



PRACTICE CASE / ID

DATE

SETTING

Rule out what's dangerous, treat what's urgent, and decide where the patient goes next.

WHAT MATTERS MOST

- Time course and onset
- Must-not-miss diagnoses and how you addressed each
- ED course: treatments and reassessment
- Medical decision-making and disposition

OFTEN MISSED

- Reassessment after treatment
- Why a dangerous diagnosis was not pursued
- Clear return precautions

S SUBJECTIVE

Chief complaint With time of onset.

HPI OLD CARTS, context, pertinent negatives for dangerous causes.

Source Patient, family, EMS: name it.

PMH / meds / allergies

O OBJECTIVE

Triage vitals And repeat vitals.

Exam Focused; document pertinent normals.

ED results Labs, imaging, ECG with times.

ED course Treatments given, response, reassessment.

A ASSESSMENT

Medical decision-making Differential with must-not-miss diagnoses and how each was addressed; risk.

Diagnosis Or "undifferentiated" with reasoning.

P PLAN

Interventions What was done in the ED.

Disposition Admit (service, level of care), discharge, transfer.

Discharge instructions Medications, follow-up, return precautions.
