

our institution caring for patients with CAP. The results of the search were reviewed by the clinical team and because no evidence was found to support use of albuterol in patients like ours, changes were made to future practice. As a result of this process, which took a few hours and evolved over several weeks, orders for bronchodilators for patients with CAP are now made on an individual basis, depending on the presence of comorbid illnesses, such as COPD.

**CONCLUSION**

The need for a rapid search for evidence is sometimes, but not always, important to the care of an individual patient. In this case, the speed of the search did not affect the ability of the PA student to apply the evidence to the patient. Setting the evidence in motion may require communication of search results to other members of the clinical team and may affect the care of future patients. Although the catalyst for setting EBM in motion was a student, the evidence, including the results of further research along with the judgment of an experienced pulmonologist, convinced the clinical team to make changes to usual care and to base future treatment of this common condition on the best available evidence.

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**CORRECTION**

**PLEASE CHECK YOUR BAYES' NOMOGRAM!**

Some time ago, we published a version of the Bayes' nomogram with some ill-spaced likelihood ratios (LRs) at the extremes of the scales. Ill-formed versions will have the LR of 1000 and 0.001 at a greater spacing than the rest of the LRs. These appeared in the glossaries of *ACP Journal Club* between Sep/Oct 1998 and Nov/Dec 1999. If you have been using a nomogram that differs (at the extremes of the center scale) from the one at [www.acpjc.org/shared/glossary.htm](http://www.acpjc.org/shared/glossary.htm), please replace it. Our thanks to Jan Hajek for alerting us to the problem.

