Glossary of terms used in IEEM

Hong Kong College of Emergency Medicine

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The Hong Kong College of Emergency Medicine IEEM uses several terms in examinations that may cause confusion. The following definitions are intended as a guide to the understanding of these terms. It is important to read the questions carefully and to understand the term in the context of that questions. Examiners and candidates are advised to be rigorous in the use of these terms.

Abnormality
This is any feature in an examination or investigation which is outside the standard deviation of the population being studied. A **Clinical** abnormality however would be a pathologically relevant abnormality and would not include the presence of tubes, prostheses etc.

Assessment
History taking, physical examination and use of investigations.

Characteristics
Something that describes a condition, or piece of equipment that is consistently present in that condition or is pretty fundamental to how the piece of equipment works e.g. mercury is characteristic of the content of thermometers

Class of drug
This is the generic name for the type of drug with a particular pharmacological affect e.g. anticoagulant, antihypertensive etc.

Clinical findings
This may include symptoms, signs and vital signs. It is information gleaned from the clinical evaluation, but not the results of investigations even bedside ones (e.g. Haemglucostix or Urine Dipstick)

Commonest / Common
>75% incidence, or prevalence

Condition
This would suggest a well know pathological entity or diagnosis that should be mentioned as contributing to the presenting complaint.

Criteria
This refers to the fact that there is a formal international / national guideline or scoring system that allows you to define the seriousness of a condition e.g. CURB-65 score for pneumonia etc. Each criterion may be a clinical sign, measurement, or bedside observation that helps discriminate in some way for the management of the patient.

Definitive management / treatment
This may include things you would do in the department but usually requires you to list the operation or procedure that will cure or contain the condition.
This may also refer to the gold standard treatment which has been proven to give best results, even if not available in the institution where you work.

Disposition
Where the patient is sent following care in the Emergency Department including follow-up if discharged.

ED management
This requires you to list actions that are life or limb saving or that might improve the course of the condition if done within the ED. It is not definitive management. This may however include analgesia, referral to specialty team etc.

Essential
This indicates life saving treatments / management steps that are the priority, and would not normally include things like analgesia, communication etc.

Factor
A contributing element or cause for the condition.

Features
This is used in a variety of ways
In the medical history – it indicated symptoms
In the examination – examination findings
In results – abnormalities that are clinically relevant or might simply be the presence of an ETT or central line ie abnormality
If describing equipment of procedures, it is how the equipment looks, or key elements of the procedure.
Clinical features can be symptoms or signs.

Immediate
This indicates what you will do now, rather than include within the general list of investigations or treatments that a patient needs.

Implication
Something that is suggested or hinted at.

Important
Used to indicate something that needs treatment or has a very high chance of recurring e.g. important complications are those that you warn patients about, or that you specifically wish to exclude if a patient deteriorates

Indicators
This is used in the context of a clinical evaluation. It should include history, examination and investigations that might indicate that a particular diagnosis is likely.

Investigations
Specific tests undertaken to make a diagnosis or monitor the patient's condition. They may include bedside tests such as urine dipstick or BM unless otherwise specified.

Management
Aspects of care including treatment, supportive care and disposition / disposal. This does not normally include investigations unless an investigation leads to an immediate change in the treatment, ie blood gas to check the correct Oxygen level is being given.

Measures
Actions that can be taken which may include physical procedures, prescriptions, referrals etc.

Most likely
This requires the commonest or best know items. For example if asked for two most likely organisms causing a UTI – you should list E Coli and Klebsiella etc

Pathophysiological sequence of events
This requires you to list in time order, the events that happen on a cellular, or hormonal level, leading to the current condition. For example, if a lactate is high in the presence of sepsis, you could suggest –

Hypotension
Poor organ perfusion
Tissue hypoxia
Anaerobic metabolism
Glycolysis and lactate build up

Pathognomonic
Refers to a symptom or sign that if present, would always lead to a particular diagnosis

Principles
These are the ideal or essential themes of a treatment or plan. E.g. Principles of drug treatment do not usually require doses or routes but might include "broad spectrum antibiotics" or "antihistamines".

Rarely < 10% of the time

Recommended
This is the best treatment according to a National guideline or accepted practice

Symptoms
This is what the patient complain of.

Signs
This is what you identify by examination, and may include abnormal observations / measurement of vital parameters.

Steps in a management plan
Actions that may include giving treatment, support or referring, if it included an investigation, the investigation must lead to a change in the management plan.

Strategy
This is your plan of action, and would normally include a list of investigations, prescriptions, physical treatments, in a particular order.

Treatment
Measures undertaken to cure or stabilize the patient's condition. This includes oxygen, fluids, drugs, and may also mean surgery. It does not include investigations.

Abbreviations that may be used in the examinations

A&E /AED – Accident & Emergency Department
ABG – Arterial Blood Gases
ACS – Acute Coronary Syndrome
ADH – Anti – Diuretic Hormone
AMI – Acute Myocardial Infarction
AXR – Abdominal X-ray
BPH – Benign Prostatic Hypertrophy
BP – Blood pressure
CBC/ CBP – Complete blood count / Complete blood picture
CHF – Congestive Heart Failure
CT – Computerized Tomography
CXR – Chest X-ray
DIC – Disseminated Intravascular Coagulation
DM – Diabetes mellitus
ED – Emergency Department
FAST – Focused Assessment with sonography for Trauma
FiO_2 – Fraction of inspired Oxygen
GCS/ G.C.S. – Glasgow Coma Scale
HT – Hypertention
ICP – Intracranial Pressure
IM – Intramuscular
IO – Intraosseous
IV – Intravenous
IDDM – Insulin Dependent Diabetes Mellitus
JVP – Jugular Venous Pressure
LVH –Left Ventricular Hypertrophy
LVF – Left Ventricular Failure
LP – Lumbar Puncture
LFT – Liver Function Tests
MI – Myocardial Infarction
NIDDM – Non-Insulin Dependent Diabetes Mellitus
NRM – Non-Rebreathing Mask
O_2 - Oxygen
PO - Oral
RFT – Renal function test
RR – Respiratory rate
RSI – Rapid sequence intubation
SpO2 – Oxygen Saturation by pulse oximetry
TFT – Thyroid Function Tests
USG – Ultrasound Scan / Ultrasonography

Normal Values

Haematology

Haemoglobin (Hb)	11.5 – 15.1g/dl
White blood cells (WBC)	4 – 10 x 10^9/L
Platelets (Plt)	150 – 384 x 10^9/L
RBC	3.80-4.80 x 10^{12}/L
HCT	0.36-0.46
MCV	80 – 98 fl
MCHC	32.9 – 35.3 g/dl
Neutrophils	1.6 – 7.0 x 10^9
Lymphocytes	1.1 – 2.9 x 10^9
Reticulocytes (% Retic)	< 2 %
Prothrombin Time (PT)	9.3 – 12 sec
Activated Partial Thromboplatin Time (APTT)	28.2 – 37.4 sec

Biochemistry

Sodium	135 – 145 mmol/L
Potassium	3.5 – 5.0 mmol / L
Urea	2.6 – 6.6 mmol / L
Glucose	3.5 – 5 mmol / L
Creatinine	49 – 85 µmol/L
Alanine aminotransferase (ALT)	< 55 U/L
Alkaline phosphatase (ALP)	30 – 90 U/L
AST	<40 U/L
Total Protein	65 – 82 g/l
Albumin	35 – 52 g/L
Total Globulin	23 - 36 g/L
Total bilirubin	3 – 17 µmol/L
Gamma GT	<65 U/L
Amylase	<100 U/L
Calcium	2.15 – 2.35 mmol /L
Chloride	95 – 105 mmol /L
Phosphate	0.72 – 1.43 mmol/L

Blood gases

pH	7.35 – 7.45
pO2	11 – 14 KPa / 82.5 - 105 mmHg
PCO2	4.5 – 6 KPa / 33.8 - 45 mmHg
Base excess	Minus 2 to plus 2 mmol/l
Bicarbonate	24 – 30 mmol/L
Lactate	< 2 mmol/l