Introduction to internal medicine

history
ethics
documentation
justice

Mária Szántová
III. Interná klinika LFUK
Bratislava

18. 9. 2023

„Disclimer slide“ addressees to:

the teaching of the medical students of

Faculty of Medicine Comenius University Bratislava

20. 9. 2023

Outline

- 1. Introduction to the Internal Medicine[IM]
- 2. History of IM
- 3. Ethics and communication
- 4. Medical documentary
- 5. Medicine and law

Definition IM

-from the German term „Innere Medizin“ in the late 19th cent.

IM (general medicine)= medical specialty *dealing with*

- **prevention**
- **diagnosis &**
- **treatment**

- **ethiopatogenesis**
- **differencial dg**
- **prognosis**
- **prevention**

of adult´s diseases

- Anatomy
- Physiology
- Patholog.-anatomy
- Patolog. Physiology
- Biochemistry
- Physics
- Biology

Study of internal medicine

- Pregradual - MF 6 yr
- Postgradual
  - Internal tribe (2.5 yr/30 m.)
    - » exam
  - speciality from IM *or* internal subspeciality 2,5-4 yr.
    - » exam from speciality – **internal medicine** *or*
    - » exam from subspeciality: (2,5-3,5yr.)
- Wholelife continual education
- credit system of SMA or SMC

Common internal tribe

- **24 months practice:**

✓ internal dept	12 months
✓ ICU	2 m
✓ Addmition ambulance of Inter.dpt.	1 m
✓ any internal specialty (IM, gastroenterology, geriatry, pneumol, etc.)	2 m
✓ Infectology dpt	1 m
✓ Clinical oncology	1 m
✓ laboratory medicine	1 m
✓ Surgical dept	2 m
✓ neurologic dept	1 m
✓ Anesthesiology and resuscitation dpt.	1 m

Speciality study in IM

- **≅36 months practice (3yr.)**
  – Internal dpt. 32 months
  – Internal ambulance 4 m.

  + certificates
    - abd. usg
    - echokg
    - Doppler of vessels

Specialities of IM[18]....

- cardiology ∴ subspec...
- gastroenterology
- hepatology
- hematology + transfusiol.
- diabetology
- reumatology
- alergology-immunology
- nefrology
- endocrinology
- pneumology
- infektology
- onkology
- angiology
- geriatrics
- occupational medicine
- rehabilitation
- paliative medicine
- clinical biochemistry...

Continual education

- Credit seminars
- Lectures
- Workshopa
- Scientific articles

History

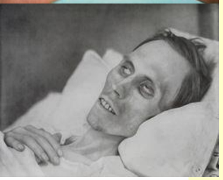
EGYPT

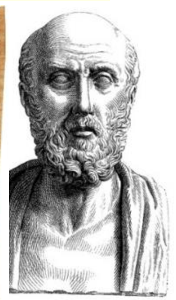
- *Imhotep* $^{\text{2950 bC}}$ *4 main forces: fire, water, earth, air*
  - *known cardiac and cerebral function*
- *Edwin Smith Papyrus* ***$^{\text{1600 BC}}$***

anatomical observations, examination, dg, th & prognosis
of 48 types of medical problems

London Medical Papyrus ***$^{\text{1600 BC}}$***

Ebers Papyrus ***$^{\text{1550 BC}}$***





GREECE– **Hippokrates** ***$^{\text{460-377 BC father of medicine}}$***

inspection, palpation, auscultation, percussion

Digiti Hippocratici

facies Hippocratica

succusio Hippocratis

Hippocratic Oath , „Corpus Hippocraticum"

- **Herophilos** $^{\text{395-325 bC.}}$ - 1.necropsy ALEXANDRIA- 1. medical school (A. Veľký)

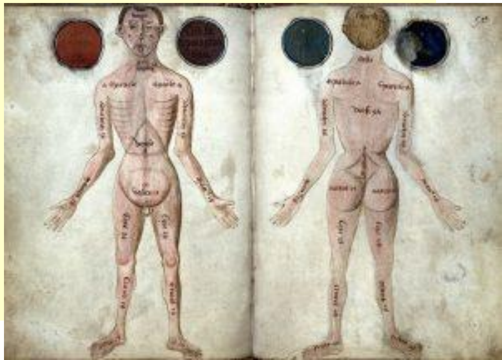
3 forces: liver (nutrition), ♥ *(feeling, warming), brain (thinking)*
pulse measurement, systol/diastol

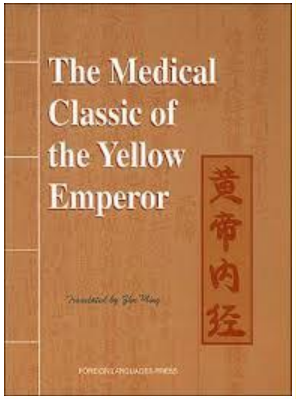
- **Dioskorides** $^{\text{50 nl.}}$ Herbal treatment „200 herbs"

- Galenos ***$^{\text{200 BC}}$*** Galeni Ars Medici *$^{\text{Galenic Corpus}}$*

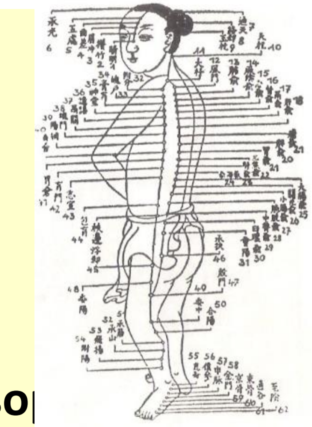
percussion: diff. dg. Ascites /meteorism

- Rufus of Ephesos ***$^{\text{100 A.D}}$***. „Medical questions"
  - how to proceed in taking medical history

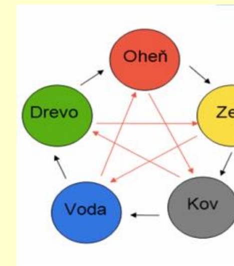




China & India

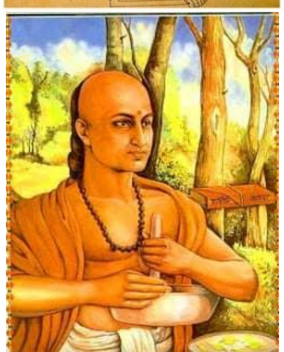


- ***China***
  - *Šen nung 3700 bC 1. doc. On drugs, father of TCM: acupuncture, moksa,*
  - *Van-šu-che 317 pnl.*
  - *Huangdi Neijing* ***300*** *BC the famous Chinese emperor*
    „Yellow Emperor´s Classic of Medicine“,
    semi-mythical figure 2600 BC ?
    traditional Chinese medicine based on TAOist philoso



- *...The key to a long life is to follow the TAO,*
  the natural way of the Universe...

- *health & illness are caused by*
  - *imbalance of the 2 basic forces: YIN & YANG and*
  - *the influence of 5 elements: water, fire, metal, wood, earth*
- *key th.: diet, acupuncture, TAO*
- ***India***- Ayurvedic medicine of Charaka ***200*** *B.C.*

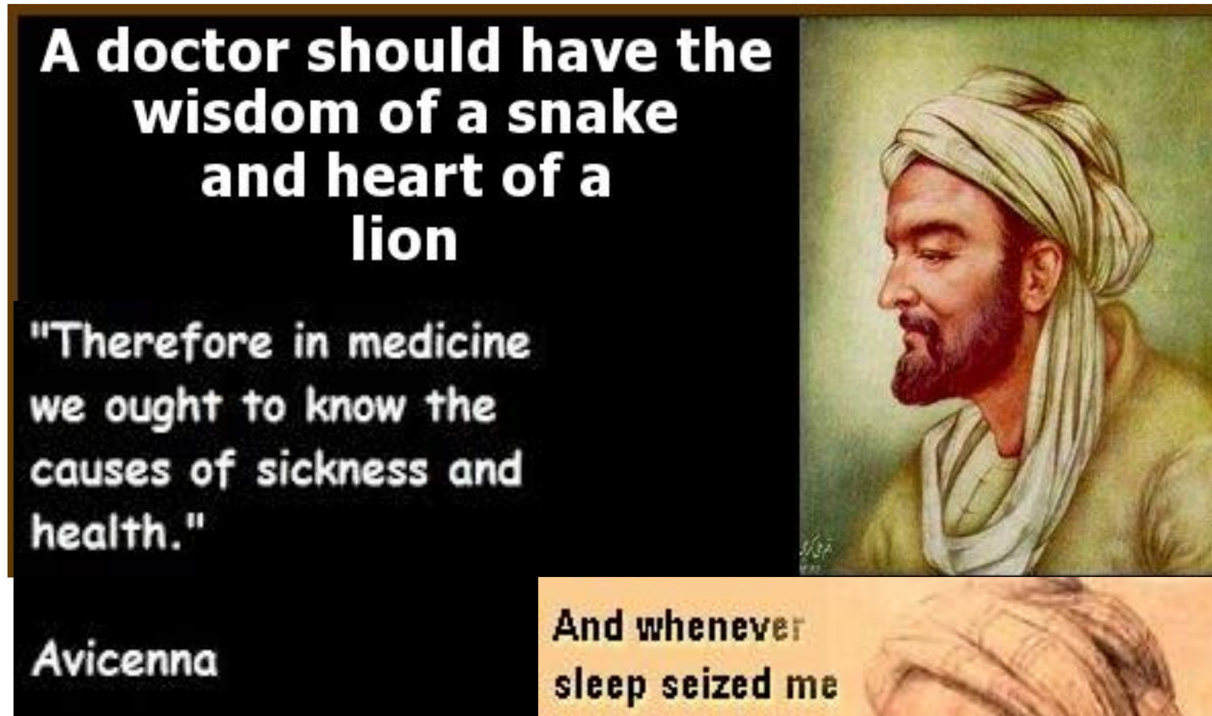


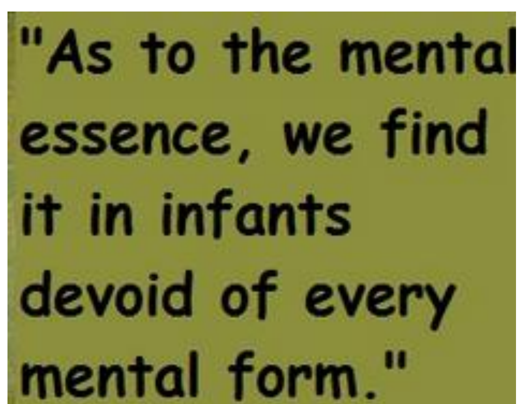
Arabia *Sumeri*

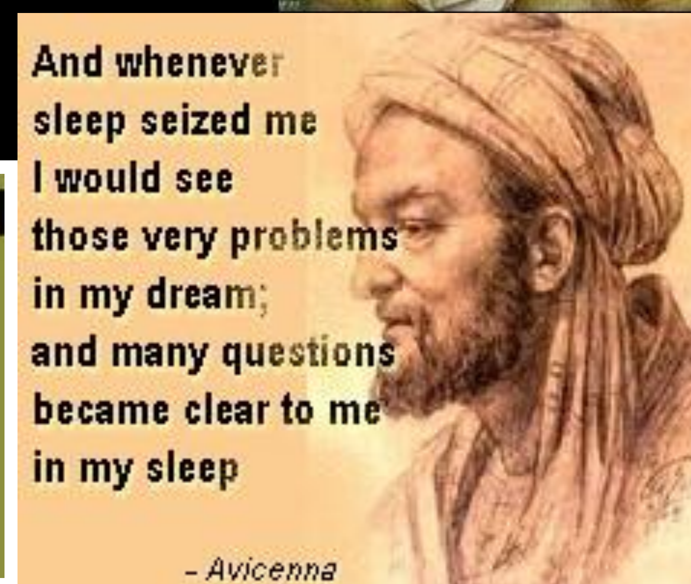
≅2000 bC. Babylon Sumer
(Irak, Syria) -Mesopotamia
- 1.st earthen liver model of ship

Abu Alí ibn Sina (Avicenna)980-1037

– Iran







Europe 18th cent.

- 1645-*Daniel Wistler* - rachitis England dis.
- 1675- **Sydenham** English Hippoctrates
  dif.dg. Scarlatina / rubeola
- *1761*-Giovanni **Morgagni** – **section-**
  causes of dis.
- **1761-Auenbruger***1722-1809 :* **PERCUSSION**
- *1837- J.E.Purkyně* **– cellular origin of the**
  CZech **body**
- *1843- Robert Koch -* **microbiology**
- *1845- Ilľja Mečnikov -* **phagocytosis**
- *1847- Ignac* ***Semmelweis****-* **hygiene**
- *1853- Charles G.Pravaz 1791-1853* **injection**
- *1854- Paul Ehrlich-* **th** *with* **chemical**
  substances *arsen- syphylis*
- ***1857****- Loius* ***Pasteur****-* **bacteria**
  – cause of dis.
- *1863- Henry Dunant-* **Red Cross**
- *1883- Paul Ehrlich* - **dg of TB**
- *1884 Kazimir Funk-* vitaminB1 def beri beri dis
- ***1895- Wilhelm Roentgen*** **- X-rays**
- ***1896- Riva Rocci***
  - **blood pressure measurement**
- ***1897- Felix Hoffman-*** **Aspirin**
- ***1898- Maria Curie Sklodowska***
  - **Radium** in oncology th

Europe *20th cent.*

- *1928- Fleming-* **PNC**
- *1942-50 US in medicine*

  K T Dussik (AT wien)

  G. Ludwig –internist. -cholelitiasis
- *1944*- **dialysis**
- *1947- ECG Holter monitor* *2x 38kg batteries*
- *1948*- **WHO**
- 1953- **DNA**- *Watson, Crick*

  -echocg I.Edler, Helmut Hertz
- 1957- endoscopic methods
- 1960- **cardiostimulator**
- 1967- **heart transplantation**

- 1973- **CT** Godfrey Hounsfield
- 1973- **MR** P. Lauterbur,

  P.Mansfield (NC 2003)
- 1997- **Cloning** – ship Dolly
- 1982- **artificial heart**
- 2000- translation of **human Genom sequences** → genomic - proteomic-metabolomic... (biobanking)
- 2001 J. Lederberg -**mikrobióm** v dg a th
- 2009- first **bionic i-limb implantáty** CNS (M.Parkinson...)
- **2010 - application of** artificial inteligence (AI) in histological evaluation, prediction of cardiovasc. risk

Czech & Slovak history

Czech

- **Charles University 1348**
  - Mikuláš z Jevíčka, Baltazar z Tosccany
  - 1740 – practical education in hospitals

- **Jozef Škoda** *1805-1881-Vienna*
- teaching about **percussion & auscultation** on a firm physical basis
  - indirect percussion finger on finger
- **Skoda´s resonance** (high-pitched tympanic sound at **the border** between a **pleural exudate** and the lung

- **JE Purkyně**
  - Heart´s movement by Strobocope

- **Gregor Mendel** – **genetic rules**

- **Jozef Thomayer, Pelnář , Charvát**

- **Ladislav Syllaba**

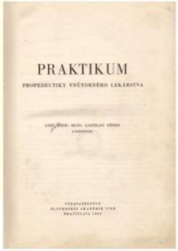
- **Bohumil Prusík -** Prusik´s test- LL

- **Černík**

SLOVAK

- **1769** – **Trnava**- Med Fac . Jesuit University
- Jonáš Bohumil Guoth 1811-1888
- **Dr. Vojtech Alexander** 1857-1916 Kežmarok-
  1. X-ray in SK – emryonal. Development of fuman, stages of tbc
- 1857-64- the oldest hospital SK
- 1896- the biggest Austro-Hungarian hospital

- Martin Kukučín 1860-1928
- 1919- Kristián Hynek- radiologist
- Ján Jánsky – blood groups
- Karol Šiška 1st heart transplantation in Czechoslovakia
- Sumbal- first description of MI from ECG in CSSR
- T.R. Niederland
- Ladislav Dérer: 1948- first Propedeutic IM
- Mikuláš Ondrejička – founder of chronobiology
- Ján Gvozdják - cardiomyopathy
- Eva Brixová - hepatologist
- Ivan Ďuriš
- Stanislav Cagáň



Hippokratic Oath *Modern Day translation*

- I swear to fulfill, to the best of my ability and judgment, this covenant:
- I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow.
- I will apply, for the benefit of the sick, all measures which are required, avoiding those twin traps of overtreatment and therapeutic nihilism.
- I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.
- I will not be ashamed to say "I know not," nor will I fail to call in my colleagues when the skills of another are needed for a patient's recovery.
- I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know. Most especially must I tread with care in matters of life and death. If it is given me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all, I must not play at God.
- I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick.
- I will prevent disease whenever I can, for prevention is preferable to cure.
- I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm.
- If I do not violate this oath, may I enjoy life and art, respected while I live and remembered with affection thereafter. May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help.

Clinical Ethics

- ***Hippocratis Oath***
- ***Primum non nocere“*** - a Latin phrase that means "**first, do no harm„**

... "The physician must ... have two special objects in view with regard to disease, namely, to do good or to do no harm„...

- the promise "to abstain from doing harm„
- respect for autonomy
- respecting confidentiality in practice

Ethics *aspects*

- Physician´s Ethic
- Profesionality
- Informed agreement
- Information on health state (cancer...)
- Dying
  - Paliative /symptomatic tx
  - Clinical death, coma vigile
  - Organ & tissue transplantation- organ donor rules
- Ethic of clinical research

Informed consent

- Consent must be informed to an adequate standard

- Pts. must be competent to consent to treatment

- Pts. must not be coerced into accepting treatment against their whish

Education

- Pregradual- Medical School at University 6 years
- Postgradual
    - internship (2.5 years /30 months)
        - » degree exam
    - Specialty training in IM or internal subspecialty 2,5-4 years
        - » degree exam in speciality – **internal medicine or**
        - » degree exam in **subspeciality**: (2,5-3,5y)
            - cardiology, gastroenterology, hepatology, diabetology, rheumatology, allergology-immunology, nephrology, endocrinology, pulmology, hematology, geriatric medicine, infectology, oncology, occupational medicine, rehabilitation, palliative medicine...

Clinical documentation (healthcare)

- the creation of a digital or analog record detailing a **medical** treatment, **medical** trial or clinical test. ...

- longitudinal patient records (LEPRs),

  a type of electronic health record (EHR)

- legal protection for both patient and physician in the event of disagreement over care

Documentation *key rules*

- Member **identifiers** appear **on every piece** of documentation
- Entries are legible to others and are **recorded to computer** and **printed on paper**
- Entries are **dated** and **authenticated by the author**
- **Documentation** is made **at the time service** is provided
- Documentation must support **all codes** submitted
- **Only standard medical abbreviations should be used** in documentation
- **All patient encounters, including telephone**, fax, and electronic message exchanges are documented
- Documentation of any advance directives is in a prominent part of a member's medical record and includes whether or not a member has executed an advance directive, as well as documentation of any information about advance directives that was made available to the member

<u>**Must include**</u> the following content

- **Significant illnesses and medical conditions**
- **Medications**
- **Adverse drug reactions**
- **Allergies**
- **Smoking status**
- **Alcohol use; substance abuse; smoking**
- **Biographical or personal data**
- **Pertinent history**
- **Physical exams**
- **Documentation of clinical findings** and evaluation for **each visit**
- **Laboratory** and other studies that signify review by the ordering provider
- **Working diagnoses** consistent with findings and test results
- **Treatment plans** consistent with diagnoses
- A date for return visits or a follow-up plan for each encounter
- **Previous problems** addressed in follow-up visits
- A current **immunization** record
- Preventive services and **risk screening**
- **Primary care medical records must document:**
- All services provided by a practitioner who provides primary care services
- All ancillary services and diagnostic tests ordered by a practitioner
- All diagnostic and therapeutic services for which a member was referred by a practitioner, such as home health nursing reports, specialty physician reports, hospital discharge reports, or physical therapy reports

The nature of medical mistakes

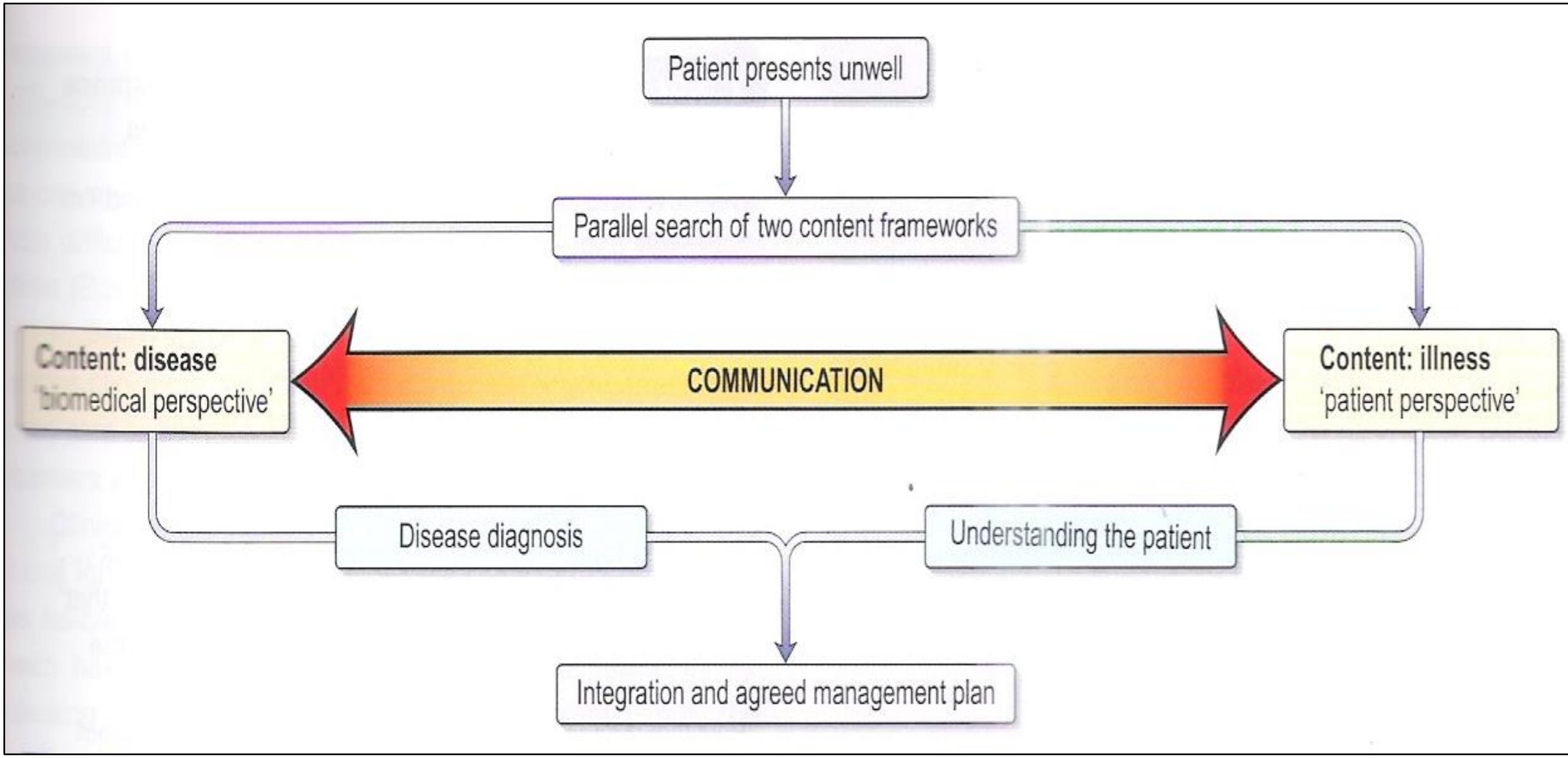
- Clinical negligence
- Professional duty – to protect life and health on acceptable standard
- Inexperience is irrelevant
- Mistakes are not necessarily to be feared
  - All Dr. Make clinical mistakes in their professional careers
  - It shoud be clear, that a clinical error is not necessarily a negligent error

Communication skills

- **Contentual**- to detect the origin of problem
- **Procedural** – to detect & explain solving of problem
- **Perceptive** – responsiveness
- **DR. shoud**
  - **listen** to the pt. **carrefully**
  - Elucidate very clearly, to be in focus

- **Abilities:**
  - ✓ Announcement of bad news
  - ✓ Communication with famile
  - ✓ Comm. with media
  - ✓ Comm. on death
  - ✓ Comm. by internet
  - ✓ Comm. by phone
  - ✓ Comm. with pharma business
  - ✓ Anouncement of sex orientation /religious orient.
  - ✓ Oral presentation
  - ✓ Written presentation of scientific article

Lloyd M, Bor R. Communication skills for medicine, Oxford, 2004, 212.


Patient presents unwell
Parallel search of two content frameworks
Content: disease
'biomedical perspective'
COMMUNICATION
Content: illness
'patient perspective'
Disease diagnosis
Understanding the patient
Integration and agreed management plan

Questions

Closed questioning style:

Dr. 'You say chest pain, where is the pain?' (*closed Q*)
Pt. 'Well just here' (pointing to sternum)
Dr. 'And is it a sharp or dull pain?' (*closed Q*)
Pt. 'Quite a sharp pain'
Dr. 'Does it go anywhere else?' (*closed Q*)
Pt. 'No, just there'
Dr. 'And you don't smoke now do you?' (*leading Q*)
Pt. 'Well. . .just the occasional one'

Open questioning style:

Dr. 'Tell me about the pain you've been having.' (*open/focused Q*)
Pt. 'Well it's been getting worse over the past few weeks and waking me up at night. It's just here (points to sternum), it's very sharp and I get a burning and bad acid taste in the back of my throat. I try to burp to clear it. I've taken antacids but they don't seem to be helping now and I'm a bit worried about it. I'm losing sleep and I've got a busy workload so that's a worry too.'
Dr. 'I see. So it's bothering you quite a lot. Anything else you've noticed?' (*empathic statement, open screening Q*)
Pt. 'I've noticed I get it more after drinking and I have been drinking and smoking a bit more recently. Actually I've been getting lots of headaches too which I've just taken Ibuprofen for.'
Dr. 'You say you are worried, is there anything in particular that concerns you?' (*picks up on patient's cue and uses reflecting question*)
Pt. 'I wondered if I might be getting an ulcer.'
Dr. 'I see. So you've had this sharp pain under your breastbone with some acidity and burping for several weeks which is worse at night and aggravated by drinking and smoking but not relieved by antacids. You are busy at work, getting headaches, drinking and smoking more and not sleeping well. You're concerned this could be an ulcer.' (*summarizing*)
Pt. 'Yes, a friend had problems like this.'
Dr. 'I can appreciate why you might be thinking that then.' (*validation*)
Pt. 'Yes and he had to have a 'scope' so I wondered whether I would need one?'
Dr. 'Well, let me explain first what I think this is and then what I would recommend next . . .' (*signposting*)

Breaking bad news

- **S-P-I-K-E-S strategy**
- S- Setting: as soon as possible, on a quiet place
- P-Perception
- I-Invitation
- K-Knowledge if the pt. whishes to know
- E- Empathy
- S- Strategy and Summary

Patients with specific needs

- Psychic labil
- Agressive
- distressed
- distressed pedant
- Permanent impairment
- Paranomia

- **Sensuously affected**
  - blind
  - Deaf, flatness
  - Hluchoslepí

- **Communicative bubble:**

Everything, that inhibit a correct communication and disrupt it

Medical examination

- **Patient History** **90% of diagnosis**
- **Physical examination**
- Laboratory and instrumental examination

Patient history *structure (preview)*

- **Introduction**
- **Personal data**
- **Chief complaints**
- **Present illness**
- **Past history**
- **Family history**
- **Vital functions**
- **Abuses**
- **Allergies**
- **Medicaments** (drugs used)

History **1.Personal data**

- name
- address
- age
- date of birth
- marital status
- occupation
- name of referring physician
- date of interview
- examination

History ()

- **Introduce yourself**
- **Personal data**
- **Main complaints**
- **Present complaints**
- **Personal history**
- **Family history**
- **VF - Vital function**
- **Abuses**
- **Allergies**
- **Medicaments**

1.Personal data

- name
- adress
- age
- date birth
- family state married/ divorsed
- work
- name of MD.
- date of examin.
- examination

2. Present complaints

- **Purpose of MD visit**
- All complaints (**dyspnoe, chest pain, legs edemas, abdominal pain**)
- **character of** symptoms
- **Localisation of pain**
- **intensity**
- **duration**
- **irradiation**

- **provocative factors** (fatty food, training)
- + relieve of symptoms
- Duration of symptoms
- medicaments
- **dyspnoe: inspirative/expirative**
- **cough:** character: dry**/ wet**

  - character of sputum

    serous, mucous, mucopurulent, purulent, putrid,

    duration, temperature, dyspnoe

2. Present complaints key question

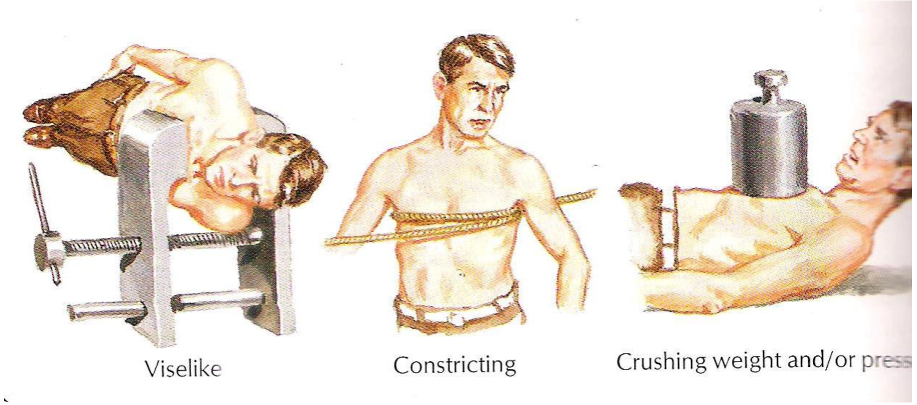
- Localisation
- Character
- Quantification of severity
- Timing (onset, duration, frequency)
- Onset condition
- Aggravating factors / relieving f.
- Concomitant signs
- Treatment

Anamnesis

- **Present complaints**
- **Predchorobie**
- **Personal history**
- **Medicament history**
- **Allergic history**
- **Family history**
- **Social / Work h.**
- **Gynecological h.**
- **Epidemiologic h.**
- **Vital Function**
- **Abuses**

Chest pain

- **1. character** (stone-fire-band)
-
- **2. localisation**
- **3. duration**
- **4. irradiation**
- **5. reaction to relaxation / NTG**
- **6. concomitant symptoms**
- **7. evocatory factors** (phys. training: work, walking to the hill at the windy condition, psychic stress, after lying to the bed, after meal...)



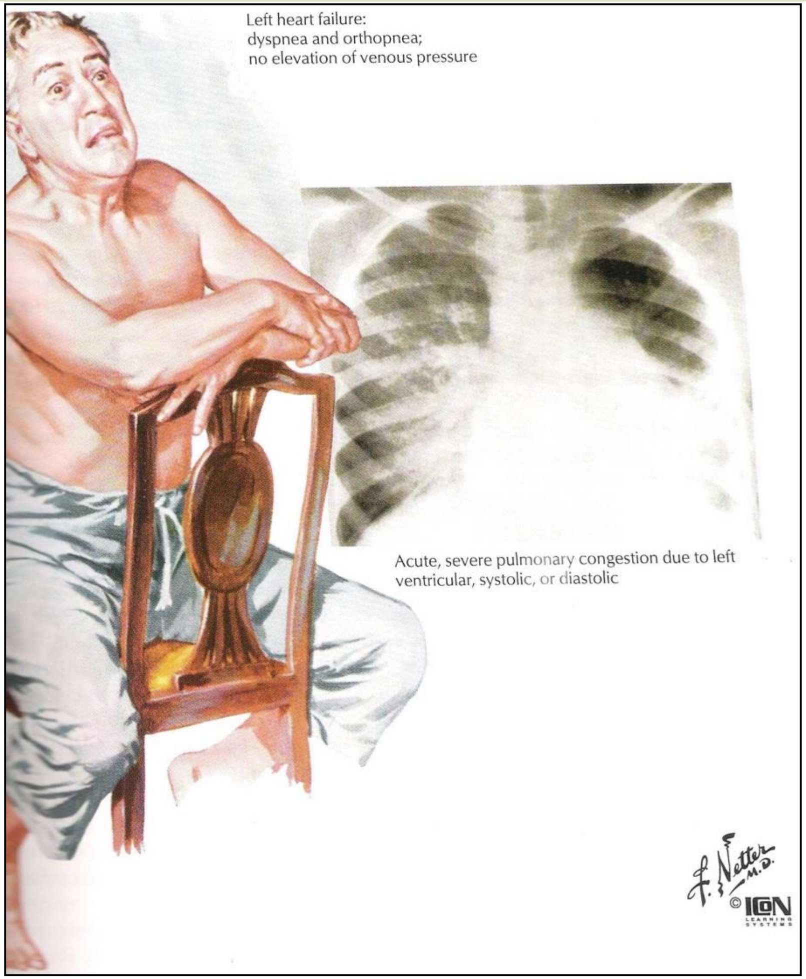
- **!!! Dif. Dg cardiac // noncardiac !!!**
- GERD (+ pyrosis, hungry pain)
- Vertebrogenic (+ moving)
- Neurovegetative dystonia (scare, tremor, neuroveg. spt)
- pleuritis (+ breathing)
- Herpes zoster

DYSPNOE – character

- **At inspiration** (left ventricle failure)
  - **ortopnoe** – dyspnoe at lying position
- **At expiration** (COPD, bronchial asthma, bronchitis)

NYHA classification:

- 1. no limitation
- 2. slight limitation to the 1.st floor
- 3. moderate limitation – simple hygienic needs
- 4. severe limitation – lung edema



Legs edemas, cough, palpitation, syncopa, vertigines

3. LEGS EDEMAS

- symetric
  - left heart failure
- asymetric - phlebotrombosis
  - chron. venous inssuficiency
  - lymphedema

4. COUGH

- **productive** (chron bronchitis)
- **dry** - cardiac astma – LH failure
  - bronch. astma - wheezing

- **5.PALPITATION** –
  anxiety, tachycardia

- **6. SYNCOPA & Vertigo**

transient unconsciousness - insufficient circulation of CNS

- -- TIA
- – K-tachycardia/ bradycardia
- – Lesion of vestibular. System
- – Block of C-column

Vital function

- **stool (diarrhoe/ obstipation**
- **urination**
- **sleeping**
- **weight (+ / -)**
- **appetite**

Medicament history

- All medicament + dosage
- Contraceptives (dyspnoe, CMP)
- Nutritional supplement, tees, herbal products
- Products of fitness treening, proteins (duration of tx)

RA

Zdravie - priami pokrvní príbuzní

- rodičia
- súrodenci
- deti
- všetky choroby
  - ICHS, hypertenzia,
  - diabetes mellitus, HLP,
  - rakovina
  - Vrodené choroby

OA

Všetky **choroby / operácie/ úrazy: chronologicky**

- Operácie dôvod / úrazy
- reumatická horúčka
- Ischemická choroba srdca
- hypertenzia
- diabetes
- Onkologické choroby....
  - Uviesť rok dg, liečbu

PA & Sociálna anamnéza

- zamestnanie
- vzdelanie
- stres, chemikálie
- choroby z povolania (silikóza...)
- fyzická / psychická práca
- rodinný život
- Stravovacie návyky
- spánok
- šport, hobby...
- Fyzická aktivita: denný tréning, šport aktivity- ako často -denne, týždenne...koľko min./km...

GA

- Menarché- vek
- Cyklus / a .28.. dní, trvanie 5-7, bolesti...
- P: /   , Ab: spont/umelý, UPT, HAK – druh, dĺžka th, dôvody, NÚ
- Menopauza: vek, spt.?
- Operácie
- Choroby

AA

- Na tbl/ prach/ roztoče/ pele/ trávy...
- Forma podania – tbl, inhalač, krém, inj, inf.
- Ako sa prejavila:
  - urtika
  - opuch tváre + jazyka
  - anafalykt. Šok
- Ako odoznela reakcia

Abúzy

- alkohol
- fajčenie
- drogy
  - extáza, kokaín, pervitín, heroín....
    - spôsob podania (intranazál, iv....)
    - ako dlho ?
    - ako často ?
    - prečo ?

AUDIT-C dotazník

rýchly skríning riziková konzumácia alkoholu

Otázka	0	1	2	3	4	Skóre
1. Ako často si dáte A nápoj ?	nikdy	1x M ↓	2-4x M	2-3xT	4xT↑	
2. Koľko pohárikov A si dáte v bežný deň, keď niečo pijete?	1-2	3-4	5-6	7-8	10 ↑	
3. Ako často si dáte **6 a viac pohárikov A** na 1 príležitosť (do 2 hodín) ?	nikdy	↓1xM	Každý M	Každý T	(takmer) denne	+

600ml vína *al.* **180ml liehoviny** *al* **.1800ml piva?**

1 štand. pohárikEU
= 10g alkoholu

- **30 ml liehoviny**
- **300 ml piva**
- **100 ml vína**

Skóre **4-5: stredná konzumácia alkoholu**
≥ 6 : vysoko riziková konzumácia alk.

Vyšetrenie na alkohol

Anamn: čas, množstvo, druh konzum. Alk./nealk. nápojov, jedla, ďalšie okolnosti
Obj. vyš.: hmotnosť
výzor: šatstvo, farba tváre, čkanie
Správanie: artikulácia zreteľná/nejasná
Orientácia časom /miestom/ osobou
Reakcie: rýchle, pomalé, útlm
Fororeakcia zreníc na svetlo, konvergencia
Pulz: frekvencia, plný, prav/neprav.
Skúška na ataxiu: chôdza I.,II. (pri otáčaní) (ne/istá), postoj III (Romberg)
Iné ch: epilepsia, DM, vyčerpanie
Spt. /záznam o príp. požití liekov, drog kokain, morfin...
Zranenia – opis

Záver: a/nejaví zn.požitia alkoholu
b/ javí známky požitia alkoholu

Dychová skúška:
- polícia
- zamestnávateľ

Vyš. krvi- na dezinfekciu nepoužiť roztok s obsahom alkoholu 10 ml plnej krvi (Vacutainer)

Moč: 10 ml skúmavku hermeticky uzatvoriť, zaliať voskom

Epidemiologická anamnéza

- Cestovateľská (krajina, dĺžka pobytu, dĺžka letu)
- Očkovanie proti Covid inf.- počet dávok, typ vakcíny, NÚ, prekonal Covid?– kedy aký priebeh
- Očkovanie proti tbc, iné očkovania v detstve
- Kontakt s osobou s infekčným och.(dĺžka expozície, vzdialenosť...)
- Domáce zvieratá mačka, pes, andulka...

Dokumentácia- praktické rady

- uved´ **diagnózy** - dôvod prijatia d**o nemocnice**

- urč závažnosť všetkých **diagnóz**: **akútna, chronická, akútne zhoršené chron. ch,**

- urč etiolog. príčinu dg "GIT krvácanie pri krvácaní z **vredu duodena"**
  „akútna pankreatitída alkohol. etiol.“

- rozlišuj "**suspektný," "možný," alebo** "**pravdepodobný**"

- zdokumentuj ošetrovateľskú starostlivosť (rany, dekubity, nutričný stav apod.)+ foto dok. + dotazník dekubitov (Waterloo skóre)

- uved´ jasne, čo je prítomné pri prijatí

- Uved´ čo bolo vylúčené

- zdokumentuj výskyt systémovej zápalovej odpovede (SIRS) pri traume, pankreatitíde

Podstata chýb v lek.praxi

- Profesionálna povinnosť – **poskytnúť štandardnú zdravotnú starostlivosť**
- **1. Chyby z nedbalosti**
- **2. Z neskúsenosti**
- Chybám sa nedá vyhnúť
  - Všetci MUDr. robia chyby v profesion. kariére
  - Musí byť jasné, že neide o chybu z nedbalosti

Medicína a právo

- Postup lege artis
- Zavinenie:
  - Úmyselné
  - Z nedbalosti
    - Vedomé/ nevedomé
- Pracovno-právna zodpovednosť
  - neplnenie povinnosti, nerešpektovanie pokynu
- Priestupok (požitie alkohol. nápoja....)
- Majetková zodpovednosť (spôsobenie škody pacientovi)
- Informovaný súhlas
- Poučenie pac. o rizikách vyšetrení
- Informácie rodiny - v súlade so záujmami pac.
- Zachovanie lekárskeho tajomstva

Medicína a právo

- Správne poskytovanie zdrav. Star. a postup lege artis
- Poučenie a informovaný súhlas
- Práva pacienta
- Konštatovanie smrti
- Metodický pokyn o výkone predoperač. vyš.^{2004}
- Výkon súkromnej praxe
- Poplatky v zdravotníctve
- Hranica kuratívnej a paliatívnej zdr. star.
- Etický prístup k pac. / príbuzným
- formálna stránka komunikácie

Predoperačné vyšetrenie

Cieľ:
- zhodnotenie zdravotného stavu chorého
- posúdenie stupňa perioperačného rizika
- spôsobilosti pacienta k operačnému /dg výkonu
  v CA alebo
  v regionálnej anestézii (epidurálna pôrodnícka analgézia)
- odporuč. liečebno-diagnostický postup v perioperačnom obd.

= je podkladom pre predanestetické vyšetrenie

Obsahuje:

a) kompletnú anamnézu + objektívny nález
b) zhodnotenie laboratórnych + ostatných vyšetrení
c) záver a doporučenia v perioperačnom manažmente pacienta

Perioperačné riziko ASA 1.-5

E- urgentný / akútny výkon – zvyšuje mortalitu cca 2x

Doba platnosti IPV

- ASA 1,2-stabilizovaní – 1 mesiac
- ASA 3-stabilizovaní – 14 dní
- ASA 4,5 – max. 7 dní, prípadne aktuálne

- Instabilní pac.- zaktualizovať

Výkony

- **a) URGENTNÝ VÝKON** – neznesie odklad

  zahájenie do 1 hodiny od vzniku indikácie výkonu (zvyčajne ak je dlhšie hospitalizovaný) príp. od prijatia do nemocnice (ak pacient prichádza z terénu)

- **b) AKÚTNY VÝKON** – po nevyhnutnej príprave

  do 12 hod. od vzniku indikácie príp. od prijatia do nemocnice

- **c) PLÁNOVANÝ – ELEKTÍVNY**, príp. SUBAKÚTNY VÝKON – nespĺňa kritéria pre a) ani pre b)

Documentation Best Practices

- Always document the **diagnosis**(es) that is the **reason for admission**, rather than just the presenting symptoms, as soon as it is determined

- **Document diagnoses**, rather than descriptors (e.g. “metabolic encephalopathy”, not “altered mental status”)

- Indicate acuity/**severity of all diagnoses**: **acute, chronic, acute on chronic, or exacerbation**.

- Link **all diseases** /diagnoses to their underlying causes if known.
  (For example, “GI bleed **due to** peptic ulcer with hemorrhage”)

- Indicate “**suspected,” “possible,”** or “**likely**” when treating a condition empirically, such as a gram negative pneumonia. Coding guidelines require that uncertain diagnoses are documented as such at the time of discharge.

- Use supporting documentation from dietary and wound care specialists to accurately document nutritional disorders and pressure ulcers.

- Clarify what is **present on admission (POA**)

- Clearly **indicate what has been ruled out** (e.g., “post-op infection: ruled out”)

- Avoid use of temporal indicators, unless they are pertinent and are intended to describe complications rather than expected events.

- Consider documenting if systemic inflammatory response syndrome (SIRS) is present in trauma, burn, and pancreatitis cases when VS and labs support this

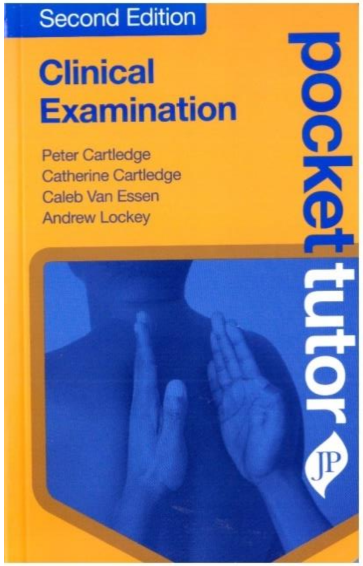
- Avoid use of arrows/symbols (e.g., use hyponatremia instead of ↓Na)

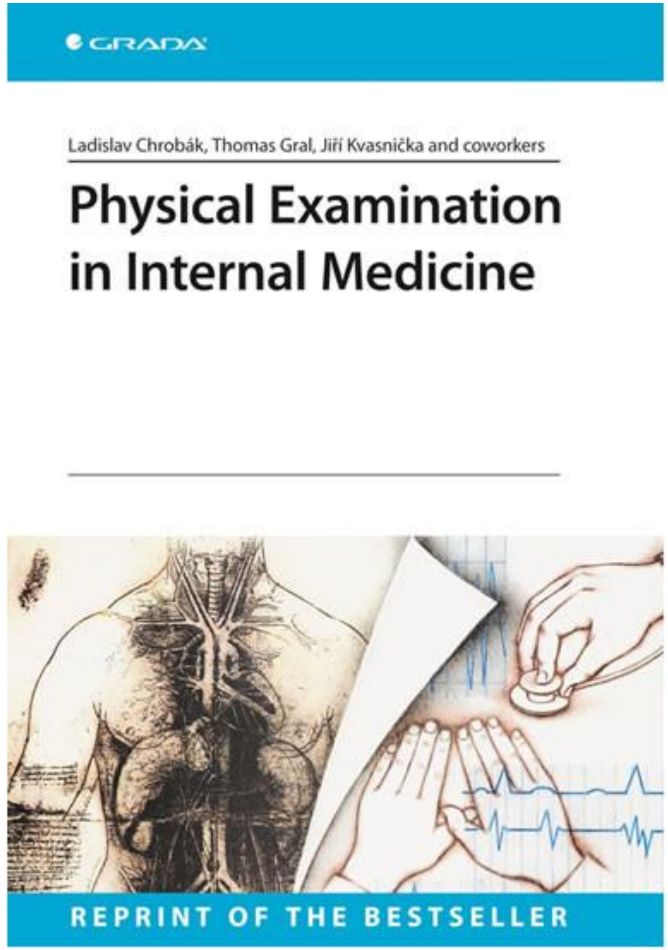
Abbrevations

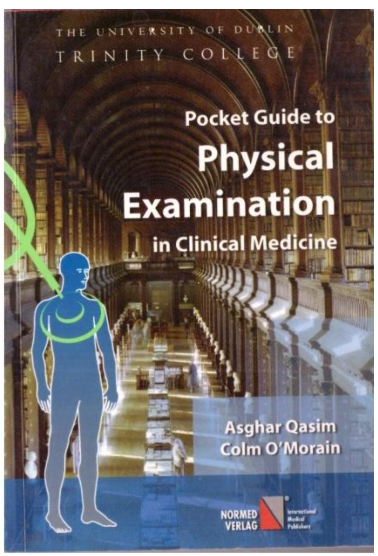
- A1- aortic 1st sound
- A2-aortic 2nd sound
- AA-aortic aneurysm
- ABG-arterial blood gasses
- BP-blood pressure
- BS-breath sounds
- Bx- biopsy
- Bid- bis in die (twice daily)
- CBC-complete blood count
- CC-chief complaints
- CCU-coronary care unit
- CHF-congestive heart failure
- CV-cardiovascular
- CNS-central nervous system
- CPR-cardio-pulmonary resuscitation
- CXR-chest X-ray
- DM- diabetes mellitus
- Dx-diagnosis
- DOB-date of birth
- ER-emergency room
- ECG-electrocardiogram
- Echo-echocardiogram
- HFx-family history
- Fx-fracture
- g-gallop
- G-gravida
- GA-general appearance
- GB-gallbladder
- H-hours
- HS-heart sound
- HT-hypertension
- HR-heart rate
- Hx-history
- HBP-high blood pressure
- H&P-history and physical examination
- IV-intravenously
- IM-intramuscular
- I&O-intake and output
- L-left
- LBP-low back pain
- Lab-laboratory
- LUL-left upper lobe
- M- murmur, minute, meter
- N-normal
- N & V-nausea and vomiting
- OB-occult blood
- p-post
- P- pulse, pupil
- pt-patient
- P2-pulmonary component of the 2nd HS
- PA-posteroanterior
- PI-present illness
- P&A-percussion and auscultation
- PTA-prior to admission
- qd-every day
- qh-every hour
- R-respirations, right
- RR- respiratory rate
- Rx- therapy,
- SBP-systolic blood pressure
- SH-social history
- STAT-statim
- SX-symptoms, signs
- U-upper
- UO-urine output
- US-ultrasound
- VS-vital signs
- Wk-week
- WN-well nourished
- WNL-within normal limits
- X-except
- Y-years

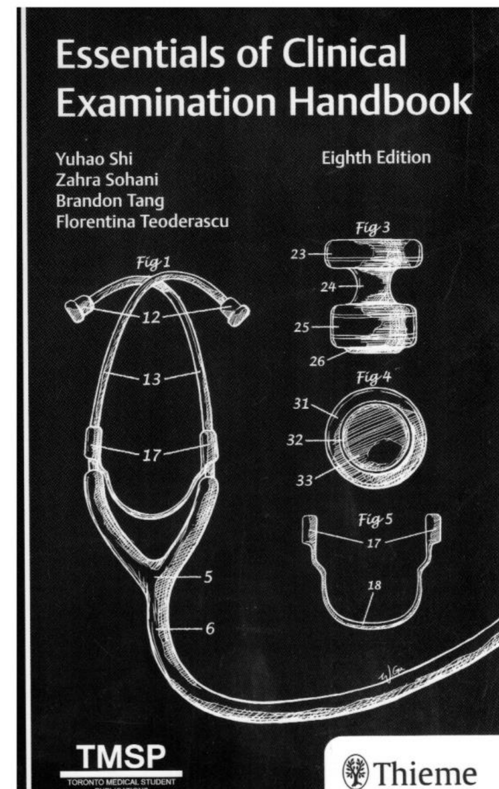
Literature

- Chrobak L. et al: Physical examination in internal medicine, Grada, 2003.
- Hrušovsky et al: Propedeutika Herba, 2013
- Kolář J.: Slovník najpoužívanejších skratiek v medicíne a vo farmácii, Slovakofarma,1997.
- Asghar Qasim, Colm O´Morain: Pocket Guide to Physical Examination in Clinical Medicine, The Univ. Of Dublin, 2007.
- Kumar & Clark: Clinical Medicine, Saunders Elsevier, 2009


Second Edition
Clinical Examination
Peter Cartledge
Catherine Cartledge
Caleb Van Essen
Andrew Lockey
pocket tutor


GRADA
Ladislav Chrobák, Thomas Gral, Jiří Kvasnička and coworkers
Physical Examination in Internal Medicine
REPRINT OF THE BESTSELLER


THE UNIVERSITY OF DUBLIN
TRINITY COLLEGE
Pocket Guide to
Physical Examination
in Clinical Medicine
Asghar Qasim
Colm O'Morain
NORMED VERLAG


Essentials of Clinical Examination Handbook
Yuhao Shi
Zahra Sohani
Brandon Tang
Florentina Teoderascu
Eighth Edition
Fig 1
Fig 3
Fig 4
Fig 5
TMSP
TORONTO MEDICAL STUDENT PUBLICATIONS
Thieme