

MEDICATIONS	REVIEWED	DATE	TIME
LET (ANESTHETICS)			
(TOPICAL)			
PEDS/ADULT: 3ML			
*AVOID FINGERS, NOSE, PENIS, TOES.			
(ANESTHETICS)			
1%, 2% LIDOCAINE			
LIDOCAINE WITH EPI			
MARCAINE (BUPIVICAINE)			
*TOXIC DOSE			
IBUPROFEN (ANALGESIC)			
PEDS: 10MG/KG			
ADULT: 600-800 TID WITH FOOD.			
*AVOID IN PTS WITH RENAL DISEASE AND GI ULCERS/GERD			
TYLENOL (ANALGESIC)			
PEDS: 15MG/KG			
ADULT 650-1000MG EVERY 6 HRS			
*AVOID IN PTS WITH LIVER DISEASE			
TORADOL IM AND IV (ANIT- INFLAMMATORY)			
ADULTS: 30MG IV OR 60MG IM			
*DO NOT USE IF ASA ALLERGY			
*AVOID IN RENAL FAILURE PTS			
*AVOID IF CONCERNED PT MAY BE BLEEDING (I.E. BRAIN BLEED)			
DILAUDID (NARCO TIC PAIN MEDICATION)			
ADULTS: 0.5MG-1MG IV			
START AT 0.5MG IV AND TITRATE UP.			
START AT 1MG IM AND TITRATE UP.			
*ALWAYS TAKE BP AND PULSE OX PRIOR TO GIVING MEDICATION. Watch for respiratory depression and hypotension. CONTINUE TO MONITOR ESPECIALLY IF MEDICATION IS GIVEN IV.			
MORPHINE (NARCOTIC PAIN			

MEDICATION)			
PEDS: 0.1MG/KG-0.2MG/KG IV			
ADULT: 2MG IV			
*MONITOR PULSE OX AND BP			
VICODIN 5MG/500MG (NARCOTIC PAIN MEDICATION)			
ADULT: 1-2 TABS EVERY 6 HOURS			
VICODIN ES 7.5MG/750MG			
ADULT: 1-2 TAB EVERY 6 HOURS			
VICODIN HP 10/660MG			
ADULT: 1 TAB EVERY 6 HOURS			
*WARN PT ABOUT TAKING OTC TYLENOL WITH THIS MEDICATION			
NORCO (NARCOTIC PAIN MEDICATION)			
5/325, 7.5/325MG OR 10/325MG			
1 TAB PO EVERY 4-6 HOURS			
*WARN PT ABOUT TAKING OTC TYLENOL WITH THIS MEDICATION			
TYLENOL #3 (NARCOTIC PAIN MEDICATION)			
30/300MG			
1-2 TAB PO EVERY 4-6 HR			
ZOFRAN (ANITEMETIC)			
PEDS:			
ADULT: 4MG IV			
PHENERGAN (ANTIEMETIC)			
ADULT: 12.5MG IV OR 25MG IM			
*THIS MEDICATION WILL CAUSE DROWSINESS			
DIPHTHERIA/TETANUS VACCINE			
-Dose/Administration			
ADACEL			
-see guidelines on attached handout			
RABIES VACCINE AND IMMUNEGLOBULIN			

-Dose/Administration			
-Review where medication can be administered			

PROCEDURES	Reviewed	Date	Time
DIGITAL BLOCKS			
-Needle and syringe sizes			
-adults vs peds			
LACERATION REPAIR			
-Suture material			
-Absorbable vs non-absorbable			
-Anesthetics			
-Facial lacerations			
-Lacerations to the body			
-Types of suturing: Simple interrupted, Vertical Mattress, Horizontal Mattress			
-Deep sutures			
NAILBED INJURY			
-Crush injury to nailbed			
-Repair of the nail bed and skin			
-Removal of nail			
-Replacement of the nail.			
TOE NAIL REMOVAL			
-Ingrown toe nails			
-Crush injuries			
SUBUNGAL EVACUATION			
-Drainage with battery cautery			
INCISION AND DRAINAGE OF AN ABSCESS			
-I&D Kits and actual drainage			
-Anesthetizing an abscess			
-Packing an abscess			
-Antibiotics and abscess			
RING REMOVAL			
TICK REMOVAL			

FISHHOOK REMOVAL			
CERUMEN IMPACTION REMOVAL			
-Use of warm water and peroxide.			
-angiocatheter and syringe.			
REMOVAL OF FB FROM NOSE AND EARS			
-removal with suction			
-removal with ear curette.			
CORNEAL ABRASIONS/ULCERATIONS, DENDRITIC LESIONS OF EYE, FB REMOVAL, HYPHEMA, IRITIS			
SLIT LAMP EXAM			
-Use of all 3 slit lamps			
-Use white light			
-Use blue light			
***All patients with eye complaint must get visual acuities			
MANAGEMENT OF EPISTAXIS			
-Evacuation of clot.			
-Anesthetic and Vasoconstriction			
-Cautery			
-Types of packing			
CHEMICAL EXPOSURES TO THE EYE			
-Acid vs Base (Alkaline)			
-Morgan's lens use			
REIMPLANTATION OF AN AVULSED TOOTH			
BARTHOLINS GLAND ABSCESS AND THE WORD CATHETER			
PELVIC EXAM			
-Use of the disposable speculum with light source.			
-Insertion of speculum			
-landmarks and anatomy			
-swab for GC/Chlamydia, trichomoniasis, vaginal culture			
-bimanual exam: CMT, palpable masses.			
REDUCTION OF NURSEMAID'S ELBOW			
KNEE JOINT ARTHROCENTESIS			

LUMBAR PUNCTURE			
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POSTMOLD APPLICATIONS	Reviewed	Date	Time
-Dorsal mold			
-Volar mold			
-Thumb spica			
-Ulnar gutter			
-Posterior mold (short and long leg)			
Molding for Achilles rupture			
-Sugar Tong			

*Everyone with an upper extremity mold should get a sling

EXAMINATION SKILLS	Reviewed	Date	Time
COMPLETE H&P including documentation			
FOCUSED H&P including documentation			
ID OTITIS MEDIA/OTITIS EXTERNA			
ID SEPTAL HEMATOMA			
ID CONJUNCTIVITIS			

RASHES	REVIEWED	DATE	TIME
ID SHINGLES			
ID PYTRIASIS ROSEA			
ID COCKSAXIE VIRUS			
ID TINEA CORPORIS, CAPITIS, PEDIS, CRUSIS			
ID ECZEMA			
ID SCARLET FEVER			
ID URTICARIA			
ID CONTACT DERMATITIS			
-poison ivy			
ID CELLULITIS			

RADIOLOGIC FINDINGS	REVIEWED	DATE	TIME
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- Finger Fractures: Volar plate, mallet finger			
-Gamekeepers Thumb			
-Bennet's Fracture			
-Colles Fractures			
-Torus Fracture			
-Scaphoid Fracture			
-Metacarpal fractures			
-Boxers Fracture			
-Radial Head/Neck Fractures			
-Supracondylar Fractures			
-Humerus Fractures			
-Clavicle Fractures			
-Toe Fractures			
- Metatarsal fracture (including 5 th MT)			
-Jones Fracture			
-Bimalleolar, Trimalleolar Fracture			
-Distal Fibula Fractures			
-Distal Tibia Fractures			
-Maissonneuve Fracture			
-Tibial Plateau Fractures			
-Patella Fracture (sunrise view)			
-Pelvic Fractures			
-Hip Fractures			
-Shoulder Dislocations (y view, swimmer's view)			
-Elbow Dislocations			
-Finger Dislocations			
-CXR (including infiltrates, effusions)			
-Steeple Sign (Croup)			
-Thumbprint Sign (epiglottitis)			
-Pneumothorax			
-Rib Fractures			
-C spine xrays			
-L spine xrays			
-Soft tissue neck xrays			

ORTHOPEDICS	REVIEWED	DATE	TIME
ID QUADRICEPS TENDON RUPTURE			
ID MCL/LCL LAXITY			
ID ACL/PCL LAXITY			
ID ANKLE INSABILITY			
ID ACHILLES RUPTURE			

ID DEQUARVEN'S TENOSYNOVITIS			
ID CARPAL TUNNEL			
ID TENNIS ELBOW/GOLFER'S ELBOW			
ID COMPARTMENT SYNDROME			

APPLIANCES	REVIEWED	DATE	TIME
Air cast			
Cast shoe			
Sling			
Crutches			
Cane			
Walker			
Buddy taping toes			
Finger splint			

BLOOD BORNE EXPOSURE PACKETS	REVIEWED	DATE	TIME
- Retrieving forms online			
-Filling out forms and consents			
-Drawing blood			
-Prophylactic treatment for HIV, Hepatitis B			
-Understanding stats on transmission rate from needlestick			
-Fax to Employee health			

**Emergency Department Recommendations for
Diphtheria/Tetanus/Pertussis Immunization**

Children <7yrs	DTap	Refer to pediatrician
Children 7-9 yrs	DT	Refer to pediatrician
Children 10-17 yrs	Tdap	Refer to pediatrician
Adults 18-64 yrs	Tdap	Substitute ONE booster DT as adult
	DT	Give if ineligible for Tdap (see below)
Adults >64 yrs	DT	

**Exclusion Criteria for Adult Tdap: Allergy to any part of vaccine
Allergy to Latex
> 64 yrs old
Already received one adult booster of Tdap
Hx seizure, Guillian Barre or other severe neurologic problem
Pregnancy (relative contraindication)

**It is recommended that Tdap should not be given within 2 years of DT

**No data is available about giving Tdap more frequently than once as an adult.

(What is the recommendation in these situations?)

If the patient's immunization status is unknown –then administer DT or refer to PCP if there is one.**

If it is unknown whether the patient has received Tdap as an adult in the past –SAME AS ABOVE**