

A lifetime of Cautionary Tales and practice tips



Lessons learned

Classic minefield problems

- Acute abdominal pain
- Acute chest pain
- Breast lumps
- Children's disorders esp. infections
- Headache
- Prostate/ovarian cancer





Common missed conditions

- Ca-breast, bowel, brain, lung, ovary
- Vascular disease—ACS, TIAs
- Serious bacterial infection
- Endocrine maladies
- Mechanical problems
 - fractures-scaphoid, ribs, several other
 - testicular torsion
 - digital nerve injury

History: general symptoms (often overlooked)

- Tiredness/malaise/fatigue
- Fever/sweats
- Weight change
- Pain or discomfort anywhere eg. headache
- Any unusual lumps or bumps
- Any unusual bleeding

Ask "is there anything else (unusual) you should tell me about?"



History: drugs (masquerades)

- Prescribed drugs
- Alcohol
- Smoking
- Social drugs
- Illicit drugs
- OTCs





Case history: Miss MW age 23

- Recent law graduate
- Past history: migraine
anorexia nervosa
- Drug history: OCP
- Presentation (with mother)
Left colicky abdominal pain-3/10
Anorexia, nausea & vomiting x3



Miss MW (cont)

- Examination: mild tenderness LHS>LIF
t 36.5, p 64, BP 100/65

- Provisional DX: gastroenteritis

Sent home with advice to ring surgery

- Home visit- next day

Increased pain, discoloured urine (blood)

Constitutionally worse-looked depressed



Miss MW -investigations

- FBE: normal inc platelets
- ESR: 45
- Ultrasound: obstruction left renal pelvis,
no calculus, ? blood clot
- IVP: delayed excretion left kidney,
? blood clot (INR)



History: some guiding rules

- The provisional Dx should come from the history
- Believe the patient!
- Always believe mother if worried
- See patient alone if possible
- Ask patient what they consider is their real problem
- Ask the Patient what the diagnosis means to them
- Three strikes and it's out!



Case history: Ms YL aged 20

- Overseas fee paying student
Presents to University Medical Service
- 2 months cough and wheezing
Responds to anti asthma medication but
recurs –more visits-increased steroids
- After 3 months constitutional
symptoms including weight loss
- Found comatose

Murtagh's diagnostic model

1. What is the probability diagnosis?
2. What conditions must not be missed?

Big 3: Malignant disease: Severe infection: CVS

3. What are the common pitfalls?

The red faces

4. What are the GP masquerades?
5. What is the patient trying to tell me?

Yellow flags





Masquerades-a check list

Primary GP masq's

- Depression
- Diabetes mellitus
- Drugs
- Anaemia
- Thyroid/endocrine
- Spinal dysfunction
- Urinary infection

Second line masq's

- Malignant disease
- HIV / AIDS
- B Viral infections
- B Bacterial infections
- Chronic renal failure
- Neurological dilem's
- CTissue/Vasculitides

The great pretenders

In the past: syphilis, TB, endocrine

> **Now**

- SLE
- Coeliac disease
- HIV
- Ca lung, blood, ovary etc
- Haemochromatosis





The Examination

- Record vital signs in the sick esp. child
- Know normal limits eg.

Adult: 60-100, 130/85, 14, 37.2 am & 37.7

1 year: 110, 100/70, 30, temp as above

- Don't forget to check the urine

“more mistakes are made by not looking than by not knowing”



The examination-some rules

- The examination begins in the waiting room
- Observe the patient's gait
- Think physiognomy-?organic & physical features
- The examination of the chest begins at the fingernails
- The examination of the abdomen begins at the tongue- check the hands and scrotum
- In unilateral disease always examine the normal side first
- Beware the asthmatic with the silent chest

Conditions not to be missed

- Malignancy esp. occult carcinoma
- Severe infections esp meningitis, septicaemia, endocarditis, TB
- HIV/ AIDS
- Coronary artery disease/arrhythmias
- Asthma
- Imminent or potential suicide
- Intracerebral lesions inc. subarachnoid haem.





Conditions not to be missed- rules of 4

Consider

- Infarction
- Infection
- Malignancy
- Metabolic

OR Rule of 3= VIC

vascular, infection, cancer



Think fast with infarction

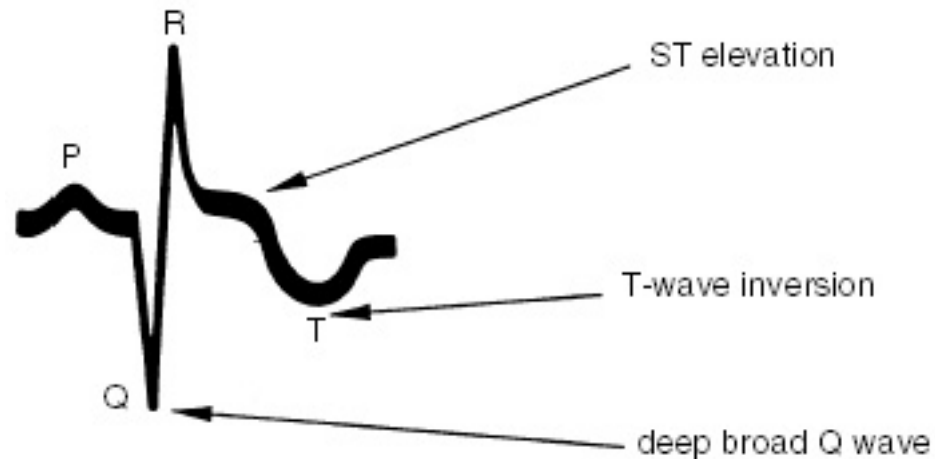
Intervention time rules

- Acute coronary states- **60-90 minutes**
- Stroke –cerebral infarct **3-4 hours**
- Femoral artery **4 hours**
 - 4 hours = limb salvage
 - > 6 hours = limb amputation
- Torsion testis **4-6 hours**

Think cardiac

Apart from chest pain

- Tiredness Arrhythmia ? ↑ QT synd.
- Weakness Ischaemia
- Dizziness Heart failure





Case study: Miss WA, 16 years

April-September 2004: 10 visits with initial for
sore throat-antibiotics ?EBV

Blood tests normal

- Fatigue-lethargy, weakness, tiredness
- Fainting during venesection/dizziness
- Anorexia-vomiting 3-5 times per week
- Weight loss-10 kg

Found dead in bed 29/9/2004



Case study: Ms HK aged 42

During Nepal trek- stress++,robbed,
2 days gastroenteritis

2 wks lethargy,anorexia, nausea, wt loss

Home: diarrhoea,vomiting,abdominal pain

- Rx antibiotics for Giardiasis

Collapsed at home-confused,febrile,BP90/60

Settled for 4 days-collapsed again, semi-conscious, admitted to hospital



Endocrine maladies: Addison's

- Triad
1. Fatigue
 2. Anorexia/nausea/vomiting
 3. Abdominal pain or
Diarrhoea or
Dizziness/funny turns

Also: weight loss, hyperpigmentation

Dx: synacthen stimulation test, plasma cortisol
s. electrolytes

Beware: Addisonian crisis



Baseball rule

- Three strikes and you're out



Collapse at toilet red flag

Anyone who collapses at toilet demands urgent attention

- Intra-abdominal bleeding
- CVA inc subarachnoid haemorrhage
- Pulmonary embolus
- Myocardial infarction



Be careful what you say!

Vignettes

- “with your heart you should never get married” GP 1941
- “I would love to operate on you but I cannot.....forget about the problem now....get on with life and make the most of it”
- Personal/familiar comment
Intimate details “..body parts !!”



Communication tips

- Arrange follow up with care
- Have a good results notification system
- Arrange face to face for bad news eg
HIV, STI test results
- Avoid the telephone for bad news
- Get informed consent esp. procedures
- Give appropriate patient education
- Be careful what you say



Communication tips 2

- Never criticise a colleague or the previous doctor
- Never hesitate to say “I don’t know”
- Never hesitate to say “I am sorry”
- Never hesitate to use shared care
- Refer if in doubt esp. if malignancy
- Remember that illness is emotive
- No medication is without side effects

3 golden communication rules

- Listen
- Call patient by preferred name
- Appropriate touch





Practice tips-primary clinical decision making

Hypertension

- Lifestyle modification
- Manage associated conditions eg DM
- Medication: need 4-6 w trial
 1. start with ACE/ARB or CCB or thiazide
consider associated condition
 2. ACE/ARB + CCB (best evidence) or thiazide
 3. ACE/ARB + CCB + thiazide



Diabetes mellitus-step up m't

- Lifestyle modification-diet, exercise
- Oral monotherapy-metformin (1st choice or sulfonylurea
- Combination oral therapy
metformin + sulfonylurea (?gliptin)
- Add a glitazone (pio-) or other agent
- Add Insulin-isophane or long acting



Management uncomplicated urinary tract infection

- Urine dipstick
- Micro-culture (clean catch)
- High fluid intake *?? Wait 3 d and see rule*
- Antibiotics-trimethoprim or cephalexin
- Alkaliniser esp. severe dysuria
- Check sensitivity-leave or change Abs
- Repeat MCU 1-2 w after AB course
- Consider further investigation



Sore (streptococcal) throat

4 key features & indication for penicillin

- Fever >38 C
- Tender cervical lymphadenopathy
- Tonsillar exudate
- No cough

Others: those 3-25 y with presumptive GABHS from special communities with high incidence of rheumatic fever



Otitis media -children

Possible clinical indications for antibiotics

- Sick child with fever
- Vomiting
- Red-yellow bulging tympanic membrane
- Loss of TM landmarks
- Persistent fever and pain after 3 days conservative approach



Otitis media in children-2

- Rest in warm room with adequate humidity
- Paracetamol suspension in high dosage
- Decongestants only if nasal congestion
- Antibiotics as indicated e.g.
amoxycillin 40mg/kg/d, 3 divid doses 10d
- Follow up including hearing in 10 days



Acute severe migraine

- Metoclopramide 10 mg IV + dihydroergotamine 0.5 mg slow (ED) or 1 mg IM (at home)
- Chlorpromazine or haloperidol IM or IV
- IV metoclopramide + 1 L N saline in 20-30 minutes + oral aspirin/paracetamol

Prodrome: 1 L fluid eg. low sugar sports drink



Acute stroke and TIA

Think FAST >> to stroke unit

- CT or MRI

If thrombosis (no haemorrhage)

- 150-300 mg aspirin ASAP
- rtPA –within 3 hours

Follow up

Aspirin or Asasantin SR or clopidogrel

Refugee health-screening

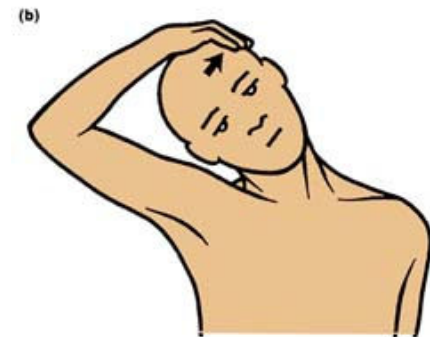
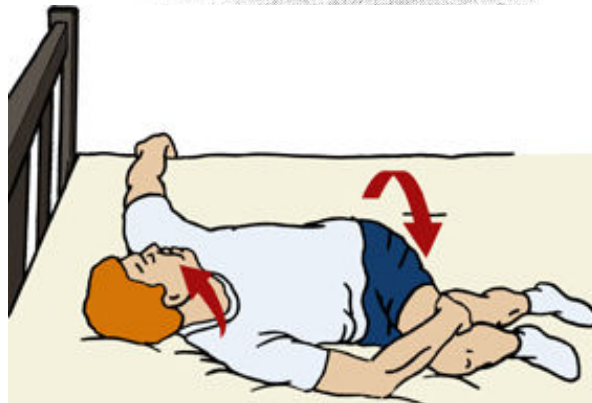
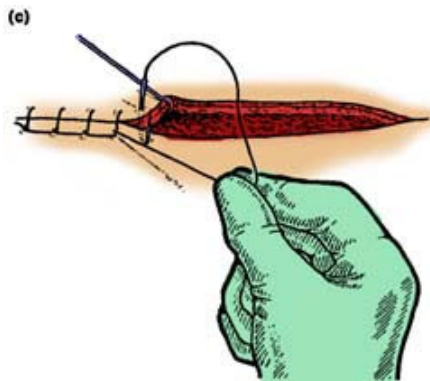
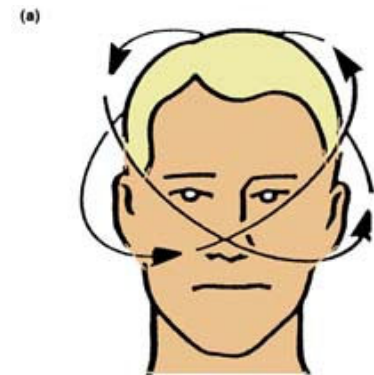
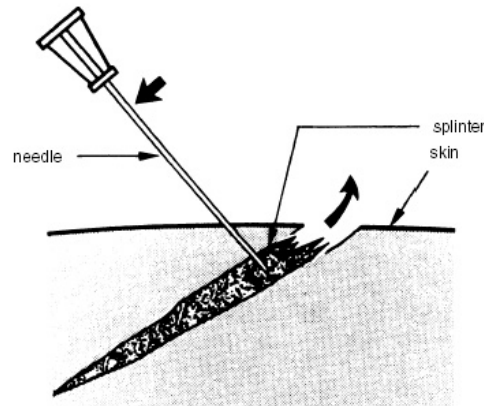
Pre-departure screening-CXR, HIV etc

- Psychological: major depression, suicide risk, PTSD
- Behavioural disturbance
- Anaemia esp iron deficiency
- TB
- Tropical diseases -malaria, Helminths esp. Strongyloides, schistosomiasis,
- Hepatitis B&C, typhoid
- Nutritional disorders
- Genetic –haemoglobinopathies etc
- Helicobacter pylori



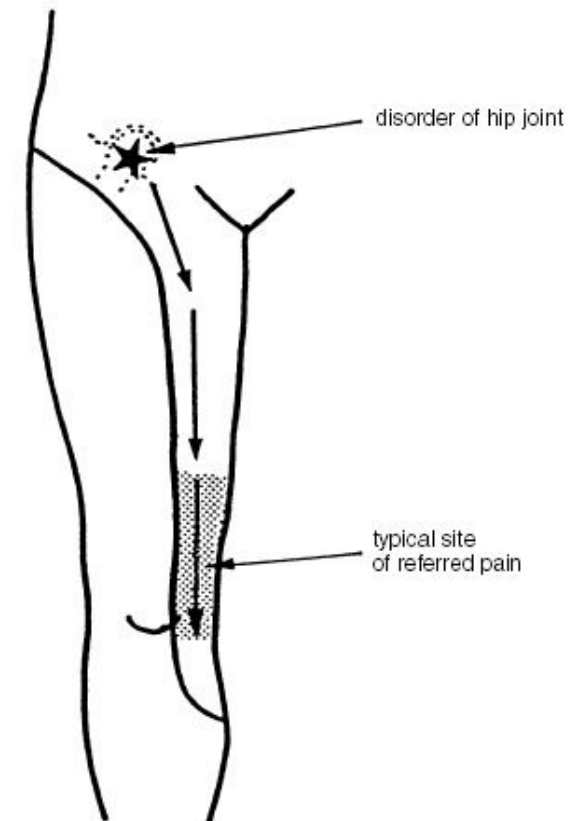
Practice tips-tricks of trade

- Hands on is appreciated & patient handouts



Pain in the knee trap

- Hip joint-L3 innervation
- Knee pain-think hip
- Beware children with SCFE



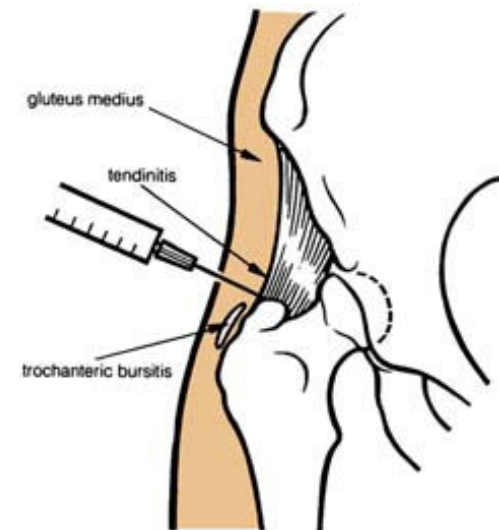
Trochanteric bursalgia

- Common in females >45-50 years
- Pain on outside hip - ?referred to as far as foot
- Pain lying on hip at night
- Limp

Rx. Trial physio & exercises

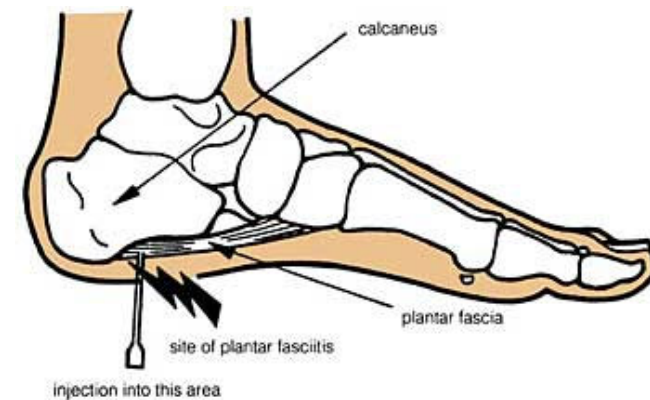
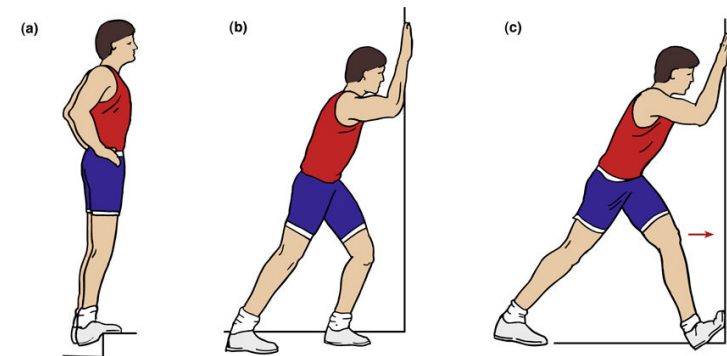
Trial NSAIDs

Injection local anaesthetic +
corticosteroid



Plantar fasciitis

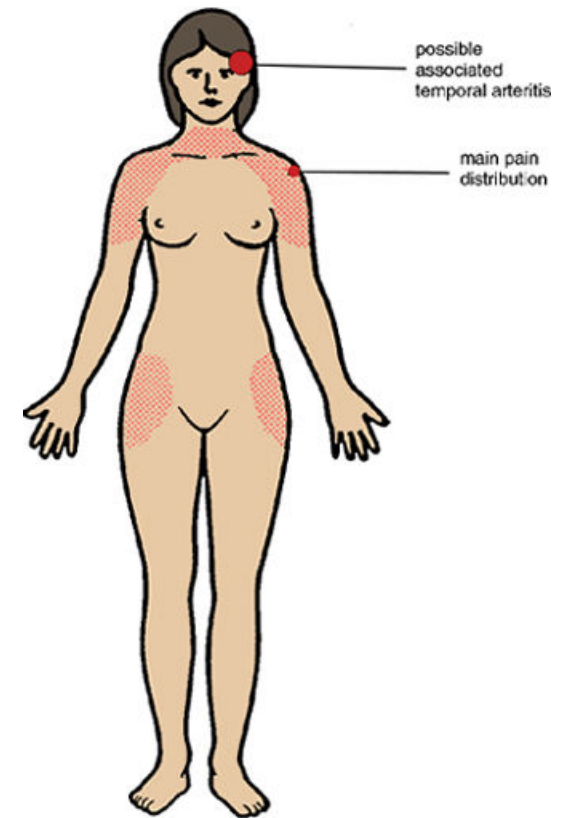
- Orthotic aids
Viscospot orthotic: Rose insole-other
- Hydrotherapy- hot and cold water treatment 30 secs alt 15
- Therapeutic foot massage
- Exercises
- Manual massage
- NSAIDs- 3 weeks
- Injection under tibial nerve block



Polymyalgia rheumatica

- Pain & stiffness in proximal muscles shoulder & pelvic girdle
- Symmetrical distribution
- Usu 60-70 years
- Early morning stiffness
- Diagnosis: ESR/CRP

Rx: 10-20 mg in am for 2-4 w
then gradual reduction 10%/w
Temporal arteritis 40-60 mg





Simple trauma traps & tips

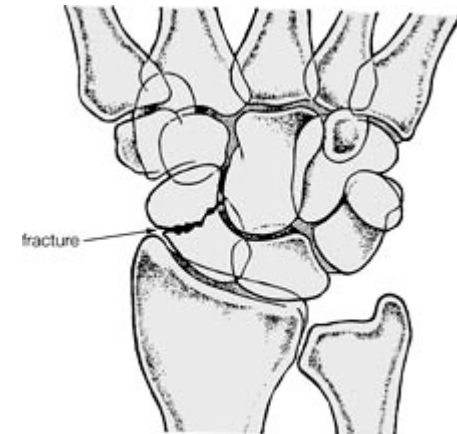
- Missing a foreign body: glass, gravel, splinters, needle
- Missing ruptured tendon
- Exposed joint capsule in fist
- Bites-human, cat etc
- High pressure guns: oil, paint
- Puncture wounds
- Stab wounds: nerves, tendon
- Cut finger or toe
- Tourniquets on finger
- Jumping or fall from height onto feet
 - * # calcaneum, talus
 - * # spine
 - * # pelvis
 - * central dislocation hip
 - * concussion
- Beware painful elbow in child
- Beware scaphoid # after fall on outstretched hand

Fracture of scaphoid

Due to fall on outstretched hand

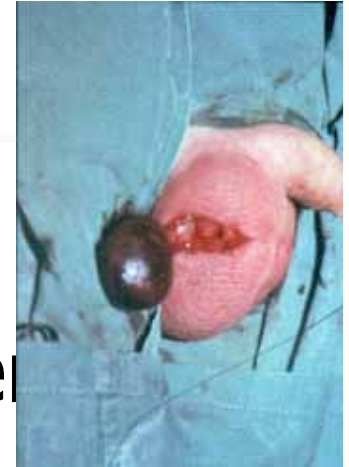
- Tenderness in anatomical snuffbox
- Swelling in and around the a-s
- Pain on axial compression thumb
- Loss of grip strength

If X ray normal > isotope or MRI scan
-if unavailable immobilise 10d-re Xray
Beware treating as a simple sprain



Torsion of testicle “a time bomb”

- Common cause of litigation
- Age range 5-15 (mainly early teens)
- 85% salvageable within 6 hours
- Most lost with delays on investigation
- Refer immediately to surgeon/centre
- Teenage boys diagnosed as appendicitis





Bedbugs (*Cimex lentularius*)

- Causes papular urticaria/wheals in linear lines or clusters on body especially trunk, buttocks and thighs
- Treatment: cleanse; soothing lotion eg Calamine, Eurax or corticosteroid cream
- Strip beds and wash clothing in hot water(note red specks)
- Call in pest control



Nitty gritty tips

- **Seasickness:** plug one ear; ginger; look to the horizon
- **Nightmares:** phenytoin; epilum
- **Hiccups:** breakfast question; 20 ml spirit
teaspoon sugar ++; breath hold +ice
- **Erectile dysfunction:?** ischaemic heart disease
- **Premature ejaculation:** SSRI eg Prozac daily
- **Premenstrual tension:** SSRI 10 days before M



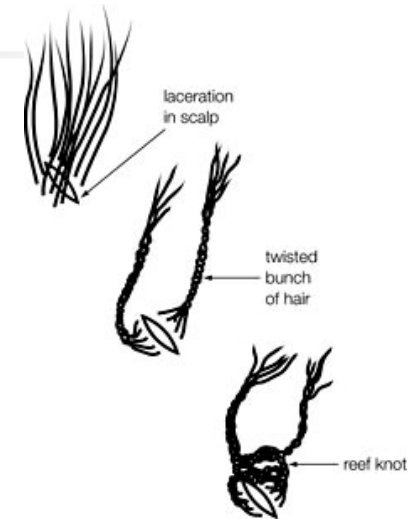
The “triple whammy”

- NSAIDs ? COX2 s
- ACE inhibitor
- Diuretic

These three agents in combination are implicated in most cases of iatrogenic acute kidney failure

Coping with children

- Removing plaster- water soak
- Lacerations in scalp
- Clearing the snotty nose
- Getting the mouth open-pinch nose
- Instilling nose drops –instil over nares- cover mouth
- Cutting plaster-use tongue depressor
- Abdominal palpation
- Easy access to arm for IV- toy squeeze



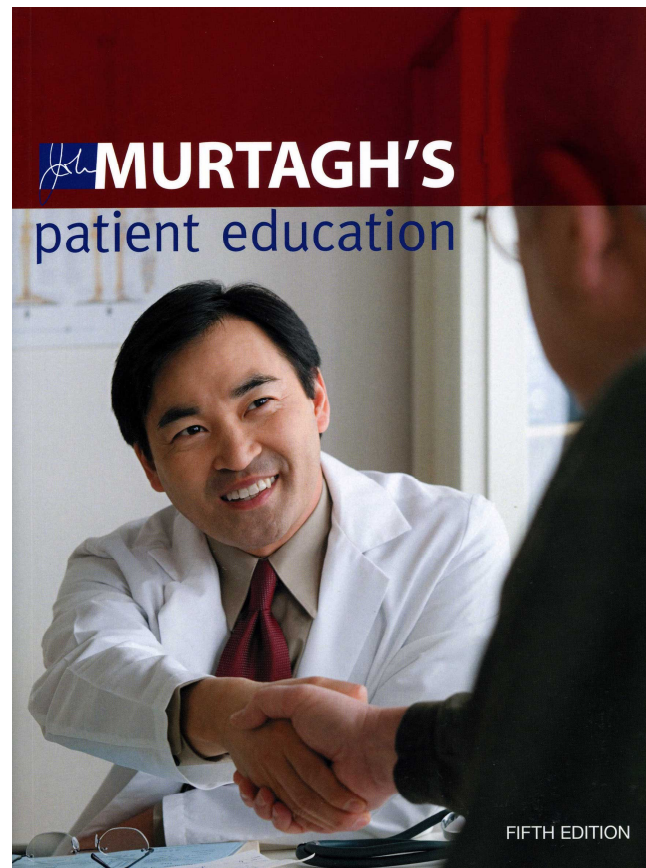
Beware of home calls

- Dogs
- Snakes
- Drunkenness
- Violence
- Collapse in toilet





Patient education-priceless!



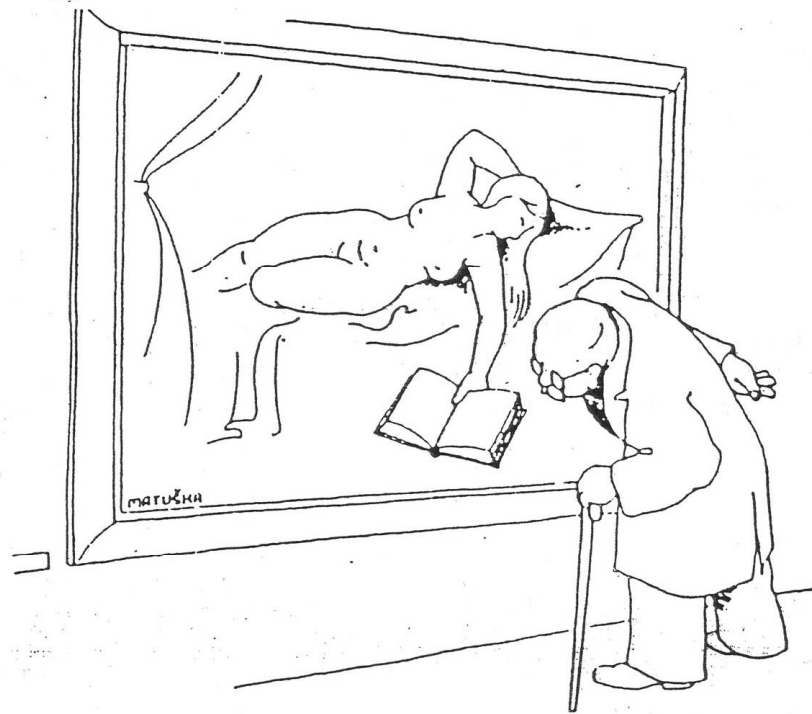


10 deadly sins-negligence cl'm

- Poor record keeping
- No documentation of consent process
- The altering of records with a problem
- Failure to follow up referrals
- Failure to follow up test results
- Failure to check history with scripts
- Giving phone diagnosis and treatment
- Rushing consultations
- Insufficient time/care to establish sound d-p
- Not saying anything if something's gone



Look at the big picture



A librarian in an art gallery