

E D A T O Z

Pearls and pills

A

- **Asthma** : before discharging a patient remember to check his/her technique with inhalers
- **Anaphylaxis** : first of all give epinephrine IM
- **AMPLE** : allergies, medications, past medical history, last meal, events in the trauma patient

B

- **Brain concussion** : learn the canadian guidelines (or other) . Beware of clopidogrel
- **Body packers** : rush to surgery for cocaine packers (even more for body stuffers) if they are symptomatic.

C

- **Chest pain** :
 - consider aortic dissection even if pain is not typical . It is one of the great imitators.
 - HS troponins do not need to be measured more than twice, at time 0 and 3 hours.
- **Chart** : be complete in your notes. Reading them the patient, your colleagues, and the judge should understand why you did what you did and should agree with you.

D

- **Death** : it may be one of the many you see but his/her dears will remember this day for the rest of their life.
- **Dyspnea** : use lung echography for quick diagnostic orientation

E

- **Epilepsy** : no need for benzos for the first few minutes, then prefer lorazepam
- **Eclampsia** : it is a possibility until 4 to 6 weeks post partum
- **Errors**: our profession is difficult enough without having to bear the yolk of perfection... yet it is good if you suffer a little for your mistakes
- **Ethics** : I will not permit considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient;

F

- **Fascitis** : think of it when you face a disproportionate pain
- **Femoral block** : an alternative for pain control in femoral fractures
- **Foreign bodies** : research glass and fish bones with x-rays (and/or echography)
- **Fever** : 30 to 40% of patients with severe sepsis do not have a temperature

G

- **Gastric lavage** : do it only when indicated and when so use a large bore tube by the oral way. Consider endoscopic removal in case of pharmacobezoars

H

- **Hemorrhage** :
 - if Hb > 7 g/dl and the patient is stable, transfusion will be necessary only in selected cases.
 - Treat anticoagulated pts with life threatening hemorrhage with prothrombin complex and K vitamin
- **Headache** : think of temporal arteritis, carotid dissection, venous sinus thrombosis
- **Handover** : the most risky moment of your day



- **Intraosseous infusion** : you may give 100 ml/min fluids and more to an adult patient
- **Intestinal infarction** : prognosis is time dependent. Think of it , and not only in the elderly with AF . Measure lactate.

J

- **Jugular vein** : never again without echo assistance.
- **Jargon** : be sure to make yourself understood. Do not use technical idioms to impress your patients.

K

- **Kidney stones:** 40% of pts with rupturing aortic aneurisms have blood in their urine

L

- **Loss of hearing** : when sudden, get urgent ENT advice ... if only for your legal protection (treatment is uncertain, but 30 to 50% of pts will not recover)

M

- Myocardial infarction :
 - atypical is typical
 - learn and use the HEART score
 - get an old EKG for comparison

N

- **Night shift** : avoid to transfer a patient to a lower intensity ward during the night shift.
- **New drugs** : dont'be the first one to use a new drug nor the last one to leave an old one

O

- **Opioids** : are fundamental in your therapeutic armamentary. Get to know them well.
- **Otitis** : in children > 2 years old it seldom requires AB therapy
- **Ottawa ankle rules** : use them to reduce by 25% your X-rays

P

- **Pulmonary edema** :
 - use CPAP early
 - use diuretics sparingly
- **Pneumonia** : learn to use the CSI and CURB65 scores, but do not trust them (especially for ruling out)
- **Pneumothorax** : try needle aspiration, you might send home 50% of your patients within 12 hours

Q

- QT = look for a long one when using antipsycotics, macrolides, quinolones, antihistamines, antiarrhythmic drugs ...
If possible don't mix these drugs

R

- **Radiology** = walk your way to Radiology and discuss the best imaging option together with your colleague
- **Rule in / out** = be aware of what you are working for and of the positive and negative predictive value of your exams

S

- **Sepsis six** : lactate, hemocultures, urine output, oxygen, antibiotics and fluids in the first hour. And don't forget source control.
- **Splenic aneurism** : consider it in left thoracic or abdominal pain, especially in a pregnant woman.
- **Sedation** : learn alternatives to IV drugs, like intranasal midazolam or nitrous oxide inhalation

T

- **Tuberculosis** : the old enemy is back
- **Terminality** : life has an end, recognize this simple truth and avoid futility
- **Take your time** : let time work in your favour. Repeat history, physical, EKGs. Trends are more relevant than absolute values.
- **Trust your guts...**

U

- **Unexplained abdominal pain** : recognize it as such. Don't make fake diagnoses. Give advice for short term re-evaluation
- **Underwear** : respect you patients' dignity

V

- **Violence :**
 - learn de-escalation techniques
 - show of force may help
 - be «gentle» during physical restraint

W

- **Wolff-Parkinson-White syndrome** : think of it when you face a high frequency AF. In doubt prefer electric cardioversion.

X

- X-rays :
 - no problem whatsoever with a chest X-ray to a pregnant woman. Yet you can get most information just as well with chest echography.
 - be aware of radiation doses and discuss with the radiologist the possibility to use low dose CT

Y

- **Yourself** : develop your interests outside the hospital. Eat well, sleep well. If at all possible have somebody to love.

Z



