

## Teaching papers - Other

Qaseem, A., V. Snow, et al. (2006). "Risk assessment for and strategies to reduce perioperative pulmonary complications for patients undergoing noncardiothoracic surgery: a guideline from the American College of Physicians." *Ann Intern Med* 144(8): 575-580.

**Type of Question:** Guideline **Intermediate Guideline.**

**Teaching Notes:** Guideline clearly reported from the ACP associated with a systematic review of the evidence published in the same journal of annals. This is a clearly reported guideline that is good for teaching as it is a manageable amount of information. (Many guidelines are difficult to teach because they are so comprehensive). Although the methods of the review are not clearly outlined in the text of the annals article, you can get a nice summary from the National Guidelines clearinghouse at [www.guidelines.gov](http://www.guidelines.gov) to use for teaching.

**Abstract:** Postoperative pulmonary complications play an important role in the risk for patients undergoing noncardiothoracic surgery. Postoperative pulmonary complications are as prevalent as cardiac complications and contribute similarly to morbidity, mortality, and length of stay. Pulmonary complications may even be more likely than cardiac complications to predict long-term mortality after surgery. The purpose of this guideline is to provide guidance to clinicians on clinical and laboratory predictors of perioperative pulmonary risk before noncardiothoracic surgery. It also evaluates strategies to reduce the perioperative pulmonary risk and focuses on atelectasis, pneumonia, and respiratory failure. The target audience for this guideline is general internists or other clinicians involved in perioperative management of surgical patients. The target patient population is all adult persons undergoing noncardiothoracic surgery.

Cryer, P. E., L. Axelrod, et al. (2009). "Evaluation and management of adult hypoglycemic disorders: an Endocrine Society Clinical Practice Guideline." *J Clin Endocrinol Metab* 94(3): 709-728.

**Type of Question:** Guideline

**Teaching Notes:** Hypoglycemia guideline: GRADE is emerging as the most coherent and comprehensive approach to guideline development, healthcare providers need to become fluent in guideline appraisal and interpretation using GRADE-developed CPGs.

**Abstract:** **OBJECTIVE:** The aim is to provide guidelines for the evaluation and management of adults with hypoglycemic disorders, including those with diabetes mellitus. **EVIDENCE:** Using the recommendations of the Grading of Recommendations, Assessment, Development and Evaluation (GRADE) system, the quality of evidence is graded very low (plus sign in circle ooo), low (plus sign in circle plus sign in circle oo), moderate (plus sign in circle plus sign in circle plus sign in circle o), or high (plus sign in circle plus sign in circle plus sign in circle plus sign in circle). **CONCLUSIONS:** We recommend evaluation and management of hypoglycemia only in patients in whom Whipple's triad--symptoms, signs, or both consistent with hypoglycemia, a low plasma glucose concentration, and resolution of those symptoms or signs after the plasma glucose concentration is raised--is documented. In patients with hypoglycemia without diabetes mellitus, we recommend the following strategy. First, pursue clinical clues to potential hypoglycemic etiologies--drugs, critical illnesses, hormone deficiencies, nonislet cell tumors. In the absence of these causes, the differential diagnosis narrows to accidental, surreptitious, or even malicious hypoglycemia or endogenous hyperinsulinism. In patients suspected of having endogenous hyperinsulinism, measure plasma glucose, insulin, C-peptide, proinsulin, beta-hydroxybutyrate, and circulating oral hypoglycemic agents during an episode of hypoglycemia and measure insulin antibodies. Insulin or insulin secretagogue treatment of diabetes mellitus is the most common cause of hypoglycemia. We recommend the practice of hypoglycemia risk factor reduction--addressing the issue of hypoglycemia, applying the principles of intensive glycemic therapy, and considering both the conventional risk factors and those indicative of compromised defenses against falling plasma glucose concentrations--in persons with diabetes.

Hart, R. (2006). "A simple risk score predicted 7-day stroke risk after transient ischemic attack."  
ACP J Club 144(1): 24.

**Type of Question:** Clinical Prediction Guideline

**Intermediate Observational.**

**Teaching Notes:** Highly applicable to internal medicine; No illustration of variability in results of cohorts

**Abstract:** no abstract