

Glossary of terms used in College examinations

The Royal College of Emergency Medicine

The CEM uses several terms in examinations that may cause confusion. The following definitions are intended as a guide to the understanding of these terms. It is important to read the questions carefully and to understand the term in the context of that question. Examiners and candidates are advised to be rigorous in the use of these terms.

Abnormality

This is any feature in an examination or investigation which is outside the standard deviation of the population being studied. A **Clinical** abnormality however would be a pathologically relevant abnormality and would not include the presence of tubes, prostheses etc.

Assessment

History taking, physical examination and use of investigations.

Characteristics

Something that describes a condition, or piece of equipment that is consistently present in that condition or is pretty fundamental to how the piece of equipment works e.g. mercury is characteristic of the content of thermometers

Class of drug

This is the generic name for the type of drug with a particular pharmacological affect e.g. anticoagulant, antihypertensive etc.

Clinical findings

This may include symptoms, signs and vital signs. It is information gleaned from the clinical evaluation, but not the results of investigations even bedside ones (e.g. BM or Urine Dipstick)

Commonest/Common

>75% incidence, or prevalence

Condition

This would suggest a well know pathological entity or diagnosis that should be mentioned as contributing to the presenting complaint.

Criteria

This refers to the fact that there is a formal international/national guideline or scoring system that allows you to define the seriousness of a condition e.g. CURB-65 score for pneumonia etc. Each criterion may be a clinical sign, measurement, or bedside observation that helps discriminate in some way for the management of the patient.

Definitive management/treatment

This may include things you would do in the department but usually requires you to list the operation or procedure that will cure or contain the condition.

This may also refer to the gold standard treatment which has been proven to give best results, even if not available in the institution where you work.

Disposition

Where the patient is sent following care in the Emergency Department including follow-up if discharged.

ED management

This requires you to list actions that are life or limb saving or that might improve the course of the condition if done within the ED. It is not definitive management. This may however include analgesia, referral to specialty team etc

Essential

This indicates life saving treatments/management steps that are the priority, and would not normally include things like analgesia, communication etc.

Factor

A contributing element or cause for the condition.

Features

This is used in a variety of ways

In the medical history – it indicated symptoms

In the examination – examination findings

In results – abnormalities that are clinically relevant or might simply be the presence of an ETT or central line ie abnormality

If describing equipment or procedures, it is how the equipment looks, or key elements of the procedure.

Clinical features can be symptoms or signs

Immediate

This indicates what you will do now, rather than include within the general list of investigations or treatments that a patient needs.

Implication

Something that is suggested or hinted at.

Important

Used to indicate something that needs treatment or has a very high chance of recurring e.g. important complications are those that you warn patients about, or that you specifically wish to exclude if a patient deteriorates

Indicators

This is used in the context of a clinical evaluation. It should include history, examination and investigations that might indicate that a particular diagnosis is likely.

Investigations

Specific tests undertaken to make a diagnosis or monitor the patient's condition. They may include bedside tests such as urine dipstick or BM unless otherwise specified.

Management

Aspects of care including treatment, supportive care and disposition/disposal. This does not normally include investigations unless an investigation leads to an immediate change in the treatment, ie blood gas to check the correct Oxygen level is being given.

Measures

Actions that can be taken which may include physical procedures, prescriptions, referrals etc.

Most likely

This requires the commonest or best know items. For example if asked for two most likely organisms causing a UTI – you should list E Coli and Klebsiella etc

Pathophysiological sequence of events

This requires you to list in time order, the events that happen on a cellular, or hormonal level, leading to the current condition. For example, if a lactate is high in the presence of sepsis, you could suggest –

- Hypotension
- Poor organ perfusion
- Tissue hypoxia
- Anaerobic metabolism
- Glycolysis and lactate build up

Pathognomic

Refers to a symptom or sign that if present, would always lead to a particular diagnosis

Principles

These are the ideal or essential themes of a treatment or plan. e.g. Principles of drug treatment do not usually require doses or routes but might include “broad spectrum antibiotics” or “antihistamines”

Rarely <10% of the time

Recommended

This is the best treatment according to a National guideline or accepted practice

Symptoms

This is what the patient complains of.

Signs

This is what you identify by examination and may include abnormal observations/ measurements of vital parameters.

Steps in a management plan

Actions that may include giving treatment, support or referring, if it included an investigation, the investigation must lead to a change in the management plan.

Strategy

This is your plan of action, and would normally include a list of investigations, prescriptions, physical treatments, in a particular order.

Treatment

Measures undertaken to cure or stabilise the patient's condition. This includes oxygen, fluids, drugs, and may also mean surgery. It does not include investigations.

Usual/normal >90% of the time

Prepared and edited using the ACEM glossary

Abbreviations that may be used in the examinations

AC JOINT – Acromio-Clavicular
ADH – Anti-Diuretic Hormone
AF – Atrial Fibrillation
AXR – Abdominal X-ray
BPH – Benign Prostatic Hypertrophy
C-spine – Cervical Spine
CXR – Chest X-ray
DIC – Disseminated Intravascular Coagulation
IBS – Irritable Bowel Syndrome
IBD – Inflammatory Bowel Disease
ICP – Intracranial Pressure
IV – Intravenous
IDDM – Insulin Dependent Diabetes Mellitus
JVP – Jugular Venous Pressure
LVH – Left Ventricular Hypertrophy
LVF – Left Ventricular Failure
LP – Lumbar Puncture
LFT – Liver Function Tests
LMN – Lower Motor Neurone
MI – Myocardial Infarction
PID – Pelvic Inflammatory Disease
RA – Rheumatoid Arthritis
TMJ – Temporo-Mandibular Joint
TFT – Thyroid Function Tests
USS – Ultrasound Scan
UMN – Upper Motor Neurone

Normal Values

Haematology

Haemoglobin	11.5-16.6g/dl
White blood cells	4-11 x 10 ⁹ /l
Platelets	150 - 450 10 ⁹ /l
MCV	80-96 fl
MCHC	32-36 g/dl
Neutrophils	2-7.5 x 10 ⁹ /l
Lymphocytes	1.5-4 x 10 ⁹ /l
Monocytes	0.3-1 x 10 ⁹ /l
Eosinophils	0.1-0.5 x 10 ⁹ /l
Basophils	<0.2 x 10 ⁹ /l
Reticulocytes	< 2 %
Haematocrit	0.35 - .49
Red Cell distribution width	11-15%

Biochemistry

Sodium	135-145 mmol/L
Potassium	3-4.5 mmol/L
Urea	2.5-7.5 mmol/L
Glucose	3.5-5. mmol/L
Creatinine	35-135 mmol/L
Alanine aminotransferase	5-35 U/L
Gamma GT	<65 U/L
Alkaline phosphatase	30-135 U/L
AST	<40 U/L
Total Protein	60 – 80 g/l
Albumin	35-50 g/L
Globulin	2.3-3.5 g/dl
Amylase	<70 U/L
Total bilirubin	3-17 mmol/l
Calcium	2.1-2.5 mmol/L
Chloride	95 – 105 mmol/l
Phosphate	0.8-1.4 mmol/l

Blood gases

pH	7.35-7.45
pO ₂	11-14 KPa
PCO ₂	4.5-6 KPa
Base excess	Minus 2 to plus 2 mmol/l
bicarbonate	24-30
Lactate	< 2 mmol/l