

# Medical Reference Cards

[github.com/alping/medical-reference-cards](https://github.com/alping/medical-reference-cards)

# Adrenal Venous Sampling

**Introduction:** Primary aldosteronism (PA) is more common than previously thought. Up to 15% of all hypertension is due to PA. PA can be caused by bilateral or unilateral hyperplasia, an adenoma, or by mutations in genes coding for enzymes involved in aldosterone (AS) synthesis. **Adrenal venous sampling (AVS)** is a procedure used to diagnose the **source** of the excess aldosterone (i.e. whether it is uni- or bilateral). Why is this important? Because unilateral PA is treated surgically, whereas bilateral PA is managed medically. AVS is, by far, the most reliable way of establishing the source of excess AS.

**The procedure:** With AVS, the difference between left and right adrenal AS excretion is measured by sampling blood from each **adrenal vein (AV)**. This is more complicated than it sounds, mostly for anatomical reasons. The **right adrenal vein** is very short and originates directly from the **inferior vena cava (IVC)**, making it very difficult to cannulate. The **left AV** originates from a common trunk with the inferior phrenic vein (IPV), which, in turn, originates from the left renal vein. The common trunk is easier to cannulate than the left AV itself, but dilution from the IPV must then be compensated for when interpreting the AS level (in the common trunk, left AV blood is mixed with IPV blood, which obviously has a lower AS concentration).

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## Lab reference (Swe)

Sys.	Component	Subgroup	Ref. interval	Unit
P/S	ALAT	Male	0,15 – 1,1	µkat/L
		Female	0,15 – 0,75	µkat/L
P/S	ALP		0,60 – 1,8	µkat/L
P/S	Amylas		0,40 – 2,0	µkat/L
P/S	Albumin	18 – 40 y.	36 – 48	g/L
		41 – 70 y.	36 – 45	g/L
		>70 y.	34 – 45	g/L
P/S	ASAT	Male	0,25 – 0,75	µkat/L
		Female	0,25 – 0,60	µkat/L
P/S	Bilirubin		5 – 25	µmol/L
P/S	Calcium		2,15 – 2,50	mmol/L
P/S	CK	Male 18 – 50 y.	0,80 – 6,7	µkat/L
		Male >50 y.	0,70 – 4,7	µkat/L
		Female	0,60 – 3,5	µkat/L
P/S	Fosfat	Female	0,80 – 1,5	mmol/L
		Male 18 – 50 y.	0,70 – 1,6	mmol/L
		Male >50 y.	0,75 – 1,4	mmol/L
fP	Glukos		4,2 – 6,3	mmol/L
P/S	GT	Male 18 – 40 y.	0,15 – 1,3	µkat/L
		Male >40 y.	0,20 – 1,9	µkat/L
		Female 18 – 40 y.	0,15 – 0,75	µkat/L
		Female >40 y.	0,15 – 1,2	µkat/L
P/S	Järn		9 – 34	µmol/L
P/S	Järnmättnad	Male	0,15 – 0,60	
		Female 18 – 50 y.	0,10 – 0,50	
		Female >50 y.	0,15 – 0,50	
P	Kalium		3,5 – 4,4	mmol/L
S	Kalium		3,6 – 4,6	mmol/L
P/S	Kolesterol	18 – 30 y.	2,9 – 6,1	mmol/L
		31 – 50 y.	3,3 – 6,9	mmol/L
		>50 y.	3,9 – 7,8	mmol/L
P/S	HDL-Kolesterol	Female	1,0 – 2,7	mmol/L
		Male	0,80 – 2,1	mmol/L

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## C-ABCDE

### C Catastrophic bleeding / Cardiac arrest

#### A Airways

- |                     |                              |
|---------------------|------------------------------|
| Check airway        | 1. Chin lift/Jaw thrust      |
| Thorax movement     | 2. Naso/Oropharyngeal airway |
| See, listen, feel   | 3. Suction                   |
| Paradox. breathing? | 4. Laryngeal mask airway     |
| Stridor?            | 5. Intubation                |
|                     | 6. Coniotomy                 |

#### B Breathing

- |                  |                  |
|------------------|------------------|
| Respiratory rate | 1. Oxygen        |
| Thorax movement  | 2. Ventilation   |
| Auscultation     | 3. Decompression |
| Cyanosis         | 4. Chest tube    |

#### C Circulation

- |                         |                                    |
|-------------------------|------------------------------------|
| Colour (Pale)           | 1. Tilt bed                        |
| Cold/Sweaty             | 2. Fluids (PVC, IO, CVC)           |
| Pulse (Rad / Fem / Car) | 3. Vasoactive drugs (Adrenalin IM) |
| Abdomen/Pelvis          |                                    |

#### D Disability

- |                     |                |
|---------------------|----------------|
| AVPU/GCS            | 1. Support ABC |
| Pupils              | 2. Glucose     |
| Movement of extrem. | 3. Antidote    |

#### E Exposure

- |                        |                  |
|------------------------|------------------|
| Check whole body       | 1. Log roll      |
| Prevent hypothermia    | 2. Warm blankets |
| Prevent further injury | 3. Warm fluids   |

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## Atrial Fibrillation

### Types

**Paroxysmal** spontaneous termination within 7 days

**Persistent** requires cardioversion to restore sinus rhythm

**Permanent** sinus rhythm cannot be restored

### Treatment

**Freq. control goal <110/min**

T Bisoprolol 2.5-5 mg

T Digoxin 0.13-0.25 mg *if heart failure*

**Rhythm control if symptomatic**

**Paroxysmal** T flekainid (Tambocor) 50-100 mg x2

**Persistent** Electrical cardioversion  
 AF <48 h → no anticoagulants needed  
 AF >48 h → anticoagulants > 3 weeks before procedure (alternative: TEE)

**Anticoagulants if CHA<sub>2</sub>DS<sub>2</sub>-VASc > 2**

1. NOAK, ex. dabigatran (Pradaxa)
2. Warfarin (Waran)
3. Long-term treatment with LMH

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# SBAR

## S Situation

Own name, title, and unit  
 Patients name, sex, and age  
 Patients social security / identification number  
 Describe situation briefly  
*I'm contacting you to...*

## B Background

Previous and current illness  
 Relevant medical history  
 Allergies  
 Contagiousness

## A Assessment

A: Airway  
 B: Breathing, saturation  
 C: Heart rate, blood pressure  
 D: Consciousness, pain, oriented to time / place / person  
 E: Temperature, skin, colour, abdomen, urine production  
**Brief assessment**

## R Recommendation

Immediate action (Care, monitoring, transfer, treatment)  
 Further examinations (Radiology)  
 Time frame (How often...? How long...? Next contact...?)

**Confirmation of communication**  
*Questions / Agreement*

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# Adrenal Venous Sampling

**Execution:** The **right AV**, **IVC**, and **left AV** are cannulated, and blood is sampled for analysis of **AS** and **cortisol** levels. The AVs are catheterized through the percutaneous femoral vein approach. Gentle contrast injections are used to verify the position of the catheter tip.

- Why is blood sampled from the IVC? Why is the cortisol level analyzed? Aren't we only interested in the AS levels? These questions are answered in the interpretation section.

**Interpretation:** Ultimately, we're interested in whether there's a significant difference between AS levels in the two adrenal veins. So why cannulate the IVC? Because comparing the right AV and IVC cortisol levels tells us whether or not the difficult cannulation was successful – the cortisol level should be **≥3 higher** in the right AV. If this is the case, we can trust subsequent measurements.

Before AS levels are compared, we must account for dilution. This is done by dividing the AS level with the cortisol level in each AV – the ratio will be the same regardless of dilution. These **corrected** values (A/C ratios) are the ones used in the final comparison.

If the A/C ratio of one adrenal vein is ≥4 times higher than that of the other, the source of AS is unilateral and should be treated **surgically**.

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P/S	LDL-Kolesterol	18 – 30 y.	1,2 – 4,3	mmol/L
		31 – 50 y.	1,4 – 4,7	mmol/L
		>50 y.	2,0 – 5,3	mmol/L
P/S	Kreatinin	Male	60 – 105	µmol/L
		Female	45 – 90	µmol/L
P/S	LD	18 – 70 y.	1,8 – 3,4	µkat/L
		>70 y.	1,9 – 4,2	µkat/L
P/S	Magnesium		0,70 – 0,95	mmol/L
P/S	Natrium		137 – 145	mmol/L
P/S	Pankreasamylas		0,15 – 1,10	µkat/L
P/S	Protein		64 – 79	g/L
P/S	TIBC		47 – 80	µmol/L
P/S	Triglycerider		0,45 – 2,6	mmol/L
		Male	230 – 480	µmol/L
		Female 18 – 50 y.	155 – 350	µmol/L
		Female >50 y.	155 – 400	µmol/L
P/S	Urea	Male 18 – 50 y.	3,2 – 8,1	mmol/L
		Male >50 y.	3,5 – 8,2	mmol/L
		Female 18 – 50 y.	2,6 – 6,4	mmol/L
		Female >50 y.	3,1 – 7,9	mmol/L
B	Hemoglobin	Female	117 – 153	g/L
		Male	134 – 170	g/L
B	EVF	Female	0,350 – 0,458	
		Male	0,393 – 0,501	
B	Erythrocyter	Female	3,94 – 5,16	1012/L
		Male	4,25 – 5,71	1012/L
B	MCV		82 – 98	fL
Erc	MCH		27,1 – 33,3	pg
Erc	MCHC		317 – 357	g/L
B	Leukocyter		3,5 – 8,8	109/L
B	Trombocyter	Female	165 – 387	109/L
		Male	145 – 348	109/L

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# NYHA

Mortality % (untreated) after 1 resp. 5 years

NYHA	Symptoms	1 y	5 y
I	Impaired heart function without symptoms	5	20
II	Shortness of breath and fatigue only during strenuous exercise	10	30
III a	Shortness of breath and fatigue during light to medium exercise	25	60
III b	III a, and cannot walk >200m	Same as III a	
IV	Shortness of breath and fatigue at rest. Often confined to bed.	50	80

New York Heart Association (NYHA) Functional Classification

## Diagnostics modalities for heart failure (HF)

**Heart ultrasound** (confirms the diagnosis)

**ECG** (normal ECG speaks strongly against HF)

**Plain film X-ray** (heart/lung, to exclude other conditions)

**NT-proBNP** (if low + ok ECG, rules out HF w. high certainty)

**Lab tests** (Hb, Na, K, Crea., PK, B-glucose, TSH, CRP, iron)

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# CHA2DS2VAS

<b>C</b>	Cardiac - Heart failure	<b>1</b>
<b>H</b>	Hypertension	<b>1</b>
<b>A</b>	Age $\geq 75$ years	<b>2</b>
<b>D</b>	Diabetes	<b>1</b>
<b>S</b>	Stroke / TIA / Embolism	<b>2</b>
<b>V</b>	Vascular Atherosclerotic disease	<b>1</b>
<b>A</b>	Age 65-74	<b>1</b>
<b>S</b>	Sex - Female*	<b>1</b>

\*No indication for antithrombotic treatment if only risk factor

**AF and score  $\geq 2 \rightarrow$  Antithrombotic treatment  
IF low-medium risk of bleeding (HAS-BLED  $<3$ )**

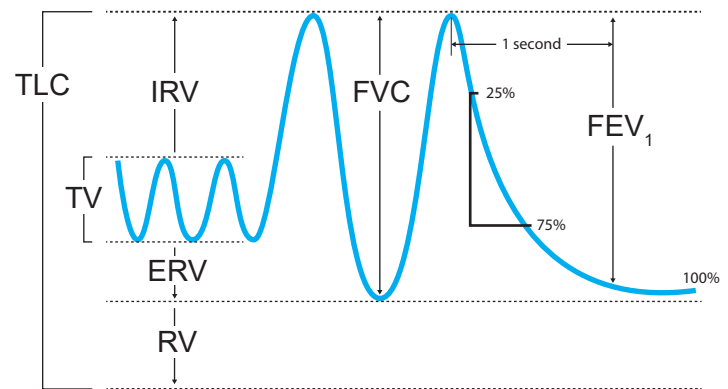
See local guidelines for specific antithrombotic drugs

Example of initial Warfarin treatment, 2.5mgx1 p.o.

Day 1: 2-4 | Day 2: 2-3 | Day 3: 1-4 (dep. on INR)

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# Spirometry



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# Neurological exam.

## Higher cerebral functions

Wakefulness, oriented to time/place/self, comprehension, attention, spatial function, dysarthria, dysphasia, dyslexia, dyspraxia, neglect, amnesia, right or left handed

## Standing

Walking	Symmetry	Strength
	Pattern	Squat and rise
Arm movements	Normal/Toes/Heels	Jump on one leg
	Step length	Coordination
Turning		Romberg's test
		Finger nose test

**Sensory:** Visual acuity, hearing

## Sitting

Eyes	Fundus examination (papillary stasis)	Symmetry
	Visual field (Donder's test)	Facial expressions
Pupil	Movement (nystagmus, paresis, diplopia)	Sensibility
	Pupil (symmetry, size, reaction to light)	Motor function
Corneal reflex		Ptosis
Tests	Muscle strength (arm/finger/shoulder)	Symmetry
	Reflexes (brach.rad/bic/tric/patel./achill.)	Tongue motor function
Grasset's test		Swallow reflex
Dysidiadochokinesis, finger play		Gingival hyperplasia

## Lying down

### Important: Neck stiffness

Muscles	Strength – proximal, distal	Sensibility
	Tonus* – hand/elbow/knee joint	Light touch
Atrophies		Vibration
	Fasciculation	Temperature
Tremor		Pain
Tests	Heel-knee test	Proprioception
	Reverse Barré's test	Grasping reflex
Straight leg raise		Glabellar
Babinski's sign		Palmomental
		Sucking

\*Rigidity, gear phenomenon, spasticity

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# Heart Failure Treatment

## NYHA Treatment when EF <45%

**I** **ACE inhibitor\***  
*If symptomatic oedema*  
**Diuretic**

**Beta-blocker** (slow increase in dose)  
*If EF <35%*

**II** **Aldosterone receptor antagonist**  
*If EF <35% and QRS >120 ms*  
**Assess need for CRT and/or ICD**

**III + IV** Advanced treatment/palliative care.

\*If not tolerated → Angiotensin II receptor antagonist, EF = Ejection Fraction

Drug class	Example	Start (mg)	Target (mg)
ACE-Inhibitor	Enalapril	2.5 x 2	10-20 x 2
Diuretic	Furix	20 - 40	40 - 240
Beta-blocker	Bisoprolol	1.25 x 1	10 x 1
Aldosterone antagonist	Spironolaktone	25 x 1	25-50 x 1
Angiotensin II antagonist	Candesartan	4-8 x 1	32 x 1

### Acute heart failure (left ventricle)

#### Heart position

**Oxygen** (target SaO<sub>2</sub> >90%) or **CPAP** if severe lung oedema

**Furosemid** (10 mg/ml 2-4 ml i.v.)

**Nitroglycerin i.v.** (0.25-0.5 mg) or  
**spray** (0.4 mg) sublingually if systolic BP >100

# Glasgow Coma Scale

	Response	Score
Eye opening response	Spontaneously	4
	To speech	3
	To pain	2
	No response	1
Best verbal response	Oriented to time, place, and person	5
	Confused	4
	Inappropriate words	3
	Incomprehensible sounds	2
	No response	1
Best motor response	Obeys commands	6
	Moves to localized pain	5
	Flexion withdrawal from pain	4
	Abnormal flexion (decorticate)	3
	Abnormal extension (decerebrate)	2
	No response	1
Total score	Best response	15
	Comatose patient	≤8
	Totally unresponsive	3

# HAS-BLED

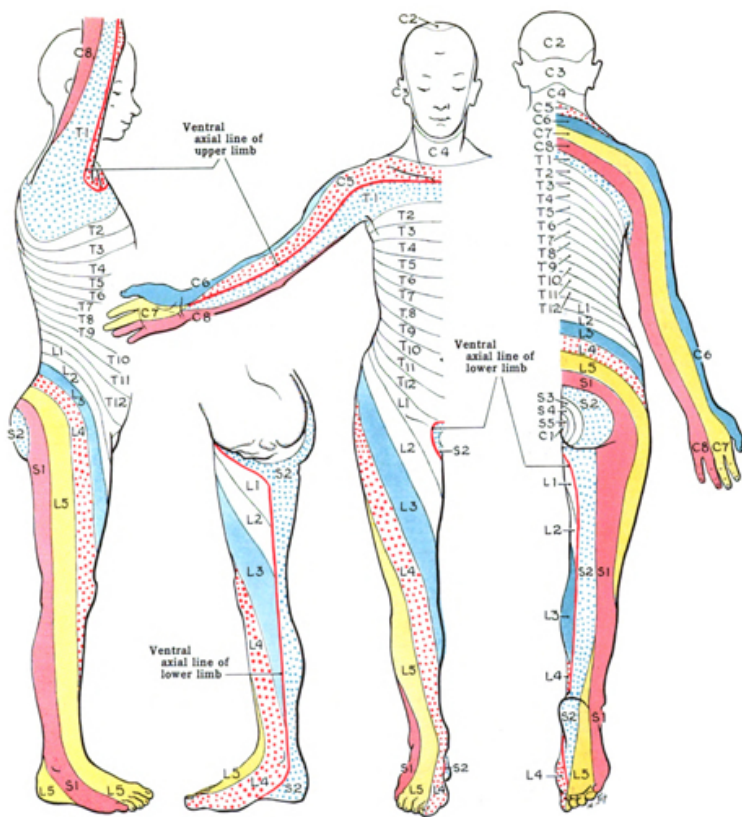
<b>H</b>	Hypertension >160 mmHg	<b>1</b>
<b>A</b>	Abnormal liver or kidney*	<b>1-2</b>
<b>S</b>	Stroke	<b>1</b>
<b>B</b>	Bleeding Previous tendency or anaemia	<b>1</b>
<b>L</b>	Labile INR High / Unstable INR or <60% time in therapeutic range	<b>1</b>
<b>E</b>	Elderly (>65 years)	<b>1</b>
<b>D</b>	Drugs E.g. ASA, NSAID or high alcohol consumption	<b>1-2</b>

\* Kidney: Creatinine >200, dialysis, or transplant  
Liver: Chronic liver disease, Bilirubin 2x ref, or  
ALAT/ASAT/ALP 3x ref.

**High risk of bleeding if ≥3 points**



# Dermatomes



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# Bishop's index

	0	1	2
<b>Station</b>	Above or at pelvis entrance	Above spinae	At or below spinae
<b>Diameter (cm)</b>	$\leq 0,5$	$0,5 < d < 1,5$	$\geq 1,5$
<b>Effacement (%)</b>	0	$< 50$	$\geq 50$
<b>Consistency</b>	Firm	Medium	Soft
<b>Position</b>	Posterior	Middle	Anterior

*Bishop's index is a modified Bishop's score*

Score  $< 6$  = Immature cervix →  
High probability of long labour if induced

## Techniques used to induce labour

Intravenous prostaglandin E<sub>1</sub> or E<sub>2</sub> (Cytotec)

Vaginal prostaglandin E<sub>2</sub>

Amniotomy

Intrauterine balloon putting pressure on the cervix

Oxytocin i.v. to potentiate contractions (Syntocinon)

*Local guidelines on which method to use differ between hospitals*

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# Acute abdominal pain

## Check vital signs, ABCDE

Lab: u-hCG, CRP, Hb, urinary dipstick

Gynaecological exam. and vaginal ultrasound (VU)

## u-hCG positive

**Spontaneous abortion:** Localized pain over the uterus in combination with larger vaginal bleeding

**Ectopic pregnancy (EctP):** Localized pain over one side  
Occasionally minor vaginal bleeding  
Risk of intraabdominal haemorrhage

**Non gynaecological:** Appendicitis, urinary tract infection, gallstones

*High probability of EctP if S-hCG does not double in 2 days or unable to find intrauterine pregnancy with VU when s-hCG  $> 1000$*

## u-hCG negative

**Ovarian torsion:** Acute onset of severe pain in intervals  
Often with cysts  $\approx 5$ cm. Acute laparoscopic surgery

**Rupture of cyst/Ovulation pain:** Generalized pain in the lower abdomen (subsides within a few hours)

**Infection:** Pathological fluor/bleeding → Chlamydia sample + Wet smear. Doxycycline + Metronidazole

**Endometriosis:** Dysmenorrhea.

Clinical diagnosis (laparoscopic verification if needed)  
Combined contraceptive hormone therapy (Neovletta/Prionelle), 2-4 menstruations/year

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# Distal Status - Hand

## Inspection

Hematomas / Wounds

Malalignment / Tonus

## Palpation

Fossa tabatière

Distal radioulnar joint

## Circulation

Allen's test – Ulnar / Radial loss of circulation

Capillary refill Dig I-V

## Passive movement (tendons)

Finger extension, each separately

Flexor digitorum superficialis et profundus, separately

## Neurology

1. Radialis 2. Medianus 3. Ulnaris

Sensory			Motor
	1. Dig I, radially 2. Dig II, distal of PIP 3. Dig V, ulnar side	1. Extension of fingers 2. Opposition, Dig I & V 3. F.spread / Dig V flex.	

## Stability

Dig I, MCP, UCL, Distal radioulnar joint

Watson's test – Instability, scaphioidum - lunatum

## Specific tests

Tinel's and Phalen's tests: carpal tunnel syndrome

Finkelstein's test: Morbus de Quervain

**Pain in wrist should result in plain film x-ray**

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## CTG

	Base HR	Variability + Acc.	Decelerations	Contractions
Normal	110-150	5-25	None	≤5/10min
		≥2 acc/60 min	Uniform early	
			Variable uncompl. <30 s, <60 beats	
Abnormal*	100-110	<5 for >40 min, with no acc	Variable uncompl. 30-60 sec OR >60 beats	>5/10min
	150-170	>25		
	<100 for <3 min	<2 acc/60 min		
Pathologic	>170	<5 for >60 min, with no acc	Variable complicated >60 sec	
	<100 for >3min	Sinusoidal pattern	Uniform late	
			Combined	
<b>Preterm</b> No variability (<2/min) and no accelerations				
* ≥2 = suspected pathological				
	<b>Acceleration</b>	Increase in heart rate of >15, for >15 s		
	<b>Uniform deceleration</b>	Shaped like a U		
	<b>Early</b>	With the contraction		
	<b>Late</b>	After the contraction		
	<b>Variable</b>	Variable form (see above table)		

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## - Empty -

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## Myotomes

Segment	Function
<b>C1/C2</b>	Neck flexion/extension
<b>C3</b>	Neck lateral flexion
<b>C4</b>	Shoulder elevation
<b>C5</b>	Shoulder abduction
<b>C6</b>	Elbow flexion/wrist extension
<b>C7</b>	Elbow extension/wrist flexion
<b>C8</b>	Finger flexion
<b>T1</b>	Finger abduction
<b>L2</b>	Hip flexion
<b>L3</b>	Knee extension
<b>L4</b>	Ankle dorsi-flexion
<b>L5</b>	Great toe extension
<b>S1</b>	Ankle plantar-flexion/ankle eversion/ hip extension
<b>S2</b>	Knee flexion
<b>S3-S4</b>	Anal wink

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## Fever Post Partum

<b>Mastitis</b>	<p><i>Redness, tenderness, and increased heat, in a localized area. Palpable resistance. High fever. CRP↑</i></p> <p>Breast feeding (empty the breast) pump if needed Culture if wound Flukloxacillin (Heracillin) 1g x3 If abscess: Ultrasound drainage and culture.</p>
<b>Endometritis</b>	<p><i>Abd. pain. Tender uterus. Malodorous bloody discharge. CRP↑</i></p> <p>Cervical culture (streptococcus), blood culture Methergin + antibiotics: Within days: pip/tazo 4g x4 Late: amoxi/klav 500mg/125mg x3 + metronidazol 400mg x3 5-10d</p>
<b>Wound infection</b>	<p><i>Redness, pus</i></p> <p>Wound culture Debridement</p>
<b>Pneumonia</b>	<p><i>Coughing, pleural pain</i></p> <p>Clinical examination, X-ray if needed If uncomplicated: PcG</p>
<b>Urinary tract inf.</b>	<p><i>Urinary urgency and tenderness over kidneys or bladder</i></p> <p>Urine culture Antibiotics, e.g. Selexid (CAVE Furadantin)</p>
<b>Thrombosis</b>	<p><i>Signs of pulmonary embolus or DVT</i></p> <p>Ultrasound legs Pulmonary CT if needed</p>

Swedish BESLUT = Bröst, Endometrit, Sårinfektion, Lunginflammation, Urinvägsinfektion, Trombos

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# Ottawa Ankle Rule

## 1 Pain around the malleolus AND

Palpation tenderness over the dorsal ridge of the lateral or medial malleus

OR

Inability of the foot to support four steps

## 2 Pain around the mid part of the foot AND

Palpation tenderness over the base of the 5th metatarsal bone OR the Navicular bone

OR

Inability of the foot to support four steps

**X-ray of foot and lower leg if 1 or 2 are met**

**Otherwise:** Elastic wrap, tape, possibly orthosis, information (proprioceptive exercises e.g. stand on one leg while brushing teeth)

### Acute care (PRICE)

Protection, Rest, Ice, Compression, Elevation

*Only applicable on adults (>18 years) with isolated injury*

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# Normal Physiology

Age	RR (/min)	HR (/min)	SBP (mmHg)
0-1 m	30 - 60	110 - 160	65 - 90
1-12 m	30 - 40	110 - 160	70 - 90
1-2 y	25 - 35	100 - 150	85 - 95
2-5 y	25 - 30	95 - 140	80 - 110
5-12 y	20 - 25	80 - 120	90 - 110
>12 y	15 - 20	60 - 100	100 - 120

Age	♀ W. (kg)	♀ H. (cm)	♂ W. (kg)	♂ H. (cm)
0 m	2.8 - 4.2	46 - 54	2.9 - 4.4	47 - 55
3 m	4.6 - 7.0	56 - 64	4.8 - 7.5	57 - 66
6 m	6.0 - 9.3	62 - 71	6.4 - 10	63 - 73
1 y	8.0 - 12	70 - 80	8.5 - 13	71 - 82
5 y	15 - 25	102 - 120	15.5 - 25	110 - 112
18 y	46 - 80	156 - 180	55 - 94	167 - 194

Age (m)	1-2	2-4	4-6	6-8	8-10	10-12
W. gain (g/w)	175	150	125	100	75	50

W. (kg)	Fluids (ml/kg/24h)	A. (y)	ml/kg/hour
2-8	150	0-1	2-4
6-10	110 - 125	>1	1-2
0-10	100	▲ Urine / Oliguri ▼	
10-20	50	0-1	<1
>20	20	>1	<0.5

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# Developmental Milestones

Age (m)	Gross motor	Fine motor	Cogn. & Comm.
1-2	Lift head when prone	-	Smile in resp. to face/voice, visual preference for human face
2-3	Head steady in sitting	-	-
3-4	Lift head & chest w. ext. arms	Grasp rattle	Sustain contact, displeasure if soc. contact broken, "aah, ngah"
5-6	Roll over	Transfer objects hand to hand	Monosyllabic babble
6-7	Sit with support	-	Polysyllabic babble, vowel sounds, enjoys mirrors
7-8	Sit without support, crawl	Thumb-finger grasp	Suspicious/afraid of strangers
9-10	Pull to standing, walk holding furniture	Pincer grip, bang objects together	Play peek-a-boo, wave bye-bye, respond to own name
12-18	Walk alone	Turn pages in book, scribble, build 2-cube tower	Speak a few words
4 yrs.	Walk in a straight line, jump on one leg	Button clothes	Answer questions, understand prepositions

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# Nutrition

## 0-4 months

Breast milk or formula

## 4-6 months

Breast milk or formula

Start to introduce small amounts of vegetables, cereals

## 6-8 months

Breast milk or formula or gruel or cereals

Complete meal (potatoes, meat, vegetables, fruit, berries)

Cow's milk can be used in cooking, but not as a beverage

## 8-12 months

Two cooked meals a day

From 10-12 months of age milk as a beverage

## 1-2 years

Regular food

No low-fat products and/or high-fibre foods

## Vitamin D supplement

5 drops every day (400 IE/day)

All children from 1 month up to at least 2 years of age

Low intake/sun exposure may need suppl. till school age

## Salt intake

No extra salt added to food for children below 1 year

## Food items *not suitable* for children below 1 year

Spinach, mangold, and beetroot – high levels of nitrate

Honey – may contain C. Botulinum spores

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# Physical examination

## General condition / appearance

- Tiredness / Movement / Speech / Adeq. devel. for age / Temperature
- Pallor / Cyanosis / Icterus / Petechiae / Turgor

## Head

- Size / Shape / Fontanelle (<8-12 months) / Sutures

## Eyes and Ears

- Movement / Pupil size/reflex/ Red reflex / Squint / Sunset gaze

## Mouth and Throat

- Cleft lip/palate / Teeth / Tongue / Tonsils / Sucking

## Lymph nodes

- Neck / Axilla / Groin

## Circulation

- Heart rate & rhythm / Murmurs / Capillary refill time / Femoral pulses

## Respiration

- Resp. rate / Recessions / Nasal flaring / Wheezing / Crackling / Stridor

## Neurology

- Spontaneous movement / Tonus / Neck stiffness / Babinski's sign
- Reflexes: Moro / Suck / Grasp

## Abdomen

- Liver (<1 cm below costal ridge) / Kidneys / Spleen / Umbilicus

## Genitalia

- Outer genitalia / Discharge / Testicles / Cremaster reflex

## Hips

- Symmetry / Ortolani's test / Barlow's test / Abduction test (>60-70°)

## Back: Entire spinal column and Anus

<2-3 months: supine position / otherwise in parents lap / **Remember growth charts**

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# Well's DVT Score

## Sign

## Point

Active cancer last 6 months

1p

Paralysis, paresis, newly casted

1p

Immobilized >3 d. or large surgery last 4 w.

1p

Localized tenderness along the deep venous system

1p

Whole leg swelling

1p

Calf circumference >3 cm, compared to asymptomatic side

1p

Pitting oedema on symptomatic side

1p

Collateral flow in superficial veins (non-varicose)

1p

Similar likelihood of alternative diagnosis

-2p

**Low points <2 + negative D-dimer**

= low probability for DVT

**High points ≥2 → Ultrasound whole leg**

*Risk of false negative D-dimer when symptoms >1w or anticoagulation therapy*

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# Apgar score

Apgar Sign	2	1	0
<b>Heart Rate</b> Pulse	>100/min	>100/min	Absent
<b>Breathing</b> Rate and effort	Cries well	Irregular	Absent
<b>Grimace</b> Responsiveness or reflex irritability	Pulls away, sneezes, coughs, or cries with stimulation	Facial movement only with stimulation	Absent
<b>Activity</b> Muscle tone	Active, spontaneous movement	Arms and legs flexed with little movement	No movement, floppy tone
<b>Appearance</b> Skin colouration	Normal colour (also hands and feet are pink)	Normal colour (but hands and feet are bluish)	Bluish-grey or pale all over

This test is done to determine whether a newborn needs help breathing or is having heart trouble

### Normal Results: 7-10

10 is unusual, almost all newborns lose 1 point for blue hands and feet

### Abnormal results: 0-6

Signals that the baby needs medical attention

### Low Apgar score is often caused by:

Difficult birth, C-section, Fluid in the baby's airway

### A baby with a low Apgar score may need:

- Oxygen and clearing out the airway to help with breathing
- Physical stimulation to get the heart beating at a healthy rate

**Most of the time, a low score at 1 minute is near-normal by 5 minutes**

*A lower Apgar score does not mean a child will have serious or long-term health problems  
The Apgar score is not designed to predict the future health of the child*

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# Reflexes

Primitive	Postural
<b>Moro</b> Sudden extension of the head causes symmetrical extension, followed by flexion of the arms	<b>Labyrinthine rigthing</b> Head moves in opposite direction to which the body is tilted
<b>Grasp</b> Flexion of fingers when an object is placed in the palm	<b>Postural support</b> When held upright, legs take weight and may push up (bounce)
<b>Rooting</b> Head turns to the stimulus when touched near the mouth	<b>Lateral propping</b> In sitting, the arm extends on the side to which the child falls as a saving mechanism
<b>Stepping response</b> Stepping movements when held vertically and dorsum of feet touch a surface	<b>Parachute</b> When suspended face down, the arms extend as though to save theme self
<b>Assym. tonic neck reflex</b> Lying supine, the infant adopts an outstretched arm to the side to which the head is turned	

*The primitive reflexes present at birth gradually disappears as postural reflexes develop, which are essential for independent sitting and walking*

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