

- General -  
**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      |
| Abdomen/Pelvis          | (Adrenalin IM)           |

### 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   |

- Laboratory -  
**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

- Medicine -  
**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 (Tambacor) 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

- Medicine -  
**CHA2DS2VAS**

<b>C</b>	Cardiac - Heart failure	<b>1</b>
<b>H</b>	Hypertension	<b>1</b>
<b>A</b>	Age ≥ 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 ≥2 → 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)

## Lab reference (Swe)

Sys.	Component	Subgroup	Ref. interval	Unit
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
P/S	Urat	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
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

## 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*

## 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**

## 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)

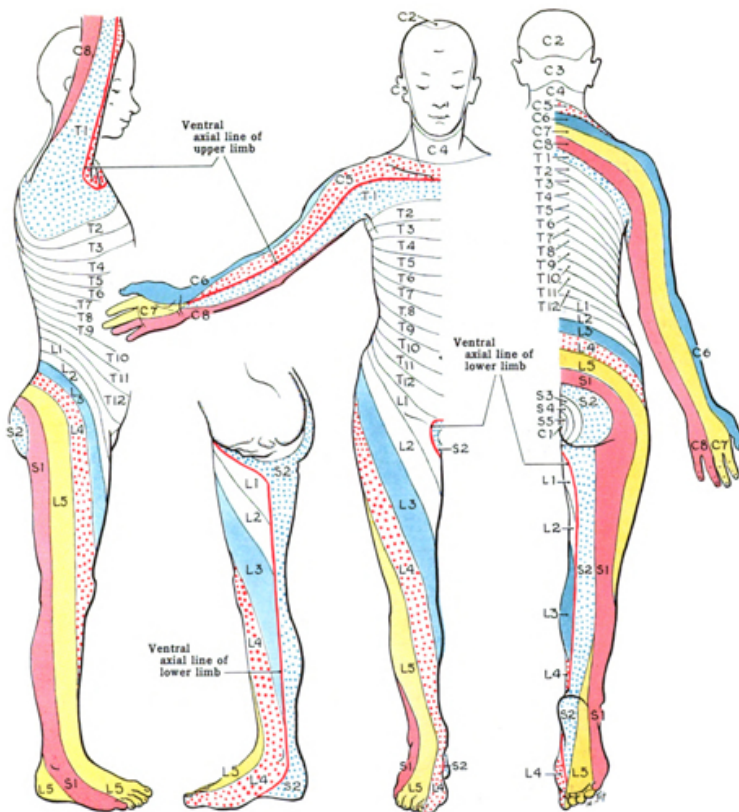
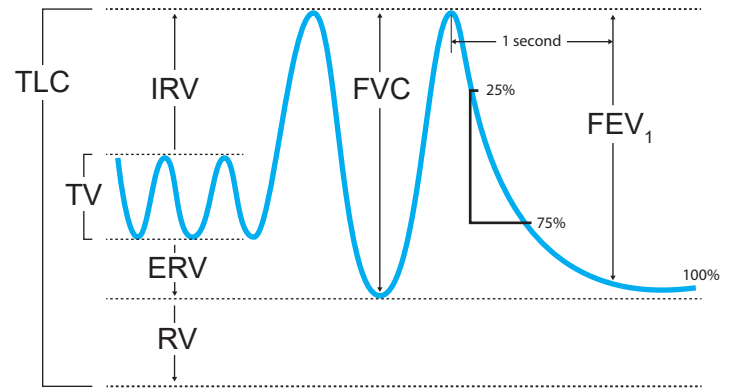
**Heart ultrasound** (confirms the diagnosis)

**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)



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

**Sensory:** Visual acuity, hearing

## Sitting

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

## Lying down

**Important: Neck stiffness**

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

\*Rigidity, gear phenomenon, spasticity

**NYHA Treatment when EF <45%****ACE inhibitor\***

**I** *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	Spironolakton	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

**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

## 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

*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 ≈ 5cm. 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

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

## Bishop's index

	0	1	2
<b>Station</b>	Above or at pelvis entrance	Above spinae	At or below spinae
<b>Diameter (cm)</b>	≤ 0,5	0,5 < d < 1,5	≥ 1,5
<b>Effacement (%)</b>	0	< 50	≥ 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*

## 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*

## 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	1. Radialis 2. Medianus 3. Ulnaris		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**



# 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	

**Preterminal** 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)

# Fever Post Partum

<b>Mastitis</b>	<p>Redness, tenderness, and increased heat, in a localized area. Palpable resistance. High fever. CRP↑</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>Abd. pain. Tender uterus. Malodorous bloody discharge. CRP↑</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>Redness, pus</p> <p>Wound culture Debridement</p>
<b>Pneumonia</b>	<p>Coughing, pleural pain</p> <p>Clinical examination, X-ray if needed If uncomplicated: PcG</p>
<b>Urinary tract inf.</b>	<p>Urinary urgency and tenderness over kidneys or bladder</p> <p>Urine culture Antibiotics, e.g. Selexid (CAVE Furadantin)</p>
<b>Thrombosis</b>	<p>Signs of pulmonary embolus or DVT</p> <p>Ultrasound legs Pulmonary CT if needed</p>

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

# - Empty -

# 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*

# 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

# 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

# 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

Holiday-  
Segar

# Vaccinations (Swe)

Age	Vaccination	Dose
3 m	Diphtheria, Tetanus, Pertussis, Polio, Hib, S. Pneumoniae	I
5 m	Diphtheria, Tetanus, Pertussis, Polio, Hib, S. Pneumoniae	II
12 m	Diphtheria, Tetanus, Pertussis, Polio, Hib, S. Pneumoniae	III
18 m	Measles, Mumps, Rubella	I
5-6 y	Diphtheria, Tetanus, Pertussis, Polio	IV
6-8 y	Measles, Mumps, Rubella	II
10-12 y	HPV (girls born 1999 or later)	I,II,III
14-16 y	Diphtheria, Tetanus, Pertussis	V
Risk patients	Hepatitis B x 3 Tuberculosis at 6 m	-

Children born before and during 2001 follow another schedule from 5-6 years of age

# 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*

# 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 themself
<b>Assym. tonic neck reflex</b> Lying supine, the infant adopts an outstretched arm to the side to which the head is turned	
<i>The primitive reflexes present at birth gradually disappears as postural reflexes develop, which are essential for independent sitting and walking</i>	

# Check-ups (Swe)

Age	Profession	Assessment/Action
<b>0-10 d</b>	Nurse	Home visit
<b>2-8 w</b>	Nurse	Growth assessment and counselling, once a week
<b>6-8 w</b>	Doctor, nurse	Psychomotor development
<b>3 m</b>	Nurse	Vaccination
<b>3-5 m</b>	Nurse	Growth assessment and counselling, every other week
<b>5 m</b>	Nurse	Vaccination
<b>6 m</b>	Doctor	Check-up
<b>6-12 m</b>	Nurse	Growth assessment and counselling, once a month
<b>10/12 m</b>	Doctor	Check-up
<b>12 m</b>	Nurse, dentist	Vaccination Dental health care information
<b>18 m</b>	Nurse	Vaccination
<b>3 y</b>	Nurse	Language development Child security information
<b>4 y</b>	Nurse	Vision, hearing, language, and psychomotor development Child security information
<b>5.5 y</b>	Doctor, nurse	Vaccination School assessment Child security information

# 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**



# Addiction

	Drug	Half-life	Equivalent dose (mg)
Benzo. Equivalents	Oxazepam (Sobril)	Short	15.0 - 25.0
	Zopiklon / Zolpidem	Short / Short	7.5 / 10.0
	Nitrazepam (Mogadon)	Short	2.5
	Lorazepam (Temesta)	Short	1.0
	Flunitrazepam	Short	0.5
	Alprazolam (Xobril)	Short	0.25-0.5
	Triazolam (Halcion)	Short	0.25
	Diazepam (Stesolid)	Long	5.0
	Klonazepam (Iktorivil)	Long	0.25

## Principles for dose-lowering

Benzodiazepines	Change drug to equivalent dose of Oxazepam (Sobril)
	Split previous total daily dose into 5 evenly distributed doses over one day
	Decrease total daily dose by 10% per week
	Start by reducing the middle-of-the-day dose, leave morning/evening till last
	<b>Never increase the dose!</b> If there is an increase of withdrawal symptoms, stay on the current dose until the symptoms have stabilised
Opioids	Change drug to equivalent dose of Kodein (Citodon)
	Split previous total daily dose into 5 evenly distributed doses over one day
	Decrease total daily dose by 20% / week
	Start by reducing the middle-of-the-day dose, leave morning/evening till last
	<b>Never increase the dose!</b> If there is an increase of withdrawal symptoms, stay on the current dose until the symptoms have stabilised
	When only 4 pills left, terminate treatment

- Pharmacology -

- **Empty** -