

# Got Apps?



- How many of you have a smartphone?
- How often do you use it in clinic? Wards?
- Which apps do you use the most?



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## Evidence Based Medicine at the Point of Care: Maurer's Mobile POEMS

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FAMILY PHYSICIANS

# Disclosures



The views expressed are those of the author(s) and do not reflect the official policy of the Department of the Army, the Department of Defense or the U.S. Government.

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## Off-Duty Employment: iMedicalApps Associate Editor



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# Objectives



- Distinguished between DOEs / POEMs
- Learned the best sources of POEMs
- Solved problems using your Smart Device
- Improved the utility of your Smart Device



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# Take Home Points



- We suffer from TMI
- Use POEMs at the POC
- UpToDate, Dynamed Plus, and EE+ rock!
- Yes, there IS an app for that!



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# Information Anxiety

- Too much information
- “Ping-pong” between sources
- “My last case...In my experience...”
- How do we find the “truth”?



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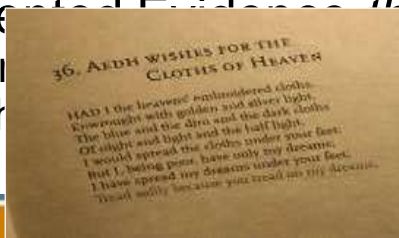


# DOE versus POEM

- Disease-Oriented Evidence-Based Medicine  
- Etiology, pathophysiology, pharmacology  
- Intermediary  
- “Click bait on the internet”



- Patient-Oriented Evidence-Based Medicine “that Matters”  
- Morbidity, mortality, quality of life  
- The “so-what” of the disease

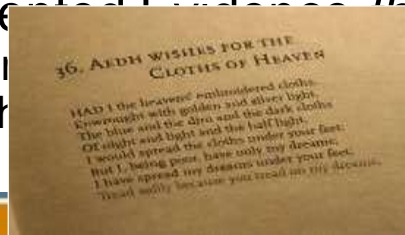


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# DOE versus POEM



- Disease-Oriented Evidence
  - Etiology, pathophysiology, pharmacology
  - Intermediate outcomes
  - “Click bait on the Huff-po”
- Patient-Oriented Evidence *that Matters*
  - Morbidity, mortality, quality of life
  - The “so-what” questions



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# DOE versus POEM



- Disease-Oriented Evidence
  - Etiology, pathophysiology, pharmacology
  - Intermediate outcomes
- Patient-Oriented Evidence *that Matters*
  - Morbidity, mortality, quality of life
  - The “so-what” questions

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# Dr Maurer's POEM Finder



- [UpToDate](#)
- [Dynamed Plus](#)
- [EE+](#)
- [Medscape](#)
- [AFP by Topic](#)
- [PubMed4Hh](#)
- [AHRQ ePSS](#)
- [Prescriber's Letter](#)
- [MDCalc or Qx Calculate](#)
- [Dr Steinberg, Dr Brancel](#)
- [Epocrates or Lexicomp](#)
- [Hopkins or Sanford Guide](#)
- [ASCVD, Aspirin Guide](#)
- [Pedi QuikCalc, PediSTAT](#)
- [OB Wheel, GBS, Preg A-Z](#)
- [HEART Pathway, SI Sepsis](#)

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# Case 1



- An 85 y/o male with Type II diabetes, hypertension, and hyperlipidemia has an A1c of 8, and a blood pressure of 145/90.
  - What is his goal A1C?
  - What is his goal blood pressure?
  - He is on a statin. Should he be?

5 minutes

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## Where Would I Go?



UpToDate

OR

Dynamed

+/-

ASCVD, ADA, AgileMD, ePSS



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## Case 2

- A 65 y/o male presents with CAP, PMHx of Afib, CHF, Tmax 101.5, RR 35, HR 130, and BUN 35.
  - Should the patient be hospitalized?
  - What antibiotics to use?
  - What about drug interactions with warfarin?
  - What immunizations should he receive?

5 minutes

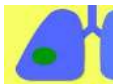
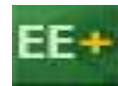
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## Where Would I Go?



UpToDate, Dynamed, EE+  
OR



Pneumonia, Qx Calculate  
AND/OR



Hopkins Abx Guide, Sanford Guide  
AND/OR



Epocrates, Lexicomp  
AND  
SHOTS



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## Case 3



- An 55 y/o AA male with Type II diabetes, hypertension, and hyperlipidemia has an A1c of 7, and a blood pressure of 145/90. No history of GI bleeding. Non-smoker.
  - Should this patient be on aspirin? NNT? NNH?
  - What if the patient has a history of PVD?
  - What if they had a history of PUD?
  - What if he were a she? 75 years old?

5 minutes

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## Where Would I Go?



Aspirin Guide



OR

ePSS

ePSS

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## Case 4



- A 47 y/o male presents to ER with chest pain: left-sided, worse with exertion, no nausea, diaphoresis or radiation. PMHx sig for HTN, Fam hx of CAD 1<sup>st</sup> relative at 56. EKG wnl.
  - How would you manage this patient?
  - Admit and rule-out? GXT in ER?
  - Would you do serial troponins? How many?
  - What if patient was 65? Female?

5 minutes

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## Where Would I Go?



HEART Pathway



OR

QxCalculate



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## Case 4

- A 30 y/o G2P101 at 38 wks gestation presents in active labor. NO GBS testing was performed. Membranes ruptured at home approx 8 hours ago and baby delivers precipitously....
  - Did this patient require GBS prophylaxis?
  - What work-up does the infant require?
  - What if the newborn is ill appearing/febrile?

5 minutes

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## Where Would I Go?

UpToDate  
OR  
DynaMed  
OR  
Prevent GBS



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# Case 5



- 12 mo male for WBE and immunizations. Previously received PCV #1 at 8 months and PCV #2 at 11 months.
  - When can he receive PCV #3 and #4?
  - What social development milestones should he be meeting?
  - Should he receive fluoride? How much?

5 minutes

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# Where Would I Go?



SHOTS  
AND  
Kidometer  
AND  
Smiles for Life



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# Best of the Rest



- Medical Letter
- RxFiles
- QxRead
- STAT!Ref
- ClinicalKey
- Journal Club
- CASP
- Anticoag Eval
- VisualDx
- ASCCP
- T2 Apps
- AACE Diabetes
- Endo Companion
- AAP NRP
- Kids Doc
- Postpartum Hemorrhage
- Ilithyia
- AGS GEMS
- Psych on Demand
- COPD Pocket Consultant
- ESCAVO Sepsis
- ACC apps

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Please  
complete the  
session evaluation.

Thank you.





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