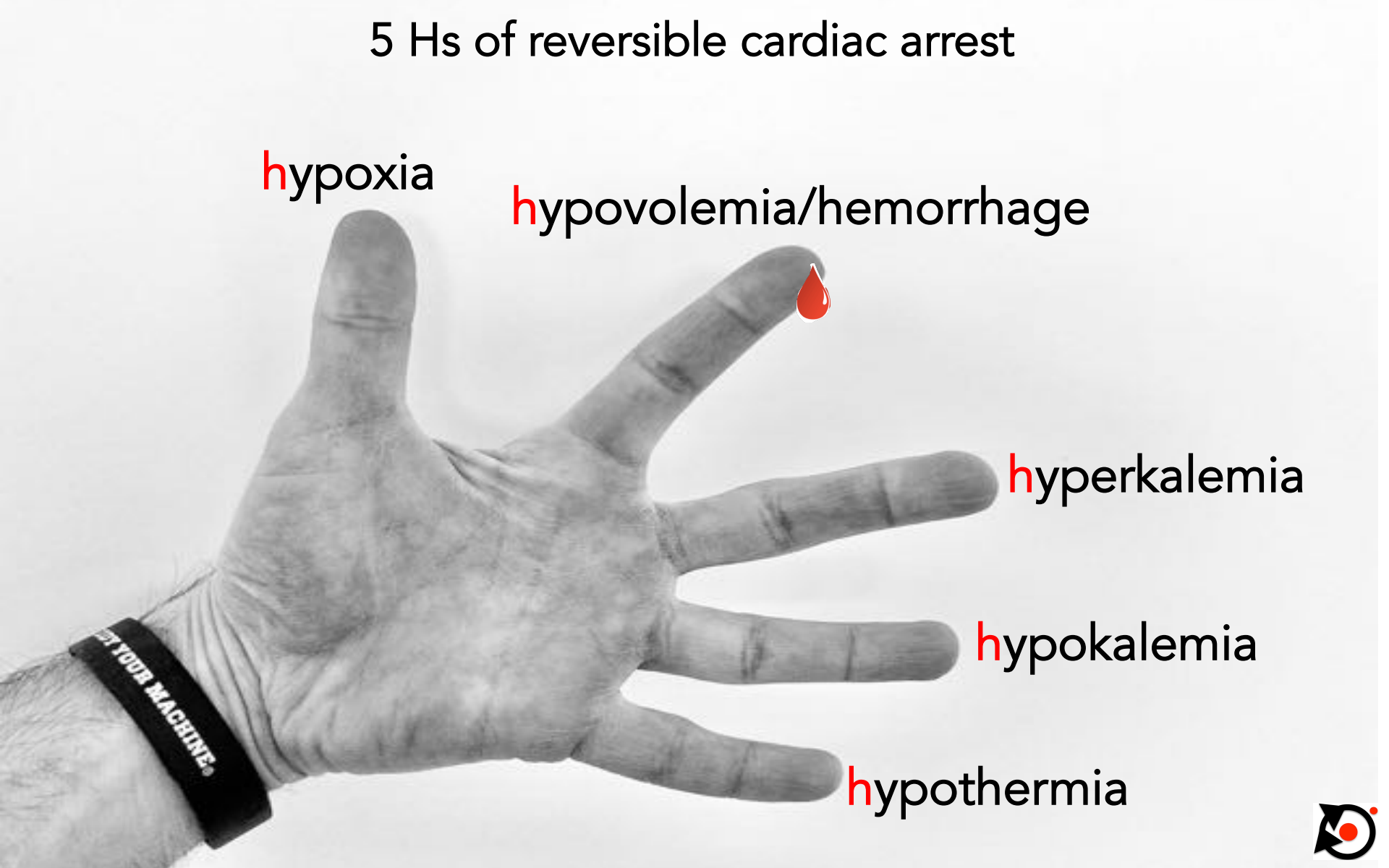
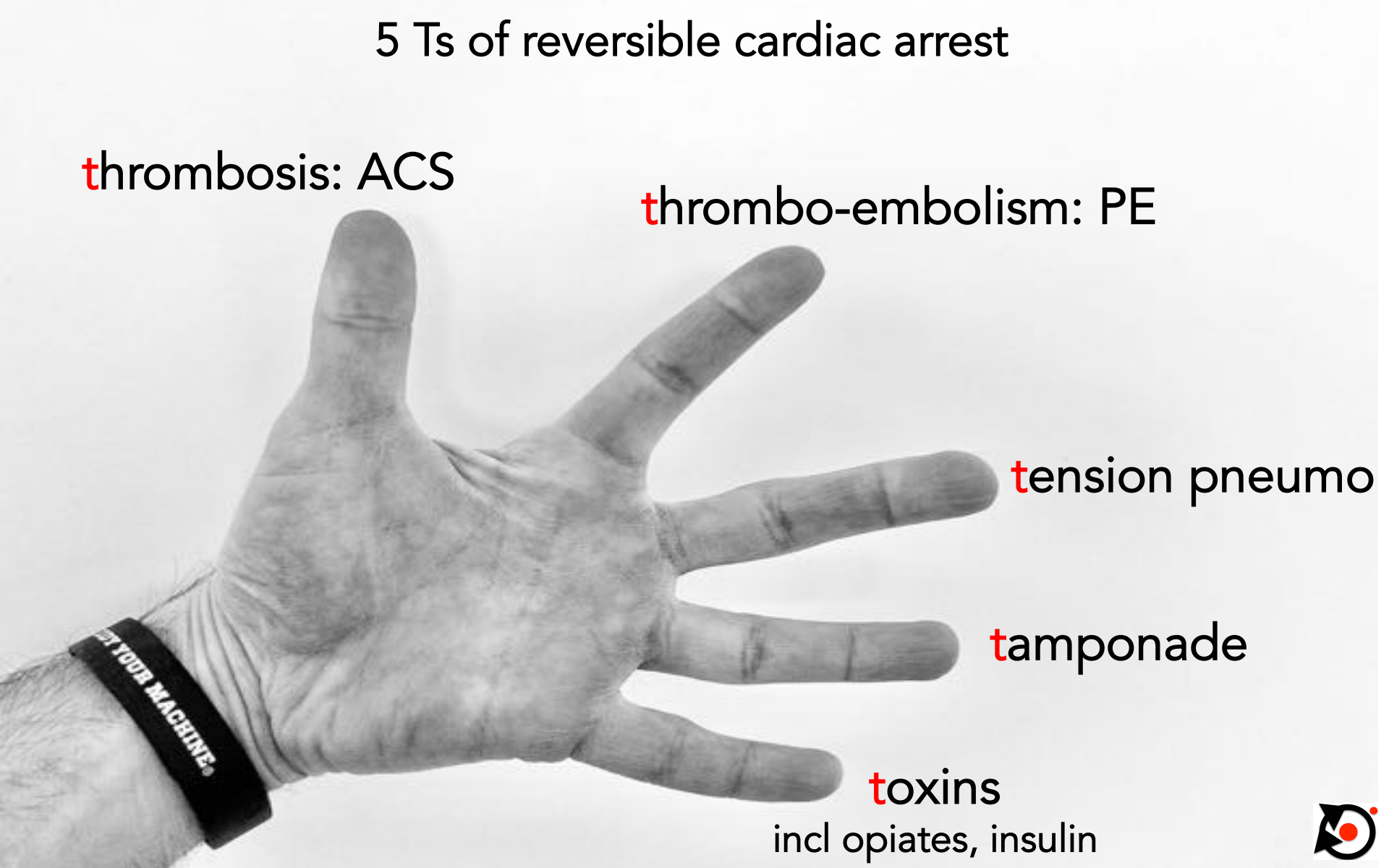
FIVES

if you can remember only 5 items

5 Hs of reversible cardiac arrest



5 Ts of reversible cardiac arrest



thrombosis: ACS

thrombo-embolism: PE

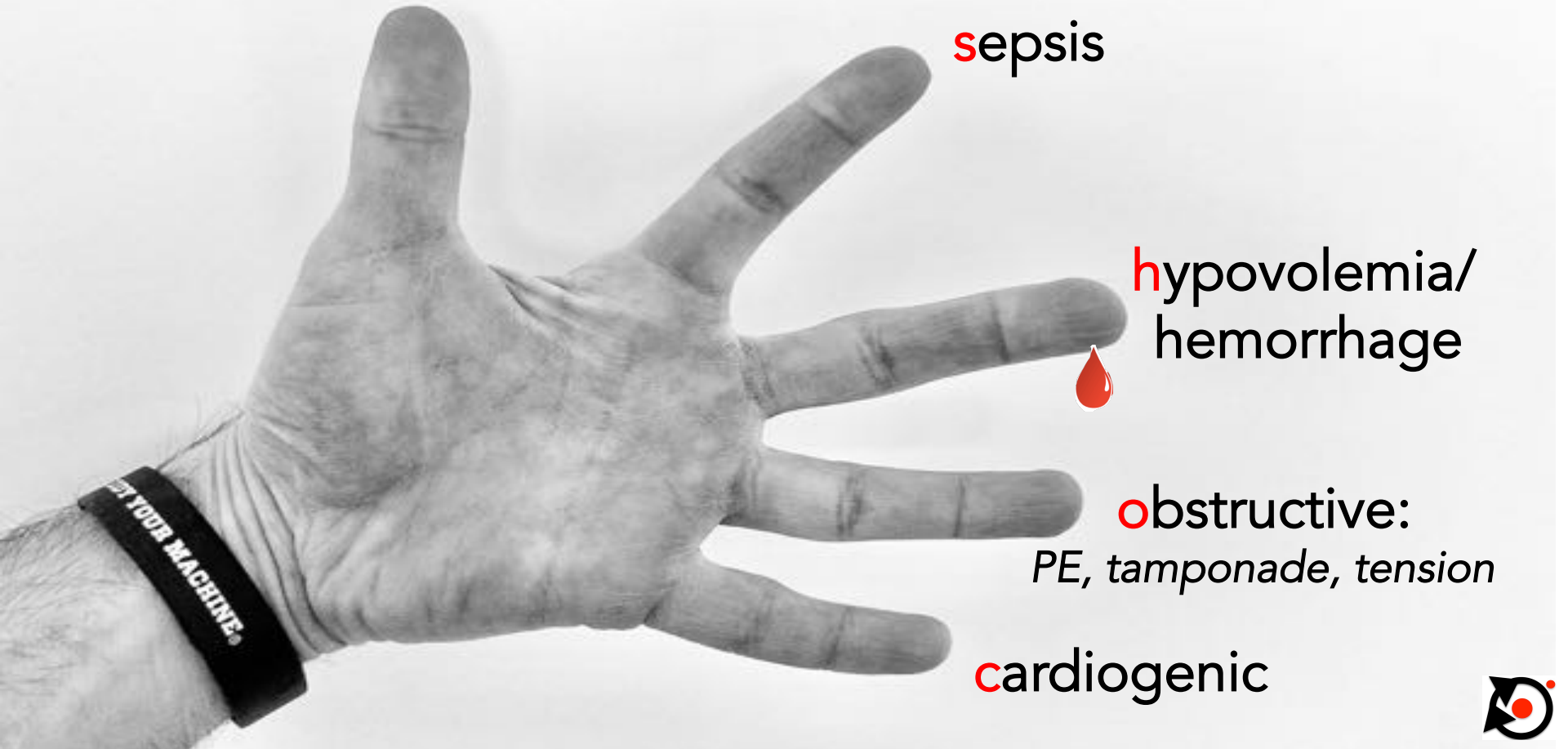
tension pneumo

tamponade

toxins

incl opiates, insulin

the first 5 causes of shock (A. S.H.O.C.K.E.D.)



anaphylaxis

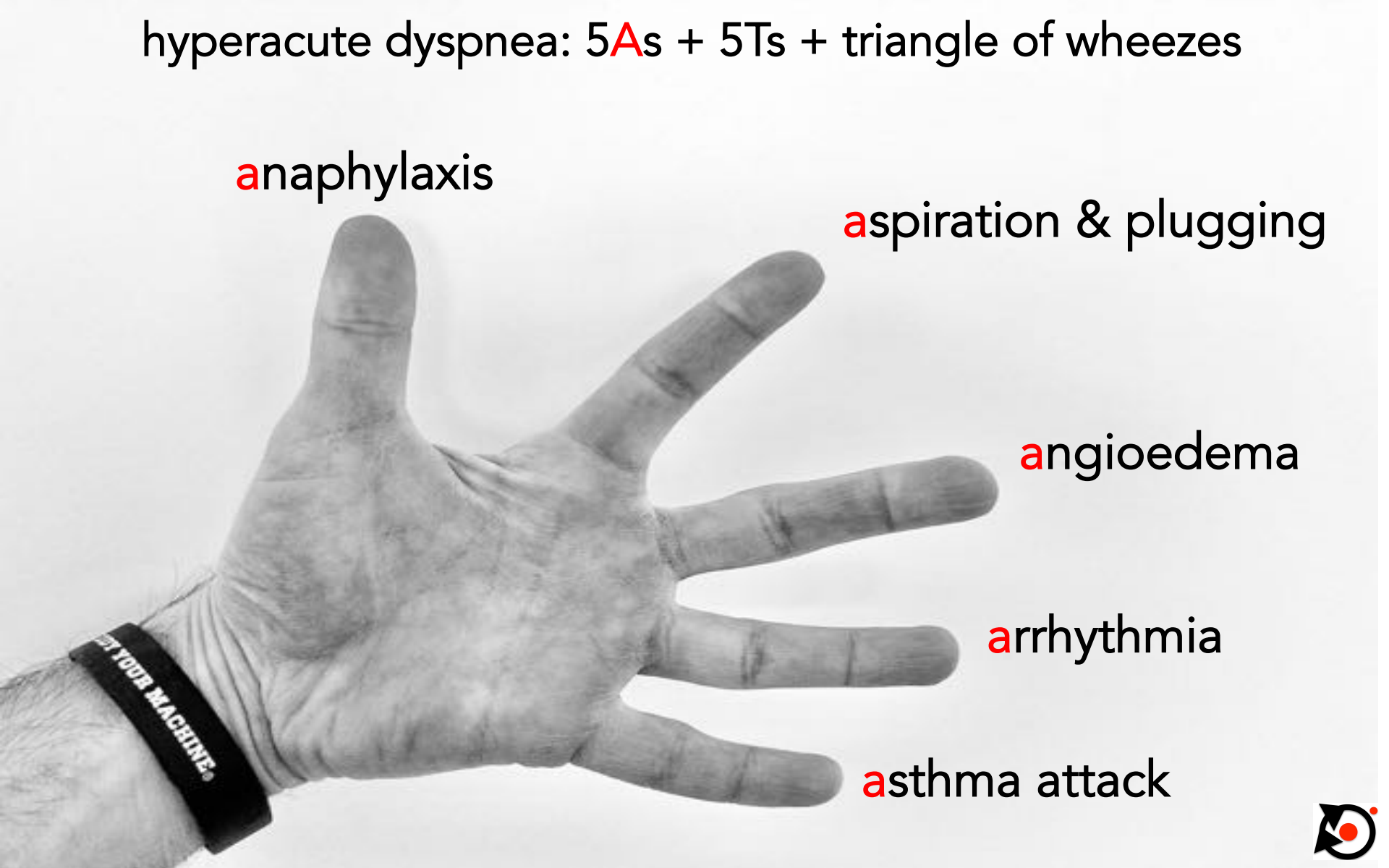
sepsis

hypovolemia/
hemorrhage

obstructive:
PE, tamponade, tension

cardiogenic

hyperacute dyspnea: 5As + 5Ts + triangle of wheezes



hyperacute dyspnea: 5As + 5Ts incl. triangle of wheezes

thrombosis ACS

thrombo-embolism PE

tension pneumothorax

tamponade (incl. typeA-AoD)

triangle of wheezes

acute dyspnea: often 5 together

AHDF with pulmonary edema

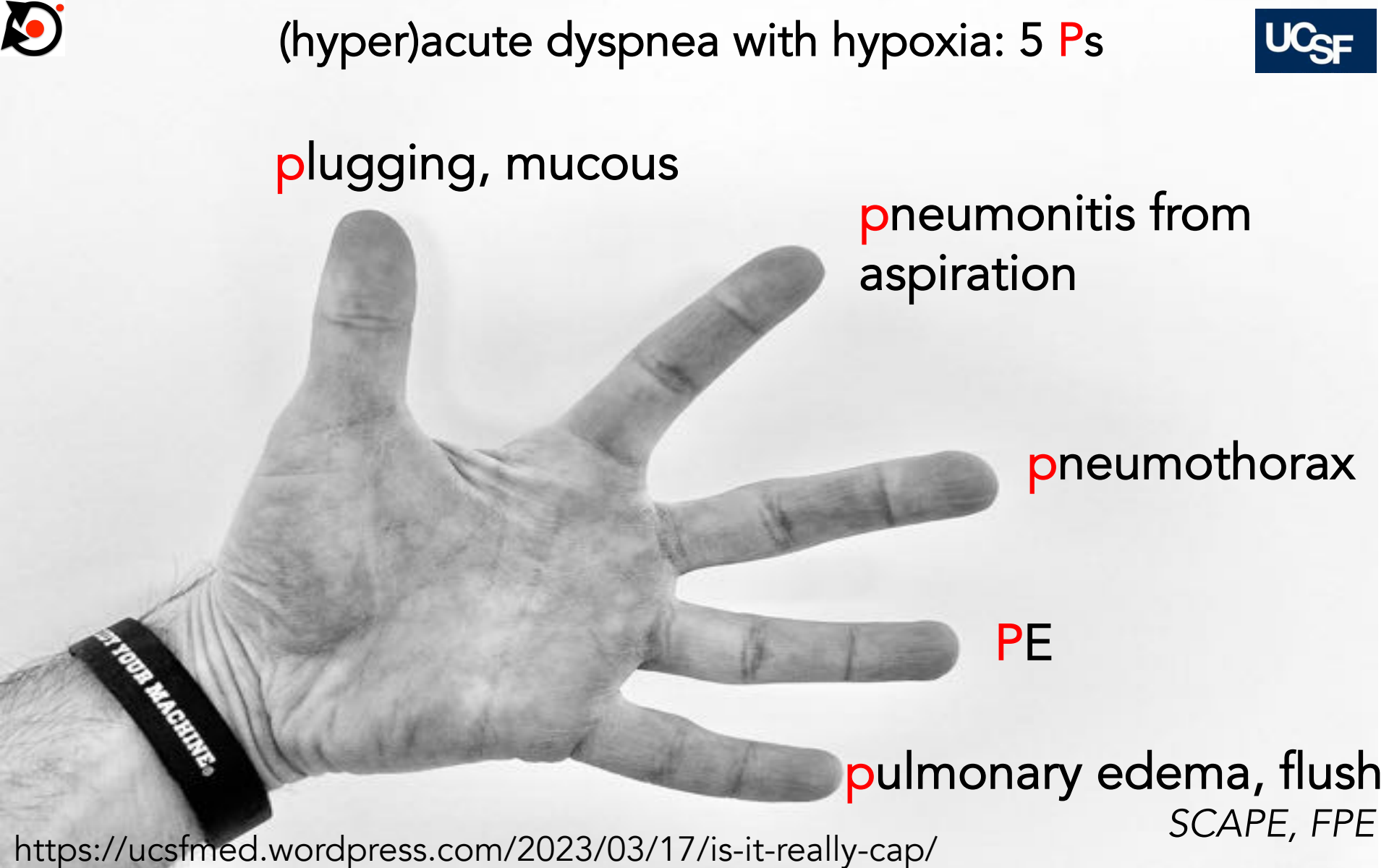
pleural effusion(s)

pneumonia

COPD

pulmonary hypertension
with RV dysfunction

(hyper)acute dyspnea with hypoxia: 5 Ps



plugging, mucous

pneumonitis from aspiration

pneumothorax

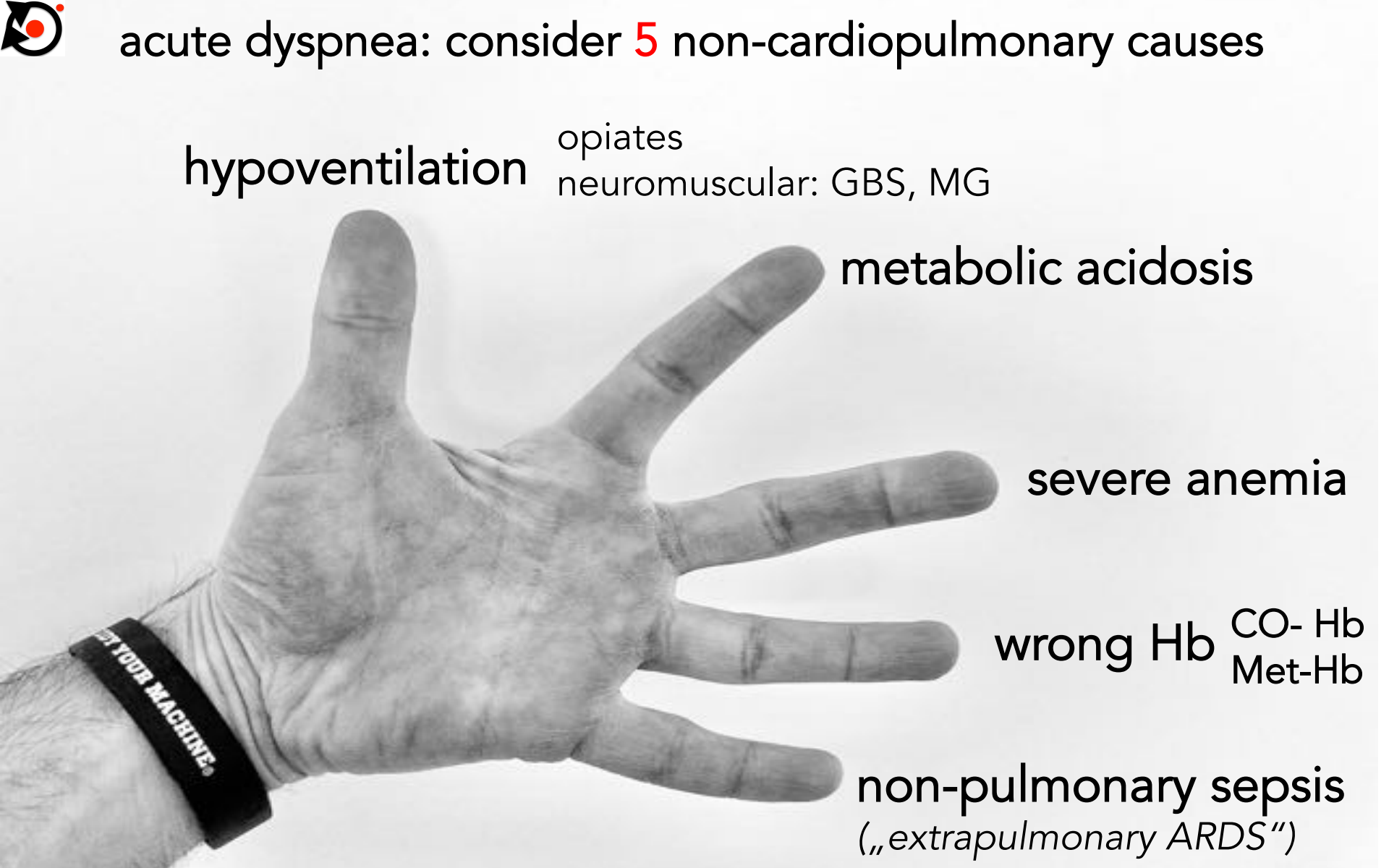
PE

pulmonary edema, flush

SCAPE, FPE

https://ucsfmed.wordpress.com/2023/03/17/is-it-really-cap/

acute dyspnea: consider 5 non-cardiopulmonary causes



hypoventilation
opiates
neuromuscular: GBS, MG

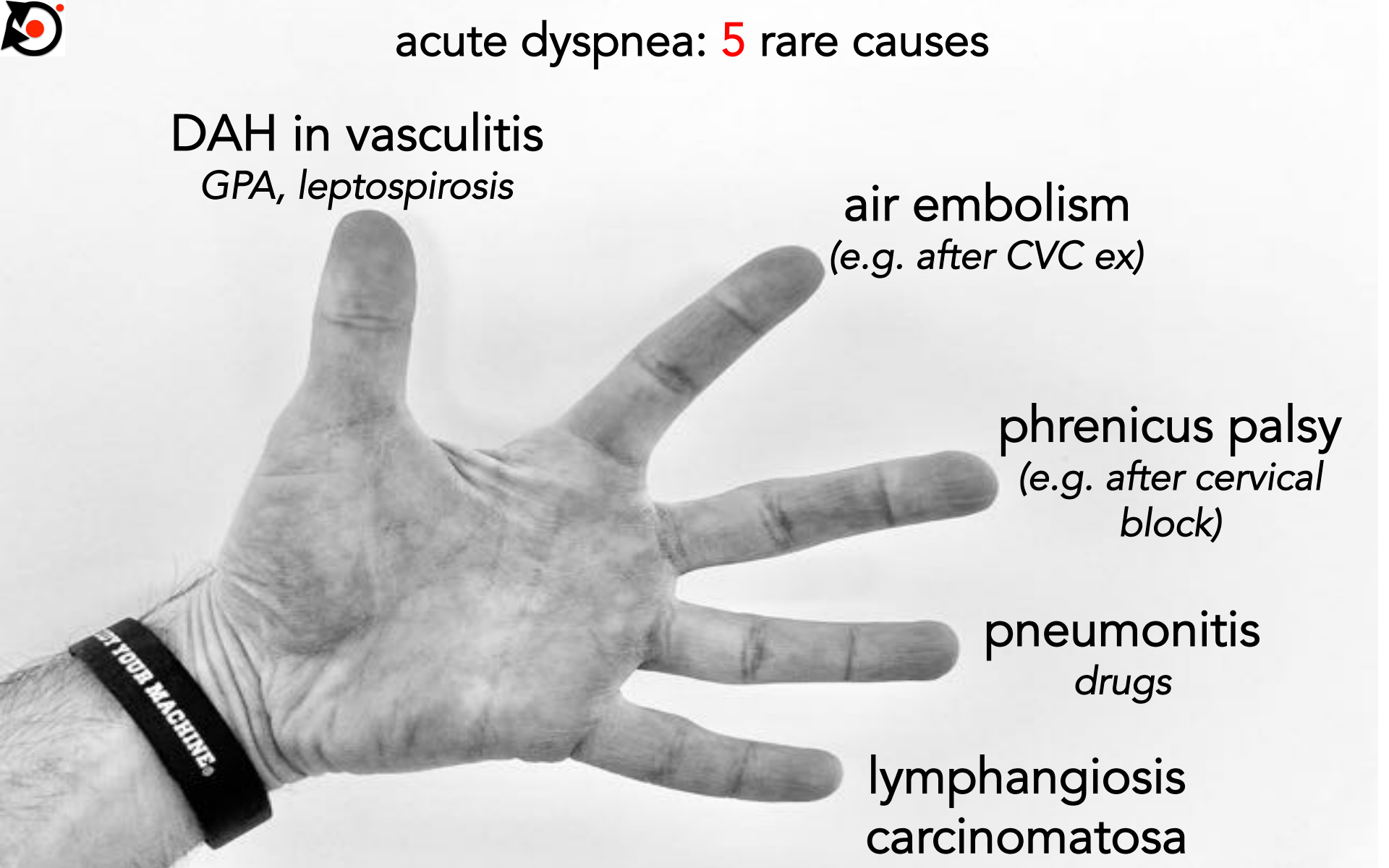
metabolic acidosis

severe anemia

wrong Hb
CO- Hb
Met-Hb

non-pulmonary sepsis
(*„extrapulmonary ARDS“*)

acute dyspnea: 5 rare causes



DAH in vasculitis
GPA, leptospirosis

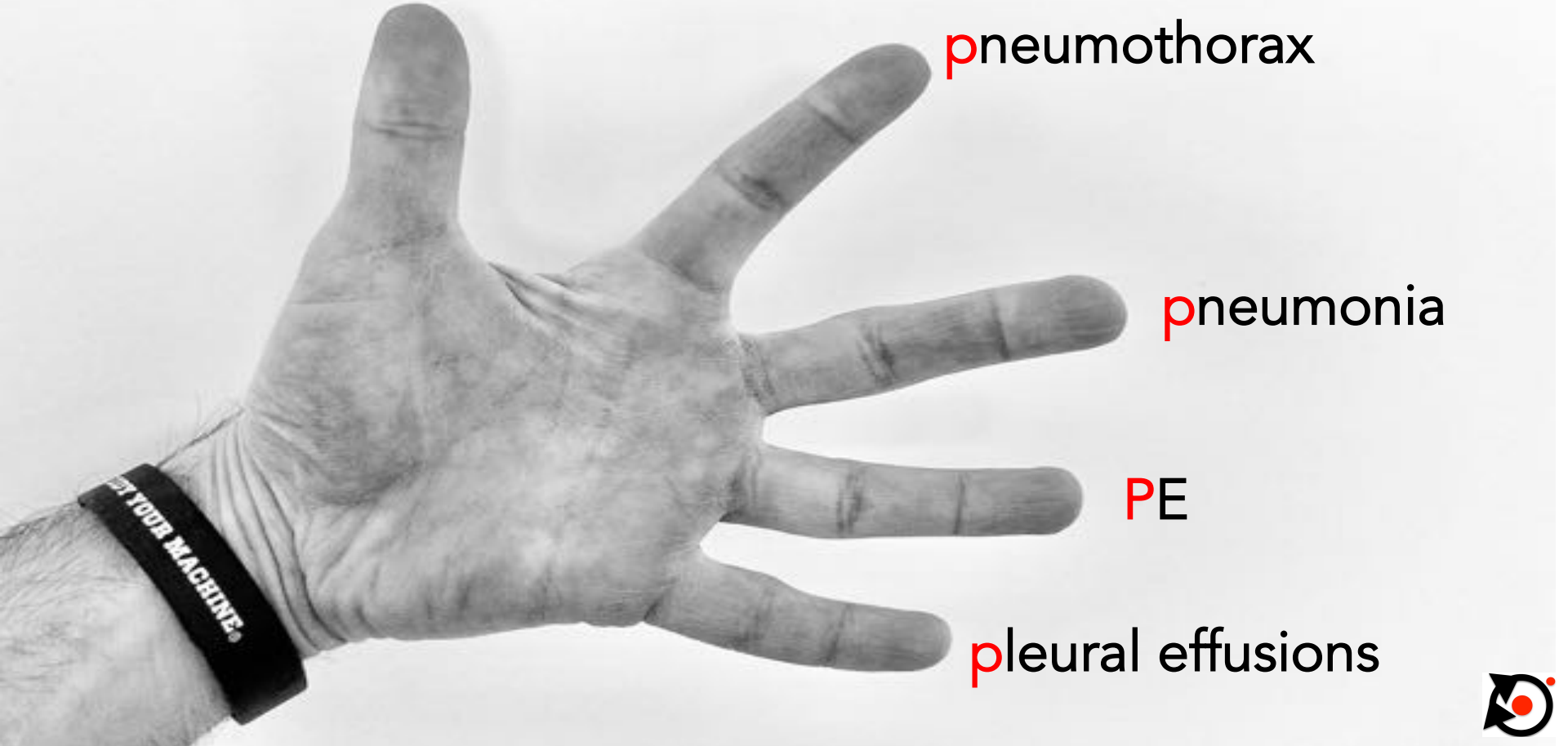
air embolism
(e.g. after CVC ex)

phrenicus palsy
(e.g. after cervical block)

pneumonitis
drugs

lymphangiosis carcinomatosa

5 Ps to consider before diagnosing AE-COPD



CHAMP for causes of cardiogenic pulmonary edema

coronary: ACS

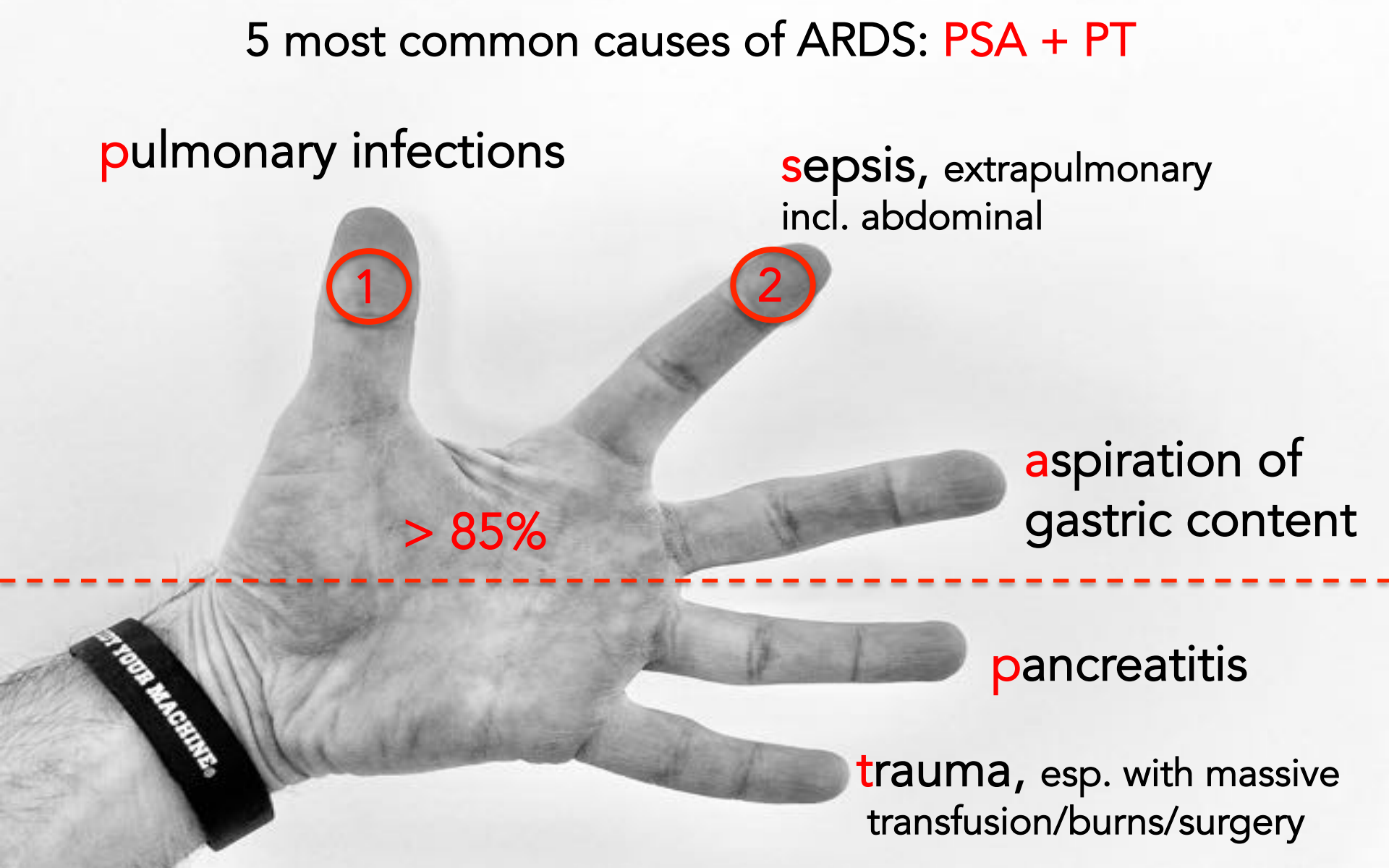
hypertension

arrhythmia

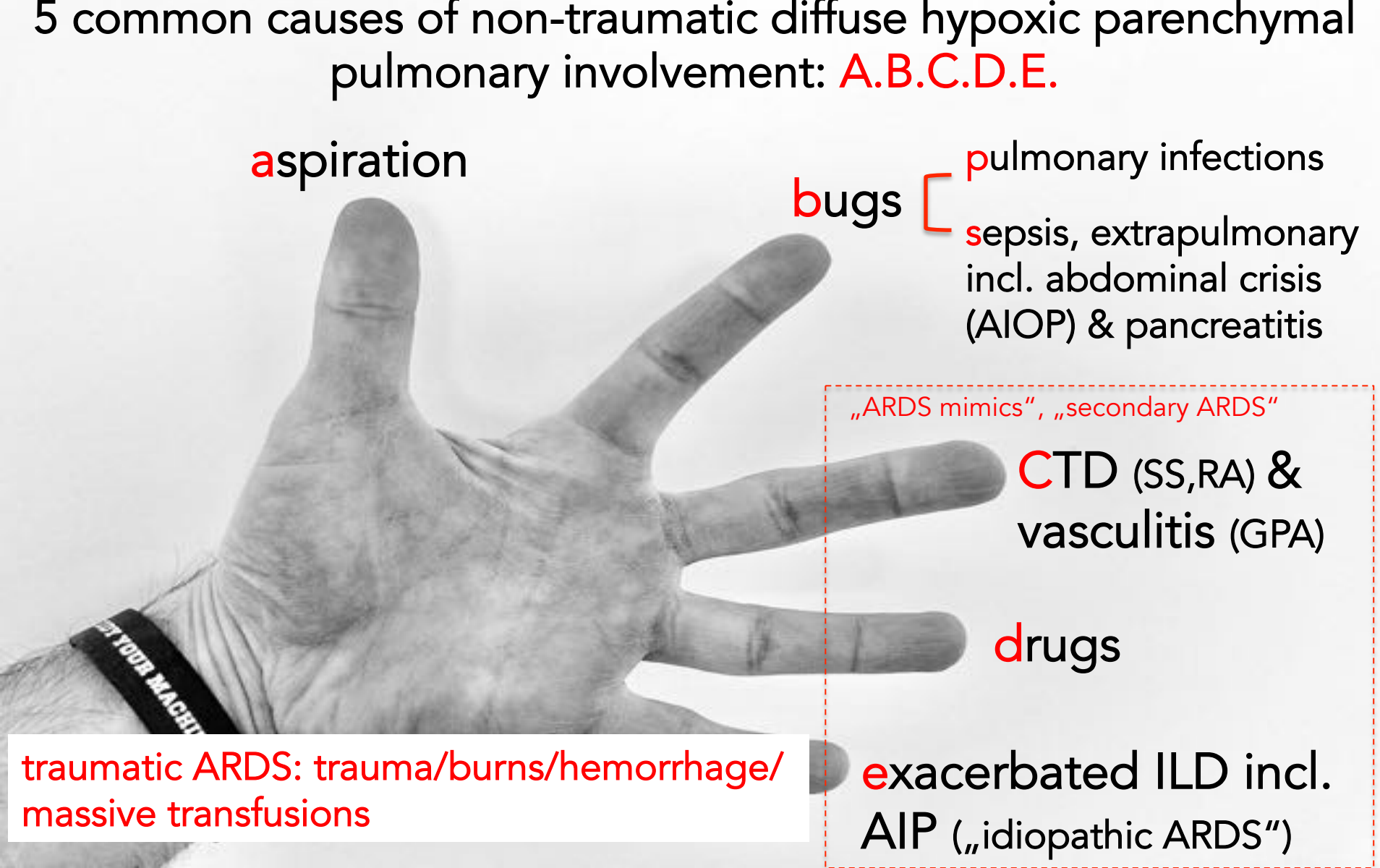
mechanical causes
valves

peri/myocarditis

5 most common causes of ARDS: PSA + PT



5 common causes of non-traumatic diffuse hypoxic parenchymal pulmonary involvement: A.B.C.D.E.



aspiration

bugs
- **p**ulmonary infections
- **s**epsis, extrapulmonary incl. abdominal crisis (AIOP) & pancreatitis

„ARDS mimics“, „secondary ARDS“

CTD (SS,RA) & vasculitis (GPA)

drugs

exacerbated ILD incl. AIP („idiopathic ARDS“)

traumatic ARDS: trauma/burns/hemorrhage/ massive transfusions

Ps in managing ARDS

p_aO_2 55-70 mmHg
$SatO_2$ 88-92%
permissive ↑pCO_2

protective ventilation

$\Delta p < 14$
V_t 6 ml/kg
$p_{max} < 27\text{-}30$

prohibition + permission

restrictive fluids — hypercapnia

PEEP

12-15

proning

(≥ 17 hrs/d)

paralysis

≤ 48 hrs

proceed to vvECMO

S.H.I.T.I. things that happen post-OP

sepsis

hemorrhage

ileus &
gastroparesis

thrombosis
ACS, PE, AMI

insufficiency of
anastomoses

S.H.I.T.^{2}. happens

sepsis

hemorrhage

ileus &
gastroparesis

thrombosis
ACS, PE, AMI

tox: new meds, ψ
withdrawal: sedatives, alcohol

5 S of altered mental state (AMS): basics

sugar

sodium

substances
drugs
new meds

shortage of
substances: withdrawal
vitamins: Wernicke

seeO_2 (CO_2 narcosis)

5 S of altered mental state: internal medicine

sepsis

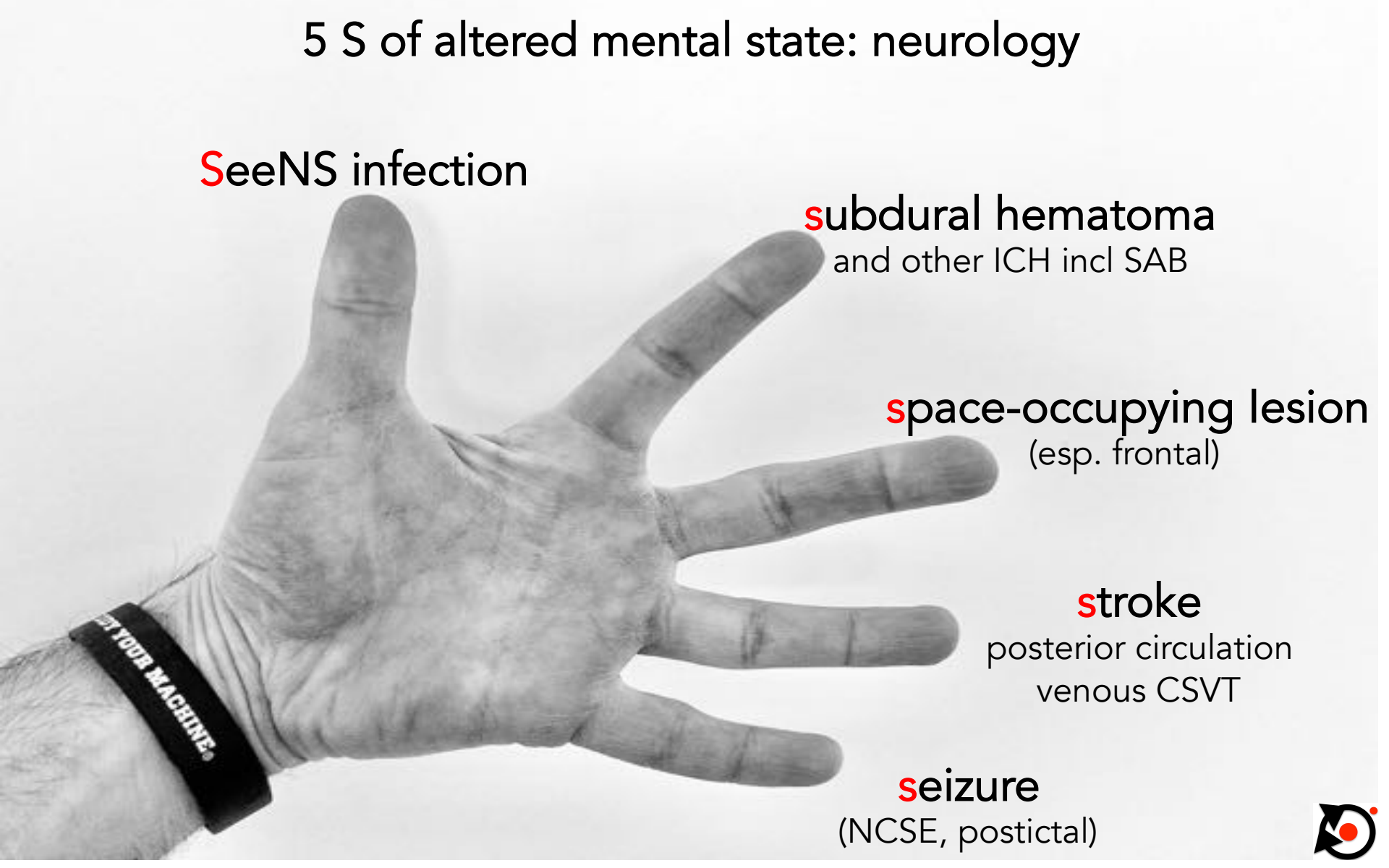
sac full of urine

STEMI

system failure:
liver, kidney, endocrine

seeO (CO intox), Met-Hb

5 S of altered mental state: neurology



SeeNS infection

subdural hematoma
and other ICH incl SAB

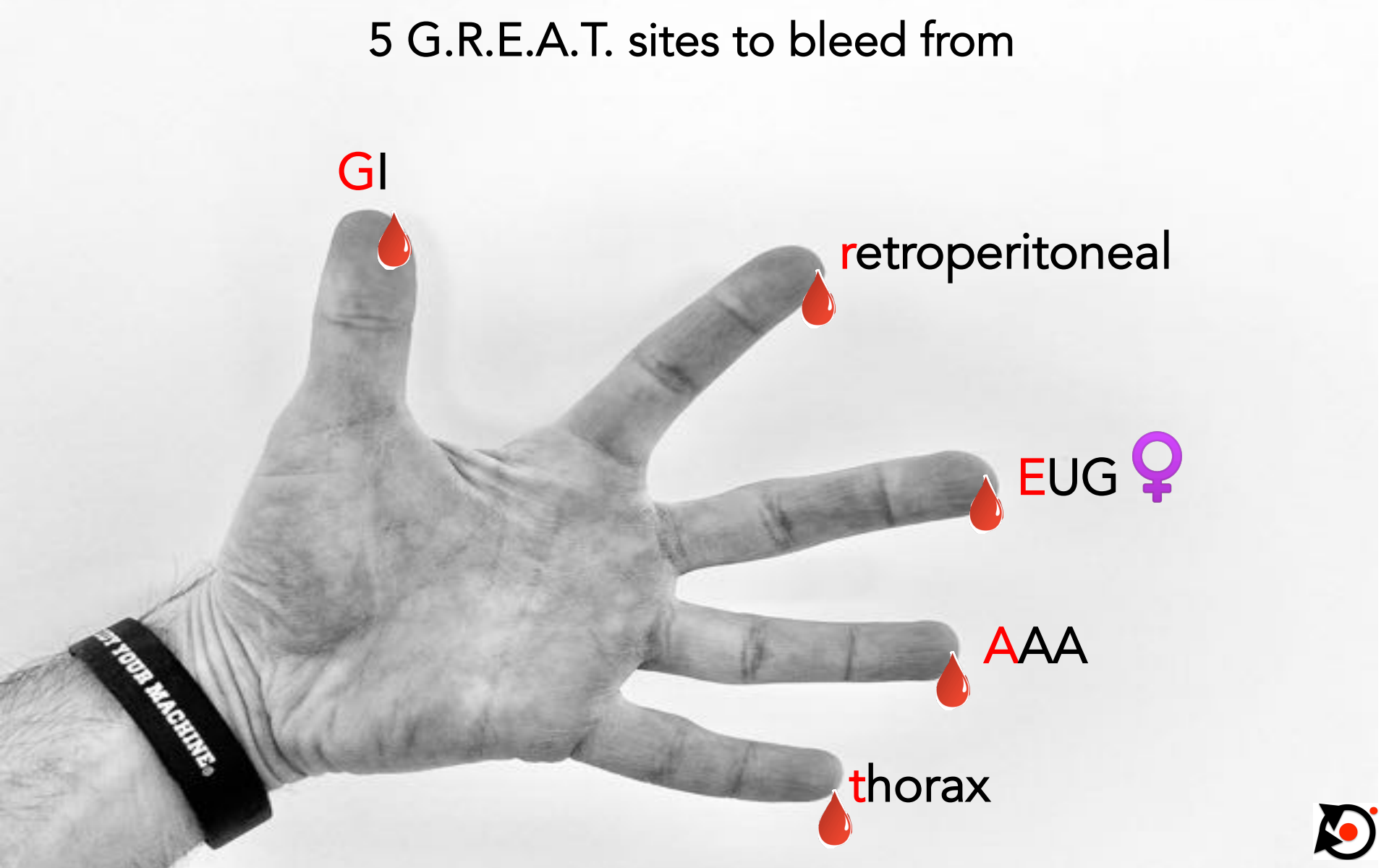
space-occupying lesion
(esp. frontal)

stroke
posterior circulation
venous CSVT

seizure
(NCSE, postictal)

5 Ts to ask the EMS that brought a patient with AMS

5 G.R.E.A.T. sites to bleed from



D. O. P. E. S. for crashing intubated

dislocation of the tube
incl right mainstem intubation

obstruction of the tube

patient

equipment

stomach/ stakes

Patient in D. O. P. E. S. for crashing intubated: 5 Ps

patient –ventilator dyssynchrony

plugging of the bronchi due to secretions

pneumothorax

pneumonia: VAP

PE

pleural effusions are rarely the cause of crash,
but might contribute together with pulmonary edema

A.E.I.O.U. for triggers for emergency dialysis/ RRT

acidosis

electrolytes: hyperK^+

intoxications

overload

uremia

pericarditis, bleeding, encephalopathy

patient with alcohol use disorder –
just intoxicated?- take 5 min of your T.I.M.E. to consider

trauma
- head
- c-spine
- body

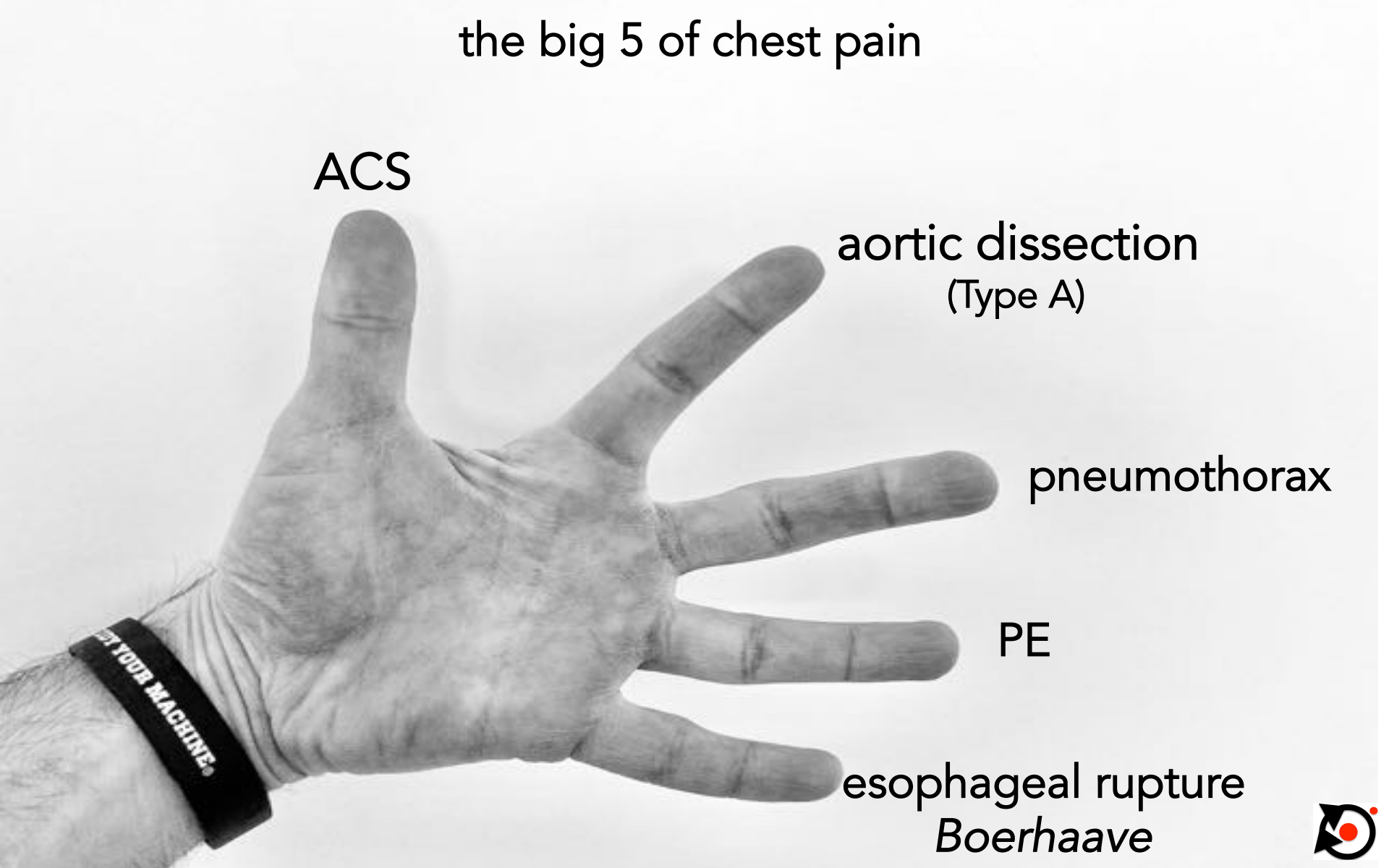
infection
- pneumo, SSTI
- CNS
- IE in IVDU

metabolic:
- hypoglycemia
- Wernicke
- ASH, pancreatitis
- e-ytes: Na, K, Mg
- AKA ketosis
- HE hepatic enceph

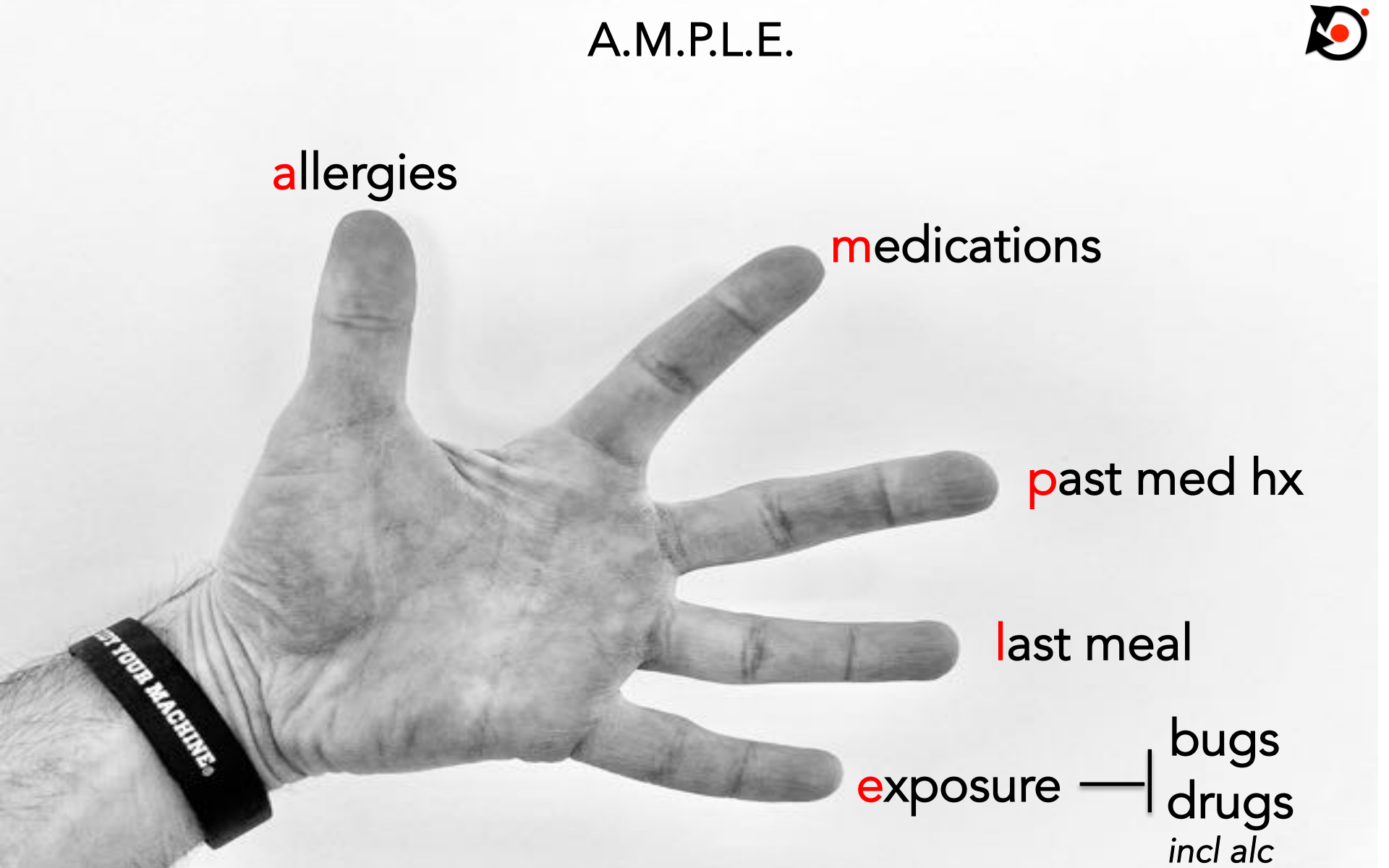
else: alc +
BZD, opiates, **toxic alcs**

sobering= ? withdrawal

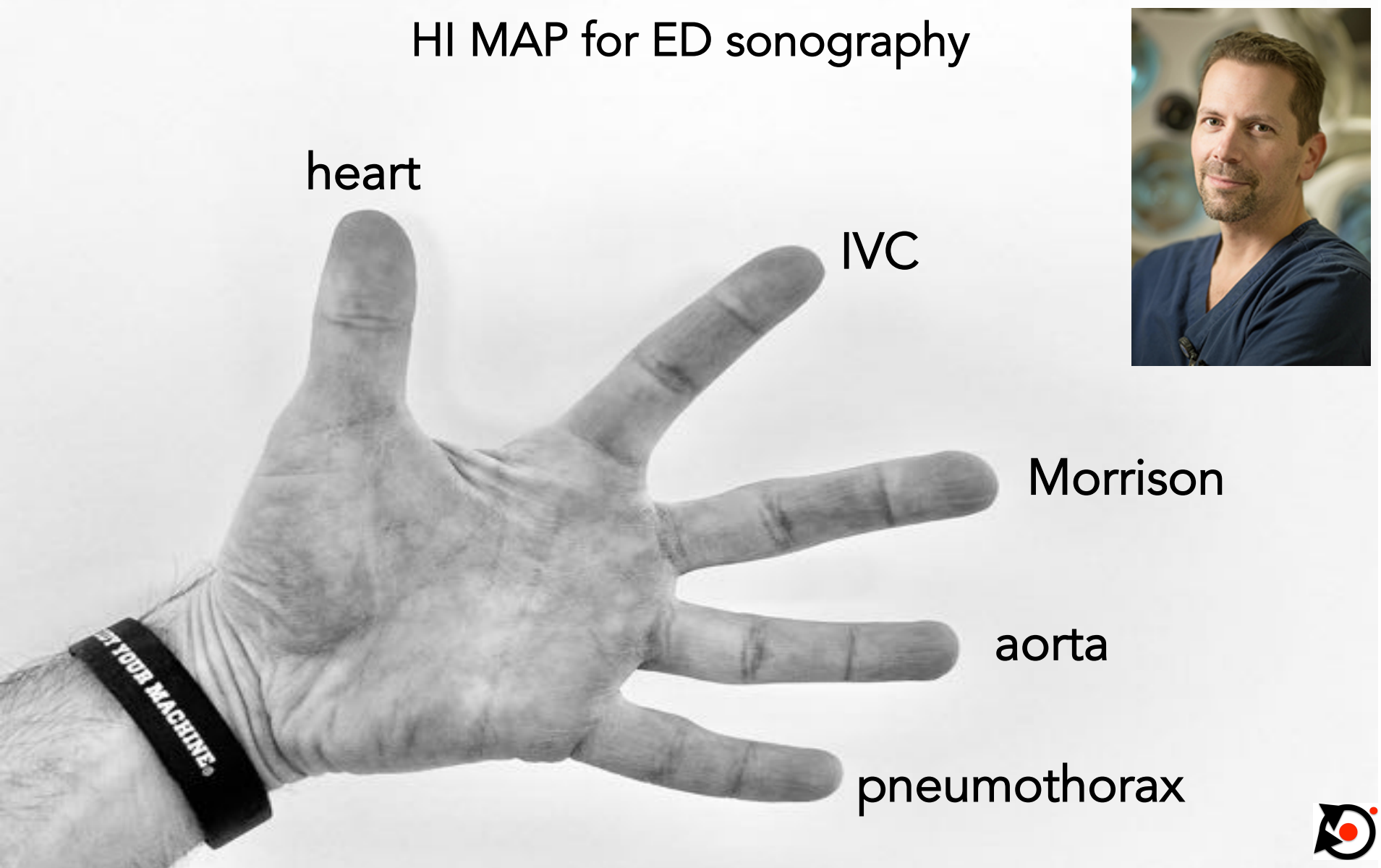
the big 5 of chest pain



A.M.P.L.E.


allergies
medications
past med hx
last meal
exposure
bugs
drugs
incl alc

HI MAP for ED sonography



A.I.O.P.! for surfical causes of acute abdomen

abscess: appendicitis, diverticulitis

ischemia

obstruction

perforation

all of the above

S.H.I.V.A. for main causes of mechanical ileus

Fall in the Elderly: Always ask *why*?- A.B.C.D.E.?

AccuCheck: blood glucose

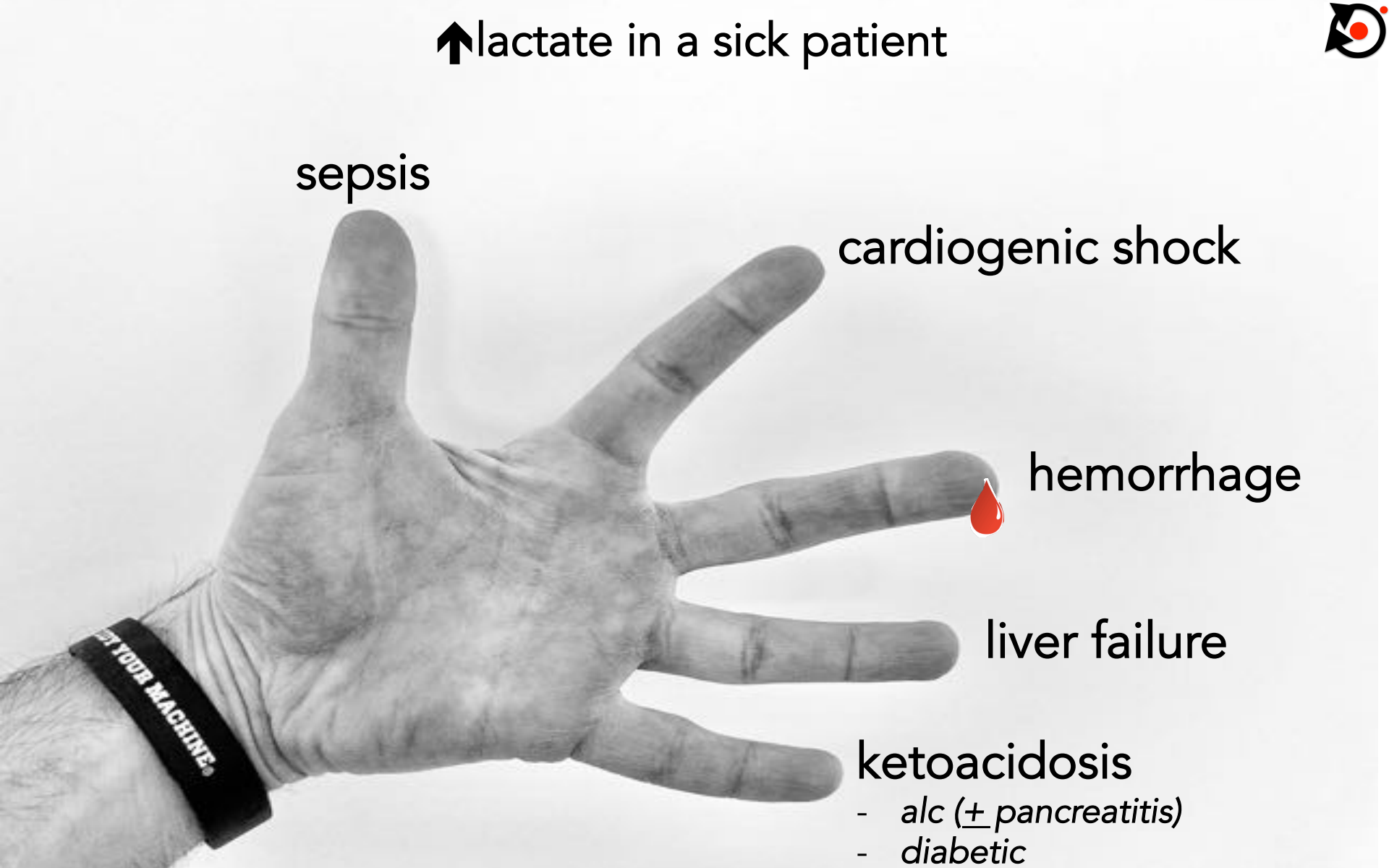
Bugs: esp. pneumonia

Cardiac: EKG!!!

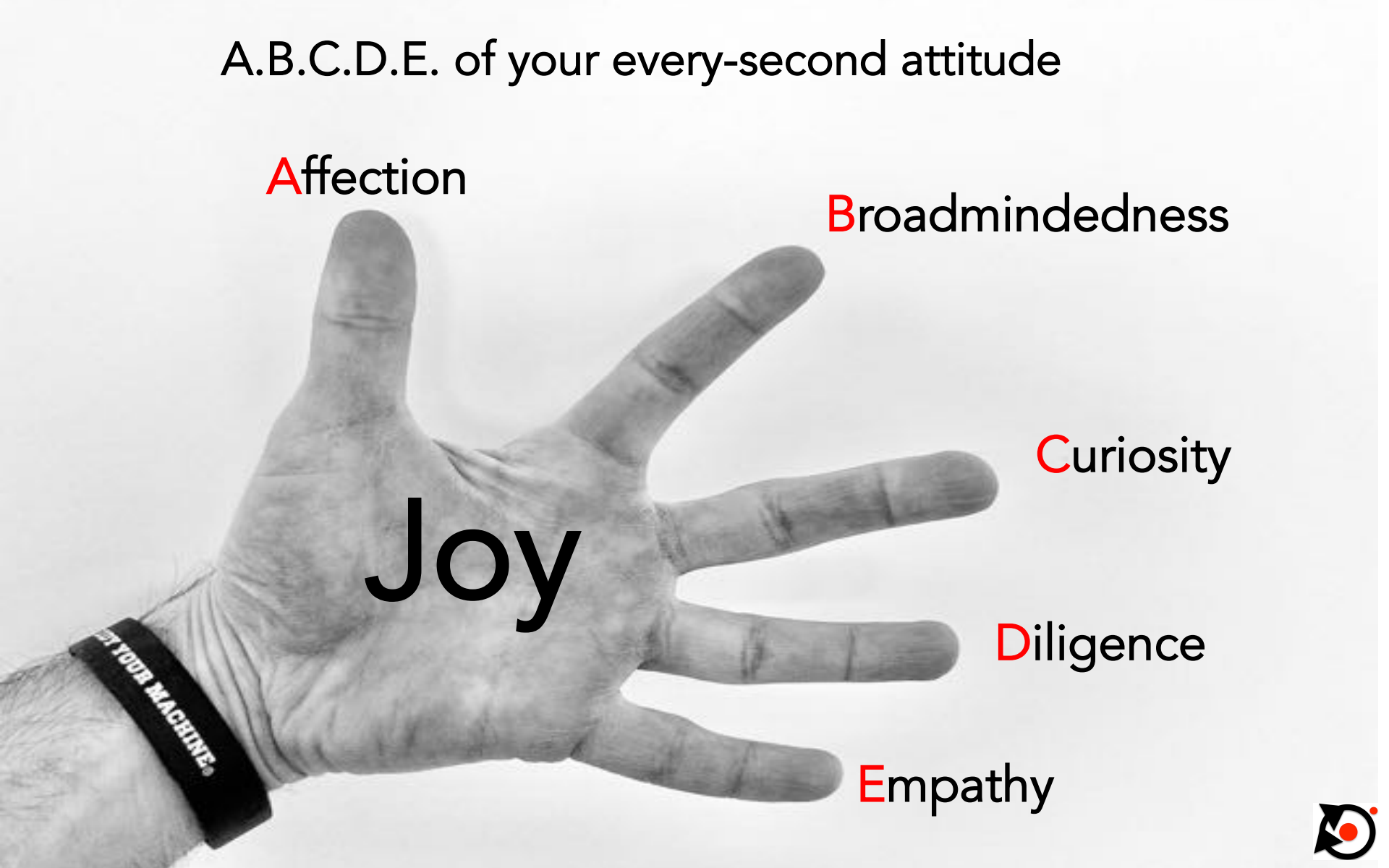
Drugs: new, ψ, sedatives, polypharma

Electrolytes: Na^+

↑lactate in a sick patient



A.B.C.D.E. of your every-second attitude



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