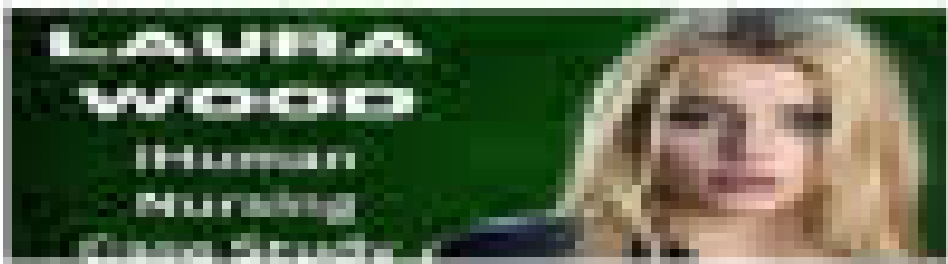


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# EMERGENCY ROOM CASE STUDY: HOW TO MANAGE YOUR RECEPTION WITH A WOMAN IN SUALATION LATER CASE REVIEW AND EXPERT RECOMMENDATION

Case Review by **Dr. [Name]**

Emergency Room Case Study: How to Manage Your Reception with a Woman in Sualation Later Case Review and Expert Recommendation



Case Review by **Dr. [Name]**

9: Anterior Thorax (Cardiac): #1 -

✓ ✓ ANSW ✓ ✓ With patient supine the total precordial area is deliberately inspected for Heaves  
Lifts

Location of apical impulse

Student speaks findings aloud(3pts)

9: Anterior Thorax (Chest/Lungs): #1 -

✓ ✓ ANSW ✓ ✓ Upper Arm/axilla/chest nodes/masses

With the patient sitting and arms passively abducted

Palpate bilaterally the lymph nodes of upper arms- begin at inside of elbow, moving into axilla, down chest wall below axilla.

This is performed on bare skin.

9: Anterior Thorax (Pulmonary): #1 -

✓ ✓ ANSW ✓ ✓ Entire anterior thorax is inspected and palpated bilaterally. Include cardiac region and palpate for thrills.

9: Anterior Thorax (Pulmonary): #2 -

✓ ✓ ANSW ✓ ✓ Neck veins are inspected with patient at 30-45 degree angle using tangential lighting. Only one side.

IF JVD is noted, evidence of distention must be measured with a straight edge and ruler.

Was table end pulled out? Yes No

9: Anterior Thorax (Pulmonary): #2 -

✓ ✓ ANSW ✓ ✓ Tactile fremitus is assessed bilaterally on the entire anterior thorax using the ulnar part of the hands.

9: Anterior Thorax (Pulmonary): #3 -

✓ ✓ ANSW ✓ ✓ Cardiac sounds are auscultated in the 5 anatomic regions- patient supine at 30-45 degree angle and using BOTH bell and diaphragm. Starting at base of heart w/diaphragm. Student to speak areas auscultated aloud (5pts).