Osmosis®

Report Generated - 19th Dec 2012

Dr. Simon OHara

The supporting information relates to the work which has been collected using the software Osmosis, to help you record, collate and present authoritative evidence of your online learning throughout the year.

Address
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Reporting Period 19th Dec 2011 - 19th Dec 2012

Records (appraisal tags)

Knowledge, Skills and Performance	**3 hr 15 minutes**
Safety and Quality	**2 hr 30 minutes**
Communication, Partnership and Teamwork	**0 hr 5 minutes**
Maintaining Trust	**0 hr 10 minutes**

Cumulative total - 6 hr 0 minutes

Journal

Learning event	**4 hr 20 minutes**
Patient led learning (PUNs/DENs)	**0 hr 45 minutes**
Significant event analysis	**0 hr 0 minutes**
Practice meeting - clinical	**1 hr 35 minutes**
Practice meeting - non-clinical	**0 hr 0 minutes**
Professional conversation	**0 hr 25 minutes**
Reading	**0 hr 5 minutes**
Revalidation (PSQ, MSF, Audit)	**0 hr 5 minutes**
Courses	**6 hr 0 minutes**
General	**6 hr 35 minutes**

Cumulative total - 19 hr 50 minutes

Online Records

Knowledge, Skills and Performance — 3 hr 15 minutes

Site 21/11/12 - Patient.co.uk
Topic - acute urticaria |

Comment: looked today

Site 14/11/12 - Camurology
Topic - catheter problems | department of urology

Comment: From APCE

Site 21/09/12 - GP Note Book
Topic - investigation parvovirus b19 of a pregnant woman with significant exposure to rash illness

Comment: Immunology for parvovirus:IgG pos and IgM neg = old infecton, nil acute

Site 03/05/12 - RCGP
Topic - royal college of practitioners gp enterprise awards

Comment: We have entered Osmosis into the GP Enterprise awards

Site 17/04/12 - Patient.co.uk
Topic - keratosis pilaris

Comment: This is what Chaz has got

Site 02/04/12 - Leeds Teaching Hospitals
Topic - lower urinary tract infection in women (no fever or flank pain)

Comment: Ciprofloxacin for upper UTI in women

Site 23/03/12 - Patient.co.uk
Topic - factor v leiden mutation causing thrombophilia

Comment: needs full clotting screen

Site 20/03/12 - NICE
Topic - cg117 tuberculosis 1 guidance national institute excellence

Comment: Patient exposed to TB- stayed with brother in a small flat in Hong Kong for 2 nights. Asymptomatic.
Impact: d/w infectios disease reg, advised needs screening for TB (even though asymptoimatic and stayed in different room)

Site 15/03/12 - BMJ Learning
Topic - easily missed joint hypermobility syndrome

Comment: Sam

Site 07/03/12 - Pulse Today 3
Topic -

Comment: In this very edition of Pulse, Osmosis was featured as 'Online learning resource of the week'

Site 05/03/12 - Leeds Teaching Hospitals 2
Topic - acne

Comment: Mild acne- start with topical retinoid, building up to daily application over 2-3 week period eg adapaline or Isotrex. Moderate - combined product topically eg Isotrexin- erythro and isotretinoin
Impact: Remember to use anticomedonal topicals in mild and build up to daily use over 2-3weeks

Site 02/02/12 - GP Note Book
Topic - more detailed information about left anterior fascicular block

Comment: left anterior fascicular block is associated with a normal prognosis
Impact: No need for further investigation in patients with this

Site 30/01/12 - Leeds Teaching Hospitals 6
Topic - primary care antimicrobial treatment guidelines

Comment: 30/1/12 Lunchtime meeting 1.25 hrstalk from meds mx PCT (Heather) on antobiotic rescribing- esp in UTIs and chest infections, avoiding cefalosporines and quinolones where possible
Impact: Quinolones first line rx for upper UTI with fever

Site 13/11/12 - e-learning for health
Topic - home

Site 13/11/12 - Patient.co.uk
Topic - bowen's disease | doctor

Site 31/05/12 - Leeds Teaching Hospitals
Topic - acute otitis externa

Site 29/05/12 - NCBI
Topic - a practical workup eosinophilia. you can in... [postgrad med. 1999] pubmed ncbi

Site 24/05/12 - Patient.co.uk
Topic - hyperthyroidism

Site 08/05/12 - Patient.co.uk
Topic - insomnia (poor sleep)

Site 08/05/12 - Patient.co.uk
Topic - shingles |

Site 03/05/12 - Leeds Teaching Hospitals
Topic - weight management service (adult overweight) referral guidance leeds pct

Online Records

Knowledge, Skills and Performance

Site 03/05/12 - Leeds Teaching Hospitals
Topic - leeds database you searched 'pcal'.

Site 02/05/12 - Patient.co.uk
Topic - tests glucose (sugar) hba1c

Site 27/04/12 - Leeds Teaching Hospitals 2
Topic - cellulitis

Site 12/03/12 - Patient.co.uk
Topic - bell's palsy

Site 06/03/12 - Patient.co.uk
Topic - campbell de morgan spot

Site 10/02/12 - BMJ Learning
Topic - acne: managing patients in primary care

Site 30/01/12 - Patient.co.uk
Topic - porphyria

Site 26/01/12 - GP Note Book
Topic - tga (transient global amnesia)

Site 23/01/12 - Patient.co.uk
Topic - serum ferritin raised resources

Online Records

Safety and Quality — 2 hr 30 minutes

Site 13/11/12 - Derbyshire Medicines Management
Topic - derbyshire medicine management prescribing guidelines

Comment: APCE

Site 07/06/12 - Patient.co.uk
Topic - serotonin syndrome

Comment: Mental-status changes Autonomic hyperactivity Neuromuscular abnormalitySecondary to seratogenic medication
Impact: Not a well recognised condition

Site 02/03/12 - Wikipedia
Topic - andropause

Comment: d/w Dr Peasey BRIDifficult area, feels being promoted in press by pharma companies. Need to do morning 9am bloods as levels decrease throughout the day and also check for SHBG, LH/FSH, prolactin (and PSA and Hb as these need monitoring of starting testosterone repacelemt). Some consultants happy to prescribe replpacement if testosterone 8-12.
Impact: Make sure that all bloods done appropriately in future. Probably best to refer to endocrinologists before treating.

Site 31/01/12 - Patient.co.uk
Topic - slapped cheek disease

Comment: viral

Site 23/01/12 - Leeds Teaching Hospitals 2
Topic - vitamin d deficiency in adults

Comment: Good algorythm for treating vit d deficiency

Site 13/01/12 - Wikipedia
Topic - hypermobility

Comment: Expert in hypermobility os Dr Pauline Ho at Manchester Royal Infirmary

Site 13/01/12 - Patient.co.uk
Topic - anal fissure

Comment: topical LA or steroid 1st line then topical GTN

Site 30/12/11 - Wikipedia
Topic - merkel cell carcinoma

Comment: blue/pink tinge is typical of these. Very rare. Rx includes wide excision, LN biopsy, CT trunk, ? radiotherapy

Site 30/12/11 - Leeds Teaching Hospitals
Topic - lower urinary tract infection in men

Comment: refer recurrent uti in men (>2)

Site 13/11/12 - RCGP
Topic - royal college of practitioners | rcgp

Site 01/03/12 - Patient.co.uk
Topic - hypophosphataemia

Site 29/02/12 - NCBI
Topic - national center biotechnology information

Site 29/02/12 - RCGP 2
Topic - royal college of practitioners rcgp home

Site 28/02/12 - NCBI
Topic - thalassemia pubmed

Site 27/02/12 - NCBI
Topic - evaluation of voiding dysfunction measurement of bladder volume

Site 16/02/12 - Leeds Teaching Hospitals
Topic - adult antimicrobial treatment guidelines

Site 16/02/12 - Leeds Teaching Hospitals
Topic - community acquired pneumonia

Site 13/02/12 - Leeds Teaching Hospitals
Topic - lth it services homepage

Site 13/02/12 - Patient.co.uk
Topic - erythema multiforme

Site 08/02/12 - GP Note Book
Topic - personality disorders

Site 07/02/12 - GP Note Book
Topic - raised triglycerides (secondary causes)

Site 07/02/12 - GP Note Book
Topic - management of raised triglycerides

Site 03/02/12 - Patient.co.uk
Topic - haematospermia

Site 02/02/12 - GP Note Book
Topic - amaurosis fugax

Online Records

Safety and Quality

Site 23/01/12 - Patient.co.uk
Topic - 6th cranial nerve lesion resources

Site 20/12/11 - Patient.co.uk
Topic - hypotension

Site 20/12/11 - GP Note Book
Topic - gum hyperplasia

Site 19/12/11 - Patient.co.uk
Topic - diverticula

Online Records

Communication, Partnership and Teamwork — 0 hr 5 minutes

Site 14/03/12 - BMJ Learning
Topic - revalidation: a guide appraisers

Online Records

Maintaining Trust — 0 hr 10 minutes

Site 13/02/12 - Patient.co.uk 2

Topic - or reduced cost prescriptions

Comment: form HC1 for free prescriptions for hardship

Online Records

Number of visits to other sites	19 hr 55 minutes

BMJ Learning	34
Camurology	1
DermNet	1
e-learning for health	2
GP Note Book	5
Leeds Teaching Hospitals	91
NCBI	1
NICE	9
Patient.co.uk	48
Pulse Learning	1
Pulse Today	11
RCGP	21
Wikipedia	14

Journal Records

Learning event	4 hr 20 minutes

03/12/2012 **0 hr 5 minutes**

Bipolar disorder
Severe mood swings
0.3-1.5% lifetime prevelance
21% possible missed in unipolar depression

Digfast
Distractibility
Indiscretion- taking risk
Grandiosity
Flight if ideas
Activity increase/xs happiness*
Sleep deficit*
Talkative

*top 2 questions to screen Risk doubles if 1st degree relative Diagnosis is in absence of organic cause or substance misuse
Most common comorbidirirs are anxiety and substance misuse
ICD 10 and DSM 4 diagnostic criteria.
Episodes should last 3-5 days Bipolar 1 has mania
Bipolar 2 hypomania

Ix
Bloods inc prolactin Rx
Olanzapine/quetiapineLithiumValproate3rd line consider carbamazepine Poor prognosis20% successful outcome in 5 years Hypomania = mania but still functioning o.n a day to day basis

08/11/2012 **2 hr 0 minutes**

Dementia target 2 hours

6 CIT is a good assessment tool

GP-COG also worth a look and free on google

Dementia screen bloods
Fbc b12 folate u and e lfts tfts glucose calcium
NOT syphyllis without detailed consent

Alzheimers society good resource.

Delerium is an acute confusional state and can last up to 6 months

18/09/2012 **2 hr 0 minutes**

Contraception talk Debbie smith 18 9 12 HDR

As ovary is ripening lh surge causes release of ovary and then forms corpus luteum with raising progesterone if not fertilised

UKMEC 2009 is the bible and is downloadable.

Ukmec 4 in combined pill- >35 smoker, bmi>35, migraine with aura any age.
Interacting drugs rifampicin, st johns wort.

Thromboembolism risk with ocp doubles with bmi>30 and quadruples at 35

Can start ocp up to day 5 of cycle - or can 'quick start' but check preg test first and use extra precautions for 7 days

Can run packets together quite safely 8 or 9 +. When spotting starts then that patient is likely to spot at the same stage every time

Biphasic and triphasic pills not used any more

Contraceptive patch= transdermal cilest. As effective as the combined pill

Combined vaginal ring- meant to be 3 weekly then ring free week but can be used all the time

Taking pill for 2 years plus reduces ovarian cancer risk 50%+

Cerazatte is only POP to think about. Progestogenic SEs include vaginsl dryness and breast pain. Only contraindication is current breast cancer

Very good handout for choosing pill in certain patients

LATS = method that lasts more than 1 cycle

Depo provera is a big dose of progesterone- will contracept an elephant on rifampicin! Risk of osteoporosis. 70%get amenorrhea. Often 2kg weight gain per year

Nexplanon
Shows on xr uss MRI ct
Inhibits ovulation
Thickens cervical mucus
Rapid return to fertility when removed.
SEs- 33% no or light bleeding, same have erratic but manageable same heavy bleeding.
Not good for acne

IUCD
Best emergency .380mm coper best
contraception method

Mirena

Ectopics much rarer with coils, but if pt with coil becomes pregnant, then 1 in 20 is ectopic

Emergency contraception
Levonelle 1500- prevents 85% atv24-48h, 56% at 48-72 hours
EllaOne
Ulipristal. Licenced for 72 hours. Just as good at 5 d as at 24 hours
ICUs- can be fitted up to 5 days after ovulation in that cycle

Icsh 2 hour course via rcgp

21/06/2012 **0 hr 5 minutes**

Just to remind everyone that DIABETES/MICROALBUMINURIA/CKD urines are:

1) WHITE TOP URINE BOTTLE
2) CLINICAL/CHEMISTRY PATHOLOGY (the black) forms - *NOT* microbiology blue form.
3) Ideally FIRST VOIDED urine of the day and the first bit (i.e. NOT midstream).

I'm having the odd person come for a review with a wrong form (ie. given blue form),

Thanks,
Dave

18/04/2012 **0 hr 5 minutes**

z

02/03/2012 **0 hr 5 minutes**

Target meetings x4 in February.

We were allowed a free stand at TARGET to promote Osmosis. Very interesting experience being on the other side, eye contact kept to a minimum! Seemed to make some progress though with several interested GPs, with increasin

Patient led learning (PUNs/DENs) 0 hr 45 minutes

12/11/2012 **0 hr 10 minutes**

D/w renal reg re patient with potassium 6.2

? an afternoon sample so may be haemolysed

Foods high in potassium oranges, bananas, crisps, chocolate, coffee, tomatoes

02/11/2012 **0 hr 15 minutes**

Patient abusing alcohol with regular binges 1 bottle vodka per day for a week requesting naltrexone therapy.

d/w Dr John Roach at LAU- this is on the NICE guidelines for alcohol abise, works by reducing endorphins associated with drinking rather than by reducing cravings. Acamprosaye also in guidelines. He would like feedback in how this patient does on j.roache@nhs.net

Nice guidelines info below.....

Drug treatments

Acamprosate

Start treatment:

As soon as possible after assisted withdrawal.

Dosage:

Usually 1998 mg (666 mg three times a day) unless the service user weighs less than 60 kg, and then a maximum of 1332 mg per day.

Usual duration of treatment:

Up to 6 months, longer for those benefiting from the drug who want to continue with it3.

Supervision:

At least monthly, for 6 months, and at reduced but regular intervals if continued after this. Do not use blood tests routinely, but consider them to monitor for recovery of liver function and as a motivational aid for service users to show improvement.

Important information:

Stop treatment if drinking persists 4â??6 weeks after starting the drug.

Oral naltrexone

Start treatment:

After assisted withdrawal.

Dosage:

Initially 25 mg per day, aiming for a maintenance dose of 50 mg per day4.

Usual duration of treatment:

Up to 6 months, or longer for those benefiting from the drug who want to continue with it.

Supervision:

At least monthly, for 6 months, and at reduced but regular intervals if continued after this. Do not use blood tests routinely, but consider them for older people, for people with obesity, for monitoring recovery of liver function and as a motivational aid for service users to show improvement.

Important information:

Draw the service users attention to the information card that is issued with oral naltrexone about its impact on opioid-based analgesics.

Stop treatment if drinking persists 4â??6 weeks after starting the drug.
If the service user feels unwell advise them to stop the oral naltrexone immediately.
1Note that the evidence for acamprosate in the treatment of harmful drinkers and people who are mildly alcohol dependent is less robust than that for naltrexone. At the time this pathway was created (May 2011), acamprosate did not have UK marketing authorisation for this indication. Informed consent should be obtained and documented.
2At the time this pathway was created (May 2011), oral naltrexone did not have UK marketing authorisation for this indication. Informed consent should be obtained and documented.
3At the time this pathway was created (May 2011), acamprosate did not have UK marketing authorisation for use longer than 12 months. Informed consent should be obtained and documented.
4At the time this pathway was created (May 2011), oral naltrexone did not have UK marketing authorisation for this indication or at this dosage. Informed consent should be obtained and documented.

23/10/2012 **0 hr 10 minutes**

Dear Colleague,

The routine way of testing for whooping cough in the community setting is to take a per-nasal swab for culture for Bordetella pertussis. It is important that the correct swabs are used when carrying out this investigation. Please note that the following swab should be used when carrying out this test: Blue-capped swab with flexible wire shaft in Amies transport medium (swab code 18192C). If incorrect swabs are sent these will not be processed for B. pertussis culture, as a negative result does not exclude presence of this pathogen. Thank you for your help.

online version:
http://nww.lhp.leedsth.nhs.uk/common/e-Newsletter/detail.aspx?ID=1499

Professor Mark H. Wilcox
Consultant / Clinical Director of Microbiology/Pathology
Leeds Teaching Hospitals NHS Trust

03/09/2012 **0 hr 5 minutes**

Investigation of primary infertility:

Day 5 fsh/lh (low excludes menopause)
Prolactin
TFTs
Day 21 (or 7 days before expected bleed) progesterone (high reading confirms ovulation)

Semen sample male and chlamydia screen for both

22/06/2012 **0 hr 5 minutes**

Patient complained of not being warned that you cannot drink grapefruit juice with felodipine.
Some chemical in grapefruit juice can cause an increase in felodipine concentrations increasing side effects

Practice meeting - clinical 1 hr 35 minutes

15/10/2012 **1 hr 30 minutes**

Clinical meeting with Neil Harris cons urology 15/10/12

Classification of bladder dysfunction:
Outlet or reservoir

Continence issue a combination of over active bladder (urge)
and stress incontinence

Aetiology of stress incontinence- predisposing, inducing eg childbirth, promoting eg obesity and decompensation eg oestrogen depletion

Examine- dip urine, hypo- oestrogenisation, prolapse

Rx
Behaviour physio drugs surgery

Diloxetine only drug licences for stress incontinence.

Nice recommends tds oxybutynin 1st line but seldom used
Solifenacin propiverine tolterodine good choices.

At least 1/3 fail 1st line rx
2nd line Botox sacral neromodulation, bladder

Botox lasts 6-9m - 20x1ml injections into bladder. 10% get retention and need to self catheterise until wears off

International continence society is a good resource for bladder drill and physio.

Jade broxham is a good nurse specialist with clinics at wgh

Residual volumes of <150 ml without symptoms generally safe. Need to ensure no high pressure effect via USS on ureters and kidneys.

Ketamine abuse can cause neuropathic bladder in a few months of abuse

Recurrent sterile puria need cystoscopy

Raised PSA without symps in older man >75 it is reasonable to observe and repeat in 6m
Slightly raised PSA in 60s should be referred

30/04/2012 **0 hr 5 minutes**

Annual meeting to discuss QoF.
Changes for the year:
1. Dementia diagnoses need all 7 bloods doing 6/12 before or after diagnosis
2. Contraception discussed/prescribed=tick the LARCS box
3. Epilepsy- always use the whole template
4. Hypertension- QRI

Professional conversation 0 hr 25 minutes

31/08/2012 **0 hr 5 minutes**

Contact details at the deanery

For GP courses/GP Retainer Scheme/Trainer Pathway / Trainer Reapproval- Leanne.sorby@yorksandhumber.nhs.uk
For Quality Assurance / Data (Rota's and Posts) / Performance - nick.sowerbey@yorksandhumber.nhs.uk
For IDT's / OOP Administration / GP Induction and Refresher Scheme / Data and posts plus e-portfolio queries for DPW, Pennine schemes - joan.horsfield@yorksandhumber.nhs.uk
For Data and posts plus e-portfolio queries for Airedale, Bradford and Leeds Programmes/ GP Recruitment - Esme.ross@yorksandhumber.nhs.uk For Central ARCP's - G_Coggill@yorksandhumber.nhs.uk

19/07/2012 **0 hr 5 minutes**

d/w cytology dept- sample from primary care needs to be in white topped bottle, brown cytology form (but will accept blue microbiology forms)

14/05/2012 **0 hr 5 minutes**

The roles of the Community Matron:
M's are advanced practitioners with independent prescribing skills.
Management of pts with Long Term Conditions - usually those pts with complex needs & unable to access GP surgery
Prevention of inappropriate hospita

04/04/2012 **0 hr 5 minutes**

My own appraisal 15/3/12
Good outcome with good PDP for next year. A lot of positive comments from my appraiser. Increased enthusiasm as a result for the coming year. Used Osmosis PDP for the first time!

07/02/2012 **0 hr 5 minutes**

7/2/12
Discussion with Damian Riley, Medical Director Leeds PCT about the work of NCAS. This is something I would be interested in pursuing in future years.
Also attended his presentation to the GP registrars on the work of a medical director.

Reading 0 hr 5 minutes

05/03/2012 **0 hr 5 minutes**

Metal Hip Implants Article in BMJ- advice from MHPRA- patients with metal hip implants with a femoral diameter >36mm need 'metal ion concentrations' measuring. Levels > 7mcg/l shold be repeat tested in 3m with MRI if levels continue to rise. In practice p

Revalidation (PSQ, MSF, Audit) 0 hr 5 minutes

02/02/2012 **0 hr 5 minutes**

Good patient survey discussing tonight with ppg. Subsequent meeting with PPG rep discussing ways of improving information for patients. He will devise a questionnaire to give to patients asking them to decide what information they would like.

Courses 6 hr 0 minutes

12/11/2012 **6 hr 0 minutes**

APCE conference 13/14 November 2012

1. John Billings
Asst director, revalidation, GMC

Dec 2012 reval goes live.
Supporting information- what is the purpose- should be balanced profile of info.
Read GMC docs framework and supporting info for reval.

Making connections campaign is to try and find out which supporting organisations drs Are associated with

Dates will be allocated to docs 20% a year. Dec 12-march 13 gmc will inform docs when their date is.

Reval is seen as a lever to make sure the GMP document is implemented.

A strategic review of reval is being undertaken as the process goes on.

2. Dr susi Caesar, assoc director revalidation support team.

Key message for appraisal-
A) first do no harm- positive, proportionate, appraisers should not take on inappropriate roles
B) if in doubt - ask

The whole scope of the doctors work is being looked at in appraisal now. Needs work on cpd, quality improvement activity, sea, psq, msf, complaints

3 workshop- dr di jelley- gathering evidence

Use Leicester forms for SEAs
Edgecombe psq

4 leadership
Marion lynch

There is a leadership framework. Includes 5 core domains.
Very good you tube consultation dr Melena stool (xtra normal)

Motivational question- are you away from pain or towards pleasure?

Email speaker re leadership for GP registrars - Marian somebody

5 MSF and PSQ

10-15 raters
No evidence that choosing friends gives better feedback

CFEP and edgecombe are recommended by rcgp as well as gmc questionnaires

Gmc questionnaires piloted and developed by CFEP
Edgecombe report on quartiles, cfep do it on centile

Discussing improving- PINS, ask where are you now on 1-10 scale, then focus on the observable and behaviours rather than feelings

Exeter medical school currently doing an online trial to let you compare

6 Burnout

We blame ourselves
Feeling overwhelmed
Job makes us ill

Change is by refreshment, remediation or retirement

Change the relationship between you and it.

Ask why is it still worth your commitment?
If difficult to answer them may be time to leave

6 key area to look at
- workload
-control
-reward
-community
-fairness
-values

Need to define and diagnose. Then take action
Must do
Should do
Could do
Now
Later

Monitor and evaluation

Banishing burnout is a good book Leiter and Maslach

Online resources
Cord.acadiau.ca
Healthier life steps: a physicians guide to health

3 minute online mindfulness program
Be mindful . Org
Five ways to welbeing on new economics foundation website

03/07/2012 **6 hr 0 minutes**

GP update course 3/7/12

Cpd tracker www.gp-handbook.co.uk free to all

ABPM do not add 10/5
Stage 1 hypertension 135-149/85-94 if cvd risk <20% and no end organ damage do not treat

Treat isolated systolic hypertension same as when diastolic also raised

Not ace and arb together

If still ^bp after 3 drugs add spironolactone 25 if k+<4.5 or inc indapamide if k+>4.5 and check u and e after 1m

AVoid trimethoprim and spironolactone-> hyperkalaemia

Secondary prevention rx :
Tia Aspirind and dipyridamole for life

Cva clopifigrel for life

PPIs and clopidogrel- avoid omeprazole or esomeprazole with clopidogrel

Possibly some risk with aspirin and ppis but not h2antagonists

AF
Start anti thrombotic ASAP
B blocker or rate limiting ccb if rate high

Diabetes
diagnosis- 2 of random glucose >11.1, fasting >7, h a1c>6.5
Statins for all type 1 a d type2 > 40

DVT
Wells DVt scoring tool and ddimer
If wells score <2 and normal d dimer then uss not needed
Post thrombotic syndrome more likely if female older obese previous or extensive DVt
3m rx is the norm now

Lung cancer
10-25% have recent normal or low suspicion cxr

Ovarian cancer
Symptoms are vague but present. Distension much more a concern than bloating.
Post men bleed
Early satiety
Loss of appetite
Pelvic pain

Urgency/frequency
Weight loss fatigue
New onset irritable bowel

Mental health drugs

Lithium
3m level check, 6m tsh and renal function
Watch out for depression mimicing hypothyroidism

Citalopram
Max safe dose 40 mg 18-65 or 20 mg > 65
Avoid erythro with citalopram as both prolong QT
Tamoxifen may be less effective with fluoxetine and paroxetine and Other ssri's. Increased death rate with them

Perianal strep
Treat with 10d penicillin. Presents at 2-5 years old

Meningitis- give antibiotics only if body involvement ie if a rash or septic. If meningitis only then no antibiotics as better with steroids first

Asthma
Saba
Steroid
Laba (? Try smart regime)
High dose steroid
Daily oral steroids

Under 5s
Saba
Steroid or montelucast
Refer if <2
Add ltra (2nd preventer)

Morning sickness
Vitamin b6
Cyclizine, prochlorperazine or metoclopramide

17/05/2012 **0 hr 5 minutes**

it is important that serum B12 levels are normal because treatment with folic acid can precipitate subacute combined degeneration of the cord"

gp notebook - can reflect on it on your portfolio

02/05/2012 **0 hr 5 minutes**

Meeting

20/04/2012 **0 hr 10 minutes**

2nd test of practice share

18/04/2012 **0 hr 5 minutes**

http://www.bbc.co.uk/news/education-17741653

18/04/2012 **0 hr 5 minutes**

2nd test

18/04/2012 **0 hr 5 minutes**

This is the first test for a practice share