

Emergency Medicine Howard University Hospital

Overview and Rationale

Emergency medicine involves the evaluation and care of acute illness and injuries that require intervention within a limited time span. It is defined by a time interval rather than by a particular organ. Some conditions may be encountered in office practice, others in acute care settings. Regardless of the setting, the general internist should be able to manage common emergency conditions and provide consultation and management for a variety of acute serious illnesses. The range of competencies expected of a general internist will depend on the availability of emergency physicians and other specialists in the community.

Goals

- 1) Develop the knowledge, skills and attitude to effectively assess and manage the patient who presents to the emergency room.

Objectives: At the end of the rotation the resident should be able

- 1) Demonstrate knowledge of the assessment and management of the following clinical disorders that commonly present to the emergency room.
 - Abdominal pain
 - Acute loss of vision
 - Cardiac arrest
 - Cardiac dysrhythmias
 - Chest pain
 - Coma, altered mental status
 - Dehydration
 - Diarrhea
 - Dyspnea
 - Gastrointestinal bleeding
 - Headache
 - Hemoptysis
 - Hip fracture
 - Leg swelling
 - Musculoskeletal trauma
 - Palpitations
 - Severe hypertension
 - Shock
 - Syncope
 - Vaginal bleeding
 - Volume depletion
 - Vomiting
 - Wheezing

Rotation Description and Lines of Responsibility

This is a four week rotation where residents in the R1 or R2 level rotate in the emergency room and function as a member of the emergency room team. The attending physician is responsible for all clinical, academic and administrative activity during the month. The residents will be first physician contact after initial triage. The residents will assess and evaluate their patients and then present these cases to the attending physician.

Residents will get immediate feedback regarding their clinical presentations and interpretation of relevant laboratory data. The resident will develop a plan of care for the patient under the direct supervision of the attending physician. This plan will include immediate intervention, further diagnostic investigation and ultimately, a plan for disposition.

Educational Activity

Teaching Rounds

Daily teaching rounds are conducted by the attending physician. These are patient base discussions and demonstration that are driven by the cases presented.

Core Lectures: Residents attend lectures in nephrology which are part of the core lecture series.

Didactics:

Topics are assigned by faculty which covers the following core areas in nephrology.

- Cardiovascular
- Acute or chronic congestive heart failure
- Arrhythmias
- Cardiopulmonary arrest
- Chest pain, stable and unstable angina, myocardial infarction
- Hypertension, hypertensive emergencies
- Shock
- Syncope
- Unstable thoracic or abdominal aortic aneurysms
- Dermatology
- Cutaneous ulcers
- Rash
- Domestic Violence
- Endocrine
- Acute complications of hyperthyroidism, hypothyroidism
- Addisonian crisis
- Diabetes mellitus, hypoglycemia, hyperglycemia, diabetic ketoacidosis
- Gastroenterologic
- Acute abdomen
- Acute diarrhea
- Acute liver failure
- Acute pancreatitis
- Ascites
- Bleeding
- Bowel obstruction
- Gallstones, cholecystitis
- Nausea and vomiting
- Hematologic
- Acute complications of sickle cell disease

- Anemia, leukopenia, thrombocytopenia
- Easy bruising, purpura, ecchymosis
- Polycythemia, leukocytosis, thrombocytosis
- Hyperthermia, hypothermia
- Infectious
- Active tuberculosis
- Encephalitis
- Herpes simplex infection
- Herpes zoster infection
- HIV infection (including infectious complications)
- Meningitis
- Otitis externa media
- Pharyngitis
- Pneumonia, bronchitis
- Prostatitis, urethritis, epididymitis
- Sepsis
- Sexually transmitted diseases
- Sinusitis
- Upper respiratory infection
- Urinary tract infection, pyelonephritis
- Viral hepatitis
- Neurologic
- Coma
- Head trauma
- Headache
- Seizure
- Transient ischemic attack, stroke, subarachnoid hemorrhage
- Ophthalmologic
- Acute loss of vision
- Red eye
- Otolaryngologic
- Epistaxis
- Vertigo
- Overdose, poisoning
- Pulmonary
- Acute respiratory failure
- Asthma
- Chronic obstructive pulmonary disease
- Pneumothorax
- Pulmonary embolism, deep venous thrombosis, phlebitis
- Severe airway obstruction
- Renal
- Acute renal failure, chronic renal insufficiency
- Electrolyte, acid-base disorders

- Renal colic, kidney stones
- Rheumatologic
- Acute arthritis (including gout)
- Back pain
- Sexual abuse

Procedure Skills

- Advanced cardiac life support
- Arthrocentesis
- Fluorescent staining of cornea
- Mask ventilation to maintain airway
- Needle decompression of tension pneumothorax
- Placement of nasogastric tube
- Insertion of temporary pacemaker (optional)
- Pericardiocentesis (optional)
- Suturing of laceration (optional)

Ordering and Understanding Tests

- Aortography
- Computed tomography of head, chest, abdomen
- Echocardiography
- Noninvasive vascular studies
- Pulmonary angiography
- Toxicology studies
- Ultrasound of abdomen, pelvis
- Ventilation/perfusion scans of the lungs

Evaluation Methods

Residents: Residents will be evaluated by the attending physician at the end of the rotation using a global rating form.

Faculty: Faculty will be evaluated in an anonymous fashion using a global rating form at the end of the rotation.

Rotation: The rotation will be evaluated by the residents at the end of the rotation using a global rating form

Reading List: