

A doctor who cannot take a good history and a patient who cannot give one are in danger of giving and receiving bad treatment.

*~Author Unknown*

When you are called to a sick man, be sure you know what the matter is - if you do not know, nature can do a great deal better than you can guess. *~Nicholas de Belleville*

You have a cough? Go home tonight, eat a whole box of Ex-Lax - tomorrow you'll be afraid to cough. *~Pearl Williams*

Diagnosis is not the end, but the beginning of practice.

*~Martin H. Fischer*

**Ask yourself: *Is there anything worrisome?*** Write on the erasable board: (Think DARM)

- Differential Diagnosis
- Allergies
- Risk factors/habits
- Meds

**Ask yourself: *Is the patient in pain??***

If so, give the appropriate pain killer. Write down all meds on your erasable board, as well as route of administration.

**Ask yourself: *Does the patient's condition correlate to the setting?***

- Emergency or unstable patient in office needs to go to the ER immediately!! Change location if necessary. *Mark this on the erasable board!*
- After the patient is stable & in the right setting, proceed to 'Interval/follow-up history' & a more detailed **relevant** physical exam.
- If the patient is already a stable case in the right setting, proceed straight to the **relevant** physical exam.

**Ask yourself: *Is the case limited to one particular system?***

- If so, choose the particular system & a few related systems, based on the most likely diagnosis.
- If not, choose a **complete** physical exam. This option is available on the top of the physical exam choices.
  - E.g. routine exam, child abuse, depression, etc.

*Note the significant findings on the physical exam & revise your differential diagnoses.* Strike out those which are less likely & add those are more likely.

**Ask yourself: *What tests do I order?*** Use this mnemonic: **I B U O P** Write this on your erasable board.

**I – Imaging** → X-Rays, CT, USG, MRI, Echo, VQ Scan, etc.

**B – Blood** → CBC, Chem12/Chem7, Lipid Profile, LFT, Smears, Cultures, etc.

**U – Urine** → UA, Toxicology Screen, Ketones, etc.

**O – Others** → Other tests like EKG, PEFR for Asthma, Pulse Oximetry, Biopsies.

**P – Pregnancy test** → For any female of reproductive age presenting with abdominal or pelvic symptoms, or trauma.

Setting: Office  
Age: 36  
Race:AA  
Sex:: ♂  
Stable Y (P → 95)  
**DD: Frozen shoulder, Dislocation, tendonitis**  
**All: Ø**  
**R: Smoking, obesity**  
**Meds:**

**Setting: Office → ER**  
Age: 36  
Race:AA  
Sex:: ♂  
Stable: Y  
DD: Frozen shoulder, Dislocation, tendonitis  
All: Ø  
R: Smoking, obesity  
**Meds: IV Morphine**

Setting: Office → ER  
Age: 36  
Race:AA  
Sex:: ♂  
Stable: Y  
**DD: Frozen shoulder, Dislocation, tendonitis**  
All: Ø  
R: Smoking, obesity  
Meds: IV Morphine  
**SF: Pain in shoulder**  
**IBUOP: X-ray – tissue swelling, dislocation.**

## Diagnosis: Unstable Angina

**Discussion:** It is vital to get this patient armed with nitrates & beta-blockers so that this unstable angina does not result in a myocardial infarction. The stress test is a good modality to find this out. You might want to consider a Thallium Treadmill test for patients who have the following problems: LBBB, WPW, & patients who are taking drugs that could affect EKGs (quinidine & digitalis are examples of this). Contraindications to stress testing are, but not limited to: Aortic dissection, Acute congestive heart failure, Aortic stenosis (this would be a death sentence), COPD, uncontrolled hypertension, obesity. What do you do if a patient cannot do stress testing? Give the person Dobutamine.

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~~~ **Next Case!** ~~~

## Pain in foot

**Setting: Office**

**Vitals:** BP 114/85, Pulse 90, RR 14, Temp 97.9° F (36.7° C)

**Age:** 42 year old female Caucasian

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**HPI:** This patient comes to your office after 2 days of being diagnosed with community acquired pneumonia. She complains of excruciating ankle pain, which started in the middle of the night. She states that had a similar attack about 4-5 months ago, but took some over-the-counter pain relievers, & it went away. Now, comes to your office, because she "can't take it anymore.

**Meds:** She is taking Ciclosporin for her pneumonia. She is taking aspirin for the pain.

**PMH:** None available

**FH:** None available

**SH:** She works as a sales representative at a small computer company. She does not smoke.

*What would you do next?*

## **Physical exam**

**General Appearance:** The patient is oriented, & appears fatigued. Palms, sclerae show signs of pallor. The remainder of this part of the exam is WNL.

**Skin:** WNL

**Breasts:** WNL

**Lymph Nodes:** WNL

**HEENT/Neck:** WNL

**Chest/Lungs:** WNL

**Heart/Cardiovascular:** WNL

**Abdomen:** WNL

**Genitalia:** WNL

**Rectal:** WNL

**Extremities/Spine:** WNL

**Neuro/Psych:** WNL

## ***What are your differential diagnoses?***

Hemorrhoids, Colon Cancer, Sigmoid cancer, Colorectal cancer, Diverticulitis, constipation

## ***What labs would you order?***

**Labs:** CBC: Hgb:8, UA: WNL, Chem12: WNL, Lipid profile: WNL, Guiac stool: positive, Colonoscopy: Biopsy taken. Highly suggestive of adenocarcinoma in the descending colon. LFT: WNL, CXR: no evidence of metastases, CEA: WNL, NPO: WNL, EKG: WNL

## ***How would you treat this patient?***

**Treatment:** Surgical consult; colorectal surgery, Admit for elective surgery,

**Counsel:** cancer diagnosis

## ***What is your final diagnosis?***

# Common Labs/Diagnostic Workups

This is a very comprehensive list. You most likely will not need most of them in your exam, but we have provided them as a reference.

|                        |                         |                          |
|------------------------|-------------------------|--------------------------|
| 5-HIAA                 | Cardiac Biomarkers      | G6PD                     |
| A/G Ratio              | Cardiolipin Antibodies  | GFR                      |
| A1c                    | Catecholamines          | GGT                      |
| ACE                    | CBC                     | Globulin, A/G Ratio      |
| ACT                    | CCP                     | Glucose                  |
| ACTH                   | CD4                     | Gonorrhea                |
| AFB Culture            | C. diff                 | Gram Stain               |
| AFP Maternal           | CEA                     | Growth Hormone           |
| AFP Tumor Markers      | CF Gene Mutation        | H. pylori                |
| Albumin                | Chem7                   | Haptoglobin              |
| Aldolase               | Chemistry Panels        | hCG                      |
| Aldosterone            | Chloride                | HDL                      |
| ALP                    | Cholesterol             | Hematocrit               |
| Alpha-1 Antitrypsin    | CK                      | Hemoglobin               |
| ALT                    | CK-MB                   | Hemoglobin Variants      |
| AMA                    | CMP                     | Hepatitis A              |
| Ammonia                | CMV                     | Hepatitis B              |
| Amylase                | CO <sub>2</sub>         | Hepatitis C              |
| ANA                    | Coagulation Factors     | Herpes                   |
| Anion Gap              | Complement Levels       | HIV Antibody             |
| Antibody Tests         | Cortisol                | HIV Genotypic            |
| Antiglobulin, Direct   | Creatinine              | Resistance               |
| Antiglobulin, Indirect | Creatinine Clearance    | HLA-B27                  |
| Antiphospholipids      | CRP                     | Holter monitor           |
| Antithrombin           | CRP, high-sensitivity   | Home Tests               |
| Apo A                  | Cyclosporine            | Homocysteine             |
| Apo B                  | Cystatin C              | HPV                      |
| ApoE Genotyping        | D-dimer                 | hs-CRP                   |
| aPTT                   | DHEAS                   | IGF-1                    |
| ASMA                   | Diabetes Autoantibodies | IMA                      |
| ASO                    | Differential            | Immunelectrophoresis     |
| AST                    | Digoxin                 | INR                      |
| Autoantibodies         | DLDL                    | Insulin                  |
| Basophils              | Drug abuse              | Iron Tests               |
| Bicarbonate            | EBV Antibodies          | Lactate                  |
| Bilirubin              | EGFR                    | LDH                      |
| Blood Culture          | EGFR [Her-1]            | LDL                      |
| Blood Gases            | Electrolytes            | Lead                     |
| Blood Smear            | Electrophoresis         | LH                       |
| BMP                    | Eosinophils             | Lipase                   |
| BNP                    | Erythropoietin          | Lipid Profile            |
| Bone Markers           | ESR                     | Lipoprotein Subfractions |
| Bone Marrow            | Estrogen                | Lithium                  |
| BRCA                   | Estrogen Receptors      | Liver Panel              |
| BUN                    | Factor V Leiden         | Lp(a)                    |
| BUN:Creatinine Ratio   | Fecal Occult Blood      | Lupus Anticoagulant      |
| C-peptide              | Ferritin                | Lyme Disease             |
| CA-125                 | fFN                     | Lymphocytes              |
| CA 15-3                | Fibrinogen              | M/C Ratio                |
| CA 19-9                | Flu Tests               | Magnesium                |
| Calcitonin             | Folate                  | MCH                      |
| Calcium                | Fructosamine            | MCHC                     |
|                        | FSH                     | MCV                      |
|                        | FTI                     | Mercury                  |