



Using Decision Support Resources

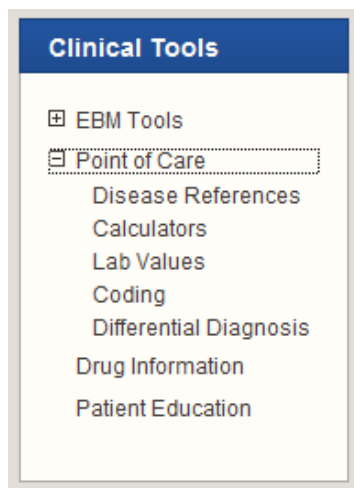
**FSU College of Medicine
2016**

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Using Decision Support Resources

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Access each of the above subscription resources thru the FSU College of Medicine Web site:

www.med.fsu.edu/library

Use EZProxy from off campus.

This handout was designed for FSU College of Medicine faculty and students to assist them in using the extensive resources of the Maguire Medical Library for decision support. Exercises for practice are included.

Point of Care (POC) Decision Support Resources

For years the medical student, resident and practicing physician relied on a white coat stuffed with notes and manuals to use as point of care quick references. By the end of the 20th century, these had been largely replaced by mobile technology: handheld devices loaded with much more information that could ever be stuffed into the pockets of a white coat.

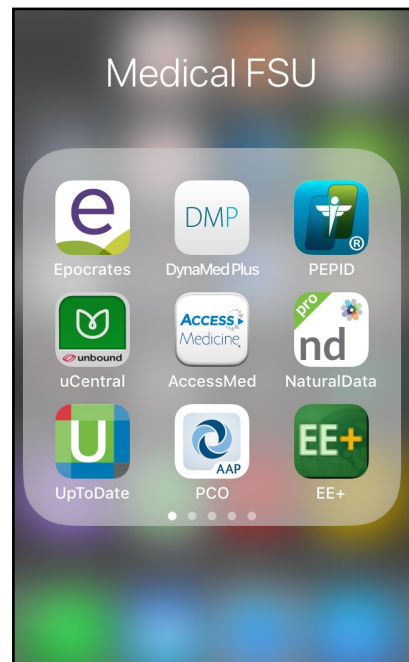
In the last 10 years, these handheld devices have morphed from low memory, hard to load PDAs like the Palm Pilot and PocketPC to multi-function, large capacity smartphones and tablets. Those physicians who have the luxury of an iPad easily at hand while seeing patients have also the resources of the web to call on to answer questions at the point of care.

The library web site has organized their clinical resources to reflect the types used by physicians on a daily basis. We have developed faculty development workshops to address each of these types of resources: Evidence based medicine tools, drug resources, patient education resources, and point of care resources.

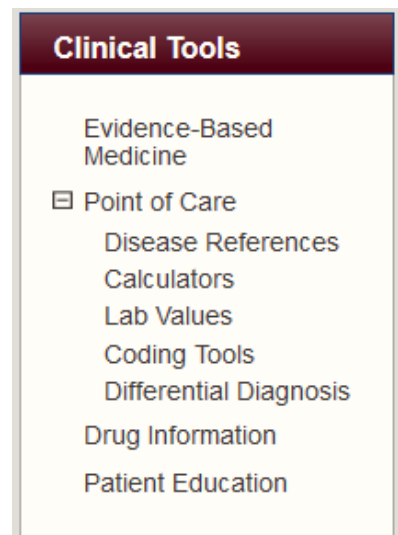
This handout supports the content covered in our Point of Care Decision Support workshop and covers how to use most of the resources listed under Point of Care on the Maguire Medical Library website. These resources can be broken down into the following categories:

- ◆ **Differential Diagnosis Generators**
- ◆ **Disease Quick References**
- ◆ **Medical Calculators**
- ◆ **Laboratory resources**

Currently, the subscription resources covered include Epocrates Plus and Epocrates Online, PEPID, Essential Evidence Plus, Dynamed, Pediatric Care Online, the multiple resources in uCentral and Access Medicine. Both PEPID and Epocrates include all of the tools listed above, plus drug information. There are some nice, free resources that need to be mentioned, like Medscape's app.



iPhone loaded with medical software



Screenshot of Clinical Tools on the Medical Library web page.

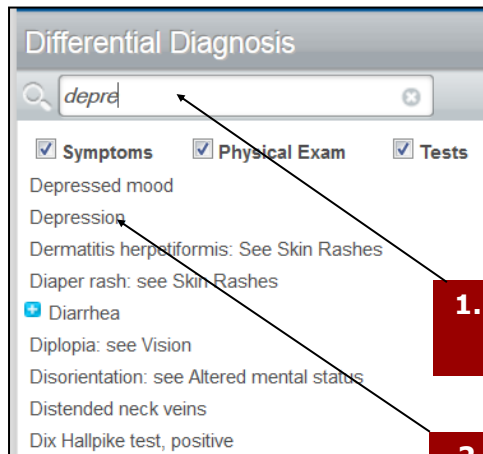
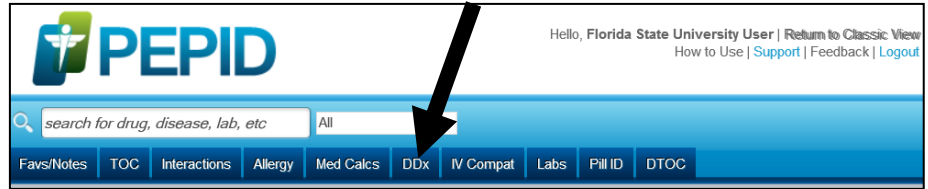
Differential Diagnosis Tools

PEPID DDX— Online and Mobile

This feature of PEPID lets you enter symptoms, labs and findings and generates a differential with the possibilities given a score from a high of 5 to a low of 1.

PEPID Online

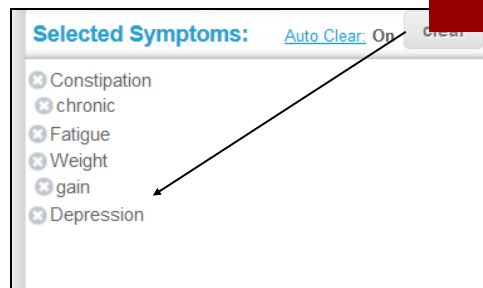
From the library web site, follow the link to PEPID. Click on the DDX tab on the tool bar.



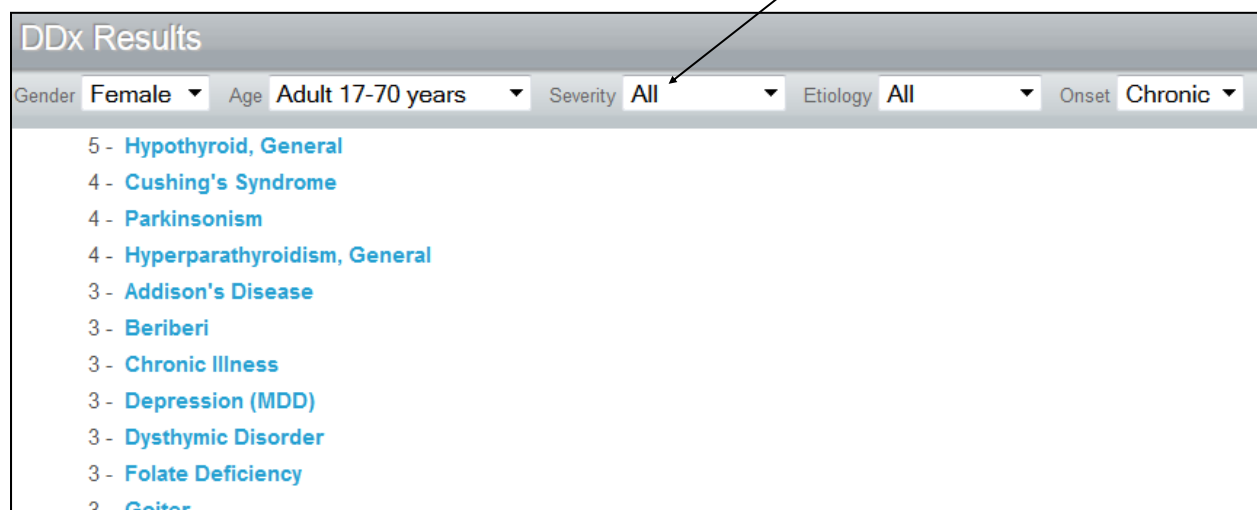
One at a time, enter the first few letters of your symptoms, findings or labs, then click on the appropriate choice adding them to the bottom half of the tool. The diagnoses will pop up as you add terms. These are ranked from most likely (5) to least likely (1).

1. Type in first few letters of symptom, finding or lab

2. Click appropriate term to add to bottom



Results can be filtered by Gender, age group, severity, etiology and onset



Differential Diagnosis Tools

PEPID DDX— Online and App

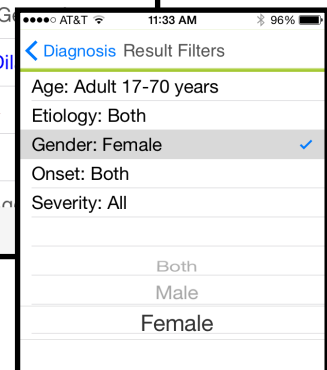
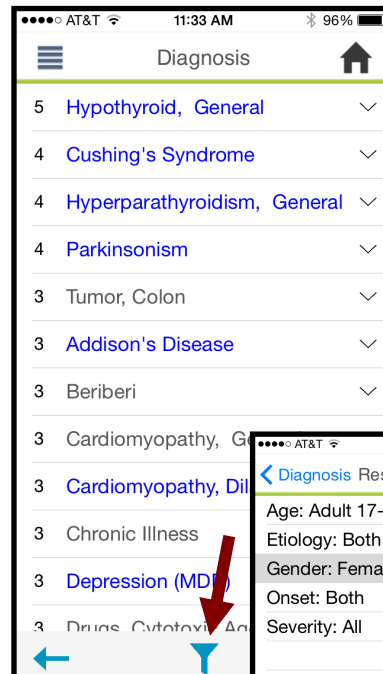
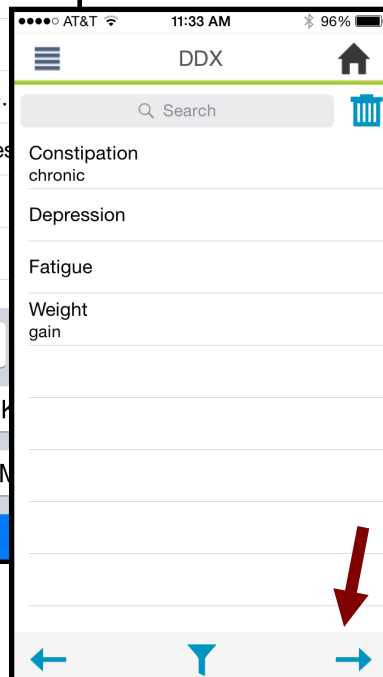
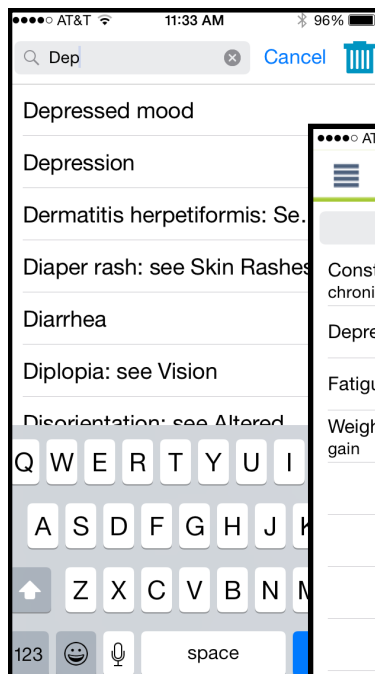
PEPID Online continued

Click on a diagnosis in the list to bring up the disease monograph.

PEPID MOBILE iOS or Android

On the mobile device, run PEPID, choose the **Clinical Rotation Companion** from the first page, then click the **DDX** icon. A very similar interface to the web comes up. Type the first few letters of your symptoms, click the appropriate term to add it to the list. Once all the symptoms, findings and labs are added, click **Right Arrow** to get the list. Items in the differential are assigned a numerical score from 5, the most likely, to 1, the least likely. You tap the disease to see the disease monograph. To Filter by Age, gender, etc. click the Filter (funnel) symbol at the center bottom.

Subsections	Hypothyroidism: General
Background	
Pathophysiology	
- Primary	
- Secondary	
- Myxedema	
- Risk Factors	
Diagnostics	
- Physical Exam	
- Dx Tests	
Differential Dx	
Therapeutics	
Spec Pop	



Differential Diagnosis Tools

Diagnosaurus — Online and on the iPhone

Diagnosaurus is a very simple quick reference that provides 1000 differential diagnoses by symptom, disease or system. It is available online in **Access Medicine** and in the **Access Medicine app**. **Access Medicine** can be reached in the **Quick Links** dropdown on the Medical Library web page.



Links are provided in the lists of possible diagnosis, which search the content of the resources in Access Medicine, which includes most of the McGraw-Hill textbooks, a Quick Dx reference, as well as patient ed materials.

Blindness, acute

DDx

Inflamed eye (red)

- Acute glaucoma
- Uveitis
- Keratitis (corneal ulcer or inflammation), e.g., herpes
- Conjunctivitis (blurry)

Uninflamed eye

- Retinal detachment
- Central retinal vein occlusion
- Central retinal artery occlusion
- Vitreous hemorrhage
- Macular degeneration (exudative)
- Anterior ischemic optic neuropathy, e.g., temporal (gi
- Optic neuritis, e.g., multiple sclerosis
- Papilledema
- Hyperglycemia (blurry; subacute)
- Polycythemia vera (blurry; subacute)
- Trauma
- Conversion disorder
- Episodic: amaurosis fugax (TIA), ophthalmic migraine
- Diplopia

macular degeneration

Search only displays content that you own, as long as you are signed in.

Readings (220)

Textbooks (207)

Diagnosaurus (9)

Harrison's Manual (2)

Quick Dx and Rx (2)

Images (29)

Cases (2)

Patient Education (6)

Quick Dx and Rx

▼ Narrow By Textbook

▼ Narrow By Topic

2 results in Quick Dx and Rx



Macular Degeneration, Age-Related

Quick Medical Diagnosis & Treatment 2015

... Age-related macular degeneration is the leading cause of permanent...



Vitreous Hemorrhage

Quick Medical Diagnosis & Treatment 2015

... — Neovascular age-related macular degeneration — Blood dyscrasias — Trauma — Subarachnoid hemorrhage...

Differential Diagnosis Tools

Epocrates DDX— App only

On the mobile device, run **Epocrates**, then click the **DDX** icon. As the icons can be moved around, you may need to swipe to find it on the next page.

Unlike PEPID, you start an Epocrates DDx by selecting the age, gender and pregnancy status of the patient, and have the option to include any recent travel history. Then you click Next at the top right of the screen to proceed to entering symptoms.

The first screenshot shows the 'Demographics' screen with fields for AGE (required), SEX, and TRAVEL HISTORY. The second screenshot shows the 'Demographics' screen with the '30-39 yo' age group selected. The third screenshot shows the 'DDx' screen with the patient information '30-39 year old female with travel to North America; non-pregnant' and a list of findings: 'paresthesia', 'eye pain', and 'blurry vision'. A 'View 37 Results' button is at the bottom.

Type the first few letters of your symptoms, click the appropriate term to add it to the list. Continue adding symptoms until finished. The number of results will be updated at the bottom of the screen as you add symptoms, labs or findings. Click on **View ## Results** when you are finished.

The Differential will come up in order of likelihood.

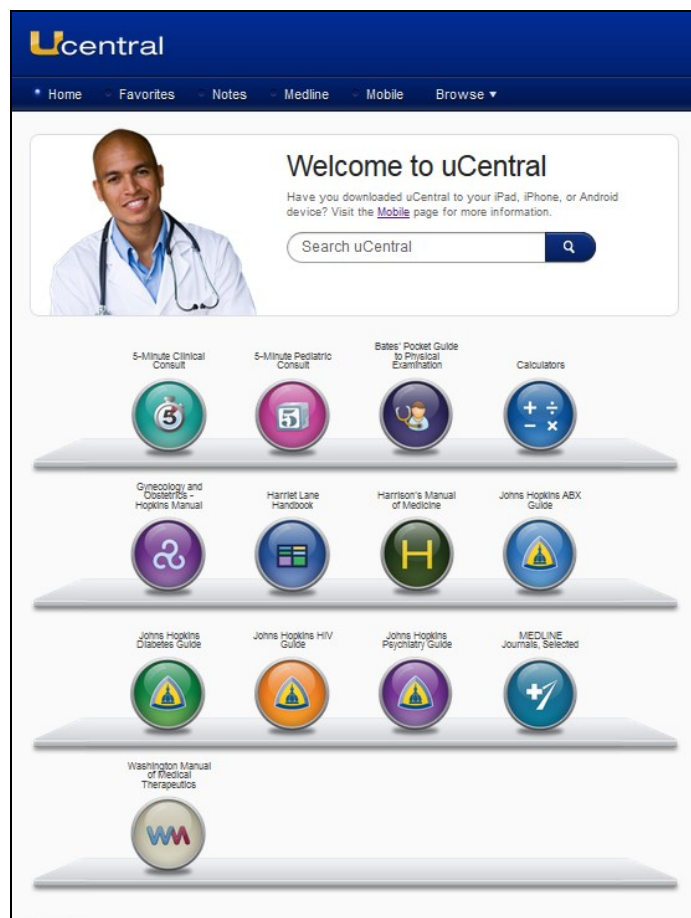
Click on a diagnosis in the list to bring up the disease with a list of pertinent findings.

At the bottom of the screen is a link to bring up the condition monograph in the Disease section of Epocrates.

The first screenshot shows the 'Results' screen with a list of diagnoses: Multiple Sclerosis, Transient Ischemic Attack, Orbital Cellulitis, Chiari Malformation, Malignant Atrophic Papulosis, CVA / Stroke, and Intracranial Hematoma. The second screenshot shows the 'DDx' screen with the diagnosis 'Multiple Sclerosis' selected, displaying pertinent findings: 'nystagmus + tiredness + fatigue + fatigued + fatiguing + tired + diplopia + paraesthesia + paraesthesias painful + paraesthesias painful + tingling + tingling numbness + tingling and numbness + tingling hands + tingling hand + numbness + numbness and tingling + numbness legs + numbness leg + numbness hands + numbness hand + blurring of vision'. The third screenshot shows the 'DDx' screen with the search results related to 'Multiple Sclerosis', displaying a list of links: Highlights & Basics, Treatment Options, Emerging Treatments, Treatment Approach, History & Exam, Tests, Diagnostic Approach, Follow-up, and Complications.

Disease Quick References

uCentral — Online and App



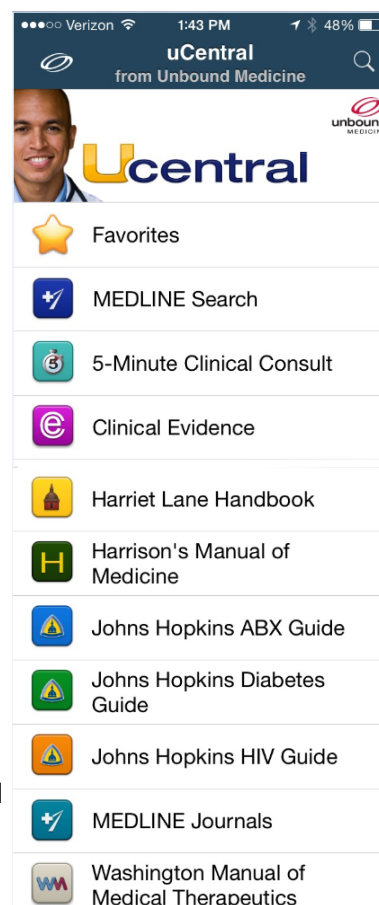
uCentral is the online and mobile interface created by Unbound Medicine, Inc. The CoM Medical Library subscribes to many excellent resources with this company because of the multiplatform options and excellent interfaces. We will be adding more as time goes on.

Currently (Summer 2016) we subscribe to the resources pictured at left and below in **uCentral**.

5-Minute Clinical Consult (5MCC) helps diagnose, treat, and follow up on over 600 medical conditions seen in everyday practice. 5MCC 2014 is organized in a proven, rapid-access format with concise, action-oriented entries, so you can answer questions fast and provide premium care to your patients. 5MCC also includes 200 pediatric topics from the latest edition of 5-Minute Pediatric Consult.

Harrison's Manual of Medicine. Derived from the best-selling internal medicine reference in the world, Harrison's Principles of Internal Medicine, this popular reference delivers fast, to-the-point guidance on the clinical problems seen in everyday practice. It focuses on diagnosis and therapy with an emphasis on patient care. It offers high-yield coverage of etiology, signs and symptoms, physical examination, laboratory findings, and practice guidelines.

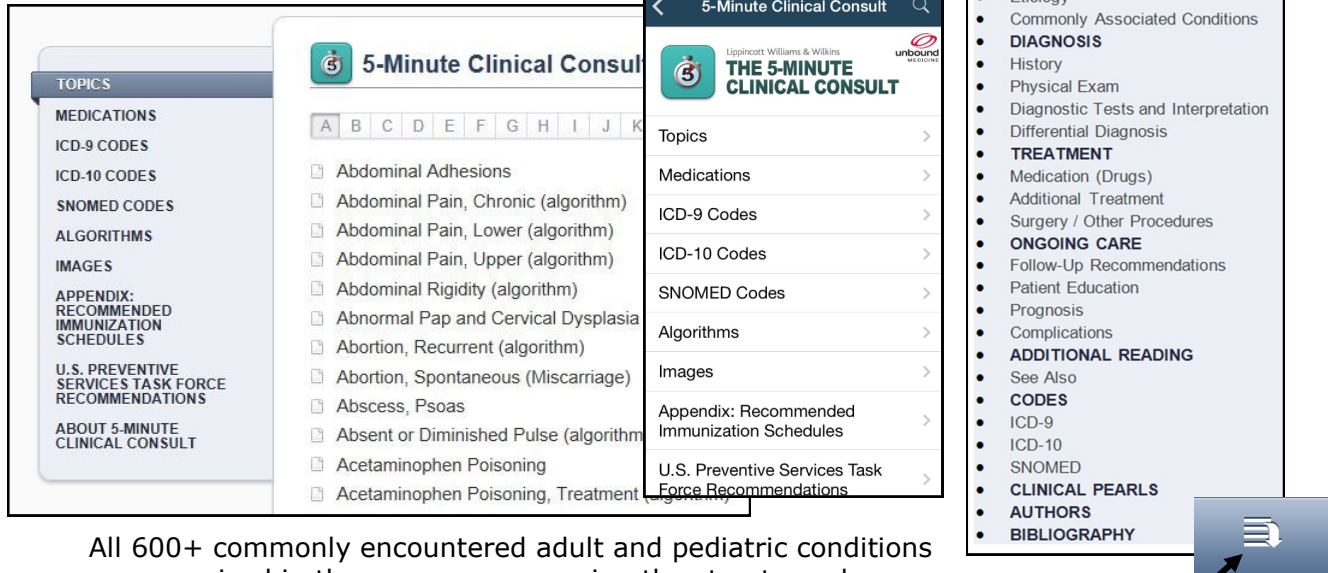
The **Washington Manual of Medical Therapeutics** provides residents and senior medical students on inpatient medicine rotations practical clinical recommendations in an easy to digest format. This application streamlines access to clear information outlining general principles, diagnosis, and extensive treatment options for hundreds of common medical conditions. Tables and charts have been optimized for easy viewing on any of your mobile devices.



Disease Quick References

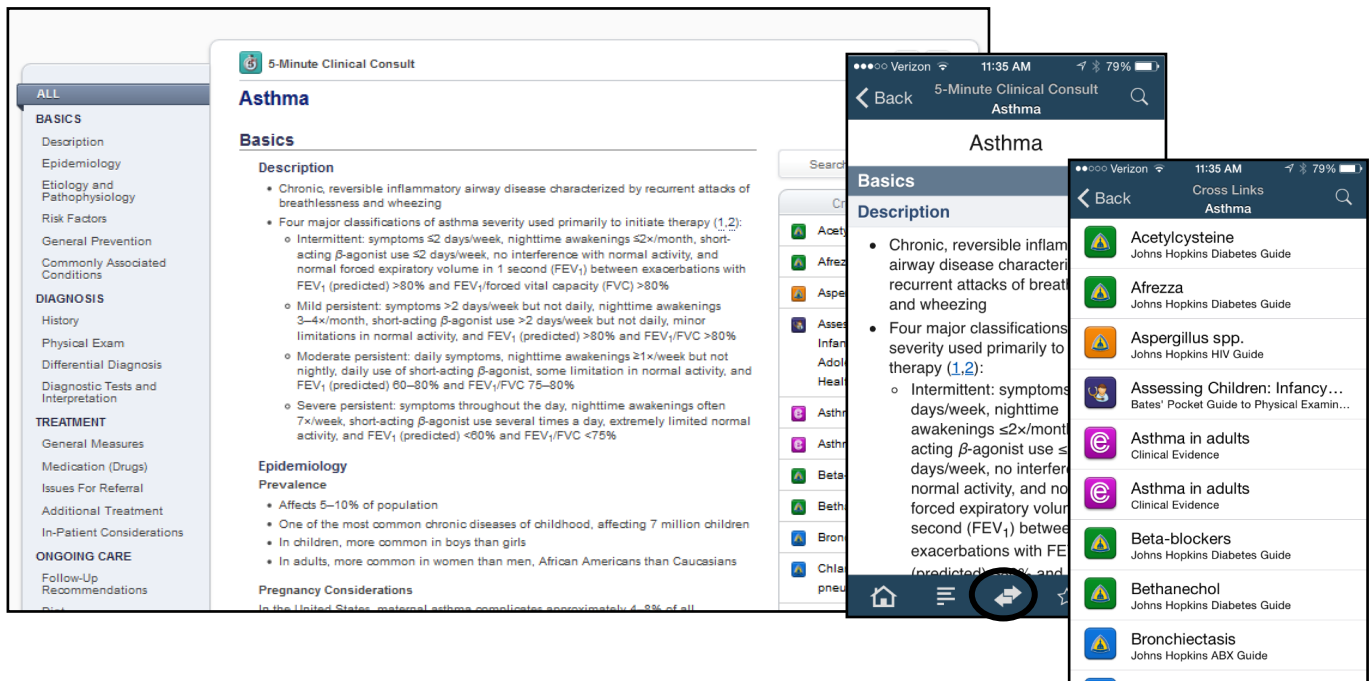
5 Minute Clinical Consult (5MCC) — Online and on the iPhone

We will focus on this resource because of the utility of the resource in the uCentral interface. The navigation is simple yet effective.



All 600+ commonly encountered adult and pediatric conditions are organized in the same manner using the structure above right which makes it easy to navigate to the needed information in a well built clinical question. Topics are cross-linked with similar or related topics in other uCentral Resources, as shown in the Asthma monograph below. There are also algorithms, images, and sufficient coding information to classify this as a coding tool.

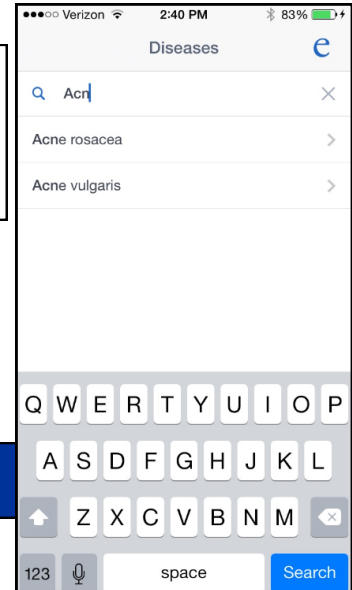
Tap to pull up sections on mobile version



Disease Quick References

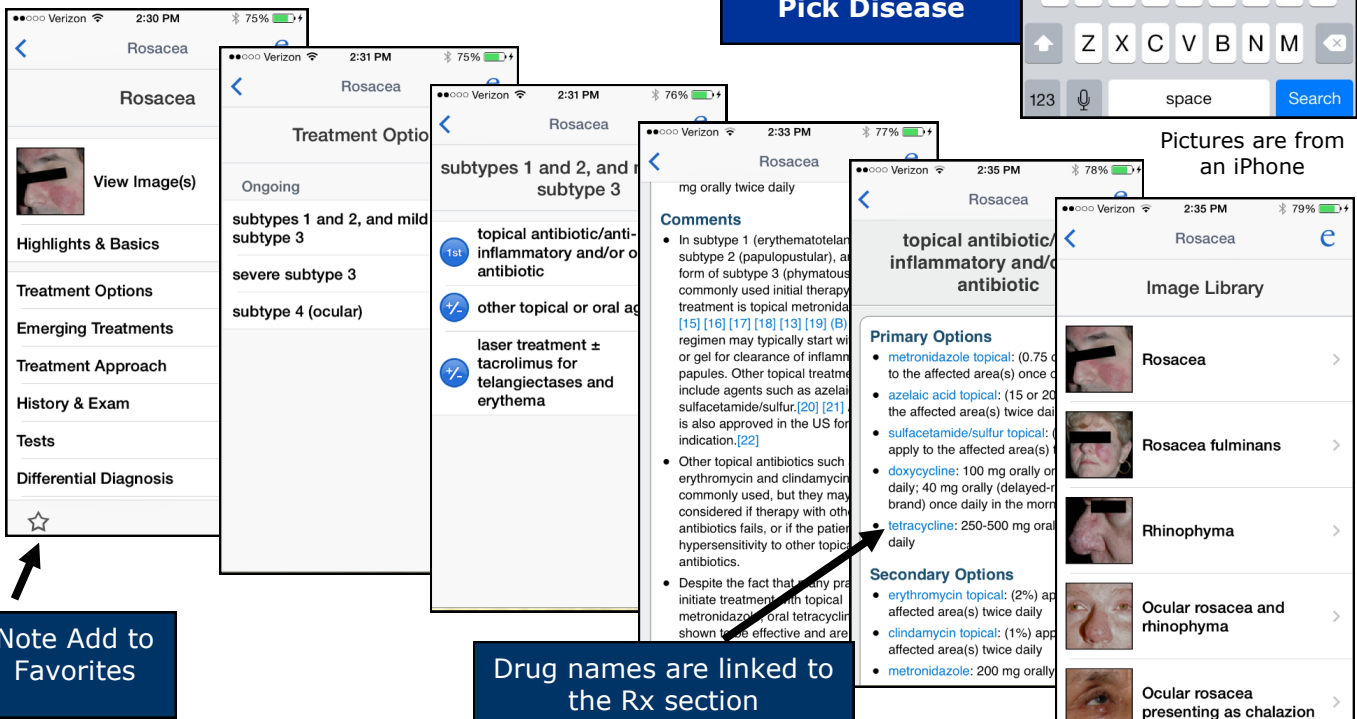
Epocrates Diseases Mobile

Epocrates Essentials includes a disease quick reference which contains the content from BMJ that has evidence-based recommendations and nice images. The Epocrates developers have made it highly convenient in that it links drugs to the Rx section so that a series of questions on one topic can be answered in a minimum number of taps. The main index will feel very familiar. The iPhone version has a lot of moving forward and going back. The pictures are not actually stored on the iPhone. They are pulled from the web, so you need an internet connection, either 3G or wifi to see the pictures.



Pick Disease

Pictures are from an iPhone



Sections List

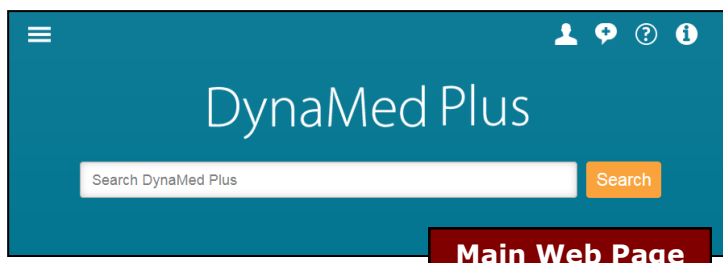
- **Highlights & Basics**—description, genetics, incidence and prevalence, predominate age, risk factors, age-related factors, complications, prognosis, associated conditions.
- **Tx Options**—setting general measures, surgical measures, activity/diet, patient education, medications, prevention.
- **Emerging Treatments**
- **Treatment Approach**
- **Hx/Exam**
- **Tests**
- **Differential Diagnosis**
- **Diagnostic Approach**
- **Follow-Up**
- **Citations**
- **Image Library**

Notes — There is a little icon in the bottom right corner that allows you to annotate the monograph

DynaMed Plus - Web Version

DynaMed Plus is an evidence-based reference designed to provide the most useful and current disease information at the point-of-care for health care professionals.

Information on diseases, drugs, procedures and clinical presentations are organized into categories for ease of use and quick answers to clinical questions. In addition, are images and graphics, the Micromedex drug database, MedCalc 3000 calculators and ICD9/ICD10 codes. *DynaMed Plus* provides citation links to the supporting articles for the given topic.



To find a topic, image or calculator, type a few words into the Search box.

- You now have two choices for searching:

1. Pick a topic from the drop down which will take you directly to the subject or
2. Use the **Search** function that will pull up all the resources that contain the word or phrase you typed. Search results are organized with images listed first, then calculators, followed by topics.

The following is an example of the **Search** feature using the term "diabetes risk".

Results Images Calculators

Image Results

Risk factors for diabetes mellitus type 2

Overview Metabolic Risk Factors Modifiable Lifestyle Factors

Identifying High-risk Patients / Risk modeling with biochemical parameters

Identifying High-risk Patients / Risk modeling without biochemical parameters

More

Calculator Results

Diabetes Risk Score (Type 2)

Terms = 6.322 - Sex - RxHTN - RxSteroids - (0ge) - BMI - FMH - Smoker

More

Topics

Diabetes mellitus type 2 screening

Overview and Recommendations Recommendations and Diagnostic Criteria Methods of Screening

Identifying High-risk Patients / Risk modeling with biochemical parameters

Identifying High-risk Patients / Risk modeling without biochemical parameters

More

Cardiovascular risk prediction

Recommendations Clinical Role Framingham Risk Estimation

Other Risk Prediction Models / Risk prediction in patients with diabetes

Clinical Role

documentation of cardiovascular risk score in medical ...may increase prescribing of risk-modifying drugs in patients with diabetes at high-risk of cardiovascular disease (level 2 [mid-level] evidence)

TIP: Selecting the *DynaMed Plus* logo next to the search button takes you back to the homepage.

DynaMed Plus - Web Version

Each topic begins with a section called Overview and Recommendations which is a summary of the major content. Blue text are always hyperlinks to either definitions, other topics, or other places within the current topic.

EBSCO Health Calculators

DynaMed Plus

Search Within Text

Mitral valve prolapse (MVP) Follow Print E-mail

[Overview and Recommendations](#) / [Background](#)

Background

- Mitral valve prolapse (MVP) is characterized by the superior displacement of 1 or both mitral leaflets ≥ 2 mm beyond the long-axis annular plane into the left atrium during left ventricular systole.
- There are 2 main types of MVP, [primary](#) and [secondary](#).
 - Primary mitral valve prolapse is usually idiopathic but may occur with certain genetic abnormalities.
 - Secondary mitral valve prolapse may occur in connective tissue disorders (such as Marfan syndrome), acute rheumatic valve disease, bacterial endocarditis, and acute myocardial ischemia.
- Nonspecific [symptoms](#) associated with MVP include atypical chest pain, palpitations, and shortness of breath.

Evaluation

- Mitral valve prolapse is [generally asymptomatic](#) unless progression to mitral regurgitation has occurred.
- Characteristic [physical exam](#) findings include a nonejection mid-to-late systolic click with or without a high-pitched mid-to-late systolic murmur, both heard best at heart apex, but such findings may warrant testing to rule out other valve abnormalities.
- Consider [transthoracic echocardiography](#) for diagnostic confirmation and ruling out other valve abnormalities.

Management

- Mitral valve prolapse without mitral regurgitation does not require treatment. (See also [Mitral regurgitation](#).)
- [Endocarditis prophylaxis](#) is not recommended for most patients with mitral valve prolapse.

For ease of finding answers to specific clinical questions, you have the ability to Search Within Text which will highlight all occurrences of the term and allow you to jump to the Next or Precious incidence of the term.

EBSCO Health Calculators

DynaMed Plus

19 instance(s) of obesity found

Risk factors for diabetes ... Follow Print E-mail

[Updates](#)

[+] Updated 2015 Sep 14 12:42:00 PM

Related Summaries

- Diabetes (list of topics)
- Diabetes mellitus type 2 in adults
- Metabolic syndrome in adults
- Prediabetes
- Obesity in adults

Overview

- metabolic conditions
 - [obesity](#)
 - [prediabetes](#)
 - [metabolic syndrome](#)
 - [polycystic ovary syndrome](#)
 - [gestational diabetes](#)
- modifiable lifestyle factors
 - [poor diet](#)

DynaMed Plus - Web Version

Following citation links to the original articles thru PubMed

All article reviews are graded with either a Level of Evidence or Strength of Recommendation, and linked to the original article citation in PubMed (see below). If you should have any problems or issues obtaining an article, contact the Maguire Medical Library, (850) 644-3883 for assistance.

The image shows a workflow for finding full-text articles. It starts with a screenshot of the **DynaMed Plus** website. The search bar contains "Mitral valve prolapse (MVP)". The left sidebar shows a navigation menu with "Medications" selected. The main content area displays "Mitral valve prolapse (MVP)" with a "Treatment / Medications" section. A list of bullet points is shown, including "thromboembolic prophylaxis not warranted unless separate indication" and "if no thromboembolic disease, no antithrombotic therapy suggested unless any of...". A reference is cited: "Chest 2012 Feb;141(2 Suppl):e576S full-text or at National Guideline Clearinghouse 2012 Jun 4:35271".

An arrow points from the "full-text" link in the DynaMed Plus reference to a **PubMed** abstract. The PubMed abstract is for the article: "Antithrombotic and thrombolytic therapy for valvular disease: Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines." by Whitlock RP, Sun JC, Frerres SE, Rubens FD, Teoh KH. The abstract includes the journal information: "Chest. 2012 Feb;141(2 Suppl):e576S-600S. doi: 10.1378/chest.11-2305." and a link to "Full text links".

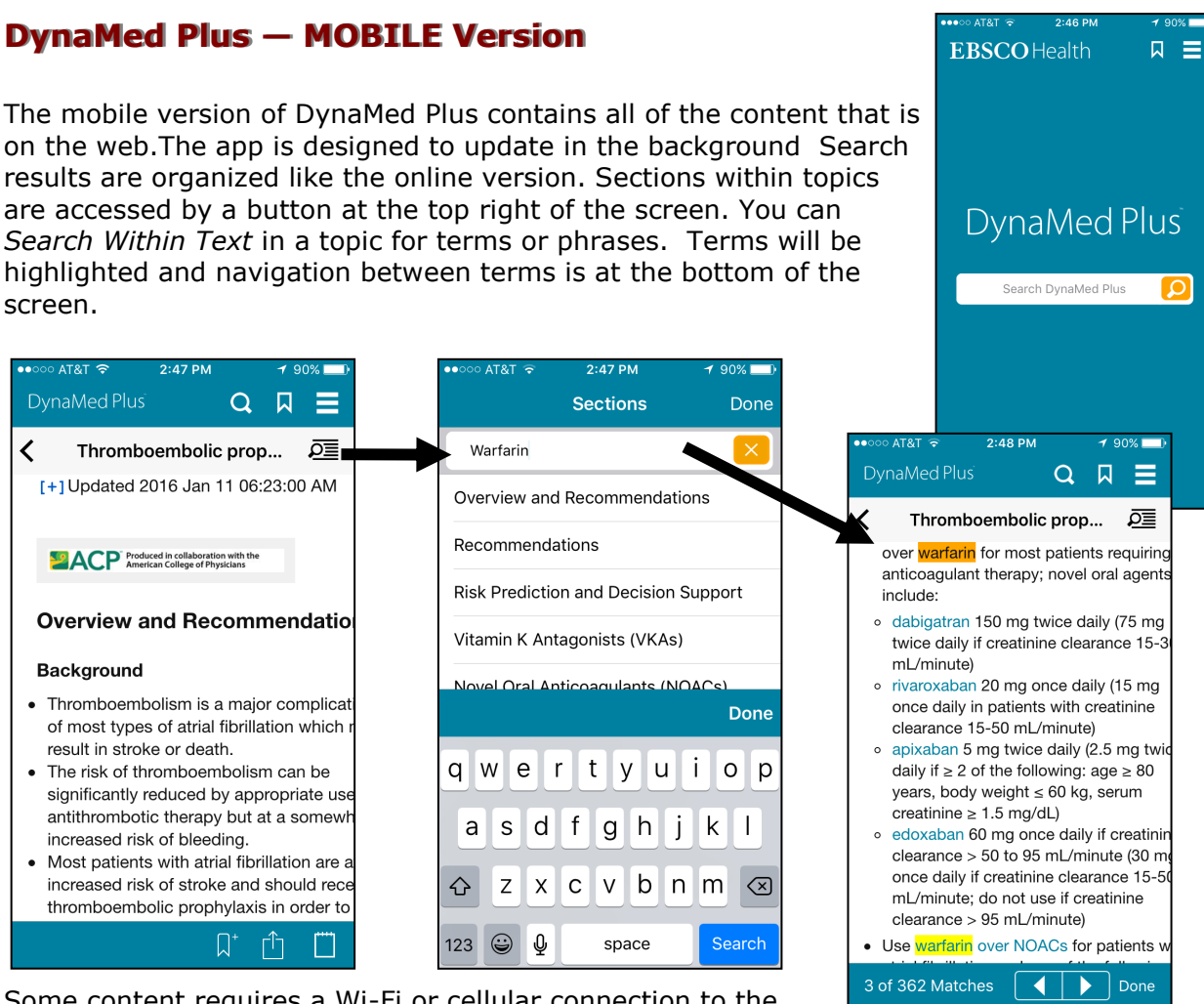
Another arrow points from the "Full text links" section of the PubMed abstract to a **CHEST** guideline document. The document is titled "Antithrombotic and Thrombolytic Therapy for Valvular Disease" and is part of the "Supplement" to the "Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines". The authors listed are Richard P. Whitlock, MD; Jack C. Sun, MD; Stephen E. Frerres, MD, FCCP; Fraser D. Rubens, MD; and Kevin H. Teoh, MD. The document includes a "Background" section stating: "Antithrombotic therapy in valvular disease is important to mitigate thromboembolism, but the hemorrhagic risk imposed must be considered." and a "Methods" section stating: "The methods of this guideline follow those described in Methodology for the Development of Antithrombotic Therapy and Prevention of Thrombosis Guidelines. Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines in this supplement." The "Results" section states: "In rheumatic mitral disease, we recommend vitamin K antagonist (VKA) therapy when the left atrial diameter is > 55 mm (Grade 2C) or when complicated by left atrial thrombus (Grade 1A). In candidates for percutaneous mitral valvotomy with left atrial thrombus, we recommend VKA therapy until thrombus resolution, and we recommend abandoning valvotomy if the thrombus fails to resolve (Grade 1A). In patients with patent foramen ovale (PFO) and stroke or transient ischemic attack, we recommend initial aspirin therapy (Grade 1B) and suggest substitution of VKA if recurrence (Grade 2C). In patients with cryptogenic stroke and DVT and a PFO, we recommend VKA therapy for 3 months (Grade 1B) and consideration of PFO closure (Grade 2C)."

DynaMed Plus Online Exercises for Practice

1. A 65 year old Jewish woman is worried that she may get Parkinson's Disease because her father was diagnosed with it when he was 65. He was a heavy smoker. She does not smoke or drink alcohol or coffee. What do you tell her?
2. What might she do to help prevent Parkinson's Disease?
3. Can you give her any information to take home with her?

DynaMed Plus — MOBILE Version

The mobile version of DynaMed Plus contains all of the content that is on the web. The app is designed to update in the background. Search results are organized like the online version. Sections within topics are accessed by a button at the top right of the screen. You can *Search Within Text* in a topic for terms or phrases. Terms will be highlighted and navigation between terms is at the bottom of the screen.



Some content requires a Wi-Fi or cellular connection to the web to access. These include definitions of terms and links to referenced journal articles.

Reference links are embedded in the content which will direct you to the mobile PubMed listing for the article. Online, the Find@FSU button will appear, linking to the full text article. On the app, the button will not appear, but there are links to the full text articles which may work. Many of the journal sites are mobile-formatted.

DynaMed Plus Mobile Exercise for Practice

What is the prognosis for a 60 y/o female with Stage IV metastatic breast cancer?

Medscape Reference Website

While not the most current, evidence-based disease reference, the disease references in Medscape, which used to be called eMedicine, are very popular with students because the content will show up in a Google search. The site contains a nice collection of images.

Search for Topic Desired

Use Tabs and Links to navigate monograph

Medscape Exercises for Practice

A) What is the mortality rate for persons with Acute Respiratory Distress Syndrome?

B) A 55 year old man is having trouble sleeping at night. He wants to know if there is a particular medicine he should take as he has seen quite a few advertised on the television.

Viral Conjunctivitis

Overview Presentation DDx Workup Treatment Medication

Practice Essentials

Background

Etiology

Epidemiology

Prognosis

Patient Education

Show All

Multimedia Library

References

Viral conjunctivitis, or pinkeye (see condition that is typically caused responsible for conjunctival infection include herpes simplex virus (HSV), varicella-zoster virus (VZV), picornavirus (enterovirus 70, Coxsackie A24), poxvirus (molluscum contagiosum, vaccinia), and human immunodeficiency virus (HIV).

Viral conjunctivitis. Image courtesy of Wikimedia Commons.

Viral conjunctivitis is highly contagious, usually for 10-12 days from onset as long as Patients should avoid touching their eyes, shaking hands, and among other activities. Transmission may occur through accidental particles from the patient's hands or by contact with infected upper parts, fomites, or contaminated swimming pools. The infection usually usually within 2-4 weeks.

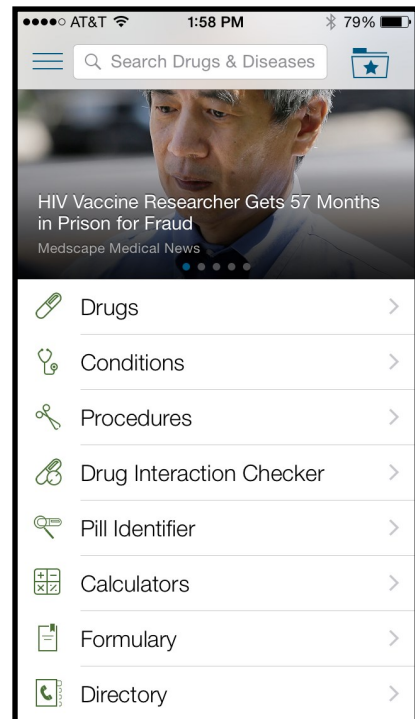
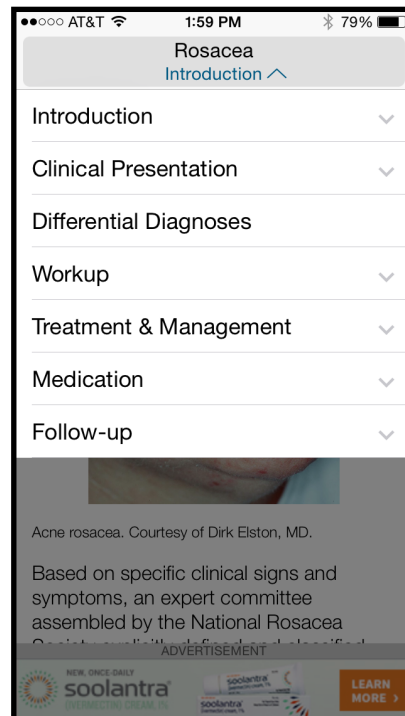
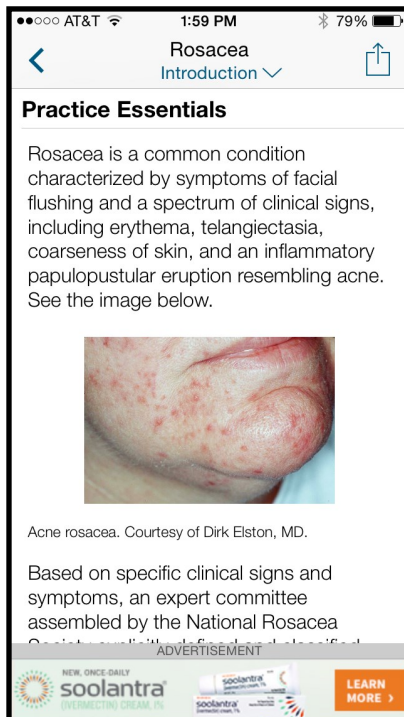
Disease Quick References

Medscape App (disease information)

Medscape is also available as a free resource on mobile devices. In addition to the disease content from eMedicine, it contains a drug reference, interaction checker, and procedures section that is unique. You should use the Search feature to find the condition desired because tapping on Diseases and Conditions brings up a list of specialties.

The disease reference is organized into the following categories: clinical presentation, differential, workup, treatment & medications, medications, and follow-up. Under Workup, if there are histological findings, imaging studies and such, there are sometimes images. Look for Media Gallery which will contain all the images from that condition.

The sections are accessed by touching the link under the condition name at the top center.



PEPID Web Version



PEPID, which used to stand for “Portable Emergency Physician Information Database” when it was developed back in the ‘90s, is now a very comprehensive, highly respected reference that is available in a variety of formats for all specialties and types of providers. We have purchased the Clinical Rotation Companion, which is their top-of-the-line resource, and compares with Epocrates Essentials in its usefulness at the point of care. Here we will discuss the disease reference aspects of PEPID. We will emphasize the way that disease summaries are linked to drug information, images, and the evidence-based FPIN clinical inquiries.

From the library web page, click on the **PEPID** link in Quick Links list. You will see the main interface and Table of Contents in the middle, with navigation tabs at the top of the screen.

To find information on a disease or condition, type the first few letters of the condition in the **search** box. The alphabetical list will automatically advance to find the first letters you have typed. When you see the condition, click on it, such as **Otitis** at right. The TOC on ENT conditions will open. Find Otitis Media, and click on Diagnosis or Treatment depending on your clinical question.

The screenshot shows the PEPID web interface. At the top, there's a navigation bar with tabs: Med Calcs, DDx, IV Compat, Labs, Pill ID, DTOC. Below this is a search bar with 'oti' entered. A dropdown menu shows a list of results starting with 'O'. 'Otitis' is selected. To the right, the 'Table of Contents' for Otitis Media is displayed, with 'Acute Otitis Media' selected. Below this, the 'Acute Otitis Media: Pathophysiology & Diagnosis' page is shown. It includes sections for Background, Pathophysiology, and Incidence/prevalence.

Subsections	Otitis Media
Background	Acute Otitis Media: Pathophysiology & Diagnosis
Pathophysiology	See also Treatment, Otitis externa
- Organisms	Background
- Risk Factors	1. ICD-9 Code(s)
- Higher Risk	2. Definition
Diagnostics	<ul style="list-style-type: none"> Presence of middle ear effusion with rapid onset (< 48 hr) AND Presence of one or more of the following <ul style="list-style-type: none"> Distinct otalgia, otorrhea, irritability, fever
- History	Pathophysiology
- Physical Exam	1. Incidence/prevalence
- Dx Tests	<ul style="list-style-type: none"> Peak incidence: 6-18 mo Common in children < 4 yo Uncommon after age 7 2/3 of children < 1 yo have at least one episode
- Dx Criteria	
Differential Dx	

PEPID Web Version (continued)

Here is the Treatment section of the Otitis Media monograph. Notice that the drugs are highlighted and underlined. These are linked to the extensive Drug Reference section of PEPID. We will look at those links in the Mobile version. However, here note the links to the Evidence-Based Inquiry.

Subsections	Otitis Media: Treatment
Acute Tx	Acute Treatment
- Empiric Tx	1. Antibiotics are not necessary to treat uncomplicated acute otitis media in an otherwise healthy child (Go to Evidence-Based Inquiry)
-- No Recent Tx	2. Consider observation without antibiotics for 48-72 hr if:
-- Recent Tx	o Child 6 mo to 2 yo only if:
- Clinical Failure	■ Diagnosis is uncertain
- Less Effective Abx	■ Child otherwise healthy
- Prophylaxis	■ Sx not severe
Follow Up	o Child >2 yo
- ENT Referral	■ Otherwise healthy, and symptoms not severe
- Admit	3. Empiric treatment
Prevention	o No evidence supports any of the commonly used antibiotic regimens over another (Go to Evidence-Based Inquiry)
Evidence-Based Inq	o Otolgia Analgesia:
	■ Oral
	■ <u>Acetaminophen</u> +/- <u>ibuprofen</u> for fever & pain control
	■ Topical anesthetics
	■ Useful option for acute ear pain due to otitis media or otitis externa (Go to PURL)
	o No antibiotics in past month
	■ <u>Amoxicillin</u> : (Go to Evidence-Based Inquiry)
	■ First-line choice (Go to Evidence-Based Inquiry)
	■ Regular dose: 40 mg/kg/day div BID-TID
	■ High-dose: 80-90 mg/kg/day div q12 hr or q8 hr PO (>2 yo) , no Otolgia

Otitis Media: Treatment
Evidence-Based Inquiry
1. If a child with acute otitis media is treated with antibiotics, what is the proper duration of therapy?
2. Does Prevnar vaccine change the incidence of otitis media?
3. What treatment options for pediatric acute otitis media are safe and effective?
4. Should you use antibiotics to treat acute otitis media in children?
5. Does pneumococcal conjugate vaccine prevent otitis media?
6. In children with acute otitis media (AOM), when are antibiotics warranted and what is the appropriate duration of treatment?
7. Are oral steroids effective in reducing hearing loss and improving language development in children with otitis media with effusion?

Clicking on the link will jump down to the Evidence-Based Inquiries in FPIN on otitis media. Selecting the one shown will pull up the summary of the evidence on treatment of OM shown below..

What treatment options for pediatric acute otitis media are safe and effective?

Summary

- Safe treatment options include immediate administration of antibiotics or analgesics alone
 - Although treating with antibiotics right away may increase the rate of clinical improvement, antibiotic use increases the risk of vomiting, diarrhea, and rash
 - Many different antibiotics may be effective for treatment of acute otitis media (AOM), however, a recent guideline from the AAP and the AAFP recommends amoxicillin as the first-line choice
 - Longer antibiotic use reduces the risk of treatment failure in the first 20 days
 - Both ibuprofen and acetaminophen reduce earache

Evidence

- The evidence reviewed here evaluates the overall efficacy of antibiotics compared with nonantibiotic treatment, the comparative efficacy of different antibiotics, optimal treatment length, and pain control in children with AOM
- TREATMENT: IMMEDIATE, DELAYED, OR NONE**
 - An evidence report/technology assessment and an evidence review have addressed the question of AOM treatment in children ([1](#), [2](#))

PEPID Web Version (continued)

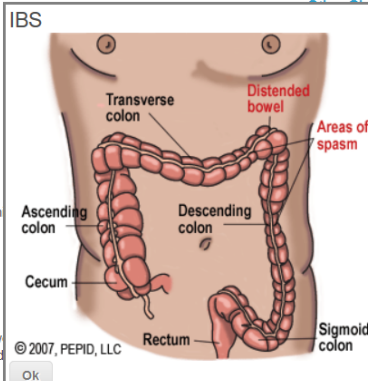
PEPID includes **illustrations** including Clinical Anatomy, Examination, Rhythm Strips, Women's Health & Obstetrics, Anesthesia / Blocks, Airway, Trauma, Procedures and other images. Look for the View Image link to pull up images in the medical content or use the **Table of Contents** to see all **Illustrations**.

Irritable Bowel Syndrome


Irritable Bowel Syndrome

Background

- ICD Codes
 - ICD-9 Code(s)
 - 564.1: Irritable bowel syndrome
 - ICD-10-CM Code(s)
 - K58.9: Irritable bowel syndrome without diarrhea
- Definition ¹
 - Chronic non-inflammatory condition w/ no known structural or biochemical
 - Categorized by predominant symptom [View image](#)
 - Abdominal pain
 - Diarrhea
 - Constipation
 - Constipation alternating w/ diarrhea
- General Information ^{1,3}
 - Abdominal pain or discomfort that occurs in association w/ altered bowel
 - Categorized by predominant bowel habit, based on stool frequency and
 - Constipation (IBS-C)
 - Diarrhea (IBS-D)
 - Mixed pattern (IBS-M)
 - Less than one-quarter w/ symptoms may be diagnosed



Navigation of PEPID


Hello, Florida State University User | [Return to Classic View](#) [How to Use](#) | [Support](#) | [Feedback](#) | [Logout](#)

All

Otitis Media >> Otitis Media: Tre... >> What treatment op... >> Irritable Bowel S... >> TOXICOLOGY I

Favorites/Notes
Table of Contents
Drug Interactions
Drug-Allergy Checker
Medical Calculators
DDx
IV Compatibility
Lab Manual
Pill Identification
Dictionary

Favorites ▼

What's New in PEPID CRC Platinum

TOXICOLOGY I

TOXICOLOGY

- Poison Control Centers
- Information Sources
- General Principles
- Toxin Identification
- Drugs of Abuse
- Household & Cleaning Agents
- Plants, Mushrooms & Seafood
- Pest, Rodent & Herbicides
- Inhaled Gases
- Heavy Metals
- Organic Compounds
- See also Drug Name Misspellings
- Medication Overdoses
- Antidotes
- Authors
- References

PEPID has a medical dictionary accessed from the last tab on the navigation bar. Because it was originally designed to be an emergency reference, there is also extensive information like the section on Toxicology (above), and protocols for ACLS, ATLS, and PALS. Search for these like you would any disease or drug.

Disease Quick References

PEPID Mobile Version

The Mobile version of PEPID is very similar to the Web version. To get to the Medical Content, when PEPID opens, select the **CRC Platinum Suite**. Type the first few letters of the condition you are looking for and the Index will jump to the closest word. Tap the condition. The Table of Contents will come up. Select the specific condition. In this example, Migraine Diagnosis, Treatment or Prevention. The navigation pane for the section retracts from the right with a little arrow. Internal links are imbedded to drugs and other topics.

The screenshots illustrate the following navigation steps:

- Main Menu:** Shows icons for Contents, DDX, Calculators, Labs, Allergy Checker, IV Comp, Notes, and News & Alerts.
- Search:** A search bar with the text "Migr" is shown, with a keyboard overlay.
- Search Results:** A list of results including "Migraine Drugs", "Migraines", and "Migranal".
- Table of Contents:** A detailed list of topics for "Migraines" including:
 - General Approach
 - Tension
 - Migraine
 - Diagnostics
 - Therapeutics
 - Prevention
 - Cluster
 - Cluster Trigeminal Autonomic Cephalgia
 - Cerebral Venous & Sinus Thrombosis
 - Temporal (Giant Cell) Arteritis
 - Pseudotumor Cerebri (Benign Intracranial HTN)
 - Trigeminal Neuralgia (Tic Douloureux)
 - Hydrocephalus
 - Post Lumbar Puncture Headache
 - Drug/Toxin-Related Headaches
 - Other Causes Not to Miss
 - See also Sub-Arachnoid Hemorrhage
- Migraines: Therapeutics:** A page titled "Migraines: Therapeutics" with a search bar and a list of topics:
 - Diagnosis
 - Prevention
 - Treatment
 - Non-pharmacologic
 - Relaxation
 - Biofeedback
 - Visualization
 - Extracranial Pressure
 - Cold compresses
 - Nutrition
 - Riboflavin, magnesium, low-fat, high omega-3 fatty acids, olive oil
- Drug Recommendations:** A list of drug recommendations for migraines:
 - Mild Analgesics:
 - Some pts w/ migraine have an optimal response w/ mild analgesics, however, they are not advisable in pts who require frequent medication, since they have been associated w/ rebound headaches 4
 - NSAIDs:
 - All effective for acute migraine 6B
 - Ibuprofen SOR A
 - Naproxen SOR A
 - Aspirin SOR A (PURL)
 - Ketoprofen SOR B
 - Diclofenac SOR B
 - Flurbiprofen SOR B
 - Tylenol SOR B
 - If one NSAID does not provide relief, consider a trial w/ another before moving on to a different class of drug
 - COMBINATION ANALGESICS

Tap the drug to jump to the drug monograph.

Medical Calculators

Epocrates Online and Dynamed Plus — MedCalc 3000 Medical Equations

Epocrates and Dynamed Plus features an impressive collection of medical calculators produced by MedCalc3000. These are not available on the Mobile version of Epocrates, but are in Dynamed Plus. Instead the Epocrates App has a the MedMath calculators which have been available free for the PDA for years. MedCalc has unit and dose converters as well as calculators that it calls Medical Equations. See the next page for a list of these Medical Equations.

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DRUGS DISEASES INTERACTION PILL ID **CALCULATOR** TABLES PATIENT

Select: **Medical Equations** Clinical Criteria Unit & Dose Converter

Medical Equations

Click a letter to jump to that section. Click on a link below to use a formula or criteria.

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z

A

Iron Replacement (parenteral dosing) for Iron Deficiency

$$\text{Dose} = 0.3 * \text{Weight} * (100 - (\text{Hgb} * 100) / \text{AgeFactor})$$

Input:

Age Factor ☐ Adult >= 33 lb (14.8) ☒ Child < 33 lb (12)

Weight

Hgb

Result:

Dose

Decimal Precision:

discrete values that may be used in the calculation. The numbers in the

The same **MedCalc3000** calculators that are in **Epocrates Online** can also be found in **Dynamed** online, **Medscape**, **MerckMedicus**, **Facts and Comparisons** online, Up-To-Date, and a number of other commonly used medical resources. **Dynamed Plus** lists calculators in their Search Results. Epocrates does not.

Exercises for Practice

What is the predicted peak flow for a 60 year old woman with asthma? She is 5'2".

Epocrates Online and Dynamed Plus MedCalc Medical Equation Calculators

A-a Gradient	Creatinine Clearance Estimate by Cockcroft-Gault Equation (SI units)	HOMA Formula: Homeostasis Model Assessment of Insulin Resistance
a/A Ratio	Creatinine Clearance Estimate by Cockcroft-Gault Equation	Housestaff Activity Index
AaPO2 Correction for FIO2	Creatinine clearance estimate for changing serum creatinine	Hyponatremia Correction Infusate Rate
Absolute Lymphocyte Count	Creatinine Kinetics Multicalc®	Ideal Body Weight Percentage
Absolute Neutrophil Count	CSF IgG Index	Ideal Body Weight
Absolute Reticulocyte Count	CSF Protein Concentration Correction in Blood Contaminated CSF	IME Adjusted Ratio for Medical Education Medicare Payments to Teaching Hospitals
Allowable Blood Loss	CSF WBC Correction in Blood Contaminated CSF	In-Flight PaO2 Estimation (using PFT's)
Amikacin Dosing q24hr (also Kanamycin and Streptomycin)	Digitalis Body Load	In-Flight PaO2 Estimation
Amikacin Dosing to Produce Desired Peak and Trough Levels	Dose Adjustment for Body Surface Area	Infant Head Circumference for Age Percentiles (< 36 months)
Amikacin Level Prediction from Maintenance Dosing	Dose Driven IV-Drip Rate Calculator	Infant Length for Age Percentiles (< 36 months)
Amikacin Steady State Dosage Adjustment	Epidural Formulation Compounding Calculator	Infant Weight for Age Percentiles (< 36 months)
Aminoglycoside Clearance Estimate	Epoprostenol (Flolan) Infusion Rate Calculator	Infant Weight for Length Percentiles (< 36 months)
Amortization of Student Loans	Estimated Blood Volume	Inspiratory Capacity
Anion Gap Delta Delta Gradient Multicalc®	Estimated Date of Delivery (EDD) Pregnancy Calculator	International Normalized Ratio of Prothrombin Time (INR)
Anion Gap Delta Delta Ratio Multicalc®	False Negative Rate from Sensitivity and Prevalence	Iron Replacement (parenteral dosing) for Iron Deficiency
Anion Gap in Hypoalbumin States	False Negative Ratio from Sensitivity and Prevalence	IV Drip Maintenance Rate Calculator
Anion Gap	False Positive Rate from Specificity and Prevalence	Kappa Measurement of Inter-observer Agreement MultiCalc®
Ascites Albumin Gradient	False Positive Ratio from Specificity and Prevalence	Kappa Measurement of Inter-observer Agreement: Bennett's Kappa
Basal Energy Expenditure (Harris-Benedict estimation)	Fractional Excretion of Amylase (Amylase to creatinine clearance ratio)	Kappa Measurement of Inter-observer Agreement: Cohen's Kappa
Bayesian Statistics I MultiCalc®	Fractional Excretion of Sodium (SI units)	Kappa Measurement of Inter-observer Agreement: Scott's Kappa
Bayesian Statistics II MultiCalc®	Fractional Excretion of Sodium	Kt/V Dialysis Dose Barth Formula
Benefit Increase / Number Needed to Treat Multicalc®	Fractional Excretion of Urate	Kt/V Dialysis Dose Basile Formula
Bicarbonate Deficit	Friedewald Equation for Low Density Lipoprotein (LDL)	Kt/V Dialysis Dose Daugirdas Formula
Blood Pressure Percentiles for Boys (2 - 17 years)	Friedewald Equation for Low Density Lipoprotein (LDL, SI units)	Kt/V Dialysis Dose Formulae MultiCalc®
Blood Pressure Percentiles for Girls (2 - 17 years)	Functional Residual Capacity	Kt/V Dialysis Dose Jindal Formula
Body Mass Index (Quetelet's index)	Gentamicin Dosing q24hr	Kt/V Dialysis Dose Kerr Formula
Body Mass Index Percentiles for Boys (2 - 20 years)	Gentamicin Dosing to Produce Desired Peak and Trough Levels	Kt/V Dialysis Dose Keshaviah Formula
Body Mass Index Percentiles for Girls (2 - 20 years)	Gentamicin Level Prediction from Maintenance Dosing	Kt/V Dialysis Dose Lowrie Formula
Body Surface Area (Du Bois Method)	Gentamicin Steady State Dosage Adjustment	Lean Body Weight (Female)
Body Surface Area (Mosteller, square root method)	Gestational Age from Estimated Date of Delivery (EDD)	Lean Body Weight (Male)
Burn Injury Fluid Resuscitation (Brooke estimate)	Glomerular Filtration Rate Estimate by Quadratic Equation	Lean Body Weight Based on Creatinine Production
Burn Injury Fluid Resuscitation (Demling dextran estimate)	Glomerular Filtration Rate Estimate by Schwartz Formula	Likelihood Ratio MultiCalc®
Burn Injury Fluid Resuscitation (Evans estimate)	Glomerular Filtration Rate Estimate by the Abbreviated MDRD Study Equation (SI units)	Likelihood Ratio of Negative from Raw Data
Burn Injury Fluid Resuscitation (Modified Brooke crystalloid estimate)	Glomerular Filtration Rate Estimate by the MDRD Equation	Likelihood Ratio of Positive from Raw Data
Burn Injury Fluid Resuscitation (Slater estimate)	Glomerular Filtration Rate Estimate by the MDRD Equation	Lung Age Estimation for Smoking Cessation Counseling
Burn Injury Fluid Resuscitation, Adult (Parkland crystalloid estimate)	Gorlin Formula for Valve Area	Lung Volume Multicalc®
Calcium Correction in Hypoalbuminemia (SI units)	Height for Age Percentiles for Boys (2 - 20 years)	Maintenance Fluid Calculation for Children
Calcium Correction in Hypoalbuminemia	Height for Age Percentiles for Girls (2 - 20 years)	Mean Corpuscular Hemoglobin Concentration
Carbon Dioxide Production	Height Potential Prediction by Mid-parental Height	Mean Corpuscular Hemoglobin
Carboplatin AUC Dose Calculation (Calvert formula)	Hemoglobin A1C Estimation from Mean Plasma Glucose	Mean Corpuscular Volume
Cardiac Output MultiCalc®	Hemoglobin A1C to Mean Plasma Glucose Estimation	Mean Vascular Pressure (systemic or pulmonary)
Cardiac Output	Henderson-Hasselbach Equation	MELD Score for End-Stage Liver Disease (NOT appropriate for patients under the age of 12)
Chi Square Analysis	Hepatitis C Fibrosis Prediction Score	MELDNa Score for End-Stage Liver Disease (NOT appropriate for patients under the age of 12)
Closing Capacity to Total Lung Volume Capacity		Nasal Canula Oxygen Fractional Inspired O2 (FIO2) Estimate
Closing Capacity		Negative Predictive Value from Raw Data
Closing Volume to Vital Capacity Ratio		Negative Predictive Value of a Test
Confidence Interval of a Binomial Proportion		Normal Range for Body Weight
Confidence Interval of a Difference Between Proportions		Number Needed to Harm (NNH) from Odds Ratio (OR) and Patient Expected Event Rate (PEER)
Confidence Interval of a Ratio of Proportions		Number Needed to Treat (NNT) from Odds Ratio (OR) and Patient Expected Event Rate (PEER)
Confidence Interval of a Ratio of Ratios		Odds from Probability
Confidence Interval of a Survey		
Creatinine Clearance (measured)		
Creatinine Clearance (measured, SI units)		
Creatinine Clearance by Mass		

Epocrates Online and Dynamed Plus MedCalc Medical Equation Calculators

Odds Ratio and Relative Risk	Prevalence of a Finding or Disease from Test Data	Total Body Water in Women (Johansson formula)
Osmolal Gap Calculator (SI units)	Probability from Odds	Total Body Water in Women (Lee formula)
Osmolal Gap Calculator	Protein Bound Calcium	Total Body Water in Women (Watson formula)
Osmolality Estimator (serum)	Protein Catabolic Rate (normalized PCR)	Total Daily Energy Requirement Estimate
Osmolar Clearance	Protein Catabolic Rate	Total Lung Capacity
Overall Accuracy of a Test from Raw Data	Pulmonary Vascular Resistance	Transferrin Saturation
Overall Accuracy of a Test from Sensitivity, Specificity and Prevalence	Pulse Pressure Variation (percentage)	Transtubular Potassium Gradient at CCD
Oxygen Consumption	QT Interval Correction (EKG)	True Negative Ratio from Specificity and Prevalence
Oxygen Content of Arterial Blood	QUICKI Formula for Insulin Resistance	Urea Reduction Percentage in Hemodialysis (PRU)
Oxygen Content of Venous Blood	Red Blood Cell Volume by Radionuclide Dilution	Urea Reduction Ratio in Hemodialysis (URR)
Oxygenation Index (OI)	Renal Failure Index	Urinary Protein Excretion Estimation
paO ₂ / FIO ₂ Ratio (for MODS Calculation)	Residual Renal Function in Hemodialysis Patients (Kru)	Vancomycin Dosing to Produce Desired Peak and Trough Levels
PaO ₂ Correction for FIO ₂	Residual Volume to Total Lung Capacity Ratio	Vancomycin Level Prediction from Maintenance Dosing
Peak Expiratory Flow Prediction	Respiratory Quotient	Vancomycin Steady State Dosage Adjustment
Peak Expiratory Flow Variability in Asthma	Reticulocyte Production Index	Ventilation Index
PELD Score for End-Stage Liver Disease (patients less than 12 years old)	Right to Left Shunt Fraction Qs/Qt	Very Low Density Lipoprotein (VLDL)
PFT Adjusted Predicted Values for Men MultiCalc®	Risk Increase / Number Needed to Harm Multicalc®	Vital Capacity
PFT Adjusted Predicted Values for Women MultiCalc®	Risk Reduction / Number Needed to Treat Multicalc®	Volume of Distribution of Urea
PFT Predicted Values for Boys MultiCalc®	Sensitivity of a Test	Water Deficit in Hypernatremia
PFT Predicted Values for Girls MultiCalc®	Serum Sodium Concentration Change Considering Infused and Excreted Cations	Weight Based Dosage Calculator
PFT Predicted Values for Men MultiCalc®	Sodium Change in Hyperlipidemia	Weight for Age Percentiles for Boys (2-20 years)
PFT Predicted Values for Women MultiCalc®	Sodium Change in Hyperproteinemia	Weight for Age Percentiles for Girls (2-20 years)
Phenytoin Free (Unbound) Drug Level (Adjusted for Hypoalbuminemia)	Sodium Correction in Hyperglycemia	Weight for Height Percentiles for Boys (77-121 cm tall)
Phenytoin Total Drug Level (Adjusted for Hypoalbuminemia and Renal Function)	Sodium Deficit in Hyponatremia	Weight for Height Percentiles for Girls (77-121 cm tall)
Pneumothorax Degree of Collapse	Specificity of a Test	WHO Assessment of Malnutrition in Boys 0 to 2 Years Old
Positive Predictive Value from Raw Data	Stool Osmolal Gap	WHO Assessment of Malnutrition in Boys 2 to 5 years Old
Positive Predictive Value of a Test	Survey Sample Size with Population Correction	WHO Assessment of Malnutrition in Girls 0 to 2 Years Old
Post Test Odds from Pre Test Odds and Likelihood Ratio MultiCalc®	Survey Sample Size	WHO Assessment of Malnutrition in Girls 2 to 5 years Old
Post Test Odds of a Negative from Raw Data	Systemic Vascular Resistance	Winter's Formula for Expected PCO ₂
Post Test Odds of a Negative Result from Sensitivity Specificity and Prevalence	Systolic Pressure Variation (percentage)	Z Score to Percentile Estimation
Post Test Odds of a Positive from Raw Data	Time Averaged Concentration of Urea in Hemodialysis	
Post Test Odds of a Positive Result from Sensitivity Specificity and Prevalence	TIPS Risk predictor / Survival predictor (Transjugular Intrahepatic Portosystemic Shunt)	
Post Test Probability from Likelihood Ratios and Multiple Test Results	Tobramycin Dosing to Produce Desired Peak and Trough Levels	
Post Test Probability from Pre Test Probability, Sensitivity and Specificity	Tobramycin Level Prediction from Maintenance Dosing	
Pre Test Odds from Prevalence	Tobramycin Steady State Dosage Adjustment	
Pre Test Odds from Raw Data	Total Body Water (BIA formula)	
Pregnancy Gestation by LMP and Ultrasound Biometry	Total Body Water Estimation Based on Weight Alone	
Pressure Adjusted Heart Rate (For MODS calculation)	Total Body Water in Men (Humes-Weyer formula)	
	Total Body Water in Men (Johansson formula)	
	Total Body Water in Men (Lee formula)	
	Total Body Water in Men (Watson formula)	
	Total Body Water in Women (Humes-Weyer formula)	

Consider highlighting calculators that might be useful to you

Epocrates, Dynamed Plus and UTD— EBMcalc Clinical Criteria Calculators

The EBMcalc Clinical Criteria Calculators include diagnostic, risk, and other decision support calculators based on criteria and numbers. The full list of these follows on the next page.

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DRUGS DISEASES INTERACTION CHECK PILL ID **CALCULATORS** TABLES GUIDELINES

Select: [By Specialty/Category](#) [Clinical Criteria](#) [Decision Trees](#) [Medical Equations](#) [Unit & Dose Converters](#) [Glossary](#)

[References](#) [Help](#) [FDA Reporting Form](#)

Clinical Criteria

Click a letter to jump to that section. Click on a link below to use a formula or criterion.

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

A

- [ABCD Rule Predicting Stroke Within 7 Days of a TIA](#)
- [ABCD2 Score to Predict Stroke Risk after TIA](#)
- [Acetaminophen \(Paracetamol\) Toxicity Assessment](#)
- [ACR/EULAR Rheumatoid Arthritis Diagnostic Criteria \(2010\)](#)

Examples presented here are the Atrial Fibrillation and Arterial Thromboembolism Risk calculator at right, and the Warfarin Dosing Tree Calculator below.

Warfarin Dosing TreeCalc®

References:

Senior Care Institute, Anticoagulation Management Protocol

Is Protime INR within target range? : **No**

What is the target INR range? : **2.5-3.5**

Is current INR either 2.3-2.5 or 3.5-4.0 : **No, it is further out of range**

Indicate current INR: : **INR 4-5**

End Point: Omit 1 dose, decrease regular dosing 10-20% and recheck INR 1-2 weeks

[Restart Tree](#)

Atrial Fibrillation and Arterial Thromboembolism Risk

- ☒ History of hypertension (1 point)
- ☒ History of recent congestive heart failure (1 point)
- ☐ History of prior thromboembolism (1 point)

Total Criteria Point Count:

[Reset Form](#)

Result Ranger® for Thromboembolic Risk

0 points : 2.5% risk per year
1 points : 7.2% risk per year
2-3 points : 17.6% risk per year

Exercise for Practice

A 40 year old woman has just had a mastectomy. She had a grade 1 tumor, no lymph nodes and no lymphatic or vascular invasion. What is her Breast Cancer Recurrence risk?

Epocrates Online and Dynamed Plus— MedCalc Clinical Criteria Calculators

Acetaminophen (Paracetamol) Toxicity Assessment	Carpal Tunnel Syndrome Multivariate Decision TreeCalc®	GRACE Score for Acute Coronary Syndrome Prognosis
Activity Score for Nursing Home Patients	Cesarean Section Delivery Probability Among Nulliparous Women TreeCalc®	Gurd's Diagnostic Criteria for Fat Embolism Syndrome
AIDS Progression Estimate While on Anti Viral Rx	Cesarean Section Delivery Probability Among Parous Women TreeCalc®	Hepatitis C Cirrhosis Probability
Alcoholic Liver Disease Combined Index (Clinical and Laboratory -- CCLI) Criteria for One Year Mortality Prognosis	Child Turcotte Pugh Classification for Severity of Liver Disease (SI units)	Hepatitis C Outcome TreeCalc®
Alcoholic Liver Disease: Criteria for One Year Mortality Prognosis	Child Turcotte Pugh Classification for Severity of Liver Disease	Hepatitis Discriminant Function for Corticosteroid Rx in Alcoholic Hepatitis
Androgen Deficiency in Aging Males (ADAM) Screener	Chronic Fatigue Syndrome Diagnostic Criteria	Inferior Wall M.I. in Vector and Scalar Electrocardiography
Anthrax Screening for Exposed Patients TreeCalc®	CIWA-Ar Clinical Institute Withdrawal Assessment for Alcohol Scale	Inferior Wall Myocardial Infarction Diagnosis TreeCalc®
Aortic Stenosis and Valve Replacement Prediction TreeCalc®	Clock Drawing Task (Cognitive Impairment Screening)	Influenza Diagnosis and Treatment TreeCalc®
APACHE II Scoring System and Mortality Estimates (Acute Physiology and Chronic Health Disease Classification System II)	Cognitive Impairment Screening with 6 Questions	Intracranial Bleeding Risk from Thrombolytic Therapy of MI
APACHE II Scoring System by Diagnosis	Community-Acquired Pneumonia Severity Index (PSI) for Adults	Irritable Bowel Syndrome Diagnostic Criteria (Manning Criteria)
Apgar Score	Conjunctivitis Agent Prediction (bacterial or other)	Jones Criteria for Diagnosis of Rheumatic Fever
Arterial Blood Gas Interpretation TreeCalc®	CURB Pneumonia Severity Score	Kawasaki Disease Diagnostic Criteria
Asthma Hospitalization One Year Risk TreeCalc®	CURB-65 Pneumonia Severity Score	Left Atrial Thrombus Resolution in Mitral Stenosis Patients on Anticoagulation (for up to 34 months)
Atrial Fibrillation and Arterial Thromboembolism Risk	Depression (any) Screening by a Two Item PHQ-2	Left Bundle Branch Block in Vector and Scalar Electrocardiography
Atrial Fibrillation CHADS(2) Score for Stroke Risk	Depression (major) Screening by a Two Item PHQ-2	Left Ventricular Capture Loss in Resynchronization Biventricular Pacing TreeCalc®
Atrial Fibrillation Five Year Risk of Stroke or Death	Diabetes Risk Score (Type 2)	Left Ventricular Hypertrophy in Vector and Scalar Electrocardiography
Atrial Fibrillation Five Year Risk of Stroke	Diabetes Screening TreeCalc®	Low Back Pain Evaluation TreeCalc®
Autoimmune Hepatitis Diagnostic Criteria	Diabetes Type Predictor TreeCalc®	Lower GI Bleeding and Risk of Severe Bleeding
Bacterial Meningitis Score for Children	DVT Probability: Ambulatory Score System (Constans, 2003 paper)	Lung Cancer One Year Risk Estimation (for smokers 50-75 years old)
Barrett Esophagus Progression Risk TreeCalc®	DVT Probability: Kahn Score System	M.I. Criteria for Likelihood in Chest Pain with LBBB
Behcet's Syndrome International Study Group Criteria	DVT Probability: St. Andre Score System	M.I. Prediction Decision TreeCalc®
Behcet's Syndrome Japanese Ministry of Health and Welfare Criteria	DVT Probability: Wells Score System	MEDS Score: Mortality in ER Sepsis
Benign Positional Vertigo Decision TreeCalc®	Ectopic Pregnancy Risk Estimation TreeCalc®	Metabolic Syndrome Criteria (AACE 2003)
Bleeding Risk (any bleeding complication) on Warfarin Therapy	Ehlers-Danlos Syndrome IV (vascular type) Diagnostic Criteria	Metabolic Syndrome Criteria (AHA/ NHLBI 2005))
Bleeding Risk (major complication) on Warfarin Therapy	ELBW Infant Prognosis Prediction	Metabolic Syndrome Criteria (ATP III)
Bleeding Risk Index for Warfarin Therapy	Endocarditis Diagnostic Criteria -- Duke Criteria	Metabolic Syndrome Criteria (EGIR)
BODE Index for COPD Survival Prediction	Epworth Sleepiness Scale (ESS)	Metabolic Syndrome Criteria (IDF 2005)
Bowel Obstruction Diagnosis: Utility of X-ray	Esophageal Varices: Prediction from Platelet Count to Spleen Diameter Ratio	Metabolic Syndrome Criteria (WHO 1998)
Breast Cancer Recurrence Risk After Mastectomy (simple)	EuroSCORE for Cardiac Surgery Risk Assessment (additive version)	Migraine Screener
Canadian Head CT Rule for Minor Head Injury	Fall Risk in Elderly Hospitalized Patients	Migraine With Aura Diagnostic Criteria
Cardiac Risk Index for AAA Surgery (Lee)	Fear Avoidance Beliefs Questionnaire (FABQ) about Physical Activity	Migraine Without Aura Diagnostic Criteria
Cardiac Risk Index for Abdominal Surgery (Lee)	Fear Avoidance Beliefs Questionnaire (FABQ) about Work	MODS Score: Multiple Organ Dysfunction
Cardiac Risk Index for Non-AAA Vascular Surgery (Lee)	Fracture Index WITH known Bone Mineral Density (BMD)	Mortality After Hospitalization in Older Adults (SI units)
Cardiac Risk Index for Orthopedic Surgery (Lee)	Fracture Index WITHOUT known Bone Mineral Density (BMD)	Mortality After Hospitalization in Older Adults
Cardiac Risk Index for Thoracic Surgery (Lee)	Framingham 10 Year Coronary Risk Prediction by LDL (1998 paper)	Multiple Myeloma Diagnostic Criteria
Cardiac Risk Index in Noncardiac Surgery (Detsky et. al.)	Framingham 10 Year Coronary Risk Prediction by Total Cholesterol (1998 paper)	Mycoplasma Pneumoniae Prediction TreeCalc®
Cardiac Risk Index in Noncardiac Surgery (Goldman, et. al.)	Framingham 10 Year Risk of General Cardiovascular Disease (2008 paper)	Mycoplasma Pneumoniae Prediction in Children with Pneumonia
Cardiac Surgery Risk Assessment Scale (UPMC Shadyside Hospital, 2002)	Gail Model for 5 Year Risk of Breast Cancer (1999 paper)	Myelodysplastic Syndrome International Prognostic Scoring System
Carpal Tunnel Syndrome Bivariate Decision TreeCalc®	Gail Model for 5 Year Risk of Breast Cancer in Black Women (2007)	NASH Fibrosis Risk (Nonalcoholic Steatohepatitis) TreeCalc®
	Gail Model for Predicting Individual Breast Cancer Risk (1989 Paper)	Neurofibromatosis Type 2 Diagnostic Criteria (1987 NIH)
	Geriatric Depression 1 Item Screener	Neurofibromatosis Type 2 Diagnostic Criteria (1991 NIH)
	Geriatric Depression 4 Item Scale	Neurofibromatosis Type 1 Diagnostic Criteria
	Geriatric Depression Scale	New Orleans Head CT Criteria
	Glasgow Coma Scale	Newborn Hyperbilirubinemia Assessment

Epocrates Online and Dynamed Plus— MedCalc Clinical Criteria Calculators

NIH Stroke Score	PROCAM Risk Score (Munster Heart Study imperial units)	Stroke Risk in Diabetes Type 2 UKPDS 60
Non Q Wave Myocardial Infarction Prediction	PROCAM Risk Score (Munster Heart Study)	Stroke Risk in Patients 55-84 Years Old (Framingham data)
Nonbiliary Cirrhosis Prognostic Criteria for One Year Survival	Prostatism Symptom Score	Suggested Management of Patients with Raised Lipid Levels TreeCalc®
Norton Scale to Stratify Risk of Pressure Sores	PTCA Complication Prediction Score (death, MI, urgent bypass)	Syncope Risk Prediction
Obesity Management Guidelines, National Institutes of Health / NHLBI TreeCalc®	PTCA Mortality Prediction	Systemic Lupus Erythematosus American Rheumatism Association 11 Criteria
Omeprazole Therapeutic Gain (over placebo) in Dyspepsia	Pulmonary Embolism Risk by Pisa Study (with chest x-ray)	Systolic Murmur Significance Probability
Omeprazole Therapeutic Index in Dyspepsia	Pulmonary Embolism Risk by Pisa Study (without chest x-ray)	Thrombolysis in Myocardial Infarction (TIMI) Score for ST Elevation Acute Myocardial Infarction
Osteoporosis Risk Assessment by Composite Linear Estimate (ORACLE score)	Pulmonary Embolism Wells Score	Thrombolysis in Myocardial Infarction (TIMI) Score for Unstable Angina Non ST Elevation Myocardial Infarction
Osteoporosis Risk Assessment Index (ORAI)	Pulmonary Fibrosis Survival Prediction (CRP Score for abbreviated model)	Thyroid Disease Screening for Females More Than 50 Years Old TreeCalc®
Osteoporosis Risk SCORE (Simple Calculated Osteoporosis Risk Estimation)	Pulmonary Fibrosis Survival Prediction (CRP score for complete model)	TIA Prognosis: Risk of Stroke by 90 Days After Presentation
Osteoporosis Self Assessment Tool for Men	Rabies Post Exposure Prophylaxis (PEP) TreeCalc®	Tuberculosis Risk Prediction
Osteoporosis Self Assessment Tool for Women	Renal Artery Stenosis Prediction Rule	Unstable Angina and Tirofiban Benefit Prediction
Oswestry Disability Index Version 1	Respiratory Failure Risk in Post Operative Period of Non-Cardiac Surgery	Unstable Angina Outcome Prediction
Oswestry Disability Index Version 2	Rheumatoid Arthritis Clinical Disease Activity Index CDAI	Unstable Angina Risk Stratification (Piombo)
Ottawa Ankle Rule for the Use of X-Ray in Ankle Injury	Rheumatoid Arthritis Criteria (1987 revision, American Rheumatism Association)	Unstable Angina Risk Stratification (Solomon)
Ottawa Foot Rule for the Use of X-Ray in Foot Injury	Rheumatoid Arthritis Disease Activity Score DAS-28	Vector and Scalar Electrocardiography
Ottawa Knee Rule for use of X Ray in Knee Injury	Rheumatoid Arthritis Simplified Disease Activity Index SDAI	Venous Leg Ulcer Healing Prediction
Pacer Need After Heart Valve Surgery	Roland-Morris Disability Score	Warfarin Dosing Nomogram for 10 mg Initiation (Crowther) TreeCalc®
Palliative Prognostic Score in Terminal Illness	Romhilt-Estes Criteria for Left Ventricular Hypertrophy	Warfarin Dosing Nomogram for 10 mg Initiation (Kovacs) TreeCalc®
Pancreatitis Prognosis Criteria When Disease Due To Gallstones	Rotator Cuff Tear Diagnosis	Warfarin Dosing Nomogram for 5 mg Initiation (Crowther) TreeCalc®
Pancreatitis Prognosis Criteria	SARS (Severe Acute Respiratory Distress Syndrome) CDC Case Definition (4/20/2003) TreeCalc®	Warfarin Dosing TreeCalc®
Panic Disorder Screener	SARS Prognosis Predictor (basic parameters)	Warfarin Weekly Dose Estimate in Non-rheumatic A-fib
Perioperative Cardiac Evaluation TreeCalc®	SARS Prognosis Predictor (with lab and x-ray parameters)	Waterlow Scale for Stratification of Pressure Sore Risk
Pittsburgh Knee Rule for X-Ray Evaluation of Knee Injury TreeCalc®	Septic Arthritis Prediction in Pediatric Hip Pain Syndrome	
Pneumonia Mortality in Nursing Home Patients by Logistic Regression	Smallpox Risk Assessment (CDC version 1.0, 2002) TreeCalc®	
Pneumonia Mortality Prediction in Nursing Home Patients	Smoking Cessation and Intervention TreeCalc®	
Pneumonia Mortality Predictor In the Elderly	Solitary Pulmonary Nodule Malignancy Risk	
Pneumonia Probability in Nursing Home Patients	Sore Throat (Pharyngitis) Evaluation and Strep Prediction (Attia)	
Pneumonia Risk in Post Operative Period of Non-Cardiac Surgery	Sore Throat (Pharyngitis) Evaluation and Treatment Criteria (McIsaac)	
Polycythemia Vera Diagnostic Criteria	Spinal Manipulation Success Prediction for Low Back Pain	
POSSUM Score for Orthopedic Procedure Prognosis (SI Units)	Stage III Pressure Ulcer TreeCalc®	
POSSUM Score for Orthopedic Procedure Prognosis	Stage IV Pressure Ulcer TreeCalc®	
	Stress Test Outcome Risk Factors	
	Stroke Recovery Prediction	

Clinical Rules, Decision Trees or Criteria Calculators

These calculators are truly decision support tools in that they influence how a case is managed. Examples might include the Ottawa Ankle Rule calculator below that tells whether an x-ray is necessary for an ankle sprain or a calculator that assigns the NIH Stroke score.

Essential Evidence Plus (EE+) Online and Mobile

The complete EE+ database is available on either the web, desktop or the Mobile versions. EE+ has a large number of calculator like tools which can be incorporated into the decision making process of the clinical encounter. Let's look at each of these types of tools.

Decision Support Tools (Calculators)

More than 225 calculators designed to help estimate the likelihood of a diagnosis, calculate a patient's risk for disease, estimate a prognosis, or calculate a drug dose.

Purpose: To support the clinical decision making of a healthcare professional by offering risk and probability assessments

Example: The clinical decision rules can help evaluate patients with ankle sprains, (Ottawa Ankle Rule at right), estimate the risk of stroke in patients with atrial fibrillation, or assist in determining doses of drugs like warfarin.

Detailed Description: These clinical decision rules are created based on results of valid and relevant studies. Each calculator has a **more information** button that references the study and outlines its characteristics. Each calculator asks users to provide patient information and leads to a result that is specific for the patient.

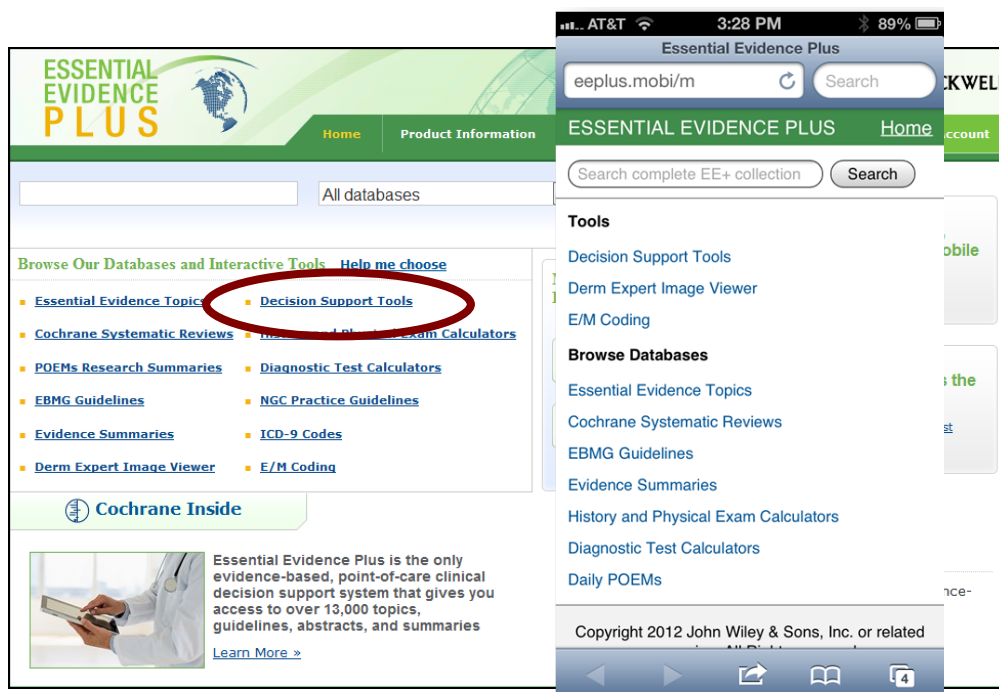
From http://www.infopoems.com/support/ProductManual/IR_Databases.pdf

Finding the Decision Support Tools

Online, the index of Clinical Rules and Calculators is found under Browse Our Databases and Interactive Tools on the main page. You must then drill down to find the calculator you want by system.

On a mobile device, follow the same link to Decision Support Tools. Click on any category to expand it to show all the calculators in that category.

See a list of the decision support tools (calculators) in EE+ on the next several pages.



EE+ Clinical Rules and Calculators

CV: Acute MI/unstable angina

6 month ACS mortality (GRACE score)
ACI-TIMI risk score
ACS - prob of successful medical tx
Acute MI diagnosis (Goldman algorithm)
Intracranial hemorrhage risk w/
thrombolysis
Invasive vs conservative management
Mortality in ST elevation AMI
Probability of normal LVEF
Prognosis based on initial ECG
Prognosis in non-ST elevation AMI
(TIMI)
Prognosis in ST elevation AMI (TIMI)
Risk of death in AMI
Tirofiban benefit in unstable angina/
NQWMI
Unstable angina prognosis (Piombo)

CV: Angioplasty

Angioplasty complication rate (Bates)
Angioplasty complication rate
(CADILLAC)
Angioplasty complication rate (Kimmel)
Angioplasty complication rate (Mayo)
Angioplasty complication rate (Resnic)
Angioplasty mortality (Michigan score)

CV: Chest pain and CAD

Antiplatelet therapy recommendations
Aortic thoracic artery dissection diagnosis
CAD mortality risk
Chest pain diagnosis in primary care
(Bosner)
Chest pain risk stratification (modified
TIMI)
Panic disorder among chest pain patients
Pretest probability of CAD (Diamond-
Forrester)
Probability of complications requiring
ICU care
Probability of left main CAD
Probability of significant CAD in outpa-
tients
Risk of AMI with normal or near-normal
ECG
Stress test interpretation (adenosine
SPECT)
Treadmill interpretation (Duke score)

CV: DVT and PE

Bleeding risk on warfarin
DVT: clinical diagnosis
PE diagnosis (revised Geneva)
Pulmonary embolism diagnosis
(Geneva)
Pulmonary embolism diagnosis
(Hoellerich)
Pulmonary embolism diagnosis (Pisa)
Pulmonary embolism diagnosis (Wells)

CV: Heart failure

CHF prognosis (Killip class)
Framingham criteria for heart failure
Heart failure diagnosis with proBNP
Heart failure prognosis for inpatient
(Fonarow)
Heart failure prognosis for inpatient (Lee)

ESSENTIAL EVIDENCE PLUS

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Screening: cardiac risk profile (Framingham data)

Decision Support Calculators

1994-09-01

Estimate risk of a variety of cardiovascular outcomes based on Framingham study data

Age (yrs):

58

Systolic Blood Pressure (mm Hg):

130

Cholesterol (mg/dl):

Total: 225

HDL: 40

☒ Male

☐ Diabetic

☒ Smoker

☐ Evidence of LVH by ECG

Calculate

10 year Risk of the following events

Chronic Heart Disease:22.4%(ideal 7.6%)

CHD Death:6.6%(ideal 1.1%)

Miocardial Infarction:15.8%(ideal 2.8%)

Stroke:3.6%(ideal 1.5%)

Cardio Vascular Disease:31.5%(ideal 10.8%)

CVD death:6.4%(ideal 1.5%)

what is "ideal"? An "ideal" patient has the following characteristics:

- SBP: 120

- total Cholesterol: 160

- HDL: 45

- non-smoker hide

More Info

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Screening: cardiac risk profile (Framingham Data)
Useful tool to encourage patients to lower cholesterol, stop

Chest pain: probability of significant CAD in outpatients

CV: HTN, lipids, screening

Hypertension: renal artery stenosis diagnosis
[Screening: cardiac risk profile \(Framingham data\)](#)
Screening: NCEP ATP III lipid guideline

CV: Other

Atrial fibrillation risk (10 year)
PAOD diagnosis (Doppler)
Peripheral vascular disease prognosis
Return of spontaneous circulation after cardiac arrest (RACA)

CV: Pre-op evaluation

AAA surgery mortality risk
Atrial fib risk post-op CABG
CABG risk score
Implantable cardioverter-defibrillator risk score
Non-cardiac surgery risk (Detsky score)
Post-operative pneumonia risk
Post-operative prognosis (Surgical Appgar)
Pre-op evaluation (ACC/AHA)
Prognosis after ortho surgery (POSSUM)
Ruptured AAA repair prognosis (Glasgow)
Simple cardiac risk score (Lee)
Vascular surgery risk

CV: Stroke, Aneurism, AVM

Acute stroke prognosis (6 variable score)
Acute stroke prognosis (early recovery)
Acute stroke prognosis (Wang 30 day score)
Acute stroke prognosis - 30 day (Wang)
Acute stroke prognosis - 6 mos (G-Score)
Brain AVM prognosis
Carotid endarterectomy prognosis
Cerebral aneurysm rupture risk
Hemorrhage after thrombolysis for CVA (HAT)
Intracranial hemorrhage prognosis
Ischemic vs hemorrhagic stroke (Besson)
Ischemic vs hemorrhagic stroke (Efstathiou)
NIH stroke scale
Stroke diagnosis (Cincinnati Stroke Scale)
Stroke risk - atrial fib (Framingham)
Stroke risk - atrial fib (SPAF)
Stroke risk - atrial fib (vanWalraven)
Stroke risk - diabetics (UKPDS)
Stroke risk - next 5 yrs in elderly
Stroke risk after TIA (ABCD rule)
Stroke risk in atrial fib (CHADS-VASC)
Stroke risk with TIA (ABCD2)
TIA prognosis

CV: Valve and endocarditis

AV replacement in aortic stenosis
Endocarditis prognosis
Left atrial thrombi disappearance after commissurotomy
Pacing need after valve surgery

Drug dosing

ACE inhibitor cough risk

Adverse drug reaction risk in hospitalized elderly (GerontoNet Score)
Hydronephrosis in patients with acute kidney injury
Lithium dosing

Endocrinology

Bariatric surgery risk score
Basal energy requirements
BMI and body surface area calculator
Diabetes mellitus screening
Diabetes risk score
Diabetes risk score (Bang)
Diabetic foot ulcer risk
Hypercalcemia: probability of malignancy
Ideal body weight (adults)
Michigan Neuropathy Screening Instrument
Precocious puberty: need for brain imaging

Epidemiology

Diagnostic test calculator (LR and post-test probability)
Treatment calculator (NNT, RRR, and ARR)

Fluids/electrolytes

Anion gap
Pediatric IV fluid calculator
Serum osmolality calculator

Gastroenterology: GERD/dyspepsia

Dyspepsia: predicting response to omeprazole
Dyspepsia: probability of ulcer
GERD diagnosis (Manterola)
GERD diagnosis (Zimmerman)
GERD: Barretts prognosis

Gastroenterology: GI Bleed

GI bleed (lower): prognosis
GI bleed (upper): predicting need for intervention
GI bleed (upper): probability of persistent bleeding after injection
GI bleed: identification of low risk GI bleeds
GI bleed: inpatient mortality risk

Gastroenterology: Hepatic

Abnormal liver function work-up
Bleeding risk after hepatic resection
Cirrhosis: probability of varices
End stage liver disease prognosis
Fibrosis (severe) in NASH
Fibrosis probability (FIB4 index)
Hepatitis C: probability of cirrhosis
Hepatitis C: probability of fibrosis
Hepatitis C: prognosis
NASH in obese patients (HAIR score)
Probability of severe fibrosis in hepatitis C

Gastroenterology: Lower GI

Chronic constipation diagnosis
Diarrhea: need for cultures in nosocomial diarrhea
Mortality following colorectal surgery
Rome I Criteria for irritable bowel
Small bowel obstruction: need for surgery

Gastroenterology: Other

Abdominal pain diagnosis (men)
Appendicitis diagnosis (Alvarado score)
Appendicitis diagnosis (Ohmann)
Dehydration diagnosis (Gorelick)
Post-op nausea and vomiting

Gastroenterology: Pancreas

Acute pancreatitis: prognosis (Imrie score)
Acute pancreatitis: prognosis (Ranson score)
Pancreatitis prognosis (BALI model)

Gynecology and obstetrics

Apgar score
Cephalic version success
Diagnosis of polycystic ovarian syndrome
Edinburgh Postpartum Depression Scale (EPDS)
Induction of labor: Bishop score
Induction of labor: Dhall score
Pregnancy wheel
Probability of gestational diabetes
Probability of successful VBAC
Risk of ectopic pregnancy with 1st trimester pain or bleeding
Risk of malignancy index for ovarian cancer
Successful VBAC at 40-42 weeks
Urinary incontinence diagnosis

Hematology/Anticoagulation

Bleeding risk (HAS-BLED score)
Bleeding risk (HEMORR2HAGES)
Bleeding risk in elderly on warfarin at 90 days
Bleeding risk on warfarin
Bleeding risk on warfarin at 3 and 12 mos (OBRI)
Hemorrhage on warfarin in AF (ATRIA score)
Heparin dosing by weight
Risk of bleeding with warfarin treatment for DVT
Warfarin dose (elderly)
Warfarin dosing: adjustment
Warfarin dosing: initial
Warfarin initial dose (10 mg protocol)

Infectious disease

AIDS progression likelihood
Bacteremia risk (age 3 to 36 months)
Chagas Heart disease prognosis
Influenza diagnosis (adults)
Leprosy: predicting nerve function impairment
Lyme meningitis diagnosis (Rule of 7's)
Meningitis diagnosis children (Bacterial Meningitis Score)
Need for LP in children with meningeal signs
New head CT lesions in HIV patients
Orbital abscess in patients with periorbital infection
Rochester criteria - pediatric fever
Prognosis in pandemic infection
SARS diagnosis
Sepsis treatment (goal-directed therapy)
TB isolation decision-making (Wisnivesky)

Musculoskeletal: Diagnostic criteria

Ankylosing spondylitis diagnosis
Ankylosing spondylitis diagnosis (Gran)
Rheumatoid arthritis diagnostic criteria
SLE diagnostic criteria

Musculoskeletal: Need for imaging

Ankle injury: is x-ray needed (Ottawa)
C-spine radiography (NEXUS)
C-spine radiography rule (Canadian)
Foot injury: is x-ray needed (Ottawa)
Head CT after minor head injury (Canadian)
Head CT after minor head injury (New Orleans)
Knee injury: is x-ray needed (Ottawa)
TBI in children < 2 years: need for CT
TBI in children 2+ years: need for CT

Musculoskeletal: Osteoporosis

Fracture risk with steroid treatment
Hip fracture risk in women (FRACTURE)
Hip fracture risk in women (FRAMO)
Osteoporosis risk (men)
Osteoporosis screening (Dutch instrument)
Osteoporosis screening (NOF)
Osteoporosis screening (ORAI)
Osteoporosis screening (OST)
Osteoporosis screening (SCORE)

Musculoskeletal: Other

Back pain evaluation guideline
Benefit from spinal manipulation
Carpal tunnel: success of medical tx
Familial Mediterranean fever diagnosis
Fibromyalgia screening
Gout diagnosis
Knee surgery referral guide
Neck pain prognosis at 6 months
Netherlands rheumatoid arthritis score
PMR disease activity score
Rotator cuff diagnosis
Septic arthritis diagnosis
TMJ disorders diagnosis

Neurology

30 day syncope prognosis (San Francisco Rule)
Cognitive impairment screening (6 item screener)
Cognitive impairment screening (AD8)
Delirium probability in elderly inpatient
Delirium probability at discharge
Dementia screening (Time and Change test)
Driving competency screen for elderly (Clock test)
Glasgow Coma Score
Headache diagnosis in children
Intracerebral hemorrhage with IV alteplase (SITS)
Meningitis diagnosis children (Bacterial Meningitis Score)
Mental status screen (GOAL score)
Migraine screener
Mini-Cog
Need for mechanical ventilation in Guillain-Barre
Nontraumatic coma prognosis
Pediatric head injury prognosis
Probability of bad outcome in syncope
Status epilepticus prognosis

Oncology: Other

Ovarian cancer dx: M and B rules
Probability of cancer with unwanted weight loss

Oncology: Prognosis

Bladder cancer prognosis
Chronic lymphocytic leukemia prognosis
Colon cancer hepatic metastasis
Febrile neutropenia in CA risk score
Gastric cancer prognosis
Melanoma 10 year prognosis
Melanoma 2 and 5 year prognosis
Non-small cell lung cancer
Pancreatic neuroendocrine tumor prognosis
Post-op mortality for CRC surgery in elderly
Probability that prostate CA is indolent
Prostate CA: prognosis for abnl post-op PSA
Prostate cancer (d'Amici)
Prostate cancer (UCSF-CAPRA)
Prostate cancer - predicting histologically aggressive tumors
Renal cell CA prognosis (metastatic)
Spinal metastases
Spinal metastasis prognosis
Terminal lung cancer
Thyroid cancer 5 year

Oncology: Risk

Breast cancer (Gail model)
Esophageal cancer risk with dysphagia
Hepatic metastasis from CRC prognosis
Lung cancer
Ovarian cancer risk (Harvard)
Ovarian cancer risk (SEER)
Pancreatic cancer
Proximal colon cancer
Pulmonary nodule (PET + Swensen rule)
Pulmonary nodule (Swensen rule)

Overall mortality and screening

1 year mortality after discharge in elderly
10 year mortality for various conditions
4 year mortality in older adults
ACLS termination criteria
APACHE 2 score
BLS termination criteria
Charlson Comorbidity Index
Cooper Clinic Risk Index (15 yr mortality)
CPR prognosis (inpatient)
Exercise capacity by age
Height estimation from knee/heel measure
Hospital d/c prognosis for elderly
In-hospital mortality of elderly patients (MEWS)
Individualized screening guidelines (USPSTF)
Out-of-hospital CPR prognosis
Prognosis: Palliative Prognosis Score
Sepsis mortality risk

Perinatal and infant

Bilirubin prediction based on initial level
Difficult IV access in children (DIVA score)
Neonatal jaundice guideline (AAP)
Prognosis with LBW (500-999 gms)
Respiratory prognosis NICU

(Richardson)

Serious bacterial infection risk
Severe bacterial infection 1 wk to 3 yrs (Lab Score)

Psychiatric and substance abuse

Adolescent substance abuse (CRAFT)
Adult ADHD screener (WHO ASRS)
Alcohol withdrawal management
Alcoholic hepatitis prognosis (discriminant fxn)
Alcoholic hepatitis prognosis (Glasgow)
AUDIT-C (alcohol use disorder screen)
Bipolar disorder (Mood Disorder Questionnaire)
CAGE score (alcoholism screening)
Depression screening
Depression screening (PHQ-2)
Depression screening in elderly
Eating disorder likelihood
Generalized anxiety disorder diagnosis (GAD-2)
Generalized anxiety disorder diagnosis (GAD-7)
Panic disorder (single question)
Panic disorder (three question)
Perinatal depression
Risk of repeated self-harm or suicide
Social anxiety disorder diagnosis (Mini-SPIN)
Suicidal ideation risk
Which high users are somatizers

Renal disease

Acute renal failure diagnosis (FE-Na)
BPH symptom index (AUA)
Chronic kidney disease screening test
Creatinine clearance (MDRD 4 variable)
Creatinine clearance (MDRD 6 variable)
Creatinine clearance calculator
Dialysis prognosis
GFR estimation (quadratic equation)
Nephropathy risk with PCI
Probability of dialysis post-operatively
Renal lithiasis diagnosis (Elton)
Renal lithiasis diagnosis (Eskelinen)
UTI diagnosis
UTI diagnosis (Leibovici)
UTI diagnosis (McIsaac)
UTI diagnosis girls < 2 years

Respiratory disease: Asthma and COPD

Asthma relapse in adults
COPD diagnosis
COPD prognosis (BODE index)
Peak flow - normal values
Peds asthma - hospitalization risk

Respiratory disease: Bronchiolitis and croup

Bronchiolitis: need for hospitalization
Croup score (Syracuse)
RSV prognosis (pediatric)

Respiratory disease: Other

A-a gradient
ABG interpretation
Acute lung injury vs pulmonary edema diagnosis
Bacteremia risk in older patients with

CAP

Hypersensitivity pneumonitis diagnosis
Inhalation anthrax diagnosis
Pleural effusion (Light's criteria)
Post-op likelihood of pneumonia
Post-op need for mechanical ventilation
Pulmonary fibrosis survival
Sleep apnea diagnosis
TB isolation decision-making (El-Solh)

Respiratory disease: Pneumonia

Diagnosis of pneumonia (Diehr)
Diagnosis of pneumonia (Heckerling)
Diagnosis of pneumonia (nursing home)
Diagnosis of pneumonia (Singal)
Hospitalization or death due to flu or pneumonia
Mycoplasma in children with pneumonia
Pneumonia in wheezing children
Pneumonia prognosis (CURB-65)
Pneumonia prognosis (Pneumonia Severity Index)
Pneumonia prognosis: mortality in elderly
Pneumonia prognosis: nursing home
Severe pneumonia probability (Spanish)

Respiratory disease: Upper respiratory disease

Sinusitis diagnosis (Berg)
Sinusitis diagnosis (Williams)
Strep diagnosis in sore throat
Strep score (pediatric)

Respiratory disease: Vent weaning

CROP index
Rapid Shallow Breathing score
Ventilation index

Skin disease

Necrotizing fasciitis diagnosis
Predicting pressure ulcer development with Braden Score
Venous leg ulcer healing

Surgery and trauma

Bowel obstruction diagnosis: need for x-ray
Burn injury prognosis
Burn injury prognosis (Belgian)
Clinically important brain injury 2-18 yrs (PECARN)
Common bile duct stone risk
Fall risk in assisted living
Fall risk in elderly
Hip fracture length of stay in NH
Hip fracture prognosis
Intimate partner violence screening (combined protocol)
Lap chole: probability of conversion
Need for massive transfusion in trauma
Pediatric appendicitis score
Peritonitis prognosis (Mannheim)
Prognosis in near drowning
Severe head injury prognosis
Spinal cord injury prognosis
Traumatic brain injury prognosis (Marshall CT score)
Traumatic wound infection risk

Essential Evidence Plus Clinical Rules and Calculators



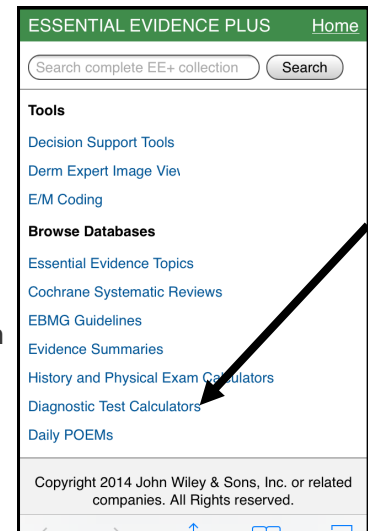
Diagnostic Test Calculators

Calculators of the clinical performance of a diagnostic test

Purpose: To help clinicians choose the best diagnostic test and interpret the test results

Example: The calculator answers questions such as: What is the best test to rule out renal artery stenosis? (below) What is the likelihood of Trichomonal infection in women with Trichomonas on pap smear? What is the 10-year mortality risk for a patient who smokes and has hypertension?

Detailed Description: The tool offers test characteristics and an estimate of the probability of disease before doing the test. The calculator also outlines the probability of the disease based upon the results of test. Users can choose from one of several tests based on what is available and whether they are interested in ruling-in or ruling-out a disease. Additionally, users can change the probability of disease based upon a clinical decision rule or gestalt. This allows users to tailor test result interpretations to the clinical circumstances.



Hypertension: renal artery stenosis probability calculator

Change Pretest Probability to value estimated. Select test to compare here

Go to **Diagnostic Test Calculators**, then find **Cardiovascular**, then **Hypertension > Renal Artery**

Definitions:

Pretest: Best estimate of percent with disease before any testing or probability based on calculation

Sensitivity: Percent with disease who have a positive test

Specificity: Percent without disease who have a negative test

LR: Likelihood ratio for each level of test. The higher it is, the better it rules -in disease. The lower it is, the better it rules it out.

LR+: Positive likelihood ratio (how well a positive test rules-in disease)

LR-: Negative likelihood ratio (how well a negative test rules-out disease)

LR = 1: No change in disease likelihood

Prob: Probability of disease for patients with this test result

Determine the Pretest probability of your patient having renal artery stenosis using the *Hypertension: renal artery stenosis diagnosis* clinical calculator. Using the *Hypertension -> Renal artery stenosis* diagnostic test calculator, compare Ultrasonography with CT Angiography for the best test with a patient with a 24% pretest probability of renal artery stenosis. Ultrasonography has the same positive predictive value and is noninvasive as well. Click **More Info** for references.



History and Physical Test Calculators

Calculates the value of various history or physical findings

Purpose: To support the clinical decision making of a clinician by offering information regarding the likelihood of patients having a disease based on information gathered during a history and physical evaluation

Example: What is the likelihood of strep throat in a patient with tonsillar exudates? In a patient with low back pain, what symptoms are indicators of ankylosing spondylitis? (Below)

Detailed Description: The calculator gives users the probability of the disease based upon the results of clinical evaluation before doing additional testing. Users can choose one of several elements of the history and physical. They can also change the probability of disease based upon a clinical decision rule or gestalt. This allows users to tailor interpretation of the clinical circumstances to decide if additional testing is worthwhile.

Use the Ankylosing Spondylitis calculator to determine pretest probability of AS.

On the main page select History and Physical DB
Pick Musculoskeletal, and find Back Pain > Ankylosing Spondylitis



Back pain -> ankylosing spondylitis



Dx. Back pain -> ankylosing spondylitis

Physical exam determining chest expansion of less than 2.5 cm is shown to be a 94% positive likelihood of ankylosing spondylitis based on a 39% pretest probability calculated based on history. Drop down the list to see other findings and compare their positive predictive value.

Using the 94% likelihood based on the low chest expansion, you can then use the diagnostic test calculator to select the best test to order to confirm your diagnosis. (right). With a 94% pretest probability, x-ray has a positive predictive value of 94.5%, meaning that if the x-ray is positive, there is a 99.6 chance that the patient has ankylosing spondylitis.

Exercise for Practice

You suspect that a 45 year old man might have osteoarthritis. He has pain when he flexes his knee. Using the a Diagnosis History and Physical calculator, with a 70% pretest probability of osteoarthritis, what is the probability of him having osteoarthritis based on this finding?

Exercises for Practice

Essential Evidence Plus Clinical Rules and Calculators, Diagnostic test Calculators and History and Physical Exam Calculator

A 24 year old female comes to her doctor because one leg seems to be swollen while the other is not. She says that she has been in bed for several days with the flu, but otherwise has no other pertinent history. The doctor examines the patient and finds that she has pitting edema in the swollen leg, and the circumference of the calf is 4 cm larger than the unaffected leg.

IR Decision Support Calculators

A) Using a clinical decision rule, estimate the probability of DVT in her patient (Level 1a evidence). The DVT decision support calculator should give her clinical guidance depending on the outcome of the ultrasound and d-dimer, if indicated.

IR Diagnostic Test Calculator

B) If she desires more information on the accuracy of the ultrasound on this particular patient. Using the diagnostic test calculator for "DVT suspected (symptomatic) → DVT (all) (diagnostic test)" based on the pretest probability calculated above, determines the likelihood of DVT if the venous ultrasound is either positive or negative. Compare to d-dimer.

IR Diagnostic Test Calculator

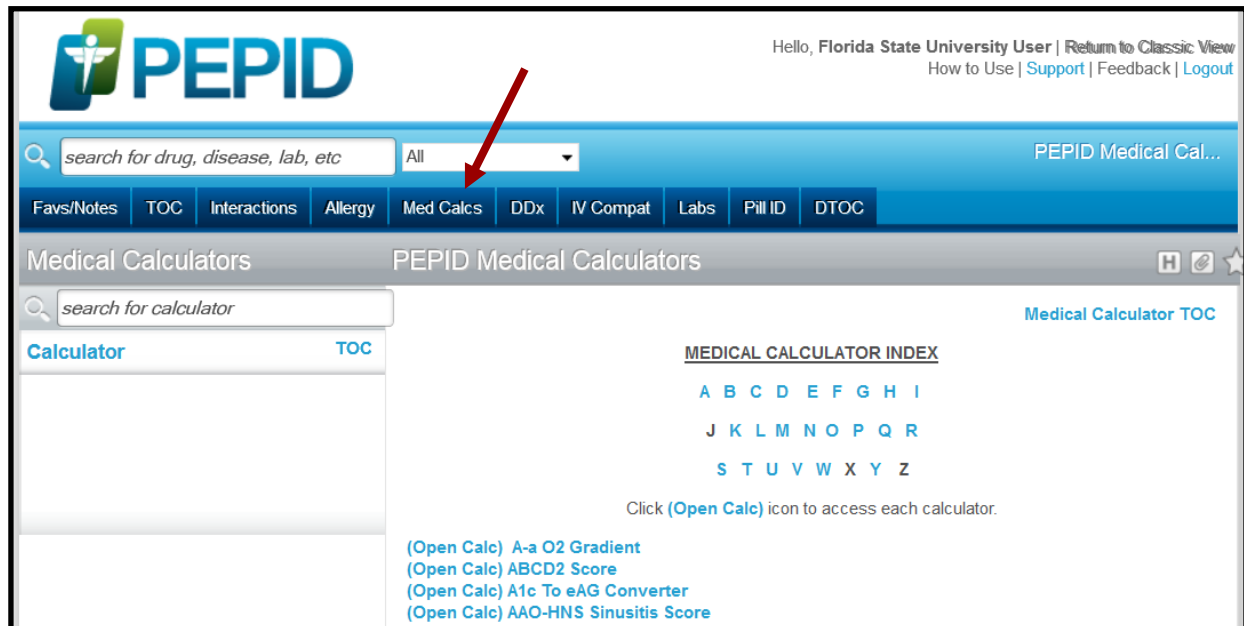
C) Based on history and physical exam you suspect that a 25 year old man with positive hematuria has about a 50% chance of having kidney stones. (renal lithiasis) Using the Diagnostic test calculator, with a 50% pretest likelihood of stones, what is the better test to order, an IVP or a helical CT?

PEPID Calculators (Both Medical Calculators and Decision Support)

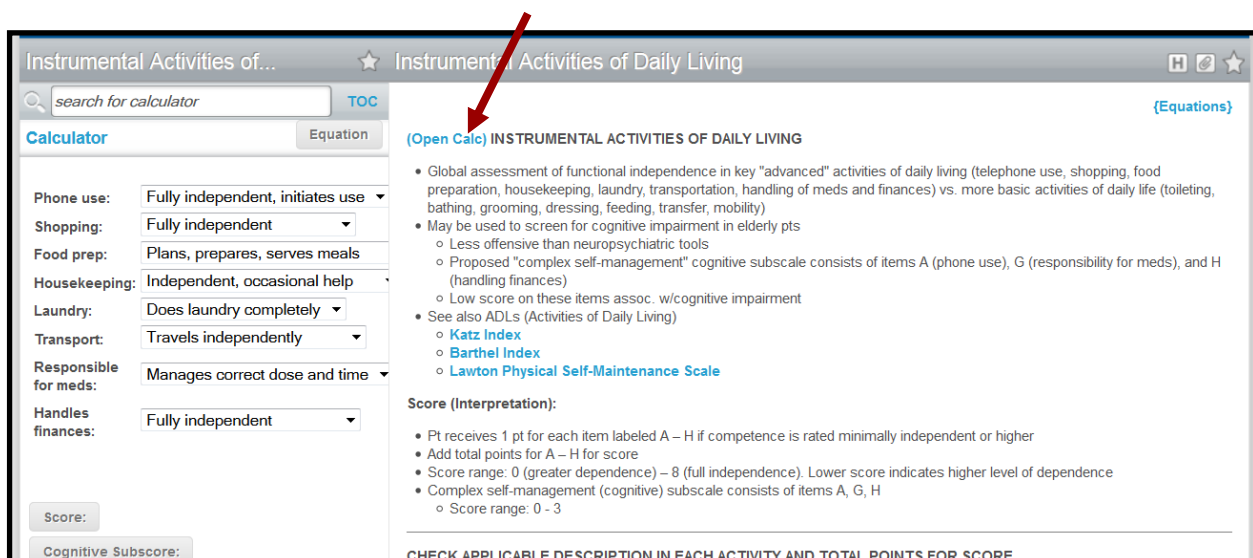
PEPID provides a comparable number and variety of calculators and decision support tools to Epocrates Online's MedCalc 3000. Unlike Epocrates, the tools are available in PEPID online and on the mobile device.

The calculator icon on the navigation toolbar will take you to the calculator alphabetical like on the web. Calculators appear individually in the PEPID index. There is also a link to the calculator index in the Table of Contents. The fastest way to find a calculator is to search for it in the Search box.

The calculators appear in the far left column on the Online version. Links are embedded into content in the right column. Below is the IADL content in the Geriatrics section of the resource. Note the (Open Calc) by the title. Click this to bring up the interactive calculator in the left column.



Included with each calculator is a description of the tool, with instructions for scoring and interpreting the calculation.



PEPID Calculators on the Mobile device

PEPID calculators on the Mobile device are accessed the same way as on the web, however, you are limited to one screen instead of three columns.

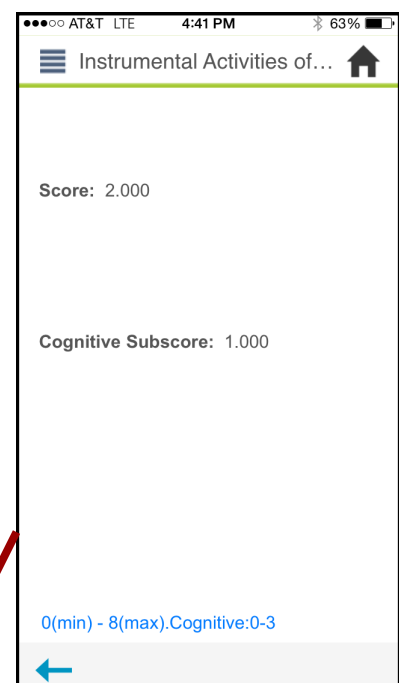
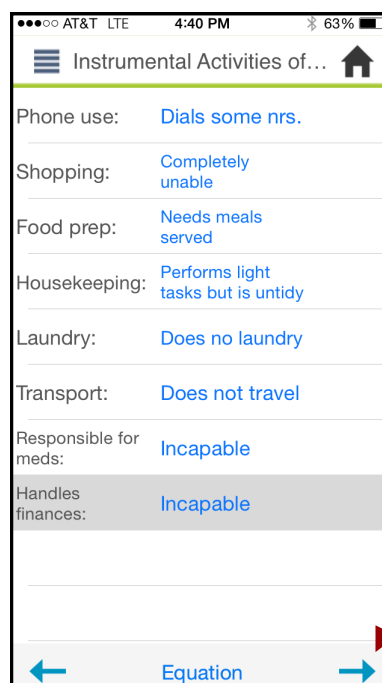
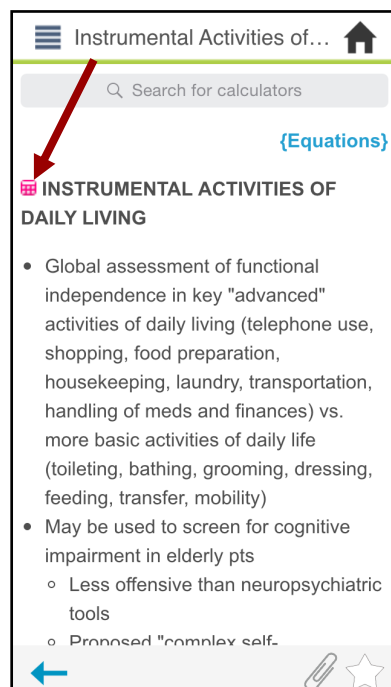
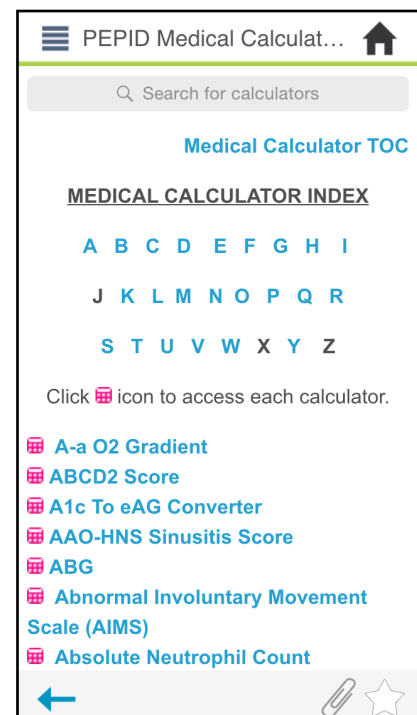
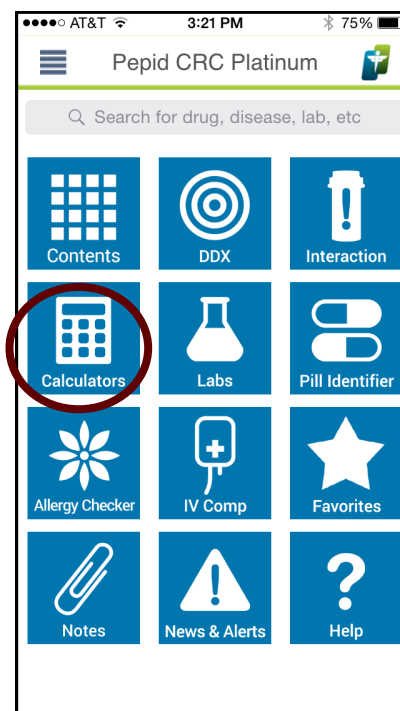
You can use the Table of Contents to look at calculators classified into categories.

You can also click on the calculator icon on the navigation bar to jump to the alphabetical listing of all calculators.

Below is the same IADL calculator as shown on the web version on the previous page.

Click the little calculator icon to open the tool which will score your results.

Images are from the iPhone version of PEPID.



PEPID Calculators

I. ANATOMIC

A. NEUROVASCULAR EQUATIONS

Cerebral Perfusion Pressure
See also NEUROLOGIC SCORES

B. EYES, EARS, NOSE AND THROAT EQUATIONS

Graves' Ophthalmopathy Clinical Activity Score
Centor Criteria Score (Modified)

C. CARDIOVASCULAR EQUATIONS WORK INDEX

Cardiac Work Index
Left
Right
Ventricular Stroke Work Index
Left
Right

VASCULAR RESISTANCE

Pulmo Vasc Resistance
Pulmo Vasc Resistance Index
Systemic Vasc Resistance
Index

PRESSURES

Coronary Perfusion Pressure
Mean Arterial Pressure
Mean Pulmo Arterial Pressure
Pulse Pressure / Product

OTHER

Cardiac Index
Cardiac Output:
Fick Equation
Physiologic
Coronary Heart Disease Risk Factor Score (Female)
Coronary Heart Disease Predictor Score (Male)
Duke Treadmill Score
Ejection Fraction
H.E.A.R.T. Score
Qs/Qt (Shunt, Fraction)
QT Interval Correction
Stroke Volume
Stroke Volume Index

D. INFECTION

MEDS Score

E. RESPIRATORY EQUATIONS

Asthma Severity Score
Asthma Control Score (Adults)
Asthma Score (Peds 4 - 11 yo)
Capacities & Ventilations
Centor Criteria Score(Modified)
Oxygen Calculations
PERC Score
Westley Croup Score
C.U.R.B. 65 Score
C.A.T. Score

F. GASTROINTESTINAL

Alvarado Acute Appendicitis Score
BISAP Score
Rockall GI bleeding Score
Glasgow-Blatchford Upper GI Bleeding Score
Glasgow Pancreatitis Prognostic Criteria
Balthazar Pancreatitis CT Severity

Equations: Pediatric Body Mass Index

(Equations)

PEDIATRIC BODY MASS INDEX
PERCENTILE CURVES IN CHILDREN & ADOLESCENTS

$$BMI = \frac{Wt}{Ht^2}$$

BMI: body mass index (kg/sq.m)
Wt: weight (kg)
Ht: height (m)

Background

1. Indirect used to
2. Data collected 1970s

Interpretation: check percentiles by sex & age group

1. Pediatric

- Boys ☐
 - Select age: [1](#) [2](#) [3](#) [4](#) [5](#) [6](#) [7](#) [8](#) [9](#) [10](#)
- Girls ☐
 - Select age: [1](#) [2](#) [3](#) [4](#) [5](#) [6](#) [7](#) [8](#) [9](#) [10](#)

2. Adolescent

- Boys ☐
 - Select age: [11](#) [12](#) [13](#) [14](#) [15](#) [16](#) [17](#) [18](#) [19](#)
- Girls ☐
 - Select age: [11](#) [12](#) [13](#) [14](#) [15](#) [16](#) [17](#) [18](#) [19](#)

Reference

1. Nelson WE, Behrman RE, Kliegman RM, Arvin AM. Nelson Textbook of Pediatrics,

Peds Girls BMI

Age (y) / %	5th	10th	25th	50th	75th	90th	95th
1	14.7	15	15.8	16.6	17.6	18.6	19.3
2	14.3	14.7	15.3	16	17.1	18	18.7
3	13.9	14.4	14.9	15.6	16.7	17.6	18.3
4	13.6	14.1	14.7	15.4	16.5	17.5	18.2
5	13.5	14	14.6	15.3	16.3	17.5	18.3
6	13.4	13.9	14.5	15.2	16.2	17.4	18.2
7	13.3	13.8	14.4	15.1	16.1	17.3	18.1
8	13.2	13.7	14.3	15	16	17.2	18
9	13.1	13.6	14.2	14.9	15.9	17.1	17.9
10	13	13.5	14.1	14.8	15.8	17	17.8

Pediatric BMI in Girls (age 6 yo)

weight: lbs

height: in

Results

BMI: 15.645 kg/sq.m

Percentile: 50th to 75th

H. CAPACITIES & VENTILATIONS

Alveolar Ventilation
Bohr Equation
Dead Space
Enghoff Equation
Lung Volumes
Minute Ventilation
Respiratory Exchange Ratio
Tidal Volume

I. OXYGEN CALCULATIONS

A-a Gradient
Arterial-Venous O2 Content Diff.
O2 Capacity
O2 Consumption
O2 Consumption Index
O2 Content
Arterial
Capillary
Mixed Venous
O2 Delivery
O2 Delivery Index
O2 Extraction Rate
O2 Tension
Alveolar
Inspired

G. OTHER

Barometric Pressure
ABG
Carbon Dioxide Production
Disease Activity Scale
Dynamic Compliance
Heparin Dosing Weight - Based
Static Compliance
Peak Flow

II. RENAL & ELECTROLYTE EQUATIONS

A. RENAL FUNCTIONS

Body Water Losses
Urinary
Fecal
Insensate
Water Losses in Hypernatremia
Creatinine Clearance / For ED
Fractional Excretion
Potassium
Sodium
Glomerular Filtration Rate
Bjornsson
Cockcroft
Counahan-Barratt
Gates
Hull
Jelliffe
Mawer
MDRD
Schwartz
Shull
Traub
Zhazali-Barratt
Filtration Fraction
Nitrogen
Balance
Urine Loss
Potassium
Urine, Corrected
Transtubular

PEPID Calculators ...continued

B. ELECTROLYTES

Anion Gap
Bicarbonate Deficit
Calcium
Corrected
Protein-Bound
Osmolality, Calculated
Osmolar Gap
Potassium: Total Body
Sodium
Corrected
Deficit
Hyponatremia Management
Water Losses in Hyponatremia

C. ACID BASE

ABG Analysis
Respiratory Acidosis
Compensation
Acute
Chronic
Winter's Formula
Respiratory Alkalosis
Compensation
Acute
Chronic
PCO₂ Compensation Expected
Metabolic Acidosis
Metabolic Alkalosis
Henderson-Hasselbalch Equation
Hydrogen Concentration (Kassirer-Bleich Equation)

D. OTHER

AST/ ALT Ratio
Blood Alcohol Level
Calculated
Predicted
Mass of Pure Ethanol Consumed
Colloid-Oncotic Pressure
HIV Drug Adjustments
Iron Deficit
Low Density Lipoprotein, Cholesterol
Phenytoin Corrected

III. METABOLIC EQUATIONS

A. FLUID COMPARTMENTS

Body Fluid Compartments
Body Water Deficit
Free Water Deficit
Total Body Solutes

B. WEIGHT & MASSES

Body Weight
Adjusted
Ideal
Ideal (Hamwi Method)
Lean Body Weight
Body Mass
Body Mass Index (BMI)
Adult
Pediatric
Lean Body Mass
Body Surface Area
DuBois & DuBois
Gehan & George
Mosteller

Coronary Heart Disease Predictor S...

Equations

Framingham Study: Coronary Heart Disease Predictor Score (Male)

Background

1. Based on the Framingham Heart Study for 10 year risk for developing Coronary Heart Disease
2. Simple coronary disease prediction score uses JNC-V blood pressure and NCEP cholesterol categories to predict 10 year survival multivariate CHD risk in patients without overt CHD.
3. Estimates risk for CHD over a period of 10 years base in men 30-74 years old.

Coronary Heart Disease Predictor S...

Coronary Heart Disease 10 Year Risk %

Questions

1. Age
 - o 35-74
2. Total CHD Risk

1. Patient Point Total

- o <-2 = 2 % 10 yr CHD Risk
- o -2 = 2 % 10 yr CHD Risk
- o -1 = 2 % 10 yr CHD Risk
- o 0 = 3 % 10 yr CHD Risk
- o 1 = 3 % 10 yr CHD Risk
- o 2 = 4 % 10 yr CHD Risk
- o 3 = 5 % 10 yr CHD Risk
- o 4 = 7 % 10 yr CHD Risk
- o 5 = 8 % 10 yr CHD Risk
- o 6 = 10 % 10 yr CHD Risk
- o 7 = 13 % 10 yr CHD Risk
- o 8 = 16 % 10 yr CHD Risk
- o 9 = 20 % 10 yr CHD Risk

CHD Risk Score (Male)

Age: 50-54 yrs

Total Cholesterol: 200-239 mg/dl

HDL-C: 35-44 mg/dl

Blood Pressure: 130-139/85-89 mmHg

Diabetes: Yes

Smoker: Yes

Results

CHD Risk: 10.000

Ten Year Risk: 25 % 10 yr Risk

C. ENERGY

Energy Expenditure
Basal
Total
Caloric Requirements
Non-Protein
Protein
Basal Metabolic Rate
ABG Analysis
Glucose / HbA1C Converter

IV. HEMATOLOGIC EQUATIONS

Absolute Neutrophil Count
Blood Volume
Hemophilia
Factor VIII Dosage
Factor IX Dosage
Mean Corpuscular
Hemoglobin
Hemoglobin Concentration
Volume
Reticulocyte
Percent
Corrected
Absolute Count
Albumin
Serum-Ascites Albumin Gradient
Glycosylated Hemoglobin
HbA1C to Glucose

V. PEDIATRIC EQUATIONS

APGAR
Alvarado Acute Appendicitis Score
Asthma Severity Score
Croup Score
Glasgow Coma Scale
Maintenance Fluids
Peak Flows
Pediatric Risk Indicator
Pediatric Trauma Score
Peds & Adolescent BMI Percentiles
Rochester Criteria
Strep Pharyngitis Probability
Systolic Blood Pressure
Water Losses
Yale Observation Scale

VI. CONVERSION EQUATIONS

Weight
Distance
Volume
Temperature
Pressure
SI Units Conversion
Glucocorticoid Converter
Narcotic Equianalgesic Dosing
Phenytoin Corrected

VII. SCORES

A. Global Assessment Scores

Activities of Daily Living (ADLs)
Barthel Index of ADLs
Katz Index of ADLs
Lawton Physical-Self Maintenance Scale
Instrumental Activities of Daily Living (IADLs)
Drug/ Alcohol use
Alcohol Use Disorders
Identification Test (AUDIT)
AUDIT-C
Brief Michigan Alcoholism Test
CAGE Questionnaire
Clinical Institute Withdrawal Assessment for Alcohol (CIWA-Ar)
CRAFFT Questionnaire
Maddrey Discriminant Function
Opioid Risk Tool

PEPID Calculators ...continued

Problem Severity Index
TWEAK Alcoholism Score

B. Neurologic Scores

AIMS (Abnormal Involuntary Movements Scale)
CHADS2 Primary Stroke Risk in Aspirin-Treated Non-valvular Atrial Fibrillation
Drug Regimen Unassisted Grading Scale (DRUGS)
Dizziness Handicap Inventory
Glasgow Coma Scale
Glasgow Coma Scale (Pediatric)
Los Angeles Prehospital Stroke Screen
Mini Mental Status Exam
NIH Stroke
Pain Assessment in Advanced Dementia (PAINAD)
Premature Infant Pain Profile
Standardized Assessment of Concussion
Tinetti Balance Score

C. Cardiovascular

ATP III Guidelines
Women
Men
Bleeding Probability after TPA or MI
Cardiac Arrest Score
CHADS2 Primary Stroke Risk in Aspirin-Treated Non-valvular Atrial Fibrillation
Coronary Heart Disease Risk Factor Score (Female)
Coronary Heart Disease Predictor Score (Male)
Duke Treadmill Score
Global Registry of Acute Coronary Events (GRACE)
Intracerebral Hemorrhage (ICH) Score
Lee Revised Cardiac Risk Index
PE, Canadian
PE, Geneva
Preoperative Cardiac Risk (ACP)
Well's PE Criteria
Well's DVT Criteria

D. GI Scores

Alvarado Acute Appendicitis Score
Bedside Index for Severity in Acute Pancreatitis (BISAP) Score
Meld Score
Meld Na Score
Peld Score
Ranson's Criteria
Rockall GI bleeding Score
Glucose / HbA1C Converter
Glasgow-Blatchford Upper GI Bleeding Score

E. Dermatological Scores

Braden Pressure Ulcer Risk Assessment
Modified Braden Q Pressure Ulcer Risk Assessment (Peds)
Norton Pressure Ulcer Risk Assessment

F. OB/Gyn Scores

APGAR
Bishop
Edinburg Postnatal Depression Scale
Premature Infant Pain Profile
Greene Climacteric Score
Osteoporosis Screening Tool

AT&T 12:32 PM 100%

Creatinine Clearance for ED

Age: 72 yr

Weight: 125 lb

Plasma Cr: 1.2 mg/dL

Results

Female: 37.924 ml/min

Male:

normal range: 90-130 ml/min

Home Previous DDX DIG More

G. Orthopedic Scores

Disease Activity Score for Rheumatoid Arthritis (DAS 28)
Ottawa Knee Rule
Ottawa Foot Rule
Ottawa Ankle Rule

H. Urology Scores

AUA BPH Symptom Score

I. Infection Scores

Centor Criteria (Modified)
Community-Acquired Pneumonia Mortality Risk for Adults
Croup (Pediatric)
C.U.R.B 65 Score
MEDS Score
Pneumonia Severity Index
Sinusitis
Strep Pharyngitis Probability

J. Psychiatric Scores

Brief Psychiatric Rating Scale
Brief Fatigue Inventory
Edinburgh Postnatal Depression Scale
Geriatric Depression Scale
Problem Severity Index
SAD PERSONS Scale
Suicide Ideation Scale

K. Respiratory

Asthma Severity Score
Asthma Control Score (Adults)
Asthma Score (Peds 4 - 11 yo)
C.A.T. Score
Pram Score

Westley Croup Score

L. Trauma

Apache II
CRAMS
Glasgow Coma Scale
Glasgow Coma Scale (Pediatric)
Injury Severity Score (ISS)
Mangled Extremity Severity Score
Modified Injury Severity Score (MISS)
Pediatric Risk Indicator
Pediatric Trauma Score
Prehospital Index
Revised Trauma
Standardized Assessment of Concussion
Trauma
Trauma Infant Neurologic Score (TINS)
TRISS (Trauma Score - Injury Severity Score)
Blunt Trauma
Penetrating Trauma
Others
Snakebite Severity Score

VIII. OTHER EQUATIONS

A. Ascites

Serum-Ascites Albumin Gradient

B. Bayes Theorem

C. Burns

Estimated Affected Area
Fluid Mgmt: Parkland Formula

D. Carboplatin AUC

Calvert Formula
French Formula

E. Critical Care Equations

CO (cardiac output)
CI (cardiac index)
MAP (mean arterial pressure)
MPAP (mean pulmonary artery pressure)
PVR (pulmonary vascular resistance)
SVR (systemic vascular resistance)
CaO2 (arterial O2 content)
CvO2 (mixed venous O2 content)
C(a-v)O2 (arterial-venous difference)
O2 capacity
O2 consumption
Qs/Qt (shunt fraction)

F. Erectile Dysfunction Test

G. Heparin Dosing, Weight-Based

H. Intravenous (IV)

Dosing Calculators
Drip Rate
Drip Rate Conversion
Reverse Dosing Calculator

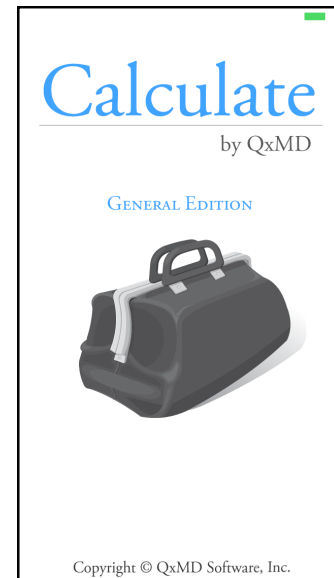
I. Pregnancy:

Expected Date of Delivery
Expected Gestational Age

Other Calculators

The availability of calculators exceeds the need. Most of the resources mentioned previously attempt to address the calculator needs of all specialties. As mentioned, many resources license and provide standard calculators created by **EBMcalc**. Others, like **Essential Evidence Plus** and **PEPID**, create their own. Some curate select calculators and provide links to those tools like **Pediatric Care Online**, listed below.

There is one free app that is worth mentioning. **QxMD** creates a nice set of 150 calculators in their free **Calculate** app. Their calculators are very easy to use and easy to read.



Access Medicine Calculators

Absolute Neutrophil Count
Anion Gap
APACHE II
BEE (Basal Energy Expenditure)
BMI
Body Surface Area
Calcium Salt Equivalents
Coronary Heart Disease Risk
Corrected Calcium
Creatinine Clearance
Fractional Excretion of Sodium
Free Water Deficit
GFR (Glomerular Filtration Rate)
Glasgow Coma Score
IBW (Ideal Body Weight)
IV Infusion Rate
Mean Arterial Pressure
Metric Standard Conversion
Oxygenation
Pregnancy Due Date
Serum Osmolality
SI/CU Conversion
Sodium Level Correction in Hyperglycemia
Steroid Equivalence
Temperature Conversion

Pediatric Care Online Calculators

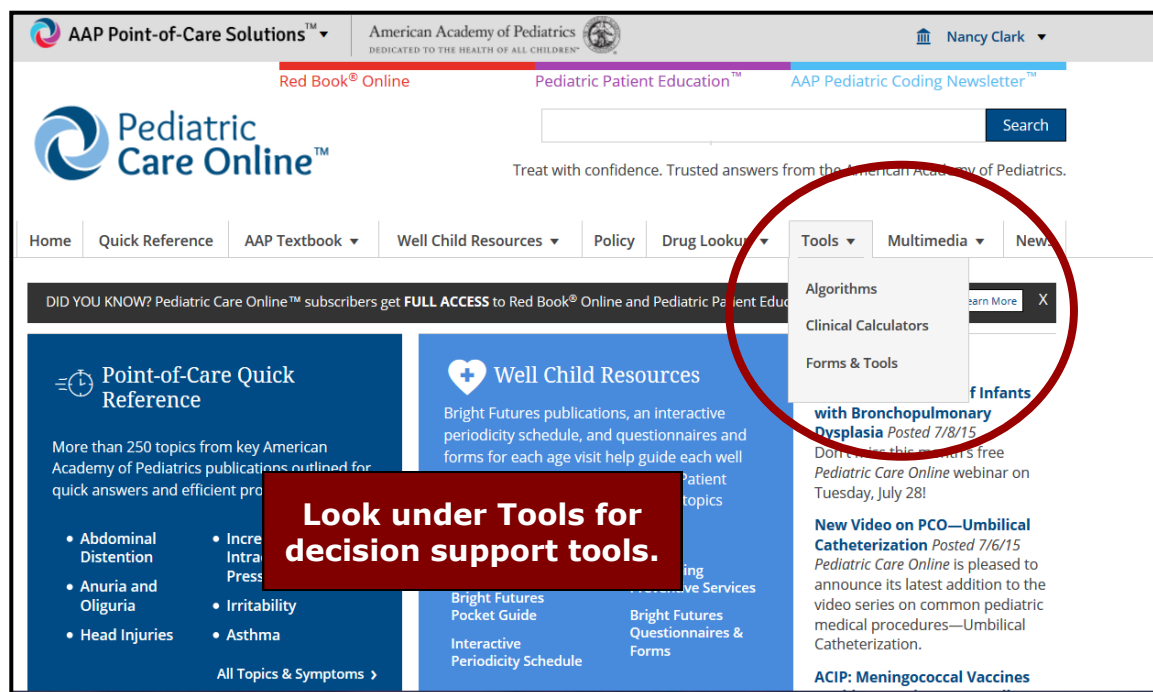
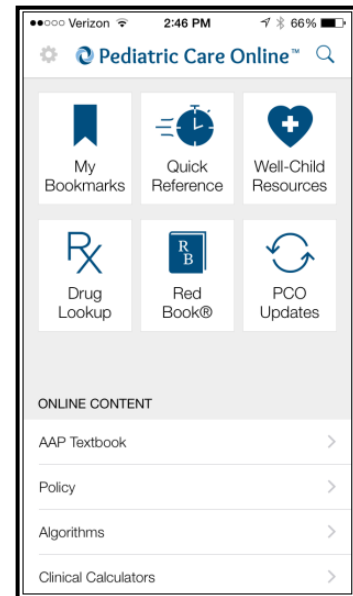
2x2 Contingency Table (Web page) VassarStats
Ballard Maturational Assessment of Gestational Age (Web page) MedCalc
Bayesian Analysis Model (Web page) MedCalc
BiliTool™ (Web page) BiliTool, Inc.
BMI Calculator for Child and Teen (Web page) Centers for Disease Control and Prevention
Body Surface Area, Body Mass Index (BMI) (Web page) MedCalc
Catch-up Immunization Scheduler - for children 6 years and younger (Web page) Centers for Disease Control and Prevention
Clinical Risk Index for Babies (CRIB II) (Web page) SFAR
Duke Criteria for Infective Endocarditis (Web page) MedCalc
Endotracheal Tube & Umbilical Catheter (Web page) NICU Tools
Extremely Preterm Birth

Outcome Data (Web page) National Institutes of Health
Instant Childhood Immunization Scheduler - for children 6 years and younger (Web page) Centers for Disease Control and Prevention
IV Infusion Rate (Web page) MedCalc
Neonatology on the Web (Web site) Neonatology on the Web
Open Source Epidemiologic Statistics for Public Health (Web page) OpenEpi
Peak Expiratory Flow (Web site) Cornell University
Pneumothorax (Web page) Chest X-ray - Your Thoracic Imaging Resource
Quality Dividend Calculator™ (Web page) National Committee for Quality Assurance
UBC Clinical Significance Calculator (Web site) University of British Columbia

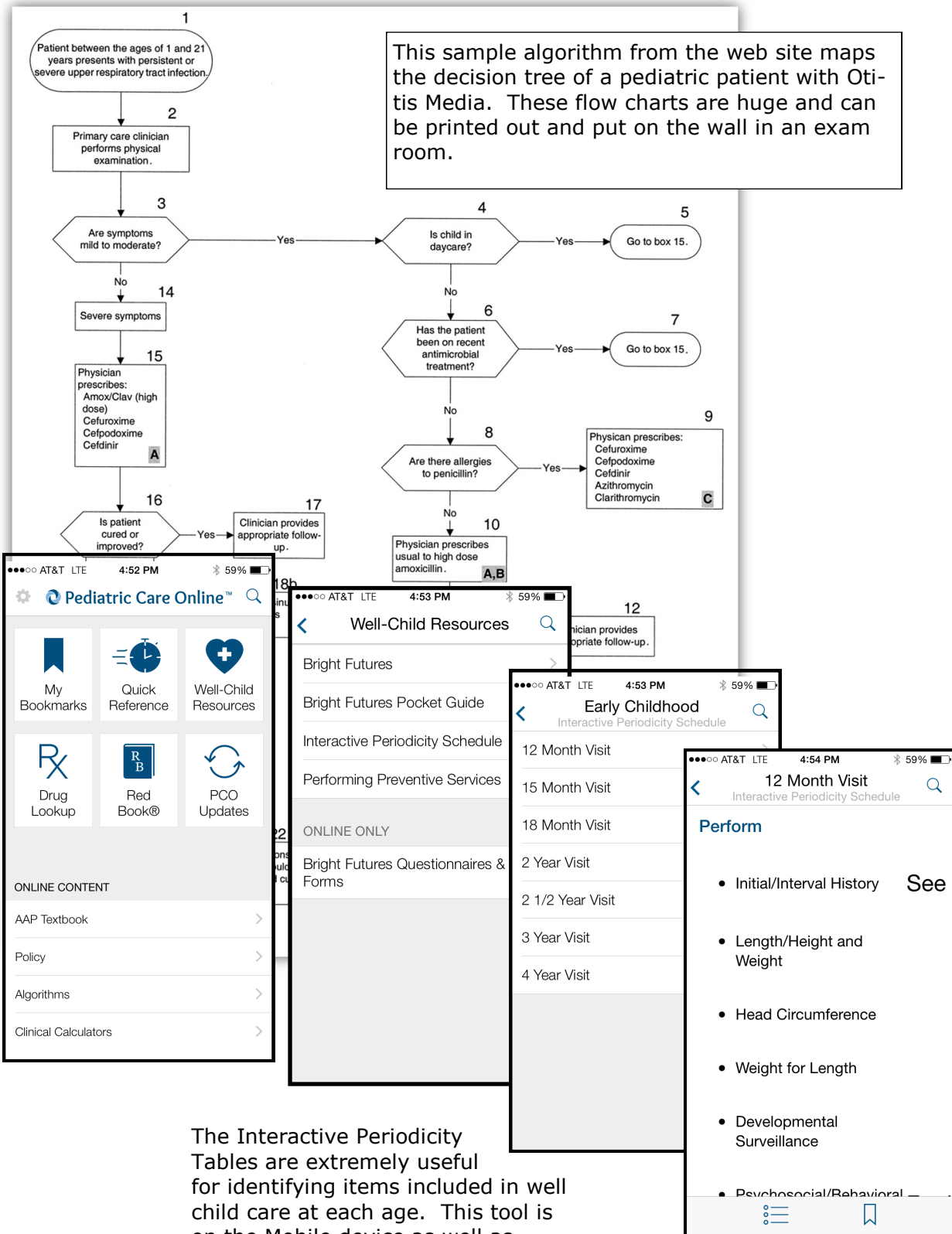
Pediatric Care Online

Pediatric Care Online, a product of The American Academy of Pediatrics (AAP), integrates many different pediatric decision support resources for quick access both online and on the mobile device. The web site has many more resources than the mobile device version.

- Point-of-Care Quick Reference – Over 240 select topics taken from the AAP Textbook of Pediatric Care outlined for quick retrieval of information
- The new AAP Textbook of Pediatric Care – Over 3000 pages of detailed information and recommendations
- Bright Futures – Comprehensive health supervision guidelines to help make the most of well-child visits
- Red Book Content– Detailed information from the AAP Red Book on over 200 childhood infectious diseases
- Interactive Periodicity Schedule – Interactive chart providing preventive screening and recommended actions for each well-child visit
- Clinical Calculators—calibrated for pediatrics, such as BMI
- Signs & Symptoms Search – Quickly suggests diagnoses based on selected signs and symptoms
- Patient Handouts - Hundreds of patient handouts with easy to read explanations for many conditions and procedures
- Forms & Tools - Hundreds of resources to help screen, track, and record clinical information
- Algorithms — Decision support for a number of pediatric conditions. See sample next page



Pediatric Care Online



The Interactive Periodicity Tables are extremely useful for identifying items included in well child care at each age. This tool is on the Mobile device as well as

Diagnostic Test/Laboratory References

There are three handy resources that provide information about diagnostic testing: **Access Medicine** online and mobile, **PEPID** Online and mobile, and the Lab tab in **Epocrates Essentials** on the Mobile device. These are similar in that they include information on each test to include a basic description, reference range, how to interpret the test, prep and collection methods, and the cost of the test.

Access Medicine's Dx Test

Featuring the content of *Pocket Guide to Diagnostic Tests*, 6th ed., by Diana Nicoll, Stephen J. McPhee, Michael Pignone, and Chuanyi Mark Lu, this resource has the largest number and type of diagnostic test provided. It includes imaging tests, microbiology cultures, as well as diagnostic algorithms.

Urinary Tract Infection		Example Microbiology Reference	
Organism	Specimen/Diagnostic Tests	Comments	
Urinary tract infection (UTI)/cystitis/pyuria-dysuria syndrome Key Enterobacteriaceae (GNR, especially <i>E coli</i>), <i>Chlamydia trachomatis</i> , <i>Staphylococcus saprophyticus</i> (GPC) (in young women), enterococcus (GPC), group B streptococci (GPC), candida sp. (yeast), <i>N gonorrhoeae</i> (GNCB), HSV, adenovirus, <i>Corynebacterium glucuronolyticum</i>	Urinalysis and culture reveal the two most important signs: bacteriuria and pyuria (>10 WBCs/mL). 30% of patients have hematuria. Cystitis (95%) is diagnosed by $\geq 10^5$ CFU/mL of bacteria; other urinary infections (90%) by $\geq 10^3$ CFU/mL. Culture is generally not necessary for uncomplicated cystitis in women. Combination of current symptoms (eg, dysuria, frequency, and hematuria) and prior history yields a $\geq 90\%$ probability of UTI. However, pregnant women should be screened for asymptomatic bacteriuria and promptly treated. Both Gram stain for bacteria and dipstick analysis for nitrite and early in detecting UTI in children and for pyuria. Nitrite or leukocyte of patients with bacteremia.	Most men with UTIs have a functional or anatomic genitourinary abnormality. In catheter-related UTI, cure is unlikely unless the catheter is removed. In asymptomatic catheter-related UTI, antibiotics should be given only if patients are at risk for sepsis (old age, underlying disease, diabetes mellitus, pregnancy). Up to one-third of cases of acute cystitis have "silent" upper tract involvement. Am J Med 1999;106:636. BMJ 1999;318:770. Nephrol Dial Transplant 1999;14:2746. J Clin Microbiol 1999;37:3051.	

Thyroid-Stimulating Hormone		Example Laboratory Reference	
Test/Range/Collection	Physiologic Basis	Interpretation	Comments
Thyroid-stimulating hormone, serum (TSH; thyrotropin) 0.4–6 μ U/mL [mU/L] Marbled \$\$ Key	TSH is an anterior pituitary hormone that stimulates the thyroid gland to produce thyroid hormones. Secretion is stimulated by thyrotropin-releasing hormone from the hypothalamus. There is negative feedback on TSH secretion by circulating thyroid hormone.	Increased in: Hypothyroidism. Mild increases in recovery phase of acute illness. Decreased in: Hyperthyroidism. Drugs: dopamine, amiodarone	Newer sensitive assays can detect low enough levels of TSH to be useful in the diagnosis of hyperthyroidism as well as hypothyroidism and in the diagnosis of subclinical hypothyroidism. In children and adolescents, TSH levels should be performed in children with suspected infection, and patients with diabetes or renal stones. (See Diagnosis and Management of Diabetes Mellitus .) In patients with diabetes or renal stones, TSH levels should be performed in children with suspected infection, and patients with diabetes or renal stones. (See Diagnosis and Management of Diabetes Mellitus .)

Example Imaging Reference				
Test	Indications	Advantages	Disadvantages/Contraindications	Preparation
NECK Computed tomography (CT) \$\$\$\$ Key	Evaluation of the upper aerodigestive tract. Staging of neck masses for patients who are not candidates for MRI. Evaluation of suspected abscess.	Rapid. Superb spatial resolution. Can guide percutaneous fine-needle aspiration of possible tumor or abscess.	Adequate intravenous contrast enhancement of vascular structures is mandatory for accurate interpretation. Contraindications and risks: Contraindicated in pregnancy because of the potential harm of ionizing radiation to the fetus. See Risks of CT and Angiographic Intravenous Contrast Agents .	Normal hydration. Sedation of agitated patients. Recent serum creatinine determination.

PEPID Lab Manual

PEPID contains an excellent lab manual both online and on the Mobile device. Use the Lab icon or table of contents to go to the Lab Manual Index and find the test.

The screenshot shows the PEPID web application interface. At the top, there is a search bar with the text "search for drug, disease, lab, etc" and a dropdown menu set to "All". To the right of the search bar, there are links: "Medical Cal...", "PEPID Medical Cal...", and "Instrumental Acti...". Below the search bar is a navigation bar with tabs: "Favs/Notes", "TOC", "Interactions", "Allergy", "Med Calcs", "DDx", "IV Compat", "Labs", "Pill ID", and "DTCO". The "Labs" tab is selected. Below the navigation bar is a section titled "Favorites" with a dropdown arrow. To the right of "Favorites" is the "Lab Manual Index" section. It includes a link "Lab Manual TOC" and a list of tests: "A1c", "Acanthocytes, Blood Smear", "Acetaminophen", "Acid Phosphatase", "Agglutination, Blood Smear", "AIDS", and "Albumin".

The screenshot shows the iPhone version of the PEPID application. The top navigation bar is the same as the web version. Below it is a section titled "Subsections" with a list of items: "Critical Values", "Description", "Normal Ranges", "Interpretation High", "Interpretation Low", "Related Tests", "Equations", "Physiology", and "Tech Info". The "Normal Ranges" subsection is selected. The main content area displays the "Total Calcium Measurement, Serum" page. It includes a "Critical Values" section with two items: "1. High: >12 mg/dL [SI: > 2.99 mmol/L]" and "2. Low: < 7 mg/dL [SI: < 1.75 mmol/L]". It also includes a "Description" section with three items: "1. Evaluates total calcium concentration in serum", "2. Represents bound and unbound calcium", and "3. First-line test for evaluating calcium abnormalities". The "Normal Reference Ranges" section is also visible. A sidebar menu is open, showing options: "Home", "Differential Diagnosis", "Drug Interactions", "History", and "More...". The "Creatinine Measurement" section is highlighted, showing a list of subsections: "Critical Values", "Description", "Normal Ranges", "Interpretation High", "Interpretation Low", "Related Tests", "Equations", "Physiology", and "Tech Info". The "Normal Reference Ranges" section is also visible, showing a list of ranges for "1. Adult" and "2. Pediatric".

iPhone version of Creatinine

Diagnostic Test/Laboratory References

Epocrates App Lab Tab



Labs

Epocrates Lab provides only laboratory test information, but they include Panels, which the students, unfamiliar with what is on a specific panel, find very useful. You can look up a test by name or look up the panel and pick tests from the list of tests on the panel. Included in the content on each test under **Basics** is a list of panels in which this test is normally included. Cost information is very specific including the cost of both the individual test and the various panels it is in. The ICD-9 codes for those diseases for which most payers will cover the lab test are provided under the **Cost/Billing** section.

You can also **Browse the Lab by Panel Types** to see the labs in each panel.

Exercise for Practice

A basic metabolic panel reveals that a 30 year old man suffering from bipolar disorder has a serum calcium level of 10.9 mg/dL. He is taking lithium and valproate. Could his medications be a factor?

Search or browse specimen type or panels

Note Add to Favorites star

Interpretation is linked to the **Rx** drug monographs and **Dx** disease reference sections of Essentials Click on the **> symbol** to bring up a page containing interpretation for that Dx. Use button at top to go **Back**.

Under **Cost/Billing** are **Commonly Associated ICD-9** codes to help in coding for ordering the labs.