emDocs

The EM Educator Series

Mini-Case: Found down – No History Available

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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:

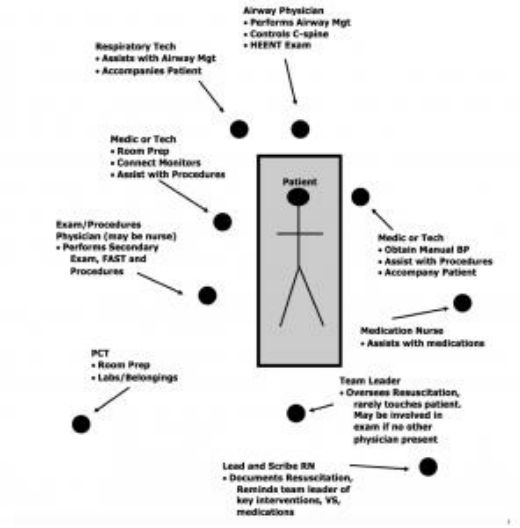
- ✓ Articles:
  - emDOCs – Mindset of the Resuscitationist: Organizing the Room
  - Resus.Me – Making Things Happen
  - emCrit – Podcast 177 – Chris Hicks on the Fog of War: Training the Resuscitationist Mindset
  - emDOCs – Cognitive Load and the Emergency Physician
- ✓ Podcast:
  - EM Basics – Altered 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:

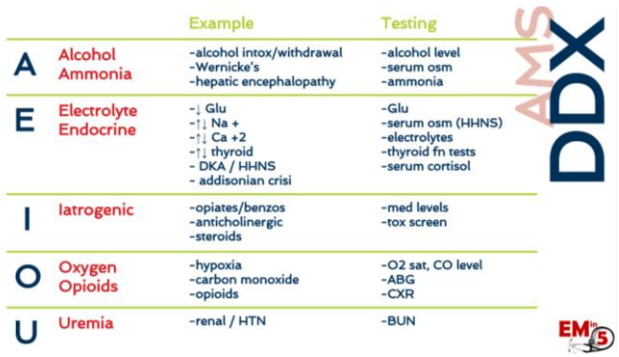
1) Master Yourself
2) Control Yourself
3) Master the Environment
4) Master the Patient and Scenario
5) After the Resuscitation

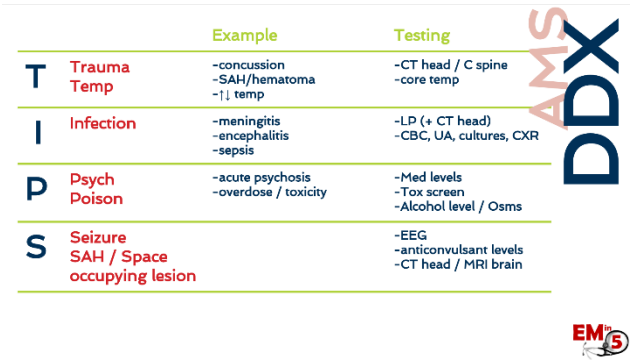


➔ Read Brit Long's [Mindset of the Resuscitationist: Organizing the Room]

2) What's in your differential?

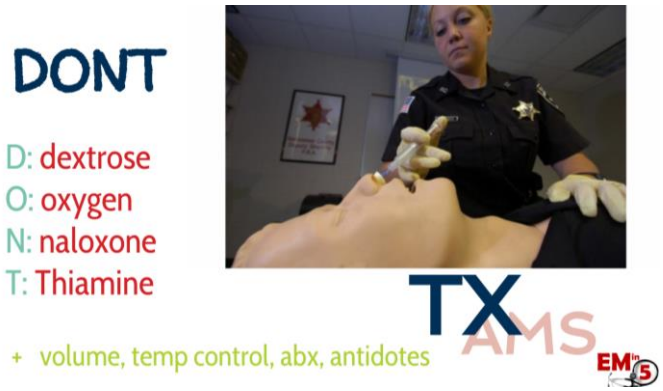
- Good mnemonic – BIG LIST → AEIOU TIPS





- 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.



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
     2) Minimize interruptions
     3) Use simple algorithms on shift
     4) Use aids without guilt
     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
     13) Learn to breathe
     14) Close the loop
     15) Touch it once
     16) Accept your limits