Handouts for Discussion Leaders

Case # 1 GI BLEED
The case will be on the powerpoint.

PGY 1 Questions
- What is the likely cause of this bleed?
- What is the differential diagnosis for a GI bleed?
- What risk factors would change the work up and management?
- What needs to be ordered?
- What lab abnormalities would make you think upper GI bleed vs lower GI bleed?
- Does a fecal occult matter?
- What if the hemoglobin is 6g/dL?
- What is this patient’s disposition?
  - Obs vs Home? When would you do which?

PGY 2 Questions
- What if the VS worsened? HR 105 BP 92/43 RR 26 O2 92% RA
- What if they take anticoagulation?
  - Xarelto vs Coumadin vs Pradaxa management?
  - When do you give platelets?
- Do you need imaging? When would you?
  - What type of imaging?
  - When would you order an upright chest XR vs CT abd/pelvis?
- How does a history of alcoholism change your management?
- What medications need to be given for management?
  - Does TXA have a role?

PGY 3/4 Questions
- VS HR 140 BP 83/35 RR 30, O2 90 % on 2 L with active vomiting
  - What’s next?
- How would you prepare for intubation? Awake?
- What if this patient had an AAA repair, how would that change management?
- What if GI was >2 hours away and there is no general surgeon available for 30 minutes for an unstable patient?
  - What sort of resuscitation is needed? (blood, reversal agents)
  - Does permissive hypotension have a role here?
  - How would you transfer?
- What if they were a Jehovah’s witness
Case #2 PULMONARY EMBOLISM

CASE: Patient is a 45-year-old female with no past medical history who presents to the emergency department with 3 days of worsening shortness of breath and chest pain.

Vitals: HR: 115  BP:120/70  O2: 88% RA  T:99F

PGY1 Questions:

- What is your differential diagnosis for this patient?
- What is the PERC rule, how do you use it?
- What are the Well's criteria and how does it differ from PERC?
- How do you decide to order a d-dimer vs CTPA?
  - What can falsely elevate a d-dimer?
  - Describe age adjusted d-dimer
- What other labs and imaging will you order?
- What are common chest x-ray findings in pulmonary embolism?
- What are some common EKG findings in pulmonary embolism?
  - The most common abnormality?
- What is the treatment for acute pulmonary embolism?
- Describe the components of a hypercoagulable workup?

PGY2 Questions:

- What is right ventricular strain?
  - What are the physical exam findings?
  - What POCUS findings?
  - EKG findings?
  - What are some causes other than PE for RV strain?
  - Lab findings suggesting RV strain in pulmonary embolism?

- You discover your patient is 12 weeks pregnant, how do you work up the patient for PE?
  - What test has higher a radiation exposure, CTPA vs V/Q, to the fetus?
    - What about the radiation exposure to the mother?
    - Does shielding the abdomen help?
  - Can you use a d-dimer in pregnancy?
    - What is pregnancy adjusted d-dimer, is it validated?
  - When do you use lower extremity venous dopplers?
  - What anticoagulation is indicated in pregnancy?
PGY3/4 Questions:

- What defines submassive PE?
  - What are possible treatments?
- What defines massive PE?
  - What is the treatment?
  - What are the absolute contraindications for thrombolytics?

- Your patient had a total knee replacement 5 days prior to presentation, and an upper Gl bleed 4 weeks ago. The patient is now in shock from a massive PE.
  - How might your treatment of shock differ in this patient?
  - What vasopressor?
  - What are treatment options for massive PE for this patient and why?

- The patient is now in cardiac arrest
  - What is the most common EKG arrhythmia in cardiac arrest?
  - What dose of TPA in cardiac arrest?
  - Any changes to ACLS/CPR?
Forum Questions for Faculty

1. Why still Emergency Medicine?
2. What is your most impactful case?
3. What is your most important career decision leading to your overall satisfaction?
4. What is your favorite failure?
5. What is one thing you would change about our field?
6. What is your greatest achievement?

Open to any additional ones solicited from residents.