



Complicated migraine	Hypoglycemia or hyperglycemia
Venous thrombosis	Addisonian crisis
Transient global amnesia	ID: pneumonia, UTI, sepsis
CNS vasculitis	Hypothermia and hyperthermia
TTP	Medications (espec. opiates & sedatives)
	Alcohol & toxins

Initial evaluation

- **History** (typically from others): previous or recent illnesses, including underlying dementia or psychiatric disorders; head trauma; meds; drug or alcohol use
- **General physical examination:** evaluate for asterixis, signs of trauma, stigmata of liver disease, embolic phenomena, signs of drug use, nuchal rigidity (may be present in meningitis or subarachnoid hemorrhage, but do not test if question of trauma/cervical spine fracture)
- **Neurologic examination** (if possible, off sedatives/paralytics)
 - Observation for response to stimuli, papilledema, spontaneous movements
 - Pupil size & reactivity: pinpoint → opiates; midposition & fixed → midbrain lesion; fixed & dilated → severe anoxic encephalopathy, herniation
 - Intact oculocephalic ("doll's eyes," eyes move opposite head movement) or oculovestibular ("cold caloric," eyes move slowly toward lavaged ear and then quick horizontal nystagmus away) imply brainstem intact
 - Other cranial nerves: eye position at rest, response to visual threat, corneal reflex, facial grimace to nasal tickle, cough/gag (with ET tube manipulation if necessary)
 - Look for s/s of ↑ ICP: HA, vomiting, HTN, ↓ HR, papilledema, unilateral dilated pupil
 - Motor response in the extremities to noxious stimuli, noting purposeful vs. posturing; decerebrate – arms extended; decorticate – arms flexed; both with legs extended
 - Deep tendon reflexes, Babinski response

Glasgow Coma Scale			
Eye opening	Best verbal response	Best motor response	Points
	Oriented	Follows commands	6
		Localizes pain	5

Pocket Medicine Fourth Edition

Joacim Rocklöv



Pocket Medicine Fourth Edition:

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In an era characterized by interconnectedness and an insatiable thirst for knowledge, the captivating potential of verbal expression has emerged as a formidable force. Its power to evoke sentiments, stimulate introspection, and incite profound transformations is genuinely awe-inspiring. Within the pages of "**Pocket Medicine Fourth Edition**," a mesmerizing literary creation penned by a celebrated wordsmith, readers embark on an enlightening odyssey, unraveling the intricate significance of language and its enduring effect on our lives. In this appraisal, we shall explore the book's central themes, evaluate its distinctive writing style, and gauge its pervasive influence on the hearts and minds of its readership.

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