

BMJ Best Practiceは、BMJが提供する臨床意思決定支援ツールです。疾患の基本情報、診断のための検査、患者の緊急性や重症度に応じた治療方法、世界のガイドライン、エビデンスを備えています。臨床の場で素早く信頼性の高い情報にアクセスすることができます。

<https://bestpractice.bmj.com>

患者診療に適した独自のレイアウトで迅速に情報へアクセス

BMJ Best Practice

Search conditions, symptoms...



疾病名、症候などから
キーワード検索
日本語も入力可能
※検索結果は英語

ナビゲーションバー：コンテンツへ一覧からアクセス

Recent updates

Specialties

Calculators

Comorbidities

Patient leaflets

Procedural videos

Evidence

Drugs

Best Practice app



Get fast access to clinical answers.
Anywhere. Even when offline.

スマートフォン、タブレットから
オフラインで利用できるアプリ

Important updates

19 12 2019

① Ebola virus infection

30 10 2019

① Urinary tract infections in women

30 10 2019

① Menopause

22 10 2019

① Hepatitis C

重要アップデート

Accessing via your institution?

3 reasons why you need a personal account

個人アカウントの作成

- ・機関の外からアクセス
- ・アプリの使用
- ・利用履歴の保存

REGISTER

LOG IN

- ・何千もの臨床トピック、6,500以上の臨床ガイドライン、エビデンス、患者向けリーフレット
- ・トピックの寄稿者は世界中の専門家約1,600名、査読者は29か国から2,500名
- ・患者の状況に応じたアルゴリズムテーブルによるステップバイステップの治療ガイダンス
- ・画像、手技動画、医薬品データベースとのリンク、250以上の医療計算ツール
- ・随時更新。各トピック内で更新日を記載。[Important updates]で重要な更新情報を確認
- ・文字が多い辞典スタイルのリソースとは異なり、直感的でユーザーフレンドリーな構造

【日本総代理店】

ユサコ株式会社



BMJ Best Practice

Specialties

- | | | | | |
|-------------------------|--|----------------------|--------------------------------------|------------------------|
| ●Allergy and Immunology | ●Ear, nose, and throat | ●Haematology | ●Obstetrics and gynaecology | ●Primary care |
| ●Anaesthesiology | ●Emergency medicine | ●Health Maintenance | ●Oncology | ●Psychiatry |
| ●Cardiology | ●Endocrinology and metabolic disorders | ●Infectious diseases | ●Ophthalmology | ●Respiratory Disorders |
| ●Cardiothoracic surgery | ●Gastroenterology and hepatology | ●Nephrology | ●Orthopaedics | ●Rheumatology |
| ●Critical care Medicine | ●General surgery | ●Neurology | ●Paediatrics and Adolescent medicine | ●Urology |
| ●Dermatology | ●Genetics | ●Neurosurgery | ●Palliative care | ●Vascular surgery |
| | ●Geriatric medicine | ●Nutrition | | |

BMJ Best Practice

ナビゲーションバー

Specialties Calculators Comorbidities Patient leaflets Procedural videos Evidence Drugs

English Português Русский

キーワード検索

診療の手順に沿った
コンテンツ

全コンテンツ
のPDF

Urinary tract infections in children

BMJ Best Practice
Urinary tract infections in children

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

Last reviewed: December 2019 Last updated: July 2019

IMPORTANT UPDATES

Summary

更新日：随時更新

重要アップデート

A common diagnosis in children, UTI can cause serious complications such as hypertension, and end-stage renal disease...

READ MORE ▾

Definition

Paediatric urinary tract infection (UTI) is defined as a common bacterial infection involving the lower urinary tract (cystitis), the upper urinary tract (pyelonephritis), or both, causing illness in children. Recognising and treating these infections promptly and accurately is important. UTI is associated with pyelonephritis, which has potential sequelae, including renal scarring. Untreated



Differentials

- Appendicitis
- Gastroenteritis

Definition
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Epidemiology
Estimates of the true incidence of UTI depend on sites of diagnosis and investigation. As many of girls with UTI have asymptomatic bacteriuria, it is difficult to estimate the true incidence of UTI in children. Children having urinary symptoms have been found to have a UTI. The overall prevalence of UTI in children <5 years old is approximately 1% per year, with the highest rates occurring in the first year of life. The risk of developing a UTI increases with age, particularly after the age of 5 years. Girls have a higher incidence of UTI than boys, with a 30% prevalence of UTI by the age of 5 years.

Aetiology
Urinary infections are the most common cause of UTI.

Pathophysiology
Colonisation of the normal mucous membranes by pathogenic bacteria is believed to precede UTI. According to the 'adherence-invasion' hypothesis, adherence of bacteria to the uroepithelial surface is required for infection to occur. Under host defence mechanisms this may occur and can lead to the development of renal damage and scarring. Inflammation of the kidney can lead to pyelonephritis, which can cause chronic renal damage and hypertension. Other causes of UTI include catheter-associated UTI, antibiotic-associated UTI, and transmission of UTI from mother to child.

OVERVIEW	THEORY	DIAGNOSIS	MANAGEMENT	FOLLOWUP	RESOURCES
トピック概要	学理	診断関連	治療関連	フォローアップ	リソース
トピックの サマリー	疫学	検査指標 症状	患者の症状に応じた 治療方法	モニタリング 合併症	ガイドライン 画像と動画
寄稿者	病因学	危険因子	予防	予後	参考資料
査読者	ケースヒストリー	鑑別診断 患者の分類 (症状、重症度等) スクリーニング	患者対応		患者向けリーフレット エビデンス

※上記提供コンテンツはトピックによって異なります。



Cochrane Clinical Answers (CCAs) との連携

CCAsは、50ページ以上のCochrane reviewを3ページ程度に凝縮しています。

忙しい臨床医に素早く情報を提供します。



COPD

OVERVIEW THEORY DIAGNOSIS MANAGEMENT FOLLOW UP RESOURCES

Treatment algorithm

Please note that formulations/routes and doses may differ between drug names and brands, drug formularies, or locations. Treatment recommendations are specific to patient groups: see disclaimer

ACUTE

acute exacerbation

1st line short-acting bronchodilator

Adjunct systemic corticosteroid

Adjunct transition to inhaled corticosteroid

Adjunct airway clearance techniques

Treatment recommended for SOME patients in selected patient group

Selected airway clearance techniques such as mechanical vibration and non-circumferential positive expiratory pressure may improve sputum clearance in some patients with copd. short-term risk of need for ventilatory assistance [124] manual chest wall percussion are also either not routine proven benefit of airway clearance techniques on long subsequent exacerbation risk [124] Cochrane Clinical Answers

Adjunct supplemental oxygen

infectious exacerbation outpatients

Cochrane Library Trusted evidence. Informed decisions. Better health.

Cochrane Reviews Trials Clinical Answers About Help

Cochrane Clinical Answers

Question:
What is the impact of airway clearance techniques when treating acute exacerbations of COPD?

Anthony Byrne
https://doi.org/10.1002/cca.248 | 7 January 2014

Clinical Answer:

In patients with an acute exacerbation of COPD (without bronchiectasis or asthma) there is low quality evidence that airway clearance techniques may result in small reductions in the need for non-invasive or invasive ventilation, duration of ventilation assistance and length of hospital stay compared with usual care. Owing to lack of power in the analyses, no conclusions can be drawn about effects on acute exacerbations, lung function or gas exchange.

Comparisons

1. Airway clearance techniques (ACTs) versus no Airway clearance techniques

> OUTCOME 1.1 Acute exacerbations

> OUTCOME 1.2 Need for increased ventilatory assistance (Invasive or non-Invasive)

> OUTCOME 1.3 Duration of ventilatory assistance (days)

> OUTCOME 1.4 Length of hospital stay (days)

**臨床の場で発生する疑問に回答
エビデンス情報を提供**

Comorbidities : 併存症の情報を提供

※Comorbiditiesはオプションサービスです。

+Comorbidities

成人の救急患者の多くは、慢性疾患など別の複数の既存の疾患有を抱えています。このような併存症を考慮し治療にあたることは、治療効果向上、入院日数の短縮につながります。Comorbiditiesの機能により、併存症の治療に関する情報を入手できます。

Add your patient's comorbidities

Treatment recommendations for Acute exacerbation of chronic obstructive pulmonary disease will change depending on your patient's comorbidities

Select comorbidities

- Hypertension
- Coronary artery disease
- Heart failure
- Stroke
- Depression
- Diabetes
- Asthma
- COPD
- Chronic kidney disease (CKD)
- Dementia

Please remember that treatment regimes may change for comorbidities not yet covered by this list.

SHOW TREATMENT ALGORITHM

表示させたい
併存症を選択

Acute exacerbation of chronic obstructive pulmonary disease

Treatment algorithm

Comorbidities: Heart failure, Hypertension

Mitigating the risk of hypotension in patients with heart failure and hypertension.

Look out for this icon: for treatment options that are affected, or added, as a result of your patient's comorbidities. GOT IT

**慢性的閉塞性肺疾患の急性増悪
トピックの治療アルゴリズム**

ACUTE

on presentation

1st line short-acting bronchodilator

Plus systemic corticosteroid

Treatment recommended for ALL patients in selected patient group

Start a systemic (oral or intravenous) corticosteroid. [1][83] Oral administration is preferred; however, some patients may require intravenous administration if they cannot tolerate oral therapy (e.g., if they are vomiting).

- National Institute for Health and Care Excellence and Global Initiative for Chronic Obstructive Lung Disease (GOLD) guidelines recommend a 5-day treatment course [1][83]
- Latest evidence shows no benefit from prolonged therapy. [119] Cochrane Clinical Answers
- Avoid use of a corticosteroid with a fluoroquinolone antibiotic, because co-administration could exacerbate fluoroquinolone-induced tendinitis and tendon rupture [120]

Diabetes

Manage patient's diabetes when they are taking corticosteroids. Giving corticosteroids to someone with diabetes will worsen their glycaemic control, so test blood glucose four times a day (based on expert opinion).

糖尿病に関する情報を併せて表示



Best Practice app : モバイル端末アクセス オフライン利用可



簡単な3つのステップで、アプリが利用できます。

1. 所属機関のネットワークからBest Practiceにアクセス
2. 個人アカウントを登録
(アプリ利用のほか、リモートアクセスにも使用可能)
3. アプリをダウンロードして登録アカウントでログイン

- iOSとAndroid両方で利用可能
- 短いダウンロード時間 (2分~5分)
- 小容量 (260MB程度) のため、端末の他の動作に影響を与えない
- バックグラウンドで毎日更新 (30日以上アクセスがない場合は再ログインが必要)
- オフラインでも利用可能 (画像と動画の利用にはインターネット環境が必要)
- アプリは最初にダウンロードされてから365日有効。365日が近づくと購読機関のネットワーク範囲内で再認証が必要 (ご希望に応じ365日から短縮が可能)

世界の医療専門家向け臨床意思決定支援ツールとして同時1位に選ばれました**

収録範囲、編集のクオリティ、エビデンスに基づく方法の点で高く評価されました。

** Kwag KH, González-Lorenzo M, Banzi R, Bonovas S, Moja L. Providing Doctors With High-Quality Information: An Updated Evaluation of Web-Based Point-of-Care Information Summaries. *J Med Internet Res* 2016;18(1):e15.

無料トライアル受付中！

2ヶ月間トライアルをご利用いただけます。

トライアル中もアプリをご利用いただけます。

トライアル中または終了後、利用回数のデータを提供します。

下記までお気軽に
ご連絡ください。



【日本総代理店】



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