



Mini Med School:

Tales of Emergency Medicine

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PGY-2 & PGY-3



Overview

- Introduction to Emergency Medicine (EM)
- Responsibilities of EM Physicians
- Common Emergencies
- Cases



Introduction to Emergency Medicine



What is Emergency Medicine?

- Specialists of acute care and resuscitation ¹
- Anything can walk in, anytime
 - Low to high acuity
- Rapid decision-making
- Treat everyone regardless of background or ability to pay



History of EM

- Patients required unscheduled care that the system could not accommodate
 - Specialization of EM started to gain traction in 1960s
- 1968: American College of Emergency Physicians (ACEP) formed
 - Driving force for Board specialty status (still the largest EM representative group today)
- 1970: First EM residency program opened at the University of Cincinnati
- 1976: American Board of Emergency Medicine (ABEM) and Society for Academic Emergency Medicine (SAEM) formed
- 1979: EM officially recognized as a specialty by American Board of Medical Specialties (ABMS) ²
 - Christiana Care EM residency established ³



More History of EM

- 1980: First EM Board-certifying exam
- 1986: Emergency Medical Treatment and Active Labor Act (EMTALA) passed by Congress
 - Meant to ensure nondiscriminatory access to emergency medical care ⁴
- 1991: First combined EM residency program, with Internal Medicine (EM/IM) ⁵
 - Christiana Care EM/IM residency established
- 2007: First combined EM residency program with Family Medicine (EM/FM) at Christiana Care ⁶
- EM is now practiced in many countries worldwide and continues to expand



Urgent Care vs Emergency Department

- Urgent Care: non-life-threatening needs ⁷
- Emergency Department
 - Trauma Centers (Level 1-3 in Delaware) ⁸
 - Other capabilities: STEMI, Stroke
 - Christiana:
 - Level 1 Trauma Center (only one in Delaware) ⁹
 - Stroke and STEMI capable



Path to Emergency Medicine

- 4 years undergraduate college
- 4 years medical school
- 3-4 years Emergency Medicine Residency
 - 5-year Combined Residency programs: EM/IM or EM/FM
- Certifying Board exam



Responsibilities of EM Physicians



Management in the Emergency Room

- Initial assessment
- Stabilization
- Diagnosis
- Treatment
- Disposition



Initial Assessment

- Triage
- Vital signs: Heart rate, Respiratory rate, Oxygen saturation, Blood pressure, Temperature
- How does the patient look?
- Does an alert need to be activated?
 - EKG reviews
 - Stroke evaluations
 - Trauma evaluations



Stabilization

- ABC
 - Airway, Breathing, Circulation
- A: Is the airway clear?
- B: Is the patient breathing?
- C: Is the blood pressure low?
- Intervene as needed



Diagnosis

- Vital signs
- Physical exam
- Blood work
- Imaging (X-Rays, Ultrasound, CT scans)
 - Point-of-care Ultrasound (POCUS) frequently used
- Culmination of full patient evaluation



Diagnosis: POCUS

- Bedside use of ultrasound
- Echocardiography (Heart)
- Gallbladder (Gallstones)
- E-FAST (Trauma)
- Obstetrics/OB (Evaluate baby)



Treatment

- Interventions for stabilization: Oxygen, IV fluids
- Tylenol for fever
- Pain medication
- Antibiotics
- Procedures



Treatment: Procedures

- Laceration repairs
- Incision & drainage
- Foreign body removal
- Fracture and dislocation reductions
- Intubation
- Chest tube
- And more!



Laceration Repairs

- Identify, irrigate, repair
- Repair options
 - Sutures
 - Staples
 - Steri-strips
 - Skin glue
- Risks: Infection, Cosmetic ¹⁰



Incision & Drainage

- Drain abscess
- Local anesthesia for pain control
- Risks: Worsening infection, Damage to surrounding structures ¹¹



Foreign Body Removal

- Nose, ears, and more
- Toys, rocks, food, etc.
- Risks: Damage to surrounding structures, Bleeding, Infection ¹²



Fracture / Dislocation Reductions

- Broken bones that are dislocated need to be reduced and splinted
 - No dislocation: may just need splint or sling
- Dislocated joint without fracture can be reduced
- Risks: Nerve or blood vessel injury, Pain, Need for surgery ¹³



Normal Wrist X-ray



Figure 1: Normal left wrist x-ray, lateral view. Case courtesy of Dr. Mohd Radhwan Bin Abidin, [Radiopaedia.org](https://radiopaedia.org), rID: 98946¹⁴



Figure 2: Normal left wrist x-ray, frontal view. Case courtesy of Dr. Mohd Radhwan Bin Abidin, [Radiopaedia.org](https://radiopaedia.org), rID: 98946¹⁴

Abnormal Wrist X-ray: Fractured and Dislocated Ulna and Radius



Figure 3: Right-sided Smith fracture, lateral view. Case courtesy of Dr. Jan Frank Gerstenmaier, [Radiopaedia.org](https://radiopaedia.org), rID: [25199](https://radiopaedia.org/cases/25199) ¹⁵



Figure 4: Right-sided Smith fracture, frontal view. Case courtesy of Dr. Jan Frank Gerstenmaier, [Radiopaedia.org](https://radiopaedia.org), rID: [25199](https://radiopaedia.org/cases/25199) ¹⁵

Normal (left) and Abnormal (right) Shoulder X-rays: Anterior Shoulder Dislocation



Figure 5: Normal left shoulder x-ray. Case courtesy of Dr. Frank Gaillard, [Radiopaedia.org](https://radiopaedia.org), rID: [7505](#)¹⁶



Figure 6: Left-sided anterior humerus dislocation. Case courtesy of Dr. Jeremy Jones, [Radiopaedia.org](https://radiopaedia.org), rID: [7132](#)¹⁷



Intubation

- Hypoxia despite other interventions
 - Failure to ventilate and oxygenate
- Inability to protect airway
- Risk: Esophageal intubation, Surgical intervention ¹⁸



Chest Tube

- Collapsed lung (Pneumothorax)
- Fluid around the lung (Pleural effusion)
- Risks: Damage to surrounding structures, Bleeding, Infection ¹⁹



Normal Chest X-ray

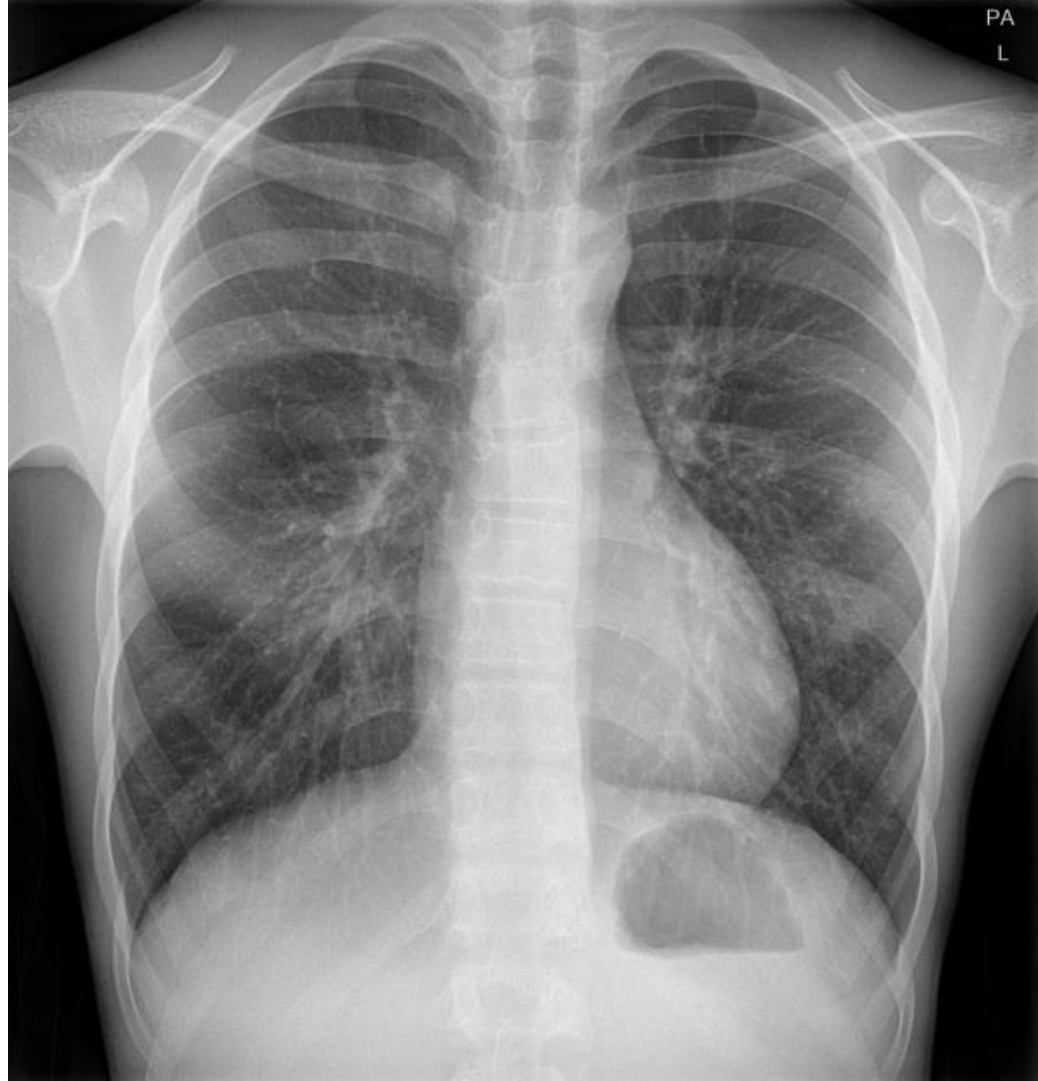


Figure 7: Normal chest x-ray. Case courtesy of Dr. Derek Smith, Radiopaedia.org, rID: 62093 ²⁰

Abnormal Chest X-rays: Pneumothorax (left) and Pleural Effusion (right)

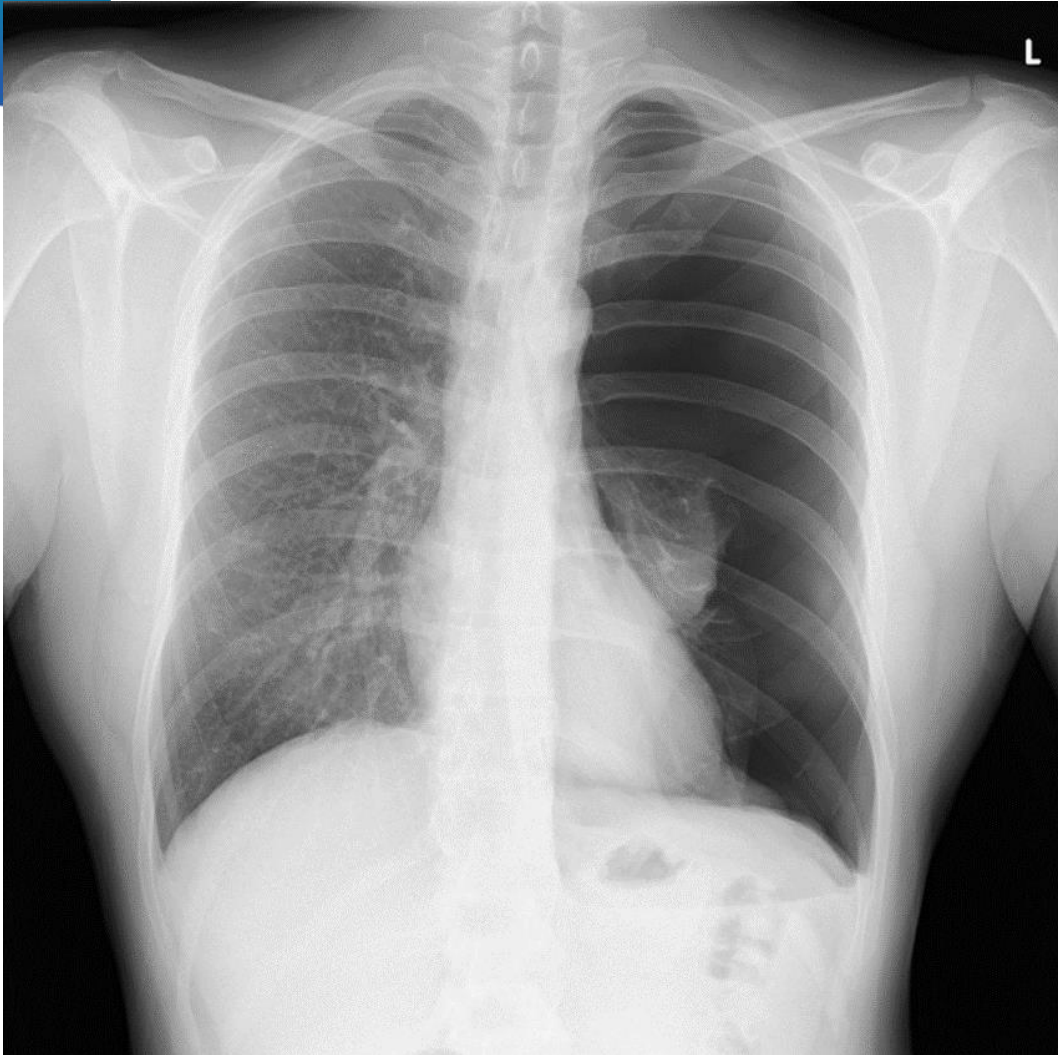


Figure 8: Large left-sided pneumothorax. Case courtesy of Dr. Ian Bickle, [Radiopaedia.org](https://radiopaedia.org), rID: 86926²¹

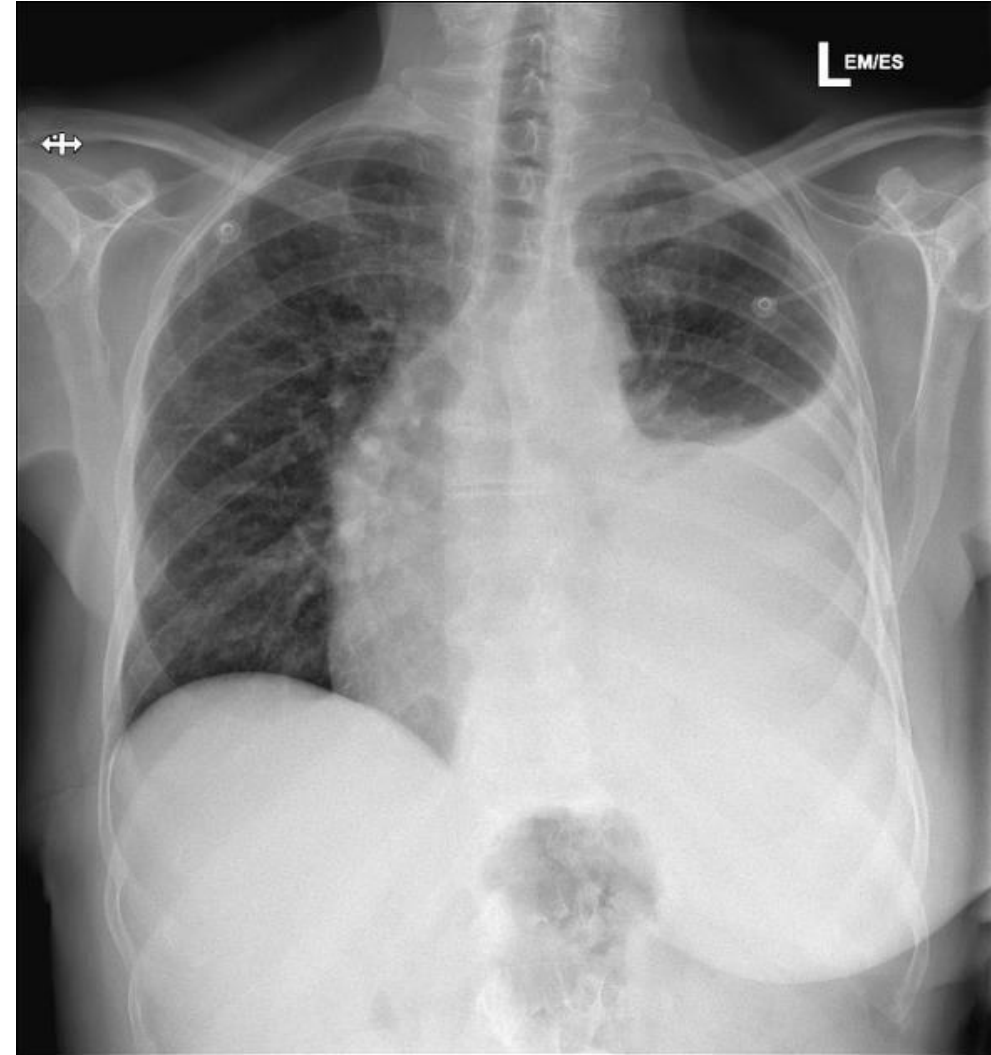


Figure 9: Large left-sided pleural effusion. Case courtesy of Dr. Craig Hacking, [Radiopaedia.org](https://radiopaedia.org), rID: 80388²²

Chest Tube Example



Figure 10: Left-sided pneumothorax with displaced chest tube. Case courtesy of Dr. Aditya Shetty, Radiopaedia.org, rID: [27673](https://radiopaedia.org/cases/27673) ²³



Disposition

- Discharge
- Admit
 - Floor
 - ICU



ER Management Review

- Initial assessment (vitals, brief evaluation)
- Stabilization (as needed)
- Diagnosis (tests, imaging)
- Treatment (medications and procedures)
- Disposition (stay or go)



Common Emergencies



Common ER Presentations

- Chest pain
- Abdominal pain
- Respiratory distress
- Trauma



Emergency Alerts

- Stroke alert
- STEMI alert (Heart attacks)
- Trauma alert



Stroke Alert

- National Institute of Health Stroke Scale (NIHSS)
- Window for intervention:
 - Time from last known normal
 - 4.5 hours for thrombolytics ("clot buster")
 - 24 hours for thrombectomy (mechanical clearance) ²⁴



Recognizing a Stroke

- BE FAST ²⁵
 - Balance (loss of coordination)
 - Eyes (vision changes)
 - Face (drooping on one side)
 - Arms (weakness of arm or leg on one side)
 - Speech (slurred speech, difficulty speaking or understanding)
 - Time
- Right side of the brain controls the left side of the body and vice versa ²⁶



STEMI Alert

- ST-Elevation Myocardial Infarction
 - MI = Heart attack
- Sudden, crushing chest pain
- Electrocardiogram (ECG/EKG) within 10 minutes
- Interventions: Aspirin, Nitroglycerin
- Treatment: Cath lab
 - Door-to-balloon time within 90 minutes ²⁷

Normal EKG

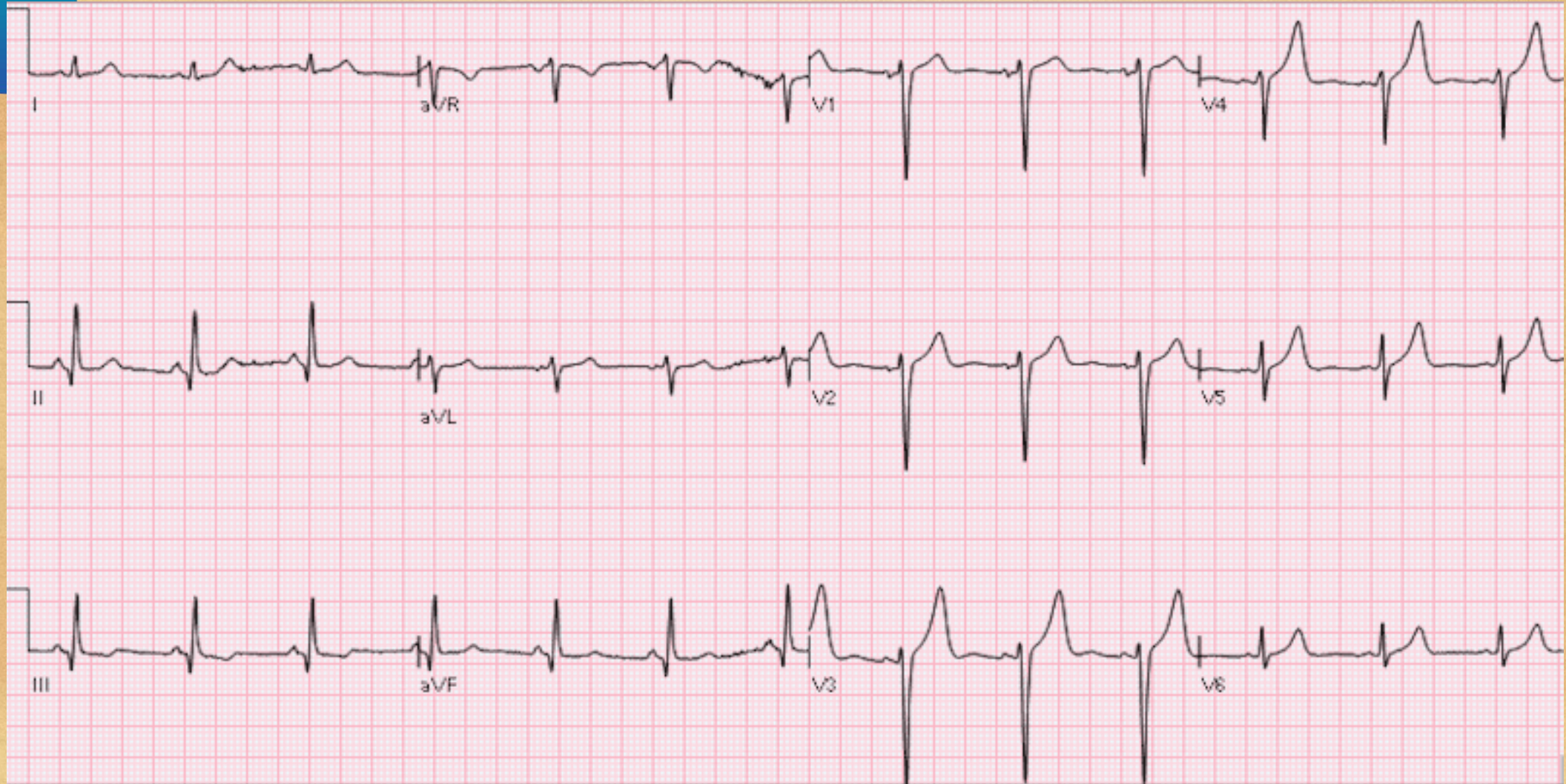


Figure 11: REBEL ECG of the Week #6, Old ECG by Dr. Salim Rezaie, [CC BY-NC-ND 3.0](#) ²⁸

STEMI

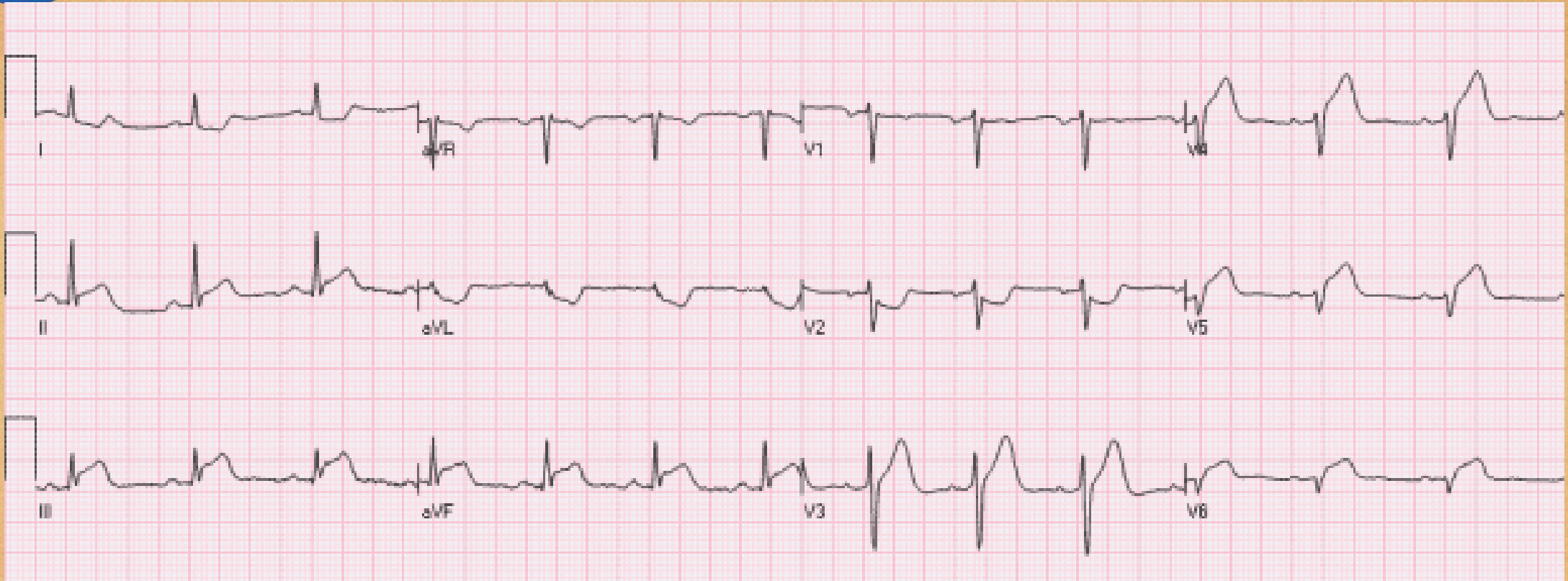


Figure 12: REBEL ECG of the Week #2 by Dr. Salim Rezaie, [CC BY-NC-ND 3.0](#) ²⁹



Trauma Alert

- Significant traumatic injury requiring immediate evaluation and intervention
 - Life-threatening bleeding
 - Head injury causing confusion/coma
 - Injury to critical areas of the body
- Advanced Trauma Life Support (ATLS)
 - Primary survey (ABC)
 - Secondary survey (full physical exam)
 - Imaging
- Disposition



ATLS

- Primary (ABCDE)
 - ABC
 - Airway, Breathing, Circulation
 - Intervene on each if needed before moving on
 - DE
 - Disability (Glasgow Coma Scale/GCS), Exposure
- Secondary
 - Full physical exam for signs of trauma
- Imaging: X-rays, Ultrasound (E-FAST), CT ³⁰



E-FAST

- Extended Focused Assessment with Sonography for Trauma
- 5 views ³¹
 - Subxiphoid: Heart
 - Right Upper Quadrant (RUQ): Liver, Right kidney
 - Left Upper Quadrant (LUQ): Spleen, Left kidney
 - Pelvic: Bladder
 - Lungs



Trauma Disposition

- Stable patient
 - E-FAST positive -> CT scan
 - E-FAST negative -> CT, serial E-FAST, or observation
- Unstable patient
 - E-FAST positive -> Operating room
 - E-FAST negative -> CT scan ³²
- Variation on case-by-case basis



Cases

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Case #1

73 year old male presenting with drooping of the face and an inability to move or feel the left side of his body starting half an hour prior to arrival.



What is the diagnosis?

A. Migraine headache

B. Meningitis

C. Stroke

D. He's faking



What side of the brain is most likely affected?

A. Right

B. Left

Case #2

42 year old man presents after falling off a ladder. Says he landed on his left leg and felt a “snap”. The left lower leg is deformed with a wound showing exposed bone. Xray results are shown above.



Figure 13: Distal leg fractures. Case courtesy of Dr. Kevan English, Radiopaedia.org, rID: [184724](https://radiopaedia.org/cases/184724) ³³



What bone is broken?

A. Humerus

B. Tibia

C. Rib

D. Clavicle



What does the term "Open Fracture" mean?

A. A fracture involving more than two bones

B. A fracture that is exposed to the outside environment

C. A fracture associated with a dislocation

D. A fracture that feels comfortable sharing its feelings

Case #3

55 year old male presenting with crushing central chest pain starting 1 hour prior to arrival. Pain goes into his neck and into his right arm. He is sweaty and vomiting when you see him. EKG results are shown.

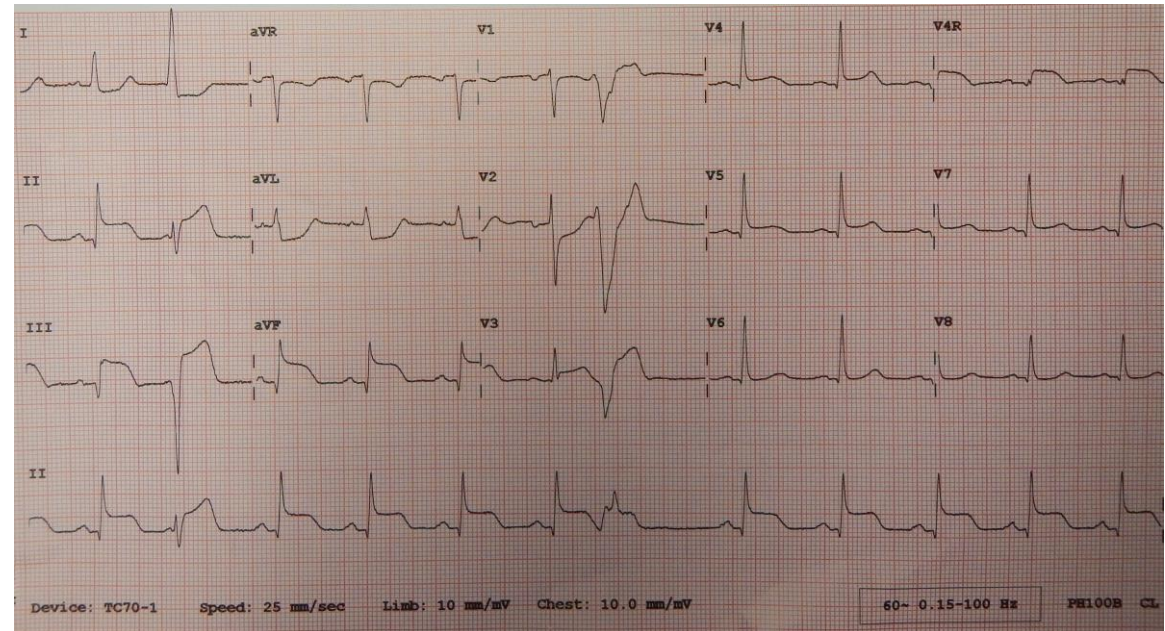


Figure 14: 15 lead ECG showing inferior and right ventricular infarct by Dr. James Heilman, [CC BY-SA 4.0](#) ³⁴




What is the diagnosis?

A. Acid Reflux

B. Gallstones

C. Pneumonia

D. Heart Attack



**Which of the following medications has
been proven to help prevent this patient
from dying?**

A. Tylenol

B. Ibuprofen

C. Aspirin

D. Acetaminophen



Case #4

A 15 year old female presents to the hospital with fever, nausea/vomiting, and abdominal pain. The symptoms have been present for about a day. The pain was initially in the middle but has now moved to the right lower part of her stomach.



What is the diagnosis?

A. Pneumonia

B. Pancreatitis

C. Urinary Tract Infection

D. Appendicitis



Which of the following organs can you NOT live without?

A. Liver

B. Spleen

C. Gallbladder

D. Appendix

Case #5

27 year old male presenting with a gunshot wound to the left chest. He is in severe distress. He is having difficulty breathing, has low oxygen counts, and low blood pressure. Chest Xray results are shown.

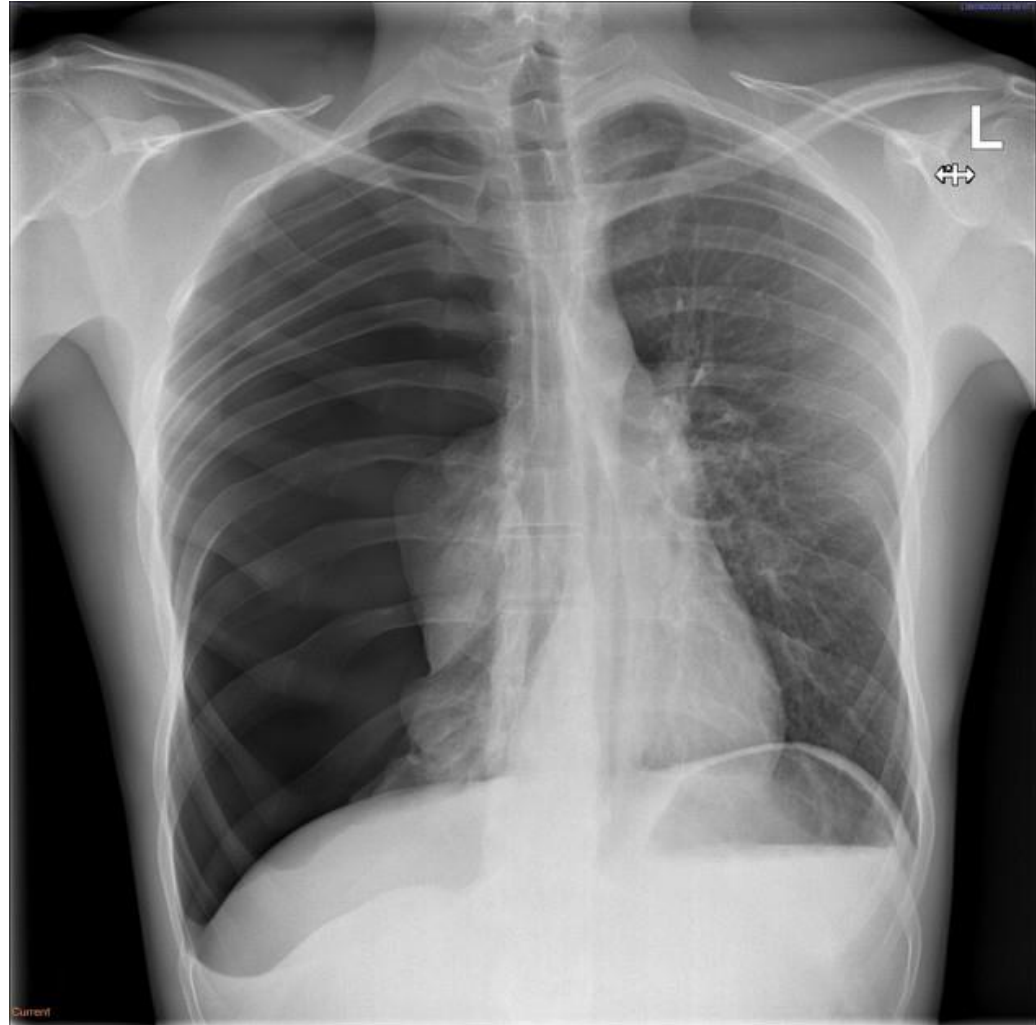


Figure 15: Tension pneumothorax. Case courtesy of Dr. Jack Garnham, [Radiopaedia.org](https://radiopaedia.org), rID: 82478³⁵



Which of the following procedures will fix the problem?

A. Chest compressions

B. Pain control

C. Central line placement

D. Re-inflate the lung



How will you Re-Inflate the lung?

A. Placing a chest tube

B. Placing an arterial line

C. Transfusing blood

D. Panicking



Case #6

A 26 year old football player collapses on the field after being struck in the chest during a play. He has no pulse. Initial rhythm check shows an irregular electrical pattern in the heart called ventricular fibrillation. Chest compressions are started.



Which of the following songs has a beat that matches the tempo at which you are supposed to perform chest compressions?

A. Don't Stop Believing (Journey)

B. Staying Alive (Bee Gees)

C. Bad Medicine (Bon Jovi)

D. Another One Bites the Dust (Queen)



What is the name for this condition?

A. Second impact syndrome

B. Commotio cordis

C. Concussion

D. Unnecessary roughness (15 yard penalty)



Case #7

18 year old female college student presents with worsening headache and fever over the past several days. She also says that she is having trouble moving her neck. A lumbar puncture is performed that shows bacteria in the cerebrospinal fluid.



What is the diagnosis?

A. Complicated migraine

B. Sinusitis

C. Meningitis

D. Muscle strain



Which of the following types of medicines should be started immediately?

A. Blood pressure medication

B. Insulin

C. Vitamins

D. Antibiotics



Case #8

23 year old male with history of type 1 diabetes presents with nausea, vomiting, and abdominal pain that has been worsening for several days. He ran out of his normal medicines about a week ago. His blood sugar is extremely high and his blood is acidic.



What is the diagnosis?

A. Lupus

B. Diabetic Ketoacidosis (DKA)

C. Bowel Obstruction

D. Cancer



Which of the following medications will correct his condition?

A. Aspirin

B. Insulin

C. Antibiotics

D. Nitroglycerin

Case #9

A 17y/o male presents with a sore throat. On exam, he has palpable lymph nodes in his neck and exudates on his tonsils which are shown. A swab is performed which is positive for a Group A beta-hemolytic bacteria.



Figure 16: Strep throat by Dr. James Heilman, [CC BY-SA 4.0](#) ³⁶



What is the diagnosis?

A. Strep throat

B. Measles

C. Mononucleosis

D. Retropharyngeal abscess



In the past, if left untreated this condition could lead to which of the following feared complications?

A. Rheumatic heart disease

B. Vasculitis

C. Abdominal adhesions

D. Halitosis

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Questions?