Step 3 CCS Strategy

1. Basic information on patient

a. *Age*
b. *Gender*
c. *Medical history (previous illness, LMP, family history)*
d. *Social (alcohol, smoker, sexual activity, travel, sick contact)*

2. Emergent or non-emergent

After reading through the HPI, you must decide which one it is. If emergent, you need to do emergency orders before doing the physical exam. You give vital signs, and this will give you information on their hemodynamic stability.

a. Emergent (life-threatening) – do Emergency orders *then physical exam*
   i. *Pulse ox*
   ii. *Oxygen*
   iii. *IV access +/- NSS*
   iv. *+/- cardiac monitoring*
   v. *+/- BP monitoring*
   vi. *+/- EKG (12-lead)*

b. Non-emergent (non-life-threatening) – straight to physical exam.

3. Physical exam

a. <u>Complete physical exam:</u>
If stable and pt has a broad generalized signs and symptoms, do a complete physical exam.

b. **<u>Focused physical exam:</u>**
If unstable, ALMOST ALWAYS FOCUSED. You do not want to waste your time doing unnecessary physical exam. You will get points taken off if you do complete when it is unnecessary, and you cannot waste time.
If stable and complaint is pretty focused to an organ system, then you do more focused exam. For example, pt comes in with what seems to be a UTI, then you are not going to need a breast exam, neuro exam completed.

4. Orders: Labs/Study

Geared towards diagnosing and excluding differential diagnosis. You will either order them Stat or Routine. Depending on the emergency, you can decide which is necessary. Usually if in the ER, its Stat. At the office, it is usually Routine.

a. **Images** (US, XR, CT, MRI, Echo)
b. **Blood work** (CBC, BMP, Blood culture, TSH levels)
c. **Urine** (UA, Ketone, Urine toxicology)
d. **Pregnancy** (serum/urine b-HCG – qualitative vs quantitative)
e. **Others** (Cardiac enzymes, EKG, biopsies)

5. *Locations*

Depending on the situation, if they are coming to your office, you can send them home while their test results come in. Make a follow-up appointment in 1-2 weeks and then move to next orders depending on your test results.

a. Home
b. Office
c. ER
d. Wards
e. ICU

6. *Are you admitting them to the ICU or the Ward?*

a. IV access (most likely already have this ordered)
b. Fluids
c. **Diet** (NPO, cardiac diet, regular diet)
d. **Activity** (bed rest, head of bed elevated,)
e. Symptom management
   i. *Morphine, NSAIDs, or acetaminophen*
   ii. *Nausea – Zofran, Phenergan*
   iii. *Antidiarrheal – loperamide*
f. Vitals (Q1, Q4, Q8)
g. Tubes (NG, Foley catheter)
h. Urine output
i. LMWH or pneumatic compression

7. *Treatment*

a. Abx
b. Surgery
   i. *When you know your patient needs surgery, you will order the following*
      1. **PTT/PT/INR**
      2. **Blood type and cross**
      3. If female and pregnant, Rh type should be done as well.
      4. Abx (cefazolin)
c. Steroids
d. Consult

8. *Reassess – Check in with the patient*

a. Do focused physical exam and interval follow-up.
This will let you know if they are getting better or they are getting worse.

9. *Screening and Counseling*

a. **Screening** *(Pap smear, Colonoscopy, Mammogram, etc)*
b. **Counseling** *(smoking, exercise, alcohol limitation, seat belt, etc)*

10. *Final order*

a. Counseling or labs you want to continue to monitor can be done here.