

SOB

Hx: fever, cough, CP (pleuritic), hemoptysis, trauma/surgery, leg pain, lightheadedness, palpitations, ortopnea, PND, syncope, ACS RF

Px: Leg swelling, DV tenderness, JVP

W/U: CBC, cr/lytes/gl, VBG (DKA), ECG, CXR/POCUS

+/-BNP, ddimer, trop, lactate, salicylate/methemoglobin/CO

Dispo: WELLS/PERC, HEART, CURB-65, normal vitals

DDx: tox, DKA, anemia, neuromuscular, parenchyma (anti-GBM, ILD, contusion etc), airway

Doses

Epi 1:1000 0.3 mg IM Q5min PRN for anaphylaxis

Epi 0.01-0.02 ug/kg/min IV infusion if needing >2 doses IM. Titrate to effect

Morphine 1-2 mg IV Q1H PRN

Toradol 15-30 mg IV/IM

Ondansetron 4-8 mg IV Q6-8H PRN

Maxeran 10 mg IV/PO Q6H PRN

Gravol 25-50 mg IV/SC/PO Q4H PRN

Lorazepam 1-2 mg PO/IM/SL Q4H PRN

Thiamine 100 mg PO daily

Folate 5 mg PO daily

Ancef 1G IV Q8H

Flagyl 500 mg PO/IV Q12H

Cipro 500 mg PO BID/400 mg IV Q12H

Clindamycin 600 mg IV Q6H

Pip/Tazo 4.5G IV Q8H

Gentamicin 500 mg IV Q24H

Keflex 500 mg PO QID

Pantoloc 40 mg PO/IV daily or BID

Syncope

R/O: arrhythmia, AS, PE (ask RF), MI, pulm HTN, anemia, autonomic insuff (Parkinson, DM), drugs, fluid loss, SAH, TIA

W/U: ECG, neuro W/U low yield if N Px

Dispo: San Fran rules (Hx CHF, low HCT, abn ECG, dyspnea, BP <90), age >65

CP

Hx: fever, cough, CP (pleuritic), hemoptysis, trauma/surgery, leg pain, ACS RF, connective tissue dz, neck pain, dysphagia, vomit, endoscopy, recent URI, drugs, FHx young death

R/O: aortic dissect, pneumothorax, esophageal rupture, tamponade, PE

Px: Leg swelling, DV tenderness

W/U: CBC, ECG, CXR/POCUS, trop +/- ddimer, trop

Dispo: WELLS/PERC, HEART, CURB-65, normal vitals

DDx: pancreatitis, cholecystitis, pleural effusion, asthma/COPD

“No RF for dissection, PE, MI, PT. No pulse or obvious neuro deficit and normal vital signs make these less likely but I’ll get CXR and ECG to look for findings of these. Not positional like pericarditis. No vomiting/crepitus to suggest ER. Did not present like a pancreatitis/cholecystitis/hepatitis but will get basic b/w, liver enzymes, and lipase”

Outpt Doses

UTI:

Macrobid 100 mg BID x5D

Keflex 500 mg QID x5-7D

Cipro 500 mg BID x7D

Diverticulitis:

Keflex+flagyl x3-7D

Amox-clav 875/125 mg PO BID 5-7D

G+C:

Azithro 1g PO

CTX 250 mg IM

Doxy 100 mg PO BID 7D

Animal bite:

Amoxicillin 500 mg PO TID 5D

Abdo

Hx: fever, N/V/D, hematemesis/chezia, melena, timing, [ACS RF], OBHx, IUD

R/O: ruptured AAA, mes ischem, ectopic, LBO/SBO, perf, diverticulitis, perinephric abscess, peritonitis

Px: pulsatile abdo, hypotension, leg pulses,

W/U: routines, LFT, lipase, lactate, CT/US, UA, bHCG, +/-FAST, bladder scan

Tx: IVs, abx, T&S, monitor, NPO, pain

DDx: DKA, MI, skin infection, PUD, UTI, uremia, porphyria, rheum serositis, BPH

Sepsis

Dx: life threatening, organ dysfunction, infection. +/-SIRS/qSOFA/NEWS

SIRS: T >38 or <36; HR >90, RR > 20/PaCO₂ <32, WBC >12 or <4 or 10% bands

Tx: 1. VBG lactate, 2. Blood cx, 3. Abx, 4. 30 mL/kg RL, 5. Norepi 5 mcg/kg to MAP 65

DDx: consider adrenal crisis of no response to fluids, consider fluids under pressure

Shock

Distributive (warm): sepsis, anaphylaxis, adrenal insufficiency, myxedema

Cardiogenic: arrhythmia, MI, valvular...

Obstructive: PE, tamponade, tens pneumo

Hypovolemic: blood loss, GI/renal loss, burns

Other: myxedema coma, liver failure, spinal cord compression

HA

Hx: thunderclap, ICP (transient vision loss w/ position/Valsalva, papilledema,

“whooshing” tinnitus), new different headache > age 50, pregnancy, Valsalva

DDx: subdural/intracerebral, CVT (39F, postpartum/surg,OCP), PRES

(chemo/immunocomp, ESRD with high BP – tx=BP), cerebral vasospasm (40F,

thunderclap), idiopathic intracranial HTN

Px: papilledema, temporal tender

Migraine tx: suma 6 mg SC, ketorolac 30 mg IV, metoclopramide/prochlorperazine 10 mg IV (rpt in 1 hr)

Asthma Exacerbation

PRAM: scalene/suprasternal m. use, wheeze, ae, SpO₂

Salbutamol MDI 4-8 puffs (100 ug/puff) q15-20 min x3

- Up to 1 puff Q30-60 sec (max 20)

Salb neb 5 mg q15-20 min x3 or **continuous** PRN

Ipratropium bromide MDI 4-8 puffs (20 ug/puff) q15-20 min x3

- Up to 1 puff Q30-60 sec (max 20)

Ipra neb 250-500 ug q15-20 min or **continuous**

Prednisone 40-60 mg PO OR **Methylpred** 125 mg IV

MgSO₄ 2 mg IV bolus over 20 min

Fall

Hx: recurrent? Mechanical?

Witnessed?

Tx: HI/neck/chest/abdo/pelvic/hip/long bones/skin

W/U: X-ray, VBG/lactate, CBC (anemia, infection, plt), lytes/Cr, CK (r/o rhabdo), LFT/lipase, ECG/trop, UA

Dispo: GEM?