Advanced Clinical Practice:

Acute Care Specific Competencies

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Specific Competencies

Acute Care

Common medical presentations

This document works in tandem with the Core competencies for Advanced Clinical Practitioners (ACP's). ACP's should aim to complete the core competency document prior to commencing these specific competencies. This will ensure that basic competencies are achieved and as such do not require re-assessment. However if an assessor or practitioner identifies learning needs in any of the core areas they should be addressed prior to continuing with this part.

Assessment methods and taxonomy of achievement (ToA) are the same as used within the core competencies and can be found within both documents.

It has been recognised that a number of "common" presentations are referred into medicine. The following competencies have been adapted from various existing frameworks and are intended to allow the ACP to demonstrate their level of competence and as such assist the ACP in identifying on-going learning needs for this group of patients.

A number of the conditions that were found within existing frameworks such as the ACCS (2007) and ACE study guide (2011) and Physician Assistant national practitioner programme (2006) have been considered as "core" competencies in relation to the ACP role within East Kent Hospitals University Foundation NHS Trust (EKHUFT) and are to be found in the core section of the ACP framework.

This section is aimed at practitioners working within acute care however it is acknowledged that practitioners working in other areas such as ED may also find this useful.

The ACP in MAU should achieve competence (advanced practice level) level 3 or 4 in taxonomy achievement in the following areas relating to each common presentation

a. Assessment & Diagnostics
b. Prescribing
c. Management
d. Referral
e. Discharge / transfer
f. On-going care

Knowledge of the following is expected for each condition:

(a) Explain normal human structure and functions.

(b) Explain the scientific bases for common disease presentations.

(c) Justify the selection of appropriate investigations for common clinical cases.

(d) Explain the fundamental principles underlying such investigative techniques.

(e) Select appropriate forms of management for common diseases.

(f) Demonstrate knowledge of drug actions: therapeutics and pharmacokinetics; drug side effects and interactions, including for multiple treatments, long-term conditions and non-prescribed medication; and also including effects on the population, such as the spread of antibiotic resistance.

(g) Make accurate observations of clinical phenomena and appropriate critical analysis of clinical data.

(h) Articulate appropriate clinical status for a discharge decision

(i) Demonstrate awareness of referral pathways suitable to condition to support readmission avoidance

(j) Demonstrates effective communication of relevant safety netting on discharge

Conditions (Specific)

Acute Medicine

The following is a list of conditions which have been identified as common presentation to acute medicine. Some presentations have been highlighted as being "core" to all ACP's regardless of their specific area of practice and as such have been highlighted in red. These competences can be found within the core document but have been included within this list

for reference. It is also acknowledged that some conditions can be applied to more than one system i.e. syncope & orthostatic hypotension. To assist practitioners cross referencing is included.

Cardiology

- Acute Chest pain (core)
- Aneurysms
- Arrhythmias including Atrial Fibrillation
- Cardiomyopathies
- Congestive cardiac failure (CCF)
- Hypertension
- Infective endocarditis
- Orthostatic Hypotension (see syncope)
- Pericarditis (chest pain)
- Stable angina (core)
- Valvular heart disease
- Vasovagl collapse (see syncope)

NB – it is mandatory for all ACP's to have a minimum of ALS provider status

Dermatology

- Cellulitis
- Cutaneous drug reactions
- Psoriasis and eczema
- Urticaria and angio-oedema
- Cutaneous vasculitis
- Herpes zoster and Herpes Simplex infections
- Skin tumours
- Skin infestations i.e scabies
- Lymphoedema

Diabetes and Endocrine

- Diabetic ketoacidosis (Core)

- Non-acidotic hyperosmolar coma / severe hyperglycaemia (Core)

- Hypoglycaemia (core)

- Care of the acutely ill diabetic (core)

- General Endocrine
    - Hyper/Hypocalcaemia
    - Adrenocortical insufficiency
    - Hyper/Hyponatraemia
    - Thyroid dysfunction
    - Dyslipidaemia

Gastroenterology and Hepatology

- Peptic Ulceration, Gastritis & GORD

- Gastroenteritis

- GI malignancy (oesophagus, gastric, hepatic, pancreatic, colonic)

- Inflammatory bowel disease – Ulcerative colitis & Crohn's

- Acute GI bleeding – Malaena / Haematemesis

- Acute abdominal pathologies:
    - Pancreatitis
    - Cholecystitis
    - Appendicitis
    - leaking abdominal aortic aneurysm

- Irritable bowel syndrome

- Constipation

- Alcoholic liver disease

- Alcohol withdrawal syndrome

- Acute liver dysfunction: jaundice, ascites, encephalopathy

- Acute & Chronic Gall bladder disease

- Hepatitis

- Portal Hypertension

Medicine in the Elderly

- General
- Deterioration in mobility
- Acute confusion (core)
- Falls (core)
- Hypothermia
- Continence problems
- Dementia (core)
- Depression in the elderly
- Osteoporosis /bone disease

Muscular-skeletal / Rheumatological

- Septic arthritis
- Rheumatoid arthritis
- Osteoarthritis
- Crystal Arthropathy (Gout)
- Osteoporosis (see medicine for elderly)
- Polymyalgia and temporal arteritis
- Acute connective tissue disease - systemic lupus erythaematus (SLE),
- Costochondritis

Neurology

- Acute new headache
- Acute confusion (see also elderly care)
- Aggressive / agitated patient (core)
- Migraine
- Intracranial tumour
- Benign intracranial hypertension (BIH)
- Stroke

- Transient ischaemic attack (TIA)

- Subarachnoid haemorrhage (SAH)

- Coma (altered GCS see core)

- Central Nervous System infection

    - Encephalitis

    - Meningitis

    - Brain abscess

- Raised intra-cranial pressure

- Seizure disorders (core)

- Cervical Myelopathy & peripheral neuropathy

- Parkinson's Disease

- Trigeminal neuralgia

- Syncope (core)

Renal

- Acute kidney injury

- Chronic kidney injury

- Glomerulonephritis

- Nephrotic syndrome

- Urinary tract infections

- Pyelonephritis

- Renal Colic

- Urinary Calculus

- Renal replacement therapy

- Disturbances of potassium, sodium, acid/base, and fluid balance (& appropriate acute interventions)

Respiratory

- COPD

- Asthma

- Pneumonia

- Non pneumonic LRTI's

- URTI's

- Pleural disease: Pneumothorax, pleural effusion, mesothelioma

- Lung Cancer

- Respiratory failure and methods of respiratory support

- Pulmonary embolism (& DVT)

- Tuberculosis

- Interstitial lung disease

- Bronchiectasis

- Respiratory failure and Cor-Pulmonale

- Pulmonary hypertension

Date training commenced:	**Acute Medicine**
Name:	**Specific Condition Competencies**

Cardiology

Competence = Level 3/4 (Refer to taxonomy of achievement)	Explain normal human structure and functions	Explain the scientific bases for disease presentation	Justify the selection of appropriate investigations	Explain the fundamental principles underlying investigative techniques	Selects appropriate forms of management	Demonstrates sound knowledge of drugs appropriate to diagnosis	Make accurate observations of clinical phenomena & appropriate critical analysis of clinical data	Articulates appropriate clinical status for a discharge decision	Demonstrates awareness of referral pathways to support readmission avoidance	Demonstrates effective safety netting
Acute Chest pain (core)										
Aneurysms										
Arrhythmias including Atrial Fibrillation										
Cardiomyopathies										
Congestive cardiac failure (CCF)										
Hypertension										
Infective endocarditis										
Orthostatic Hypotension (see syncope)										

Pericarditis (chest pain)										
Stable angina (core)										
Valvular heart disease										
Vasovagal collapse (see syncope)										

Dermatology

Competence = Level 3/4 (Refer to taxonomy of achievement)	Explain normal human structure and functions	Explain the scientific bases for disease presentation	Justify the selection of appropriate investigations	Explain the fundamental principles underlying investigative techniques	Selects appropriate forms of management	Demonstrates sound knowledge of drugs appropriate to diagnosis	Make accurate observations of clinical phenomena & appropriate critical analysis of clinical data	Articulates appropriate clinical status for a discharge decision	Demonstrates awareness of referral pathways to support readmission avoidance	Demonstrates effective safety netting
Cellulitis										
Cutaneous drug reactions										
Psoriasis and eczema										
Urticaria and angio-oedema										
Cutaneous vasculitis										
Herpes zoster & Herpes Simplex infections										
Skin tumours										
Skin infestations i.e scabies										
Scleroderma										
Lymphoedema										

Endocrinology

Competence = Level 3/4 (Refer to taxonomy of achievement)	Explain normal human structure and functions	Explain the scientific bases for disease presentation	Justify the selection of appropriate investigations	Explain the fundamental principles underlying investigative techniques	Selects appropriate forms of management	Demonstrates sound knowledge of drugs appropriate to diagnosis	Make accurate observations of clinical phenomena & appropriate critical analysis of clinical data	Articulates appropriate clinical status for a discharge decision	Demonstrates awareness of referral pathways to support readmission avoidance	Demonstrates effective safety netting
Diabetic ketoacidosis (Core)										
Non-acidotic hyperosmolar coma / severe hyperglycaemia (Core)										
Hypoglycaemia (core)										
Care of the acutely ill diabetic (core)										
General Endocrine										
Hyper/Hypocalcaemia										
Adrenocortical insufficiency										
Hyper/Hyponatremia										
Thyroid dysfunction										
Dyslipidaemia										

GASTROENTEROLOGY/HEPATOLOGY

Competence = Level 3/4 (Refer to taxonomy of achievement)	Explain normal human structure and functions	Explain the scientific bases for disease presentation	Justify the selection of appropriate investigations	Explain the fundamental principles underlying investigative techniques	Selects appropriate forms of management	Demonstrates sound knowledge of drugs appropriate to diagnosis	Make accurate observations of clinical phenomena & appropriate critical analysis of clinical data	Articulates appropriate clinical status for a discharge decision	Demonstrates awareness of referral pathways to support readmission avoidance	Demonstrates effective safety netting
Peptic Ulceration, Gastritis & GORD										
GI malignancies: oesophagus, gastric, hepatic, pancreatic, colonic										
Inflammatory bowel disease:										
Ulcerative colitis										
Crohns										
Acute GI bleeding – Melena / Haematemesis										
Acute abdominal pathologies:										
Leaking abdominal aortic aneurysm										
Pancreatitis										
Cholecystitis										

GASTROENTEROLOGY/HEPATOLOGY continued

Competence = Level 3/4 (Refer to taxonomy of achievement)	Explain normal human structure and functions	Explain the scientific bases for disease presentation	Justify the selection of appropriate investigations	Explain the fundamental principles underlying investigative techniques	Selects appropriate forms of management	Demonstrates sound knowledge of drugs appropriate to diagnosis	Make accurate observations of clinical phenomena & appropriate critical analysis of clinical data	Articulates appropriate clinical status for a discharge decision	Demonstrates awareness of referral pathways to support readmission avoidance	Demonstrates effective safety netting
Appendicitis										
Irritable bowel syndrome										
Constipation										
Alcoholic liver disease										
Alcohol withdrawal syndrome										
Acute liver dysfunction:										
Jaundice										
Ascites										
Encephalopathy										
Acute & Chronic Gall bladder disease										
Hepatitis										
Portal Hypertension										

MEDICNE IN THE ELDERLY

Competence = Level 3/4 (Refer to taxonomy of achievement)	Explain normal human structure and functions	Explain the scientific bases for disease presentation	Justify the selection of appropriate investigations	Explain the fundamental principles underlying investigative techniques	Selects appropriate forms of management	Demonstrates sound knowledge of drugs appropriate to diagnosis	Make accurate observations of clinical phenomena & appropriate critical analysis of clinical data	Articulates appropriate clinical status for a discharge decision	Demonstrates awareness of referral pathways to support readmission avoidance	Demonstrates effective safety netting
General										
Deterioration in mobility										
Acute confusion (core)										
Falls (core)										
Hypothermia										
Continence problems										
Dementia (core)										
Depression in the elderly										
Osteoporosis /bone disease										

RHEUMATOLOGY

Competence = Level 3/4 (Refer to taxonomy of achievement)	Explain normal human structure and functions	Explain the scientific bases for disease presentation	Justify the selection of appropriate investigations	Explain the fundamental principles underlying investigative techniques	Selects appropriate forms of management	Demonstrates sound knowledge of drugs appropriate to diagnosis	Make accurate observations of clinical phenomena & appropriate critical analysis of clinical data	Articulates appropriate clinical status for a discharge decision	Demonstrates awareness of referral pathways to support readmission avoidance	Demonstrates effective safety netting
Septic arthritis										
Rheumatoid arthritis										
Osteoarthritis										
Crystal Arthropathy (Gout)										
Polymyalgia and temporal arteritis										
Acute connective tissue disease:										
systemic lupus erythaematus (SLE)										
Sjőgren's syndrome										
Costochondritis										

NEUROLOGY

Competence = Level 3/4 (Refer to taxonomy of achievement)	Explain normal human structure and functions	Explain the scientific bases for disease presentation	Justify the selection of appropriate investigations	Explain the fundamental principles underlying investigative techniques	Selects appropriate forms of management	Demonstrates sound knowledge of drugs appropriate to diagnosis	Make accurate observations of clinical phenomena & appropriate critical analysis of clinical data	Articulates appropriate clinical status for a discharge decision	Demonstrates awareness of referral pathways to support readmission avoidance	Demonstrates effective safety netting
Acute new headache										
Acute confusion (see also elderly care)										
Aggressive / agitated patient (core)										
Migraine										
Intracranial tumour										
Benign intracranial hypertension (BIH)										
Stroke										
Transient ischaemic attack (TIA)										
Subarachnoid haemorrhage (SAH)										
Acute new headache										

NEUROLOGY continued

Competence = Level 3/4 (Refer to taxonomy of achievement)	Explain normal human structure and functions	Explain the scientific bases for disease presentation	Justify the selection of appropriate investigations	Explain the fundamental principles underlying investigative techniques	Selects appropriate forms of management	Demonstrates sound knowledge of drugs appropriate to diagnosis	Make accurate observations of clinical phenomena & appropriate critical analysis of clinical data	Articulates appropriate clinical status for a discharge decision	Demonstrates awareness of referral pathways to support readmission avoidance	Demonstrates effective safety netting
Central Nervous System infection:										
meningitis										
brain abscess										
encephalitis										
Raised intra-cranial pressure										
Seizure disorders (core)										
Cervical Myelopathy										
Peripheral neuropathy										
Parkinson's Disease										
Trigeminal neuralgia										
Syncope (core)										

RENAL

Competence = Level 3/4 (Refer to taxonomy of achievement)	Explain normal human structure and functions	Explain the scientific bases for disease presentation	Justify the selection of appropriate investigations	Explain the fundamental principles underlying investigative techniques	Selects appropriate forms of management	Demonstrates sound knowledge of drugs appropriate to diagnosis	Make accurate observations of clinical phenomena & appropriate critical analysis of clinical data	Articulates appropriate clinical status for a discharge decision	Demonstrates awareness of referral pathways to support readmission avoidance	Demonstrates effective safety netting
Acute kidney injury										
Chronic Kidney injury										
Glomerulonephritis										
Nephrotic Syndrome										
Urinary Tract Infection										
Pyelonephritis										
Renal Colic										
Urinary calculus										
Renal replacement therapy										
Disturbance of acid base, potassium, sodium and fluid balance - & appropriate interventions										
Acute kidney injury										

RESPIRATORY

Competence = Level 3/4 (Refer to taxonomy of achievement)	Explain normal human structure and functions	Explain the scientific bases for disease presentation	Justify the selection of appropriate investigations	Explain the fundamental principles underlying investigative techniques	Selects appropriate forms of management	Demonstrates sound knowledge of drugs appropriate to diagnosis	Make accurate observations of clinical phenomena & appropriate critical analysis of clinical data	Articulates appropriate clinical status for a discharge decision	Demonstrates awareness of referral pathways to support readmission avoidance	Demonstrates effective safety netting
URTI's										
Pleural disease: including										
Pneumothorax										
pleural effusion										
mesothelioma										
Lung Cancer										
COPD										
Asthma										
Pneumonia										
Non pneumonic LRTI's										
Respiratory failure and methods of respiratory support										

Assessment

Adapted from P. Benner (1984) Model of Skills Acquisition

Novice

- Beginner with no experience
- Taught general rules to help perform tasks
- Rules are: context-free, independent of specific cases, and applied universally
- Rule-governed behaviour is limited and inflexible

Advanced Beginner

- Demonstrates acceptable performance
- Has gained prior experience in actual situations to recognize recurring meaningful components
- Principles, based on experiences, begin to be formulated to guide actions

Competent

- Typically a practitioner with 2-3 years' experience on the job in the same area or in similar day-to-day situations
- More aware of long-term goals
- Gains perspective from planning own actions based on conscious, abstract, and analytical thinking and helps to achieve greater efficiency and organization

Proficient

- Perceives and understands situations as whole parts
- More holistic understanding improves decision-making
- Learns from experiences what to expect in certain situations and how to modify plans

Expert

- No longer relies on principles, rules, or guidelines to connect situations and determine actions

- Background of greater experience

- Has intuitive grasp of clinical situations

- Performance is now fluid, flexible, and highly-proficient

Advanced Practice

It is proposed that Benner's 5 stages of performance can be used to describe your performance at this advanced level. For example, in Pillar 1, entitled 'Management and Leadership ', the first criterion is described as:

'Identifying need for change, leading innovation and managing change, including service development'.

In assessing your current level of performance against this particular criterion consider whether you would assess yourself as functioning at the stage of:

- Novice

- Advanced Beginner

- Competent

- Proficient

- Expert

Benner's (1984) Stages of Skill Acquisition are used to finely describe practice, in terms of advanced level. As such, the practitioner, new to working at this level of practice may be seen as an 'advanced beginner'. Alternatively the practitioner who has been working at this advanced level for some time will have moved from the 'novice' stage to another stage, for example, that of 'proficient'. All practitioners may vary in differing aspects of their roles.

Benners stages of skill acquisition have been adapted for use within the following Taxonomy of achievement which has aimed to provide a guide for assessment with level 3 & 4 regarded as advanced level practice

TAXONOMY OF ACHIEVEMENT (TOA)

Grade	Classification	Description
0	*Novice* *Potentially Unsafe* *Requires full* *supervision*	The ACP • Has poor history taking and examination skills • Has poor theoretical knowledge and/or is unable to apply theoretical knowledge to the situation • Fails to take into account patients' (carers') concerns
1	*Inexperienced*	The ACP • Is able to practise under close supervision • Has reasonable theoretical knowledge • Has prior knowledge of the situation and has observed relevant practice • Respects the patient
2	*Borderline*	The ACP • Is able to practise with minimal supervision • Has sound underpinning theoretical knowledge • Can integrate theory into practice and identify priorities • Can communicate satisfactorily with other health professionals • Can manage his/her workload with minimal supervision • Has a patient centred approach and recognises circumstances that threaten patient dignity
3	*Competent*	The ACP • Is able to practise autonomously • Has very good theoretical knowledge • Can demonstrate a systematic application of knowledge and a critical awareness to the current situation • Can demonstrate high levels of decision making • Can act autonomously in planning and implementing care • Can work effectively in a multidisciplinary team • Can liaise appropriately and communicate effectively with health care workers from own and other specialities and with other agencies • Treats the patient with respect and dignity and is able to address and discuss circumstances which may threaten this • Can communicate effectively with patients and

			relatives	
4	*Expert*		The ACP • Is able to act autonomously and can disseminate knowledge and supervise learners within the multidisciplinary team • Has excellent in-depth theoretical knowledge • Shows an intuitive understanding of critical situations and perceives possibilities that may arise • Has the capability to creatively move practice forward • Demonstrates an ability to put the patient at the heart of all developments and an ability to empower the patient	

Evidence and guidance for "Top 20" presentations

Cardiology

NICE: Structural heart defects overview (2018)

https://pathways.nice.org.uk/pathways/structural-heart-defects

NICE: CG89 Prophylaxis against infective endocarditis: antimicrobial prophylaxis against infective endocarditis in adults and children undergoing interventional procedures (2016)

https://www.nice.org.uk/guidance/cg64

NICE: NG106 Chronic heart failure in adults: diagnosis and management (2018)

https://www.nice.org.uk/guidance/ng106

NICE: CG95 Chest pain of recent onset: assessment and diagnosis (2016)

https://www.nice.org.uk/guidance/cg95

NICE: CG94 Unstable angina and NSTEMI: early management (2013)

https://www.nice.org.uk/guidance/cg94

NICE CG172 Myocardial infarction: cardiac rehabilitation and prevention of further cardiovascular disease (2013)

https://www.nice.org.uk/guidance/cg172

NICE: CG127 Hypertension in adults: diagnosis and management (updated 2017)

https://www.nice.org.uk/guidance/cg127

ESC Clinical Practice Guidelines on the diagnosis and treatment of aortic diseases: Document covering acute and chronic aortic diseases of the thoracic and abdominal aorta of the adult (2014)

https://academic.oup.com/eurheartj/article/35/41/2873/407693

NICE: CG180 Atrial fibrillation: management (2014)

https://www.nice.org.uk/guidance/cg180

Dermatology

NICE CKS Urticaria

https://cks.nice.org.uk/urticaria

NICE: CG183 Drug allergy: diagnosis and management (2014)

https://www.nice.org.uk/guidance/cg183

NICE CKS Eczema overview

https://pathways.nice.org.uk/pathways/eczema

NICE: QS130 Skin cancer (2016)

https://www.nice.org.uk/guidance/qs130

British Association of Dermatologists guidelines

http://www.bad.org.uk/healthcare-professionals/clinical-standards/clinical-guidelines#

Diabetes & Endocrine

NICE: NG17 Type 1 diabetes in adults: diagnosis and management (2016)

https://www.nice.org.uk/guidance/ng17

NICE: NG28 Type 2 diabetes in adults: management (updated 2017)

https://www.nice.org.uk/guidance/ng28

UK Guidelines for the Use of Thyroid Function Tests (2006)

http://www.btf-thyroid.org/images/documents/tft_guideline_final_version_july_2006.pdf

SOCIETY FOR ENDOCRINOLOGY ENDOCRINE EMERGENCY GUIDANCE: Emergency management of acute adrenal insufficiency (adrenal crisis) in adult patients (2016)

https://ec.bioscientifica.com/view/journals/ec/5/5/G1.xml

SOCIETY FOR ENDOCRINOLOGY ENDOCRINE EMERGENCY GUIDANCE: Emergency management of severe symptomatic hyponatraemia in adult patients (2016)

https://ec.bioscientifica.com/view/journals/ec/5/5/G4.xml

Gastroenterology & Hepatology

NICE: NG104 Pancreatitis (2018)

 https://www.nice.org.uk/guidance/ng104 ml

BSG: Guidelines on the Management of Common Bile Duct Stones (2017)

https://www.bsg.org.uk/resource/Updated-guideline-on-the-management-of-common-bile-duct-stones-(CBDS).html

BSG: UK guidelines for Cirrhosis in over 16s: assessment and management (2016)

https://www.bsg.org.uk/resource/cirrhosis-in-over-16s-assessment-and-management.html

NICE (CG166): Ulcerative colitis: management (2016)

https://www.nice.org.uk/guidance/CG166

NICE (CG188): Gallstone disease: diagnosis and management (2014)

https://www.nice.org.uk/guidance/cg188

NICE: CG100 Alcohol-use disorders: diagnosis and management of physical complications (updated 2017)

https://www.nice.org.uk/guidance/cg100

BSG: Guidelines for the management of iron deficiency anaemia (2011)

https://www.bsg.org.uk/resource/guidelines-for-the-management-of-iron-deficiency-anaemia.html

NICE: CG184 Gastro-oesophageal reflux disease and dyspepsia in adults: investigation and management (2014)

https://www.nice.org.uk/guidance/cg184

NICE: NG12 Suspected cancer: recognition and referral (updated 2017)

https://www.nice.org.uk/guidance/ng12/chapter/Recommendations-organised-by-symptom-and-findings-of-primary-care-investigations

NICE: CG61 Irritable bowel syndrome: NICE guidelines (2017)

https://www.nice.org.uk/guidance/cg61

NICE: CG20 Coeliac disease: recognition, assessment and management (updated 2015)

https://www.nice.org.uk/guidance/ng20

NICE CKS Dyspepsia and gastro-oesophageal reflux disease overview

https://pathways.nice.org.uk/pathways/dyspepsia-and-gastro-oesophageal-reflux-disease

BSG: Guidelines on the Irritable Bowel Syndrome: Mechanisms and Practical Management (2007)

http://www.bsg.org.uk/clinical-guidelines/small-bowel-nutrition/guidelines-on-the-irritable-bowel-syndrome-mechanisms-and-practicalmanagement.html

BSG: Guidelines for the Management of Inflammatory Bowel Disease in Adults (2004)

http://www.bsg.org.uk/clinical-guidelines/ibd/guidelines-for-the-management-of-inflammatory-bowel-disease-in-adults.html

BSG: Guidelines for the investigation of chronic diarrhoea in adults (2017)

https://gut.bmj.com/content/67/8/1380.full

NICE: CG141 Acute upper gastrointestinal bleeding in over 16s: management (2016)

https://www.nice.org.uk/guidance/CG141

BSG: Endoscopy in patients on antiplatelet or anticoagulant therapy, including direct oral anticoagulants (2016)

https://www.bsg.org.uk/resource/bsg_esge_anticoag_16.html

BSG: Guidelines for the Management of Iron Deficiency Anaemia (2011)

https://www.bsg.org.uk/resource/guidelines-for-the-management-of-iron-deficiency-anaemia.html

NICE: CG50 Cirrhosis in over 16s: assessment and management (2016)

https://www.nice.org.uk/guidance/ng50

Medicine in the elderly

NICE: NG71 Parkinson's disease in adults (2017)

https://www.nice.org.uk/guidance/ng71

NICE: NG16 Dementia, disability and frailty in later life – mid-life approaches to delay or prevent onset (2015)

https://www.nice.org.uk/guidance/ng16

NICE: Delirium: diagnosis, prevention and management (2010)

http://guidance.nice.org.uk/CG103

NICE: NG97 Dementia: assessment, management and support for people living with dementia and their carers (2018)

https://www.nice.org.uk/guidance/ng97

NICE: CG161 Falls in older people: assessing risk and prevention (2013)

https://www.nice.org.uk/guidance/cg161

NICE: CG146 Osteoporosis: assessing the risk of fragility fracture (updated 2017)

https://www.nice.org.uk/guidance/cg146

Silver Book: quality care for older people with urgent and emergency care needs (2012)

https://www.bgs.org.uk/resources/silver-book

Musculoskeletal & Rheumatology

NICE CG75 Metastatic spinal cord compression (November 2008)

http://guidance.nice.org.uk/CG75

NICE: QS92 Venous thromboembolism in adults: diagnosis and management (updated 2016)

https://www.nice.org.uk/guidance/qs29

NICE: NG100 Rheumatoid arthritis in adults: management (2018)

https://www.nice.org.uk/guidance/ng100

NICE: CG117 Osteoarthritis: care and management (updated 2014)

https://www.nice.org.uk/guidance/cg177

NICE CKS Polymyalgia rheumatic

https://cks.nice.org.uk/polymyalgia-rheumatica

The British Society for Rheumatology guideline for the management of systemic lupus erythematosus in adults (2018)

https://academic.oup.com/rheumatology/article/57/1/e1/4318863

Neurology

NICE: CG137 Epilepsies: diagnosis and management (updated 2018)

https://www.nice.org.uk/guidance/cg137

NICE: CG150 Headaches in over 12s: diagnosis and management (updated 2015)

https://www.nice.org.uk/guidance/cg150

NICE: QS19 Meningitis (bacterial) and meningococcal septicaemia in children and young people (2012)

https://www.nice.org.uk/guidance/qs19

NICE CKS Multiple sclerosis overview

https://pathways.nice.org.uk/pathways/multiple-sclerosis

NICE: CG176 Head injury: assessment and early management (updated 2017)

https://www.nice.org.uk/guidance/cg176

NICE: BG99 Brain tumours (primary) and brain metastases in adults (2010)

https://www.nice.org.uk/guidance/ng99

NICE CG113 Generalised anxiety disorder and panic disorder in adults: management (2013)

https://www.nice.org.uk/guidance/cg113

NICE: CG68 Stroke and transient ischaemic attack in over 16s: diagnosis and initial management (updated 2016)

https://www.nice.org.uk/guidance/cg68

NICE: NG41 Spinal injury: assessment and initial management (2016)

https://www.nice.org.uk/guidance/ng41

NICE: NG10 Violence and aggression: short-term management in mental health, health and community settings (2015)

https://www.nice.org.uk/guidance/ng10

ESC: ESC Guidelines for the diagnosis and management of syncope (2018)

https://academic.oup.com/eurheartj/article/39/21/1883/4939241#

NICE Self Harm Overview

https://pathways.nice.org.uk/pathways/self-harm

NICE: CG16 Self-harm in over 8s: short-term management and prevention of recurrence (2004)

http://guidance.nice.org.uk/CG16

Renal

NICE: CG182 Chronic kidney disease in adults: assessment and management (updated 2015)

https://www.nice.org.uk/guidance/cg182

NICE QS90 Urinary tract infections in adults (2015)

https://www.nice.org.uk/guidance/qs90

NICE CG97 Lower urinary tract symptoms in men: management (updated 2015)

https://www.nice.org.uk/guidance/cg97

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