

EM pearls:

1. Undifferentiated patients present with **symptoms**, not diagnoses. Therefore, you must be able to generate an EM-focused differential diagnosis for each chief complaint. **THINK THE WORST FIRST.** Our job is focused on the recognition and treatment of life-threatening conditions. For example, every patient with chest pain should have six life-threatening diagnoses reasonably ruled out by a detailed H+P: acute coronary syndrome (including MI and UA), aortic dissection, pulmonary embolism, esophageal rupture or perforation, tension pneumothorax, and cardiac tamponade.
2. The patients in the ED are often scared and in pain. Be aggressive about **pain management** and be sensitive to patients' fears. Pain relief is a JCAHO mandate, and documentation of pain scores is now required.
3. **Privacy** issues are very important in the ED. This applies to your patient interview and any interactions you have with other staff when discussing the case. The HIPPA federal mandate attempts to deal with this issue and requires all of us to be particularly conscious of confidentiality. Make sure to log off of all computer programs when finished.
4. Timely patient disposition is our job. We don't want to send patients home with a life threatening condition, yet we need to discharge patients who should go home efficiently. **Patient flow** is a major concern because it impacts the care of all of the patients in the department, including the waiting room.
6. **Presenting your patients.** This is a key part of your success during the rotation. Presentations to attendings and residents should be thorough and complete. Always include the following information. Why is the patient here? Abnormal vital signs? Pertinent red flags on history? Relevant positive or negative physical exam findings? EM-based differential diagnosis? Proposed work-up, treatment and disposition? When in doubt, be more thorough and conservative.

A great resource for you on this topic is <http://www.saem.org/inform/patient.pdf>.