

BMJ Best Practice

Apoyo a la decisión clínica en el punto de atención

Helena Delgado-Cohen
Clinical Engagement Lead and Editor
BMJ

Agenda

- Medicina basada en la evidencia
- BMJ Best Practice y el Gestor de comorbilidades
- Demo
- Apoyo al equipo multidisciplinar- Síndrome de Fragilidad
- Preguntas

Medicina basada en la evidencia



Sackett describió la toma de decisiones clínicas basadas en la evidencia como algo que también tiene en cuenta la experiencia clínica



Satterfield et al. identificaron tres componentes clave dentro del contexto específico donde se ofrece la atención médica

A hand holding a flag that says "HELP" over a sea of papers. The image is monochromatic, with a blue tint. The hand is positioned in the lower-left quadrant, holding a wooden pole that supports a white pennant flag. The flag is tilted upwards and to the right, with the word "HELP" written in bold, black, sans-serif capital letters. The background is a vast, chaotic sea of crumpled and scattered white papers, some of which have faint text and tables visible. The overall composition suggests a sense of being overwhelmed by a large volume of information or a desperate plea for assistance.

HELP

150,000 artículos/mes
10,000's RCTs/año

De media, pueden pasar hasta 17 años desde que el nuevo conocimiento clínico se incorpora a la práctica asistencial rutinaria

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

Retos en atención primaria

Por qué el soporte a la toma de decisiones es más importante que nunca



- **Aumento de las enfermedades crónicas** y el envejecimiento de la población
- **Incremento de la multimorbilidad** y de las necesidades complejas de los pacientes
- **Presión por mejorar los resultados** y reducir los costes
- **Variabilidad en la práctica** y en la calidad de la atención
- **Limitaciones de tiempo**

Retos en la atención sanitaria

Por qué el soporte a la toma de decisiones es más importante que nunca

→ Uso de fuentes no fiables (chatGPT's health, summaries google AI)

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Google AI Overviews put people at risk of harm with misleading health advice

Exclusive: Inaccurate information presented in summaries, Guardian investigation finds

Andrew Gregory Health editor
Fri 2 Jan 2026 18:00 CET

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© The Guardian uncovered several cases of inaccurate health information in Google's AI Overviews. Photograph: Caia Image/Getty

People are being put at risk of harm by false and misleading health information in Google's artificial intelligence summaries, a Guardian

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'Dangerous and alarming': Google removes some of its AI summaries after users' health put at risk

Exclusive: Guardian investigation finds AI Overviews provided inaccurate and false information when queried over blood tests

Andrew Gregory Health editor
Sun 11 Jan 2026 08:00 CET

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© Google has said AI Overviews, which use generative AI to provide snapshots of information on a topic or questions, are "helpful and reliable". Photograph: iStockphoto.com

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News

ChatGPT's health AI has dangerous flaws, study warns

BMJ 2026; 392 doi: <https://doi.org/10.1136/bmj.s438> (Published 04 March 2026)
Cite this as: BMJ 2026;392:s438

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Stephen Armstrong

Author affiliations

The safety of ChatGPT's specifically trained healthcare AI has come into question after researchers found it had considerable and potentially dangerous flaws.

ChatGPT Health is Open AI's chatbot for health advice. But a recent study, published in *Nature Medicine*,¹ found problems with accuracy and safety, as well as race bias.

"We tested ChatGPT Health on 60 clinical scenarios across 21 specialties, each run 16 times under different conditions, varying patient race, sex, whether labs were included, if a family member minimised symptoms, whether they were babysitting and couldn't go to a doctor, and so on," the trial's lead researcher Ashwin Ramaswamy told *The BMJ*.

"ChatGPT Health is most reliable when the clinical decision is least consequential, and least reliable when it matters most."

The team found the AI called a severe asthma exacerbation "a moderate flare" and recommended an urgent care rather than emergency department visit in 81% of attempts.¹

While it handled textbook emergencies well, including stroke and anaphylaxis, where the danger is immediately obvious, and was excellent at recognising routine cases that needed a doctor's attention, it failed at emergencies and non-urgent cases.

Over half the time it told patients who needed to go to an emergency department to stay home or book an appointment. Almost two thirds of the time it sent patients with mild, self-limiting conditions to urgent care. It failed

¿Qué es BMJ Best Practice?



Herramienta generalista para el manejo de pacientes, particularmente útil para:

- **Médicos de atención primaria**
- **Equipos multidisciplinares** (medicina, enfermería, farmacia, fisioterapia, psicología, nutrición, etc.)
- **Médicos residentes**
- **Especialistas que trabajan fuera de su especialidad**

Estructurada de manera única en torno a la consulta con el paciente, ofrece asesoramiento sobre la evaluación de síntomas, la solicitud de pruebas y el enfoque del tratamiento.

- Clasificada como una de las mejores herramientas de apoyo a la toma de decisiones clínicas para profesionales de la salud a nivel mundial*
- Obtuvo la puntuación más alta en un estudio independiente de herramientas de apoyo a la toma de decisiones diagnósticas**

* Providing Doctors With High-Quality Information: An Updated Evaluation of Web-Based Point-of-Care Information Summaries. J Med Internet Res. 2016 Jan 19;18(1):e15. doi: 10.2196/jmir.5234. PMID: 26786976

** Evaluating online diagnostic decision support tools for the clinical setting. Stud Health Technol Inform. 2012;178:180-5. PMID: 22797039



Enfocada en lo que es importante para los profesionales sanitarios



Rapidez – Encuentra respuestas de manera rápida y precisa



Contenido práctico y accionable - información para usar a pie de cama



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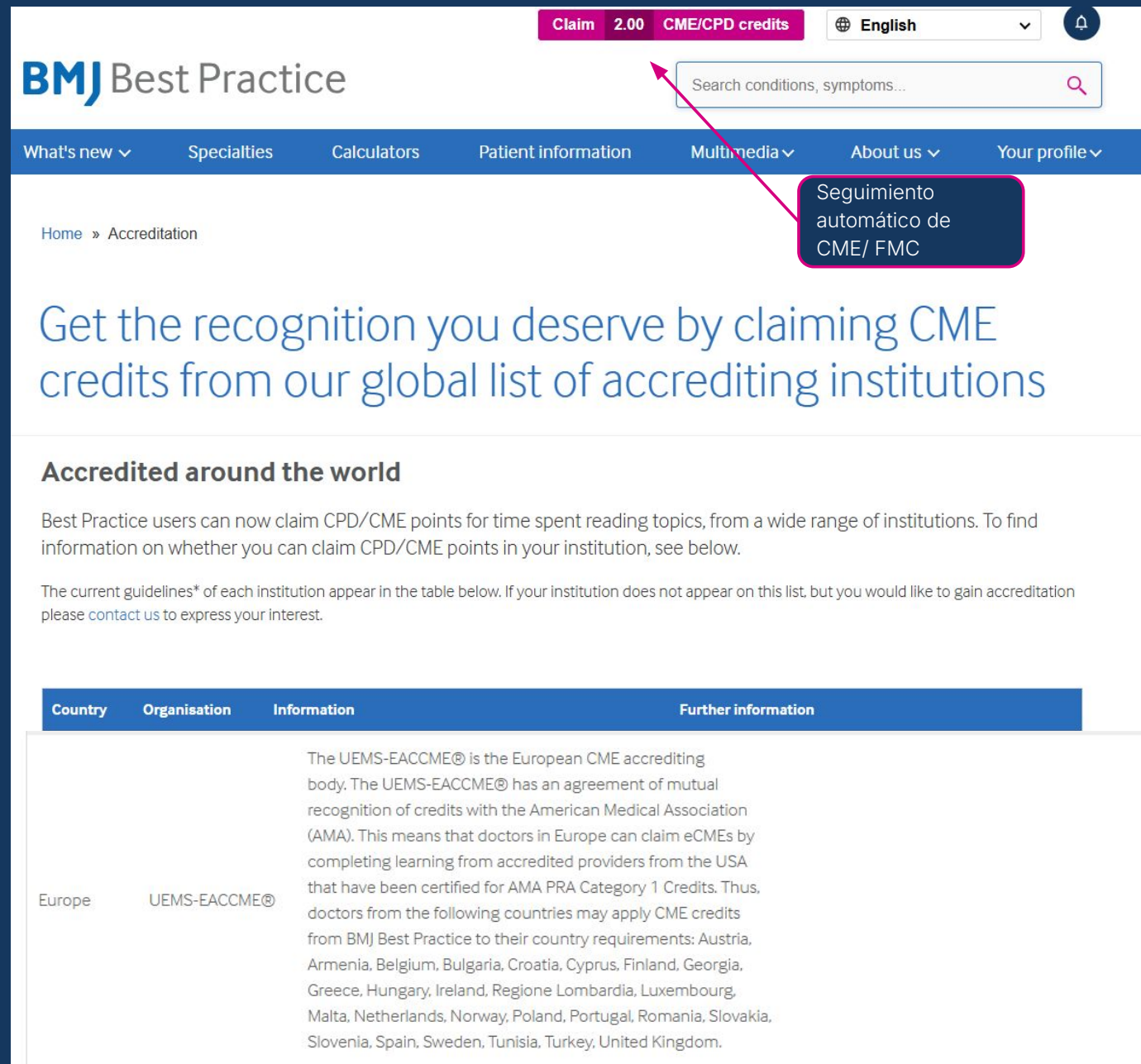


It's no understatement to say that this app (and the website) is responsible for getting me through medical school. Our medical school provides free access



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PDFs imprimibles

Estructura única que sigue el flujo del trabajo clínico

Insuficiencia cardíaca aguda

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DESCRIPCIÓN GENERAL	TEORÍA	DIAGNÓSTICO	MANEJO	SEGUIMIENTO	RECURSOS
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Última revisión: 28 Sep 2025

Última actualización: 03 Jul 2024

ACTUALIZACIONES IMPORTANTES

Resumen

Alertas para actualizaciones importantes que pueden cambiar la práctica.

Insuficiencia cardíaca aguda es un síndrome clínico de reducción del gasto cardíaco, congestión tisular, aumento de la presión pulmonar y congestión tisular.

Se presenta con disnea, disminución de tolerancia al ejercicio, hinchazón de las piernas, fatiga y edema generalizada.

El diagnóstico clínico viene respaldado por pruebas complementarias, como el electrocardiograma (ECG), la radiografía de tórax (RT), la medición del péptido natriurético tipo B (BNP) y el ecocardiograma. En los casos en que las imágenes ecocardiográficas son subóptimas o cuando se sospecha una causa inusual de insuficiencia cardíaca, y para el diagnóstico de cardiomiopatías específicas, se utilizan otras pruebas (p.ej., cateterismo cardíaco con mediciones hemodinámicas, tomografía computarizada e imágenes por resonancia magnética cardíaca).

Los diuréticos, el oxígeno y los vasodilatadores son tratamientos iniciales para el alivio de los síntomas. El shock cardiogénico puede requerir fármacos vasoactivos, ventilación mecánica o soporte circulatorio mecánico.

Si se ha producido un infarto agudo de miocardio, es esencial una revascularización precoz.



Diferenciales

- Neumonía
- Embolia pulmonar
- Asma

Más Diferenciales

Guías de práctica clínica

- 2023 Focused update of the 2017 ACC/AHA Guidelines for the diagnosis and treatment of acute and chronic heart failure

Enlaces rápidos a información relevante: diferenciales, guías clínicas, folletos para pacientes, calculadoras y más.



Recent updates

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

ALL UPDATES

IMPORTANT UPDATES

UPDATES BY SPECIALTY

30 Jan 2026

📌 Antiparasitic monotherapy recommended as treatment option for select cases of cystic echinococcosis

Topic: [Tapeworm infection](#)

28 Jan 2026

📌 European guidance lowers the bar for starting antiviral therapy in chronic HBV

Topic: [Hepatitis B](#)

28 Nov 2025

📌 FDA approves novel antipsychotic lumateperone as a new adjunctive treatment for depression

Topic: [Depression in adults](#)

28 Oct 2025

📌 AMT-130 gene therapy slows disease progression in patients with Huntington's disease

Topic: [Huntington's disease](#)

22 Oct 2025

📌 FDA approves nerandomilast for treatment of idiopathic pulmonary fibrosis in adults

Topic: [Idiopathic pulmonary fibrosis](#)



Search results for: cough

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- Português
- Español

Español

Showing 1-10 of 417 results

[< Previous](#) [1](#) [2](#) [3](#) [4](#) [5](#) [Next >](#)**Evaluación de la tos crónica**

La tos es uno de los síntomas más comunes que se presentan en la atención primaria. La tos subaguda se define como la tos que persiste durante 3-8 semanas, y la tos crónica como la que persiste durante más de 8...

[→ Diferenciales](#)**Bronquitis aguda**

Se define a la bronquitis aguda como una infección autolimitada de las vías respiratorias bajas, a fin de diferenciar esta afección de los resfriados comunes y demás enfermedades de las vías respiratorias altas. El...

[→ Signos y síntomas](#) • [Pruebas diagnósticas](#) • [Diferenciales](#) • [Algoritmo de tratamiento](#)**Resfriado común**

Inflamación aguda autolimitada de la mucosa de las vías respiratorias altas que puede afectar a nariz, garganta, senos paranasales, laringe o a todos ellos. Raramente se puede caracterizar a esta afección por un conjunto...

[→ Signos y síntomas](#) • [Pruebas diagnósticas](#) • [Diferenciales](#) • [Algoritmo de tratamiento](#)**Asma en niños**

El asma es una enfermedad respiratoria crónica que se caracteriza por una inflamación de las vías respiratorias variable, una hiperreactividad y una obstrucción de las vías respiratorias. Estas características interactúan par...

[→ Signos y síntomas](#) • [Pruebas diagnósticas](#) • [Diferenciales](#) • [Algoritmo de tratamiento](#)**Aspiración aguda**

La aspiración es la inhalación de partículas líquidas o sólidas, particularmente alimentos o contenido gástrico, en las vías respiratorias debajo de las cuerdas vocales. Puede provocar neumonitis por aspiración (lesión químíc...

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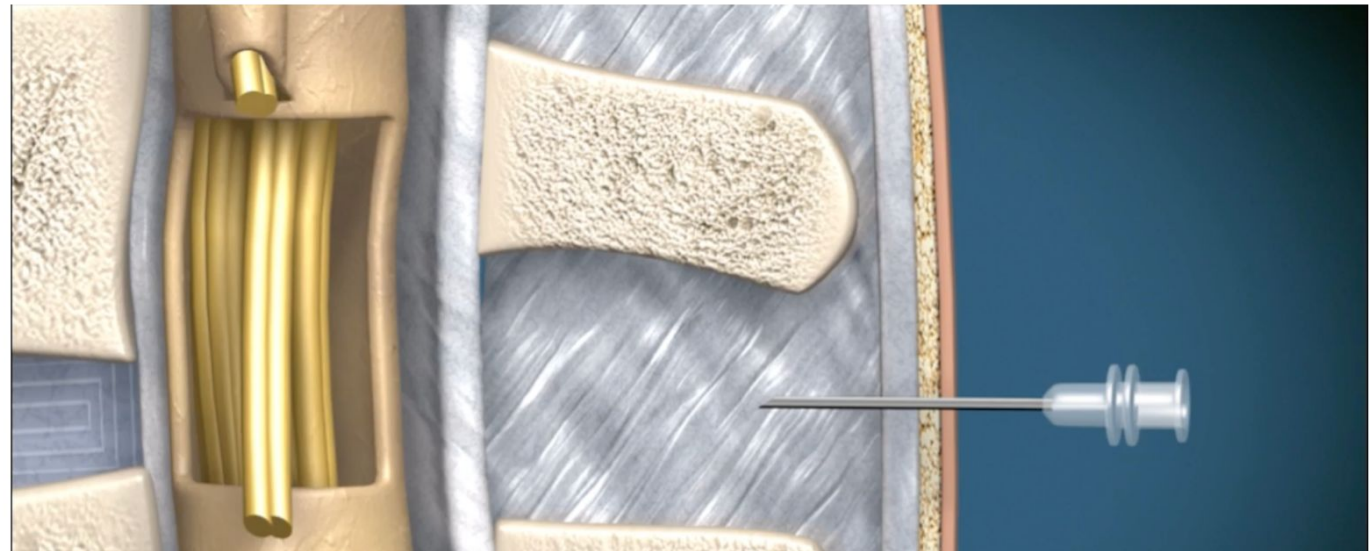


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Vídeos cortos que explican cómo realizar procedimientos médicos habituales

← Videos

Diagnostic lumbar puncture in adults: animated demonstration



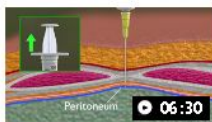


Videos

Watch videos on common clinical procedures. Videos include a list of equipment, complications, and patient care.

Videos

Podcast



Abdominal paracentesis animated demonstration

Demonstrates how to perform diagnostic and therapeutic abdominal paracentesis.

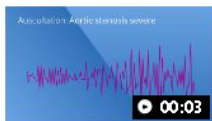
06:30



Aortic regurgitation (severe)

Auscultation sounds: Aortic regurgitation (severe)

00:03



Aortic stenosis (severe)

Auscultation sounds: Aortic stenosis (severe)

00:03



Apraxia of speech

Iankova V, et al; Movement Disorder Society-endorsed PSP Study Group. Parkinsonism Relat Disord 2020 Sep;78:200-3; used with permission

00:47



Aspiration and injection of the knee animated demonstration

How to aspirate synovial fluid from the knee and administer intra-articular medication using a medial approach.

04:41

Enfermedad pulmonar obstructiva crónica (EPOC)

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Folletos para el paciente

[Bronquitis \(en español\)](#)[Bronchitis \(in English\)](#)[EPOC: preguntas para formularle al médico \(en español\)](#)[COPD: questions to ask your doctor \(in English\)](#)[Abandono del hábito de fumar \(en español\)](#)[Stopping smoking \(in English\)](#)

Demo



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Ranked one of the best clinical decision support tools for health professionals worldwide, BMJ Best Practice provides step-by-step guidance on diagnosis, treatment and prevention.

Updated daily using robust evidence-based methodology and expert opinion, BMJ Best Practice provides you with access to the very latest clinical information.

Important updates

14 Mar 2025

[Smoking cessation](#)

14 Mar 2025

NICE recommends cytisinicline for smoking cessation, expanding treatment options for clinicians in the UK

The National Institute for Health and Care Excellence (NICE) has updated its guidelines on smoking cessation, now recommending cytisinicline (also

Además del desafío de
mantenerse al día con la
evidencia...

También existe un problema
....las comorbilidades

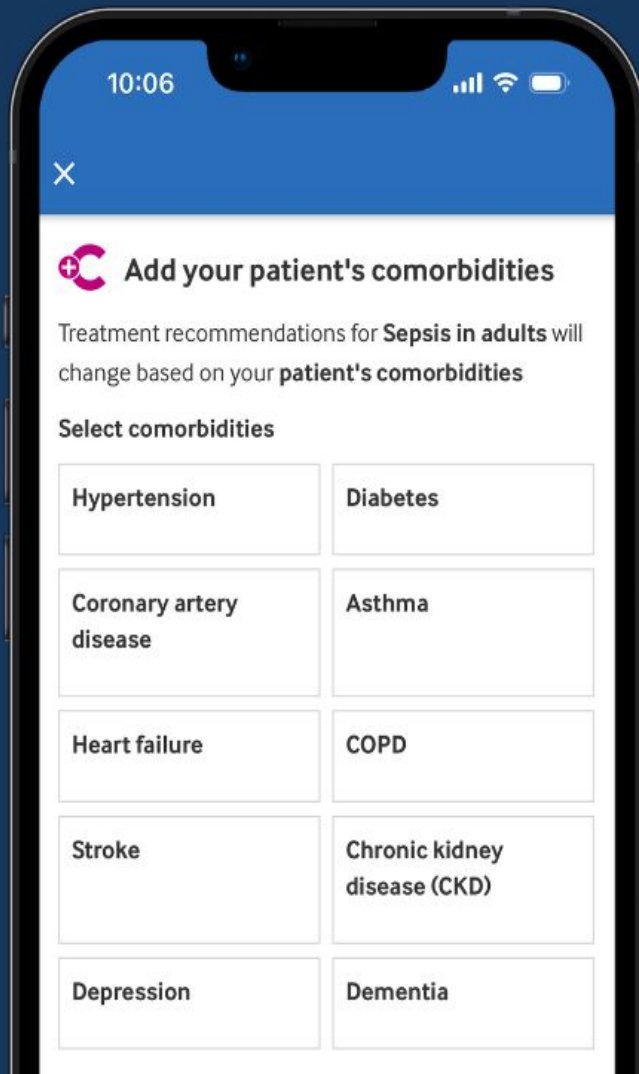
Comorbilidades en el entorno de agudos

La mayoría de los ingresos en unidades de agudos presentan multimorbilidad; sin embargo, los recursos siguen centrados en la patología aislada.

Cuando no se tienen en cuenta las comorbilidades, los pacientes reciben una **atención subóptima**, lo que conduce a **peores resultados clínicos**. Las comorbilidades también se asocian con **estancias hospitalarias más prolongadas**.



Gestor de comorbilidades de BMJ Best Practice



- Invita a considerar las comorbilidades del paciente al acceder a la información de tratamiento sobre una enfermedad aguda
- Añadiendo las comorbilidades del paciente obtienes al instante un plan de manejo personalizado
- Ayuda a los profesionales sanitarios a tratar al paciente de forma integral al gestionar enfermedades agudas
- **Trata con confianza para mejorar los resultados del paciente**

“



Tratar cada patología de forma aislada conlleva peores resultados clínicos y una duplicidad de procesos que sobrecarga el sistema sanitario. A pesar de ello, la formación universitaria, los equipos asistenciales y las guías de práctica clínica siguen estructurados por órganos o enfermedades individuales”

Christopher J M Whitty
Chief Medical Officer for England

Combinaciones



+500
Combinaciones por
tema

Algoritmo de tratamiento

+ **Agregue las comorbilidades de su paciente** para obtener recomendaciones adaptadas de tratamiento ^

! Si su paciente está embarazada o es un niño, no seleccione las comorbilidades con esta herramienta. Utilice el algoritmo estándar y solicite el consejo de un especialista sobre las comorbilidades.

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Insuficiencia cardíaca | <input type="checkbox"/> Depresión |
| <input type="checkbox"/> Enfermedad renal crónica (ERC) | <input type="checkbox"/> Accidente cerebrovascular | <input type="checkbox"/> Demencia |
| <input type="checkbox"/> Hipertensión | <input type="checkbox"/> Enfermedad pulmonar obstructiva crónica (EPOC) | |
| <input type="checkbox"/> Arteriopatía coronaria | <input type="checkbox"/> Asma | |

OTRAS CONSIDERACIONES

- Sospecha de fragilidad
- Dependencia del tabaco

38,300+

Combinaciones de
algoritmos de
tratamiento

BMJ Best Practice
es la única herramienta
diseñada para abordar las
comorbilidades

Exacerbación aguda de la enfermedad pulmonar obstructiva crónica

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Algoritmo de tratamiento

Agregue las comorbilidades de su paciente para obtener recomendaciones adaptadas de tratamiento ^

Si su paciente está embarazada o es un niño, no seleccione las comorbilidades con esta herramienta. Utilice el algoritmo estándar y solicite el consejo de un especialista sobre las comorbilidades.

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Insuficiencia cardíaca | <input type="checkbox"/> Depresión |
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| <input type="checkbox"/> Hipertensión | <input type="checkbox"/> Enfermedad pulmonar obstructiva crónica (EPOC) | |
| <input type="checkbox"/> Arteriopatía coronaria | <input type="checkbox"/> Asma | |

OTRAS CONSIDERACIONES

- Sospecha de fragilidad
- Dependencia del tabaco

Cómo BMJ Best Practice
respalda el enfoque del
equipo multidisciplinar en
atención primaria



Frailty

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OVERVIEW

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Last reviewed: 5 Oct 2024

Last updated: 29 Oct 2024

Summary

This topic on the recognition and management of frailty in older people is a practical guide aimed at all members of the healthcare team including doctors, pharmacists, advanced nurse practitioners, physician associates, and paramedics.

Frailty is an issue that affects all specialties within medicine and surgery. Health professionals from multiple disciplines need to be involved to ensure it is managed well.^[1] By having an awareness and understanding of frailty, healthcare professionals can provide person-centred care to individuals with frailty, and support to their families with the goal to improve outcomes.

What is frailty?

Frailty is a distinctive health state, that is related to the ageing process, in which multiple body systems gradually lose their in-built reserves.^[2] It is characterised by a decline in functional state across multiple physiological systems.^[3] This decline means more vulnerability to stressor events. Even a 'minor' change such as a new medication, or something more major like an



Guidelines

- [Silver book II. Quality care for older people with urgent care needs](#)

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▾ Why do people become frail?

▾ Why is it important to recognise frailty?

▾ Impact of living with frailty

▾ Potential for improving outcomes

▾ Models of frailty

▾ Assessment in the emergency department

▾ Acute hospital setting: deciding on the most appropriate setting for care

▾ Acute hospital setting: assessment of common frailty syndromes

▾ Acute hospital setting: falls

▾ Acute hospital setting: delirium

- ▾ Community setting: identifying frailty
- ▾ Community setting: living with frailty/ageing well
- ▾ Community setting: Comprehensive Geriatric Assessment (CGA)
- ▾ Community setting: crisis intervention
- ▾ Community setting: assessment of common frailty syndromes
- ▾ Community setting: continence issues
- ▾ Community setting: falls/syncope
- ▾ Community setting: medication optimisation
- ▾ Community setting: advance care planning

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Community setting: identifying frailty

Key points

- Frailty is associated with worse health outcomes and 'system' outcomes such as avoidable hospital admission.
- Poor health and system outcomes may be reversible or preventable.
- Screen all adults over 65 for frailty on an opportunistic basis.
- Use a validated tool like the electronic frailty index (eFI) for risk stratification.
- Use clinical judgement and the Clinical Frailty Scale (CFS) to confirm the level of frailty.
- Where frailty is identified, offer evidence based intervention such as comprehensive geriatric assessment (CGA).

Early identification of frailty

People with frailty have worse health outcomes; early identification of a patient living with frailty allows for a more holistic approach, with targeted interventions such as CGA that can improve outcomes (see Community setting: Comprehensive Geriatric Assessment (CGA) for more detail).^{[125][126]}



Why is it important to identify frailty?

Video on the importance of identifying people living with frailty in the community.

Many frailty screening tools are available and are established as predictors of adverse outcomes such as functional decline, hospital stays and mortality.^{[127][128][129]} GPs, district nurses, paramedics, pharmacists and other healthcare professionals working in the community are in an ideal position to help identify frailty early and opportunistically at routine healthcare appointments as well proactively through population health management and risk stratification.^[130]

The task force of the International Conference of Frailty and Sarcopenia Research strongly recommends that all adults over the age of 65 should be offered screening for frailty using a validated rapid frailty instrument suitable to the specific setting or context.^[31]

- Any healthcare encounter offers an opportunity to screen for frailty.
- The task force emphasises the importance of training health practitioners in frailty screening.

The British Geriatrics Society recommendations for the community setting include to assess older people for the

- ▾ Community setting: identifying frailty
- ▾ Community setting: living with frailty/ageing well
- ▾ Community setting: Comprehensive Geriatric Assessment (CGA)
- ▾ Community setting: crisis intervention
- ▾ Community setting: assessment of common frailty syndromes
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Comprehensive Geriatric Assessment

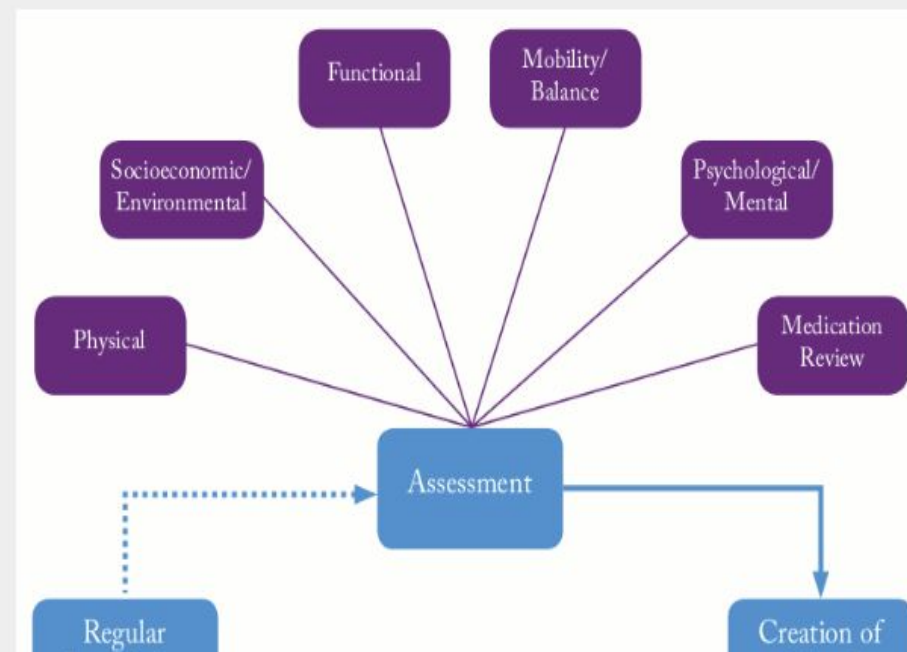
In the UK, the accepted standard for assessing people with frailty is the Comprehensive Geriatric Assessment (CGA) developed by British geriatricians and a toolkit has been developed by the British Geriatric Society and endorsed by the NHS. [BGS: comprehensive geriatric assessment toolkit for primary care practitioners](#) [®]

The CGA is an evidence-based multidimensional holistic assessment tool that leads to a formulation of a plan to address areas of concern to the individual, and arrange interventions in support of that plan. The term 'assessment' can be misleading as the CGA is a form of integrated care and an example of a complex intervention. It is sometimes referred to as a geriatric evaluation, management and treatment (GEMT) intervention. [BGS: comprehensive geriatric assessment toolkit for primary care practitioners](#) [®] The assessment covers a number of domains including:

- Physical
- Functional, social and environmental
- Psychological components
- Medication review

British Geriatrics Society Comprehensive Geriatric Assessment (CGA)

British Geriatrics Society. Comprehensive Geriatric Assessment Toolkit for Primary Care Practitioners. Jan 2019 [internet publication] [https://www.bgs.org.uk]; used with permission



- ▾ Community setting: identifying frailty
- ▾ Community setting: living with frailty/ageing well
- ▾ Community setting: Comprehensive Geriatric Assessment (CGA)
- ▾ Community setting: crisis intervention
- ▾ Community setting: assessment of common frailty syndromes
- ▾ Community setting: continence issues
- ▾ Community setting: falls/syncope
- ▾ Community setting: medication optimisation
- ▾ Community setting: advance care planning

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Access provided by: **BMJ** Group

Deprescribing

Frailty can mark the point at which the evidence base for secondary prevention often ceases. As part of a pragmatic approach to deprescribing in older people living with moderate to severe frailty, and as part of the comprehensive geriatric assessment (CGA), it is common to balance the benefits and risks of stopping medications aimed at secondary prevention in partnership with the patient and their carer or family. There is little evidence for efficacy especially in the severe frailty cohort.^{[109][110]} A structured medication review should be done to systematically review all medications. Medication prescription aids can be used to help reduce unnecessary use of prescription medications, these include:^[111]

- STOPP/START criteria: the screening tool of older people's prescriptions (STOPP) and the screening tool to alert right treatment (START) aims to avoid omissions and inappropriateness in prescribing and has been validated by a European expert panel using the Delphi consensus process.^[112]
- The American Geriatrics Society (AGS) Beers Criteria® is produced and regularly reviewed by the AGS and updates the original version first published in 1991.^{[113][114]} It lists potentially inappropriate medication for older adults across various settings. The AGS states that although the AGS Beers Criteria® may be used internationally, they have been specifically designed for use in the US.^[113]

Some commonly used medications are potentially inappropriate for use in people with frailty. Consider the appropriateness of the medications outlined in this table.^[112]

Medications that may need to be stopped (adapted from BMJ Learning module on frailty)

Created by BMJ Learning; used with permission

Medication	Recommendations
A loop diuretic such as furosemide	Not considered appropriate to treat dependent ankle oedema when there are no signs of heart failure as there is no evidence of efficacy, and compression hosiery is usually more appropriate
Calcium channel blockers (CCBs)	May be inappropriate for people with postural hypotension (recurrent more than 20 mmHg drop in systolic blood pressure) as they can increase the risk of syncope and falls
Tricyclic antidepressants (TCAs)	Can accelerate cognitive decline in people with dementia, exacerbate glaucoma, increase the risk of arrhythmia



Frailty

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[Alzheimer's disease and other types of dementia \(in English\)](#)

[Mal de Alzheimer e outros tipos de demência \(em português\)](#)

[Enfermedad de Alzheimer y otros tipos de demencia \(en español\)](#)

[Parkinson's disease: what is it? \(in English\)](#)

[Doença de Parkinson: o que é? \(em português\)](#)

[Enfermedad de Parkinson: ¿qué es? \(en español\)](#)

[Questions to ask your doctor if you've had a stroke \(in English\)](#)

[Perguntas a fazer ao seu médico se você tiver tido um AVC \(em português\)](#)

[preguntas para formularle al médico si ha sufrido un accidente cerebrovascular \(en español\)](#)

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Images and videos

Images

The collage contains several images:

- FUNCTIONAL ABILITIES:** A graph showing a transition from 'Independent' to 'Dependent' with a 'Minor illness' (e.g., UTI) causing a dip. Below it is a Venn diagram with counts: D = 1,360 (8.3), 438 (76.4), 110 (4.3), 125 (2.8), F = 641 (6).
- Flowchart:** A complex flowchart showing the progression from 'Healthy' to 'Frailty' through various health states and transitions.
- Mortality graph:** A line graph titled 'Mortality adjusted for age and gender' showing a decrease over time (0 to 600 days).
- Healthcare pathway diagram:** A diagram showing the flow of a patient through different healthcare settings (Home, Hospital, Care Home) and services (GP, Physio, etc.).
- Table:** A table with columns for 'Age' and 'Sex' (M, F) and rows for 'Prevalence' and 'Incidence' at different ages (65, 70, 75).
- Infographic:** A colorful infographic titled 'What are the health benefits of physical activity?' showing various benefits like improved mood, better sleep, and reduced risk of chronic diseases.
- Physical activity for adults and older adults:** A graphic with a '150' and '75' indicating recommended activity levels.
- Flowchart:** A flowchart showing the relationship between 'Frailty' and 'Disability' through various health states.
- Form:** A checklist or form with questions like 'Do you often think by yourself?', 'Do you walk?', 'Do you get up?', 'Do you get down?', 'Do you get on?', 'Do you get off?', 'Do you get in?', 'Do you get out?'.

Videos



[Assessing older patients - history](#)

Video showing an example of taking a medical history.



[Why is it important to identify frailty?](#)

Video on the importance of identifying people living with frailty in the community.



[How to identify and assess frailty](#)

Video outlining how to identify and assess people living with frailty





[Functional assessment of an older adult](#)

Video illustrating how to conduct a functional assessment of someone living with frailty in their own home environment.

Fragilidad en el gestor de comorbilidades

Algoritmo de tratamiento

 **Agregue las comorbilidades de su paciente** para obtener recomendaciones adaptadas de tratamiento 

 **Si su paciente está embarazada o es un niño, no seleccione las comorbilidades con esta herramienta. Utilice el algoritmo estándar y solicite el consejo de un especialista sobre las comorbilidades.**

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Insuficiencia cardíaca | <input type="checkbox"/> Depresión |
| <input type="checkbox"/> Enfermedad renal crónica (ERC) | <input type="checkbox"/> Accidente cerebrovascular | <input type="checkbox"/> Demencia |
| <input type="checkbox"/> Hipertensión | <input type="checkbox"/> Enfermedad pulmonar obstructiva crónica (EPOC) | |
| <input type="checkbox"/> Arteriopatía coronaria | <input type="checkbox"/> Asma | |

OTRAS CONSIDERACIONES

- Sospecha de fragilidad
- Dependencia del tabaco

BMJ Best Practice integrado en la Historia Clínica Electrónica

Illustrative Patient Record System

The screenshot displays an EHR interface for a patient named Hailey Smart. At the top, the patient's name and DOB (02/12/1975) are shown, along with an allergy to Penicillin. The interface is divided into several sections: 'Actions' with a list of tasks like Referral and Clinical documentation; 'Vitals' showing a temperature graph with a peak labeled 'Rx clarithromycin'; 'Problems' listing COPD, Type 2 Diabetes, and Hypertension; and 'Orders' listing Chest X Ray, Full Blood Count, and Urea and Electrolytes. A search bar for BMJ Best Practice is located in the bottom left, with a search icon.

Level 1: Enlace general a la página principal de BMJ Best Practice

Level 2: Widget de búsqueda integrado de BMJ Best Practice

Level 3: Enlaces específicos de diagnóstico - Infobutton HL7

Integración de Guías y Protocolos Locales en BMJ Best Practice

La información local está claramente indicada dentro del tema

OVERVIEW ▾	THEORY ▾	DIAGNOSIS ▾	MANAGEMENT ▾	FOLLOW UP ▾	RESOURCES ▾
	Aetiology	History and exam	Treatment algorithm	Complications	Images and videos
	Case history	Investigations	Emerging	Prognosis	References
		Differentials	Prevention		Patient leaflets
		Criteria	Patient discussions		Evidence

Last reviewed: 16 Apr 2023 Last updated: 17 Nov 2022

Summary

[Local guidelines](#)


Trust guidance

BMJ Group (Online access from BMA House) urges you to prioritise the following local guidelines:

[ACR guideline for management of Gout](#)

Published by: American College of Rheumatology
Last published: 2020

Gout is characterised by acute onset of severe joint pain, with swelling, effusion, warmth, erythema, and or tenderness of the involved joint(s).



Differentials

- Pseudogout (calcium pyrophosphate deposition disease)
- Septic arthritis
- Trauma

[More Differentials](#)

Guidelines

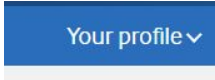
BMJ Best Practice



Acceso vía Web

- **Desde la Red Sacyl:** Acceso directo por IP a través de la **Intranet**.
- **Fuera de la Red:**
 1. Entra en la **Biblioteca Sanitaria Online**.
 2. Haz clic en el icono del **candado** (parte superior de la página).
 3. Introduce tus **claves de acceso a la Intranet** de Sacyl.
 4. Busca el enlace a la herramienta en la página principal de la biblioteca (sección inferior).

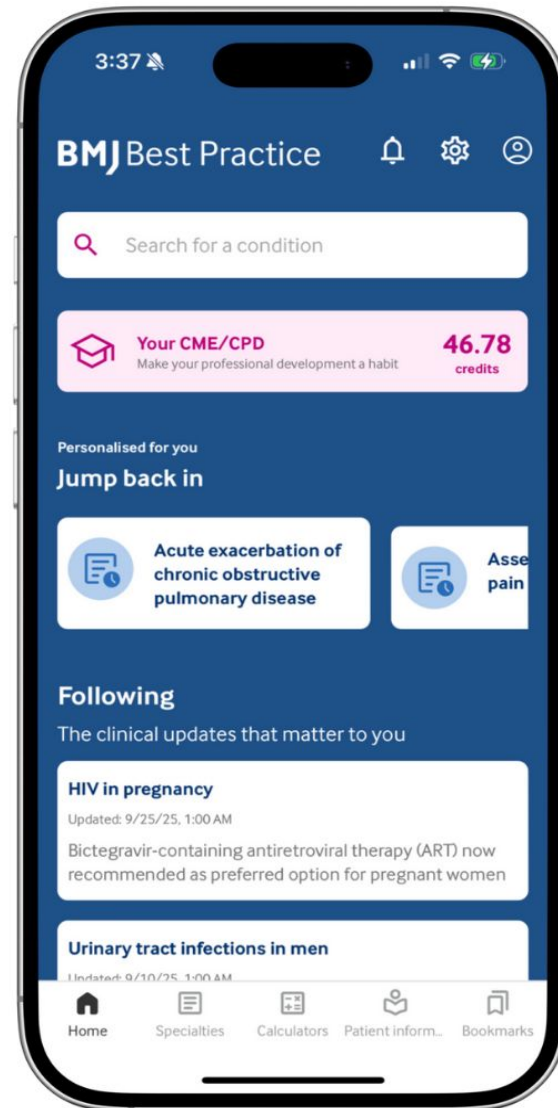
Acceso a la APP

1. **Registro Previo (Obligatorio):** Primero debes crear tu cuenta personal de usuario y contraseña accediendo a través de la web (paso anterior). 
2. **Descarga:** Utilizando el QR (siguiente página)
3. **Inicio de Sesión:** Introduce el **usuario y contraseña** que creaste previamente en la web.

BMJ Best Practice

Descarga la aplicación de BMJ Best Practice e intégrala en tu práctica clínica.

Es indispensable registrar tu cuenta personal en la web primero para poder acceder a la aplicación.



Nuestros valores

Darnos el enfoque y la dirección para hacer realidad nuestra visión de un mundo más saludable, compartiendo conocimiento y experiencia para ayudar a los profesionales de la salud a mejorar los resultados en la atención sanitaria.





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Clinical Engagement Lead and
Editor at BMJ | Pharmacist



BMJ

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Better evidence



Better decisions



Better systems

