dimissioni ardite

lo dimetto???

la fortuna esiste?

2 maggio 2018

- smarrito cellulare
- non potrebbe andare peggio …
- multa in bici

3 maggio

- multa raddoppiata
- da pagare in posta …

In an observational study of 3 emergency departments, 18 staff ED physicians were
- ED physicians interrupted on average 12.5x per hour
- ED physicians rarely delayed the interruptions 0.8x per hour

Ratwani RM et al. Emergency Physician Use of Cognitive Strategies to Manage Interr

- asmatico la sera
- asmatico senza check MDI
- polmonite con visita a 2gg
- dol add ≤12h
- red flags
- naloxone ed eroina
- ecg e avl — vince il malato
- edacs — accelerated pathway
- safe discharge
- colpo d’occhio

AD, 27 ys, asthma exacerbation after treatment

- RR 18’
- PEF = 70%
- SpO2 96% air

Roberto Cosentini nato a milano il 2 giug
amo andare in bici, barca, montagna, cine

> 70%

Roberto Cosentini
nato a milano
il 2 giugno 1959

> 50%

Rob

Cos

< 50%

confusion

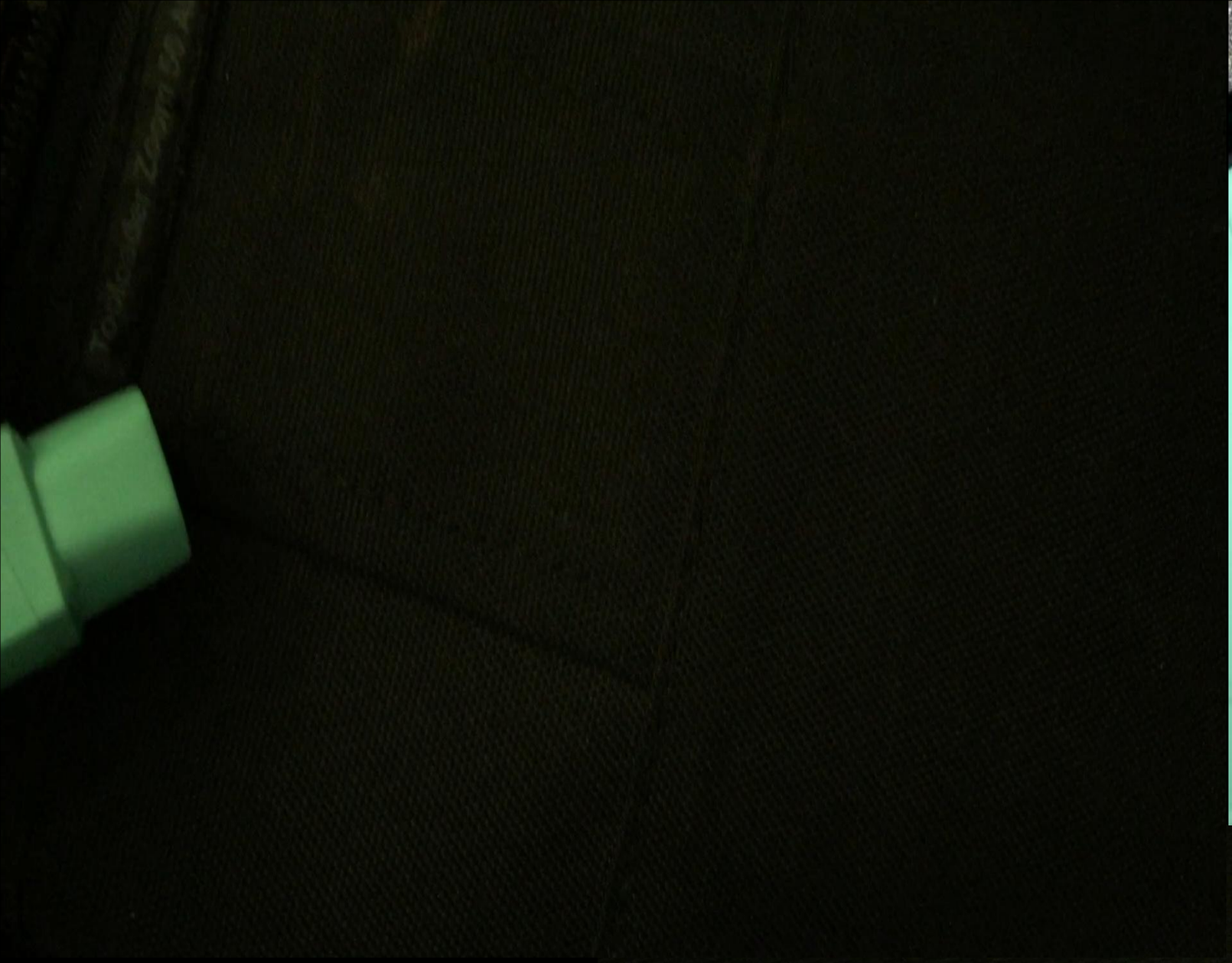
AD, 27 ys, asthma exacerbation after treatment

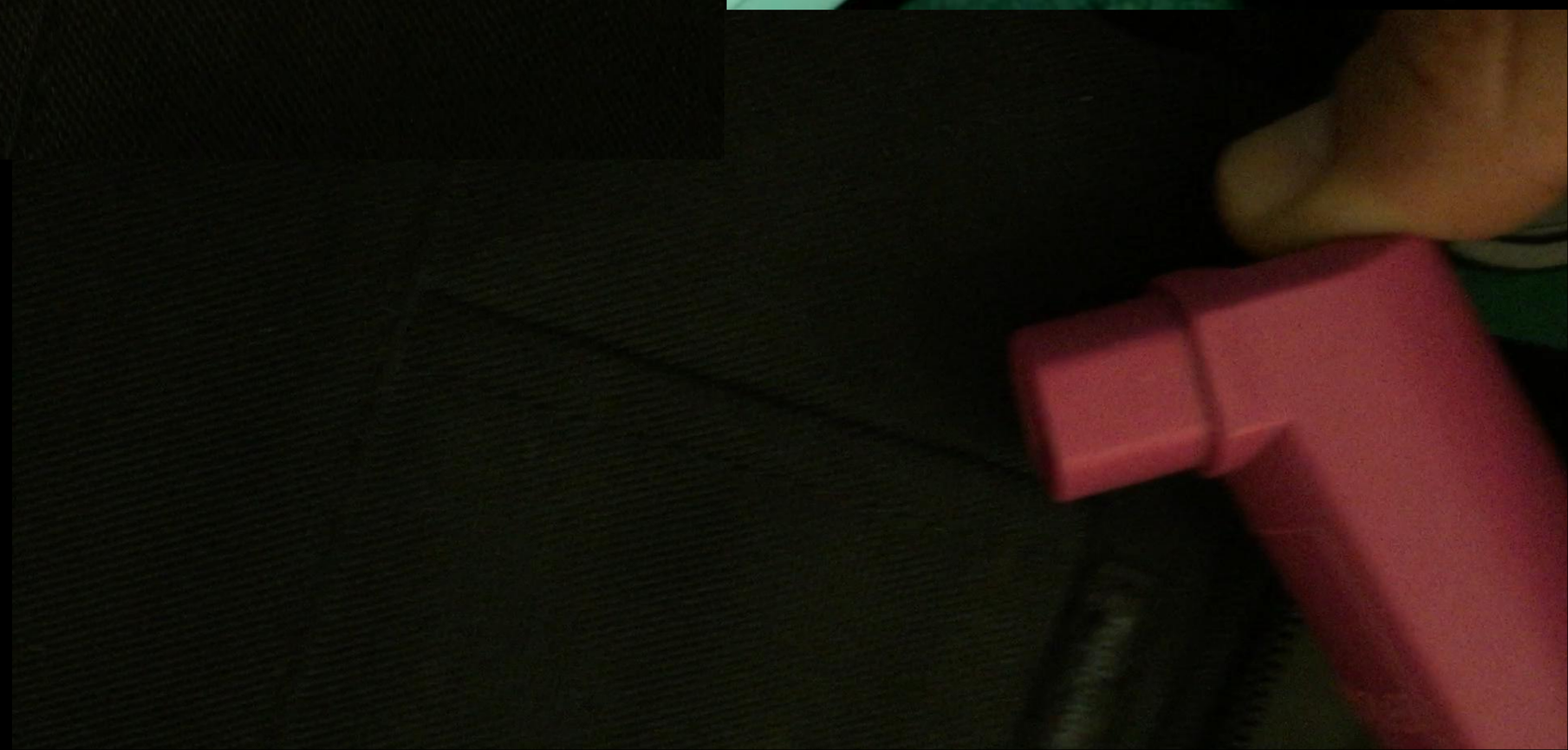
- RR 18’
- PEF = 70%
- speaks in sentences
- SpO2 96% air

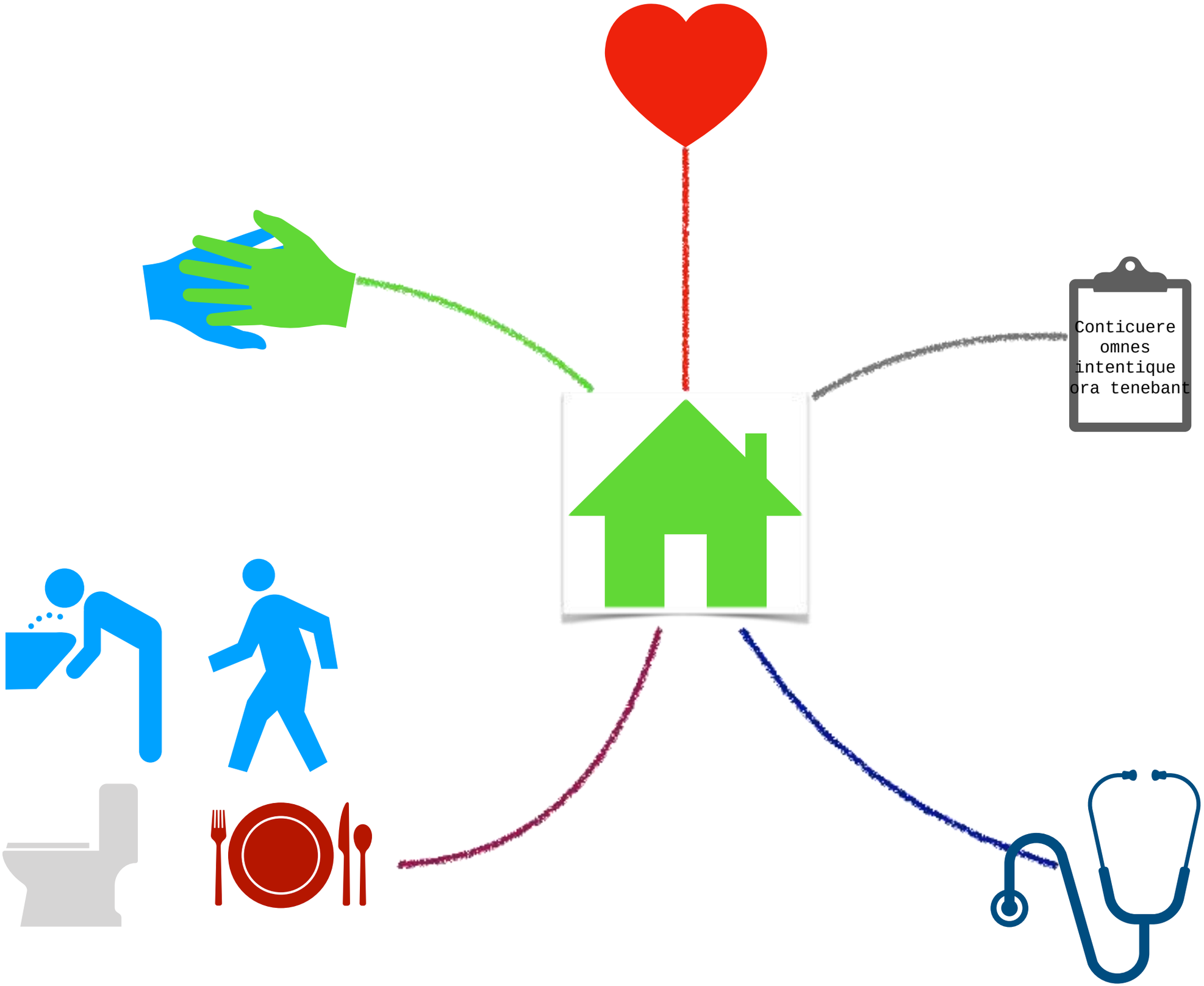
discharge

- bounce back in 6hs

?






Conticuere
omnes
intentique
ora tenebant

1. Shake my patient’s hand

2. Trust your instincts: re-address your plan

3. Read over the chart

4. Examine your patient (twice is better than once)

5. Check to see that my patient can eat, talk, walk, poop, and pee

h 9

visita psich – aggiustamento terapeutico – dimissibile

psichiatrico agitato

h 10_dimetto

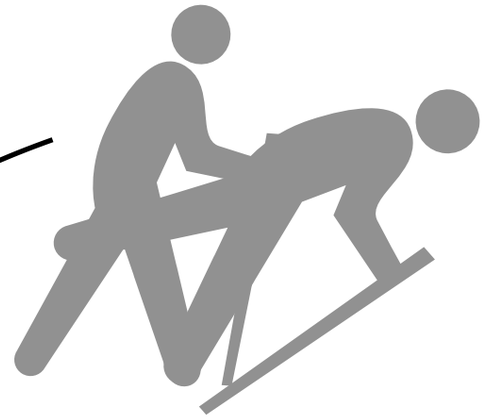
soporoso

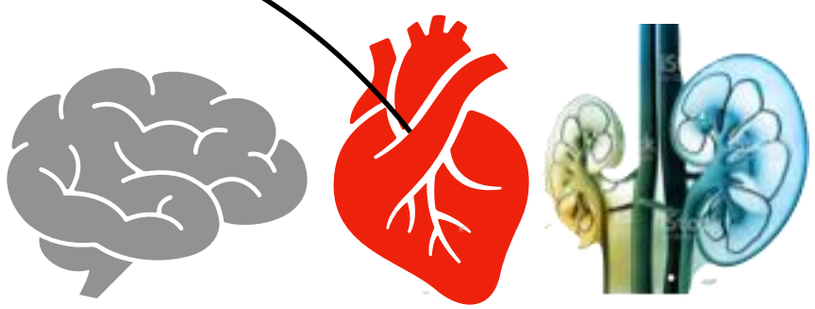
Amico: deve fare insulina?

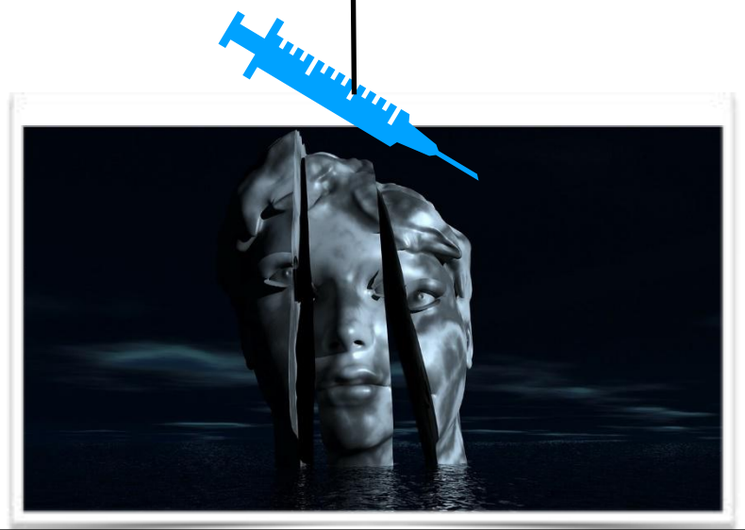
glucostick – 40

era diabetico ma aveva mangiato poco …

evaluate the patient for risk factors of decompensation





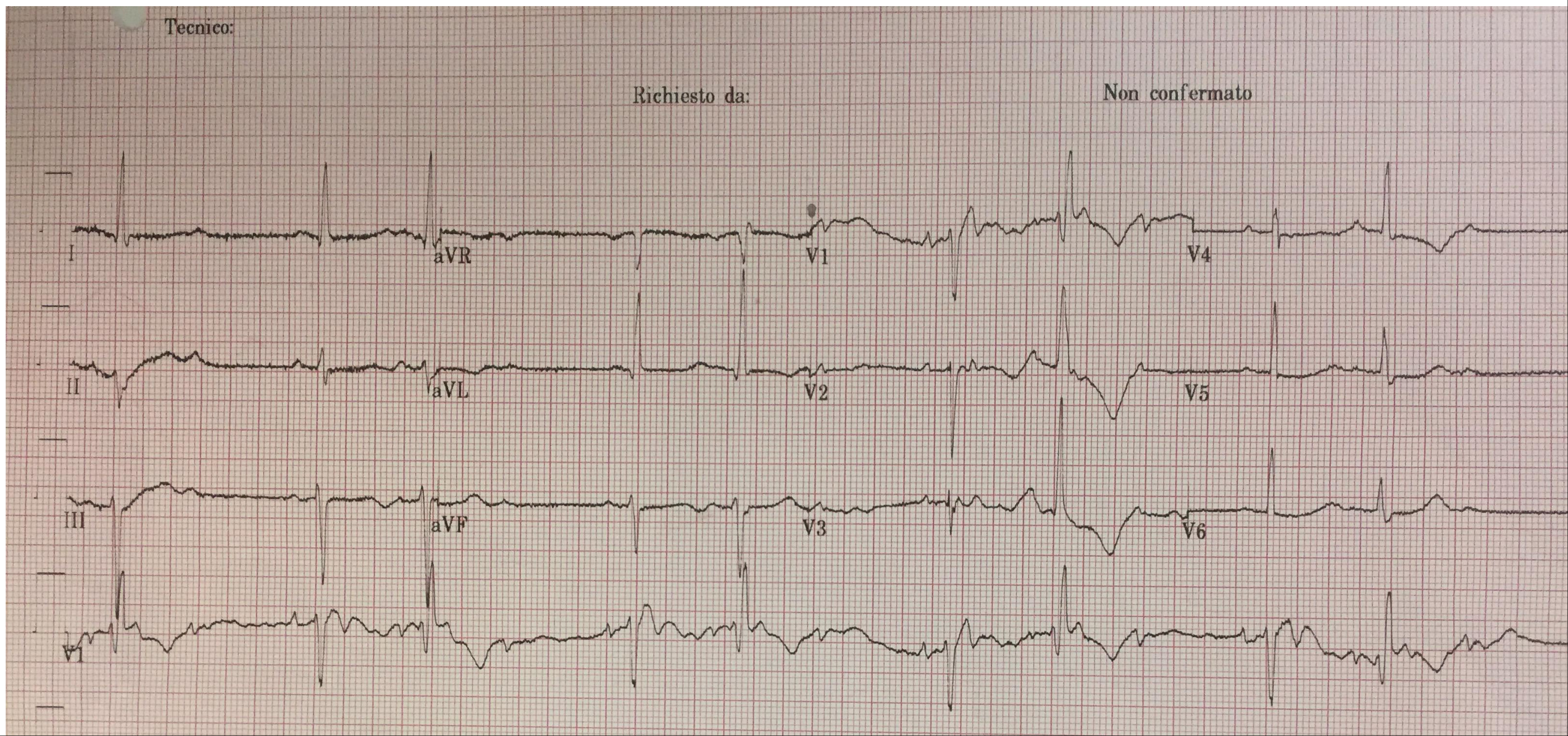


Risky ED pt groups

- Abnormal VS
- Alcoholics
- Drug addicts
- Psych
- Re-attenders
- Demanding patients
- Demanding relatives

consegna del mattino

Donna, 88 anni, caduta a terra a casa, riferisce dispnea in CAD, CHF
sintesi: scompenso e polmonite —> furosemide + amoxi/clav_OBI-dimissione



Tecnico:

Richiesto da:

Non confermato

I aVR V1 V4

II aVL V2 V5

III aVF V3 V6

V1

II

V5

150Hz 25.0mm/s 10.0mm/mV 35.756 4 x 2.5s + 3 der. ritmo MAC35 009R 12SL™ v239

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150Hz 25.0mm/s 10.0mm/mV 35.756 4 x 2.5s + 3 der. ritmo MAC35 009R 12SL™ v239

BAV II tipo 2

alto rischio evoluzione

cosa cerco nell'ECG nella sincope senza causa ovvia_WOB

WPW

W

Obstruction_AV node_*BAV* II or BAV III

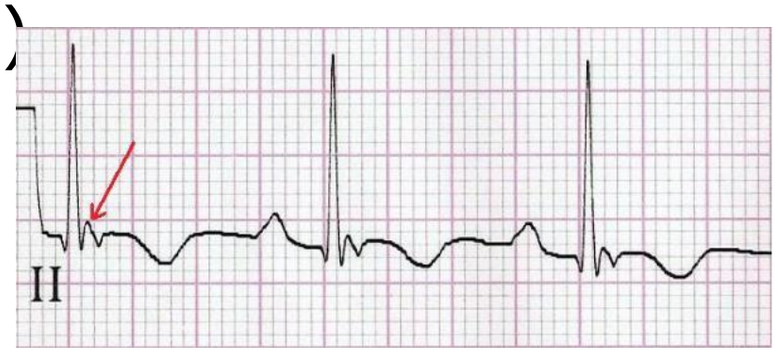
O

Bifascicular Block

Brugada

Left Ventricular Hypertrophy (SAo)

Epsilon wave (displasia aritmogena



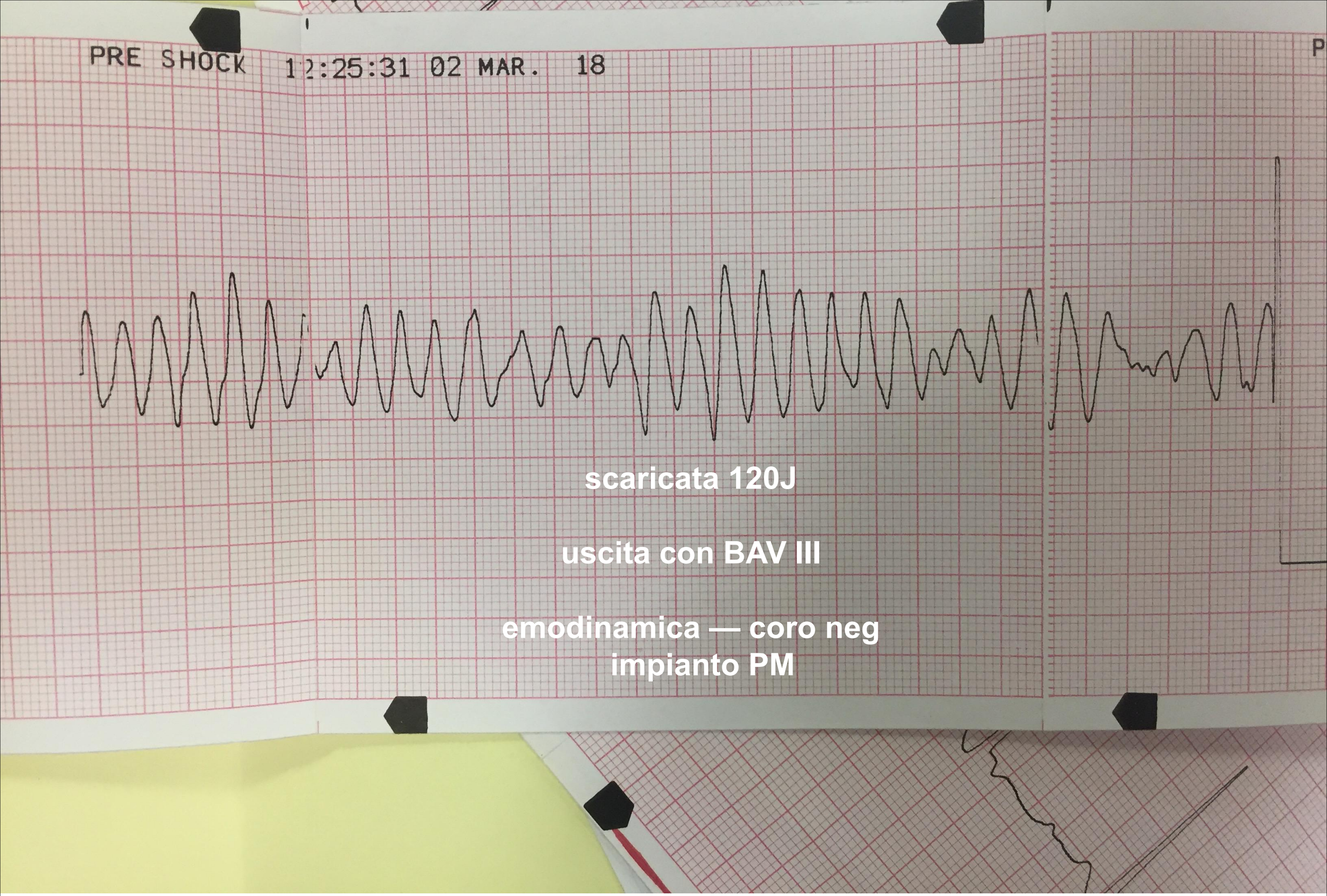
Repolarisation abnormalities (es.: *QT lungo*)

http://resus.me/wobbler/

h 12, in sala visita

versam pl bibasale

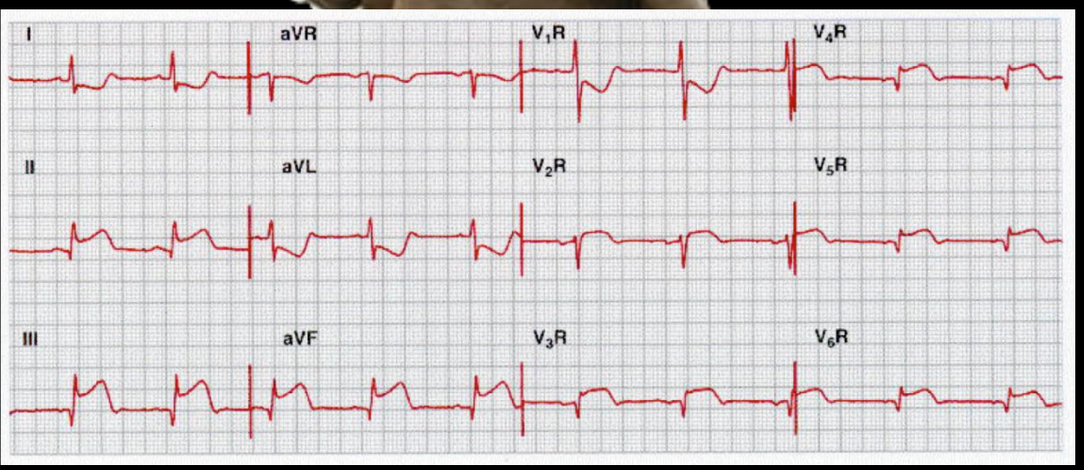
ridotta FE

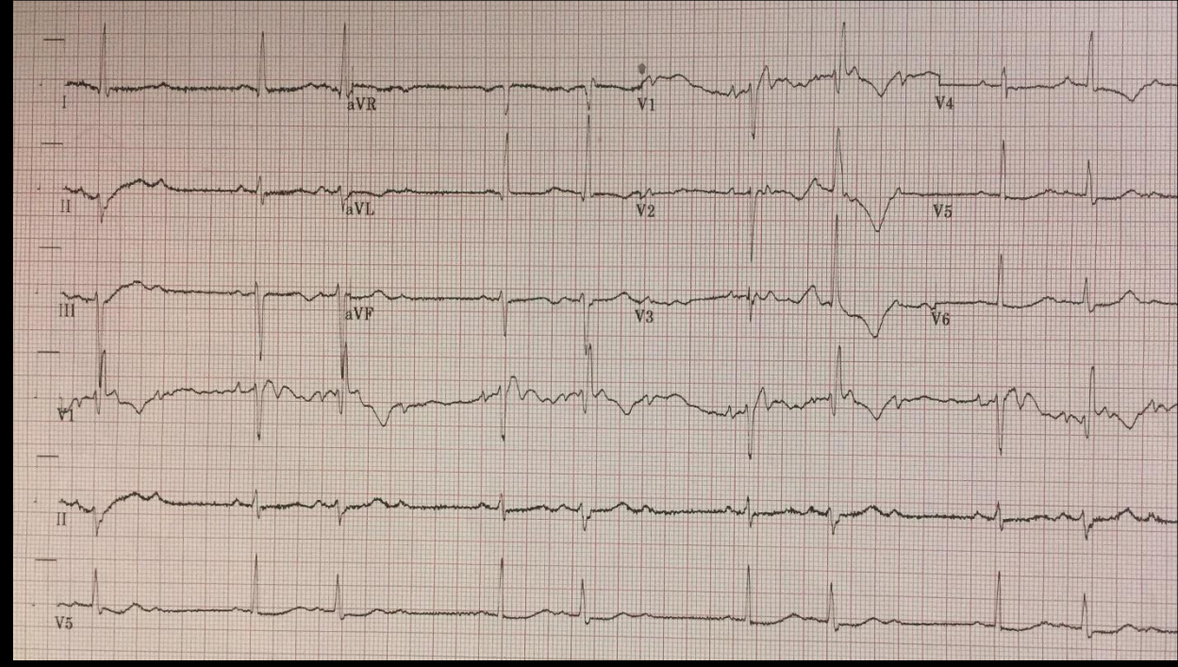

PRE SHOCK 12:25:31 02 MAR. 18
scaricata 120J
uscita con BAV III
emodinamica — coro neg
impianto PM

che cosa e’ sucesso?

tata scelta la strada veloce del pattern recognition (linea v

basso consumo, scarso impegno del cervello

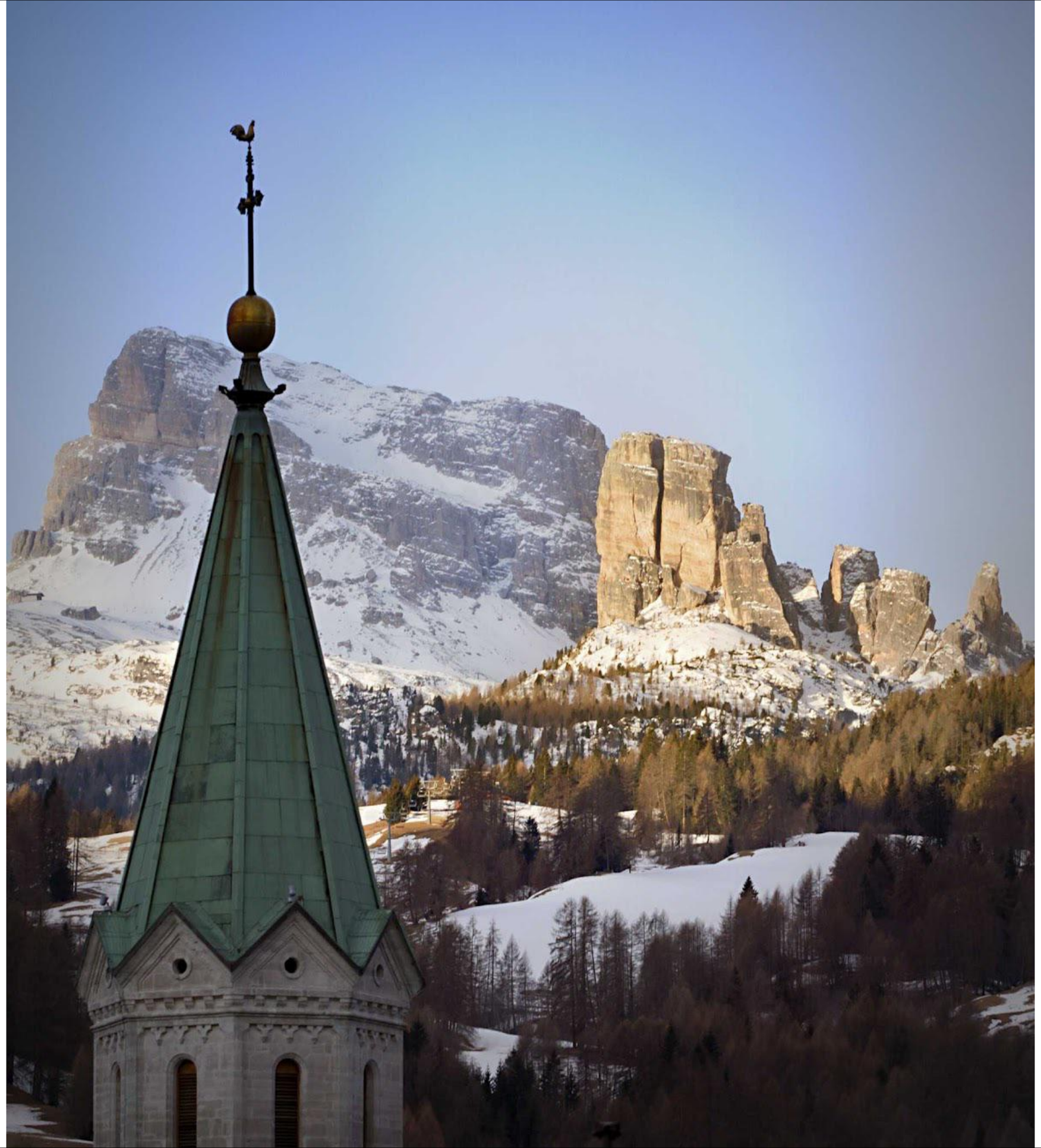




analytical reasoning

analytical reasoning
pattern recognition

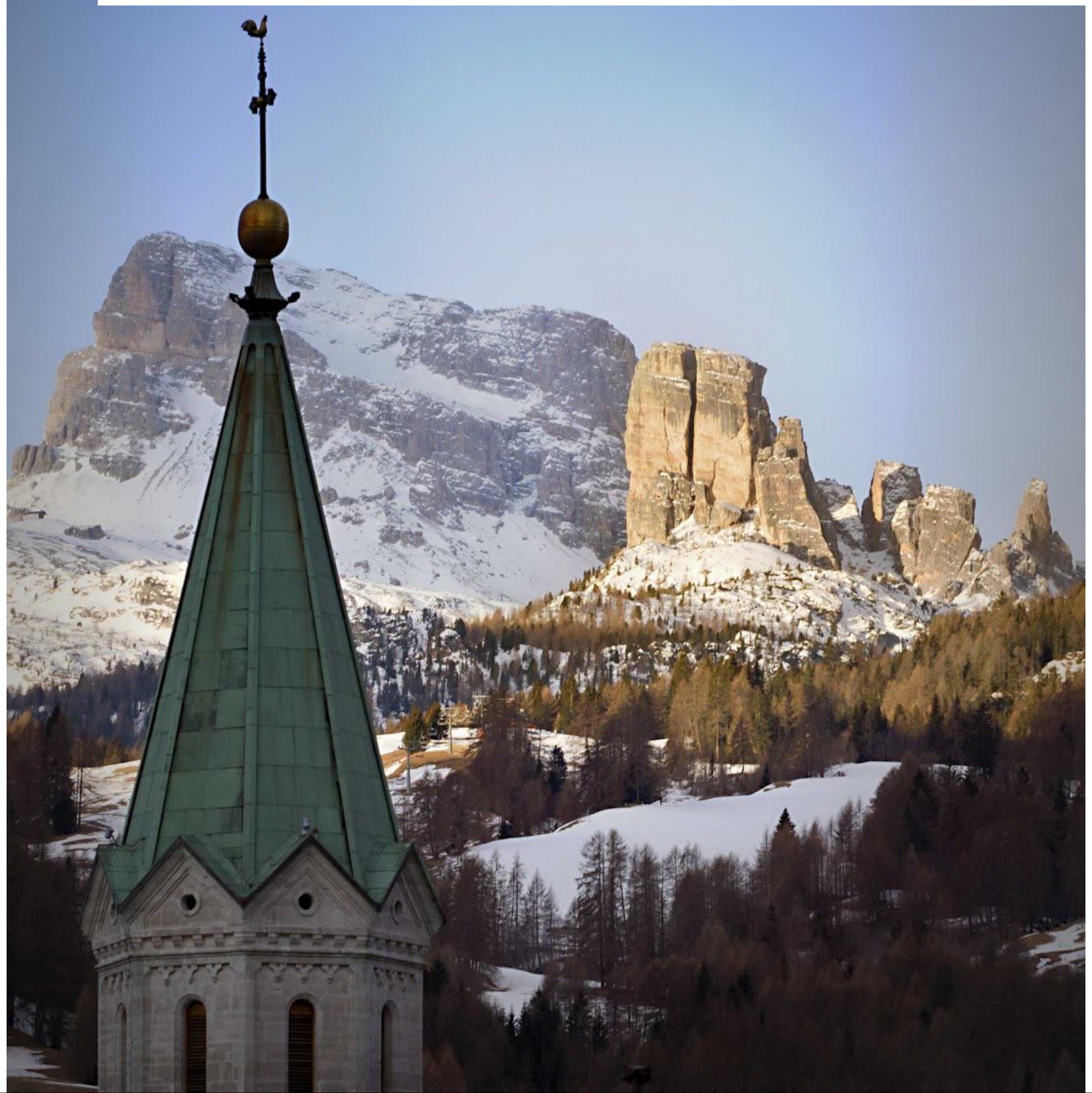
marco, guida alpina



sbatte

alpina

Marco, guida alpina, sospesa sul campanile di Cortina, scivola e sbatte contro la parete



sbatte

alpina

tessa cosa e’ accaduta a Marco
la guida alpina

analytical reasoning

pattern recognition

le consegne

HANDOVER

I Identify	➢ Yourself: ▯ name, ▯ position, ▯ location ➢ Receiver: Confirm who you are talking to ➢ Patient: name, age, sex, location
S Situation	➢ State purpose "The reason I am calling is....." ➢ If urgent – SAY SO, Make it clear from the start ➢ May represent a summary of Assessment and Requirement
B Background	➢ Tell the story ➢ Relevant information only: ▯ history, ▯ examination, ▯ test results, ▯ management ➢ If urgent: Relevant vital signs, current management
A Assessment	➢ State what you think is going on, your interpretation ➢ Use ABCDE approach ▯ Airway ▯ Breathing ▯ Circulation ▯ Disability ▯ Exposure ➢ State any interventions e.g applied oxygen
R Requirement	➢ What you want from them – BE CLEAR ➢ State your request or requirement ▯ Urgent review (state time frame) ▯ Give approval / recommendation for further

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5C's Model of Calling a Consult

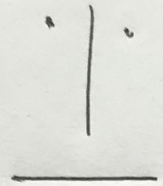
Contact
Communicate
Core Question
Collaboration
Closing the Loop

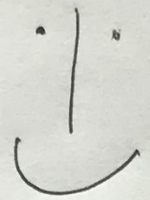
R.E.B.E.L.EM

- Ciao, sono Cosen
- Chiamo dal PS
  - Si'…
- Con chi parlo?

How to Improve

1. treating the handoff seriously
2. limiting interruptions as much as possible
3.using a standardized aid
4. providing a concise overview
5. discussing pending studies/consultations/treatments
6. encouraging a discussion of the assessment
7. encouraging questions on clinical course
8. questions on disposition
9.demonstrating a clear transition of care to other team mem





- ~~P~~ dimissioni
- ECG → double check
- rx T biano focale
  ↓
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- prima visiti poi scrivi

- ECA
- ECG pericardite

handover

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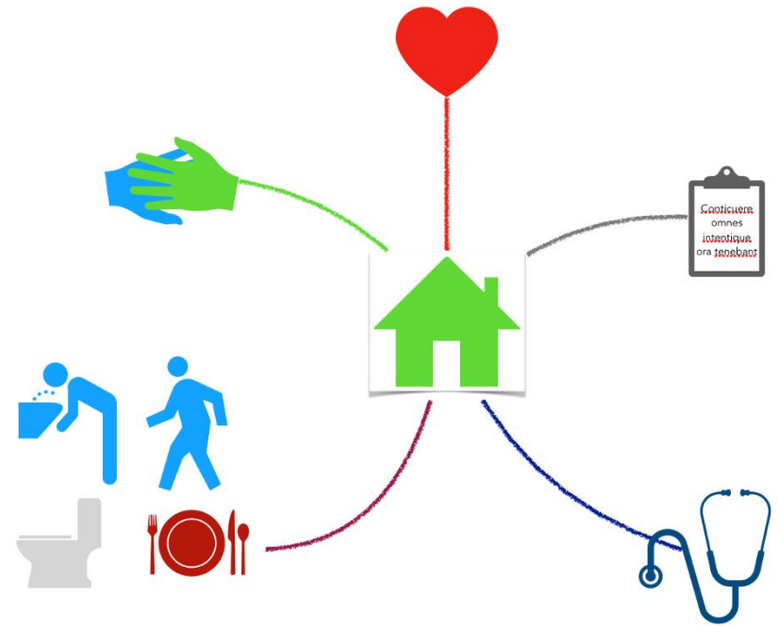

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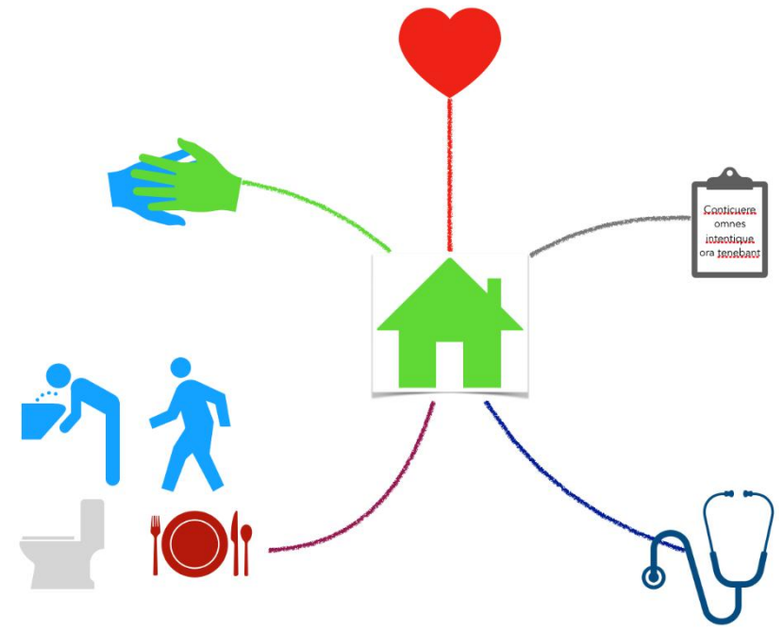
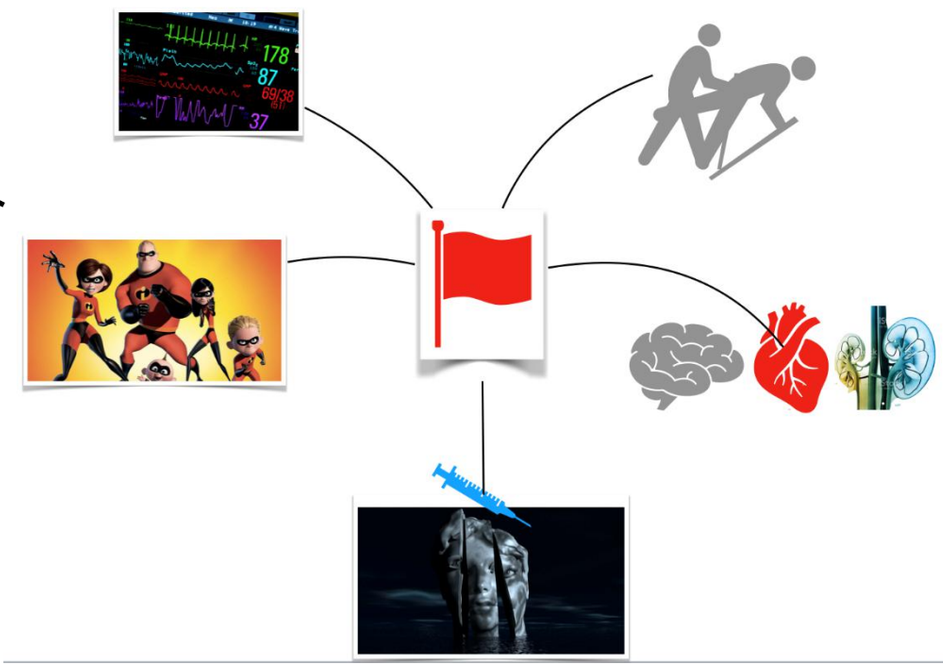


evaluate the patient for **risk factors** of decompensation



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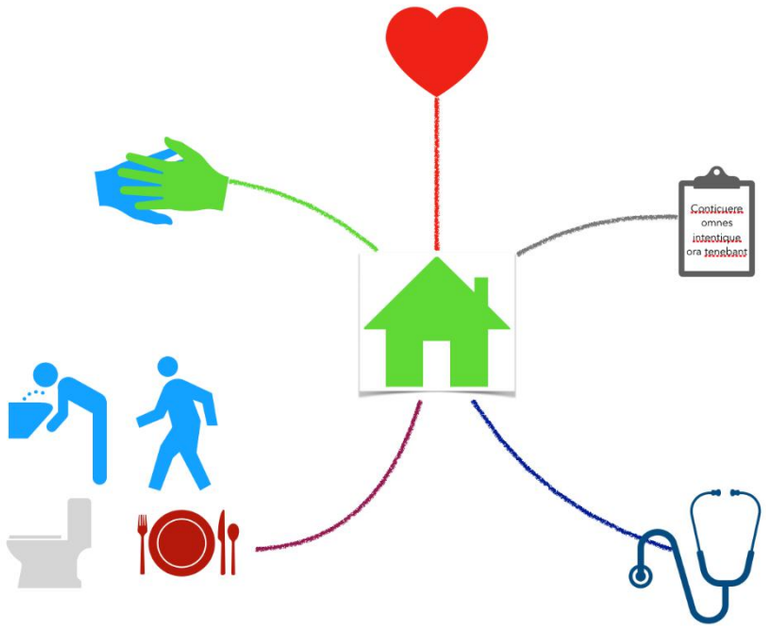
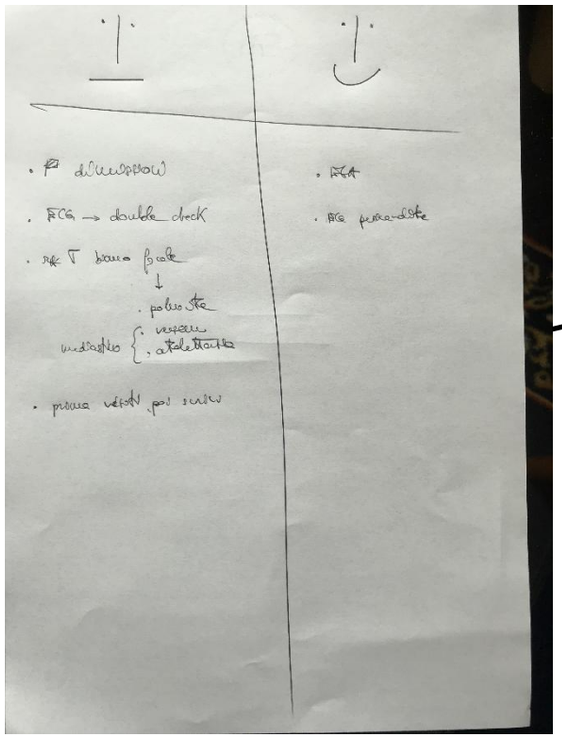


feedback



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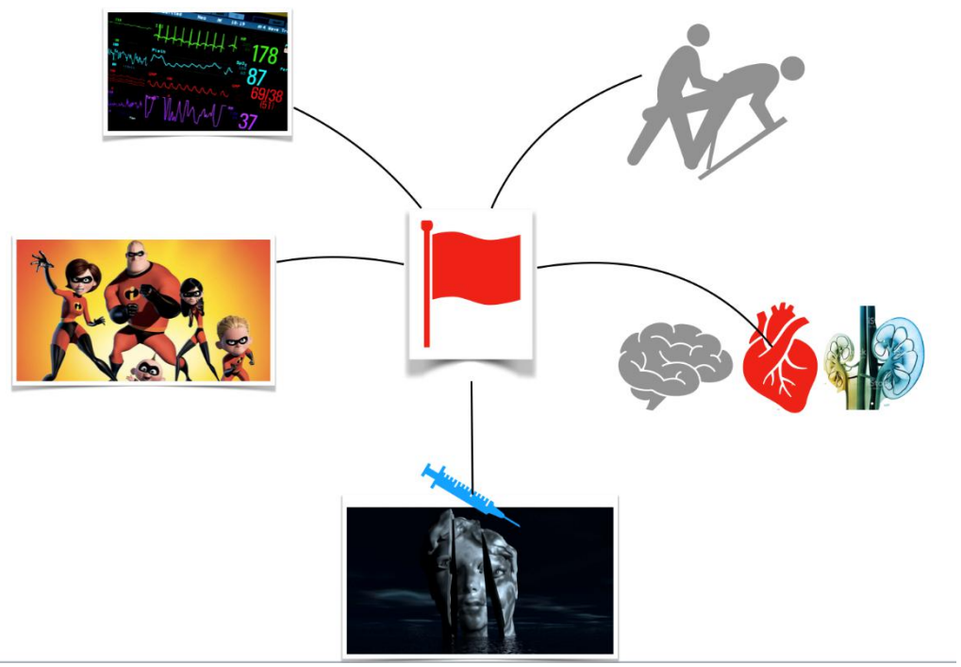

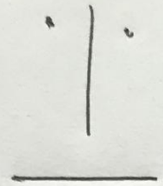

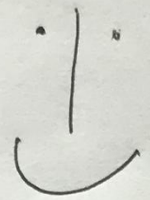

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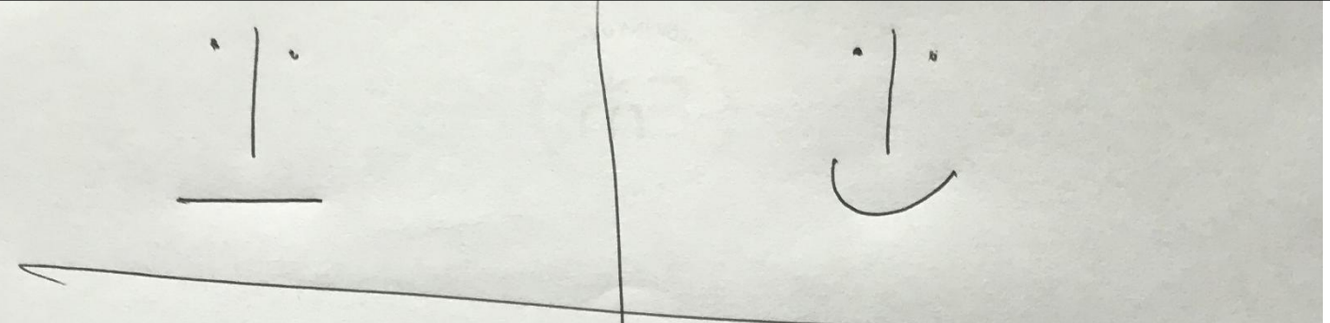

- Giovanni_1988