

# Got Apps?

How many of you have a smartphone?

How often and where do you use it?



Which apps do you use the most?



Improving Health and Building Readiness. Anytime, Anywhere — Always



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

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# 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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# 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, DynaMedex, 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”?

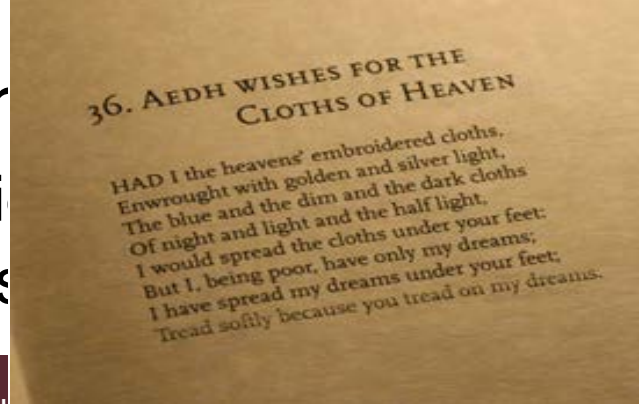


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# DOE versus POEM

- Disease
  - Etiology
  - Intervention
- Patient
  - Morbidity
  - The “s



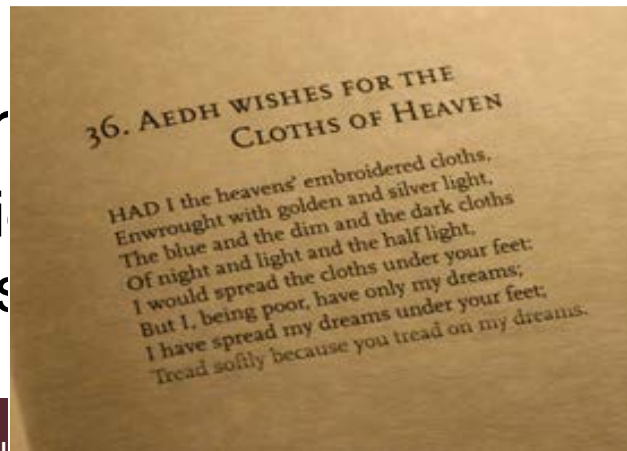
nce  
macology

nce *that Matters*  
f life

# DOE versus POEM

- Disease-Oriented Evidence
  - Etiology, pathophysiology, pharmacology
  - Intermediate outcomes/surrogate markers

- Patient-Centered Evidence *that Matters*
  - Morbidity and quality of life
  - The “s...



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# DOE versus POEM

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





# Dr Maurer's POEM Finder



- **UpToDate**
- **DynaMedex**
- **Essential Evidence+**
- BMJ Best Practice
- Medscape\*
- QxMD Read
- AHRQ ePSS
- Prescriber's Letter
- Medical Letter
- MDCalc or QxMD Calculate or EBMCalc
- Any Dr Joshua Steinberg app!
- Epocrates or Lexicomp or MicroMedex
- Hopkins or Sanford Guide
- ACC, CDC, WHO, VA, UM apps
- Pedi QuikCalc, PediSTAT
- OB Wheel, GBS, Preg A-Z
- HEART Pathway, SI Sepsis
- PubMed or Ovid

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## All Resources

[EJOURNALS & EBOOKS](#)[DATABASES](#)

## Quick Start

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## Popular Resources

[APA PYCHINFO](#)[AUDIODIGEST](#)[CINAHL COMPLETE](#)[CLINICALKEY](#)[DYNAMEDX](#)[OVID](#)[PSYCHIATRYONLINE](#)[STAT!REF](#)[UPTODATE](#)

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The AMEDD Virtual Library (AVL) provides access to high-quality, evidence-based medical, nursing, and allied health information resources for Army Medical Department staff. The AVL ensures that all Army Medicine staff have access to core, essential information resources regardless of duty station. While on an Army Medical Treatment Facility (MTF) network or Virtual Private Network (VPN), no login is necessary to access AVL resources. Remote access to the AVL resources is available on the AVL Athens remote access platform. [Register for an AVL Athens account.](#)

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[ECRI Guidelines Trust](#)

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[DynaMedex](#)

[AccessMedicine](#)

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[UW Medicine Anticoagulation Services](#)

[UW Medicine Cardiac Imaging Guide](#)

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## Drugs

[Micromedex Healthcare Series](#)

[LactMed](#)

[TERIS \(Teratogen Information System\)](#)

[Natural Medicines](#)

[UW Medicine Drug Formulary](#)

*Restricted to UW NetIDs with clinical app access (i.e. UW Medicine or SCCA employees)*

[Red Book 2021: Report of the Committee on Infectious Diseases](#)

[Sanford Guide - Web Edition](#)

[UWMC/HMC/SCCA Antibigrams](#)

## Patient Education

[ClinicalKey: Patient Education](#)

[BMJ Best Practice: Patient Leaflets](#)

[MedlinePlus](#)

[Herbs and Supplements: MedlinePlus](#)

[Micromedex: Patient Handouts](#)

[FamilyDoctor.org](#)

**UW Patient Education**

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## Medicine

A portal to resource guides related to the medicine program at ESFCOM.

Home

Health Sciences Librarian



**Chris Evans**

he/him/his

[Email Me](#)

**Contact:**

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(509) 368-6970

**Subjects:**

[Health Sciences & Medicine](#)

### MD Program

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- [Library Resources for Medicine](#)

A collection of information resources for medicine arranged by systems and threads.

- [Medical Faculty](#)

A collection of information resources for faculty and staff.

### Tutorials

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- [Using AMA Style](#)

A helpful, brief guide to citing sources using the American Medical Association style guide.

- [Library Services](#)

A collection of tutorials for using various library services and resources, like interlibrary loan, the Search It catalog, and many of our most popular online resources.

### Point of Care

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- [DynaMed](#)

The new DynaMed version has greater scope and functionality with overviews, recommendations, specialty topics, drug information, graphics and images, direct links to article references in full text, and mobile access. It is updated multiple times daily to ensure currency.

- [Essential Evidence Plus](#)

Essential evidence plus contains both a literature survey tool (InfoPOEMs) and a question answering tool (InfoTrier) for clinicians. POEMs is a company acronym for Patient-Oriented Evidence that Matters.

- [Red Book Online](#)

# Case 1

- A 57 y/o black male with hypertension (145/90 on diuretic), total cholesterol 250, HDL 40, LDL 180, no diabetes, former smoker presents for follow-up.
  - What is his 10-year and lifetime ASCVD risk?
  - Should he be on a statin? If so which one/dose?
  - He is not on aspirin. Should he be?
  - What is his goal BP?
  - How would your answers change if he had diabetes?

5 minutes

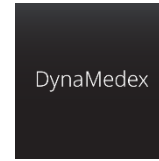


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# Where Would I Go?

UpToDate  
OR  
DynaMedex  
+



ASCVD Plus or CV Risk, ADA, ePSS



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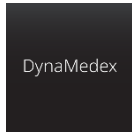
# Case 2

- A 65 y/o male presents with CAP, PMHx of Afib, HFrEF, Tmax 101.5, RR 35, HR 130, BP 110/70, O2 sat 93%. He has never received any pneumonia vaccines. Using the 2019 ATS/IDSA or other pneumonia guideline:
  - Should the patient be hospitalized?
  - What diagnostic tests should you obtain?
  - What antibiotics to use?
  - What immunizations should he receive prior to discharge?

5 minutes



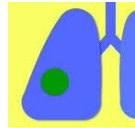
# Where Would I Go?



UpToDate, DynaMedex, EE+



OR



Pneumonia, Qx Calculate



AND/OR



Hopkins Abx Guide, Sanford Guide



AND/OR



Epocrates, Lexicomp



AND



SHOTS, CDC Vaccine, PneumoRecs



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# Case 3

- A 35 y/o AA female, sexually active, smoker with Type 2 diabetes and hypertension presents for a well visit.
  - What Grade A/B preventive services should this patient receive?
  - What Grade C/D/I services?
  - She reports food scarcity and difficulty paying her rent. What resources could you provide?

5 minutes



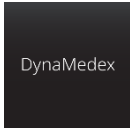
# Where Would I Go?

 ePSS

OR

Women's Preventive Services Initiative

OR



UpToDate, DynaMedex, EE+



AND



AAFP Neighborhood Navigator



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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?
- The next day, the 24 hr serum bilirubin is 13 mg/dL
  - What would you do next?

5 minutes

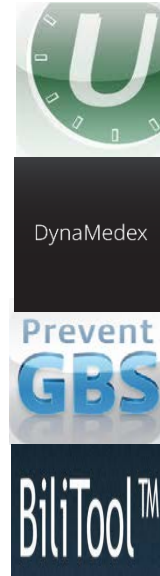


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# Where Would I Go?

UpToDate  
OR  
DynaMedex  
OR  
Prevent GBS  
AND  
BiliTool





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- Medscape\*
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- AHRQ ePSS
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- ACC, CDC, WHO, VA, UM apps
- Pedi QuikCalc, PediSTAT
- OB Wheel, GBS, Preg A-Z
- HEART Pathway, SI Sepsis
- PubMed or Ovid





# Best of the Rest

- Isabel
- RxFiles
- PubMed Tap
- STAT!Ref
- ClinicalKey
- Journal Club, Evidence Alerts
- CASP
- Anticoag Eval
- VisualDx
- ASCCP
- DHA/T2 Apps
- CDC Apps
- AACE Diabetes
- AlzDxRx
- Deployed Medicine
- Choosing Wisely
- Dizzy Fix
- What's Covered
- Endo Companion
- AAP NRP
- Kids Doc
- Postpartum Hemorrhage
- Ilithya
- AGS GEMS
- Psych on Demand
- GOLD COPD
- ESCAVO Sepsis/Timer
- Lytes
- UW Baby
- Safe Motherhood
- QuitMedKit
- Women's Preventive Services
- WHO apps
- Natural Cycles
- Narcan Now
- Pregnancy Passport
- Sanford Hepatitis/HIV
- Neighborhood Navigator
- TeamSTEPSS
- ACP CPGs
- Sublux App
- Rads Consult
- Neuro Toolkit
- docLogica
- Eddie Liu Psych Apps
- SmokerStop
- BrainHQ/Peak
- AlzDxRx



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# Case 5

- 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 6

- 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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# Case 7

- 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



# Where Would I Go?

SHOTS



AND



CDC, Bright Futures



AND

Smiles for Life



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# Case 4

- A 47 y/o AD O-6 complains of insomnia. Snores rarely, daytime somnolence, HTN, BMI 22, neck 30 cm, + job stressors. He is on 90mg morphine equivalents of opioids daily for chronic pain.
  - How would you evaluate?
  - What app could you rx him?
  - What next?

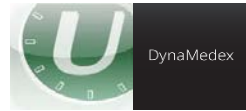
5 minutes



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# Where Would I Go?



DynaMedex

UpToDate, DynaMedex, EE+



AND/OR



QxCalculate, MDCalc



AND/OR



Defense Health Agency

DHA Opioid, CBT-i



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