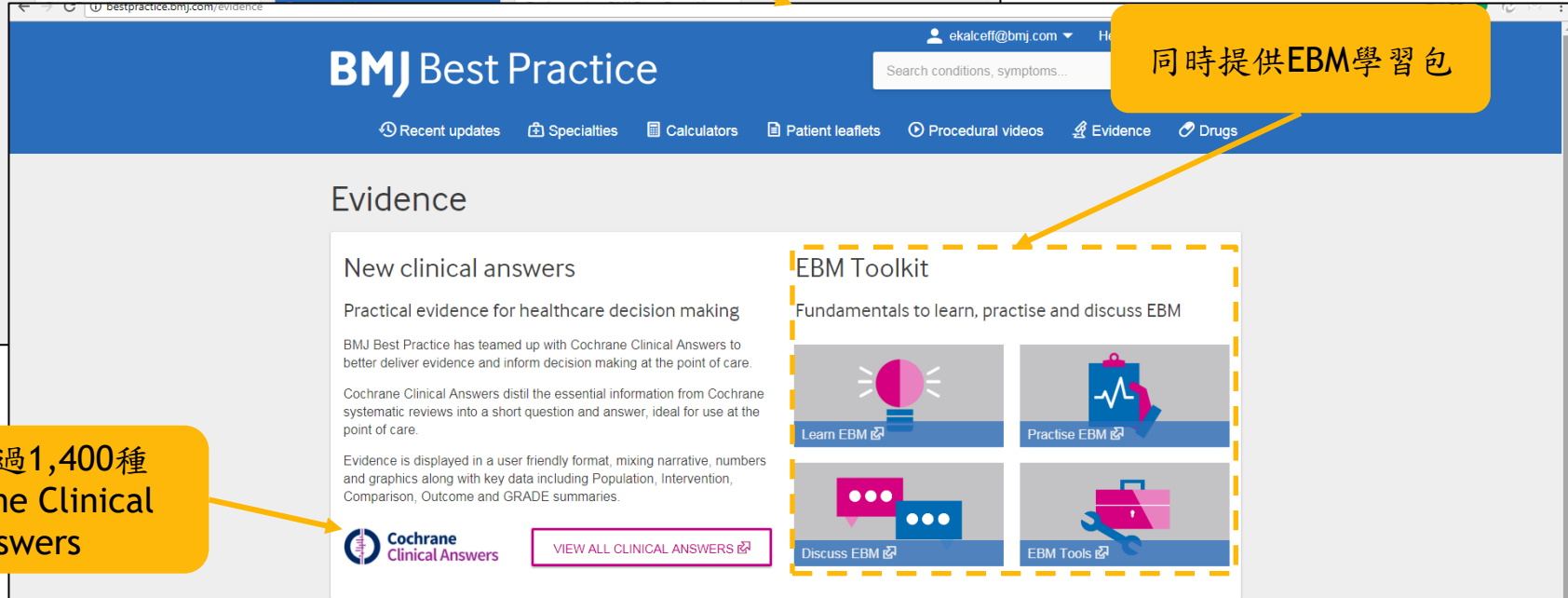
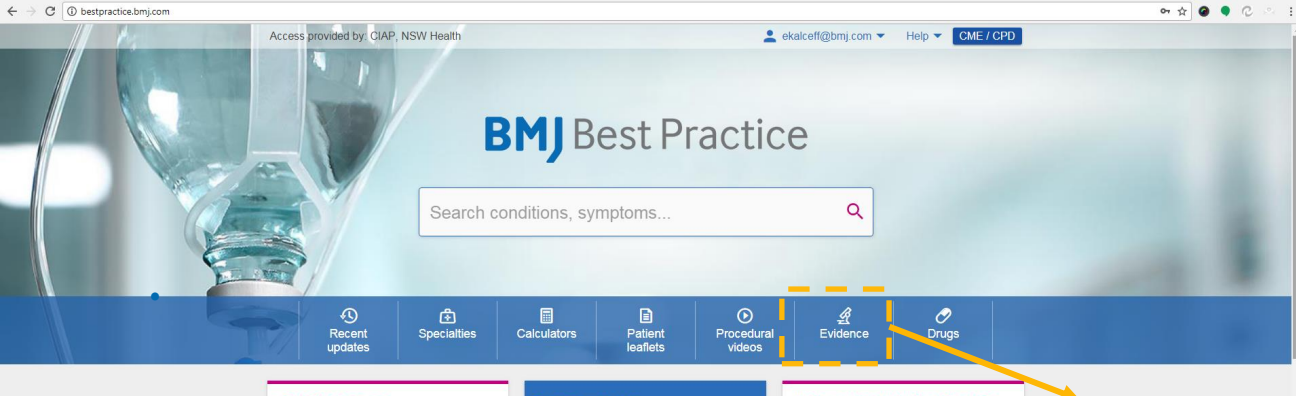
- Aspiration
- Hypoventilation
- Hyperventilation
- Cervical spine injury

Any significant leak will cause hypoventilation of the airway and can cause gas to be forced into the stomach, heightening the risk of aspiration.

BMJ Best Practice 其他重要功能 (二) EBM Toolkit



- BMJ Best Practice與**Cochrane Clinical Answers (CCAs)** 合作，提供給使用者更多systematic review的豐富資源
- CCAs 將50多頁的Cochrane review精簡到只有1-3頁，方便您快速閱讀主題
- CCAs可以作為直接可參考的決策重點
- CCAs可依據時間需求，呈現多層欄位的互動顯示結果
- CCAs可重點呈現出重要資訊如：Population, Intervention, Comparison, Outcome summary, Quality of the evidence



同時提供EBM學習包

瀏覽超過1,400種
Cochrane Clinical
Answers

每個主題在Resource
頁面顯示相關CCAs

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

Evidence



- In people with chronic obstructive pulmonary disease, what are the effects of integrated disease management interventions?
[Show me the answer](#)
- What are the benefits and harms of antibiotics in people attending the intensive care unit or admitted to hospital with exacerbations of chronic obstructive pulmonary disease?
[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 umecidinium 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](#)
- What are the longer-term (>6 months) effects of inhaled corticosteroids in people with stable chronic obstructive pulmonary disease?

在治療內容嵌入
相關CCAs內容

COPD

Overview

Patients should not take short-acting anticholinergic agents if they have already been started on tiotropium. [83] [84]

Optimal dosing of bronchodilators in acute exacerbations of COPD is yet to be determined; however, guidelines generally recommend increasing the dose or frequency of administration. The doses recommended below are a guide only and local protocols should be consulted.

Adjunct **systemic corticosteroid**

Treatment recommended for SOME patients in selected patient group

Primary options

prednisolone: 30-60 mg orally once daily for 5 days

OR

methylprednisolone: 40-60 mg/day orally given once daily or in 2 divided doses for 5-7 days

In severe but not life-threatening exacerbations, the Global Initiative for Chronic Obstructive Lung Disease (GOLD) guidelines recommend considering a short course of oral corticosteroids. [1]

During acute exacerbations, systemic corticosteroids are superior to inhaled corticosteroids, and their use usually spares the use of inhaled corticosteroids.

The oral route is preferred. It is not known whether tapering systemic corticosteroids provides clinical benefit apart from likely avoidance of adrenal insufficiency.

A short course (i.e., usually 5 days) of corticosteroid therapy appears to be as effective as a 10- to 14-day course. [34] [35]

Primary options

5-day course of oral prednisolone (40 mg/day) is recommended by the GOLD guidelines. [1] There is no evidence that parenteral treatment is better than oral therapy with regards to relapse, treatment failure, or mortality. There is a greater risk of side effects with parenteral therapy. [37]

When acute exacerbations are under control, patients can be started on inhaled corticosteroids (if indicated), with a few days of overlap. [85] [86]

Adjunct **transition to inhaled corticosteroid**

Treatment recommended for SOME patients in selected patient group

Primary options

7/treatment-algorithm

COPD

View PDF

OVERVIEW THEORY DIAGNOSIS MANAGEMENT FOLLOW UP RESOURCES

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Adjunct **transition to inhaled corticosteroids**

Treatment recommended for SOME patients in selected patient group

Primary options

獲得解答及完整內容

Cochrane Clinical Answers

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](#)

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Cochrane Clinical Answers

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Browse Clinical Answers

Question:

How does longer corticosteroid treatment (>7 days) compare with shorter (≤ 7 days) in people with exacerbations of chronic obstructive pulmonary disease?

Clinical Answer:

It is unclear whether shortening corticosteroid treatment duration is effective and safe in people with severe or very severe chronic obstructive pulmonary disease (COPD) experiencing exacerbations.

Moderate-quality evidence suggests that longer corticosteroid treatment (for 10 to 15 days) has similar rates of treatment failure and relapse compared with shorter treatment duration of 3 to 7 days. However, the numbers of participants included in these analyses may have been too small (450 and 478 participants) to detect differences between groups if these were present. There were also no apparent differences detected between groups in terms of time to re-exacerbation, lung function, dyspnea, duration of hospital stay, quality of life, or adverse effects. The evidence was moderate, and these numbers.

Related Clinical Answers

Q. What are the effects of airway clearance techniques in people with stable COPD?

Q. What is the impact of airway clearance techniques when treating acute exacerbations of COPD?

Q. Do cardioselective beta-blockers adversely affect lung function and respiratory symptoms in people with reversible airway disease?

Click below for full outcome data.

1. Systemic corticosteroids for ≤ 7 days versus >7 days
OUTCOME 1.1: Treatment failure (10 to 14 days)
OUTCOME 1.2: Relapse (14 to 180 days)
OUTCOME 1.3: Time to re-exacerbation
OUTCOME 1.4: FEV1 % predicted
OUTCOME 1.5: Dyspnea
OUTCOME 1.6: Quality of life
OUTCOME 1.7: Duration of hospital stay
OUTCOME 1.8: Adverse effects

Population, Intervention, Comparator

Population:

Adults (where reported, mean age range 65 to 73 years; proportion

瀏覽相關CCA問題

BMJ Best Practice 其他重要功能 (三) 可支援各種語系檢索



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即時使用百種語言查詢



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19 Jan 2018
Corneal abrasions

19 Jan 2018
Painless lymphocytic thyroiditis

19 Jan 2018
Viral meningitis

LATEST 50 UPDATED TOPICS

Re-inventing BMJ Best Practice



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

TAKE A LOOK

BMJ Best Practice was ranked equal first in an independent review of
CDS tools for breadth of disease coverage, editorial quality and

為使內容可見度增加採用
全新版型呈現檢索結果

查詢結果以英文呈現

乳がん

Recent updates

Specialties

Calculators

Patient leaflets

Search results for Breast cancer

ALL

IMAGES AND VIDEO

Metastatic breast cancer

Summary · History and exam · Investigations · Differentials · Treatment algorithm

Primary invasive breast cancer

Summary · History and exam · Investigations · Differentials · Treatment algorithm

Breast cancer in situ

Summary · History and exam · Investigations · Differentials · Treatment algorithm

Fibrocystic breasts

Summary · History and exam · Investigations · Differentials · Treatment algorithm

Breast Cancer Recurrence Risk After Mastectomy (simple)

Assesses risk of breast cancer recurrence after mastectomy based on tumor grade and lymphatic involvement.

Assessment of breast mass

Overview · Emergencies · Diagnosis

Febrile neutropenia

Summary · History and exam · Investigations · Differentials · Treatment algorithm

Mastitis and breast abscess

Summary · History and exam · Investigations · Differentials · Treatment algorithm

Peutz-Jeghers syndrome

首選結果之內容在
右方呈現更詳細資訊

Metastatic breast cancer

Differentials

- Lung cancer
- Osteosarcoma
- Breast sarcoma

Tests to order

FBC : may be normal; abnormal laboratory value may indicate bone or liver disease

Management

- ongoing

Guidelines

NCCN clinical practice guidelines in oncology: breast cancer

Pertuzumab for the neoadjuvant treatment of HER2-positive breast cancer

Patient leaflets

Breast cancer, locally advanced: what is it?

Breast cancer, locally advanced: what treatments work?

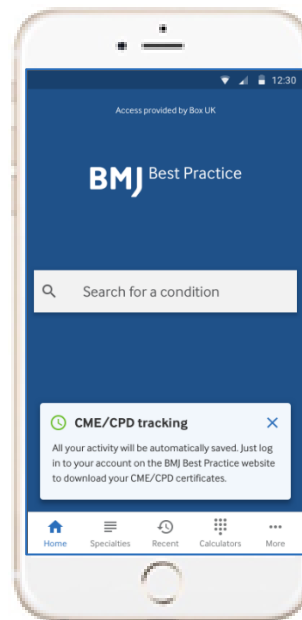
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BMJ Best Practice 其他重要功能 (四) 提供行動版手機應用



BMJ Best Practice app

- iOS 和 Android 皆可使用
 - 建立個人帳號
 - 搜尋” BMJ Best Practice”後安裝
- 快速安裝(2-5 mins)且容量小(約260MB)
- 可離線使用(詳見APP安裝說明書)



BMJ

Thank you