



A dog bite, a reluctant patient and BMJ Best Practice

Dr Jack, Junior Clinical Fellow in Gastroenterology at King's College Hospital in London

Case study: BMJ Best Practice

Dr Jack Cope is a Junior Clinical Fellow in Gastroenterology at King's College Hospital, London. When presented with a reluctant patient suffering from a dog bite and limited drug availability in the emergency medicines cupboard, Jack turned to BMJ Best Practice. Jack explains how BMJ Best Practice helped him to find an alternative and available drug, greatly reducing the risk of the patient being readmitted with an infection.



"I first used BMJ Best Practice around seven years ago when I was in the second year of medical school. Since then I've used it in many different situations for many different things. Even if I know what to do, checking BMJ Best Practice provides reassurance and confidence.

"BMJ Best Practice is especially helpful in acute situations. When I was on my A&E rotation, I saw my first dog bite. The patient who'd

been bitten was determined to go home (pretty much immediately) but his friend had dragged him into A&E. The patient required sutures and we gave him a tetanus shot.

“On the department we have an emergency medicines cupboard, so we can send patients home with medication when we know they’re not going to return to pick up a prescription. There were a few different drugs we could prescribe, but sadly we had none of those drugs in the cupboard and he’d refused to return to the department.

“There were other options, but we weren’t entirely sure what to give him. Another factor we needed to consider was that he was penicillin allergic. It was a challenging situation. The registrar was tied up in resus and the patient was on the brink of walking out the door.

“BMJ Best Practice links in with the British National Formulary (BNF) for drug information on prescribing and pharmacology. When I searched BMJ Best Practice it detailed quite an extensive list of drug options. Thankfully, because there were so many suitable alternatives, we found a box of drugs that were appropriate to the patient. BMJ Best Practice, by helping us to identify suitable drugs for the patient to go home with, very likely prevented him from returning with a wound infection.

“On the ward, there's so many acronyms and jargon thrown around, and there were so many things I did not fully understand during my placement years. Being able to look something up on the BMJ Best Practice app on my phone at the time gave me context and saved me from looking like a complete idiot when I started asking questions!

“For those times when there’s no one available to ask, or for when you are 95% sure yourself but just want the reassurance of seeing it in black and white, BMJ Best Practice is hugely helpful. Using it has definitely helped me to take a more holistic approach when treating patients. The prompts and reminders that occasionally pop up, those small details, helps you to consider wider aspects around the patient’s care.”

If you would like to know more about BMJ Best Practice or would like to share your feedback with BMJ, please email nhsengland@bmj.com

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