

The EM Educator Series

Mini-Case: Found down – No History Available

Author: Alex Koyfman, MD (@EMHighAK) // Edited by: Brit Long, MD (@long_brit) and Manpreet Singh, MD (@MprizzleER)

Case 1: A 62-year-old male is found down by bystanders on a sidewalk. EMS brings him to your ED with VS: HR 110, BP 90/48, RR 12, Sats 93% RA, T 98 F, and D-stick 160. What do you need to consider?

Questions for Learners:

- 1) How do you organize the room?
- 2) What's in your differential?
- 3) What's in your systematic approach to patient with limited history available, and what are several important considerations?
- 4) What cognitive stop points are recommended, and if your initial evaluation does not turn anything up, what are your next steps?
- 5) How do you manage cognitive load in the busy ED?

Suggested Resources:

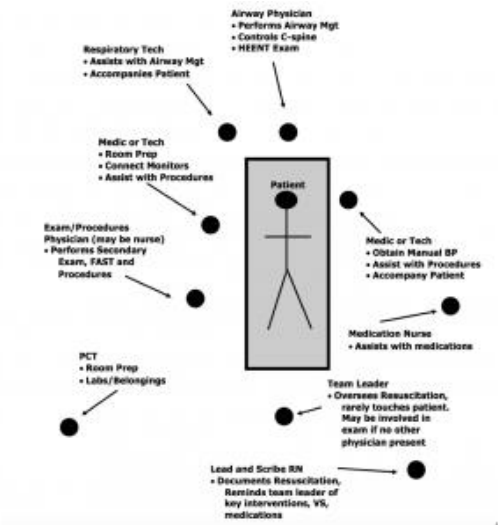
- ✓ Articles:
 - [emDOCs – Mindset of the Resuscitator: Organizing the Room](#)
 - [Resus.Me – Making Things Happen](#)
 - [emCrit – Podcast 177 – Chris Hicks on the Fog of War: Training the Resuscitator Mindset](#)
 - [emDOCs – Cognitive Load and the Emergency Physician](#)
- ✓ Podcast:
 - [EM Basics – Altered Mental Status](#)
 - [AMS Show Notes](#)
- ✓ Videos:
 - [EM in 5 – Approach to: Altered Mental Status](#)

Answers for Learners:

1) How do you organize the room?

The key to the Leader Mindset for resuscitation includes several components:

- 1) Master Yourself
- 2) Control Yourself
- 3) Master the Environment
- 4) Master the Patient and Scenario
- 5) After the Resuscitation



➔ Read Brit Long's [Mindset of the Resuscitator: Organizing the Room](#)

2) What's in your differential?

- Good mnemonic – BIG LIST ➔ AEIOU TIPS

| | Example | Testing |
|--------------------------------|--|--|
| A Alcohol Ammonia | -alcohol intox/withdrawal -Wernicke's -hepatic encephalopathy | -alcohol level -serum osm -ammonia |
| E Electrolyte Endocrine | - Glu - Na + - Ca +2 - thyroid -DKA / HHNS -addisonian crisis | -Glu -serum osm (HHNS) -electrolytes -thyroid fn tests -serum cortisol |
| I Iatrogenic | -opiates/benzos -anticholinergic -steroids | -med levels -tox screen |
| O Oxygen Opioids | -hypoxia -carbon monoxide -opioids | -O2 sat, CO level -ABG -CXR |
| U Uremia | -renal / HTN | -BUN |

| | Example | Testing |
|---|--|--|
| T Trauma Temp | -concussion -SAH/hematoma - temp | -CT head / C spine -core temp |
| I Infection | -meningitis -encephalitis -sepsis | -LP (+ CT head) -CBC, UA, cultures, CXR |
| P Psych Poison | -acute psychosis -overdose / toxicity | -Med levels -Tox screen -Alcohol level / Osms |
| S Seizure SAH / Space occupying lesion | | -EEG -anticonvulsant levels -CT head / MRI brain |

- SMALL LIST ➔ TINE (or NETTI?)
 - T- Trauma / Tox I- Infection N- Neurologic E- Electrolytes

3) What's in your systematic approach to patient with limited history available, and what are several important considerations?

- History is crucial, especially from the EMS and family.
- Never forget to check a sugar!
- Thorough exam, including checking all crevices and rolling patient.
- Have a broad differential and narrow as evidence unfolds.

DONT

D: dextrose
O: oxygen
N: naloxone
T: Thiamine

+ volume, temp control, abx, antidotes



TX
AMS
EM⁵

pitfalls



4) What cognitive stop points are recommended, and if your initial evaluation does not turn anything up, what are your next steps?

- See below for further details on strategies, but in an AMS patient, a thorough hx and exam are key.
 - Go through your differential as highlighted above (big vs small lis)
- Low threshold for CT Head – this is especially true in a “frequent flier alcoholic” patient or “demented or psychotic” patient.
- Rectal temp is key → though you may see fever, keep in mind hypothermia can be worse, especially in an elderly or immunosuppressed individual.
- When nothing comes up, do not forget the LP! – Cover early for meningitis / encephalitis.

5) How do you manage cognitive load in the busy ED?

○ **Sixteen Strategies for Dealing with Cognitive Load**

- | | |
|---|------------------------|
| 1) Take advantage of external memory | 13) Learn to breathe |
| 2) Minimize interruptions | 14) Close the loop |
| 3) Use simple algorithms on shift | 15) Touch it once |
| 4) Use aids without guilt | 16) Accept your limits |
| 5) Front load to unload | |
| 6) Channel your supercomputer | |
| 7) Reboot before starting | |
| 8) Use ‘When-Then’ and ‘If-Then’ thinking | |
| 9) Control your patient volume | |
| 10) Tune up your equipment | |
| 11) Use checklists where possible | |
| 12) Turn up your speakers | |