Practice pearls

Definition of clinical practice pearl

- These are small bits of free standing clinically relevant information based on experience and/or observation.
- Experience based medicine is often useful in dealing with certain situations that may not be covered in class or research based practice.
- These are things that have happened more than once and seems to work consistently for certain situations
- Usually observtions that occur over several years in various patient situations and may not have a lot of actual research to validate it. It's an "ah hah" moment
- May only work in certain situations and may not be for everyone

Evidence Based Medicine

- Conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual groups patients with similar problems/needs.
- Unfortunately the care indicated may not fit your "particular" patient's needs. Research doesn't cater to the individual
- Relies on scientific evidence to treat people
- This should guide your decisions and not be the "right way, only way". Know the guidelines of EBM but use your judgement to form a plan of care based on your patient's needs. Always try to document why you treated this particular way.
- Treat the patient not the EBM!

Professional

- Life in the office: the biggest problem is "secret keepers" and "power seekers"; be open ,honest and listen, don't spread gossip
- Staff: remember you were staff once. Treat them well and they will help you immensely. Remember jealously between "nurses". Probably not as bad now as it was 20yr ago, but many nurses thought our job was easy and any one could do it.
- Always consider group dynamics when you enter a new office. Be humble, ask questions and help out. Most staffers will appreciate you
- Nurses always know the office politics. You may not because you are caught in between staff and doctor.
- Always stand for the patient and always go above what should be done

Collaborators

- Sometimes I think this is a "dirty word" but it should be a good relationship while at work that is helpful to both parties with working togther and sharing of knowledge.
- Ask questions? Even if you know the answer. Some doc can't stand it if you don't ask questions.
- Doctors sometimes cause you a lot of problems with the way they practice and you have to run interference; can happen with their interactions with staff and with patients. Be careful and pay attention to your surroundings
- Keep up on government issues: watch for the upcoming bills and what may or may not pass. You may know something before your administration

Rules

- Rules to live by:
- Don't kill patients and don't take drugs
- You are a commodity, offer your services to the staff to help with ill family members. Co-pays are expensive and it is the least you can do
- Pay attention to the patient and not the computer. Learn how to type and look at person (at the same time). You can always use spell check later
- Act like you care!!! Touch is still a good thing (most of the time)
- Learn how to communicate: silence, empathy, questions

Patients

- Too many patients with too many problems and never enough time. They want to be fixed now and think you are so good you can do it all!!!
- Hopefully they bring in a list (don't laugh, it is helpful) if you study this list you will probably find about 2-3 real problems. Most patients wait until they have several problems before they make an appointment because of co-pays and they think you can do everything!
- "I have an upset stomach, no appetite, weight gain, can't sleep, hurt all over, etc". Discuss home life and stressors-could be depression, more information is needed. **Anyone with >4 problems that are not physically related are usually depressed.** You just have to convince them of this!!
- **Sit down** in the room with the patient. Someone who sits is perceived to spend more time with person then one that stands

History

- Your patient will tell you what is wrong with them (most of the time) if you listen to them!
- HPI is very important and should be thorough. Ask questions (a lot)
- By the time you are finished with HPI and ROS you know what is wrong but you will do your exam to verify what you have already decided the diagnosis could be for the problem
- There are zebras out there, keep that in the back of your mind, be pessimistic and pay attention to "differential diagnosis"
- Remember cancer can come back even after years or remission or "cure"

History of present illness

- Pick one of those mnemonics for your HPI until you get into the flow of asking questions. Set a routine way to delve into HPI
- But remember there will be times when you just don't ask the right questions or at the right time
- Ask the patient what they think is going on or what is worrying them the most, sometimes they really know but don't want to admit it

History of present illness

- An oldy but goody: OPQRST AA(A) the P is the reason could be pain, N/V, anything that needs answering.
  - Onset
  - Q: quality and quantity (deep burning shooting; amount of stuff produced)
  - R: radiate/referred (above diaphragm or umbilicus or below
  - S: severity (use the pain chart for adults or smiley faces for kids)
  - T: timing and sequence (exp: N/V did it come before pain (usually medical) or did it come after pain (usually surgical; the further the pain is from the umbilicus the higher the possibility of surgical intervention needed; abd pain in elderly w/o UTI or constipation is usually surgical)

  AA(A): alleviating, aggravating and ALARM signs

History of present illness

- SOCRATES
  - Site
  - Onset
  - Characteristics
  - Radiation
  - Associated signs/symptoms
  - Timing
  - Exacerbating/alleviating factors
  - severity

History of present illness

- OLD CARTS
  - Onset
  - Location/radiation
  - Duration
  - Character
  - Aggrevating factors
  - Relieving factors
  - Timing
  - severity

History

- SMASH FM
  - Social (FED-TACOS)
    - Food, exercise, drugs(legal, illegal, OTC, herbs), tobacco, alcohol, caffeine, occupation, sexual history
  - Medical history
  - Allergies
  - Surgical history
  - Hospitalizations
  - Family history
  - Medications

Physical assessment

- Levine sign: MI
- Swooping hand from back to front (usually involves axilla and lateral chest wall) can be related to neuropathic pain such as shingles
- Sweeping hand from lower sternum to upper sternum or clavicle could be GERD
- Bilateral pitting edema usually HF
- Bilateral non-pitting edema is usually PVD or PAD
- Unilateral pitting edema is usually obstruction (DVT, infection, abd tumor)
- Abdominal exam on kids: let them help. If ticklish have them put their hands over yours and push down with circles, same for RUQ

Physical assessment

- Decide how you are going to do an assessment and do it the same way every time!!!
- One of the most important things to know is if "someone is going to die in the next few minutes, hours or days
- Your physical exam confirms your HPI or it gives you a few minutes to focus and define your next moves

Laboratory values

- Order what you need (not a bunch of tests that cost) AND order what you want to interpret!
- If a lab result is really out of line according to reference parameters and the patient isn't dead, then reorder the test! Preferably use fresh blood specimen.
- Blood that travels or gets to much jostling or heat exposure will usually elevate the potassium and some other values, so make sure it is transported well
- Remember some RBC diseases will skew A1c such as: decreased RBC production with IDA, B12 ↓, low e-poetin, pregnancy and renal failure will increase A1c while increased RBC destruction caused by splenomegaly, RA, thalassemia causes decreased A1c
- AST = aspirin, statins, Tylenol but ALT is usually related to liver damage alone
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Laboratory values

- When neutrophils and lymphocytes are close in numbers, it is usually viral illness but when they are far apart usually bacterial
- Urine drug screens can have a lot of false positives; always ask what OTC meds or herbal products person is taking. Example: DM, Effexor and NSAIDs can be positive for opioids; amphetamines cross react with gingko, NSAIDs, antihistamines; POT cross reacts with NSAIDs and PPIs
- Ice pica is common with iron deficiency anemia at any age
- Increase EOS could mean allergies or worms

Clinical - skin

- Skin (your worst nightmare, sometimes)
- If it's wet-dry it; if it's dry-wet it. Simple and true
- Possible cellulitis on just one leg; if bilateral think PVD especially if antibiotics haven't worked, especially if obese, elderly and HTN; may need biopsy if doesn't heal
- Diabetics get eczemic rash usually on lower legs, sometimes it is itchy and looks like contact dermatitis. If initial treatment is a failure or just poor results then Biopsy it too make sure that is what it is and monitor blood sugar; usually takes super potent topical steroids to keep it under control

Skin

- Atrophic vaginitis (lichen sclerosis)- looks like "hour-glass" in vaginal and anal area. Extremely itchy. Estrogen cream may work but is very expensive ($50-100 per tube and insurance doesn't usually cover this). Start with moderate potency steroid cream mixed in Vaseline morning and nite, then decrease to lowest potency and 2-3 times a week (can always increase); then daily Vaseline or any type of liquid vegetable oil. You may have to use some estrogen cream-tell woman to use sparingly and this is not a vaginal lubricant for sex
- Yeast in vaginal, anal or groin area: after treatment and acute inflammation is resolved use blow dryer after water exposure (at least 12" away from body to prevent burns) and this also works for infants and diaper rash (only tell responsible parents); can use antiperspirant/deodorant in skin folds to help prevent rash (can be used under abdominal pannus
- Possibly hand sanitizer will work for prevention-but only after inflammation has resolved!!

Skin

- Toenail fungus won't kill you (unless you are immunodeficient and going to surgery) but the medications prescribed can. Make sure you monitor and try to use herbal home remedies: bleach, mentholatum

Tinea pedis: you need to change the pH of the skin to help with eradication of fungus. Try vinegar + water soaks several times a day prior to use of any topical medications. Lamisil is a really good choice but any of the antifungals may work.

- Aphthous ulcers or any type of ulcers in mouth: try liquid Benadryl diluted with water as rinse and spit. If swallowed won't hurt anything but could make person drowsy. Children usually tolerate this well. Can also use "magic mouthwash" to help with pain and ulcers and promote drinking and eating (FYI: usually consists of equal portions of antihistamine, viscous xylocaine, steroid and/or antifungal. Many combinations)

Skin

- Warts vs callus: look at area lesion is seen. If on high impact areas then probably callus; look at shoes and see if they are worn in this area and do the fit; squeeze the lesion and if it hurts is probably a wart; apply direct pressure and if this causes pain then probably callus. Whats the difference? Warts are virus and callus are caused when the body perceives it is being harmed and it develops a covering (callus) to the area.
- Measurements: measure your digits and space between joints on a finger this will really help you if you don't have a tape measure. Approximate measurements are:

  thumb width ~ 1" (2.5cm)

  distance between joints (fingers) ~1" (2.5cm)

  distance between 4 fingers together ~ 3" (7.5cm)

Works for "normal" sized people

Skin

- Severe itching (especially at nite) = scabies, treat and tell people they might itch for several weeks
- Lipodermatosclerosis (alligator skin) commonly seen in obese, DM, PVD people. Hard to treat but use compression and topical steroids initially
- Onychomycosis: it won't kill you!!! But the drugs could cause liver issues. Do a baseline liver function and again at 3 mo and at conclusion. It takes about 6 months for fingernails and 12 mo for toes. Insurances may or may not treat. It is important to treat if these patients are immunocompromised and considering surgery.
- Seborrheic keratosis (barnacles of old age) ugly but not usually cancer

Skin

- BCC lesions look like a rat bite (central ulceration with rolled edges)
- SCC lesions start as AKs and are painful and grow fairly rapidly, usually on sun exposed skin
- Keratocanthoma lesions look like SCC but no AK and grow very fast. Biopsy

Insects

- If someone presents with a rash not related to strep and there is a possibility of tick bite: ask them where they have been in the last 30 days. Vacation can sometimes alert you to tick diseases. Bulls eye lesions usually are found in places people don't see and are usually gone by the time you see them.
- Fireants: if someone is traveling to the southern states, tell them to carry either meat tenderizer or toothpaste with them. Either of these applied immediately after bite may stop the process and/or shorten pain and blistering

Cardiac

- To differentiate a heart murmur from a carotid bruit, simultaneously palpate the cardiac apex while listening to the bruit; a radiating murmur will be synchronous with the apical impulse, whereas a carotid bruit occurs later
- If the murmur starts with S1, it is probably associated with mitral or tricuspid valves; if it does not consider aortic or pulmonic stenosis
- If a patient is able to localize chest pain with one finger it is probably not heart related but is more likely to be costochondrodritis, cardiac pain is usually diffuse
- Can use BNP to follow HF

ENT

- Painful mouth ulcers: liquid Benadryl with water 1:1 ratio. Swish and spit (or swallow but can cause drowsiness) works good especially for kids. For adults can use magic mouthwash (numerous formulas available usually with viscous lidocaine, steroid and coating agent); use PPI for a couple of weeks.
- Remember to tell patients that after staining cornea when they blow their nose it will be orange/yellow.
- Vertigo is usually room spinning/wall hugging and if accompanied with vision change or loss and nystagmus may be sign of vertebral stoke; dizziness or unstable feeling w/o above signs is usually benign.
- Netti pots and hypertonic saline are wonderful for chronic sinus infection – but must be used more than "once daily"

Respiratory

- COPD is not curable but decreasing smoking will slow the process
- By starting medications early it will preserve the lungs
- GOLD standard B,C,D catagories will do better with 2 drugs
- In order for most insurances and medicare to pay for oxygen, the patients level must be 88% or less at rest; if not 88% at rest then must decrease with activity and then return to normal with oxygen
- If using nebulizer, add 2cc normal saline to albuterol or Xopenex to each treatment, this will help mobilize secretions and it also decreases some of the jitteriness associated with medications

Respiratory

- All that wheezes is not asthma (it usually is, especially in children) it could be: pneumonia, obstruction, congenital heart disease; look at other factors
- Pulmonary rehab is great: start with initial diagnosis and any time there is an exacerbation (if possible)
- 5 days of prednisone is as good as 10 and no taper is needed. 5 days of antibiotics + 5 days of prednisone.

Abdominal

- Know what organs are under your hands
- Remember referred pain
- GERD: food, drugs, age, time and obesity
- Bismuth (peptol bismol) causes black tongue
- Microcytic anemia with ↓ TIBC and + FOBT is colon cancer until proven otherwise
- Screen patients (especially if viet nam vet) born b/t 1945-1965 for hepatitis C
- If c/o abdominal pain ALWAYS do vaginal and rectal exam!! Probe all orifices
- 3 common causes of dyspepsia and abd pain:
  - H pylori
  - Inflammation (NSAIDs or ETOH)
  - Pernicious anemia (look at lips and mouth also)

GYN

- Vaginal bleeding in post-menopausal person is cancer until proven differently (especially if no progestin is being used)
- Speculum exams if obese: use a condom over speculum (cut out tip). This will help hold excess tissue out of the way
- Ask about vaginal odor: does is smell like dead fish(vaginosis) or old gym socks(infection)
- When hunting for the cervix look for a change in skin from rugae to shiny smooth skin; that's the cervix and it could be anywhere.
- Always look at external genitalia-could have unknown lesion (SCC)
- Remember if girl is having period she can get pregnant!! Age doesn't matter. Test UCG
- Pubertal AUB tests : UCG, CBC, TSH, vonWillebrand

Urology

- Drugs, age, uterus and stools can cause majority of urine problems
- If the patient has really dirty looking urine (eyeball or dip) and especially if elderly or young but no symptoms—check cath urine, it could be just really dirty and it will dip abnormal
- Postitive Leukocyte esterace (LE) + nitrites and urinary symptoms 93% dx UTI
- LE +nitrites but no symptoms= r/o UTI send culture
- Question symptoms types and occurrence. Women think it is all one hole. You could have LE + nitrites and dysuria but they tell you they have discharge—not UTI; or it burns with urination= could be atrophic vaginitis or lichen sclerosus or genital herpes. Look down there.
- Get a culture of urine-it's easy

Urology

- Pyuria+bacteriuria+nitrites = infection
- Pyuria and no bacteria = inflammation
- Bacteriuria in the elderly is common-don't treat unless having symptoms and remember old people don't have same symptoms (look for falls, weakness, confusion)
- If fever is present in the elderly that is a bad sign!
- Chronic foley catheter urine is colonized- culture only if symptomatic

Neurology

- Dizziness or vertigo?? Dizziness is the feeling of disequilibrium (being on a boat is easy reference) or room spinning which doesn't stop when you stop. Dizziness can usually be stopped when you stop. If they have spinning and any visual or hearing loss---to ED this can be stroke
- Bells palsy: loss of muscle tone on one side of face. No creases to forehead on the affected side. Make sure they know to cover affected eye and use lube at nite

Psych

- Antipsychotics do cause DM– watch the blood sugars
- Don't use for dementia behaviors because they are associated with increased risk of death
- Remeron for appetite enhancements—dose is 7.5mg; higher doses will cause drowsiness
- Crazy people do die of real diseases!!! Do not forget this!!