

# **RESIDENT** **READINESS**

# **EMERGENCY MEDICINE**

- Smooth your transition and be ready for residency
- Case-based approach brings your readiness to the next level
- Targets what you really need to know to care for patients on day one

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**Debra L. Klamen • Ted R. Clark  
Christopher M. McDowell**



# Resident Readiness™ Emergency Medicine

Debra L. Klamen, MD, MHPE

Associate Dean for Education  
and Curriculum

Professor and Chair

Department of Medical Education

Southern Illinois University School

of Medicine

Springfield, Illinois

Teo H. Clark, MD, MPP

Assistant Clinical Professor

Division of Emergency Medicine

Southern Illinois University School

of Medicine

Springfield, Illinois

Christopher M. McDowell,  
MD, MEd

Assistant Professor

Residency Director

Division of Emergency Medicine

Southern Illinois University School

of Medicine

Springfield, Illinois

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**Resident Readiness™: Emergency Medicine**

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*To my wonderful husband Phil, who loves me and supports me in all things,  
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To my extended family, for their love and understanding. To my  
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transition from medical school to residency have been vital  
to the development of this book.—TRC and CMM*



## CONTRIBUTORS

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### **Erica J. Cacioppo, MD**

Emergency Medicine Resident  
Division of Emergency Medicine  
Southern Illinois University School of Medicine  
Springfield, Illinois  
*Chapters 16, 17*

### **Ted R. Clark, MD, MPP**

Assistant Clinical Professor  
Division of Emergency Medicine  
Southern Illinois University School of Medicine  
Springfield, Illinois  
*Chapters 1, 2, 3, 4, 5, 6, 8, 10, 11, 12, 13, 15, 21, 23, 24, 25*

### **Antonio Cummings, MD**

Assistant Clinical Professor  
Division of Emergency Medicine  
Southern Illinois University School of Medicine  
Carbondale, Illinois  
*Chapter 6*

### **Jonathan dela Cruz, MD, RDMS**

Assistant Professor  
Director of Ultrasound  
Division of Emergency Medicine  
Southern Illinois University School of Medicine  
Springfield, Illinois  
*Chapters 37, 38, 39, 40*

### **Myto Duong, MB, BCh, BAO**

Assistant Professor  
Director of Pediatric Emergency Medicine  
Division of Emergency Medicine  
Southern Illinois University School of Medicine  
Springfield, Illinois  
*Chapters 16, 17, 18, 19*

**Julie Fultz, MD, MDiv**

Emergency Medicine Resident  
Division of Emergency Medicine  
Southern Illinois University School of Medicine  
Springfield, Illinois  
*Chapters 18, 19*

**Richard Jeisy, MD**

Assistant Clinical Professor  
Division of Emergency Medicine  
Southern Illinois University School of Medicine  
Springfield, Illinois  
*Chapters 8, 9*

**Ryan N. Joshi, DO, EMT-P**

Emergency Medicine Resident  
Division of Emergency Medicine  
Southern Illinois University School of Medicine  
Springfield, Illinois  
*Chapters 10, 41*

**Jason A. Kegg, MD, FAAEM**

Assistant Professor  
Director of Simulation  
Division of Emergency Medicine  
Southern Illinois University School of Medicine  
Springfield, Illinois  
*Chapters 42, 43*

**Christi M. Lindorfer, MD**

Emergency Medicine Resident  
Division of Emergency Medicine  
Southern Illinois University School of Medicine  
Springfield, Illinois  
*Chapter 22*

**Rebecka R. Lopez, MD**

Emergency Medicine Resident  
Division of Emergency Medicine  
Southern Illinois University School of Medicine  
Springfield, Illinois  
*Chapters 41, 42, 43*

**Christopher M. McDowell, MD, MEd**

Assistant Professor  
 Residency Director  
 Division of Emergency Medicine  
 Southern Illinois University School of Medicine  
 Springfield, Illinois  
*Chapters 2, 20, 21, 22, 23*

**Nicholas M. Mohr, MD**

Clinical Assistant Professor  
 Department of Emergency Medicine  
 Department of Anesthesia, Division of Critical Care  
 University of Iowa Carver College of Medicine  
 Iowa City, Iowa  
*Chapters 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36*

**Quoc V. Pham, MD**

Emergency Medicine Resident  
 Division of Emergency Medicine  
 Southern Illinois University School of Medicine  
 Springfield, Illinois  
*Chapters 11, 15*

**Charles Reeve, DO**

Assistant Clinical Professor  
 Division of Emergency Medicine  
 Southern Illinois University School of Medicine  
 Springfield, Illinois  
*Chapters 12, 13*

**Joshua D. Stilley, MD**

Clinical Assistant Professor  
 Department of Emergency Medicine  
 University of Iowa Carver College of Medicine  
 Iowa City, Iowa  
*Chapters 26, 27, 30, 31, 34*

**Amy Walsh, MD**

Global Emergency Medicine Fellow  
 Department of Emergency Medicine  
 Regions Hospital  
 St. Paul, Minnesota  
*Chapters 26, 29, 33*

**James R. Waymack, MD**

Assistant Professor

Assistant Program Director

Division of Emergency Medicine

Southern Illinois University School of Medicine

Springfield, Illinois

*Chapters 7, 14, 24, 25*



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Debra L. Klamen



# INTRODUCTION

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Facing the prospect of an internship is an exciting, and undoubtedly anxiety-provoking, prospect. Four years of medical school, after graduation, culminate in a rapid transition to someone calling you “Doctor” and asking you to give orders and perform procedures without, in many cases, a supervisor standing directly over your shoulder.

This book is organized to help senior medical students dip their toes safely in the water of responsibility and action from the safety of reading cases, without real patients, nurses, families, and supervisors expecting decisive action. The chapters are short, easy to read, and “to the point.” Short vignettes pose an organizing context to valuable issues vital to the function of the new intern. Emphasis on the discussion of these cases is not on extensive basic science background or a review of the literature; it is on practical knowledge that the intern will need to function well in the hospital and “hit the ground running.” Many of the cases include questions at the end of them to stimulate further thinking and clinical reasoning in the topic area discussed. References at the end of the cases are resources for further reading as desired.

## HOW TO GET THE MOST OUT OF THIS BOOK

Each case is designed to simulate a patient encounter and is followed by a set of open-ended questions. Open-ended questions are used purposely, since the cued nature of multiple-choice questions will certainly not be available in a clinical setting with real patient involvement. Each case is divided into four parts.

### Part 1

1. **Answers** to the questions posed. The student should try to answer the questions after the case vignette before going on to read the case review or other answers, in order to improve his or her clinical acumen, which, after all, is what resident readiness is all about.

2. **A Case Review:** A brief discussion of the case in the vignette will be presented, helping the student understand how an expert would think about, and handle, the specific issues at hand with the particular patient presented.

## Part 2

**Topic Title** followed by **Diagnostic Reasoning, Workup, and Management** discussions: The Diagnostic Reasoning section uses the patient's chief complaint as a launching pad for a discussion of efficient differential diagnosis building and sorting. The Workup and Management sections provide a more generalized, though still focused and brief, discussion of the general issues brought forward in the case presented. For example, in the case of a patient presenting with coma and a significantly elevated glucose, the case review might discuss the exact treatment of the patient presented, while this part of the book will discuss, in general, the diagnosis and treatment of DKA. Of note, not all of the cases in the book will fit entirely in this model, so variations do occur as necessary.

## Part 3

**Tips to Remember:** These are brief, bullet-pointed notes that are reiterated as a summary of the text, allowing for easy and rapid review, such as when preparing a case presentation to the faculty in rounds.

## Part 4

**Comprehension Questions:** Most cases have several multiple-choice questions that follow at the very end. These serve to reinforce the material presented, and provide a self-assessment mechanism for the student.



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## **Section I.**

# **Approach to the Patient in the Emergency Department**





# A New Resident Begins the First Day of Emergency Medicine Residency

Ted R. Clark, MD, MPP

## CASE DESCRIPTION

You present for your first day in the emergency department (ED) as an emergency medicine (EM) resident. You are armed with the knowledge you accrued through at least 8 years of higher education. You have rotated in EDs and have successfully matched into an EM residency. You feel great and you are ready to work hard.

Your vitals are temperature 37.1 (98.8), blood pressure 130/80 mm Hg, pulse 105 beats/min, respiratory rate 20 breaths/min, and oxygen saturation of 99% on room air.

On examination, your pupils are slightly dilated and you are breathing deeply. You are focused, slightly anxious, but confident in your abilities.

1. Are you prepared?
2. What resources are available to prepare you for this day?
3. How do you use this book?

## Answers

1. Yes. Your training has prepared you, but there are additional resources to help you prepare for your first day.
2. There are many types of resources available: comprehensive texts, board review books, clerkship study books, and myriad online resources. There is value in each of these types of books. The comprehensive text is difficult to complete prior to beginning residency. Board review books are geared toward answering test questions. Clerkship study books are designed to help you succeed as a *student*. The EM Residency Readiness book is designed to help you succeed as a new *resident*. This book focuses on how to approach the most common EM patients and is filled with practical advice for the new resident. Additionally, this book addresses the typical off-service rotations that an EM resident will complete during the first year. By completing this book prior to beginning your EM residency, you are specifically addressing the question “am I ready to be an EM resident?”
3. EM Residency Readiness is a case-based book that provides a foundation for each of the major rotations an EM resident will experience during the first year of residency. Specifically, the book addresses ED rotations, ICU rotations, and trauma rotations. Additionally, the book provides a foundation in the important