EMERGENCIES IN THE OUTPATIENT SETTING: PART II

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Angina Pectoris: Evaluation in the Office 391
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Chest pain is a common complaint in the outpatient setting. Primary care physicians frequently find themselves evaluating a patient in the office with possible coronary artery disease. An assessment of the patient’s history and physical examination is followed by risk stratification and, often, initial testing to evaluate for atherosclerotic coronary disease. This article helps outpatient clinicians to decide whom to test, what test to perform, and how to modify cardiac risk factors in their patients.

Arrhythmias in the Office 417
Luis H. Haro, Erik P. Hess, and Wyatt W. Decker

The incidence of patients who present to the office with arrhythmia and hemodynamic instability is unknown. Emergency medical systems data, based on ambulance runs, are available only for patients who have had a cardiac arrest. When faced with an unstable or potentially unstable patient, however, we must be prepared to act quickly, safely, and accurately. This article addresses the general approach to such a patient; provides necessary information on office emergency preparation, including training, rapid response team protocol, and the use of automated external defibrillators; and addresses the identification and initial office management of the various rhythms that are capable of threatening a patient’s life.
Hypertensive Emergency and Severe Hypertension: What to
Treat, Who to Treat, and How to Treat
John S. Flanigan and David Vitberg

Hypertensive emergency is a clinical syndrome of rapidly progressive end-organ damage associated with significant elevations of blood pressure. Immediate reduction of blood pressure using potent intravenous agents is indicated to reduce mortality rates which range historically as high as 90%. Virtually all episodes of hypertensive emergency are associated with a diastolic blood pressure over 120 mm Hg, but most patients who present with severe hypertension do not have a hypertensive emergency, and, not only will these patients not benefit from aggressive normalization of blood pressure, substantial morbidity can result from overly rapid decreases in blood pressure in patients who do not have rapidly evolving end-organ damage. Distinguishing between these two groups of patients is the first step in the safe management of significantly hypertensive patients.

Dyspnea
Joseph R. Shiber and Jose Santana

Dyspnea is a common complaint seen in all areas of clinical practice and is frequently seen in the outpatient setting. Outpatient clinicians must develop a differential diagnosis for the dyspneic patient that encompasses potential life-threatening conditions and the decompensation of chronic medical conditions. Physicians should be skilled at determining which patients can be evaluated and treated as outpatients and which patients require transfer to the emergency department for stabilization, diagnosis, and therapy. The safest way to tackle this chief complaint is to assume that a serious life-threatening entity is present until the evaluation and diagnostic testing is completed. Armed with a focused history and physical examination and knowledge of the deadly causes of shortness of breath, the primary care physician will be in a better position to maximize beneficial patient outcomes.

Acute Abdominal Pain
Mark H. Flasar and Eric Goldberg

Acute abdominal pain is a complaint seen commonly in the outpatient setting. In some patients, abdominal pain may be a symptom of an underlying life-threatening disease process, whereas in others, the underlying cause may be more benign. It is imperative that the physician approaches each patient in a systematic manner to help narrow the differential diagnosis and to determine which patients need a more expedited evaluation. An understanding of the mechanisms of pain generation and a familiarity with the presentations of common causes of abdominal pain will aid the physician in the appropriate evaluation and triage of patients who present with acute abdominal pain.
Vascular catastrophes, malignancy, spinal cord compressive syndromes, and infectious disease processes may all present with acute back pain. Although collectively these conditions account for a small percentage of causes of back pain, all are potentially life threatening and require rapid diagnosis. When the diagnosis is missed or even delayed, patients incur substantially higher morbidity and mortality. Thus, it is imperative that the practicing physician be able to recognize which patients who have acute back pain harbor more serious etiologies.