

Day 1 Review

Robert Dachs, MD, FAAFP
Department of Emergency Medicine
Ellis Hospital, Schenectady, NY
Clinical Associate Professor
Department of Family Medicine,
Ellis Hospital Family Residency, Albany Medical College



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” Help, I Can’t See” : Dr. Bloch

- **History, history, history....**

And physical exam clues...

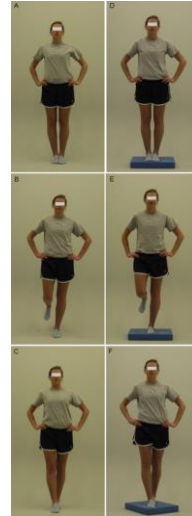
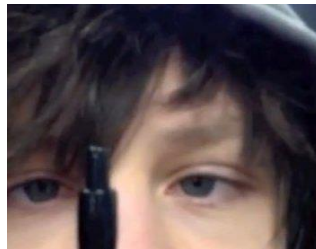
- Optic neuritis
- Giant cell arteritis
- Vitreous and Retinal detachments
- Central retinal artery occlusion
- Acute angle glaucoma
- Acute stroke (HH)

- Transient vs Continuous
- Monocular vs Binocular
- Painful vs Painless
- Partial vs Complete
- Central vs Peripheral
- Other Associated Symptoms

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Headway in Concussion Management: From Diagnosis to Guidance: Dr. Rauker

- Updated definition
- You have evaluation tools:
 - ?CT? → PECARN score for children;
 - ?CT? → Canadian CT rule for adults
 - SCAT6
- Exam Pearls:
 - BESS testing
 - Convergence testing



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Headway in Concussion Management: From Diagnosis to Guidance: Dr. Rauker

- Provide anticipatory guidance
 - Average return to baseline testing
 - **Adults and pro athletes: 3-5 days**
 - **College athletes: 5-7 days**
 - **HS athletes: 10-14 days**

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Splinting – Sculpting Stability: Dr. Raukar

- **Pros/Cons:** plaster vs. orthoglass vs. pre-formed

- **Upper extremity:**

- Long arm posterior splint
- Volar splint
- Sugar tong splint
- Thumb spica splint
- Ulnar gutter splint
- Radial gutter splint
- Finger splints

- **Lower extremity:**

- Posterior knee splint
- Jones compression dressing
- Posterior ankle splint
- U-splint/stirrup splint

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Identifying Patients at Low-Risk for Badness: Chest Pain Case Studies: Dr. Higgins

- **Gestalt + CDR**
- **Historical clues**
- **Physical exam (not so much)**

	Likelihood Ratio
Pain Radiation to Both Arms	7.1
Pain Similar to Prior Ischemia	2.2
Pain Radiation to Right Arm/Shoulder	4.7
Chest Pain with Exertion	2.4
History of MI	1.5

	Likelihood Ratio
Pleuritic Chest Pain	0.2
Described as Sharp	0.3
Positional Chest Pain	0.3
Not Associated with Exertion	0.8
Inframammary Location	0.8

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Identifying Patients at Low-Risk for Badness: Chest Pain Case Studies: Dr. Higgins

- Gestalt + CDR
- Historical clues
- Physical exam (not so much)
- **HEART score**
- **HEAR**

	Likelihood Ratio for MACE
Score 0 to 3 Low Risk	0.2 [95%CI 0.13 to 0.3]
Score 4 Indeterminate	0.79 [95%CI 0.53 to 1.2]
Score 5 to 6 Intermediate	2.4 [95%CI 1.6 to 3.6]
Score 7 to 10 High	13 [95%CI 7.0 to 24]

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You Down With GLP? What Urgent Care Clinicians *Need* to Know About GLP-1 Agents: Dr. Russell

- Prevalence of obesity
- History of weight loss meds, GLP-1's
- Universal tips:
 - **Evaluate correct dose**
 - **Stop the medication**
 - side effect of GLP-1 is *diagnosis of exclusion!*

Side effects include:

- GI
- **N/V/D; GERD;**
- **Gastroparesis**
- **Gallstone disease**
- ? Visual
- Hypotension
- Effects on other meds

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Literature Review I: Faculty

- Vaccines save millions of lives, billions of \$
But.....our patients have lost trust in us
- One hs troponin (in the right patient) will do...
- **Watch out for Insulin bolus in DKA (please)**
- Give up the strep culture after negative rapid strep
- **Back pain: Topical Diclofenac does not add anything to oral NSAID
- Nor do corticosteroids!!!**

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Literature Review I: Faculty

- Consider vaginal swab over urine when concern about STI
- Poison Ivy: 10-14 days of steroids....
"7 days to get it, 7 days to have it, 7 days to get rid of it"
- Nail bed repair: you do not need to replace the nail
- **Blood transfusions: be more liberal with AMI**
- **Burn out: TAKE A VACATION!!!**

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