

# BMJ

A Healthier World



BMJ Best Practice  
临床实践



临床决策支持工具助力医学教育及临床决策



Better evidence



Better decisions



Better systems

# BMJ Best Practice可帮助学生

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学习最新的循证研究、指导方针和专家意见



按照临床工作流程的结构进行基于病例的实践学习



从医学院学生顺利过渡到执业医护人员



# 如有如下场景需求 请查阅Best Practice



查询、学习更新疾病诊疗完整路径



使用评分工具进行患者情况评估, 风险管控/合理医疗等



查询最新国际指南, 指导临床实践



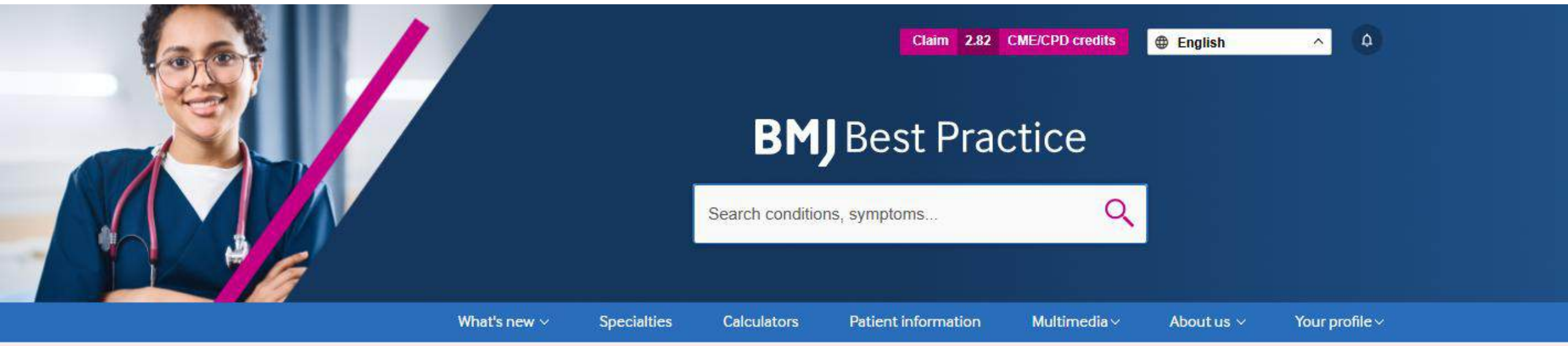
观看视频术式学习, 利用图片制作教学资料



独有的合并症诊疗模块 (单独订阅)



启发诊疗思路, 解决疑难病

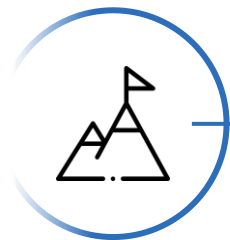




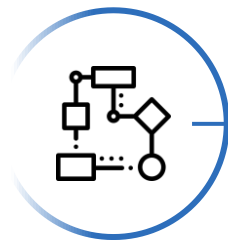
# 产品介绍



# 您的首选临床决策支持知识库



遵循循证医学方法学编写的，全球最优秀的临床决策支持知识库



内容以要点形式简明呈现，可迅速、精准定位所需诊疗知识



保持高频率持续更新：每年1200余次更新，重大更新48小时完成



网页访问

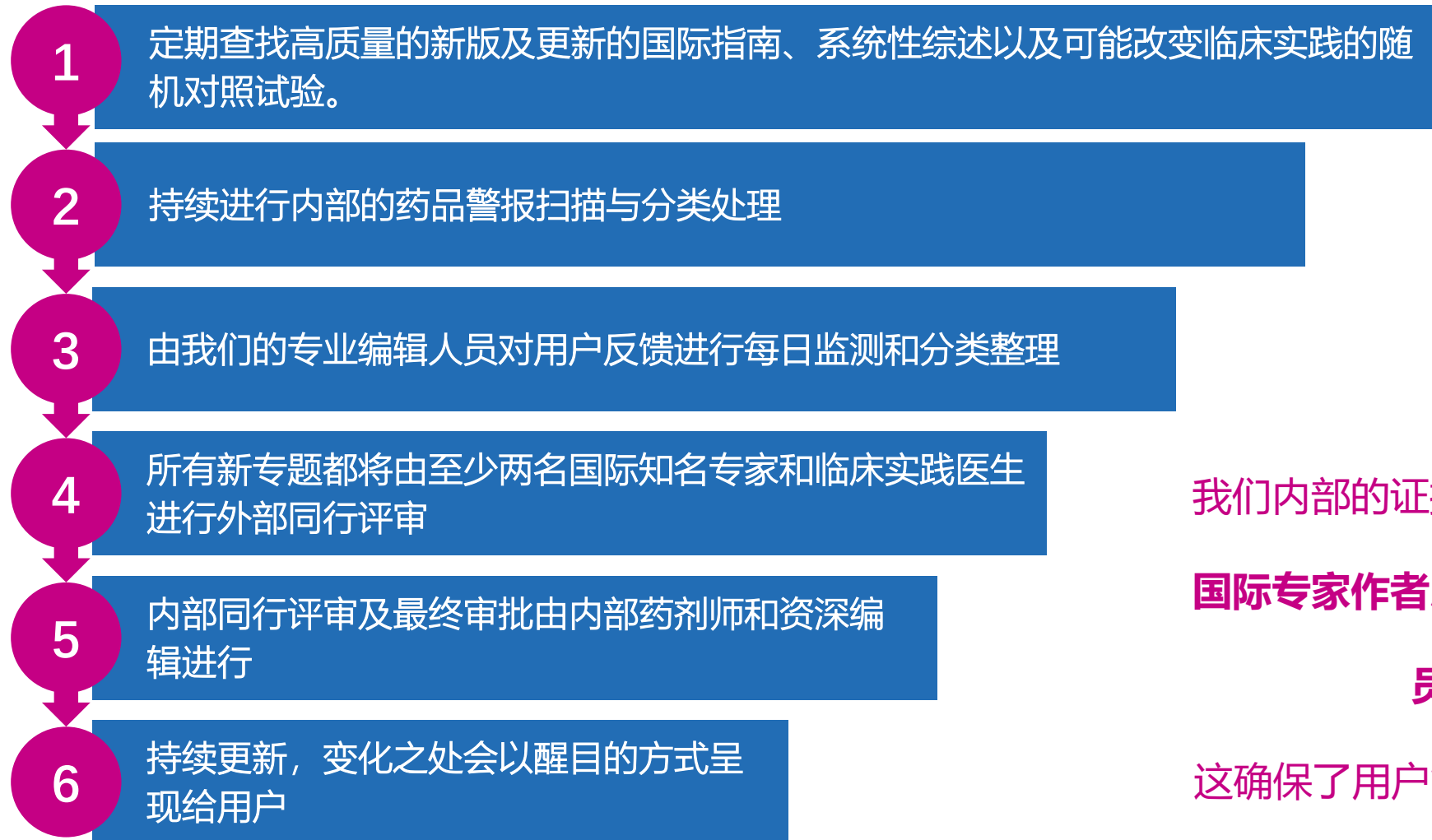


专题内容结构规范，按临床思维设计，可指导临床诊疗全流程



支持中低年资医师/住院医/医学生的临床实践与学习；高年资医师进行多学科会诊、教学

# 内容出自最新临床证据，制作流程遵循循证方法学



我们内部的证据研究团队与**超过 1600 名国际专家作者以及超过 2500 名同行评审员进行了合作。**

这确保了用户能够始终获取到最新的基于证据的信息。

# 全球最优秀的循证医学决策支持工具之一

Journal of Medical Internet Research



IMPACT FACTOR 4.945

Providing Doctors With High-Quality Information: An Updated Evaluation of Web-Based Point-of-Care Information Summaries

Koren Hyogene Kwag<sup>1</sup>, BSc, MSc ; Marien González-Lorenzo<sup>1</sup>, MSc Psych, PhD ; Rita Banzi<sup>2</sup>, PharmD, PhD ;

Stefanos Bonovas<sup>3</sup>, MD, MSc, PhD ; Lorenzo Moja<sup>1,4</sup>, MD, MSc, PhD

2016年发表于国际数字医疗领域排名第一的期刊JMIR:

《为医生提供高质量的信息，对基于网络的即时诊疗信息系统的最新评估》\*

\*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

26个国际在线  
临床诊疗决策  
支持工具

评估范围

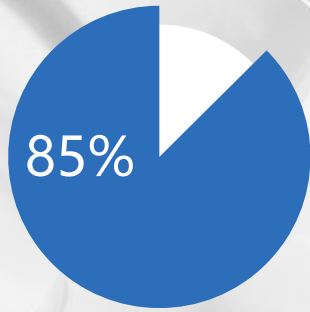
内容编辑质量、  
循证方法学、  
疾病覆盖广度

评估指标

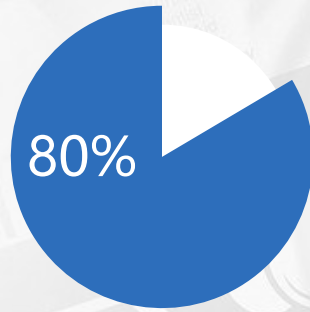
BP 在各个评估维  
度上均排名第一  
(含并列)

评估结果

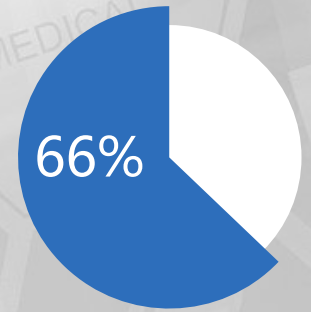
# 帮助从临床知识自我学习向临床应用地转化



BP 能帮助医师做出  
基于最佳证据的诊断决策



BP 能帮助医师做出  
基于最佳证据的治疗决策



BP 能帮助医师与患者  
共同参与临床决策

N = 184 名来自中国人民解放军空军总医院的实习医生、住院医生、主治医生、科室副主任和科室主任。

Da Zhang, Li Xiao, Jingqi Duan, Xinxin Chang, Kieran Walsh, John Sandars, Jeremy Brown, Xiaorong Dang, Wei Shen, Junjie Du & Yanjie Cao (2022) Understanding online self-directed learning using point of care information systems (POCIS): A pilot study using a capability approach perspective, Medical Teacher, DOI: 10.1080/0142159X.2022.2100251

# 内容全面、多样

37 临床专科

10000+ 疾病 (组) 和症状专题

80% 临床常见疾病 (组)

10000+ 诊断方法

6800+ 疾病\症状评估专题

3000+ 治疗分组

12500+ 细分诊疗方案

**40000+ 合并症治疗方案**

7350+ 国际指南

5000+ 临床图片

100 临床操作视频

84200+ 参考文献

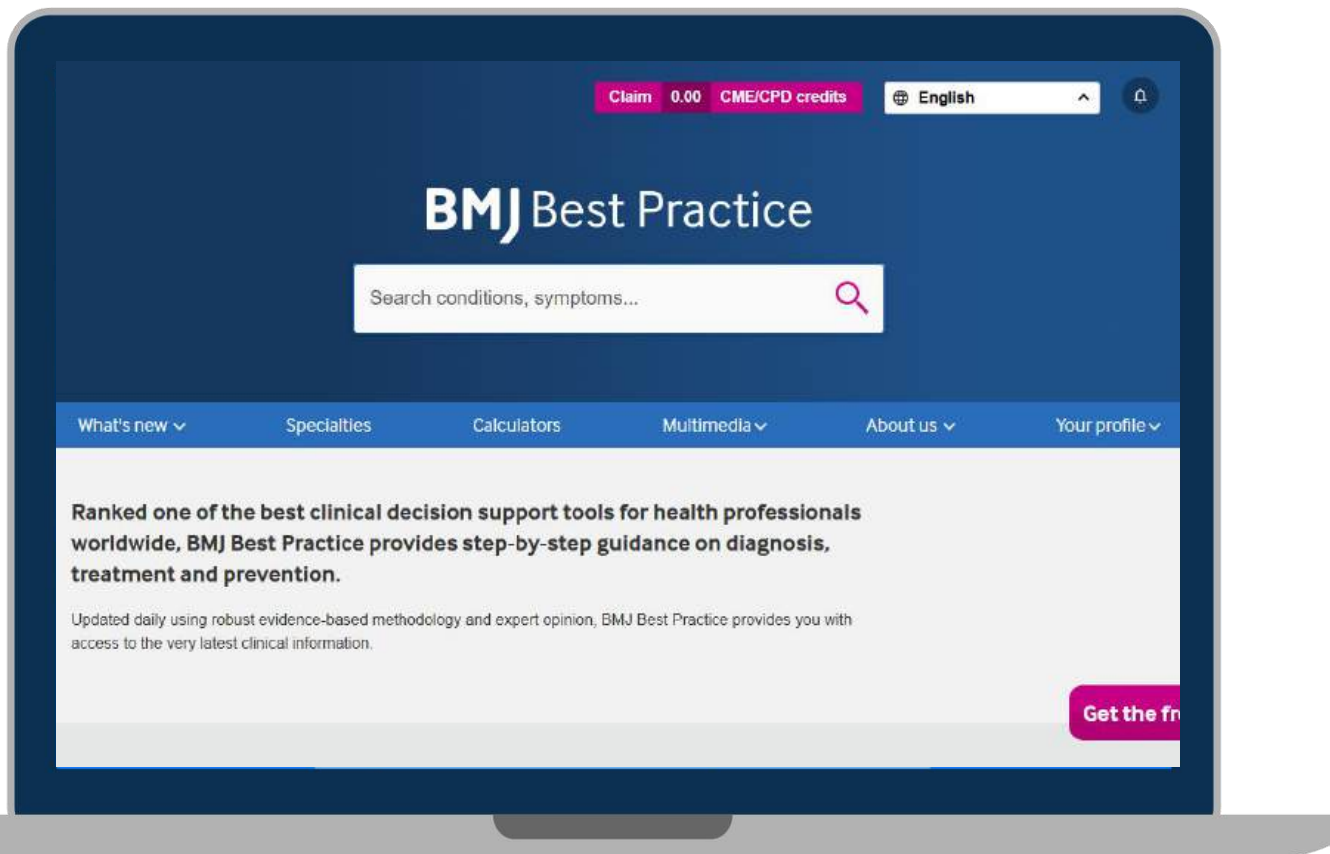
250+ 医学计算器

3600+ 关联Cochrane  
Clinical Answers

## ST-elevation myocardial infarction

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

# 网页版 – 支持机构内的在线访问



## 在线访问

- 内容实时更新
- 注册个人账号  
远程访问资源
- 可与药典库进行关联  
(需单独购买)
- 可访问其他基于互联网  
的内容



# 功能演示



# 创建个人账号

Start tracking CME/CPD credits English

## BMJ Best Practice

Search conditions, symptoms...

Enter your email and choose a password to complete your profile now

Email

Password

Your password must be at least 8 characters and include at least one number (0-9), one uppercase letter (A-Z) and one symbol (e.g. @, #, \$, %, &, \*, /)

Repeat password

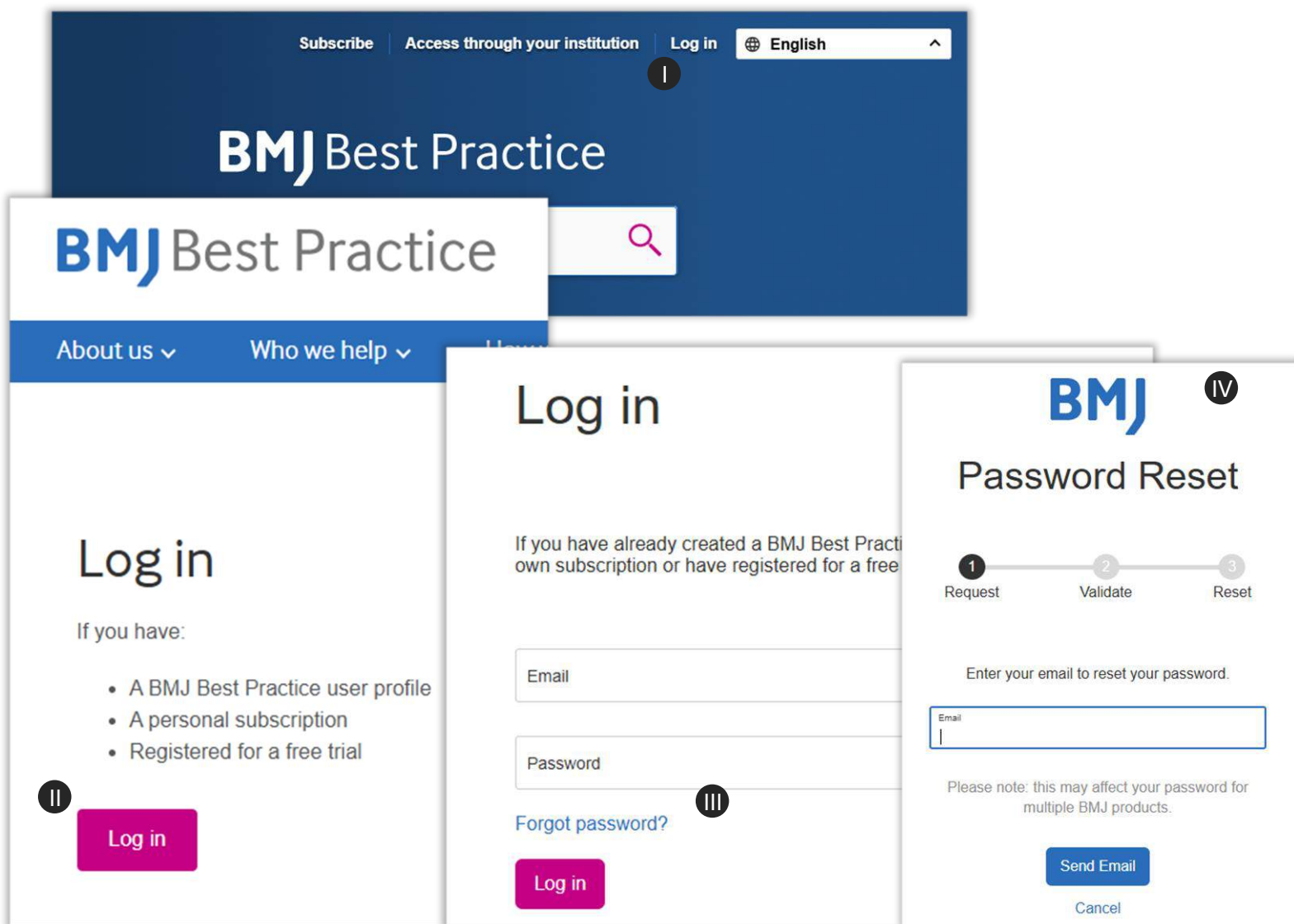
By registering with BMJ Best Practice you are agreeing to BMJ's [terms and conditions](#) and its [privacy policy](#).

Tick to receive information and special offers about BMJ's products and services. BMJ will mainly contact you by email but occasionally by post, telephone, or SMS.

Complete your profile

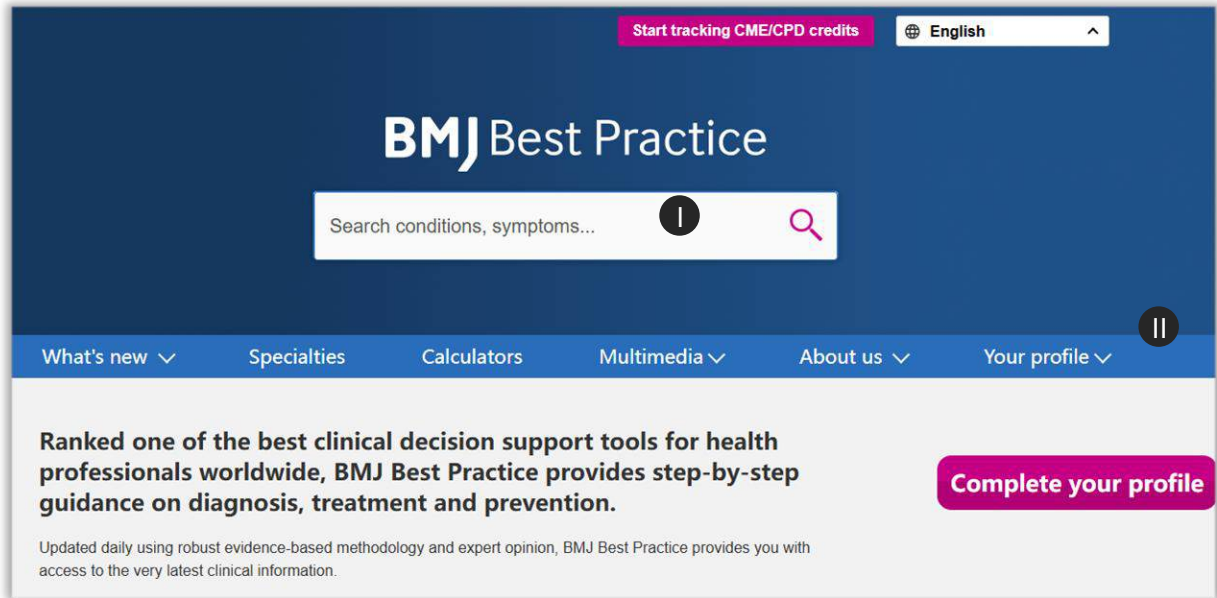
- BP在线版的机构访问权限采用IP段控制，在订阅机构内无需登录即可访问平台的全部内容。
- 您还可在机构IP范围内创建个人账号。
  - 通过个人账号登录，平台会记录您的CME学习时长并可打印相关证书。
  - 此外您还可以通过个人账号在机构外随时随地访问平台内容。
- 因此在首次使用BP在线版时，我们建议您点击平台右下角的**Complete your profile**并按**页面提示完成个人帐户的创建**。

# 平台登录



- 当您创建完个人账号后，请点击平台右上角的[Log In](#)<sup>I</sup>并输入您的邮箱和密码<sup>II</sup>。如您忘记了密码，请点击[Forgot password?](#)<sup>III</sup>并按Password Reset页面提示进行密码重置<sup>IV</sup>。
- 为确保您在机构外可以正常访问BP在线版，请您确保每季度在机构内用您的账号至少完成一次平台的登录。

# 平台首页



- **搜索**疾病或症状关键词可一步直达疾病和非疾病类（含症状）专题。
- 通过首页**导航**直接进入最近更新、学科、医学计算器、多媒体等主要内容板块。

# Best Practice可检索专题类型



## Assessment Topics:

支持与特定体征、症状和异常检测结果相关的问题，使您能够在几秒钟内将大量潜在病因缩小到易于管理的初步诊断范围。



## Condition Topics:

概述了疾病的理论以及所有临床方面，包括预防、诊断、治疗和随访，为您提供关于特定疾病的最全面信息。



## Overview Topics:

链接到相关疾病，提供一组疾病的总体概要，例如急性冠脉综合征。它还充当导航中心，提供指向相关疾病或评估专著链接。

Assessment of chronic cough					<a href="#">View PDF</a>
OVERVIEW	THEORY	EMERGENCIES	DIAGNOSIS	RESOURCES	<a href="#">Ver contenido en español</a>
<a href="#">Summary</a>	<a href="#">Aetiology</a>	<a href="#">Urgent considerations</a>	<a href="#">Approach</a> <a href="#">Differentials</a>	<a href="#">Guidelines</a> <a href="#">Images and videos</a> <a href="#">References</a> <a href="#">Evidence</a>	

Community-acquired pneumonia in adults (non COVID-19)						<a href="#">View PDF</a>
OVERVIEW	THEORY	DIAGNOSIS	MANAGEMENT	FOLLOW UP	RESOURCES	<a href="#">Ver contenido en español</a>
<a href="#">Summary</a>	<a href="#">Epidemiology</a> <a href="#">Aetiology</a> <a href="#">Case history</a>	<a href="#">Recommendations</a> <a href="#">History and exam</a> <a href="#">Investigations</a> <a href="#">Differentials</a> <a href="#">Criteria</a>	<a href="#">Recommendations</a> <a href="#">Treatment algorithm</a> <a href="#">Emerging</a> <a href="#">Prevention</a> <a href="#">Patient discussions</a>	<a href="#">Monitoring</a> <a href="#">Complications</a> <a href="#">Prognosis</a>	<a href="#">Guidelines</a> <a href="#">Images and videos</a> <a href="#">References</a> <a href="#">Patient information</a> <a href="#">Calculators</a> <a href="#">Evidence</a>	

Overview of coronaviruses		<a href="#">View PDF</a>
OVERVIEW	RESOURCES	<a href="#">Ver contenido en español</a>
<a href="#">Summary</a>	<a href="#">References</a> <a href="#">Patient information</a>	

Last reviewed: 25 Jan 2026

Last updated: 21 Oct 2025


*This page compiles our content related to coronaviruses. For further information on diagnosis and treatment, follow the links below to our full BMJ Best Practice topics on the relevant conditions and symptoms.*

[Patient information](#)

[COVID-19 \(coronavirus\)](#)

[More Patient information](#)

# 关键词搜索

hypertension 

**Idiopathic intracranial Hypertension**  
• [Signs & symptoms](#) • [Investigations](#) • [Differentials](#) • [Treatment algorithm](#)

**Gestational Hypertension**


**Assessment of Hypertension**

**Essential Hypertension**

**Idiopathic pulmonary arterial Hypertension**

➤ 在搜索框内输入症状或疾病关键词后，平台会自动推荐相关专题<sup>I</sup>。

- 您可以通过推荐专题的链接快速进入相关专题，或点击搜索键 (🔍) 进入搜索结果页面<sup>III</sup>。

Search results for: hypertension 

Showing 1-10 of 2315 results < Previous 1 2 3 4 5 Next >

**Filters**

Type

- Clinical topic pages 2315
- Calculators 0
- Patient information 17
- Multimedia 31
- Drugs information 49
- Specialties 15
- Case reports 1037
- Show local guidance

**Essential hypertension**  
Essential hypertension is defined as persistently raised blood pressure (BP) with no secondary cause identified. The main goal of treatment is to decrease the risk of mortality and of cardiovascular and renal morbidity. The...  
→ [Signs & symptoms](#) • [Investigations](#) • [Differentials](#) • [Treatment algorithm](#)

**Hypertensive emergencies**  
Hypertensive emergency is defined as severely elevated blood pressure (BP) associated with new or progressive target organ dysfunction. Although the absolute value of the BP is not as important as the presence of end-org...  
→ [Signs & symptoms](#) • [Investigations](#) • [Differentials](#) • [Treatment algorithm](#)

**Gestational hypertension**  
Gestational hypertension is defined by BP readings of  $\geq 140/90$  mmHg on two occasions at least 4 hours apart after 20 weeks' gestation in a previously normotensive woman... without the presence of proteinuria ( $< 300$  mg in...

# 搜索结果

Search results for: hypertension

Showing 1-10 of 2315 results

**Filters**

Type

- Clinical topic pages 2315
- Calculators 0
- Patient information 17
- Multimedia 31
- Drugs information 49
- Specialties 15
- Case reports 1037
- Show local guidance

**Essential hypertension**

Essential hypertension is defined as persistently raised blood pressure (BP) with no secondary cause identified. The main goal of treatment is to decrease the risk of mortality and of cardiovascular and renal morbidity. The...

→ [Signs & symptoms](#) • [Investigations](#) • [Differentials](#) • [Treatment algorithm](#)

**Hypertensive emergencies**

Hypertensive emergency is defined as severely elevated blood pressure with acute target organ dysfunction. Although the absolute value...

→ [Signs & symptoms](#) • [Investigations](#) • [Differentials](#)

**Gestational hypertension**

Gestational hypertension is defined by BP reading of 140/90 mmHg or higher after 20 weeks' gestation in a previously normotensive woman.

➤ 搜索结果按相关度进行排序并显示相关专题各重要章节的链接<sup>1</sup>。

搜索结果下方摘要栏显示相关度最高专题的鉴别诊断和病史和体格检查等信息<sup>2</sup>，便于您快速获取相关信息。

BP在线版还支持不同类型的搜索。如点击左侧**多媒体**<sup>3</sup>可查看与输入搜索词相关的资源。

Search results for: hypertension

Showing 1-10 of 2315 results

**Filters**

Type

- Clinical topic pages 2315
- Calculators 0
- Patient information 17
- Multimedia 31
- Drugs information 49
- Specialties 15
- Case reports 1037
- Show local guidance

**Clinical classification and prevalence of pulmonary hypertension. CTEPH, chronic thromboembolic pulmonary hypertension; CpCPH, combined post- and pre-capillary...**

*in multimedia / images*

Included in: Idiopathic pulmonary arterial hypertension

**Comprehensive risk assessment in pulmonary arterial hypertension (three-strata model)**

*in multimedia / images*

Included in: Idiopathic pulmonary arterial hypertension

**Oesophageal varices in a patient with portal hypertension**

*in multimedia / images*

Included in: Cirrhosis

# 最近更新

## 最近更新

浏览最新更新。BMJ Best Practice 持续更新，提供最新的循证决策支持。

所有更新 重要更新 按专业更新

15 2025 年  
主题：间皮

15 2025 年  
主题：脊柱

15 2025 年  
主题：水杨

15 2025 年  
主题：类癌

15 2025 年  
主题：儿童

所有更新 重要更新 按专业更新

14 2025 年 5 月

ⓘ 出于安全考虑，暂停在老年人中使用减毒活基孔肯雅疫苗  
主题：基孔肯雅病毒感染

25 2025 年 4 月

ⓘ 世卫组织重申非洲猪瘟疫情仍符合国际关注的  
主题：Mpox

2025年4月24日

ⓘ 达格列净获FDA批准用于治疗儿童2型糖尿病  
主题：儿童 2 型糖尿病

- BP编委团队会实时对专题内容进行评估并做出相应的更新。
- 您可以在[近期更新](#)内按时间或学科浏览重要和常规更新。
  - 其中[重要更新](#)II的详细内容还会在相关专题页面的显著位置展示III。

## 成人急性哮喘发作

概述	理论	诊断	管理
概括	流行病学 病因 病历	建议 病史和检查 调查 差速器 标准	建议 治疗算法 新兴 预防 患者讨论

上次审核日期：2025 年 4 月 16 日 最后更新：2025年4月15日

ⓘ重要更新

# 学科分类

## Specialties

Browse the latest medical content in **30** specialties to help you make evidence-based clinical decisions.

- |                                       |                            |                                     |
|---------------------------------------|----------------------------|-------------------------------------|
| Allergy and immunology                | Haematology                | Paediatrics and adolescent medicine |
| Anaesthesiology                       | Health maintenance         | Palliative care                     |
| Cardiology                            | Hospital medicine          | Primary care                        |
| Cardiothoracic surgery                | Infectious diseases        | Psychiatry                          |
| Critical care medicine                | Internal medicine          | Respiratory disorders               |
| Dermatology                           | Nephrology                 | Rheumatology                        |
| Ear, nose, and throat                 | Neurology                  | Sleep medicine                      |
| Emergency medicine                    | Neurosurgery               | Surgery                             |
| Endocrinology and metabolic disorders | Nutrition                  | Urology                             |
| Gastroenterology and hepatology       | Obstetrics and gynaecology | Vascular surgery                    |
| General surgery                       | Oncology                   | Women's health                      |
| Genetics                              | Ophthalmology              |                                     |
| Geriatric medicine                    | Orthopaedics               |                                     |

BP在线版的专题覆盖**37个临床学科**。  
您可以在学科内按学科或专题分类查找和浏览相关专题<sup>I</sup>。

在每个学科分类下，您还可以查找本学科内相应的急症专题<sup>II</sup>。

← Anaesthesiology

A - Z    **EMERGENCY**    II

**A**    B    C    D    E    F    H    I    L

**A**

- Abdominal aortic aneurysm
- Abdominal compartment syndrome
- Accidental hypothermia
- Acute aspiration
- Acute asthma exacerbation in adults
- Acute heart failure

# 医学计算器

## Calculators

Browse and search over 250 evidence-based medical calculators.

This page contains links to external websites. Links are provided for your convenience, and do not imply endorsement of the contents or functionality of those website(s) and accept no responsibility for any loss or damages that may arise from any website outside our BMJ branded websites and mobile applications, and any such website use is subject to their own terms and conditions and privacy policies. Please refer to [BMJ's Website](#)

III A - Z IV BY SPECIALTY

Filter calculators V 🔍

### A

- A-a Gradient** ⓘ  
Calculates difference between alveolar and arterial oxygen
- ABCD2 Score to Predict Stroke Risk after TIA** ⓘ  
Estimates the risk of stroke following transient ischemic attack
- Absolute Eosinophil Count** ⓘ  
Assesses number of eosinophils (e.g., in people with allergic asthma)
- Absolute Lymphocyte Count** ⓘ  
Estimates number of lymphocytes and predicts CD4 count
- Absolute Neutrophil Count** ⓘ  
Measures number of neutrophils (used to assess neutropenia)

## Apgar Score

### Strength and regularity of heart rate

- 100 beats/minute or more (2 points)
- Less than 100 (1 point)
- None (0 points)

### Lung maturity

- Regular breathing (2 points)
- Irregular (1 point)
- None (0 points)

### Muscle tone and movement

- Active (2 points)
- Moderate (1 point)
- Limp (0 points)

### Skin color / oxygenation

- Pink (2 points)
- Bluish extremities (1 point)
- Totally blue (0 points)

### Reflex response to irritable stimuli

- Crying (2 points)
- Whimpering (1 point)
- Silence (0 points)

**Important:** Inputs must be complete to perform calculation.

- BP在线版包括250个医学计算器，可帮助您即时评估临床指标和疾病风险<sup>I</sup>。医学计算器采用量表评分或公式的计算方式。填写相关参数后系统会自动计算结果并给出相关参考区间。
- 所有医学计算器均和相关专题进行了关联，并在专题小结章节页面展示<sup>II</sup>。
- 您可在医学计算器<sup>III</sup>内按A-Z或学科<sup>IV</sup>浏览相关医学计算器或进行搜索<sup>V</sup>。

## Ischaemic attack

View PDF

THEORY	DIAGNOSIS	MANAGEMENT	FOLLOW UP	RESOURCES
Epidemiology	Recommendations	Recommendations	Monitoring	Guidelines
Aetiology	History and exam	Treatment algorithm	Complications	Images and videos
Case history	Investigations	Emerging	Prognosis	References
	Differentials	Prevention		Calculators

# 操作视频

What's new ▾ Specialties Calculators **Multimedia ▾** About us ▾ Yc

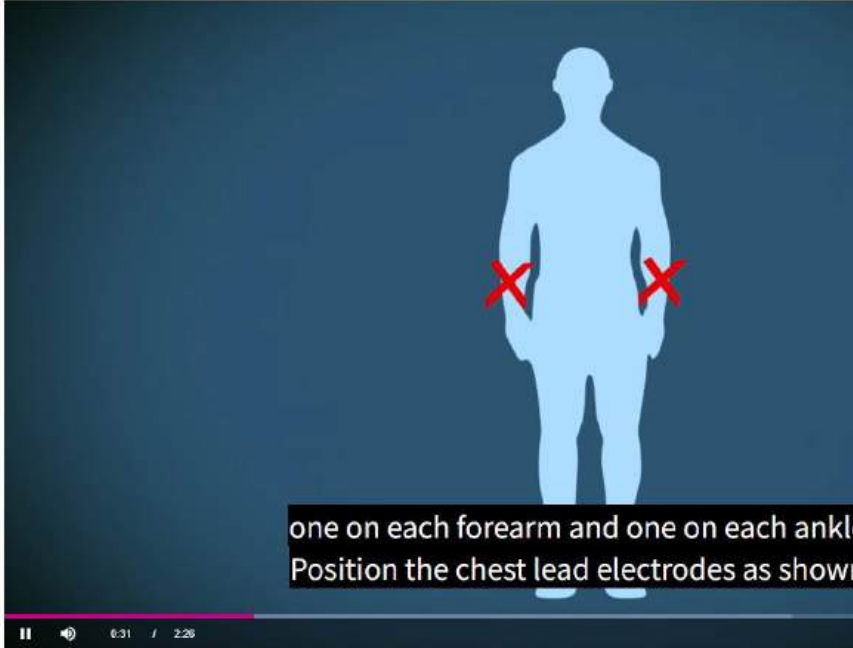
## Videos

Watch videos on common clinical procedures. Videos include a list of equipment, complications, indications, contraindications and aftercare.

- Abdominal paracentesis animated demonstration**  
Demonstrates how to perform diagnostic and therapeutic abdominal paracentesis. 06:30
- Aortic regurgitation**  
Auscultation sounds. 00:03
- Aortic stenosis (se**  
Auscultation sounds. 00:03
- Apraxia of speech**  
Iankova V, et al; Mo used with permission. 00:47

### How to perform an ECG animated demonstration

How to record an ECG. Demonstrates placement of chest and limb electrodes.



The diagram shows a human silhouette with red 'X' marks on the forearms and ankles, indicating electrode placement. A text box at the bottom of the video frame reads: "one on each forearm and one on each ankle. Position the chest lead electrodes as shown."

06:31 / 2:26

- BP在线版覆盖约100个临床操作视频。您可在操作视频I内进行相关内容的浏览。
- 操作视频配有**英文字幕II**以及与本操作相关的医疗设备和注意事项的描述。
- 所有视频均和相关专题进行了关联，并在专题小结章节页面展示III。

### Ischemic attack

View PDF

THEORY	DIAGNOSIS	MANAGEMENT	FOLLOW UP	RESOURCES
Epidemiology	Recommendations	Recommendations	Monitoring	Guidelines
Aetiology	History and exam	Treatment algorithm	Complications	Images and videos
Case history	Investigations	Emerging	Prognosis	References
	Differentials	Prevention		Calculators
		Patient discussions		Evidence

### Videos

- How to perform an ECG animated demonstration**  
How to record an ECG. Demonstrates placement of chest and limb electrodes.
- Venepuncture and phlebotomy animated demonstration**  
How to take a venous blood sample from the antecubital fossa using a vacuum needle. 01:35

# 临床证据

BMJ Best Practice

Search conditions, symptoms...

What's new ▾ Specialties Calculators Patient information Multimedia ▾ About us ▾ Your profile

Home / Evidence

## Evidence to inform your clinical decision making



### 什么是循证医学 (EBM) ?

» 循证医学工具包 » 学习循证医学 » 什么是循证医学 (EBM) **II**

循证医学 (evidence-based medicine, EBMa) 是指将目前最佳的研究应用于临床诊疗中, 这需要将证据与临床专业知识和患者的利益结合起来[1,2]。我们所指的现有最佳研究, 是那些具有临床意义 (即着眼于患者) 的研究, 且这些研究能够:

- 阐释诊断试验的准确性和精确度,
- 强调预后指标的重要性,
- 确定治疗、康复或预防性医疗保健策略的有效性和安全性
- 尽力了解患者的体验。

#### 更多内容

如何阐明一个临床

设计检索

在哪里寻找研究

研究设计的检索



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Case reports

Comorbidities Manager

Drug information

Evidence resources **I**

➤ BMJ一直致力于参与并推动循证医学 (EBM) 的发展和普及。您可通过BP在线版[证据I](#)内的链接访问[EBM工具包](#)。

• 工具包内收录了大量关于学习、讨论和实践循证医学的信息以及便于实践循证医学的工具和文献<sup>II</sup>。

• 同样可以通过该页面跳转Cochrane数据库进行进一步学习<sup>III</sup>

### Cochrane临床答案 **III**

BMJ Best Practice 与 Cochrane Clinical Answers 携手合作, 旨在更好地提供证据, 并为护理决策提供参考。Cochrane Clinical Answers 已纳入 BMJ Best Practice 专题, 使医疗专业人员能够即时获取最高质量的证据, 用于日常实践。

[查看所有 Cochrane 临床答案](#)



# 药典

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## Drug database

Search for drug information directly or by selecting a drug when viewing a condition or symptom.



Supports pharmacists in hospitals and ambulatory care clinics across the full spectrum of medication use.

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Drug Information **1**

Evidence resources

### Account details

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➤ BP在线版与Martindale（马丁代尔大药典）和BNF（英国国家药典）等6个药典进行了关联（需单独订阅）。

- 您可以从药典内的链接访问相关药典或通过专题内药品的链接访问药典内相关药品的信息<sup>3</sup>。

1 期高血压

一线治疗 ^ 噻嗪类利尿剂

第一选择

氢氯噻嗪: 每日  
2 次给药

或

氢氯噻嗪: 每日

选择您的药物数据库

- AHFS
- BNF
- BNF FOR CHILDREN
- MARTINDALE
- MICROMEDEX
- RENAME

请注意药品名称和品牌、药品处方或地区之间的配方/用药途径和剂量可能有所不同。治疗建议针对患者特定群体提出: [查看免责声明](#)

# 疾病类专题 – 标准导航

BMJ Best Practice 临床实践

Search conditions, symptoms...



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Specialties

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## Chronic obstructive pulmonary disease (COPD)

Ver contenido en español

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

Last reviewed: 20 Apr 2025

Last updated: 13 May 2025

### Summary

Chronic obstructive pulmonary disease (COPD) is suspected in patients with a history of smoking, occupational and environmental risk factors, or a personal or family history of chronic lung disease.

Presents with shortness of breath, wheeze, cough, and sputum production.

Diagnostic tests include pulmonary function tests, chest x-ray, chest computed tomography scan, oximetry, and arterial blood gas analysis.

Patients should be encouraged to stop smoking or occupational exposure and be vaccinated against viral influenza and *Streptococcus pneumoniae*.



每个专题页面拥有按完整临床诊疗流程设计的**标准导航**<sup>I</sup>，包含诊断、治疗和随访等6部分以及23个子章节，便于您精准直达不同诊疗环节的内容。

**专题摘要栏**<sup>II</sup>提供与本专题相关的鉴别诊断、指南、操作视频、医学计算器等资源的链接。

专题显著位置还标注了内容审核和更新日期<sup>III</sup>、重要更新也会标注，便于您实时获取最新、最权威的临床支持。

# 疾病类专题 – 专题小结

小结章节涵盖本专题疾病的精粹临床诊疗信息，为您高度概括病史和体格查体<sup>I</sup>、诊断性检查<sup>II</sup>及治疗流程<sup>III</sup>等核心诊疗环节。

## Chronic obstructive pulmonary disease (COPD)

Ver contenido en español

OVERVIEW THEORY DIAGNOSIS MANAGEMENT FOLLOW UP RESOURCES

Last reviewed: 24 Sep 2025 Last updated: 13 May 2025

### Summary

Chronic obstructive pulmonary disease (COPD) is suspected in patients with a history of smoking, occupational and environmental risk factors, or a personal or family history of chronic lung disease.

Presents with shortness of breath, wheeze, cough, and sputum production.


Diagnostic tests include pulmonary function tests, chest x-ray, chest computed tomography scan, oximetry, and arterial blood gas analysis.

Patients should be encouraged to stop smoking or occupational exposure and be vaccinated against viral influenza and *Streptococcus pneumoniae*.

Treatment options include bronchodilators, inhaled corticosteroids, phosphodiesterase-4 inhibitors, antibiotics, and mucolytics. Pulmonary rehabilitation improves exercise tolerance, dyspnoea, and health-related quality of life, and reduces re-hospitalisations and mortality.

Long-term oxygen therapy improves survival in severe COPD.

### Definition



**Differentials**

- Asthma
- Congestive heart failure
- Bronchiectasis

[More Differentials](#)

## I History and exam

### Key diagnostic factors

- cough
- shortness of breath
- sputum production
- exposure to risk factors

[Full details](#)

### Other diagnostic factors

- barrel chest
- hyper-resonance on percussion
- distant breath sounds on auscultation
- poor air movement on auscultation

[Full details](#)

### Risk factors

- cigarette smoking
- advanced age
- genetic factors
- lung growth and development

[Full details](#)

## II Diagnostic investigations

### 1st investigations to order

- spirometry
- standardised symptoms score
- pulse oximetry
- ABG

[Full details](#)

### Investigations to consider

- pulmonary function tests
- chest CT scan
- serial peak flow measurement
- sputum culture

[Full details](#)

## Treatment algorithm

### III ACUTE

**GOLD group A: initial treatment**

**GOLD group B: initial treatment**

**GOLD group E: initial treatment**

# 疾病类专题 – 辅助检查及鉴别诊断

## Investigations

### 1st investigations to order **I**

- ✓ spirometry
- ✓ standardised symptoms score
- ✓ pulse oximetry
- ✓ ABG
- ✓ Chest x-ray
- ✓ FBC

### Investigations to consider

- ✓ pulmonary function tests **II**
- ✓ chest CT scan
- ✓ serial peak flow measurement

## Differentials **III**

- ✓ Asthma
- ✓ Congestive heart failure
- ✓ Bronchiectasis
- ✓ Tuberculosis
- ✓ Bronchiolitis
- ✓ Upper airway dysfunction
- ✓ Chronic rhinosinusitis/postnasal drip
- ✓ Gastro-oesophageal reflux disease (GORD)
- ✓ ACE inhibitor-induced chronic cough
- ✓ Lung cancer

**辅助检查**章节涵盖与诊断相关的首要检查<sup>I</sup>和其它需考虑的检查<sup>II</sup>。

**鉴别诊断**章节提供简明的鉴别诊断信息<sup>III</sup>，便于您通过鉴别依据快速甄别诊断的准确性，避免误诊漏诊。

# 疾病类专题 – 治疗流程

## Treatment algorithm

ACUTE	
<b>GOLD group A: initial treatment</b>	
<b>1ST LINE</b>	
short- or long-acting bronchodilator	→
<b>PLUS</b>	
supportive care and advice	→
<b>GOLD group B: initial treatment</b>	
<b>1ST LINE</b>	
LABA/LAMA	→
<b>PLUS</b>	
short-acting bronchodilator	→
<b>PLUS</b>	
supportive care and advice	→

章节内容对药物用法、手术方案及辅助治疗手段进行详细介绍<sup>11</sup>，便于针对患者的病情获取最相关的逐步治疗信息和详细用药方案。

ACUTE		ACUTE   GOLD group B: initial treatment
<b>GOLD group A: initial treatment</b>		<b>1ST LINE</b>
<b>1ST LINE</b>		<b>LABA/LAMA</b>
short- or long-acting bronchodilator	→	Global Initiative for Chronic Obstructive Lung Disease (GOLD) group B patients are characterised by more symptoms (Modified British Medical Research Council [mMRC] $\geq 2$ or COPD Assessment Test [CAT] $\geq 10$ ) and low risk of exacerbations (0-1 exacerbations per year, not requiring hospitalisation).[1]
<b>PLUS</b>		Long-acting muscarinic antagonist (LAMA)/long-acting beta-2 agonist (LABA) combination treatment should be offered first-line in the absence of issues with adverse effects or availability.[1]
supportive care and advice	→	Umeclidinium/vilanterol, glycopyrronium/formoterol, tiotropium/olodaterol, and acclidinium/formoterol are LABA/LAMA combinations approved for use in COPD.[119][234] Umeclidinium/vilanterol decreases the risk of exacerbations in patients with mild/moderate COPD.[113] [Cochrane Library]
<b>GOLD group B: initial treatment</b>		<b>Primary options</b>
<b>1ST LINE</b>		<b>LABA/LAMA</b>
LABA/LAMA	→	umeclidinium/vilanterol inhaled: (62.5/25 micrograms/dose inhaler) 1 puff once daily
<b>PLUS</b>		
short-acting bronchodilator	→	
<b>PLUS</b>		
supportive care and advice	→	
<b>PLUS</b>		
pulmonary rehabilitation	→	
<b>2ND LINE</b>		
LABA or LAMA	→	

治疗流程章节按就诊患者情况、疾病诊断组别和疾病的进展程度<sup>11</sup>对治疗要点进行排列。

# 疾病类专题 – 病史及指南

## Chronic obstructive pulmonary disease (COPD)

[Ver contenido en español](#)

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

### Case history

#### Case history #1

A 66-year-old man with a smoking history of one pack per day for the past 47 years presents with progressive shortness of breath and chronic cough, productive of yellowish sputum, for the past 2 years. On examination he appears cachectic and in moderate respiratory distress, especially after walking to the examination room, and has pursed-lip breathing. His neck veins are mildly distended. Lung examination reveals a barrel chest and poor air entry bilaterally, with moderate inspiratory and expiratory wheezing. Heart and abdominal examination are within normal limits. Lower extremities exhibit scant pitting oedema.

#### Case history #2

A 56-year-old woman with a history of smoking presents to her primary care physician with shortness of breath and cough for several days. Her symptoms began 3 days ago with rhinorrhoea. She reports a chronic morning

**病史**章节涵盖与此疾病相关的典型和非典型真实患者案例，可用于PBL和CPL教学。

## Chronic obstructive pulmonary disease (COPD)

[Ver contenido en español](#)

OVERVIEW	THEORY	DIAGNOSIS	MANAGEMENT	FOLLOW UP	RESOURCES
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### International guidelines

#### United Kingdom

##### [British Thoracic Society clinical statement on pulmonary rehabilitation](#)

**Published by:** British Thoracic Society

**Last published:** 2023

##### [Managing malnutrition in COPD](#)

**Published by:** Managing Adult Malnutrition

**Last published:** 2023

**指南**章节涵盖国际权威医疗机构制定的最新诊断和治疗指南。

# 疾病类专题 - 合并症诊疗工具

近100篇疾病类专题的治疗流程章节中包含**目前唯一**可结合患者当前急症与固有合并症给出综合性治疗建议的**合并症诊疗工具**（需单独订阅）。治疗建议将根据您所勾选的合并症发生改变，从而针对患者整体情况给予全面的治疗和管理。

## 成人急性哮喘发作

查看西班牙语内容

概述	理论	诊断	管理	跟进	资源
概括	流行病学 病因 病历	建议 病史和检查 调查 差速器 标准	建议 治疗算法  新兴 预防 患者讨论	监控 并发症 预后	指南 图片和视频 参考 计算器 证据

上次审核日期: 2025年4月27日 最后更新: 2025年4月15日

**重要更新**

2025年4月15日

### 英国最新哮喘指南对哮喘发作管理的改变微乎其微

NICE/BTS/SIGN 发布了最新的哮喘管理指南更新。虽然慢性哮喘的诊断和治疗方法有一些重大变化，但在哮喘发作的管理方面却几乎没有变化。该文件继续定期链接到2024年指南 SIGN 158。[49]

与哮喘发作相关的更新注意事项:

- 定期进行 FeNO 测试可能会减少病情恶化。
- 对于未确诊哮喘且病情恶化的患者，建议在接受任何针对急性症状的治疗的同时，开始使用维持和缓解疗法 (MART)。MART 是吸入性皮质类固醇与福莫特罗的组合法。出院后，可逐渐减少至“按需”用药。

参见诊断: 建议  
参见管理: 方法  
更新的原始来源 

**合并症**  
添加患者的合并症以获得定制的治疗建议

**重要提示:** 如果您的患者正在怀孕或处于儿童期，请勿使用此工具选择合并症。请使用标准流程，并就合并症寻求专家建议。

- 糖尿病
- 慢性肾病 (CKD)
- 高血压
- 冠状动脉疾病
- 心脏衰竭
- 中风
- 慢性阻塞性肺疾病
- 哮喘
- 沮丧
- 失智

其他考虑因素

- 疑似虚弱
- 烟草依赖

**显示治疗算法**

### 概括

成人急性哮喘发作表现为哮喘症状的急性或亚急性发作，逐渐恶化，如呼吸急促、喘息、咳嗽和胸闷。

通过合并症管理器将所有相关的合并症添加到治疗算法中

# 疾病类专题 - 合并症诊疗工具

成人急性哮喘发作

查看西班牙语内容

概述 理论 诊断 管理 跟进 资源

**添加患者的合并症**以获得定制的治疗建议

如果您的患者正在怀孕或处于儿童期，请勿使用此工具选择合并症。请使用标准流程，并就合并症寻求专家建议。

<input checked="" type="checkbox"/> 糖尿病	<input type="checkbox"/> 心脏衰竭	<input type="checkbox"/> 沮丧
<input type="checkbox"/> 慢性肾病 (CKD)	<input type="checkbox"/> 中风	<input type="checkbox"/> 失智
<input checked="" type="checkbox"/> 高血压	<input type="checkbox"/> 慢性阻塞性肺疾病	
<input type="checkbox"/> 冠状动脉疾病	<input type="checkbox"/> 哮喘	

其他考虑因素

<input type="checkbox"/> 疑似虚弱
<input checked="" type="checkbox"/> 烟草依赖

添加了以下合并症：**糖尿病** **高血压** **烟草依赖**

请注意此图标：由于患者合并症而受到影响或增加的治疗方案。 **知道了**

**急性**

- 危及生命的病情恶化或即将发生呼吸衰竭
  - 加 入住重症监护室 →
  - 考虑 氧 →
  - 加 短效支气管扩张剂 →
  - 加 C+** 全身性皮质类固醇 →
  - 加 支持治疗 →
  - 考虑 硫酸镁 →
  - 考虑 氨茶碱 →

急性|危及生命的病情恶化或即将发生呼吸衰竭

**加** 全身性皮质类固醇

针对特定患者组的所有患者推荐的治疗

尽早给予皮质类固醇治疗。[13]欧洲呼吸学会/欧洲过敏和临床免疫学会 (ERS/EAAI) 和全球哮喘防治倡议 (GINA) 建议在 1 小时内完成此操作。[1][51]

- 给予口服泼尼松龙，前提是患者能够吞咽并保留。[13]
- 当无法进行口服治疗时（例如，患者呼吸困难难以吞咽、呕吐或需要无创通气或插管），可以考虑使用肠外氢化可的松或甲基泼尼松龙作为口服治疗的替代方案。[1][13]

继续使用泼尼松龙（或替代的肠外皮质类固醇）直至康复（至少 5 天）。[13]

当患者能够耐受口服治疗时，将肠外皮质类固醇转换为口服皮质类固醇。

在服用口服或肠外皮质类固醇期间，**不要停止使用吸入皮质类固醇。** [13]

**C+** 糖尿病

当患者服用皮质类固醇时，管理他们的糖尿病

**C+** 药物的选择、剂量及相互作用可能会受到患者合并症的影响。请查看您当地的药物处方案。

该符号C+明确表明所选治疗方案可能会受到已选共病的影响

选择您所关注的治疗方案，然后查看有关该治疗方案如何针对共病情况进行调整的详细信息

# 疾病类专题 - 合并症诊疗

### ACUTE

**on presentation**

**1ST LINE**

- short-acting bronchodilator →
- CONSIDER** systemic corticosteroid →
- CONSIDER** oxygen →
- CONSIDER** ventilation →
- CONSIDER** antibiotic therapy →
- CONSIDER** supplemental treatment →

**ONGOING**

▲ Comorbidities are **NOT** taken into account for the ONGOING timeframe

### 急性

⚠️ 危及生命的病情恶化或即将发生呼吸衰竭

- 加** 入住重症监护室 →
- 考虑** 氧 →
- 加** 短效支气管扩张剂 →
- 加** 全身性皮质类固醇 →
- 加** 支持治疗 →
- 考虑** 硫酸镁 →
- 考虑** 氨茶碱 →
- 考虑** 机械通气 →
- PLUS** 检查糖尿病药物 (1 型糖尿病患者切勿停止胰岛素治疗) →
- 考虑** 抗生素治疗 →
- 加** 住院期间监测合并症 →

针对特定患者组的所有患者推荐的治疗

尽早给予皮质类固醇治疗。[13] 欧洲呼吸学会/欧洲过敏和临床免疫学会 (ERS/EAACI) 和全球哮喘防治倡议 (GINA) 建议在 1 小时内完成此操作。[1][5][1]

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- 当无法进行口服治疗时 (例如, 患者呼吸困难难以吞咽、呕吐或需要无创通气或插管), 可以考虑使用肠外氢化可的松或甲基泼尼松龙作为口服治疗的替代方案。[1][13]

继续使用泼尼松龙 (或替代的肠外皮质类固醇) 直至康复 (至少 5 天)。[13]

当患者能够耐受口服治疗时, 将肠外皮质类固醇转换为口服皮质类固醇。

在服用口服或肠外皮质类固醇期间, **不要停止使用吸入皮质类固醇**。[13]

#### 参考

83. 英国糖尿病住院护理联合会。高血糖管理及糖尿病 (糖皮质激素) 治疗。2023年1月[网络书籍]。

<https://abcd.care/joint-british-diabetes-societies-jbds-inpatient-care-group> >全文

[查看所有参考文献](#)

糖尿病控制恶化, 因此每天要测试四次血糖 (基于代谢和诱导胰岛素抵抗来引起高血糖症。相同剂量的皮质类固醇, 但调整糖尿病药

如果确实出现高血糖, 请使用医院的诊疗方案。英国糖尿病住院护理联合会 (JSI) 已针对此类临床情况制定了诊疗方案。[83]

- 住院患者的目标血糖应为 6 至 10 mmol/L (108-180 mg/dL), 可接受的范围为 6 至 12 mmol/L (108-216 mg/dL)。目标血糖应根据个体情况制定。某些群体尤其容易发生低血糖 (例如, 体弱者或接受临终关怀的患者)。
- 如果您的患者患有 1 型糖尿病, 且毛细血管血糖 > 12 mmol/L (> 216 mg/dL), 则应每天检查酮体。[83]

当减少皮质类固醇剂量时, 血糖控制可能会改善, 这可能需要减少滴定的糖尿病药物, 回到使用皮质类固醇之前的方案。[83] 出院时向全科医疗团队传达明确的滴定策略。

- 特定皮质类固醇的作用持续时间将决定其对血糖控制的效果时间。
  - 静脉注射皮质类固醇 (例如氢化可的松) 的半衰期通常较短, 这意味着血糖控制在 24 小时内恢复到使用皮质类固醇之前的水平。
  - 口服皮质类固醇 (例如泼尼松龙) 可能需要几天时间。

基于指南和Cochrane研究所提供的证据所做出的建议

# 症状评估类专题 ( Assessment Topics )

Assessment of chronic cough					Ver contenido en español
OVERVIEW	THEORY	EMERGENCIES	DIAGNOSIS	RESOURCES	
<a href="#">Summary</a>	<a href="#">Aetiology</a>	<a href="#">Urgent considerations</a>	<a href="#">Approach</a>	<a href="#">Guidelines</a>	
			<a href="#">Differentials</a>	<a href="#">Images and videos</a>	
				<a href="#">References</a>	
				<a href="#">Evidence</a>	

Last reviewed: 24 Sep 2025

Last updated: 02 Oct 2025

## Summary

Cough is one of the most common presenting symptom in primary practice.[1] Sub-acute cough is defined as cough persisting for 3-8 weeks, and chronic cough as that persisting for more than 8 weeks in adults.[2][3][4] Chronic cough in children has been defined as the presence of cough every day for 4 weeks or more.[5] Sub-acute cough is most often self-limiting, but chronic cough may provide significant challenges for effective evaluation and management. The difficulty is in determining the cause of cough, because some 'aetiologies' are syndromes without accurate diagnostic tests. The cause is determined instead by typical historical features, elimination of alternative causes, and response to targeted therapies (therapeutic trials serve as tests). Nonetheless, a careful history and examination, followed by carefully selected therapeutic trials and/or diagnostic evaluations, may satisfactorily resolve cough in most cases.

However, for children aged  $\leq 14$  years, common causes of chronic cough may be different to



Guidelines

BP在线版包含**6800+**个症状评估类专题，每个专题为一类常见临床症状或表现提供了详细的评估和诊断指导。

紧急考量章节提醒您接诊患者时需优先考虑的诊疗信息<sup>I</sup>，以避免疾病恶化或严重并发症的发生。鉴别诊断章节内容按相关疾病的发病率或分类进行排列<sup>II</sup>，且对红旗症进行了标注<sup>III</sup>，便于您对疾病做出快速的诊断。

Assessment of chronic cough					Ver contenido en español
OVERVIEW	THEORY	EMERGENCIES	DIAGNOSIS	RESOURCES	
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			<a href="#">Differentials</a>	<a href="#">Images and videos</a>	
				<a href="#">References</a>	
				<a href="#">Evidence</a>	

## Differentials

### Common

VIEW ALL

Upper airway cough syndrome (UACS; postnasal drip)

Asthma

Gastro-oesophageal reflux disease (GORD)

Non-asthmatic eosinophilic bronchitis (NAEB)

Chronic bronchitis/COPD

# 概述类专题 ( Overview Topics )

## Overview of diabetes

OVERVIEW

RESOURCES

Summary



References

Last reviewed: 24 Sep 2025

Last updated: 29 Nov 2024

*This page compiles our content related to diabetes. For further information on diagnosis and treatment, follow the links below to our full BMJ Best Practice topics on the relevant conditions and symptoms.*

### Introduction

Diabetes is a general term for disorders characterised by polyuria. It usually refers to diabetes mellitus, a common chronic syndrome of impaired carbohydrate, protein, and fat metabolism owing to insufficient secretion of insulin and/or target-tissue insulin resistance. Complications of diabetes mellitus include both macrovascular (coronary heart, cerebrovascular, and peripheral vascular disease) and microvascular (retinopathy, nephropathy, and neuropathy) sequelae.

Diabetes insipidus (DI) is much less common and refers to disorders of vasopressin secretion (central DI) or action (nephrogenic DI), resulting in urinary concentrating abnormality.

#### Patient information

[Pre-diabetes](#)

[Diabetes type 1: what is it?](#)

[More Patient information](#)

### Relevant conditions

Condition	Description
<a href="#">Type 2 diabetes mellitus in adults</a>  <a href="#">Signs &amp; symptoms</a> <a href="#">Investigations</a>	<p><a href="#">&gt; go to our full topic on Type 2 diabetes mellitus in adults</a></p> <p>Common disorder characterised by insulin resistance and relative insulin deficiency. Often people with type 2 diabetes mellitus are asymptomatic and it is detected on screening.</p>

BP在线版包含**2300+**个概述类专题。每个专题涵盖针对一类疾病的综合介绍<sup>I</sup>，并可通过链接关联到相关的疾病类或症状评估类专题<sup>II</sup>。



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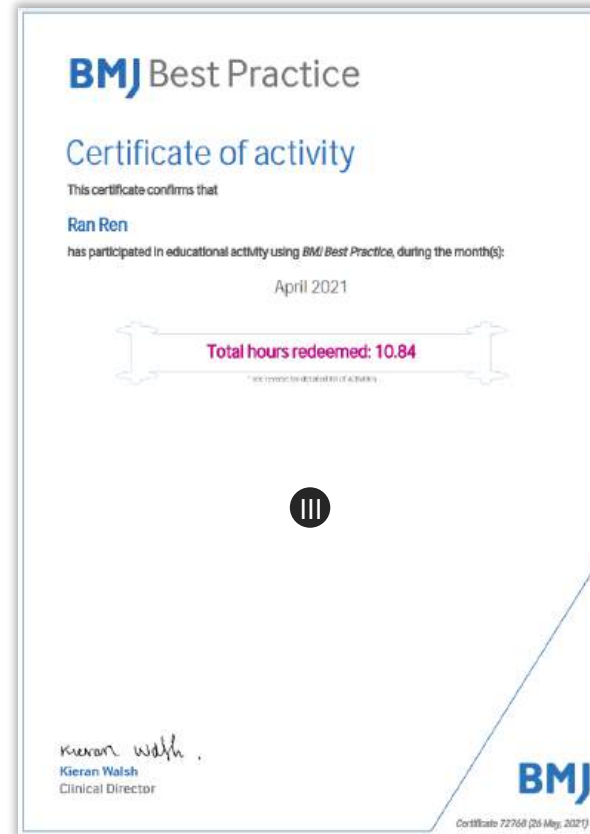
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# THANK YOU

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