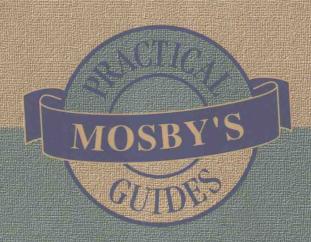
Practical Guide to

# THE CARE OF THE MEDICAL PATIENT



Fred F. Ferri, MD

# Practical Guide to the Care of the Medical Patient

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# **Preface**

I remember as a medical student and resident carrying several small pocket books in my lab coat, each dealing with the various aspects of medicine, to be used as a "peripheral brain" for ready reference. My fond memories of my medical school and residency spawned the first edition of this book 10 years ago. Its popularity has grown tremendously over each edition, becoming one of the medical bestsellers and inspiring an entire series of "Practical Guide" books. Its size has nearly doubled in response to the needs of medical students, residents, and practicing physicians, but its goal has remained unchanged.

This manual is a clear and concise reference for the busy clinician in need of immediate medical information. Its purpose is to provide a fast and efficient way to identify important clinical and laboratory information. It is not intended to substitute for the many excellent medical reference texts that form the cornerstone of one's medical education.

To limit the size of the manual to a pocket reference, less emphasis has been placed on pathophysiology and epidemiology and more emphasis on practical clinical information. A conservative approach to the various medical syndromes is followed throughout the book. Unnecessary words have been eliminated in favor of simple and accurate expositions of the various subjects. Medical tables have been used extensively throughout the manual to simplify difficult topics and to enhance recollection of principal points.

It is hoped that the concise style of this manual will be of help to the reader, particularly during an active clinical service when time to read is extremely limited.

The combination of practical clinical information with drug therapeutics and laboratory medicine makes this manual unique and useful not only to medical residents and medical students but also to practicing physicians and allied health professionals.

Fred F. Ferri

# Acknowledgments

I wish to acknowledge the many contributors for their excellent expositions and sage advice. I am particularly indebted to Everett B. Cooper, M.D., F.A.C.P., Professor of Medicine, Yale University School of Medicine for his scholarly guidance in this edition and all previous editions. Throughout the years he has been a gold-standard mentor and has helped make this manual one of the best sellers in medical literature. I would also like to dedicate this book to my wife Christina, and my two wonderful sons, Vito and Christopher, for all the time taken away from them.

### CLINICAL PRINCIPLES OF MEDICINE\*

- 1. Common things occur commonly.
- 2. When you hear hoofbeats think of horses, not zebras.
- Place your bets on uncommon manifestations of common conditions rather than common manifestation of uncommon conditions.
- 4. If what you are doing is working, keep on doing it.
- 5. If what you are doing is not working, stop doing it.
- 6. If you don't know what to do, don't do anything.
- 7. Above all, never let a surgeon get your patient.

NOTICE: The science of medicine is constantly evolving. Every attempt has been made by the author and consultants to ensure that this manual includes the latest recommendations from the medical literature. Doses of drugs and treatment recommendations have been carefully reviewed. However, it is strongly recommended that the reader become completely familiar with the manufacturer's product information when prescribing any of the drugs described in this manual. This recommendation is especially important with new or infrequently used drugs. As new information becomes available, changes in treatment modalities invariably follow; therefore when choosing a particular treatment, the reader should consider not only the information provided in this manual but also any recently published medical literature on the subject.

<sup>\*</sup>From Matz, R: Principles of Medicine, NY State J Med 77:99-101, 1977.

# Practical Guide to the Care of the Medical Patient

## WE WANT TO HEAR FROM YOU!

To help us publish the most useful materials, we would appreciate your comments on this book. Please take a few moments to answer the questions below, and E-mail us your comments. Thank you for your input.

# Ferri: Practical Guide to the Care of the Medical Patient 4/e

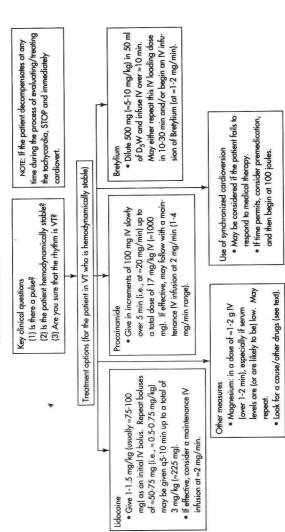
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# **WENTRICULAR TACHYCARDIA**



Adapted from Grauer K, Cavallaro J: ACLS: rapid review and case scenarios, St. Louis, 1996, Mosby, and from American Heart Association ACLS textbook, 1994, The Association

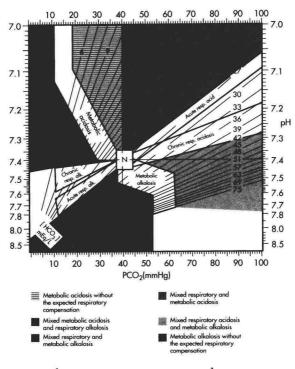
### ASYSTOLE

Is the rhythm truly asystole? Pulseless and unresponsive patient? Monitoring leads correctly hooked up? Flat line recording in more than 1 lead? Begin/continue CPR · Supportive actions (intubate/establish IV access, etc.). Search for possible cause(s) of asystole • Potential causes (and many of the treatments) of asystole are similar to those of PEA (see Fig. 1-5). Key treatment options Consider immediate use of transcutaneous pacing (TCP) To be effective, TCP must be started early. If available, TCP should therefore be applied immediately in the treatment of asystole (either before or simultaneously with the use of drugs). Epinephrine Begin with an SDE dose (i.e., 1 mg by IV bolus). · May either repeat SDE (every 3-5 min as needed) or increase the dose (i.e., to HDE) if there has been no response. Atropine Give 1 mg IV; may repeat every 3-5 min as needed (up to a total dose of 0.04 mg/kg ≈3 mg). Consider other options · Aminophylline: 250 mg IV over 1-2 min; may repeat. (Although use of this drug is not yet approved by AHA

- guidelines, it might be considered if all else fails.)
- Sodium bicarbonate: indications for use in asystole are generally guite limited (i.e., to hyperkalemia, severe preexisting and/or bicarbonate-responsive acidosis, and tricyclic overdose).
- Termination of efforts.

Adapted from Grauer K, Cavallaro J: ACLS: rapid review and case scenarios, St. Louis, 1996, Mosby, and from American Heart Association ACLS textbook, 1994, The Association.

# MAP FOR ACID-BASE DISORDERS



The labeled uncolored areas may represent either a pure primary disturbance or a complex mixed disturbance

+ Mixed disturbance

From the Pulmonary Disease Section, University of Oklahoma Health Sciences Center, Oklahoma City, Oklahoma, as reprinted in Williamson JC: Acid-Base Disorders: Classification and Management Strategies, American Family Physician, 52:584-590, 1995.

# **Contents**

# 1 Cardiopulmonary Resuscitation, 1

- 1.1 Medication tables for ACLS, 1
  - A Epinephrine, 2
  - B Lidocaine, 4
  - C Bretylium, 5
  - D Procainamide, 6
  - E Magnesium, 7
  - F Atropine, 8
    - G Verapamil, 9
    - H Adenosine, 10
    - I Diltiazem, 11
    - J Amiodarone, 12
- 1.2 Code status determination before cardiac arrest, 13
- 1.3 Resuscitation decision making after cardiac arrest, 14
- 1.4 Ventricular fibrillation or pulseless ventricular tachycardia, 15
- 1.5 Ventricular tachycardia, 17
- 1.6 Pulseless electrical activity (PEA), 19
- 1.7 Asystole, 22
- 1.8 Approach to patient's family following CPR, 23

# 2 Approach to the Medical Patient, 24

- 2.1 History and physical examination, 24
- 2.2 Admission orders, 41
- 2.3 Progress notes, 43
- 2.4 Discharge summary, 43
- 2.5 Pronouncing death while on call, 44

# 3 Data Evaluation, 45

- 3.1 Gram stain procedure, 45
- Classification of bacteria based on Gram's stain and morphology, 45
- 3.3 Antibiotic coverage of selected bacteria, 49

### x Contents

- 3.4 Acid-fast stain procedure, 49
- 3.5 Wright's stain, 49
- 3.6 Tzanck preparation, 49
- 3.7 Evaluation of urine sediment, 49
- 3.8 Evaluation of chest x-ray, 55
- 3.9 Evaluation of electrocardiogram, 56
- 3.10 Use and interpretation of Swan-Ganz catheter data, 65
- 3.11 Intraaortic balloon pump, 70

# 4 Differential Diagnosis, 72

- 4.1 Abdominal distention, 73
- 4.2 Abdominal pain, 74
- 4.3 Amenorrhea, 76
- 4.4 Amnesia, 76
- 4.5 Anisocoria, 77
- 4.6 Ascites, 77
- 4.7 Ataxia, 77
- 4.8 Back pain, 78
- 4.9 Breast mass, 78
- 4.10 Cardiac murmurs, 79
- 4.11 Chest pain (nonpleuritic), 79
- 4.12 Chest pain (pleuritic), 80
- 4.13 Clubbing, 80
- 4.14 Coma, 80
- 4.15 Constipation, 81
- 4.16 Cough, 81
- 4.17 Cyanosis, 82
- 4.18 Dysphagia, 82
- 4.19 Dyspnea, 83
- 4.20 Dysuria, 83
- 4.21 Edema, generalized, 84
- 4.22 Edema of lower extremities, 84
- 4.23 Elevated hemidiaphragm, 84
- 4.24 Epistaxis, 85
- 4.25 Eye pain, 85
- 4.26 Fever and rash, 85
- 4.27 Gastrointestinal bleeding, 86
- 4.28 Goiter, 87
- 4.29 Halitosis, 87
- 4.30 Headache, 88
- 4.31 Hematuria, 88
- 4.32 Hemiparesis/hemiplegia, 89
- 4.33 Hemoptysis, 89
- 4.34 Hepatomegaly, 90
- 4.35 Hirsutism, 90
- 4.36 Hoarseness, 91
- 4.37 Jaundice, 91
- 4.38 Jugular venous distention, 91
- 4.39 Leg cramps, nocturnal, 92

- 4.40 Lymphadenopathy, 92
- 4.41 Mediastinal masses or widening on chest x-ray, 93
- 4.42 Metastatic neoplasms, 93
- 4.43 Miosis, 93
- 4.44 Mydriasis, 94
- 4.45 Nausea and vomiting, 94
- 4.46 Nystagmus, 94
- 4.47 Papilledema, 95
- 4.48 Paraplegia, 95
- 4.49 Paresthesias, 95
- 4.50 Pleural effusions, 96
- 4.51 Polyuria, 96
- 4.52 Popliteal swelling, 97
- 4.53 Proteinuria, 97
- 4.54 Pruritus, 97
- 4.55 Pulmonary lesions, 98
  - 4.56 Purpura, 98
- 4.57 Rectal pain, 98
- 4.58 Shoulder pain, 99
- 4.59 Splenomegaly, 99
- 4.60 Tremor, 99
- 4.61 Vertigo, 100
- 4.62 Visual loss, 100
- 4.63 Vomiting, 101
- 4.64 Weight gain, 101
- 4.65 Wheezing, 101

# General Management of Poisoning and Drug Overdose, 103

- 5.1 General approach to management, 103
- 5.2 Specific antidotes, 110
- 5.3 Supportive therapy, 110

### 6 Hypertension, 114

- 6.1 Approach to the hypertensive patient, 114
- 6.2 Medical therapy, 117
- 6.3 Hypertension during pregnancy, 126
- 6.4 Hypertensive urgencies, emergencies, and malignant hypertension, 132
- 7 Dyslipoproteinemias, 134
- 8 Acute Respiratory Distress Syndrome, 143
- 9 Venous Thromboembolism, 148