Choosing Wisely (Outpatient Edition)

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Prostate Cancer Screening (and more general)

- Don't routinely screen for prostate cancer using a prostate-specific antigen (PSA) test or digital rectal exam. (American Academy of Family Physicians)
- Offer PSA screening for detecting prostate cancer only after engaging in shared decision making. (American Urological Association)
- Don't routinely perform PSA-based screening for prostate cancer. (American College of Preventive Medicine)

Prostate Cancer Screening (and more general)

- Don't perform PSA testing for prostate cancer screening in men with no symptoms of the disease when they are expected to live less than 10 years. (American Society of Clinical Oncology)
- Don't recommend screening for breast, colorectal or prostate cancer if life expectancy is estimated to be less than 10 years. (AMDA – The Society for Post-Acute and Long-Term Care Medicine)
- Don't recommend cancer screening in adults with life expectancy of less than 10 years. (SGIM)

Pap Smears

- Don't perform Pap smears on women younger than 21 or who have had a hysterectomy for non-cancer disease. (American Academy of Family Physicians)
- Don't perform screening for cervical cancer in low-risk women aged 65 years or older and in women who have had a total hysterectomy for benign disease. (American College of Preventive Medicine)
- Don't screen women younger than 30 years of age for cervical cancer with HPV testing, alone or in combination with cytology. (AAFP)

Pap Smears

- Don't screen women older than 65 years of age for cervical cancer who have had adequate prior screening and are not otherwise at high risk for cervical cancer. (AAFP)
- Don't perform Pap tests for surveillance of women with a history of endometrial cancer. (Society of Gynecologic Oncology)

Upper Respiratory Tract Infections/Sinusitis

- Avoid prescribing antibiotics for upper respiratory infections. (Infectious Diseases Society of America)
- Avoid prescribing antibiotics in the emergency department for uncomplicated sinusitis. (American College of Emergency Physicians)
- Don't routinely prescribe antibiotics for acute mild-to-moderate sinusitis unless symptoms last for seven or more days, or symptoms worsen after initial clinical improvement. (AAFP)
- Don't order sinus computed tomography (CT) or indiscriminately prescribe antibiotics for uncomplicated acute rhinosinusitis. (American Academy of Allergy, Asthma & Immunology)

Thyroid Disease

- Don't order multiple tests in the initial evaluation of a patient with suspected thyroid disease. Order thyroid-stimulating hormone (TSH), and if abnormal, follow up with additional evaluation or treatment depending on the findings. (American Society for Clinical Pathology)
- Don't order a total or free T3 level when assessing levothyroxine (T4) dose in hypothyroid patients. (Endocrine Society)
- Don't routinely order a thyroid ultrasound in patients with abnormal thyroid function tests if there is no palpable abnormality of the thyroid gland. (Endocrine Society)
- Don't use nuclear medicine thyroid scans to evaluate thyroid nodules in patients with normal thyroid gland function. (Society of Nuclear Medicine and Molecular Imaging)

Testosterone

- Don't prescribe testosterone therapy unless there is laboratory evidence of testosterone deficiency. (American Society for Clinical Pathology)
- Don't prescribe testosterone therapy unless there is biochemical evidence of testosterone deficiency. (Endocrine Society)
- Don't prescribe testosterone or testosterone products to men contemplating/attempting to initiate pregnancy. (American Society for Reproductive Medicine)
- Don't prescribe testosterone to men with erectile dysfunction who have normal testosterone levels. (American Urological Association)

Carotid Stenosis

- Avoid use of ultrasound for routine surveillance of carotid arteries in the asymptomatic healthy population at any time. (Society for Vascular Surgery)
- Don’t screen for carotid artery stenosis (CAS) in asymptomatic adult patients. (AAFP)
- Don’t recommend CEA for asymptomatic carotid stenosis unless the complication rate is low (<3%). (American Academy of Neurology)
- Don’t perform imaging of the carotid arteries for simple syncope without other neurologic symptoms. (American Academy of Neurology)

Low Back Pain (Imaging)

- Don’t do imaging for low back pain within the first six weeks, unless red flags are present. (AAFP)
- Don’t obtain imaging studies in patients with non-specific low back pain. (ACP)
- Avoid imaging studies (MRI, CT or X-rays) for acute low back pain without specific indications. (American Society of Anesthesiologists – Pain Medicine)
- Don’t initially obtain X-rays for injured workers with acute non-specific low back pain. (American College of Occupational and Environmental Medicine)

Low Back Pain (Imaging)

- Don’t obtain imaging (plain radiographs, magnetic resonance imaging, computed tomography [CT], or other advanced imaging) of the spine in patients with non-specific acute low back pain and without red flags. (American Association of Neurological Surgeons and Congress of Neurological Surgeons)

Low Back Pain (Other)

- Don’t prescribe opiates in acute disabling low back pain before evaluation and a trial of other alternatives is considered. (American Academy of Physical Medicine and Rehabilitation)
- Don’t order an EMG for low back pain unless there is leg pain or sciatica. (American Academy of Physical Medicine and Rehabilitation)

Diabetes

- Don’t recommend daily home finger glucose testing in patients with Type 2 diabetes mellitus not using insulin. (SGIM)

HME / Preoperative Testing

- Don’t perform routine general health checks for asymptomatic adults. (SGIM)
- Don’t perform routine pre-operative testing before low-risk surgical procedures. (SGIM)
- Don’t perform preoperative medical tests for eye surgery unless there are specific medical indications. (American Academy of Ophthalmology)

Antipsychotics

- Don’t prescribe antipsychotic medications to patients for any indication without appropriate initial evaluation and appropriate ongoing monitoring. (APA)
- Don’t routinely prescribe antipsychotic medications as a first-line intervention for insomnia in adults. (APA)
- Don’t routinely use antipsychotics as first choice to treat behavioral and psychological symptoms of dementia. (APA)
- Don’t use antipsychotics as the first choice to treat behavioral and psychological symptoms of dementia. (American Geriatrics Society)

Antipsychotics

- Don’t prescribe antipsychotic medications for behavioral and psychological symptoms of dementia (BPSD) in individuals with dementia without an assessment for an underlying cause of the behavior. (AMDA – The Society for Post-Acute and Long-Term Care Medicine)
- Don’t routinely prescribe two or more antipsychotic medications concurrently. (APA)

Choosing Wisely (Inpatient Edition)

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Does my patient need a foley?

- Don't place, or leave in place, urinary catheters for incontinence or convenience of monitoring of output for non-critically ill patients. (Society of Hospital Medicine)
  - Acceptable indications: critical illness, obstruction, hospice, perioperatively for <2 days for urologic procedures; use weights instead to monitor diuresis.
- Don't place or maintain a urinary catheter in a patient unless there is a specific indication to do so. (American Academy of Nursing)
- Avoid invasive devices (including urinary catheters) and if required, use no longer than necessary. They pose a major risk factor for infection. (Society for Healthcare Epidemiology of America)

Should I prescribe a PPI?

- Don't prescribe medications for stress ulcer prophylaxis to medical inpatients unless at high risk for GI complications. (Society of Hospital Medicine)
- For pharmacologic treatment of patients with GERD, long-term acid suppression therapy (PPI or H2 blockers) should be titrated to lowest effective dose needed to achieve therapeutic goals. (American Gastroenterology Association)

Should I order a blood transfusion?

- Avoid transfusions of red blood cells for arbitrary hemoglobin or hematocrit thresholds and in the absence of symptoms of active coronary disease, heart failure or stroke. (SHM)
- Don't transfuse more units of blood than absolutely necessary. (American Association of Blood Banks)
- Don't transfuse more than the minimum number of RBC units necessary to relieve symptoms of anemia or to return a patient to a safe hemoglobin range (7-8g/dL in stable, non-cardiac patients). (American Society of Hematology)

Does my patient need to be on telemetry?

Don't order continuous telemetry monitoring outside of the ICU without using a protocol that governs continuation. (SHM)

Are daily labs better?

- **Don't perform repetitive CBC and chemistry testing in the face of clinical and lab stability. (SHM)**
- **Don't perform serial blood counts on clinically stable patients. (AABB)**

Does my patient with syncope need imaging?

- **In the evaluation of simple syncope and a normal neurologic examination, don't obtain brain imaging studies (CT or MRI). (American College of Physicians)**
- **Don't perform imaging of the carotid arteries for simple syncope without other neurologic complaints. (American Academy of Neurology)**

Should I order a CT angiogram?

- **In patients with low pretest probability of venous thromboembolism (VTE), obtain a high-sensitivity D-dimer measurement as the initial diagnostic test; don't obtain imaging studies as the initial diagnostic test. (ACP)**
- **Don't perform CT angiography to evaluate for possible PE in patients with a low clinical probability and negative results of a highly sensitive D-dimer assay. (ACCP/ATS)**
- **Don't image for suspected PE without moderate or high pretest probability of PE. (American College of Radiology)**

Does my patient need an IVC filter?

- Don’t use inferior vena cava (IVC) filters routinely in patients with acute VTE. (ASH)

Should I order FFP for INR reversal?

- Don’t administer plasma for non-emergent reversal of vitamin K antagonists (outside setting of major bleeding, intracranial hemorrhage or anticipated major surgery). (ASH)
- Don’t routinely use blood products to reverse warfarin. (AABB)

Does my patient have HIT?

Don’t test or treat for suspected heparin-induced-thrombocytopenia (HIT) in patients with a low pre-test probability of HIT. (ASH)

When does my patient with SCD need a blood transfusion?

Don’t routinely transfuse patients with sickle cell disease (SCD) for chronic anemia or uncomplicated pain crises without an appropriate clinical indication. (ASH)

Does my patient need antibiotics for a possible UTI?

- Don't prescribe antimicrobials to patients using indwelling or intermittent catheterization of the bladder unless there are signs and symptoms of urinary tract infection. (American Urological Association)
- Don't treat asymptomatic bacteriuria with antibiotics. (Infectious Diseases Society of America)

C. difficile: Do's and Don'ts

- Avoid testing for a *C. difficile* infection in the absence of diarrhea. (IDSA)
- Don't perform *C. difficile* testing unless patients have signs or symptoms of infection. Tests can be falsely positive leading to over diagnosis and treatment. (SHEA)
- Don't use antibiotics in patients with recent C. difficile without convincing evidence of need. Antibiotics pose a high risk of *C. difficile* recurrence. (SHEA)
- Don't continue antibiotics beyond 72 hours in hospitalized patients unless patient has clear evidence of infection. (SHEA)

Should I order an abdominal CT?

For a patient with functional abdominal pain syndrome (as per ROME III criteria) CT scans should not be repeated unless there is major change in clinical findings or symptoms. (AGA)

Reminders for the older adult

- Don't use physical restraints to manage behavioral symptoms of hospitalized older adults with delirium. (American Geriatrics Society)
- Don't use physical restraints with an older hospitalized patient. (American Academy of Nursing)
- Don't prescribe a medication without conducting a drug regimen review. (American Geriatrics Society)

Should my patient with CKD get a PICC line?

Don’t place PICC lines in stage III-V CKD patients without consulting nephrology. (American Society of Nephrology)