Easter Learning from Bangor

MOUNTAIN MEDICINE
BANGOR EMERGENCY DEPT

A pot-pourri of things we learned or re-learned recently - mainly for EM, but there's something for just about every clinician…

Treating ↓K^+ and ↓Mg^{2+}

- We're probably all most familiar with using Sando-K for hypokalaemia, but some patients don't tolerate it very well. An alternative is the line-dance-sounding **Kay-Cee-L** which is a syrup containing (surprise, surprise) 7.5% KCl.
- Meanwhile, if you'd been using Maalox as oral treatment for ↓Mg^{2+} and had patients struggle with diarrhoea, be aware **Magnesium Aspartate** is an alternative.

A gloriously weird UTI bug

- Meet *Stenotrophomonas maltophilia*… a gram-negative bacterium usually found in soil, water & plants, but it can cause infection in humans with significantly impaired immune defences, after prior exposure to anti-microbials, or after prolonged hospitalisation.
- We found it in the bladder of a patient who turned out to have a bladder tumour (it's rare in un-instrumented, structurally-normal urinary tracts)
- Resistant to most commonly-used antibiotics, but most strains are susceptible to co-trimoxazole.

Don't freak out your nursing staff..!

- If you've been dilating pupils, and then ask your nursing colleagues to do neuro obs, **don't forget to warn them that you are expecting the patient to have huge pupils**!

Palpate the midline of the abdo

- Be honest: do you have the lazy bad habit of half-heartedly prodding the four quadrants of the abdomen when a patient presents with something you don't really think is abdominal related?
- Coffee-room conversations this month revealed docs who had in the past found a concealed pregnancy in a patient presenting with an overdose, and a highly abnormal-feeling tender aorta (which turned out to be due to lymphoma adjacent to the aorta) in a patient who'd been treated for pyelonephritis.
- #FeelTheMidline

Ditch the drama: asymptomatic ↑BP in the ED

- **Do not give stat doses of amlodipine (or anything else)** to asymptomatic patients with sky-high BP who turn up in ED (yup, even those sent round from OPD!), regardless of what you read in the OHCM c1996!

The anaemia following sepsis…

- Inflammatory cytokines affect iron uptake, and red cell production/ maturation. There may be ↑red cell destruction too, although this isn't as clearly elucidated.
- Hence, patients with (and soon after) sepsis may have a falling Hb that is *not* due to bleeding.
- It's basically the same mechanism as the anaemia of chronic disease.

Pleas from Palliative Care

- Don't forget to **check calcium levels** in cancer patients who are even generally unwell - our palliative care colleagues regularly have to request calcium as an "add on" to lab tests taken in ED & on wards.
- And whilst we're on the topic, remember **hypercalcaemia can be the *presenting* modality for an unknown malignancy** - one of our COTE colleagues quotes a "patient described as not quite right…with a calcium of 3.23…"
- **Furosemide** can be administered subcutaneously: just one of the gems on the wonderful website **www.palliativedrugs.com**, which is well worth registering (free) and having a browse.

A technical update - Easter 2018

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