mario guarino aspirante medico d'urgenza Napoli 20 Novembre 2016

### FARMACI A SOMMINISTRAZIONE CUTANEA, RETINICA E TIMPANICA



**x** congresso nazionale





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Qual è la procedura più difficile per un medico d'urgenza?







### INDICAZIONI

- •CONTROINDICAZIONI
- •PRECAUZIONI PER L'USO
- •AVVERTENZE
- •Sovradosaggio



- •SCADENZA E CONSERVAZIONE
- INTERAZIONI
- •Dose e modi d'uso
- •EFFETTI INDESIDERATI









**FARMACI DA APPLICARE NEGLI OCCHI** 

# Mmaculata





# Ugo





**FARMACI DA APPLICARE SULLA CUTE** 



## Renato













Emerg Med J. 2016 Aug;33(8):548-52. doi: 10.1136/emermed-2015-205312. Epub 2016 Mar 21.

#### Does emergency physician empathy reduce thoughts of litigation? A randomised trial.

Smith DD<sup>1</sup>, Kellar J<sup>2</sup>, Walters EL<sup>1</sup>, Reibling ET<sup>1</sup>, Phan T<sup>1</sup>, Green SM<sup>1</sup>.

**CONCLUSIONS:** In this study, the addition of brief empathetic statements to ED discharge scenarios was associated with a statistically significant reduction in thoughts regarding litigation.





**FARMACI DA APPLICARE NELLE ORECCHIE** 

#### La voce è terapia. E la dottoressa canta al pronto soccorso

Biella, musica e parole per alleviare il dolore. "I pazienti mi vengono dietro e stanno meglio"



E il canto è contagioso. L'altro pomeriggio nel reparto di post-acuzie e Geriatria i pazienti arrivavano poco per volta, anche dalla Fisioterapia, e prendevano posto intorno alla dottoressa che cantava accompagnata da un amico alla fisarmonica, Omar Gioia. Dopo alcune canzoni («Che sarà», «Il cielo in una stanza», «Don Raffaè») sono partite le prime richieste, tra le quali «4 marzo 1943» di Lucia Dalla. I pazienti cantavano, battevano le mani e, all'intonazione di «Tanto pe' cantà», Anna, un'anziana paziente, si è pure improvvisata al tamburello napoletano. A Paola Matera brillavano gli occhi: «Quando canto mi diverto e sono davvero me stessa». Alla fine una signora le ha detto: «Adesso non ho più dolore al ginocchio». Obiettivo raggiunto.







#### Effect of a musical intervention on tolerance and efficacy of non-invasive ventilation in the ICU: study protocol for a randomized controlled trial (MUSique pour l'Insuffisance Respiratoire Aigue - Mus-IRA)

Jonathan Messika<sup>1,2,3,12\*</sup>, David Hajage<sup>4,5,6</sup>, Nataly Panneckoucke<sup>1</sup>, Serge Villard<sup>1</sup>, Yolaine Martin<sup>1</sup>, Emilie Renard<sup>1</sup>, Annie Blivet<sup>1</sup>, Jean Reignier<sup>9</sup>, Natacha Maquigneau<sup>9</sup>, Annabelle Stoclin<sup>10</sup>, Christelle Puechberty<sup>10</sup>, Stéphane Guétin<sup>11</sup>, Aline Dechanet<sup>6,7,8</sup>, Amandine Fauquembergue<sup>6,7,8</sup>, Stéphane Gaudry<sup>1,4,5</sup>, Didier Dreyfuss<sup>1,2,3</sup> and Jean-Damien Ricard<sup>1,2,3</sup>

CrossMark





Music therapy has shown its beneficial effects on patient anxiety, pain [24], and physiological events (heart rate, blood pressure) either outside [15, 42–44] or inside the ICU [16–20]. These studies showed that

"I'm Just a Patient": Fear and Uncertainty as Drivers of Emergency Department Use in Patients With Chronic Disease



Kristin L. Rising, MD, MS\*; Anastasia Hudgins, PhD; Matthew Reigle, BA; Judd E. Hollander, MD; Brendan G. Carr, MD, MS \*Corresponding Author. E-mail: kristin.rising@jefferson.edu.

#### Table 2. Drivers to the ED.

Theme	Quote
Emotional	
Fear/uncertainty	
Unable to determine whether emergency	But I just know that things can happen tha you don't-and I'm not a doctor. So, I could have hit my head and feel fine now and then something could happen hour later. So, I figured [it was in] my [best] interest to come. Yeah, I didn't know it get infected or what. didn't want to take a chance, because I'm no doctor. I'm no nurse. I'm just a patient.
Stories of loved ones with bad outcomes	And to be honest with you, I really thought was having an aneurysm because the pain wouldn't go away. And I had a frien that passed away from an aneurysm And he died from an aneurysm, and I don't want that to happen to me so I came here.
	I don't want to be all messed up or not here, not taking care of them [children] because a lot of my friends don't go to the doctor, and they wind up passing away. I can't do that, you know? I can't. got too many friends died like that.
Functional Symptoms	<b>g</b> , ,, ,
Usual medicine not working	When the symptoms that usually would ge away by me self-medicating, when those symptoms didn't dissipate, I kinda got nervous and so I let the professionals handle it.
Untreated symptoms	I was scared because of the shortness of breath, but I knew what it was. But I don't have a machine at home, so I knew I had to come in.
Mobility limitations	
Unable to physically get to PCP	I was gonna drive to my doctor's office So I was going to actually try to hobble in there, but it was too much pain.
PCP unable to meet needs	
Unable to make timely PCP appointment	She [PCP] only in on Wednesdays. So tomorrow would have been Wednesday but I couldn't make it—wait until tomorrow. I had to come in.
Behavior driven by previous experience with being sent to ED by PCP	Like the last time, I went and told my situation to my doctor; she told me go to the hospital when you leave here.

Copyright © 2016 by the American College of Emergency Physicians. http://dx.doi.org/10.1016/j.annemergmed.2016.03.053 Qual è la procedura più difficile per un medico d'urgenza?



# Non que che Daziente ha, ma ciò di cui na bisogno.

Joe Lex