

Well's Criteria-clinical likelihood of PE

1. Clinical signs and symptoms of DVT? (+3)
2. Pulmonary embolism is most likely diagnosis (+3)
3. HR > 100 (+1.5)
4. Immobilization of >3 days or surgery in previous 4 weeks (+1.5)
5. Previous PE or DVT (+1.5)
6. Hemoptysis (+1)
7. Malignancy with treatment in past 6 months, or palliative (+1)

Modified Wells: PE likely >4.0

PERC Rule- for low risk (gestalt or low Wells)

- Hormone use
- Age >50
- DVT/PE History
- Coughing Blood
- Leg Swelling - Unilateral
- O2 Sat < 95%
- Tachycardia
- Surgery/Trauma History – Recent

With low risk pt's you have <2% PE risk with PERC neg.

TIMI Score- estimates mortality for pt's w/ UA/NSTEMI

- A** Age > 65
- Aspirin w/in 7 days
- Angina x 2 w/in 24 hrs
- C** CAD >50%
- CAD RF (f <65 or m<55)
- E** EKG depressions
- Elevated Enzymes

% risk at 14 days of all-cause mortality, new or recurrent MI, or severe recurrent ischemia requiring urgent revascularization.

- Score of 0-1 = 4.7% risk
- Score of 2 = 8.3% risk
- Score of 3 = 13.2% risk
- Score of 4 = 19.9% risk
- Score of 5 = 26.2% risk
- Score of 6-7 = at least 40.9% risk

CHADS² SCORE- risk of stroke w/ non-rheumatic AF

- CHF
- HTN
- Age > 75
- DM
- Prior Stroke/
TIA/
Thromboembolism

Score of 0=1.9% risk
Score of 1=2.8% risk
Score of 2=4.0% risk
Score of 3=5.9% risk
Score of 4=8.5% risk
Score of 5=12.5% risk
Score of 6=18.2% risk

Aspirin >1, Warfarin >2

1 point for each and 2 for S

CRITERIA/RULES...

D i d a c t i c s O n l i n e

CURB-65-mortality risk in CAP/other infx

- Confusion of new onset
- Urea > 7mmol/l
- Respiratory rate >30
- BP systolic <90 or diastolic <60
- age > 65

Pneumonia- at 30 days:

- 0—0.7% } Outpatient
- 1—3.2% }
- 2—3.0% } Inpatient
- 3—17.0% }
- 4—41.5% } Possible ICU
- 5—57.0% }

Other Infx
0 to 1 <5% mortality
2 to 3 < 10% mortality
4 to 5 15-30% mortality

Acid Base

- SID= Na – Cl (<38=acid; >38=alkalotic)
- SIG= BD + (SID-38) + 2.5(4.2-Albumin)- Lactate

Does SID account for BD?

conversion factor to account for Albumin.

Is lactate affecting BD?

- SIG <2 is metabolic acidosis
- Negative SIG is rare and caused by cation acidosis (Ca+, K+, Immunoglobulin, nitrates, lithium OD)
- ↑SIG w/o explanation then get Osmolar gap
Osm Gap= Measured Osmal – (2NA + Gluc/18 + BUN/2.8 + EtOH/3.7)

Anion Gap (12) is actually albumin (4.2x2.5)+lactate+Phosphate= 12

Light Criteria

- Exudate if positive for one of following:
Pleural fluid protein/serum protein > 0.5
Pleural fluid LDH/Serum LDH >0.6
Pleural fluid LDH > 2/3 upper limit of serum normal
- Exudates send
 - Chemistry-glucose, protein, LDH, TG
 - Cell ct with diff
 - Anaerobic syringe-micro, gs, c&s, AFB, Fungal
 - Blood gas
 - Cytology

CHA₂DS₂-VASc

Vascular disease, Age 65-74, Sex category Female

CAD Risk Factors

- Age (male >45, female >55)
- Premature family history
- HTN
- Tobacco
- Diabetes Mellitus
- High LDL or HDL <40
- Triglycerides >200
- Obesity/lack of exercise

MELD score

MELD = 3.78[Ln serum bilirubin (mg/dL)] + 11.2[Ln INR] + 9.57[Ln serum creatinine (mg/dL)] + 6.43

- 3 month mortality:
 - 40 or more – 71.3% mortality
 - 30–39 – 52.6% mortality
 - 20–29 – 19.6% mortality
 - 10–19 – 6.0% mortality
 - <9 – 1.9% mortality

Serum-ascites albumin gradient

(SAAG)
(albumin concentration of serum) - (albumin concentration of ascitic fluid).

>1.1 suggests portal htn
-high protein (> 2.5): heart failure, Budd Chiari syndrome
- low protein (< 2.5): cirrhosis of the liver, [3] nephrotic syndrome

<1.1 TB, pancreatitis, nephrotic syndrome, Ca...

Maintenance fluids

-4/2/1 rule or weight in Kg + 40 ml/hr
-common adult:D5 1/2 NS with 20 mEq KCL/L

Urine Output:

0.5ml/kg/hr (~30ml/hr)
1500-1600ml/day

356 ml in 12 oz