**Y6 key points**

CVS

RS

GI

GU

NS

Other

History

Examination

Investigation

Discussion

Management

Dr ABCDE

Remember the basic order:

**Mean Arterial Pressure** = CO x SVR

Myocardium- muscle

Rhythm- rate

Valves - forward flow

Oxygenated blood coming back to the heart = normal venous return

Relax + fill properly

**SVR=**sepsis and Anaphylaxis **CO=**

**Analgesia**

* **Psychology** – chat, explain etc = important
* **Physical**
* **Systemic** – ‘ladder’ plus adjvants (extras)
  + Simple –Paracetamol
  + NSAID
  + Opioids = any drug acting on opioid receptors
* **Local/regional** eg Lignocaine / Bupivicaine

**Pain**

Recognise Assess treat Is it expected pain? Can they eat and drink = oral Dx

Go up the ladder…

Need help? – PCA = pain team

**Preop**

Fasting 2 hours clear fluids, 6 hrs food

Carry on most drugs

High risk= going into a body cavity + poor exercise (<2 flights stairs) = seniors

**CXR** PPIPER ABCDE

**ECG** Name etc, clinical date, rate rhythm axis p-pr-QRS-ST T wave

**Fluid**

Assess DR ABCE or CVS

Hartmann’s/ Saline 500ml 15minutes x 4

Resuscitate

Maintain

* Glucose 50-100g /day
* 25-30ml / kg / day
* Na K Cl 1mmol/kg/day

**Blood.** G and S vs X-M

Packed Red Cells Transfusion

* + Immune Infection Under/Overload Chronic (Fe)

PRC Massive transfusion

* + Blood = cold, hi K, low Ca, Coagulopathy
  + Given with FFP and Platelets
  + Cryoprecipitate if Fibrinogen low

**Risk**

Benefits Risks ?any alternative Rx What if we do nothing ? Caveats

**Oxygen**

Nasal Cannuale 1-3L/min

Variable Flow ‘Hudson Mask’ 1-15L/min

‘Venturi’ Masks: Coloured for different %

Tight fitting mask or hood for CPAP / NiV

‘Optiflow’= warmed and humidified high flow, to

Oxygen via Airway ie anaesthetised / sedated

**ISBARD**- a way to structure the referral/get help

**DVT prophylaxis** General, TED stockings ‘Flowtrons’ LMWH