

HISTORY

HPC	<ul style="list-style-type: none">• Duration symptoms• Speed of onset: Sudden / Gradual• Constant / Variable• Hallucinations / Hyperalert / Aggressive / Hypoactive / Drowsy• Seizures• Fevers / Infective symptoms: Cough / Dysuria / Diarrhoea• Head trauma / Fall• Headache• Meningitic symptoms: Neck stiffness / Photophobia• Constipation: particularly for patients with dementia• Recent sedative medications• Drug overdose / Alcohol• Recent surgery: Post anaesthesia
PMH	<ul style="list-style-type: none">• COPD: CO₂ retainer on Oxygen• Diabetic: Control / Previous Hypoglycaemia• Epileptic: Recent seizure activity• Stroke risk factors: Stroke or TIA / AF / Hypertension• CKD / AKI: Increase effect of analgesia / sedatives• Liver disease• Dementia / Psychiatric history
DH	<ul style="list-style-type: none">• Diabetic medications: Insulin / Hypoglycaemia• Sedative medications• Opioids• New medications• Poly-pharmacy: Especially elderly
SH / FH	<ul style="list-style-type: none">• Alcohol status: Excessive / Sudden abstinence• Illicit drug use

EXAMINATION

GENERAL OBSERVATIONS	<ul style="list-style-type: none">• Seizure• Facial droop• Trunk hypotonia: leaning to one side• Limb hypotonia: limb appears flaccid / neglect• Patient cyanosed• Patient appearing in pain / distressed• Bowel chart: Constipation• New / Busy / Noisy environment: Especially in regard to recently admitted Dementia patient
AIRWAY	<ul style="list-style-type: none">• Ensure airway patent
BREATHING	<ul style="list-style-type: none">• Physical Observation: FiO₂ / RR / SaO₂• Auscultation: Wheeze / Crackles / Air entry
CIRCULATION	<ul style="list-style-type: none">• Physical Observation: HR / BP• Pulse: Regular / Irregular / Volume• Heart sounds: Murmurs• Hydration status: CRT / Mucus membranes
DISABILITY	<ul style="list-style-type: none">• Physical Observation: Temp• GCS• Pupils: Normal / Constricted / Dilated / Reactive• Cranial nerve exam: Slurred speech / Facial drop / Visual-spatial neglect• Peripheral neurological exam: Limb weakness / Tone change / Up-going Babinski• BM: Normal / Hypoglycaemic
EXPOSURE	<ul style="list-style-type: none">• Abdo palpation: Pain / Guarding / Peritonitic / Rebound / Masses / Organomegaly / Bladder / Pulsatile• Abdo Hernia: Present / Tender / Erythema• Abdo bowel sounds: Present / Absent / Tinkling• PR: Faecal impaction / Empty rectum• Head injury• Rash: Petechiae• Jaundice• Tongue biting• Urinary / Faecal incontinence

INVESTIGATIONS

BLOODS	<ul style="list-style-type: none">• FBC / U&E / Bone / LFT / CRP• Clotting• B12 / Folate / Thyroid	
CBG	<ul style="list-style-type: none">• Capillary blood glucose	
VBG / ABG (ABG for resp failure concern)	<ul style="list-style-type: none">• pH• pO₂ / pCO₂• HCO₃⁻• Glucose• Lactate	
ECG	<ul style="list-style-type: none">• Rate• Rhythm: Arrhythmia / Heart block• Ischaemia: ST segment / T wave inversion / New LBBB	
URINALYSIS	<ul style="list-style-type: none">• Blood• Leukocytes• Nitrites	<div>IF AGE < 65 OTHERWISE IF SYMPTOMATIC TREAT EMPERICALLY + MC&S</div>
CXR	<ul style="list-style-type: none">• Consolidation• Effusion• Collapse	
AXR	<ul style="list-style-type: none">• Faecal loading• Dilated bowel loops• Volvulus	
MICRO	<ul style="list-style-type: none">• Cultures: If Temp > 38• Sputum: MC&S / AFB• Urine culture: If +ve urinalysis	
CT HEAD	<ul style="list-style-type: none">• Stroke• Intracranial Haemorrhage• Skull fracture• Space occupying lesion	<div>DISCUSS WITH SENIOR</div>
LUMBAR PUNCTURE	<ul style="list-style-type: none">• Opening pressure• Organisms / Culture / PCR• WBC / RBC• Xanthochromia• Protein• Glucose	<div>DISCUSS WITH SENIOR +/- CT HEAD INR <1.4 & Plt > 50</div>

POTENTIAL DIFFERENTIALS

SEIZURES	STROKE / TIA	HYPOGLYCAEMIA
ALCOHOL INTOXICATION / WITHDRAWAL	RESPIRATORY FAILURE HYPOXIA / HYPERCAPNIA	DELIRIUM SEPSIS / INFECTION
CONSTIPATION	ELECTROLYTE DISTURBANCE Especially Hyponatraemia	
URINARY RETENTION	ENVIRONMENTAL CHANGE Dementia	POLY PHARMACY
HEPATIC ENCEPHALOPATHY	INTRACRANIAL HAEMORRHAGE SAH / SUBDURAL / EXTRADURAL	INTRACRANIAL HYPERTENSION SOL / HYPERTENSION / IDIOPATHIC
ENCEPHALITIS MENINGITIS	OPIOID / SEDATIVE MEDICATION	BOWEL OBSTRUCTION