

Style Guide

Some general writing guidelines include the following:

These issues are normally caused by either an improper user account configuration or an institutional firewall that blocks access to the portal.

Be concise. The Manuals are known for their brevity. If you can say the same thing in fewer words, do so.

When discussing a disorder, state specifically what a practitioner should do, i.e. indicate the best/first-line option for diagnosis and for treatment, rather than simply listing all the options without prioritization (eg, "tests for pneumonia include a, b, and c"). Do not state that a diagnostic test or treatment "may be done" without indicating when and why.

If there are sequential steps to follow in diagnosis or treatment, please list them in order with an "if/then."

Distinguish tests to diagnose the disease from ancillary tests to diagnose severity, complications, underlying patient status, etc. (eg, for pneumonia chest x-ray for diagnosis, CBC, BUN, creatinine, and electrolytes for ancillary purposes).

For drug therapy, always use generic names and state dose, route, frequency, and duration (eg, "valacyclovir 1 g po tid for 7 days"). Indicate major alternative drugs in the same format; less important drugs do not need full prescribing information (e.g. "erythromycin and tetracycline also may be effective") unless non-standard regimens are required.

The Manual does not use total daily dose (eg, "amoxicillin 100mg/kg/day divided in 3 doses").