



# The Royal College of Emergency Medicine

Patron: HRH The Princess Royal

## Glossary of terms used in College examinations

The Royal College of Emergency Medicine 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 question. 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. BM 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 or 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

**Pathognomic**

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 complains of.

**Signs**

This is what you identify by examination, and may include abnormal observations/measurements 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 stabilise the patient's condition. This includes oxygen, fluids, drugs, and may also mean surgery. It does not include investigations.

**Usual/normal** >90% of the time

**Abbreviations that may be used in the examinations**

<b>ACP</b>	Advance Care Practitioner
<b>AF</b>	Atrial Fibrillation
<b>ALS</b>	Advance Life Support
<b>ARCP</b>	Annual Review of Competency Progression
<b>ATLS</b>	Advanced Trauma Life Support
<b>AXR</b>	Abdominal x-ray
<b>BLS</b>	Basic Life Support
<b>BM</b>	blood sugar reading
<b>BP</b>	Blood Pressure
<b>BRUE</b>	Brief resolved unexplained event
<b>C-spine</b>	Cervical Spine
<b>COPD</b>	Chronic Obstructive Pulmonary Disease
<b>CRP</b>	C-Reactive Protein
<b>CT 1/2/3</b>	Core Trainee years 1-3 of training
<b>CT scan</b>	Computerised Tomography Scan
<b>CV</b>	Curriculum Vitae
<b>CXR</b>	Chest x-ray
<b>DATIX</b>	Internet based incident reporting system
<b>DGH</b>	District General Hospital
<b>DIC</b>	Disseminated Intravascular Coagulation
<b>DNACPR</b>	Do Not Attempt Cardiopulmonary Resuscitation
<b>DVLA</b>	Driver and Vehicle Licensing Agency
<b>ECG</b>	Electrocardiogram
<b>ED</b>	Emergency Department
<b>ENP</b>	Emergency Nurse Practitioner
<b>ENT</b>	Ear Nose and Throat
<b>ESR</b>	Erythrocyte Sedimentation Rate
<b>FBC</b>	Full Blood Count
<b>FY1/2</b>	Foundation Year doctor in year 1 or 2 of their foundation training
<b>GCS</b>	Glasgow Coma Score
<b>GMC</b>	General Medical Council
<b>GP</b>	General Practitioner
<b>HR</b>	Heart Rate
<b>ICP</b>	Intracranial Pressure
<b>ICU</b>	Intensive Care Unit
<b>IV</b>	Intravenous
<b>IDDM</b>	Insulin Dependent Diabetes Mellitus
<b>JVP</b>	Jugular Venous Pressure

<b>LVH</b>	Left Ventricular Hypertrophy
<b>LVF</b>	Left Ventricular Failure
<b>LP</b>	Lumbar Puncture
<b>LFT</b>	Liver Function Tests
<b>LMN</b>	Lower Motor Neurone
<b>MI</b>	Myocardial Infarction
<b>MR</b>	Magnetic Resonance
<b>NICE</b>	National Institute for Health and Clinical Excellence
<b>OSCE</b>	Objective Structured Clinical Examination
<b>PALS</b>	Patient Advice and Liaison Service
<b>PEP</b>	Post exposure prophylaxis
<b>QIP</b>	Quality Improvement Project
<b>RR</b>	Respiratory Rate
<b>RCEM</b>	Royal College of Emergency Medicine
<b>SIGN</b>	Scottish Intercollegiate Guidelines Network
<b>SpO<sub>2</sub></b>	Oxygen Saturations
<b>STEMI</b>	ST elevation myocardial infarction
<b>T</b>	Temperature
<b>TFT</b>	Thyroid Function Tests
<b>TPD</b>	Training Programme Director
<b>U&amp;E's</b>	Urea & Electrolytes
<b>USS</b>	Ultrasound Scan
<b>WBPA</b>	Work place base assessment

## Normal Values

### Haematology

Haemoglobin	11.5-16.6g/dl
White blood cells	4-11 x 10 <sup>9</sup> /l
Platelets	150 - 450 10 <sup>9</sup> /l
MCV	80-96 fl
MCHC	32-36 g/dl
Neutrophils	2-7.5 x 10 <sup>9</sup> /l
Lymphocytes	1.5-4 x 10 <sup>9</sup> /l
Monocytes	0.3-1 x 10 <sup>9</sup> /l
Eosinophils	0.1-0.5 x 10 <sup>9</sup> /l
Basophils	<0.2 x 10 <sup>9</sup> /l
Reticulocytes	< 2 %
Haematocrit	0.35 - .49
Red Cell distribution width	11-15%

### Biochemistry

Sodium	135-145 mmol/L
Potassium	3-4.5 mmol/L
Urea	2.5-7.5 mmol/L
Glucose	3.5-5. mmol/L
Creatinine	35-135 µmol/L
Alanine aminotransferase	5-35 U/L
Gamma GT	<65 U/L
Alkaline phosphatase	30-135 U/L
AST	<40 U/L
Total Protein	60 – 80 g/l
Albumin	35-50 g/L
Globulin	2.3-3.5 g/dl
Amylase	<70 U/L
Total bilirubin	3-17 µmol/l
Calcium	2.1-2.5 mmol/L
Chloride	95 – 105 mmol/l
Phosphate	0.8-1.4 mmol/l

### Blood gases

pH	7.35-7.45
pO <sub>2</sub>	11-14 KPa
PCO <sub>2</sub>	4.5-6 KPa
Base excess	Minus 2 to plus 2 mmol/l
bicarbonate	24-30
Lactate	< 2 mmol/l