



# EMERGENCY medicine

*"The good physician treats the disease; the great physician treats the patient who has the disease"*

--Sir William Osler

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## 2 DESCRIPTION



### **Emergency Medicine (Fourth Year rotation): 2 blocks (8 weeks)**

During your 8 week rotation you are expected to meet and exceed the following requirements and challenge yourself, to be proactive learners and ask questions. The Emergency Department provides an opportunity for significant clinical exposure and learning of many skills in the evaluation and treatment of acute diseases. The ED setting should give the student many opportunities to use their diagnostic reasoning, emphasizing the ability to recognize life-threatening situations and initiate resuscitation in a wide range of diseases with varying degrees of urgency. By the end their rotation the students should learn to appreciate the dynamic state of emergency medicine knowledge, the necessity for maintaining clinical competency and the means to do it. If there is a problem with one of the questions please email me directly, [travis.smith@lecom.edu](mailto:travis.smith@lecom.edu).

### 3 REQUIREMENTS

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- Each student must complete a minimum of 160 hours during each of the two 4-week rotations (40 hours per week)
- Complete all weekly reading requirements. Students are encouraged to supplement required readings with additional readings from Tintinalli's Emergency Medicine text based on your specific rotation exposures.
- Complete the Weekly Online Questions in the coursework section
- Complete the online End of Rotation Quiz (Worth 20% of your final grade)
  - If you are on your EM 1 rotation then you need to complete the weekly reading assignments, complete the questions of the day and the end of rotation quiz.
  - If you are on your EM 2 rotation then you need to complete the weekly reading assignments, complete the questions of the day and the end of rotation quiz.
- Students MUST adhere to the ACGME rules regarding the workweek, which include working no more than 80 hours per week, no more than 24 hours continuously, except an additional 6 hours may be added to the 24 to perform wrap-up duties, and have at least one of every 7 days completely off from educational activities.
- Extended absences from the clerkship are not permitted. Any absence from the clerkship must be pre-approved by the regional campus dean prior to the beginning of the clerkship.

### 4 MATERIALS: REQUIRED AND SUPPLEMENTAL

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- [Tintinalli's Emergency Medicine: A Comprehensive Study Guide, Seventh Edition](#) Required Reading
- [First Aid for the Emergency Medicine Clerkship](#): Required Reading
- [ECG's for the Emergency Physician](#) : Supplemental: Need help with EKG review, although not required this book is highly recommended
- [Tintinalli's Emergency Medicine: Just the Facts](#): Supplemental: This is a smaller version of the comprehensive study guide.
- [Roberts and Hedges' Clinical Procedures in Emergency Medicine](#): Supplemental
- [USMLE Road Map Emergency Medicine](#), 1st edition, Scott C Sherman, MD and Joseph M Weber, MD, Lange Medical Books/McGraw-Hill, USA, 2008. Supplemental: This text gives a good overall foundation of Emergency Medicine, but is certainly not all inclusive.

### 5 EVALUATION AND GRADING: (EFFECTIVE JUNE 2017)

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- 80% based on rotation evaluation
- 20% based on completion of the end of rotation quiz (50 questions) and completion of the weekly quizzes (the weekly quiz grades will not factor into your end of rotation quiz grade).
- The end of rotation exam is due on the last Sunday of your rotation by 10PM eastern and will not be accepted late!
  - If you fail to complete the exam or fail turn it in on time (even 1 minute late), you are still required to take the make-up exam (while still receiving a 0% towards your grade)
  - If you then fail the makeup exam (<70%) or fail to take it completely by the end of your next rotation then you will be required to repeat the entire rotation during your elective month.

### 6 MILESTONES

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- Be familiar with the history and founding of Emergency Medicine
  - [Introduction to the Specialty of Emergency Medicine](#)
- Recognizes unique nature of emergency medicine as a safety net in the health care system
- Identify the critical steps to stabilize an acutely ill or injured patient
- Know the [Differences Between the Emergency Department, the Office, and the Inpatient Setting](#)
- Understand the [Unique Educational Aspects of Emergency Medicine](#)
- Can perform directed history & physical, develop differential diagnosis, and propose management and treatment options for the most common chief complaints. (abdominal pain, chest pain, headache, shortness of breath)
- Satisfactorily perform an oral presentation to house officers and attending physicians.

## 7 GOALS AND OBJECTIVES:

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During your rotation each student should achieve a vast clinical experience in the treatment of acute medical and surgical conditions in an emergency setting. This acute environment places an important emphasis on physical exam skills, diagnostic reasoning, emphasizing the ability to recognize life-threatening situations, and initiating resuscitation in a wide range of diseases with varying degrees of urgency. There are many topics in Emergency Medicine and it is impossible to cover them in a 4-8 week rotation but there are a few key topics and objectives that one must be familiar with and should be reviewed before your rotation starts.

### 7.1 MEDICAL KNOWLEDGE

Demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. Be familiar with the following topics prior to starting your rotation.

- [How to Get the Most Out of Your Emergency Medicine Clerkship](#)
- Understand the [Unique Educational Aspects of Emergency Medicine](#)
- Be familiar with the [Differences Between the Emergency Department, the Office, and the Inpatient Setting](#)
- Gain an overall knowledge and understanding of how and when to apply the A.B.C.s in emergency conditions.
  - [Airway](#)
  - [Breathing](#)
  - [Circulation: Electricity](#)
  - [Cardiac Arrest](#)
- Understand how to recognize evaluate and effectively manage all acute or life-threatening conditions in an emergency setting.
- Be able to evaluate and [Stabilize the Acutely Ill Patient](#) in the emergency room and [Perform a Complaint-Directed History and Physical Examination](#)
- [Develop a Case-Specific Differential Diagnosis](#) based on patient presentation and acuity and be able to list the worst-case diagnoses.
- [Develop a Plan of Action](#) based on your differential diagnosis and understand the meaning of Vital Signs
- Be familiar with common [Diagnostic Testing in the Emergency Department](#), the [Common laboratory studies](#)
- Be able to construct an accurate and organized medical record.
  - [Documentation of EM Encounters](#)
- Develop and understanding and learn how to effectively interpret these laboratory studies as well as being efficient in [Interpreting Brain Imaging](#) and [Chest Radiographs](#)
- Learn what procedures and tests have to be performed during each clinical scenario and monitor the response to each therapeutic intervention.
- Gain an understanding of the pathophysiology of shock, its categorizations and treatment.
- Understand the mechanisms, pathophysiology and treatment of cardiopulmonary arrest.
- Understand the pathophysiology effect and management of blunt and penetrating trauma and of a patient with complex multi system injuries.
- Be familiar with [acute pain control](#) in the Emergency Department:
  - List the common classes of analgesics used in the ED and describe their mechanisms of action
  - Discuss the advantages and disadvantages of different analgesics and their routes of administration
  - Be familiar with commonly used local anesthetics and their characteristics
  - Describe the necessary safety precautions when performing procedural sedation and be familiar with commonly used agents
- Be familiar with the [ACEP clinical Policies](#).
- The following topics are a list of competencies that one should be familiar with before starting your clerkship. In addition one should review and be familiar with [six CDEM core competencies](#):
  - Maintain a daily solid positive attitude and work ethic while exhibit honesty and integrity to patients and staff.
  - Display [Professionalism](#) in addition to maintaining a professional appearance and conduct

- Be familiar with common [Ethical issues in the ED](#)
- Be mindful of others while making sure to be sensitive to cultural issues (age, sex, culture, disability, etc.)
- Do not prejudge a patient's intentions based on prior visits
- Be able to present cases in a complete, concise, and organized fashion
- Develop appropriate disposition and follow-up plans.
- Be familiar with the proper indications for diagnostic studies and laboratory tests including cost, risks, and evidence behind them.

The following topics are recommended for clinical exposures. Rotation coordinators are encouraged to provide lectures, conferences, topic talks or journal club, and also assign readings to students. A great introduction to these topics can be found at <http://www.cdemcurriculum.org/>

## 7.2 PATIENT CARE

Provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

- Demonstrate the ability to completely evaluate problems via appropriate medical history, physical examination, and laboratory/radiological and other modalities of evaluation
- Balance proper use of investigations and treatment for patients with a social obligation to control health care costs
- Formulate biopsychosocial hypotheses into a differential diagnosis, provisional diagnosis and working diagnosis
- Identify patients at highest risk for serious morbidity and mortality
- Present cases clearly and concisely to preceptors and others
- Write legible, concise, accurate and timely notes
- Perform skills and procedures relevant to the most common conditions seen during this rotation
- Demonstrate an ability to involve other relevant caregivers into patient care decisions and plans
- Learn the basic principles [Basic wound management](#), suturing, and the management of tissue infections, where drainage is required or when antibiotics alone are sufficient.
- Become proficient in understanding the indications for and proper techniques in performing common the most common Emergency Department [procedures](#):
  - [Vascular Access](#) (IVs, central lines, and arterial lines)
  - [Abscess incision and drainage](#)
  - [Lumbar puncture](#)
  - Foley catheters
  - Rapid sequence intubation
  - Chest tubes
  - Suturing
  - Gastric lavage
  - Laceration repair
  - Regional anesthesia
  - Casting/splinting techniques
  - Reduction of uncomplicated dislocations
  - Removal foreign bodies
  - Interpretation of diagnostic imaging
  - Nasal packs/cautery
  - Legal and therapeutic indications for blood-alcohol testing
  - Incision and drainage of abscesses
  - Appropriate tetanus prophylaxis
  - Appropriate immunization procedures

## 7.3 INTERPERSONAL AND COMMUNICATION SKILLS

Demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients families, and professional associates.

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- Communicate effectively with patients, their families and other members of the health care team
- Adhere to the principles of openness, honesty, completeness and responsibility in communication
- Demonstrate an ability to effectively communicate difficult/bad news
- Provide effective patient education and anticipatory guidance
- Respect confidentiality
- Demonstrate willingness and ability to receive and act upon feedback from colleagues, other health care workers and their families and caregivers
- Demonstrate empathy with patients
- Utilize touch when appropriate and within the boundaries of an appropriate doctor-patient relationship
  - Appreciate the interdisciplinary approach in managing the acutely ill patient.
  - Learn how to effectively communicate with staff (nurses and technicians), patients, family members, and other members of the health care team (consultants and admitting services).
    - [Basic Communication](#)
    - [The consultation process](#)
    - [Effective and safe patient hand-offs](#)
    - [Interacting With Consultants and Primary Care Physicians](#)
- Be able educate patients and provide anticipatory guidance as necessary related to the patient's chief complaint in an effort to ensure a comprehensive discharge plan as well as arranging appropriate close follow-up with primary team or specialists.
  - [Disposition of the Emergency Department Patient](#)
  - [Discharge Instructions](#)

## 7.4 PRACTICE-BASED LEARNING AND IMPROVEMENT

Investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.

- Practice and apply the principles of evidence-based medicine to all patient care encounters
- Collect and analyze patterns of practice and compare/contrast these individual patterns with established clinical guidelines and norms (best practices)
- Access, in a disciplined way, sources of new information pertaining to the practice of medicine
- Apply the basic principles of continuous quality improvement to the practice setting
- Recognize and accept one's own limitations in the practice of medicine

## 7.5 SYSTEMS-BASED PRACTICE

Demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

- For the problems most commonly encountered on the rotation, list the indications for referral, consultation and transfer (to others and from others)
- Demonstrate respect and honor for the roles of the many health care professionals required for collaborative care
- Utilize the network of health care facilities, providers, agencies and institutions available for the diagnosis, management and support of patients and their families
- Acknowledge and act in accord with payment issues involved in medical care
- Advocate for patient and family issues
- Take into consideration issues related to the cost and supply of pharmaceuticals in medical decision-making
- Describe and identify emergency medical services for pre-hospital care within the community, i.e., paramedics, ambulance services, communications systems, first-aid programs, poison control, public education programs, abuse/homeless shelters, and disaster planning
- Discuss the myriad relationships between the emergency room physician and primary care physician on the one hand and the consultant specialists on the other hand

## 7.6 PROFESSIONALISM

Professionalism should imbue all aspects of your performance. Medicine as a whole will continue to evolve and change but this aspect of your character will stick with you forever. Each student should understand and be able to demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

- Practice with compassion
  - Respect the privacy and dignity of patients and their families
  - Respect confidentiality
  - Remain present to the overwhelming concerns of patients and families who are receiving bad news for, perhaps, the first time
  - Displaying good manners
  - Showing discernment while avoiding deception when communicating with patients and their families
  - Effectively communicates empathy
  - Puts patients' needs above own (altruism)
  - A commitment to caring for all patients regardless of their medical diagnoses or social factors.
  - Displaying sensitivity to cultural differences
  - Convey humility
  - Demonstrate tolerance for issues related to cultural, religious, spiritual and socioeconomic diversity
    - Act in accord with the unique surgical issues raised by groups such as Jehovah's Witnesses
- Maintain honesty and integrity in all relationships centered on the provision of surgical care
  - Communicate honestly regarding potential surgical risk and potential benefits from surgery
  - Report all conflicts of interest that may impact on surgical decision making, for example ownership relationships with surgical centers or specialty hospitals
  - Treat all patients, staff, and colleagues with respect.
  - Avoiding confrontations
  - Demonstrate a positive attitude towards learning by showing intellectual curiosity, initiative, honesty, integrity, and dedication.
- Show intellectual curiosity
- Accept responsibility for your patients
- Being prepared and on-time
- Being dependable
- Reliable attendance and participation
- Strive for excellence
- Not passing others' work off as your own
- Actively seek to broaden education and experience beyond clerkship requirements
- Avoid complaining

## 7.7 OSTEOPATHIC PHILOSOPHY AND OSTEOPATHIC MANIPULATIVE MEDICINE

Integrate Osteopathic Concepts and OMT into the medical care provided to patients as appropriate. Understand and integrate Osteopathic Principles and Philosophy into all clinical and patient care activities.

- Identify and treat those emergency medical conditions that may be effectively managed by OMT (e.g. spinal muscle strains, tension headaches, upper and lower respiratory tract infections, pre-menstrual syndrome, dysmenorrhea, etc.)

## 8 REQUIRED READING

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### 8.1 ROTATION 1: WEEK 1 READINGS:

Please following the below CDEM Topics during each week of your rotation as it will guide you through your rotation. In addition you will be tested on the following articles:

- 1) [Emergency Department Evaluation And Management Of Patients With Upper Gastrointestinal Bleeding](#)
- 2) [Hepatic Failure: An Evidence- Based Approach In The Emergency Department](#)
- 3) [Evidence-Based Management Of Suspected Appendicitis In The Emergency Department](#)
- 4) [Current Guidelines For Evaluating And Managing Symptomatic Early Pregnancy In The Emergency Department](#)
- 5) [Emergency Department Management Of Vaginal Bleeding In The Nonpregnant Patient](#)
- 6) [Renal Calculi: Emergency Department Diagnosis And Treatment](#)
- 7) [Diagnosis And Management Of Urinary Tract Infections In The Emergency Department](#)
- 8) [Pelvic Inflammatory Disease: Diagnosis And Treatment In The Emergency Department](#)
- 9) [Complications In Pregnancy Part I: Early Pregnancy](#)

#### **CDEM Topics**

- **The Approach to the:**
  - [Undifferentiated and Differentiated Patients](#)
  - [Stabilization of the Acutely Ill Patient](#)
  
- **The Approach to the Patient with:**
  - [Abdominal pain](#)
  - [GI bleeding](#)
  
- **Adult Gastrointestinal Topics**
  - [Appendicitis](#)
  - [Biliary Disease](#)
  - [Small Bowel Obstruction](#)
  - [Mesenteric Ischemia](#)
  - [Perforated Viscus](#)
  
- **Genitourinary**
  - [Ectopic Pregnancy](#)
  - [PID + TOA](#)
  - [Sexually Transmitted Disease](#)

### 8.2 ROTATION 1: WEEK 2 READINGS:

Please following the below CDEM Topics during each week of your rotation as it will guide you through your rotation. In addition you will be tested on the following articles:

- 1) [Identifying Emergency Department Patients With Chest Pain who are at Low Risk for Acute Coronary Syndromes](#)
- 2) [Atrial Fibrillation: Management Strategies In The Emergency Department](#)
- 3) [Evaluation And Management Of Bradydysrhythmias In The Emergency Department](#)
- 4) [Syncope: Risk Stratification And Clinical Decision Making](#)
- 5) [An Evidence-Based Approach To Managing Asymptomatic Elevated Blood Pressure In The Emergency Department](#)

- 6) [Differentiating Types Of Wide-Complex Tachycardia To Determine Appropriate Treatment In The Emergency Department](#)
- 7) [An Evidence-Based Approach To Acute Aortic Syndromes](#)
- 8) [Supraventricular Tachydysrhythmias: An Evidenced Based Approach](#)
- 9) [Acute Decompensated Heart Failure: New Strategies for Improving Outcomes](#)

#### **CDEM Topics**

- **The Approach to the Patient with:**
  - [Chest Pain](#)
  - [Shortness of Breath](#)
- **Cardiovascular Topics**
  - [Abdominal Aortic Aneurysm](#)
  - [Acute Coronary Syndromes](#)
  - [Thoracic Aortic Dissection](#)
  - [Congestive Heart Failure](#)
- **Electrocardiogram (ECG)/Rhythm Recognition**
  - [STEMI](#)
  - [Electrolyte abnormalities](#)

### **8.3 ROTATION 1: WEEK 3 READINGS:**

Please following the below CDEM Topics during each week of your rotation as it will guide you through your rotation. In addition you will be tested on the following articles:

- 1) [The Use Of Vasoactive Agents In The Management Of Circulatory Shock](#)
- 2) [Diagnosis And Management Of Shock In The Emergency Department](#)
- 3) [Allergy And Anaphylaxis: Principles Of Acute Emergency Management](#)
- 4) [Current Guidelines For Procedural Sedation In The Emergency Department](#)
- 5) [Sepsis, Severe Sepsis, And Septic Shock: Current Evidence For Emergency Department Management](#)
- 6) [Diagnosis And Management Of Shock In The Emergency Department](#)
- 7) [Postarrest Cardiocerebral Resuscitation: An Evidence- Based Review](#)
- 8) [The Use Of Blood Products In The Critically Ill Patient: Indications And Risks](#)

#### **CDEM Topics**

- **The Approach to the Patient with:**
  - [Shock](#)
  - [Sepsis](#)
  - [Cardiac Arrest](#)

### **8.4 ROTATION 1: WEEK 4 READINGS:**

Please following the below CDEM Topics during each week of your rotation as it will guide you through your rotation. In addition you will be tested on the following articles:

- 1) [Evidence-Based Guidelines For Evaluation And Antimicrobial Therapy For Common Emergency Department Infections](#)
- 2) [Sodium Disorders In The Emergency Department: A Review Of Hyponatremia And Hypernatremia](#)
- 3) [Antidotes For Overdose: Timely And Effective Counteraction](#)
- 4) [Evidence-Based Evaluation And Management Of Patients With Pharyngitis In The Emergency Department](#)



- 5) [Diabetic Emergencies: New Strategies For An Old Disease](#)
- 6) [Evidence-Based Management Of Potassium Disorders In The Emergency Department](#)
- 7) [Mammalian Bites In The Emergency Department: Recommendations For Wound Closure, Antibiotics, And Postexposure Prophylaxis](#)
- 8) [The Depressed Patient And Suicidal Patient In The Emergency Department: Evidence-Based Management And Treatment Strategies](#)
- 9) [Identifying And Treating Thyroid Storm And Myxedema Coma](#)
- 10) [Oncologic Emergencies, Part II: Neutropenic Fever, Tumor Lysis Syndrome, And Hypercalcemia Of Malignancy](#)

#### **CDEM Topics**

- **Endocrine & Electrolytes**
  - [Hyperglycemia](#)
  - [Hyperkalemia](#)
  - [Hypoglycemia](#)
  - [Thyroid Storm](#)
- **The Approach to:**
  - [Adult Poisonings](#)
  - [The Pediatric Ingestion](#)
- **Psychiatry**
  - [Suicidal](#)
  - [Agitation](#)

## 8.5 ROTATION 2: WEEK 1 READINGS:

Please following the below CDEM Topics during each week of your rotation as it will guide you through your rotation. In addition you will be tested on the following articles:

- 1) [Emergency Department Evaluation And Management Of Blunt Chest And Lung](#)
- 2) [High-Risk Scenarios In Blunt Trauma: An Evidence- Based Approach](#)
- 3) [Carotid And Vertebral Arterial Dissections In The Emergency Department](#)
- 4) [Ballistic Injuries In The Emergency Department](#)
- 5) [Cervical Spine Injury An Evidence-Based Evaluation](#)
- 6) [An Evidence-Based Approach To The Evaluation And Treatment Of Low Back Pain In The Emergency Department](#)
- 7) [Trauma In The Pregnant Patient: An Evidence-Based Approach To Management](#)
- 8) [Monoarticular Arthritis](#)
- 9) [Management Of Mild Traumatic Brain Injury In The Emergency Department](#)
- 10) [Severe Traumatic Brain Injury In Adults](#)

#### **CDEM Topics**

- **Approach to the Patient with:**
  - [Trauma](#)
- **Trauma Topics**
  - [Chest Trauma](#)
  - [Neck Trauma](#)
  - [Abdominal Trauma](#)
  - [Closed Head Injury](#)
- **Traumatic and Orthopedic Injuries**
  - [Approach to the trauma patient](#)

- [Spinal immobilization](#)
- [Neck Trauma](#)
- [Blunt and penetrating chest trauma](#)
- [Blunt and penetrating abdominal trauma](#)
- **Bedside Ultrasonography**
  - [Introduction to Bedside Ultrasound](#)
  - [AAA exam](#)
  - [FAST exam](#)
  - [Venous access](#)

## 8.6 ROTATION 2: WEEK 2 READINGS:

Please following the below CDEM Topics during each week of your rotation as it will guide you through your rotation. In addition you will be tested on the following articles:

- 1) [The Emergency Medicine Approach To The Evaluation And Treatment Of Pulmonary Embolism](#)
- 2) [Management Of Acute Asthma In The Emergency Department](#)
- 3) [Ventilator Management In The Intubated Emergency Department Patient](#)
- 4) [Diagnosis And Management Of Deep Venous Thrombosis In The Emergency Department](#)
- 5) [Noninvasive Ventilation](#)
- 6) [Drowning In The Adult Population: Emergency Department Resuscitation And Treatment](#)
- 7) [The Acute Presentation Of Chronic Obstructive Pulmonary Disease In The Emergency Department: A Challenging Oxymoron](#)
- 8) [Community-Acquired Pneumonia: From Common Pathogens To Emerging Resistance](#)
- 9) [Current Guidelines For The Management Of Pneumothorax In The Emergency Department](#)

### CDEM Topics

- **Approach to the Patient with:**
  - [Shortness of Breath](#)
- **Respiratory**
  - [Pulmonary Embolus](#)
  - [Asthma](#)
  - [COPD](#)
  - [Pneumonia](#)
  - [Pneumothorax](#)
- **Environmental**
  - [Hyperthermia](#)
  - [Hypothermia](#)
  - [Envenomation](#)
  - [Snake Bites](#) + [Scorpions](#)
  - [Burns & Smoke Inhalation](#)
  - [Drowning](#)

## 8.7 ROTATION 2: WEEK 3 READINGS:

Please following the below CDEM Topics during each week of your rotation as it will guide you through your rotation. In addition you will be tested on the following articles:

- 1) [Clinical Decision Making In Seizures And Status Epilepticus](#)
- 2) [Management Strategies For Acute Headache In The Emergency Department](#)
- 3) [Intracerebral Hemorrhage In Anticoagulated Patients: Evidence-Based Emergency Department Management](#)
- 4) [An Evidence-Based Approach To Diagnosis And Management Of Subarachnoid Hemorrhage In The Emergency Department](#)
- 5) [Transient Ischemic Attack: An Evidence-Based Update](#)
- 6) [Four Evolving Strategies In The Emergent Treatment Of Acute Ischemic Stroke](#)
- 7) [Alcohol Withdrawal Syndrome: Improving Outcomes Through Early Identification And Aggressive Treatment Strategies](#)
- 8) [The Dizzy Patient: An Evidence-Based Diagnosis And Treatment Strategy](#)
- 9) [Emergency Department Management of Acute Ischemic Stroke](#)

### CDEM Topics

- **Approach to the Adult Patient with:**
  - [Altered Mental Status](#)
  - [Headache](#)
- **Neurology**
  - [Intracranial Hemorrhage](#)
  - [Ischemic Stroke](#)
  - [Meningitis & Encephalitis](#)
  - [Seizures & Status Epilepticus](#)

## 8.8 ROTATION 2: WEEK 4 READINGS:

Please following the below CDEM Topics during each week of your rotation as it will guide you through your rotation. In addition you will be tested on the following articles:

- 1) [Evidence-Based Diagnosis And Treatment Of Torsion Of The Spermatic Cord In The Pediatric Patient](#)
- 2) [Diagnosing And Managing Ovarian And Adnexal Torsion In Children](#)
- 3) [An Evidence-Based Review Of Neonatal Emergencies](#)
- 4) [Evaluation Of The Febrile Young Infant](#)
- 5) [An Evidence-Based Approach To Managing Acute Otitis Media](#)
- 6) [Acute Abdominal Pain In Children: "Classic" Presentations Vs. Reality](#)
- 7) [Gastroenteritis: An Evidence-Based Approach To Typical Vomiting, Diarrhea, And Dehydration](#)
- 8) [Evidence-Based Assessment And Management Of Pediatric Mild Traumatic Brain Injury](#)
- 9) [An Evidence-Based Approach To Pediatric Seizures In The Emergency Department](#)

### CDEM Topics

- **Approach to the Pediatric Patient with:**
  - [Abdominal Pain & Vomiting](#)
  - [ALTE](#)
  - [Altered Mental Status](#)
  - [Cardiac Arrest](#) + [Rhythm Interpretation](#)
  - [Crying Child](#)
  - [Dermatology](#)
  - [Fever](#)

- [Headache](#)
- [Limp](#)
- [Shock](#)
- [Trauma](#)
  
- **Pediatric Musculoskeletal Injuries & Trauma**
  - [Pediatric Closed Head injury](#)
  - [Common Pediatric Fractures](#)
  - [Child Abuse \(Non-accidental Trauma\)](#)
  - [Nursemaid's Elbow](#)
  
- **Pediatric Respiratory & ENT**
  - [Asthma](#)
  - Bronchiolitis
  - [Croup](#)
  - [Pediatric Ear Infections](#)
  - [Upper Respiratory Infection](#)
  - [Pharyngitis](#)
  
- **Pediatric Neurology**
  - [Seizures](#)
  
- **Pediatric Genitourinary**
  - [Testicular Torsion](#)
  - [Ovarian Torsion](#)

## 9 EM MATCH ADVICE

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- [Emergency Medicine Applying Guide: CORD](#)
- [EM match advice](#)
- [Standardized video interview](#)

## 10 EMERGENCY MEDICINE JOURNALS

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- [Academic Emergency Medicine](#)
- [American Journal of Emergency Medicine](#)
- [Annals of Emergency Medicine](#)
- [BMC Emergency Medicine](#)
- [Critical Ultrasound Journal](#)
- [Emergency Medicine Clinics of North America](#)
- [Emergency Medicine Journal](#)
- [Emergency Medicine Magazine](#)
- [Emergency Medicine Practice](#)
- [International Journal of Emergency Medicine](#)
- [International Journal of Toxicology](#)
- [Internal and Emergency Medicine Journal](#)
- [Emergency Medicine Australasia](#)
- [Journal of Emergencies, Trauma and Shock](#)
- [Journal of Toxicology](#)
- [Journal of Trauma Management and Outcomes](#)

- [Journal of Trauma](#)
- [Sepsis](#)
- [Toxicology](#)
- [Western Journal of Emergency Medicine](#)

## 11 EMERGENCY MEDICINE ORGANIZATIONS

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- [American Academy of Emergency Medicine](#)
- [American Board of Emergency Medicine](#)
- [American College of Emergency Physicians](#)
- [American College of Osteopathic Emergency Physicians](#)
- [Association of Emergency Physicians](#)
- [Australasian College for Emergency Medicine](#)
- [Canadian Association of Emergency Physicians](#)
- [Council of Emergency Residency Directors](#)
- [Emergency Medicine Residents Association](#)
- [National Association of EMS Physicians](#)
- [Society of Academic Emergency Medicine](#)
- [Society of Critical Care Medicine](#)

## 12 EMERGENCY MEDICINE EDUCATIONAL LINKS

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- [12 lead ECG Library](#)
- [Access Emergency Medicine](#)
- [ACEP Clinical Policies](#)
  - [TPA Indications](#)
- [ACEP News](#)
- [ACEP: Critical Care Medicine section](#)
- [Airway Management Teaching Modules](#)
- [American Academy of Emergency Medicine](#)
- [BestBets](#)
- [Class I Clinical Indications For Goal-Directed Sonography in the Critically Ill](#)
- [Clerkship Directors in Emergency Medicine](#)
- [Critical Care Canada Forum](#)
- [Dermatology Atlas, Loyola University](#)
- [ECG Learning Center](#)
- [ECG Quiz](#)
- [EKG Education](#)
- [Electronic Textbook of Dermatology](#)
- [EM News](#)
- [EM Practice Guidelines Update](#)
- [EMCrit](#)
- [Emergency Department Intubation Checklist](#)
- [Emergency Medicine eMedicine Articles](#)
- [EMPACS: On-line instruction in EM radiological imaging](#)
- [Evidence-Based Clinical Practice Guidelines](#)
- [Expert Consult: A Methodological Approach To ED Operations](#)
- [FERNE: A comprehensive resource for emergency physicians on neurological emergencies](#)
- [Grace ACS Score](#)
- [Gray's Anatomy](#)
- [Hematology Slide Atlas](#)

- [High Quality Medical Education](#)
- [Human Hand in 3D Tool](#)
- [Hypothermia Protocol & Post-ROSC Care Package](#) (See also <http://nychypothermia.org> and <http://emcrit.org>)
- [Introduction to Emergency Ultrasound](#)
- [Jeff Mann's Guidemaps: Rational, academic algorithms for commonly encountered conditions](#)
- [Johns Hopkins Antibiotics Guide](#)
- [Life in the Fastlane](#)
- [NY Presbyterian Cases of the Month](#)
- [Pediatric Emergency Medicine References](#)
- [Primary Care Clinical Practice Guidelines](#)
- [Proceduresses - Macgyver meets Emergency Medicine](#)
- [Radiology Case Reports in EM](#)
- [Radiology Education](#)
- [Resus M.E.](#)
- [Shoulder Dislocation.net](#)
- [SMART EM - Podcasts on the evidence behind major Emergency Medicine issues.](#)
- [SmartEM](#)
- [Society for Academic Emergency Medicine \(SAEM\) Simulation Case Library](#)
- [Stephen Smith's ECG Blog](#)
- [Stroke Center Imaging Library](#)
- [The NNT - Evidence based medicine for everyone](#)
- [The Poison Review](#)
- [The Whole Brain Atlas](#)
- [TheHeart.org](#)
- [TOXINZ: Internet database of toxic compounds and management of poisoned patients](#)
- [Trauma.org: Trauma resources, cases, and moulage scenarios](#)
- [University of Florida- Jacksonville EM Ultrasound Blogspot](#)
- [Vanderbilt ED Teaching Files](#)
- [Wheeless' Textbook of Orthopedics](#)