

## Cockrill Clip 6 Transcript

BARBARA COCKRILL: So they give you the following information. She's in a long cast immobilizing her knee. She takes oral contraceptives, hm, but no other medications and she does not smoke. A focused physical exam, she is in marked respiratory distress. Respiratory rate, 26. Blood pressure, a little dwindly. Heart rate, 110. Her oxygen saturation is 97% on supplemental oxygen. She's got a few crackles at the right base. Neck veins are elevated. Tachycardic normal, S1, S2 with a loud P2-- I'm sorry. Normal S1. Her S2 was split with a loud P2. Her right leg is normal. The left leg is in a long cast. The visible part of her left foot appears swollen.

OK. So let's talk at your tables. Let's summarize the case, think about what's been going on, and what are the pertinent positives and negatives in her history and on the physical exam? And what's the next step?

AUDIENCE: So one negative was the medication and taking oral contraceptives.

AUDIENCE: I think that would be a positive.

AUDIENCE: They're hypercoagulable, in a hypercoagulable state.

AUDIENCE: Yeah. I think--

AUDIENCE: [INAUDIBLE]

AUDIENCE: So just to clarify, pertinent positives means like, you have something abnormal that is relevant. And pertinent negatives is like, you don't have something associated with loss.

AUDIENCE: Like a pertinent negative here would be if her foot wasn't swollen. You'd be like, oh, maybe this isn't a DVT from her leg. It's a pulmonary embolism coming from somewhere else.

AUDIENCE: It's a positive finding in the direction of her DVT. And that would be--

AUDIENCE: Yeah.

AUDIENCE: OK.

AUDIENCE: Yeah, so yeah.

AUDIENCE: Oral contraceptives, swollen leg, her swollen left foot. She also has crackles, a loud P2, elevated GBP.

AUDIENCE: A loud P2-- does that mean the afterload is up?

AUDIENCE: Really high, yeah.

AUDIENCE: So it's closing-- the valve closes louder, right?

AUDIENCE: Because there's like a lot of pressure basically built up against the valve when it closes.

AUDIENCE: She also has the right heart failure.

AUDIENCE: Mhm.

AUDIENCE: The JDP.

AUDIENCE: Tachycardia.

AUDIENCE: Yeah, tachycardic. Respiratory distress.

AUDIENCE: She's like-- I guess she's not hypertensive yet, but like her blood pressure is a little low.

AUDIENCE: Yeah. I don't know. I would say 92 is hypotensive.

AUDIENCE: What did you say?

AUDIENCE: She's almost in shock.

AUDIENCE: Well, Emily [INAUDIBLE] over there. That's probably your resting blood pressure.

AUDIENCE: Are you serious?

AUDIENCE: She was my PDR partner when we were learning for the exam.

AUDIENCE: Oh my god. That's crazy. I know Michelle has a resting blood pressure of, like, 100 over something, which is also really low.

AUDIENCE: Yeah, Alex Curtis does also. Anyway.

AUDIENCE: OC sat's like a little bit low, I guess, but not significantly.

AUDIENCE: Is it significant that she doesn't have any pain presenting yet? Like is that a pertinent negative?

AUDIENCE: I feel like--

AUDIENCE: Go ahead.

AUDIENCE: I feel like we don't know that she's not in pain given that like her main problem is the respiratory distress. So I feel like-- I don't know.

AUDIENCE: Is there anything that's absent that you think is important?

AUDIENCE: Do we think the fact that her supplemental oxygen isn't-- oh, it's 97% on supplemental?

AUDIENCE: Yeah. So it should be like 100, right?

AUDIENCE: Yeah.

AUDIENCE: I don't know. It's OK, I guess.

AUDIENCE: I guess smoking could be a pertinent negative, but it's not really necessary [INAUDIBLE] if she had, like, a broken leg or something.

AUDIENCE: Yeah. What else could be complications or causes of PE that we could rule out? I don't really see any pertinent negatives, to be honest.

AUDIENCE: Yeah.

AUDIENCE: It all that kind of points to PE.

AUDIENCE: Yeah. Oh, hemoptysis.

AUDIENCE: It's pretty rare, though.

AUDIENCE: OK.

AUDIENCE: Yeah, she doesn't have pain. She doesn't have hemoptysis.

BARBARA COCKRILL: OK. Let's get started again. So you're in the emergency room. You've evaluated the patient. Your attending is now asking you to present the case. How many sentences do you get in the emergency room, Michael?

AUDIENCE: Oh, in the emergency room?

BARBARA COCKRILL: Yeah.

AUDIENCE: You make the sentences count.

BARBARA COCKRILL: Yeah. Maybe five sentences or so. Who can summarize the case for us in about five-- if it's the surgical side of the emergency room, you might even only get three sentences. Right? So who can summarize? What do we got?