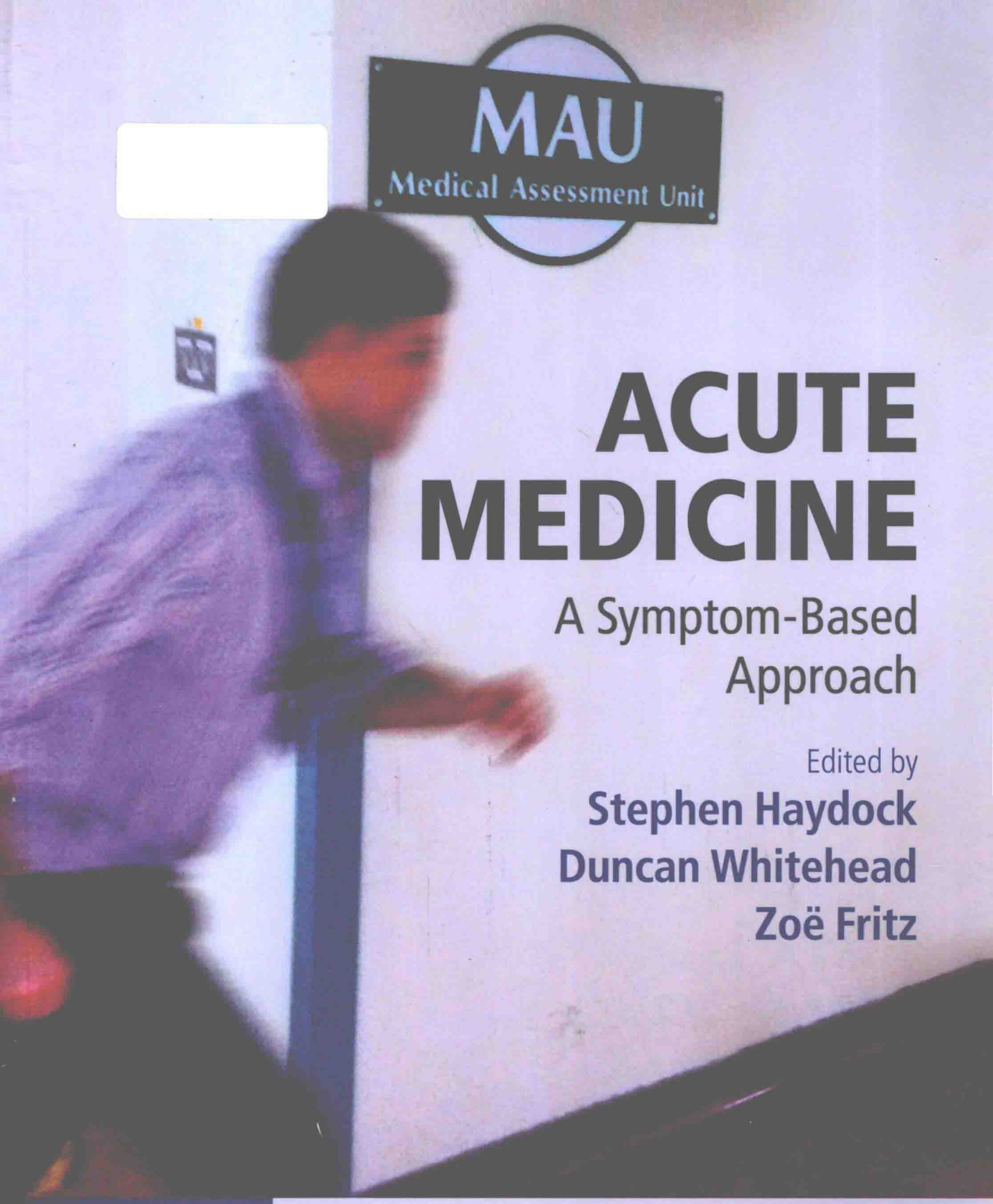

ACUTE MEDICINE

A Symptom-Based Approach

Edited by
Stephen Haydock
Duncan Whitehead
Zoë Fritz

CAMBRIDGE Medicine

Acute Medicine

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Preface

The assessment and management of patients presenting on the 'acute medical take' remains a fundamental skill for all physicians in training, whether they eventually intend to practise in acute medicine or in a medical specialty. With this in mind, the Royal College of Physicians in the UK have identified a core of around 20 common and 40 other medical presentations, which trainees should be able to competently assess and manage. These presentations, with minor differences, are common to several training schemes, namely Acute Core Common Stem (ACCS), Core Medical Training (CMT), General Internal Medicine (GIM) and Acute Internal Medicine (AIM), spanning the period from early medical training to the award of a Certificate of Completion of Training. The original idea for this book sprang from discussions with Cambridge University Press back in 2009. It was felt that a single volume that covered the approach to these common presentations would be a useful resource for physicians in training.

During development of the book, the lists of common presentations have undergone some changes with promotion and demotion of some conditions. For the sake of completeness, we have prepared chapters on presentations that are currently or were previously listed in the 60 important presentations. Each chapter by one or two authors covers a single presentation. A short scenario is included to put the problem into a clinical context and the reader is talked through the approach to such a patient by experienced clinicians dealing with such problems on a daily basis. Authors have been requested to consider common pitfalls and questions they are frequently asked by juniors when dealing with such problems. Initially aimed at registrars training in acute medicine, it is relevant to all physicians in training. The book should also be of value to medical students and foundation year doctors as they gain experience on the acute medical take.

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In preparation of the text I was able to call on the help of some 50 trusted current and former colleagues from both teaching and district general hospitals. The fact that they (almost!) all made the required submission deadlines made a difficult editorial task much less onerous than it might have been. I am deeply indebted to all the contributing authors. I was also very fortunate in having the assistance of Duncan Whitehead in Taunton and Zoë Fritz in Cambridge. As the book progressed, it became clear that their help should be formally recognized, and I was pleased that they agreed to share the editorial responsibility for the final work. In addition, other clinicians at various stages of training from FY1 to consultant reviewed and commented on the draft chapters. I would particularly like to thank the following junior and senior colleagues for their helpful comments: Andrew Greenhalgh, Andrew Savva, Ben Grimshaw, Ed Saxby, Francesca Neuberger, Jemmima Scott, Joalice Stark, Jonathan Witherick, Paul Lambert, Susan Robinson and Sam Khanna. I am also much obliged to Nisha Doshi and Jane Seakins of the editorial team at Cambridge University Press who have been patient, supporting and above all tolerant! I thank them for all their help and advice.

Finally I must acknowledge and thank my wife Kate and sons Christopher and David for their support, putting up with my complaints and the many weekends I was sat in front of the laptop, drinking gallons of tea and answering their questions with grunts at worst and monosyllables at best.

Stephen Haydock, Williton, Somerset

Abbreviations

A&E	Accident and Emergency
AAA	abdominal aortic aneurysm
ABC	airway, breathing, circulation
ABCDE	airway, breathing, circulation, disability, exposure/examination
ACE	angiotensin-converting enzyme
ACS	acute coronary syndrome
ADPCKD	autosomal dominant polycystic kidney disease
AF	atrial fibrillation
AIDP	acute inflammatory demyelinating polyneuropathy (Guillain–Barré syndrome)
AKI	acute kidney injury
ALF	acute liver failure
ALP	alkaline phosphatase
ALS	advanced life support
ALT	alanine aminotransferase
ANA	anti-nuclear antibody
ANCA	anti-neutrophilic cytoplasmic antibodies
AP	alkaline phosphatase; anteroposterior
APTT	activated partial thromboplastin time
5-ASA	5-aminosalicylic acid
ASD	atrial septal defect
AST	aspartate aminotransferase
ATN	acute tubular necrosis
ATP	adenosine triphosphate
AV	atrioventricular
AVNRT	atrioventricular nodal re-entry tachycardia
AVRT	atrioventricular re-entry tachycardia
bd	twice daily
BiPAP	bi-level positive airways pressure
BJP	Bence Jones protein
BLS	basic life support
BMI	body mass index
BNF	*British National Formulary*
BNP	brain natriuretic peptide
BP	blood pressure
BPH	benign prostatic hypertrophy
bpm	beats per minute
CAD	coronary artery disease
CBT	cognitive behaviour therapy
CD	Crohn's disease
CI	confidence interval
CIWA	Clinical Institute Withdrawal Assessment
CJD	Creutzfeldt–Jakob disease
CK	creatine kinase
CKD	chronic kidney disease
CLL	chronic lymphocytic leukaemia
CML	chronic myeloid leukaemia
CMV	cytomegalovirus
CNS	central nervous system
COPD	chronic obstructive pulmonary disease
CPAP	continuous positive airways pressure
CPR	cardiopulmonary resuscitation
CRP	C-reactive protein
CSF	cerebrospinal fluid
CT	computed tomography
CTEPH	chronic thromboembolic pulmonary hypertension
CTKUB	CT of kidney, ureter and bladder
CTPA	CT pulmonary angiography
CVE	cerebrovascular event
CVP	central venous pressure
CXR	chest X-ray
D2	dopamine D2 receptors
DEXA	dual energy X-ray absorptiometry
DI	diabetes insipidus
DIC	disseminated intravascular coagulation
DIP	distal interphalangeal
DM	diabetes mellitus
DNACPR	do not attempt cardiopulmonary resuscitation
DVT	deep vein thrombosis
EBV	Epstein–Barr virus
ECF	extracellular fluid
ECG	electrocardiogram

ED	emergency department
EEG	electroencephalogram
eGFR	estimated glomerular filtration rate
ENT	ear, nose and throat
EPS	electrophysiological testing
ESBL	extended spectrum beta-lactamase
ESR	erythrocyte sedimentation rate
ESRF	end-stage renal failure
ET	essential tremor
ETOH	ethyl alcohol
FAST	focused assessment with sonography for trauma
FBC	full blood count
FEV_1	forced expiratory volume in 1 second
FFP	fresh frozen plasma
FNA	fine needle aspiration
FVC	forced vital capacity
GABA	gamma-aminobutyric acid
GBM	glomerular basement membrane
GCS	Glasgow Coma Scale
GFR	glomerular filtration rate
GHB	gamma-hydroxybutyrate
GI	gastrointestinal
GORD	gastro-oesophageal reflux disease
GRACE	Global Registry of Acute Coronary Events
GTN	glyceryl trinitrate
GUD	genital ulcer disease
HAS	human albumin solution
Hb	haemoglobin
HbA_{1c}	glycosylated haemoglobin
HCG	human chorionic gonadotrophin
HCM	hypertrophic cardiomyopathy
HDU	high dependency unit
HELLP	haemolysis, elevated liver enzymes and low platelets
HOCM	hypertrophic obstructive cardiomyopathy
HR	heart rate
HRT	hormone replacement therapy
HSV	herpes simplex virus
5-HT	5-hydroxytryptamine (serotonin)
HUS	haemolytic uraemic syndrome
IBD	inflammatory bowel disease
IBS	irritable bowel syndrome
ICF	intracellular fluid
ICH	intracranial haemorrhage
ICP	intracranial pressure
ICU	intensive care unit
IHD	ischaemic heart disease
IIH	idiopathic intracranial hypertension
IL	interleukin
IM	intramuscular
INR	international normalized ratio
ITU	intensive therapy unit
IV	intravenous
K	potassium
KUB	kidney, ureter and bladder
LAHB/LPHB	left anterior hemiblock/left posterior hemiblock
LBBB	left bundle branch block
LFT	liver function tests
LMWH	low molecular weight heparin
LOS	lower oesophageal sphincter
LP	lumbar puncture
LUTI	lower urinary tract infection
LVEF	left ventricular ejection fraction
LVF	left ventricular function
LVH	left ventricular hypertrophy
MAHA	microangiopathic haemolytic anaemia
MAP	mean arterial pressure
MAU	medical assessment unit
MCA	Mental Capacity Act
MC&S	microscopy, culture and sensitivity
MCV	mean corpuscular volume
MDT	multidisciplinary team
MHA	Mental Health Act
MI	myocardial infarction
MMSE	Mini-Mental State Examination
MRI	magnetic resonance imaging
MRSA	meticillin-resistant *Staphylococcus aureus*
MSM	men who have sex with men
MSU	mid-stream urine
MTP	metatarsophalangeal
MUS	medically unexplained symptoms
MUST	Malnutrition Universal Screening Tool
NEAD	non-epileptic attack disorder
NG	nasogastric
NGU	non-gonococcal urethritis
NICE	National Institute for Health and Care Excellence
NIHSS	National Institutes of Health Stroke Scale
NILS	non-invasive liver screen
NMDA	N-methyl-D-aspartate
NSAID	non-steroidal anti-inflammatory drug
NSTEMI	non-ST-elevation myocardial infarction

NYHA	New York Heart Association
OCP	oral contraceptive pill
od	once daily
25OHD	25-hydroxy vitamin D
OTC	over the counter
PCR	polymerase chain reaction
PD	Parkinson's disease
PE	pulmonary embolism
PEFV	peak expiratory flow volume
PEG	percutaneous endoscopic gastrostomy
PFO	patent foramen ovale
PID	pelvic inflammatory disease
PIP	proximal interphalangeal
PMR	polymyalgia rheumatica
PMT	pacemaker-driven tachycardia
PO	by mouth
POTS	postural orthostatic tachycardia syndrome
PPI	proton pump inhibitor
PR	per rectum
prn	as required
PSA	prostate specific antigen
PT	prothrombin time
PTH	parathyroid hormone
PVD	peripheral vascular disease
qds	four times a day
RA	rheumatoid arthritis
RBBB	right bundle branch block
RBC	red blood cell
RF	rheumatoid factor
ROSC	return of spontaneous circulation
RRT	renal replacement therapy
RUQ	right upper quadrant
RV	right ventricle
SAAG	serum-ascites-albumin gradient
SALT	speech and language therapy/therapist
SaO_2	oxygen saturation in arterial blood
SBP	spontaneous bacterial peritonitis; systolic blood pressure
SC	subcutaneous
SIADH	syndrome of inappropriate ADH secretion
SLE	systemic lupus erythematosus
SNARI	serotonin noradrenergic reuptake inhibitor
SOB	shortness of breath
SOL	space-occupying lesion
SPECT	single photon emission computed tomography
SSRI	selective serotonin reuptake inhibitor
STEMI	ST-elevation myocardial infarction
STI	sexually transmitted infection
$SvcO_2$	central venous oxygen saturation
SVR	systemic vascular resistance
SVT	supraventricular tachycardia
TB	tuberculosis
tds	three times a day
TFT	thyroid function test
TIA	transient ischaemic attack
TLoC	transient loss of consciousness
TNF	tumour necrosis factor
TNM	tumour node metastasis
TSH	thyroid stimulating hormone
TTP	thrombotic thrombocytopenic purpura
U&E	urea and electrolytes
UC	ulcerative colitis
USS	ultrasound scan
UTI	urinary tract infection
V/Q	ventilation/perfusion
VaD	vascular dementia
VF	ventricular fibrillation
VIP	vasoactive intestinal peptide
VT	ventricular tachycardia
VTE	venous thromboembolism
VZV	varicella zoster virus
WBC	white blood cell
WCC	white cell count
WPW	Wolff–Parkinson–White
ZN	Ziehl–Neelsen

Introduction: presentations to acute medicine

This book has been written to serve several functions. We have noted many highly competent SHOs in medicine turn away from the medical career path due to fear of having the medical registrar on-call responsibility. There still remains a certain mystique and thankfully a respect for the '*med. reg.*' on-call, the person in the hospital overnight who will know what to do, no matter what the situation; they remain *the lynchpin of the hospital at night*. Certainly the med. reg. should be experienced and knowledgeable, but a pragmatic rational approach applying fundamental medical principles to unusual or complex circumstances is often the asset that most sets them apart.

The conditions within this textbook and the scenarios described are situations that you will encounter, or may have already encountered, while on-call on the medical take.

To illustrate the diversity and relative frequency of presentations seen on the medical take we include the following table of 500 real unselected acute medical patients presenting to a busy district general hospital in Somerset. The conditions are listed in order of frequency within this group of patients, and it should be remembered that these are primary diagnoses. For example, the patient presenting with 'cough' due to pneumonia, with an associated acute kidney injury and atrial fibrillation with a fast ventricular response, would be listed under pneumonia. The patient with a syncopal episode may be included under either 'syncope' or 'blackout' as there is an overlap in these two areas of the curricula!

The fear of medical SHOs (meaning all training grades between FY1 and ST3) to take the next step up the physician's career ladder is often misplaced and we believe the best way to achieve the required confidence as a recently appointed medical registrar is through knowledge. Included within these pages are many words of wisdom from a broad range of physicians and allied healthcare professionals whom the editors hold in high regard. There is advice that would enable appropriate assessment and management of each of these 500 acute medical patients included within the chapters of this book. This should augment your already significant knowledge base (*most medics are excessively modest about their knowledge*).

We the editors have learnt and applied many of the lessons held within this book during the editing process, and we are confident they will help you in your practice as a medical registrar and beyond as a consultant physician.

Table 1 Summary of 500 admissions to a busy District General Hospital in Somerset. To reflect seasonal variation, this was separated into 250 consecutive patients presenting during the summer and 250 during the winter of 2012. The primary diagnosis was identified from the discharge summary and categorized according to the Royal College of Physicians acute and general internal medicine curricula. Data collection and analysis by Dr Carla Davies BM BS DTM & H, CT1 in Medicine, Taunton and Somerset NHS Trust

Curriculum topic	Total (per 500 admissions)	Summer		Winter	
Chest pain	71	NSTEMI	11	NSTEMI	7
		Angina	10	Angina	4
		Non-cardiac chest pain	8	Non-cardiac chest pain	7
		Musculoskeletal chest pain	8	Musculoskeletal chest pain	10
		ST-elevation myocardial infarction	3	ST-elevation myocardial infarction	2
		Pericarditis	1		

Table 1 *(cont.)*

Curriculum topic	Total (per 500 admissions)	Summer		Winter	
Breathlessness	59	Congestive cardiac failure	8	Congestive cardiac failure	12
		Exacerbation of COPD	10	Exacerbation of COPD	14
		Exacerbation of asthma	1	Exacerbation of asthma	1
		Pleural effusion	1	Pleural effusion	4
		Anaemia	3	Anaemia	3
		Pneumothorax	1		
		Haemothorax	1		
Cough	53	Lower respiratory tract infection	12	Lower respiratory tract infection	12
		Community-acquired pneumonia	11	Community-acquired pneumonia	9
		Hospital-acquired pneumonia	3	Hospital-acquired pneumonia	1
		Aspiration pneumonia	3	Aspiration pneumonia	2
Leg swelling	24	Cellulitis	7	Cellulitis	7
		DVT	2	DVT	3
		DVT excluded	2	DVT excluded	3
Weakness/paralysis (stroke)	23	TIA	7	TIA	3
		Ischaemic stroke	9	Ischaemic stroke	1
		Haemorrhagic stroke	2	Haemorrhagic stroke	1
Palpitations	22	Atrial fibrillation	5	Atrial fibrillation	6
		Atrial flutter	2	Atrial flutter	5
		Supraventricular tachycardia	1	Atrial tachycardia	1
				Symptomatic ectopic beats	2
Dysuria	19	Urinary tract infection	10	Urinary tract infection	9
Sepsis	19	Neutropenic sepsis	1	Sepsis of unknown origin	2
		Urosepsis	6	Urosepsis	3
				Line sepsis	2
				Groin abscess	1
				Neutropenic sepsis	3
				Intraperitoneal sepsis	1
Poisoning	19	Mixed overdose	4	Mixed overdose	7
		Paracetamol overdose	1	Paracetamol overdose	2
		Opioid overdose	1	Opiate overdose	2
		MDMA overdose	1	Lorazepam overdose	1
Palliative care	18	Pain control	9	Pain control	9
Syncope and presyncope	17	Postural hypotension secondary to medications	2	Syncope	6
		Aortic stenosis	2	Cardiac induced syncope	3
		2:1 Block	1	Bradycardia second to medications	1
		Bradycardia	1		
		Anorexia causing bradycardia	1		

Table 1 (*cont.*)

Curriculum topic	Total (per 500 admissions)	Summer		Winter	
Falls	12	Multifactorial fall	4	Multifactorial fall	3
		Mechanical fall	3	Mechanical fall	1
				Medication-related fall	1
Haematemesis and melaena	12	Upper GI bleed	4	Upper GI bleed	8
Headaches	12	Hypertensive headache	2	Hypertensive headache	1
		Viral meningitis	2	IIH	1
		Chronic headache	2	Migraine	2
		Migraine	1		
		Idiopathic intracranial hypertension	1		
Dyspepsia	11	GORD	4	GORD	7
Acute kidney injury and chronic kidney disease	9	Acute kidney injury	4	Acute kidney injury	5
Fever	9	Viral illness	2	Viral illness	4
		Infective endocarditis	1	EBV	2
Diarrhoea	8	Diarrhoea and vomiting	3	Gastroenteritis	4
		Clostridium difficile	1		
Haemoptysis	8	Haemoptysis secondary to lower respiratory tract infection	1	PE	2
		Haemoptysis secondary to malignancy	2		
		Pulmonary embolus	3		
Confusion	7	Dementia	2	Confusion, unclear cause	2
		Acute on chronic confusion	1	Non-organic confusion	1
		Delirium secondary to steroids	1		
Weight loss	6	New diagnosis of malignancy	4	New diagnosis of malignancy	2
Blackouts	6	Complete heart block	1	Complete heart block	1
		Trifascicular block	1	Long QT syndrome	1
		GTN-induced collapse	1	HOCM	1
Rash	5	Exanthematous pustulosis	1	Viral rash	1
		Vasculitis	1	Viral papilloma	1
				Exfoliative dermatitis	1
Abdominal pain	4	Diverticular colitis	1	Abdominal pain	2
		Diverticulitis	1		
Incidental findings	4	Anorexia causing hypokalaemia	1	Anorexia-induced hypokalaemia	1
				Hyperkalaemia secondary to spironolactone	1
				Ventricle thrombus	1
Jaundice	4	Decompensated liver cirrhosis	1	Decompensated cirrhosis	1
		Deranged LFTs secondary to antibiotics	1		
		Chronic pancreatitis	1		