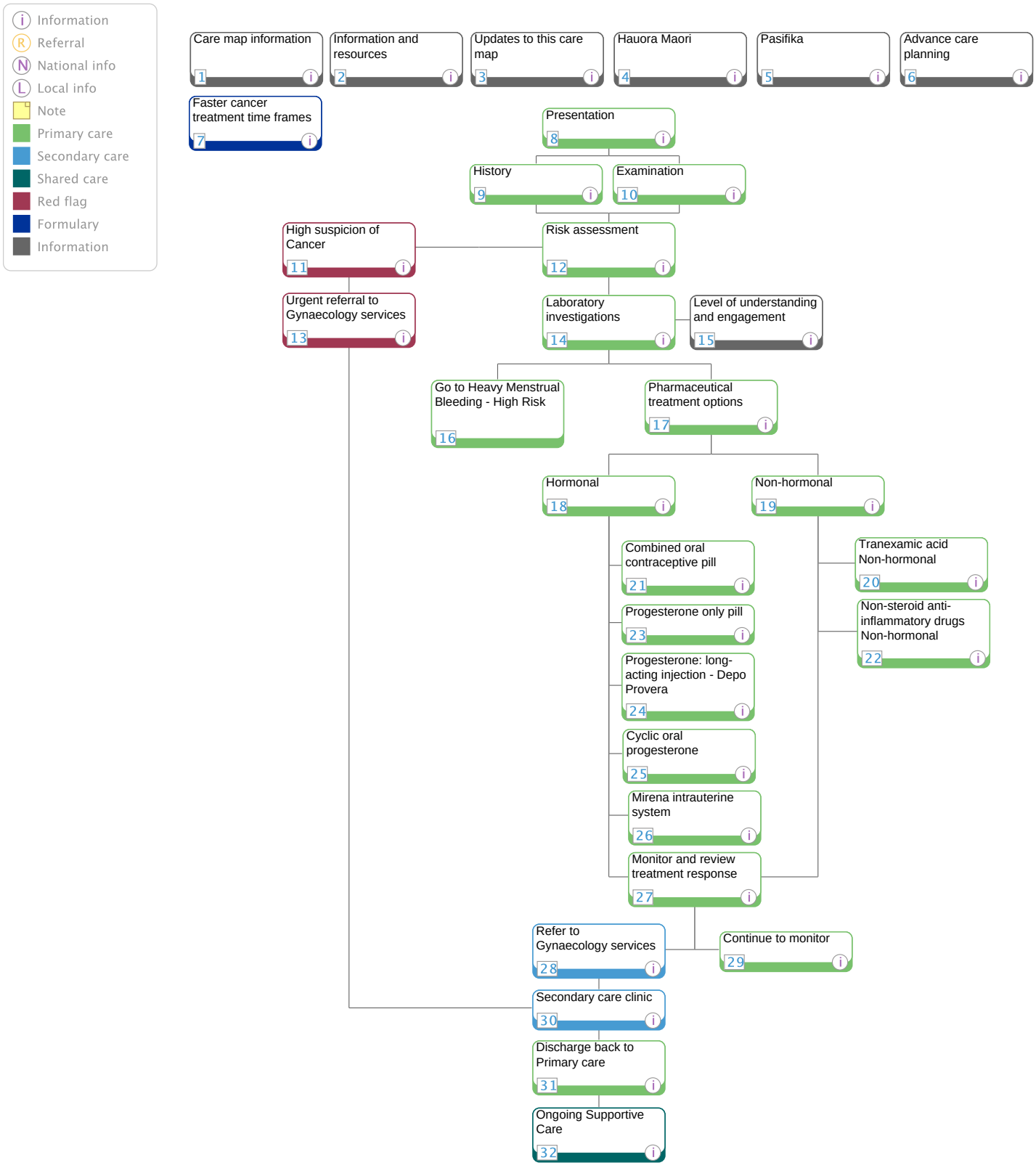
Heavy Menstrual Bleeding (HMB) - Low risk

Oncology > Oncology > Heavy Menstrual Bleeding (HMB) - Low risk



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Heavy Menstrual Bleeding (HMB) - Low risk

1 Care map information

Quick info:

In scope:

- primary care management of heavy and irregular menstrual bleeding

Out of Scope:

- intermenstrual bleeding
- post coital bleeding
- post-menopausal bleeding
- pregnancy related bleeding
- premenstrual syndrome (PMS)
- chronic pelvic pain
- specific management of bleeding problems caused by contraceptive devices
- women on Tamoxifen
- treatment of conditions underlying heavy menstrual bleeding, such as endometriosis and adenomyosis

Heavy menstrual bleeding (HMB) isdefined as excessive menstrual blood loss which interferes with the woman's physical, emotional, social and material quality of life [1]

Heavy menstrual bleeding (HMB):

- heavy menstrual bleeding can occur regularly (once a month on a predictable basis) or irregularly
- difficulties exist in defining 'normal' menstrual blood loss and women's perceptions of HMB may vary considerably
- interventions should focus on improving symptoms and quality of life, rather than focusing on menstrual blood loss
- measuring menstrual blood loss (MBL) is not routinely recommended for HMB - the person should use own judgement instead however if monthly blood loss is greater than 80ml, iron deficiency is likely [2]
- in 40 - 60% of cases, no underlying pathology is found, and bleeding is due to hormonal reasons [1]

References:

1. Clinical Knowledge Summaries (CKS). Menorrhagia. Newcastle upon Tyne: CKS; 2007. Available from: http://www.cks.nhs.uk/menorrhagia [G]

2. National Institute for Health and Clinical Excellence (NICE). Heavy menstrual bleeding CG44. London: NICE; 2007. Available from: http://guidance.nice.org.uk/nicemedia/live/11002/30401/30401.pdf [G]

2 Information and resources

Quick info:

Information and resources for people and carers:

- Combined Oral contraceptive (COC) Pill - Family Planning association Patient Information
- Information pamphlets

Resources for Clinician:

- Heavy Menstrual Bleeding: Assessment and Management - clinical Guideline includes information about prescribing of cyclic oral progestogens
- Heavy Menstrual Bleeding: assessment and management
- Combined Hormonal Contraceptives
- Parenteral Progestogen - Only Contraceptives
- Tranexamic Acid
- Combined oral contraceptive (COC) pill
- Further information about the effects of COC pill
- Progesterone: long-acting injection - Depo Provera
- The New Zealand Gynaecological Cancer Foundation
- Cancer Society (NZ)

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- Gynaecology Cancers - Information for all Women
- Websites with more information about life after cancer.

Read code:

- K5920

3 Updates to this care map

Quick info:

Date of publication December 2017

Review date: December 2018

This care map has been developed in line with consideration to evidenced based guidelines. For further information on contributors and references please see the Pathway's Provenance Certificate.

NB: This information appears on each page of this care map.

4 Hauora Maori

Quick info:

Maori are a diverse people and whilst there is no single Maori identity, it is vital practitioners offer culturally appropriate care when working with Maori whanau. It is important for practitioners to have a baseline understanding of the issues surrounding Maori health. This knowledge can be actualised by (not in any order of priority):

- considering the importance of introductions ('whanaungatanga') - a process that enables the exchange of information to support interaction and meaningful connections between individuals and groups. This means taking a little time to ask where this person is from or to where they have significant connections
- asking Maori people if they would like their whanau or significant others to be involved in assessment and treatment
- asking Maori people about any particular cultural beliefs they or their whanau have that might impact on assessment and treatment of the particular health issues

Maori health services

HBDHB contracts Maori health providers to deliver community based nursing and social support services. Practitioners should discuss, where appropriate, information about relevant Maori health services. A referral to one of these providers may assist Maori people to feel more comfortable about receiving services following discussions.

***Central Hawke's Bay**:*

Central Health

Cnr Herbert & Ruataniwha Streets, Waipukurau

Phone: 06 858 9559 Fax: 06 858 9229

Email: reception@centralhealth.co.nz

Referral Form

***Hastings**:*

Te Taiwhenua o Heretaunga

821 Orchard Road, Hastings 4156

Phone: 06 871 5350 Fax: 06 871 535

Email: taiwhenua.heretaunga@ttoh.iwi.nz

Referral Form

Kahungunu Health Services (Choices)

500 Maraekakaho Road, Hastings

Phone: 06 878 7616

Email: kahungunu@paradise.net.nz

Referral Form

Napier:
Te Kupenga Hauora
5 Sale Street, Napier
Phone: 06 835 1840
Email: info@tkh.org.nz
Referral Form

Wairoa:
Kahungunu Executive (no website)
65 Queen Street, Wairoa 4108
Phone: 06 838 6835 Fax: 06 838 7290
Email: kahu-exec@xtra.co.nz

Secondary care Maori Health Services:
Hawke's Bay DHB - Te Wahanga Hauora Maori Health Services
Phone: 06 878 8109 ext. 5779, 06 878 1654 or 0800 333 671 Email: admin.maorihealth@hawkesbaydhb.govt.nz

Further Information
Practitioners should be versed in the knowledge of:

- historical overview of legislation that impacted on Maori well-being
- Maori models of health, such as Te Whare Tapa Wha and Te Wheke when working with Maori whanau
- national Maori Health Strategies:
  - **Mai Maori Health Strategy 2014-2019 -** Full file or Summary diagram
  - **He Korowai Oranga**: Maori Health Strategy - sets the Government's overarching framework to achieving the best health outcomes for Maori
- local Hawke's Bay health sector's strategies and initiatives for improving Maori health and wellbeing
- Medical Council of New Zealand competency standards

Cultural Competency Training
Training is available through the Hawke's Bay DHB to assist you to better understand Maori culture and to better engage with Maori people. Contact the coordinator
Email: education@hbdhb.govt.nz to request details of the next courses.

5 Pasifika

Quick info:

Pacific people value their culture, language, families, education and their health and wellbeing. Many Pacific families have a religious affiliation to a local church group.
The Pacific people are a diverse and dynamic population:

- more than 22 nations represented in New Zealand
- each with their own unique culture, language, history, and health status
- share many similarities which we have shared with you in order to help you work with Pacific people more effectively
- for many families language, cost and access to care are barriers

Pacific ethnic groups in Hawke's Bay include Samoa, Cook Islands, Fiji, Tonga, Niue, Tokelau, Kiribati and Tuvalu. Samoan and Cook Island groups are the largest and make up two thirds of the total Pacific population. There is a growing trend of inter-ethnic relationships and New Zealand born Pacific populations.
Acknowledge The FonaFale Model (Pacific model of health) when working with Pacific people and families.
General guidelines when working with Pacific people and families (information developed by Central PHO, Manawatu):

- Cultural protocols and greetings
- Building relationships with your Pacific people
- Involving family support and religion during assessments and in the hospital

- Home visits

Hawke's Bay-based resources:

- HBDHB interpreting service website **or** phone 06 8788 109 ext. 5805 (no charge for the hospital; charges may apply for community-based translations) **or** contact coordinator at interpreting@hbdhb.govt.nz
- Pacific Navigation Services Ltd Phone: 027 971 9199
- services to assist Pacific people to access healthcare (SIA)
- Improving the Health of Pacific People in Hawke's Bay - Pacific Health action Plan

Ministry of Health resources:

- Ala Mo'ui Pathways to Pacific Health and wellbeing 2014-2018
- Primary Care for Pacific people: a Pacific and health systems approach
- Health education resources in Pacific languages (links to a web page where you can download resources)

6 Advance care planning

Quick info:

Advance Care Planning:

Advance Care Planning is a voluntary process of discussion and shared planning for future health care. It involves the person who is preparing the plan, and usually involves family/whanau and health care professionals.

Advance Care Plan:

An Advance Care Plan is the outcome of Advance Care Planning. It is formulated by the person and sets out their views about care towards the end of their life. It may also include views about medical care and a wide range of other matters. An Advance Care Plan may include an Advance Directive.

Advance Directive:

An Advance Directive is a statement a person makes about their medical care in the future and becomes effective if a person ceases to be competent to make decisions for themselves. An Advance Directive is legally binding if made in appropriate circumstances.

Competency and Advance Care Planning:

Competent people have the right to make autonomous decisions that as medical professionals we may regard as imprudent, and sometimes such decisions are a reflection of the person's longstanding personality, beliefs or lifestyle. This right is described in the Health and Disability Consumers Rights Acts.

According to ACP - A Guide for the NZ Health Care Workforce - "in the context of ACP, competency relates to an individual's ability to make a decision regarding their own health care (that is, competence at decision-making or decision-capacity). At a minimum, decision making capacity requires the ability to understand and communicate, to reason and deliberate, and the possession of a set of values".

Helpful websites:

- The code of rights
- Advance care planning guide Ministry of Health
- Advance care planning resources

7 Faster cancer treatment time frames

Quick info:

Ministry of Health Faster Cancer Treatment (FCT) time frames:

- FCT is a person's pathway approach to ensuring timely clinical cancer care and is measured by the following agreed indicators:
  - for people referred urgently with a high suspicion of cancer they receive their first cancer treatment (or other management) within 62 days
  - for people referred urgently with a high suspicion of cancer they have their first specialist assessment within 14 days
  - for people with a confirmed diagnosis of cancer they receive their first cancer treatment (or other management) from decision-to-treat within 31 days

Ministry of Health National Tumour standards

Faster Cancer Treatment: High suspicion of cancer definitions This document outlines the red flags for high suspicion of cancer.

8 Presentation

Quick info:

Person may present with the following complaints:

- 'flooding'
- clothes bloodstained
- painful periods
- anxiety/depression
- moodiness or irritability
- interference with social life, hobbies, or life in general
- anaemia and iron deficiency

Common causes of HMB:

- dysfunctional uterine bleeding (ovulatory and anovulatory bleeding) [1]
- uterine fibroids [1]
- endometriosis and adenomyosis [1]

Read code:

- K5920

References:

1. Clinical Knowledge Summaries (CKS). Menorrhagia. Newcastle upon Tyne: CKS; 2007. Available from: http://www.cks.nhs.uk/menorrhagia [G]

9 History

Quick info:

Establish that the woman has heavy menstrual bleeding in both her opinion and your own, take into account the range and natural variability in menstrual cycles and blood loss when diagnosing.

Take a thorough history to include:

- the nature of the bleeding
- degree of blood loss:
  - 'flooding'
  - passage of clots
  - frequency of changing sanitary products
- impact on quality of life
- menstrual cycle details (menstrual diary) including:
  - length of cycle
  - duration of menstruation (including duration of heavy menstruation)
  - variability of cycle
  - any intermenstrual bleeding
  - presence of additional symptoms suggesting possible underlying pathology, such as:
    - postcoital bleeding
    - sudden increase in blood loss
    - dyspareunia
    - dysmenorrhoea
    - pelvic pain and pressure symptoms
  - inherited bleeding or clotting disorders
- consider alternative reasons for blood loss if anaemia is out of proportion to menstrual loss
- current contraceptive method (including duration of use and compliance - consider the possibility of pregnancy
- medical history:

- gynaecological
- co-morbidity
- cervical screening
- current medications, concentrating on anticoagulation agents
- desire for pregnancy
- impact on woman's relationships:
  - work
  - social
  - personal

10 Examination

Quick info:

Examination:

- body mass index (BMI)
- blood pressure
- abdominal and vaginal examination
- pelvic examination should include:
  - vulval for evidence of external bleeding and signs of infection (e.g. vaginal discharge)
  - speculum of vagina and cervix
  - high vaginal, and chlamydia/gonorrhoea swabs if infection is suspected
  - bimanual palpation to identify uterine and adnexal enlargement or tenderness
- systemic signs of underlying disease such as:
  - endocrine disease:
    - hirsutism
    - striae
    - thyroid enlargement or nodularity
    - changes in skin pigmentation
  - coagulation disorders:
    - bruises
    - petechiae

11 High suspicion of Cancer

Quick info:

If intermenstrual bleeding or post coital bleeding present, refer to Gynaecology Clinic.

The following signs and symptoms may indicate high suspicion of cancer:

- sudden increase in blood loss or change to menstrual cycle
- bulky uterus palpable abdominally (size more than a 10 week pregnancy) - order ultrasound prior to referral to Gynaecology clinic
- pelvic mass
- an unexplained vulval lump or vulval bleeding due to ulceration
- dyspareunia or new onset
- pelvic pain, tenderness, or pressure symptoms
- severe anaemia (haemoglobin < 80g/L)

12 Risk assessment

Quick info:

High risk groups for endometrial hyperplasia and malignancy include the following:

- age ≥ 45 years of age
- age > 35 years of age and 1 of the following:
  - raised body mass index (BMI) >30
  - nulliparity
  - family history of endometrial cancer
  - tamoxifen use
  - unopposed oestrogen treatments
  - polycystic ovary syndrome (PCOS)
  - history of infertility
  - Maori or Pacific Islander

13 Urgent referral to Gynaecology services

Quick info:

Refer to Gynaecology services via form. An example of the form. Fax the form to outpatient referral centre 06 878 1328

The urgent referral for Suspected Gynaecological Cancer form can be found in the Patient Management system as an outbox document.

Include relevant information:

- reason for referral
- expectation of referral
- history and co-morbidities
- current management and/or options already pursued
- examination findings
- investigation results
- current medication
- allergies and adverse drug reactions
- any other relevant clinical information

If clinically unstable refer to Emergency Department and phone Oncall O & G registrar via HBDHB switchboard 06 878 8109

NB: Refer to gynaecological services do not wait for smear results

Referral will not be accepted unless the form has been completed.

14 Laboratory investigations

Quick info:

Take full blood count (FBC) plus Ferritin:

- anaemia should be treated if present
- coagulation profile if clinically indicated
- thyroid function tests unnecessary unless other signs and symptoms of thyroid disease

15 Level of understanding and engagement

Quick info:

1. Apply health literacy principles

Ask what the person understands:

- build on what the person already knows
- translate medical terminology into lay language

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- draw diagrams or write key phrases and messages down and give it to the person to take with them
- provide educational material
- check the person's understanding to confirm that they understand the key messages
- encourage people to bring trusted support people to future consultations
- consider other health literacy resources as appropriate:
  - Interpreter Services – Language Line (Nationwide) 0800 656 656 Monday to Friday, 9am to 6pm, and Saturday 9am to 2pm
  - maori navigational services
  - pasifika health services
  - cancer nurse coordination services
  - cancer society
  - LETS PLAN is a resource to help plan your next health care visit. It will help you understand more about your health andtreatment for an illness or injury

2. Consider any barriers to effective care:

- complexity of cancer care pathway – not knowing when or where to go next
- whanau, family and social network dynamics
- whanau support, family history
- family obligations including dependents
- work responsibilities
- whanau, hapu, and iwi obligations
- community engagement and obligations or responsibilities
- locality and geographical access to health and hospital services
- socio-economic factors, including source of income

17 Pharmaceutical treatment options

Quick info:

Pharmacotherapy should be the first-line treatment unless, following a full consultation, it is the person's preference to receive more definitive surgery. While surgery may be a more definitive and successful longer-term treatment than medication, this must be weighed against the surgical risks and fertility issues. Pharmaceutical treatment should be considered where:

- no structural or histological abnormality is present
- fibroids are < 3cm in diameter and are not causing distortion of the uterine cavity
- determine whether contraceptive effect is acceptable to the woman before recommending treatment (e.g. she may wish to conceive)

If history and investigations indicate that pharmaceutical treatment is appropriate and either hormonal or non-hormonal treatments are acceptable, treatments should be considered in the following order:

- **heavy regular bleeding:**
  - tranexamic acid (TA), non steroidal anti-inflammatory drugs (NSAIDs) or combined oral contraceptives (consider contraindications)
  - levonorgestrel-releasing intrauterine system (LNG-IUS) - provided long-term (at least 12 months) use is anticipated; Special Authority Criteria for Mirena
- **heavy irregular bleeding:**
  - tranexamic acid (TA), non steroidal anti-inflammatory drugs (NSAIDs) or combined oral contraceptives (consider contraindications)
  - oral norethisterone, particularly if peri-menopausal in a cyclical fashion
  - levonorgestrel-releasing intrauterine system (LNG-IUS) - provided long-term (at least 12 months) use is anticipated; Special Authority Criteria for Mirena

If bleeding is very heavy or prolonged, consider stopping it abruptly by giving oral norethisterone at high does (5 mg 3 times daily).

18 Hormonal

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Quick info:

Hormonal pharmaceutical treatment options include:

- combined oral contraceptive pill
- progestogens: long-acting injection - Depo Provera
- cyclic oral progestogens
- mirena intrauterine system

19 Non-hormonal

Quick info:

Non-hormonal pharmaceutical treatment options include:

- tranexamic acid
- non-steroidal anti-inflammatory drugs

20 Tranexamic acid Non-hormonal

Quick info:

Tranexamic acid:

- dosage usually 1g, 3 or 4 times daily
- use is recommended for as long as it is found to be beneficial by the woman

Further information about Tranexamic acid

21 Combined oral contraceptive pill

Quick info:

Combined oral contraceptive pill:

- given to woman who also wish to use this form of contraception
- useful in those who are anovulatory or oligo-ovulatory

Further information about the effects of COC pill

22 Non-steroid anti-inflammatory drugs Non-hormonal

Quick info:

Non-steroid anti-inflammatory drugs (NSAIDs):

- reduce prostaglandin synthesis by inhibition of cycloxygenase - prostaglandins affect local tissue reactivity and are implicated in inflammatory response, pain care maps, uterine bleeding, and uterine cramps
- should only be taken regularly from the onset of bleeding, or just before, until heavy loss has abated
- acceptable first-line treatment in those who wish to conceive - taken at the start of the menstrual cycle only and therefore should not interfere with efforts to conceive or have effects on the embryo
- potential for adverse effects, including indigestion and diarrhoea

23 Progesterone only pill

Quick info:

Progesterone only pill is a good option for women who can't take the combined pill because they:

- can't tolerate oestrogen
- have a history of blood clots (the progesterone only pill doesn't increase the risk of these)
- suffer from migraines

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- have other medical conditions
- is safe if breastfeeding

Noriday - handout

24 Progesterone: long-acting injection - Depo Provera

Quick info:

Progesterone: long-acting injection - Depo Provera:

- consider contraindications
- use of long-acting progesterone for the management of heavy menstrual bleeding (HMB) is controversial and their effect is highly variable
- menstrual irregularity can be made significantly worse
- effect is difficult to reverse
- contraindicated if there is a history of infertility or ovulatory problems
- can occasionally be associated with decreased bone density with long-term use

25 Cyclic oral progesterone

Quick info:

Cyclic oral progesterone:

Cyclic oral progesterone have a limited role in perimenopausal women with anovulatory bleeding and women with poly-cystic ovary syndrome (PCOS) and an-ovulatory bleeding. In the latter group they are protective against endometrial hyperplasia and malignancy. Ineffective generally if ovulatory bleeding:

- Primolut 5-15mg daily, for days 15 -28
- Provera 10 - 20mg daily, for days 15-28

NB: If ineffective then trial days 5-26

Further information about prescribing of cyclic oral progestogen

26 Mirena intrauterine system

Quick info:

Mirena intrauterine system (IUS):

- Special Authority Criteria for Mirena
- intrauterine, long-term progesterone-only method fo contraception licensed for up to 5 years of use (consider plans to use this method for at least 12 months)
- is a very effect treatment in those who do not wish to conceive and for whom hormonal therapy is acceptable
- prior to insertion:
  - a pelvic examination must be performed
  - chlamydia and gonorrhoea screening should be performed - where appropriate, this can be done at the time of insertion
- spotting, bleeding, and intermenstrual bleeding are normal during the first few (up to 6) months and not a reason for discontinuation
- rarely, uterine perforation during intrauterine device (IUD) insertion may occur
- recommended that recall is set up for replacement/removal after 5 years

NB: There is cost implications to the person.

27 Monitor and review treatment response

Quick info:

Monitor and review treatment response:

- trial oral treatments for at least 3 to 6 months and the levonorgestrel-releasing intrauterine system (LNG-IUS) for 9 to 12 months before considering them to be ineffective
- when an initial pharmaceutical treatment has proved ineffective, a second pharmaceutical treatment should be considered rather than immediate referral for Gynaecology services

Treatment failure can be an indication of indication of potential endometrial cancer or a typical hyperplasia.

Make a routine referral to Gynaecology services if:

- there has been inadequate response to drug treatment for menorrhagia over a 6 to 12 month period
- the person wishes to explore the possibility of surgical intervention in place of current drug treatment

Make an urgent referral if there is a High suspicion of Cancer refer to High suspicion of cancer node and Urgent referral to Gynaecology services - see above nodes.

28 Refer to Gynaecology services

Quick info:

Refer woman to Gynaecology services if any of the following applies:

- endometrium thickness >15mm
- evidence of endometrial polyps
- ovarian or other pelvic mass
- uterine fibroids >3cm in diameter or distorting the uterine cavity

Include relevant information:

- reason for referral
- expectation of referral
- history and co-morbidities
- current management and/or options already pursued
- examination findings
- investigation results
- current medication
- allergies and adverse drug reactions
- any other relevant clinical information

29 Continue to monitor

Quick info:

Continue to monitor on a regular basis

30 Secondary care clinic

Quick info:

Discuss appropriate management plan with the woman.

A clinic letter to be written to the referrer/GP indicating the outcomes and a planned approach of ongoing care (transfer of care).

NB: If the women has been advised that she has cancer then a urgent letter is sent to the GP.

31 Discharge back to Primary care

Quick info:

A letter to be written to the referrer indicating the outcomes and a planned approach of ongoing care (transfer of care).

A phone call to the referrer is preferred when there are short time frames for care planning/ intervention.

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32 Ongoing Supportive Care

Quick info:

The aim of supportive care is to provide the person with the best quality of life possible so that they are able to participate in their treatment to maximise comfort and eliminate suffering.

Cancer Support Services:

1. Cancer Society:
   - an information guide
   - for additional support services phone the cancer information nurses on the **Cancer Information Helpline 0800 226 237**
2. Central Region Cancer Services Directory:

The directory provides a list of cancer support services available across MidCentral, Whanganui and Hawke's Bay including:

- breast services
- ethnic and cultural
- accommodation
- disability support
- government health services
- medication
- legal advice

3. Getting on with life after treatment
4. Websites with more information about life after cancer

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Provenance Certificate

Heavy Menstrual Bleeding (HMB) – Low risk

Overview
This document describes the provenance of Hawke's Bay Region Gynaecological Cancer Pathways.

The purpose of implementing cancer pathways in our District is to:

- Reduce barriers so that all people with cancer are able to access the same quality care within the same timeframes, irrespective of their ethnicity, gender, locality or socio-economic status
- Achieve the faster cancer treatment (FCT) health target – 85% of patient receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks by July 2016, increasing to 90% by June 2017
- Implement the national tumour standards of service provision, developed as part of the FCT programme, to support the delivery of standardised quality care for all people with cancer
- Improve equity along the cancer pathway
- Clarify expectations across providers
- Improve communications and follow up care for cancer patients

To cite these pathways, use the following format:
Map of Medicine – Hawke's Bay View / Oncology /Gynaecological / Heavy Menstrual Bleeding (HMB) – Low risk

Editorial methodology
This care map has been based on a Map of Medicine Care Map developed according to the Map of Medicine editorial methodology. The content of the Map of Medicine care map is based on high quality guidelines and practice-based knowledge provided by contributors with front-line clinical experience (see contributors section of this document). This localised version of the evidence-based, practice informed care map has been peer-reviewed by the HBDHB and Collaborative Clinical Pathways Director and with stakeholder groups.

References

1.	Clinical Knowledge Summaries (CKS). Menorrhagia. Newcastle upon Tyne: CKS; 2007. Available from: http://www.cks.nhs.uk/menorrhagia [G]
2	National Institute for Health and Clinical Excellence (NICE). Heavy menstrual bleeding CG44. London: NICE; 2007. Available from: http://guidance.nice.org.uk/nicemedia/live/11002/30401.pdf [G]
	Faster Cancer Treatment (FCT): High Suspicion of Cancer Definitions 2016. Ministry of Health
	Canterbury Health Pathways
	MidCentral District Health Board's Abnormal Menstrual Bleeding pathways

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Disclaimers
Clinical Pathways Steering Group, Hawke's Bay DHB and Health Hawke's Bay – Te Oranga Hawke's Bay.

It is not the function of the Clinical Pathways Steering Group, Hawke's Bay DHB and Health Hawke's Bay – Te Oranga Hawke's Bay to substitute for the role of the clinician, but to support the clinician in enabling access to know-how and knowledge.

Users of the Map of Medicine are therefore urged to use their own professional judgement to ensure that the person receives the best possible care.

Whilst reasonable efforts have been made to ensure the accuracy of the information on this online clinical knowledge resource, we cannot guarantee its correctness and completeness. The information on the Map of Medicine is subject to change and we cannot guarantee that it is up-to-date.