

“Choose Wisely” Project Update

Last summer we introduced you to the “Choose Wisely” project that encouraged patients and physicians to follow evidenced-based guidelines in managing health problems to avoid unnecessary medication, tests and procedures. The project started with nine societies compiling a list of “Five Things Physicians and Patients Should Question”. Now another 17 medical specialties have joined the effort. Below are some of the top items from the new societies.

American Academy of Family Physicians (expanded list)

- Do not schedule elective, non-medically indicated inductions of labor or Cesarean deliveries before 39 weeks.
- Avoid elective, non-medically indicated inductions of labor between 39 weeks and 41 weeks unless the cervix is deemed favorable. *[Both are also included on the American College of Obstetricians and Gynecologists list]*
- Do not screen women older than 65 for cervical cancer who have had adequate prior screening and are not at high risk of cervical cancer.

American Academy of Hospice and Palliative Medicine

- Do not recommend percutaneous feeding tubes in patients with advanced dementia; instead, offer oral assisted feeding. Studies have found feeding tubes do not result in improved survival, prevention of aspiration pneumonia or improved healing of pressure ulcers. *[Also on the American Geriatrics Society list]*

American Academy of Neurology

- Do not perform imaging of the carotid arteries for simple syncope (fainting) without other neurologic symptoms.
- Do not use opioid or butalbital treatment for migraines except as last resort. These can worsen headaches and more effective treatment is available.
- Do not recommend carotid endarterectomy for asymptomatic carotid stenosis unless the complication rate is low (<3%)

American Academy of Ophthalmology

- Do not perform preoperative medical tests for eye surgery unless there are specific medical indications.
- Do not order antibiotics for viral conjunctivitis (pink eye)

American Academy of Otolaryngology

- Do not prescribe oral antibiotics for an uncomplicated external ear infection. Topical antibiotics are helpful.
- Do not routinely obtain radiographic imaging for patients who meet diagnostic criteria for uncomplicated acute sinusitis.
- Do not obtain a CT or MRI in patients with a primary complaint of hoarseness prior to examining the larynx.

American Academy of Pediatrics

- Antibiotics should not be used for apparent viral respiratory illness (sinusitis, pharyngitis, bronchitis).
- Cough and cold medicines should not be prescribed or recommended for respiratory illnesses in children under 4.
- Neuroimaging (CT, MRI) is not necessary in a child with simple febrile seizures.

American College of Obstetricians and Gynecologists

- Do not perform routine pap smears in women 30-65. In women of average risk, screening every 3 years is recommended.
- Do not treat patients who have mild dysplasia of less than two years.

American College of Physicians

- In patients with low pretest probability of venous thromboembolism, obtain a high sensitive D-dimer measurement as the initial diagnostic test; do not obtain imaging studies as the initial diagnostic test.
- Do not obtain preoperative chest x-ray in the absence of a clinical suspicion for intrathoracic pathology.

American Geriatric Society

- Do not use antipsychotics as first choice to treat behavioral and psychological symptoms of dementia.
- Avoid using medications to achieve hemoglobin A1c <7.5% in most adults age 65 and older; moderate control is generally better.
- Do not use benzodiazepines or other sedative-hypnotics in older adults as first choice for insomnia, agitation or delirium.

- Do not use antibiotics to treat bacteriuria in older adults unless specific urinary tract symptoms are present.

American Urologic Association

- A routine bone scan is unnecessary in men with low-risk prostate cancer.

Society of Hospital Medicine-Adult

- Do not place, or leave in place, urinary catheters for incontinence, convenience or monitoring of output for non-critically ill patients. Acceptable indications: critical illness, obstruction, hospice, perioperatively for < 2 days for urologic procedures.
- Avoid transfusions of red blood cells for arbitrary hemoglobin or hematocrit thresholds and in the absence of symptoms of active coronary disease, heart failure or stroke.
- Do not prescribe medications for stress ulcer prophylaxis to medical inpatients unless they are at risk for gastrointestinal complications.

Society of Thoracic Surgeons

- Patients who have no cardiac history and good functional status do not require preoperative stress testing prior to non-cardiac thoracic surgery.
- Do not initiate routine evaluation of carotid artery disease prior to cardiac surgery in the absence of symptoms or other high-risk criteria.
- Prior to cardiac surgery, there is no need for pulmonary function testing in the absence of respiratory symptoms.

You may be asking yourself, "why is this information important to me?" The most obvious reason, is purely

educational, but secondly, this information may be helpful when reviewing your medical cases, when you are wondering if tests or treatments should have been performed for your client's specific complaints.

For the complete list of overused tests and treatments, as well as the rationale for the above statements, go to

<http://tinyurl.com/b2x3s3c>.

Seven Mistakes Attorneys Often Make with Medical Malpractice Cases

- Failing to thoroughly analyze a case before accepting it.
- Utilizing an expert who is not board-certified by the American Board of Medical Specialties.
- Neglecting to master all of the relevant medical facts and terms. Having an expert work with you to provide case-specific explanations is a time-saver.
- Not aggressively preparing for the examination of witnesses and parties by using non-testifying experts.
- Missing the opportunity to have difficult cases independently reviewed by a non-testifying expert for a second opinion.
- Incompletely analyzing every reference article cited by the opposing expert.
- **Failing to recognize records produced by automated transcription systems.** [*This one is very important and worth reading about.*]

Source: ilawconnect.com. For the full article see <http://tinyurl.com/clucxz2>.



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