# CCS Step 3 Guide

## List of Essential Orders:

**Labs Surgery Inflammation Imaging** *Pulse Ox PT ESR *12 Lead EKG Blood Sugar, random PTT CRP CXR etc *CBC Type & Screen ANA
*CMP
*UDS
*Lipid panel
Cardiac Monitor
*TSH
Mg, Phos
Troponin
Blood culture
*UA + Urine Culture
*Female: BhCG
Lumbar puncture: Opening pressure given
Order: Cell count, Glucose, Protein, Virus, Bacterial, Fungal cultures
If there is abscess/throat exudate: Gram stain + Culture

**Mandatory orders for all patients*

### ER orders

According to UWorld Go with:
-ABCD Airway (pulse ox, airway suction or simple airway and respiratory exam is must) —
-Breathing (respiratory exam)
-Circulation: fluids, IV Acess, Foleys and cardiac monitor, Vitals
-Drugs: Pain control, Fever or any specific drug that is indicated according to case

### How to proceed with a case If in ER

Do ABCD > go to physical exam > routine labs or and order everything about suspected diagnosis > and treat the disease (patient will only be feeling fine after Tx) Always consider shifting if unstable
ICU to mostly when ETT or mechanical ventilation required, mainstay in inpatient

### Presented In office

Examination
Routine labs
Shift to ER if pulse ox is low or any emergency on examination findings Give specific order (do not send patient home immediately, wait for initials result to come) If patient is very stable, send him home with initial Tx and and appointment in 2 days Specific tx at reappointment
After right Tx ordered, he will start feeling fine and case will end

### If someone is suspicious of intoxication by any drug or alcohol, give “Coma cocktail”

Thiamine
Dextrose 5%
Naloxone
If Alcohol related: Thiamine + Pyridoxine + Folate + Naltrexone

**If there is any history of opened bottle and unknown drug intake**

Charcoal lavage
Nasogastric suction
Urine drug screen
TCA level, Acetaminophen level, Salicylate level

If pulse ox is low always send —> Carboxy level, Methhemoglobin and Cyanide If patient respiratory rate high or below normal —> send ABGs and decide ETT and mechanical ventilation on ABGs only if confused

**In every depressed and suicidal**

Depression index
Social services
Suicidal contract
Pyschological consult
Psychiatric consult

**In every suspected malignancy at office, do not send home, refer to inpatient, investigations first**

1: Investigations related to area of cancer
2: Do not forget checking mets and do CT or PET for it
3: Consult heme/onco department
4: Radiation therapy consult
5: Patient Education about cancer diagnosis
6: Psychological consult

**Living will and advance directive in every**

Cancer
Old age usually above 65
Critical patient

**Don’t forget about consulting the speciality related to diagnosis**

Like Acute abdomen to surgery
Increased creat to Nephro
Respiratory issue to pulmo

**Select pediatric consult**

For every fever: Blood culture + UA + Urine culture
Sore throat: Throat culture + Gram stain
Seatbelt education

**For every UTI or PID**

Check every STI
Do DNA probe test of Chlamydia and Gono for Cervix, Urethra and Urine separately
Gram stain of all these places
And wet mount for Trichomonas (tx partner too if trichomonas)

Any one with HBV, HCV or HIV or any suspicion of sex worker/multiple partners/or drug abuse
If any one of the above is present, check everything related to STI (HIV, HCV, HBV, Syphilis and Gono, chlamydia



**For rape victim**

First order Rape Victim Kit and confirm, —>Then
- Ulipristral
- Prophylaxis with Metro + Doxy + Ceftriaxone
- Screening of STI
- No sex counseling
- Consult social service + Psychological consult

**Social services in every kind of Abuse, Kid, Elderly, Suicide, Rape or HIV**

## Last 2 minutes

*Note any vaccines, screening or substance abuse on paper during initial case presentation and history reading to help with last 2 minute orders*

**Discharge Vaccination:**
Influenza (yearly)
HPV Vaccine (11-26yo)
Varicella (50 yo)
Tdap (q10 years)
Meningococcal (HIV, Sickle cell)
Pneumococcal (HIV, Sickle cell, COPD)

**Discharge Screening**
Pap smear (q3 or Pap+HPV q5)
Mammogram (40yo)
Colonoscopy (45yo)
Smoker 20 ppy or quit <15yr: CT Chest (50-80yo)
Smoker: US Abdomen (65-75yo)

**Discharge Instructions**
Any drug or Alcohol or Smoke cessation or counseling needed
"REM-FDA-SCI"
Reassure
Educate patient on disease new diagnosis
Medication side effect/compliance
Fever/Foley
Diet (lactose free, gluten free, high fiber, low sodium low fats, DASH)
Substance Abuse counseling, Safe Sex, Safe Driving
Cancer: PET, CEA, CA19
Informed consent or Living will