

# Anatomy of an Outstanding TWO MINUTE Presentation

**Step 1: Create the image of the patient you are describing**, highlighting the most important aspects of their health conditions germane to the presenting illness.

The patient is a \_\_\_\_\_ year old male/female with a past medical history of \_\_\_\_\_\* who presents with \_\_\_\_\_\*\*.

**Step 2: Provide data to develop differential diagnosis** ( 2-3 sentences max, ie describe associated symptoms, describe mitigating/exacerbating factors) describe related past medical history, ie the patient had a prior GI bleed due to esophageal varices if the patient is presenting now with hematemesis, or the patient was diagnosed with diverticular disease by colonoscopy a year ago and now presents with left lower quadrant pain.

**Step 3: Fill in sufficient detail to understand the patient's medical status/health** by knowing the past medical history/surgery/meds/allergies.

The patient's past medical history is significant for \_\_\_\_\_.

The patient had prior surgeries consisting of \_\_\_\_\_.

The patient was on antihypertensive therapy, an oral hypoglycemic, etc....

The patient had no known allergies.

The social history was significant for a \_\_\_\_\_ pack year tobacco history and 1-2 alcoholic drinks per week.

**Step 4: Describe the salient features of the physical exam.** Begin with the vital signs- (T-P-R-BP) febrile or non-febrile, tachycardic, hypertensive, tachypnic. If it is an abdominal complaint, focus the details on the abdomen and any other associated findings- ie, abdominal pain and scleral icterus. If the patient is coming for a vascular procedure, focus the details on the cardiovascular exam and perhaps comorbidities present such as pulmonary if the patient is a smoker.

*Example:*

Appearance: In appearance, the patient appeared in obvious discomfort, sitting up in bed, leaning forward.

Vitals: On physical exam, the patient temperature of 100.5, a pulse of 102, was tachypnic with a respiratory rate of 28 and hypertensive with a blood pressure of 152/86.

Head and Neck exam was significant for OR was unremarkable.

Cardiac exam revealed tachycardia with a regular rhythm with no murmurs, gallops or rubs. Exam of the carotid, femoral, radial and pedal pulses was normal (or describe diminished or absent.)

Pulmonary exam revealed bibasilar crackles OR was unremarkable.

Abdominal exam revealed a distended abdomen, with hypoactive bowel sounds and tenderness in the epigastrium. There was no guarding or rebound tenderness. (also describe any other features- mass, tympany vs fluid wave, etc)

Extremity exam was significant for trace edema of the right leg/ no edema, etc.

**Step 5: Describe and JUSTIFY the choice of diagnostic tests using the differential formed from the history and physical AND the Literature/Evidence Based Studies:**

*Example: With a working diagnosis of pancreatitis*, the patient underwent blood tests which showed a microcytic anemia with a HCT of 28 and an MCV of 69 fL. The white count was elevated to 13 with 87% neutrophils. Blood chemistries revealed an elevated BUN of 42 and creatinine of 1.9 and unremarkable liver function tests. Glucose was 220 mg/dl, LDH was 200, albumin was low at 2.9 and amylase was elevated at 600 with an elevated lipase of 200. Chest x ray was remarkable for a left pleural effusion. A CT scan demonstrated peripancreatic fluid: no IV contrast was used due to the impaired renal function. Ranson was first to describe the criteria for pancreatitis mortality which include a WBC > 16k, Age >55, Glucose >200 mg/dl, AST >250 and LDH >350. According to this patient's presentation, the patient only had 1 criterion, the elevated glucose which predicts a mortality rate of 1% or less.

**Step 6: Describe the indications for surgery, the planning of the procedure, and what was actually done : USE EVIDENCE BASED Literature to support the treatment choice**

To treat the acute pancreatitis, the patient received fluid resuscitation, monitoring for ranson's criteria (you should know these). Repeat CT scan was performed with IV contrast after the renal function improved and a subsequent scan performed due to a new fever spike demonstrated necrotic pancreas which required intraoperative debridement...(You should be able to describe the indications for going to the operating room, what was observed, and the actions taken intraop) PLEASE USE THE EVIDENCE BASED LITERATURE TO SUPPORT THE PLAN OF ACTION. FAILURE TO DESCRIBE LITERATURE WILL LIMIT THE EVALUATION TO A PROFICIENT AT BEST.

**Step 7: Post-operative issues: Describe post-op management, potential post-op complications general and specific to this case, and potential outcomes AS DESCRIBED BY THE LITERATURE**

Post-op fluid management, respiratory care and longterm potential for-pancreatic pseudocyst, chronic pain, pancreatic insufficiency, etc.. could be discussed here. PLEASE USE THE EVIDENCE BASED LITERATURE TO SUPPORT TYPICAL OUTCOMES FOR THE PLAN OF ACTION. FAILURE TO DESCRIBE LITERATURE WILL LIMIT THE EVALUATION TO A PROFICIENT AT BEST.

