

OOH COURSE NB November 2014  
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### ABS

Delayed Rx real reduction in use  
URTI Cough lasts 21 days No creps or just the odd crep No AB  
AB if DM Immunosuppressed HF On Pred  
NEW near patient CRP check <20 viral SEE NICE

SEPSIS The UK Sepsis Trust SEPSIS 6 in Secy Care  
NICE Guideline expected  
Sympts “flu” “gastro enteritis” Elderly “worsening even though on AB”  
Will rapidly deteriorate  
Temp up or down HR RR BM 7.9 WCC up or down Sat down BP down  
O2 999 call medics they will meet patient at AE

MC Meningitis .org  
<1 15-19 years  
MC B Vaccine to start  
MC Rash + temp easy  
Prodrome Some just SEPSIS Unwell use Card Info For Parents and Carers from  
Meningitis.org  
Cold Pale Leg Pains maybe neck stiff reduced consciousness Fit + temp cough vomit  
IM Pen G or if H/o anaphylaxis Ceftriaxone

EBOLA PHA has EBOLA Chart  
Not infectious until symptomatic [Cough Temp Dh then bleeding]  
Easily destroyed with just soap and water  
Not airborne Does not penetrate intact skin gets through mucous membranes e.g. eye  
Sudden onset severe fever pains the D/V then rash then bleeding  
DO NOT TOUCH PATIENT Risk if contact with vomit or Dh or skin broken  
HPA Ebola In Primary Care [www.gov.uk](http://www.gov.uk)

COPD NICE 2010  
Acute Exac Cough inc spit inc dyspnoea  
Home if sats ok not on LTOT Not confused or alone  
Pred + amoxil or doxycycline if coloured spit

ASTHMA ACUTE nice 2013 sign 2012  
Pf hr rr Sat  
Admit if sats don't rise after neb or salbutamol via spacer  
AB only if infected  
Prednisolone

UTI SIGN 2012 NICE 2013  
Local Guidelines  
Pregnant? Man? Older Person?  
Upper Rigor Vomiting Coamoxiclav 625x14 days or Cipro 500x 7 days  
U Sympts alone could be thrush or Chlamydia If more sympts treat without MSU  
with either Trimethoprim or Nitrofurantoin [unless egfr >45 as does not work]

Pregnant MSU and second spec at 7 days  
Catheter with fever confusion MSU unless egfr >45  
Men MSU ? prostatitis or sti Trimethoprim or Nitrofurantoin Cipro if prostatitis

RENAL COLIC BMJ 2013  
If Fever Rigor refer at once  
DD Appendix Ovary TESTIS Aortic Aneurysm  
Examine Testis  
PR Diclofenac Opiate only if NSAID Contra

HEADACHE Nice 2010  
RED Flags Sudden onset "Herald Headache" Any Neurology Trauma 3/12  
Subdural HG H/O Cancer

BELLS  
Eyes Hypromellose/Lacrilube CPL Ung if eye red  
Puckering of brow on affected side used to be thought to mean upper motor neurone  
thing Doubtful now ? refer anyway

THINGS MISSED  
Chest Infection/PN  
Chest Pain MI  
Abdo Pain Appendix  
Meningitis

Record All Normal findings T P HR Cap Refill Time Not just "Well"  
Advice given about when to call again

ACUTE HF NICE 2014  
BNP for acute HF  
IV Furosemide not GTN Not Opiate

CHEST PAIN NICE very confusing  
Aspirin Opiate iv GTN not O2  
Pain >15 min + nausea sweating dyspnoea 999  
Angina rpt GTN if no effect at 5 min admit

TIA CVA  
FAST score misses posterior stroke  
ROSIER score  
ABCD2 score if 4 or 2 tias in 1 week admit otherwise aspirin clopidogrel 300+ 75  
daily + PPI start statin and rx for HBP

Circle of Willis ACA LEG  
MCA Face Arm  
PCA Homonymous Hemianopia

Posterior stroke Visual disturbances Vertigo Ataxia [bad sign] Dysphasia Dysarthria  
Nausea These bar ataxia can occur in Migraine Vascular Risk factors and no  
headache worrying

## PVD

Acute leg or foot pain

Not red not hot

Could be ischaemic cold blue no pulse felt

## DVT/PE NICE 2012 SIGN

Non Specific Chest Pain On the Pill ??PE

Adjusted WELLS score + D Dimer

3 choices of LMW heparin or oral Rivaroxaban

Superficial Thrombo Phlebitis Risk for DVT if above knee and 5 cm If below knee on IBUPROFEN

PE WELLS score then LMWH or Rivaroxaban higher dose Then CTPA [CT of Pulmonary Arteries]

## EYE

?Unilateral or Bilateral redness

? Pain ?photophobia

? Visual Acuity

Conjunctivitis Remove Contacts Use Lacrilube for 7 days not CPL then review

Iritis NEEDS SLIT LAMP EXAM

## GASTRO

Appendix large DD Bowel Gynae Renal Aortic Aneurysm

ALVARADO score

ABDO EXAM if very tense draw legs up and abdo relaxes

## WOMEN'S

Pregnant N and V very common 6-12 weeks

U for Ketones and U infection

Breast Feeding WSP for nipple pain Canesten

Ectopic Any abdo pain in a woman could be Ectopic check LMP Pregy test

BP Hr Abdo Ex If doing PV only palpate cx not the tubes may burst an Ectopic

PID Discharge Dyspareunia Bilateral Pelvic pain ? UTI Rare- PID pain felt in Rt Upper quadrant

## PEDIATRICS

Fever NICE 2013

Traffic Light chart fever >5

HR RR Temp Cap Refill [ Sats]

Fever 38 in under 3/12 admit

RR 60 admit

Kawasaki Fever 39 for 5 days and probably a rash

Pre School Wheeze

Don't call it asthma until 5y

Use Bronchodilator with spacer either salbutamol or ipratropium [local guideline]

Add Montelukast in preference to ICS  
Prednisolone not needed  
Neb not needed 10 puffs via spacer good enough

Croup  
Epiglottitis rare with HIB vaccine  
Fever no cough drooling stridor  
No throat exam admit to ENT  
Croup dexametasone 0.15 mg/kg works in 30 mins  
Prednisolone 1-2 mg/kg 1-2 days  
Steam no longer recommended

Limp  
Septic Arthritis Very Unwell Can't stand/walk  
Transient Synovitis Viral Slight temp Not unwell  
Perthe's Slow onset 2/12 Knee and lateral thigh pain Legs look different length lying  
Slipped Epiphysis is a # pain knee of hip limp lower limb externally rotated lying  
TO EXAMINE CHILD'S HIP Lying prone enables exam