



Emergency Medicine

Emergency Medicine

Overview

Emergency Medicine is a specialty that focuses on the study, diagnosis, and management of unforeseen illness or injuries. Its main playing field is the emergency room, or ER, as it's commonly known—a vital part of any health-care institution. Medical emergencies are broadly defined as any condition that immediately jeopardizes a person's survival. These conditions involve every system and medical specialty. During a single night shift, a normal cohort of patients can include cases of myocardial infarction, traumatic brain injury, biliary colic, renal colic, appendicitis, fractures, diabetic ketoacidosis, severe intoxication, and suicidal attempts, just to name a few.

For optimal comprehension, the medical student needs to be familiar with cardiovascular, respiratory, gastrointestinal, and neurologic physiology; the mechanisms of anaphylaxis and thermoregulation; the basics of acid-base balance and electrolytes; and the basics of ultrasound imaging. They should also know how to read an electrocardiogram (ECG), and knowledge of commonly used substances of abuse is encouraged.

Topics

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Emergency Medicine: General Topics

- ABC-Assessment
- D Assessment & DDx (Differential) of Consequence
- Emergency Medicine Patient Presentation: Relevant Factors
- Emergency Medicine Patient Presentation: How to Organize a Good Presentation

Cardiovascular Emergencies & Shock

- Cardiac Arrest: Initial Assessment
- High-quality CPR
- Management after CPR
- Ventricular Fibrillation/Tachycardia
- Epinephrine and Amiodarone
- Pulseless Electrical Activity (PEA)
- PEA: Treatment and Interventions
- Asystole
- Chest Pain: Definition & Examination
- Chest Pain: Physical Exam & History
- Chest Pain: Additional Tests
- Acute Coronary Syndromes (ACS): Treatment and Assessment
- Acute Coronary Syndromes (ACS): ECG & Risk Patients
- Aortic Dissection: Incidence & Risk Factors
- Aortic Dissection: History & Classic Findings
- Aortic Dissection: Surgery & Medication
- Aortic Dissection: Surgical Alternatives & Care Pathway
- Unstable Tachyarrhythmia and Rhythm Identification

- Ventricular (VT) & Supraventricular (SVT) Tachycardia
- Supraventricular Tachycardias with a Narrow QRS Complex
- Paroxysmal Supraventricular Tachycardia (PSVT)
- Bradyarrhythmias: Definition & Types
- Bradyarrhythmias: Three Degrees of AV-Block
- Bradyarrhythmias: Management
- Shock: Definition & Determinations
- Shock: Types & Clinical Manifestations
- Shock: General Management
- Sepsis and Septic Shock: Pathophysiology & Clinical Definition
- Sepsis and Septic Shock: Sources & Diagnosis
- Sepsis and Septic Shock: Treatment

Respiratory Emergencies

- Respiratory Distress: ABC Assessment and Diagnosis
- Respiratory Distress: Examination
- Respiratory Distress: Differentiation of Consequences
- Respiratory Distress: Management
- Pulmonary Edema: Definition
- Pulmonary Edema: Underlying Cause
- Acute Pulmonary Edema (APE): Management
- Work Up of APE and CHF in the Emergency Department (ED)
- Pulmonary Embolism (PE): Signs & Symptoms
- Pulmonary Embolism (PE): Examination
- PERC Rule and Calculating Risk
- Pulmonary Embolism: Diagnosis
- Pulmonary Embolism (PE): Imaging Studies

- Pulmonary Embolism (PE): Management
- Case Study: Shortness of Breath
- Obstructive Lung Diseases: Etiology and Pathology
- Obstructive Lung Diseases: Signs and Symptoms
- Obstructive Lung Diseases: Diagnosis
- Obstructive Lung Diseases: Management
- Pneumonia and Pulmonary Infections: Signs & Symptoms
- Pneumonia and Pulmonary Infections: Examination
- Pneumonia and Pulmonary Infections: Etiology
- Pneumonia and Pulmonary Infections: Management
- Pneumonia and Pulmonary Infections: Prognosis

Abdominal & Genitourinary Emergencies

- Abdominal Pain (Emergency Medicine)
- Abdominal Pain: Signs & Symptoms
- Abdominal Pain: Examination
- Abdominal Pain: Diagnosis
- Abdominal Aortic Aneurysm (AAA – Emergency Medicine)
- Abdominal Aortic Aneurysm (AAA): Signs & Symptoms
- Abdominal Aortic Aneurysm (AAA): Diagnosis
- Abdominal Aortic Aneurysm (AAA): Management
- Gastrointestinal Bleeding (GI Bleed – Emergency Medicine)
- GI Bleed: Signs & Symptoms
- GI Bleed: Examination & Diagnosis
- GI Bleed: Management
- Appendicitis (Emergency Medicine)

- Appendicitis: Diagnosis
- Appendicitis: Management & Prognosis
- Biliary Tract Disease (Emergency Medicine)
- Biliary Disease: Definitions
- Biliary Disease: Diagnosis
- Biliary Disease: Management
- Small Bowel Obstruction (SBO – Emergency Medicine)
- Small Bowel Obstruction (SBO): Examination & Diagnosis
- Small Bowel Obstruction (SBO): Management
- Large Bowel Obstruction (LBO – Emergency Medicine)
- Large Bowel Obstruction (LBO): Management
- Acute Mesenteric Ischemia
- Acute Mesenteric Ischemia: Epidemiology
- Acute Mesenteric Ischemia: Examination
- Acute Mesenteric Ischemia: Diagnosis
- Acute Mesenteric Ischemia: Management
- Acute Mesenteric Ischemia: Complications
- Perforated Viscus (Emergency Medicine)
- Perforated Viscus: Examination
- Perforated Viscus: Diagnosis
- Perforated Viscus: Management
- Ectopic Pregnancy (Emergency Medicine)
- Ectopic Pregnancy: Examination
- Ectopic Pregnancy: Diagnosis
- Ectopic Pregnancy: Management
- Cervicitis and Urethritis (Emergency Medicine)
- Trichomoniasis (Emergency Medicine)
- Pelvic Inflammatory Disease (Emergency Medicine)

- Epididymitis (Emergency Medicine)
- Testicular Torsion (Emergency Medicine)
- Testicular Torsion: Examination & Management
- Ovarian Torsion (Emergency Medicine)
- Ovarian Torsion: Examination & Management

Neurologic & Psychiatric Emergencies

- Altered Mental Status (AMS – Emergency Medicine)
- Altered Mental Status (AMS): Common Causes
- Altered Mental Status (AMS): First steps
- Altered Mental Status (AMS): History
- Altered Mental Status (AMS): Management
- Headache (Emergency Medicine)
- Migraine: Presentation & Diagnosis
- Migraine: Management
- Cluster Headache (Emergency Medicine)
- Secondary Headache (Emergency Medicine)
- Acute Ischemic Stroke (AIS – Emergency Medicine)
- Acute Ischemic Stroke (AIS): Signs & Symptoms
- Acute Ischemic Stroke (AIS): Examination
- Acute Ischemic Stroke (AIS): Diagnosis
- Acute Ischemic Stroke (AIS): Management
- Spontaneous Intracerebral Hemorrhage (ICH – Emergency Medicine)
- Spontaneous Intracerebral Hemorrhage (ICH): Examination & Diagnosis
- Spontaneous Intracerebral Hemorrhage (ICH): Management
- Subarachnoid Hemorrhage (SAH – Emergency Medicine)
- Subarachnoid Hemorrhage (SAH): Diagnosis

- Subarachnoid Hemorrhage (SAH): Management
- Seizures (Emergency Medicine)
- Seizures: Pathophysiology
- Seizure: Examination
- Seizure: Diagnosis
- Seizure: Management
- Meningitis and Encephalitis (Emergency Medicine)
- Meningitis and Encephalitis: Examination
- Meningitis and Encephalitis: Diagnosis
- Meningitis and Encephalitis: Management & Prophylaxis
- Suicidal Patients (Emergency Medicine)
- Methods of Suicide
- Suicidal Patients: Diagnosis
- Suicidal Patients: Management
- Suicidal Patients: Documentation and Disposition

Trauma (Emergency Medicine)

- Trauma: Primary Survey, Airway & Breathing
- Trauma: Circulation, Disability & Exposure
- Thoracic Injuries: Breathing
- Tension Pneumothorax
- Tension Pneumothorax: Needle Decompression & Other Treatments
- Open Pneumothorax & Flail Chest
- Massive Hemothorax
- Ultrasound of the Lungs
- Circulation: Primary Survey
- Hemorrhagic Shock: Diagnosis
- Hemorrhagic Shock: Management

- Hemorrhagic Shock: Locate Blood & Perform E-FAST Exam
- E-FAST Exam: RUQ, LUQ, Bladder & Pericardial View
- Extremity Injuries Principle #1: H&P Predicts Diagnosis
- Extremity Injuries Principle #2: Assessment of Neurovascular Status
- Extremity Injuries Principle #3 & #4: X-ray & Safe Disposition
- Extremity Injuries Principle #5: Complications
- Minor Head Injury: Epidemiology & Examination
- Head CT: Canadian Criteria & Rules
- Children under 16: PECARN & Traumatic Brain Injury (TBI)
- Major Head Injury: Glasgow Coma Scale (GCS)
- Approach to Multi Trauma Patients
- Epidural & Subdural Hematoma
- Traumatic Subarachnoid & Intraparenchymal Hemorrhage
- Cerebral Edema
- Intracranial Pressure (ICP) and Blood Pressure: Interventions
- Cervical Spine Injury
- C-Spine Imaging
- Negative and Positive CT: Spinal Cord Injury

Toxicologic & Environmental Emergencies

- Poisoning and Toxidromes
- Toxidrome: Sympathomimetic, Anticholinergic, Cholinergic, Sedative-Hypnotic & Opioid
- Poisoning: Case Studies
- Acetaminophen (Paracetamol) Overdose
- Burns: Clinical Estimation

- Major Burns: ABC Management
- Estimation of Total Body Surface Area (TBSA) & Calculation of Volume Resuscitation
- Circumferential Burns and Cyanide Poisoning
- General Burn Care
- Anaphylaxis: Diagnosis, Pathophysiology and Symptoms
- Anaphylaxis: Management & Disposition
- Heat and Thermoregulation
- Classic Heatstroke: Symptoms & Management
- Exertional Heatstroke: Symptoms & Management
- Heat Loss Mechanisms
- Accidental Hypothermia: Symptoms
- Accidental Hypothermia: Management
- Frostbite: Symptoms
- Frostbite: Management
- Drowning: Epidemiology, Pathology & Diagnosis
- Drowning: Management

Endocrine & Electrolyte Emergencies

- Hypo- and Hyperglycemia: Diabetic States
- Hyperglycemia: Diagnosis & Management
- Diabetic Ketoacidosis: Pathophysiology, Physical Exam & Diagnosis
- Diabetic Ketoacidosis: Treatment
- Hyperglycemic Hyperosmolar State (HHS)
- Hypoglycemia: Treatment
- Hyperkalemia: Etiology & ECG

- Hyperkalemia: Treatment
- Thyroid Emergencies
- Hyperthyroidism: Examination, Symptoms, Diagnosis & Treatment of Thyrotoxicosis
- Hypothyroidism: Symptoms, Diagnosis, Treatment

Introduction to Splinting with Scotchcasts

- Short Arm Splinting
- Short Arm Supplies
- Thumb Spica Splinting
- Thumb Spica Supplies
- Ulnar Gutter Splinting
- Ulnar Gutter Supplies
- Short Leg Splinting
- Short Leg Supplies

Suturing

- Bleb Anesthesia
- Linear Anesthesia
- Field Block Anesthesia
- Needle Holder Demonstration
- Tissue Forceps Demonstration
- Surgical Scissors Demonstration
- Loading the Scalpel Demonstration
- Seal the Pad Demonstration

- Making the Incision Demonstration
- Loading the Needle Holder Demonstration
- Left Hand vs. Right Hand Demonstration
- Simple Interrupted Demonstration
- Horizontal Mattress Suturing Demonstration
- Vertical Mattress Suturing Demonstration
- Simple Buried Stitch Demonstration
- Figure of 8 Demonstration
- Half Buried Horizontal Mattress Suturing Demonstration
- Simple Running Demonstration
- Skin Glue Demonstration
- Steri-strip Demonstration



Why Mediversal?

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CPD hours/ Credit	✓ 110 hours/Credit	⚠ 3—50 hours/Credit
NMC Guideline	✓ Advantages in accordance with provision 1.4.2 of NMC regulations	⚠ Not all. (Very few)
Renowned International faculties	✓ Yes	⚠ Only for few subjects
Faculty to learner ratio	✓ 1:10	✓ 1:50 or 1:75
Case based learning	✓ Yes	✗ No
AI supported learning	✓ Yes	✗ No
Live Interaction Sessions	✓ Yes	✗ No
Clinical Attachments	✓ Yes (Case to Case basis)	✓ Yes
Associated with Hospitals for Clinical Training	✓ Yes	✓ Yes
Books	✓ Yes (Printable Pdf copy)	✗ No
Complementary e-Learning Module & Certification	✓ Yes	✗ No
Learner Support	✓ Yes	✗ No
Community of Doctors for peer support (Mediversal Alumni only)	✓ Yes	✗ No
Alumni Support	✓ Yes	⚠ Only a few
e-Certification	✓ Yes	✓ Yes
Physical Certification	✓ Yes	⚠ Only a few
Lifetime certificate validity	✓ Yes	✓ Yes
Digital Marketing and Business Support for your hospital/clinic	✓ Yes	✗ No
Admission process	✓ Smooth, Transparent & all details provided	⚠ Spamming through multiple channels.
Data and privacy protection	✓ Yes	✗ No
CME access	✓ Yes (Lifetime)	✗ No
Medico Legal Session	✓ Yes (Free. By renowned high court advocates)	✗ No
National Level Felicitation Award (for Mediversal Alumni)	✓ Yes	✗ No



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