	Syncope
Workup cont.	Labs and imaging ■ EKG ■ D-stick if recent syncope ■ Hematocrit if risk for anemia ■ Toxicology screens for suspected exposures ■ Urine pregnancy test for postmenarchal women ■ Consider chemistry, thyroid testing ■ Suspect neurologic etiology? → consider neurology consult/referral, EEG, neuroimaging ■ Suspect cardiac etiology? → consider cardiology consult/referral, echocardiogram, ambulatory EKG monitoring

Trauma			
ATLS	Primary Survey Assessment of ABC: Airway, Breathing, Circulation Disability/neurologic assessment: AVPU (alert, verbal stimuli response, painful stimuli response, unresponsive; pupil size, symmetry, reactivity) Exposure and environmental control: undress patient completely, take precautions to prevent hypothermia		
Secondary	Definition	Head to toe assessment, including history and full physical exam	
	Head	Any scalp/skull injury, periorbital or post-auricular bruising	
	Eye	Corneal reflex Fundoscopic exam	
	Neck	• C-spine tenderness or deformity • Trachea midline • Bruit	
	Chest	Clavicle deformity or tenderness Breath sounds, heart sounds Chest wall symmetry, paradoxical movement, rib deformity, fracture	
	Abdomen	Serial exams to evaluate tenderness, distension, ecchymosis Shoulder pain suggests subdiaphragmatic process Orogastric aspirates with blood or bile Splenic laceration suggested by left upper quadrant rib tenderness, flank pain, flank ecchymoses, "seatbelt sign"	
	Pelvis	Tenderness, symmetry, deformity, stability	
	GU	Laceration, ecchymoses, hematoma, bleeding Rectal tone, blood, displaced prostate Blood at urinary meatus → don't catheterize, suggests urethral injury	
	Back	Evaluate for step offs along spinal column, tenderness	
	Extremities	Neurovascular: pulse, perfusion, pallor, paresthesias, paralysis, pain Motor/sensory exam	
	Skin	Lacerations, abrasions, contusions	