

ABCD² Score for TIA

A ge	Age >60	1
B lood pressure	BP>140 systolic and/or >90 diastolic	1
C linical features	Unilateral weakness	2
	Speech disturbance without weakness	1
	Other	0
D uration of symptoms	>60 minutes	2
	10-59 minutes	1
	<10 minutes	0
D iabetes		1

2-Day stroke risk:

- ABCD² 0-3: 1.0% (1.2% at 7d & 3.1% at 90d), ABCD² 4-5: 4.1%, ABCD² 6-7: 8.1%

Thus high risk is taken as ABCD² ≥4, before any imaging results are taken into account.

CHADS₂

Estimate the risk of stroke in patients with non-rheumatic atrial fibrillation (AF).

C ongestive heart failure Hx	1
H ypertension Hx	1
A ge ≥75	1
D iabetes	1
S troke symptoms previously or TIA	2

No. criteria (risk of thrombotic event if not on Warfarin): 0 (1.9%), 1 (2.8%), 2 (4.0%), 3 (5.9%), 4 (8.5%), 5 (12.5%), 6 (18.2%).

CHA₂DS₂-VASc

Extension of CHAD2 score:

C ongestive heart failure Hx	1
H ypertension Hx	1
A ge ≥75	2
D iabetes	1
S troke symptoms previously or TIA	2
V ascular disease	1
A ge 65-74	1
S ex category=female	1

For anticoagulation in AF (both CHADS₂ & CHA₂DS₂VASc) :

Score 0 = None (or aspirin),

Score 1 = Aspirin or oral anticoagulant (warfarin, rivaroxaban or dabigatran)

Score 2+ = oral anticoagulant

Head Injury CT Algorithm for Children (CHALICE)

A computed tomography scan is required if any of the following criteria are present.

History

- Witnessed LOC >5 min
- History of amnesia >5 min
- Abnormal drowsiness
- >2 vomits after HI
- ?NAI
- Fit w/o Hx of epilepsy

Examination

- GCS <14, or <15 in infant
- ?Penetrating/depressed skull inj
- Tense fontanelle in infant
- Signs of a basal skull #
- Positive focal neurology
- Bruise/swelling/lac >5 cm in infant

Mechanism

- High-speed MVA/Ped (>30kmh)
- Fall of >3m
- High-speed projectile injury

The Child-Pugh Score for Cirrhosis Mortality.

Criterion	Score 1 point	Score 2 points	Score 3 points
Serum albumin (g/L)	>3.5	3.0-3.5	<3.0
Serum bilirubin (g/dL)	<2.0	2.0-3.0	>3.0
PTT (s) or INR	PTT=1-4 or INR<1.7	PTT=4-6 or INR=1.7-2.3	PTT>6 or INR>2.3
Ascites	none	moderate	severe
Encephalopathy	none	mild	severe

Score 5-6 = Class A, Score 7-9 = Class B, Score ≥ 10 = Class C

Patients with Class A or B have a 5-years survival rate of 70% to 80%.

Class C patients have a 1-year survival around 50%

Febrile infants 1-3mo - low risk criteria for occult bacteraemia:

	Rochester Criteria	Philadelphia Criteria	Boston Criteria
Age	≤ 60 d	29-60 d	28-89 d
Temperature	$\geq 38.0^{\circ}\text{C}$	$\geq 38.2^{\circ}\text{C}$	$\geq 38.0^{\circ}\text{C}$
History	Term infant	Not specified	No immunizations within 48h
	No perinatal antibiotics		No antimicrobial within 48h
	No underlying disease		Not dehydrated
	Not hospitalized longer than the mother		
Physical examination	Well appearing	Well appearing	Well appearing
	Unremarkable examination	No ear, soft tissue, or bone infection	No ear, soft tissue, or bone infection
Laboratory parameters	WBC >5000 and $<15\ 000/\text{mm}^3$	WBC $<15\ 000/\text{mm}^3$	CSF $<10/\text{mm}^3$
	Abs band count $<1500/\text{mm}^3$	Band-neutrophil ratio <0.2	UA <10 WBC/hpf
	UA <10 WBC/hpf	UA <10 WBC/hpf	Chest radiograph: no infiltrate
	<5 WBC/hpf stool if diarrhoea	Urine Gram stain negative	WBC $<20\ 000/\text{mm}^3$
		CSF <8 WBC/ mm^3	
		CSF Gram stain negative	
		Chest radiograph: no infiltrate	
	Stool: no blood, few or no WBCs on smear		
Fail low-risk criteria	Hospitalize + empirical antibacterial agent(s)	Hospitalize + empirical antibacterial agent(s)	Hospitalize + empirical antibacterial agent(s)
Meet low-risk criteria	Home	Home	Home
	No antibacterial therapy	No antibacterial therapy	Empirical antibacterial therapy
	Follow-up required	Follow-up required	Follow-up required
Reported statistics	Sensitivity 92% (83%-97%)	Sensitivity 98% (92%-100%)	Sensitivity—not available
	Specificity 50% (47%-53%)	Specificity 42% (38%-46%)	Specificity 94.6%
	Positive predictive value 12.3% (10%-16%)	Positive predictive value 14% (11-17%)	Positive predictive value—not available
	NPV 98.9% (97%-100%)	NPV 99.7% (98%-100%)	NPV—not available

Data from *Consensus in Pediatrics*. 2005;1(7):1. UA, urinalysis; hpf, high power field; NPV, negative predictive value.

Boston protocol (Validation study: Sn 82%, SP 76%, NPV 98.3%, PPV 21%)

NEXUS Low Risk C-Spine Injury Criteria

- Alert
- Not intoxicated
- No posterior midline tenderness
- No focal neurological signs or symptoms
- No distracting injury

Ottawa & Pittsburgh Knee Rules

Ottawa - X-ray knee if:

Not weight bearing immediately or in A & E, OR
Patella tender, OR
Flexion is less than 90°, OR
Age > 55 years, OR
Fibula head tender

Pittsburgh - X-ray knee if:

Blunt trauma, AND
Not weight bearing in A & E, OR
Age < 12 years, OR
Age > 50 years

Ottawa Ankle/Foot Rules

X-ray ankle if:

Pain in malleolar zone AND
Distal (6cm) posterior half of either malleolus tender, OR
Not weight bearing immediately and unable to walk 4 steps in A & E.

X-ray foot if:

Pain in mid-foot zone AND
Base of 5th metatarsal tender, OR
Navicular tender, OR
Not weight bearing immediately and unable to walk 4 steps in A & E.

Ossification Times

Chronological Appearance of Centres (may appear earlier in females):

Carpel Bones

Appearance of Centre:

Capitate	6mo
Hamate	6mo
Triquetral	2 nd yr
Lunate	3 rd yr
Trapezium	4 th yr
Scaphoid	5 th yr
Trapezoid	6 th yr
Pisiform	10 th yr

Elbow Bones

Appearance of Centre:

Capitellum	1 st -2 nd years
Radial head	3 rd -4 th years
Internal (medial) epicondyle	5 th -6 th years
Trochlear	7 th -8 th years
Olecranon	9 th -10 th years
External (lateral) epicondyle	11 th -12 th years

Modified SAD PERSONS Scale

Sex male	+1
Age: if 19 > age > 45y	+1
Depressed/hopeless	+2
Previous attempt	+1
Excessive EtOH/drug use	+1
Rationality lost (psychotic)	+2
Spouse: if sep/div/wid	+1
Organised attempt	+2
No social support	+1
Stated future intent	+2

Score:

<6 consider d/c, 6-8 psychiatric consultation, >8 likely hospital admission

Pneumonia Severity Index for CAP

If clinical features & CXR suggestive:

Class 1 if <50 & none of: Ca., CCF, CVA, renal/liver disease, altered mental state, RR>29, SBP<90, HR>=125, 35>T₂>40

Otherwise calc score:

Age	yrs (-10 if F)	HR>=125	+10
NH resident	+10	T>=40 or T<35	+15
Ca.	+30	pH<7.35	+30
CCF	+10	Urea>=11	+20
CVA	+10	Na<130	+20
CRF	+10	BSL>=14	+10
Liver disease	+20	Hct<30%	+10
Altered mental state	+20	pO ₂ <60mmHg, SaO ₂ <=90%	+10
RR>29	+20	Pleural effusion on CXR	+10
SBP<90	+20		

Mx:

Class I & Class II (Score<71) : D/C, amoxicillin+Rulide or doxy PO

Class III (Score 71-90) or Class IV (Score 91-130): Admit H-in-home or ward, benzyln or ampicillin IV + Rulide or doxy PO. If tropical ceftriaxone + gentamicin

Class V (Score>130): Admit, consider ICU, IV erythromycin + either ceftriaxone or benzyln/gentamicin. If tropical meropenem + gentamicin

CURB65 for Pneumonia Severity

Criteria: **C**onfusion, **U**rea>7mmol/l, **R**R≥30/min, **sBP**<90 or **dB**P≤60mmHg, **A**ge≥65yr

If 0-1 criterion: Low Mortality - Home Rx

If 2 criteria: Intermediate mortality - Short stay or hospital outpatient

If ≥3 criteria: High Mortality: Admit hospital

If ≥4 criteria: Consider ICU

Ranson's Criteria

On Admission:

WBC>16

Age>55

Glucose>10mmol/L

LDH>350

AST>250

At 48 hours After Admission:

Base deficit>4

pO₂<60mmHg

Urea increase >1.8mmol/L

Ca<2mmol/L

Hct drop >10%

Est. fluid sequestration>6L

Mortality: 0-2: 1%, 3-4: 16%, 5-6: 40%, 7-8: 100%

Glasgow (Imrie) prognostic score

PO₂<60mmHg

Age>55y

Neutrophils + all WBC>15 x10⁹/L

Calcium<2mmol/L

Raised urea>16mmol/L

Enzymes AST>200U/L, **LDH** >600U/L

Albumin<32g/L

Sugar, glucose>10mmol/L

For Ranson & Imrie, scores ≥3 = severe acute pancreatitis

San Francisco (CHESS) Syncope Rule

Criteria: **C**CF, **H**aematocrit<30%, **E**CG abnormal, **S**OB, or **S**ystolic BP<90mmHg at triage

Any positive criterion = 96% sens, 62% specificity short term risk for serious outcome (death, MI, arrhythmia, PE, CVA, subarachnoid hemorrhage, significant hemorrhage, or a return ED visit/hospitalization)

However- and recent studies have lowered these and its usefulness is dubious.

Sgarbossa criteria for MI in LBBB

Increased risk for AMI (90% spec if score ≥3, but only 20% sens)

- ST elevation ≥1mm concordant with QRS - 5pts
- ST depression ≥1mm in V1, V2 or V3 - 3pts
- ST elevation ≥5mm discordant with QRS - 2 pts

TIMI Rules for UA/NSTEMI

Score 1 for each of the following:

- Age >65yr
- ≥3 IHD risk factors (hypertension, hyperlipidaemia, family history, diabetes, smoking)
- Known coronary artery disease
- Aspirin use in the last 7d
- Severe angina (>2 episodes of rest pain in 24hr)
- ST deviation on ECG >1mm
- Elevated cardiac markers troponin or (CK-MB)

The risk of MI/death within 14d:

- Total score 0-1: ~5% risk
- Score of 2: 8% risk
- Score of 3: 13% risk
- Score of 5: 25% risk
- Score of 6-7: ~40% risk

TIMI Rules STEMI

Age 65-74yr	+2
≥75yr	+3
DM, HTN or Angina	+1
SBP < 100 mmHg	+3
HR > 100 bpm	+2
Killip Class II-IV	+2
Weight < 67 kg	+1
Anterior ST↑ or LBBB	+1
Time to Treatment >4hr	+1

Score (risk of 30d mortality): 0 (0.8%), 1 (1.6%), 2(2.2%), 3(4.4%), 4(7.3%), 5(12.4%), 6(16.1%), 7(23.4%), 8(26.8%), 9-14 (35.9%).

Wells Criteria for DVT

Alternative diagnosis to DVT as or more likely	-2
Entire leg swollen	+1
Cancer (active in last 6mo)	+1
Tenderness along deep veins	+1
Oedema (pitting), greater in symptomatic leg	+1
Paralysis, paresis, or recent plaster cast to leg	+1
Immobile (>3d) or surgery (<4wk)	+1
Collateral (nonvaricose) superficial veins	+1
Swelling of calf >3cm compared to other leg	+1

Score: -2 to 1 Unlikely DVT, >1 Likely DVT.

Wells Criteria for PE

Alt Dx less likely than PE	3.0
DVT signs/symptoms	3.0
Previous VTE	1.5
Immobile (>3d) or surgery (<4wk)	1.5
Tachycardia >100/min	1.5
Cancer in last 6/12	1.0
Hemoptysis	1.0

*Probability: Low <2, Mod 2-6, High >6 or
Likelihood: Unlikely ≤4; Likely >4*

PERC Rule-out Rule for PE

If none of the following then <2% risk of PE.

- Hormones - Exogenous Oestrogen
- Age > 50
- DVT/PE previously
- Coughing blood
- Limb signs of DVT
- O₂ Sat <95% on RA
- Tachycardia - HR >100
- Surgery or trauma recently