

## HISTORY

HPC

- 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

- COPD: CO<sub>2</sub> 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

- Diabetic medications: Insulin / Hypoglycaemia
- Sedative medications
- Opioids
- New medications
- Poly-pharmacy: Especially elderly

SH / FH

- Alcohol status: Excessive / Sudden abstinence
- Illicit drug use

## EXAMINATION

GENERAL OBSERVATIONS

- 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

- Ensure airway patent

BREATHING

- Physical Observation: FiO<sub>2</sub> / RR / SaO<sub>2</sub>
- Auscultation: Wheeze / Crackles / Air entry

CIRCULATION

- Physical Observation: HR / BP
- Pulse: Regular / Irregular / Volume
- Heart sounds: Murmurs
- Hydration status: CRT / Mucus membranes

DISABILITY

- 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

- 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

- FBC / U&E / Bone / LFT / CRP
- Clotting
- B12 / Folate / Thyroid

CBG

- Capillary blood glucose

VBG / ABG  
(ABG for resp failure concern)

- pH
- pO<sub>2</sub> / pCO<sub>2</sub>
- HCO<sub>3</sub>
- Glucose
- Lactate

IF AGE < 65 OTHERWISE IF SYMPTOMATIC TREAT EMPERICALLY + MC&S

ECG

- Rate
- Rhythm: Arrhythmia / Heart block
- Ischaemia: ST segment / T wave inversion / New LBBB

URINALYSIS

- Blood
- Leukocytes
- Nitrites

IF AGE < 65 OTHERWISE IF SYMPTOMATIC TREAT EMPERICALLY + MC&S

CXR

- Consolidation
- Effusion
- Collapse

AXR

- Faecal loading
- Dilated bowel loops
- Volvulus

MICRO

- Cultures: If Temp > 38
- Sputum: MC&S / AFB
- Urine culture: If +ve urinalysis

DISCUSS WITH SENIOR +/- CT HEAD INR <1.4 & Plt > 50

CT HEAD

- Stroke
- Intracranial Haemorrhage
- Skull fracture
- Space occupying lesion

DISCUSS WITH SENIOR +/- CT HEAD INR <1.4 & Plt > 50

LUMBAR PUNCTURE

- Opening pressure
- Organisms / Culture / PCR
- WBC / RBC
- Xanthochromia
- Protein
- Glucose

DISCUSS WITH SENIOR +/- CT HEAD INR <1.4 & Plt > 50

## 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