

Emergency Medicine for the Medical Office

Dr. Paul S. Anderson
Dr. A Academy
Master Class Series

Outline

- Part one:
 - I. Allergy
 - II. Asthma & Airway
 - III. Anaphylaxis
 - IV. Shock
 - V. Endotoxin reactions
 - VI. Blood sugar
 - VII. Electrolytes and Calcium / Magnesium emergencies
 - VIII. Angina and Hypertensive emergencies
 - IX. Dehydration
 - X. Hangover and Neurotoxic Events
 - XI. Nausea Chemotherapy & Pregnancy related nausea
 - XII. Edema, Ascites and Fluid overload
 - XIII. Opiate Overdose
 - XIV. Clinical Practicalities (how does this work in your clinic?)

Description:

Office medical emergencies can come in many forms, and require basic but focused assessment and response for optimum output.

Having managed emergency situations in hospitals, clinics and on Interstate Highways – as well as having taught emergency medicine for many years – I intend this presentation to get right to the main points physicians need in such situations.

After years of troubleshooting physician response failures in emergencies I have synthesized a fast track program to update and make any office fast, efficient and effective in an emergency situation.

The Issues:

- Most primary care physicians report **at least one** emergency presenting to their office per year.
- **Asthma, anaphylaxis, shock, seizures, and cardiac arrest** are among the most common adult and childhood emergencies in the office setting.
- Most offices are **not fully prepared** for these medical emergencies.

Toback SL. Medical Emergency Preparedness in Office Practice. Am Fam Physician. 2007 Jun 1;75(11):1679-1684.

Toback 2007

Most commonly encountered office emergencies

Primary Care

Asthma exacerbation

Psychiatric

Seizure

Hypoglycemia

Anaphylaxis

Impaired consciousness

Shock

Poisoning

Drug overdose

Cardiac arrest

Child Care

Asthma exacerbation

Severe respiratory distress (nonasthma)

Meningitis/sepsis

Seizure

Apnea

Anaphylaxis

Shock

Obstructed airway

Probable epiglottitis

Cardiac arrest

Toback, 2007 - Recommendations

- The **choice** of emergency medications and equipment **should reflect the spectrum of anticipated emergencies in a practice's patient population, the skills of the practitioners, and the distance to the nearest emergency department.**
 - Office physicians and staff should make every effort to **maintain current certification in basic or advanced life support courses.**
 - Offices should **create a written emergency protocol** that outlines the steps to be followed in the event of an office emergency.
- * We will come back to all this in session-2 of this series!

My Background: