

CASE MANAGEMENT GUIDELINES

You are always given a brief history and vital signs at the beginning of a simulated encounter. If the vital signs are abnormal (make sure you have all of them), begin with initial stabilization measures (ABCs as needed and oxygen, pulse oximeter, cardiac monitor, and IV access). If the vital signs are normal, but the clinical presentation suggests a possible life-threatening illness or injury, stabilize with at least oxygen, pulse oximeter, cardiac monitor, and IV access. If the vital signs are within normal range in a patient who presents with an isolated injury or complaint that does not appear to be life- or limb-threatening, do a history and physical examination first.

In most of the cases, you will be given one or more vital signs that are abnormal, and immediate stabilization with at least oxygen, pulse oximeter, cardiac monitor, and IV access is indicated. Better to err by being too aggressive than not aggressive enough. This is particularly true when you are managing more than one case.

In an emergency situation, order things simultaneously, such as oxygen, pulse oximeter, cardiac monitor, IV access, nasogastric tube, Foley catheter, glucose, and naloxone. By doing so, you will be less likely to overlook important details.

Establish a case management approach (Table 14) and follow it with every patient.

Table 14: Case Management Approach

Unstable Patient	Stable Patient
1. ABDCE—abnormal	1. ABCDE—normal
2. Initial stabilization	2. Complete history and physical examination
3. Brief history and physical examination	3. Laboratory orders
4. Initial laboratory orders	4. Specific diagnostic tests
5. Specific treatment	5. Specific treatment
6. Complete history and physical examination	6. Consultation as needed
7. Diagnostic impression	7. Disposition
8. Additional tests as needed	
9. Consultation as needed	
10. Final stabilization and treatment	
11. Disposition	