

# KHALIL'S HIGH YEILD STEP 2 CS MNEMONICS

## HPI (history of present illness)

ALL CASES: OPD CSF AAA

PAIN: OPD CSF LIQR AAA

FLUIDS: OPD CSF ABCDO

(Vomiting, Diarrhea, constipation, cough, vaginal discharge)

**O** Onset of the symptom (sudden/gradual...)

**P** Progression + precipitating factors

**D** Duration

**C** Constant /Intermittent

**S** Settings

**F** Frequency

**L** Location of the symptom (forehead, wrist...)

**I** Intensity of the symptom (scale 1-10, 6/10)


**Q** Quality of symptom..BCDSPP(burning, Cramping, dull, Sharp, pulsating, pressure like)

**R** Radiation of the symptom ( to left shoulder and arm)

**A** Associated symptoms ( palpitations, shortness of breath)

**A** Alleviating factors (sitting with my chest on my knees)

**A** Aggravating factors (effort, smoking, large meals)

**A** Amount 

**B** Blood

**C** Color

**C** Consistency

**C** Content

**D** Duration

**O** Odor

## UG Hx:

OPD-CSF-AAA + FINISH PUBC

**F** Frequency (How frequent do u have to pass urine?)

**I** Incontinence (Do u have trouble holding Ux until u get to BR?)

**N** Nocturia ( do u have 2 wake up @ Night to go to BR?)

**I** Incomplete emptying (do u feel fullness even after Ux)

**S** Stream (How is ur flow of urine? is it cont. or is there any dribbling after Ux?)

**Strain** (Do u have to strain during Ux)

**Stone** (have u passed stones in the past?)

**H** Hematuria (did u notice any blood),

**Hesitancy** (do u have 2 wait b4 starting Ux)

**P** Pyuria (was there any pus in ur Ux?)

**U** Urgency (do u have 2 rush to BR to Ux?)

**B** Burning (dysuria) (does it burn)

**C** COLOR

**P Previous** presence of the symptom (same CC)

**Past Medical problems** (↑BP,↑BS,UTI,Kidney prob., Rhinitis,Sinusitis,Asthma,)

**A Allergies** (drugs, foods, chemicals, dust ...)

**M Medicines** (R U taking any prescription medications/any over-the-counter med.),

**H Hospitalization** for any illness in the past (**Trauma, surgery**)

**U Urinary** changes ( esp if diabetic, elderly...)

**G Gastrointestinal** complains (diet changes, bowel movements...)

**S Sleep** pattern(difficulties falling/maintain asleep,wake up,snoring,med. to help sleep, how many hour, nightmares)

**F Family** history (similar chief complaints/serious illness)/ **Fevers, Chills/ Fatigue**

**O OB/GYN** history (LMP, abortions, para...) **LMP RTV CS PAP**

**S Sexual** habits (active/preferences/STD/no. of partners/contraception/pregnancy/ last pap smear)

Q 1. "Mr. John, Are you Sexually Active?"

Q 2. "How Many Partners are you active with?"

Q 3. "Are your partners male or female or both?" [Unless the SP says wife or husband in Q 2]

Q 4. "Do you use protection during intercourse?"

Q 5. If yes in Q. 4 "What kind of protection do you use?"

Q 6. Ask about anal intercourse in male homosexuals

Q 7. h/o STD's; Rx for STD's

**S Social Hx** (job/house/smoking/alcohol/recreational drugs/.....) **WAD SAD TOES**

**Social Hx** 

**WAD SAD TOES**

**W Weight / who do u live with?**

**A Appetite**

**D Diet**

**S Smoke** (cigarettes, marijuana, how much, how many years)

**A Alcohol** (what type of alcohol, how often, how much ,consider doing CAGE question.)

**D recreational Drugs** (what drug, how do you use it, any IV drug use?)

**T Travel /Trauma**

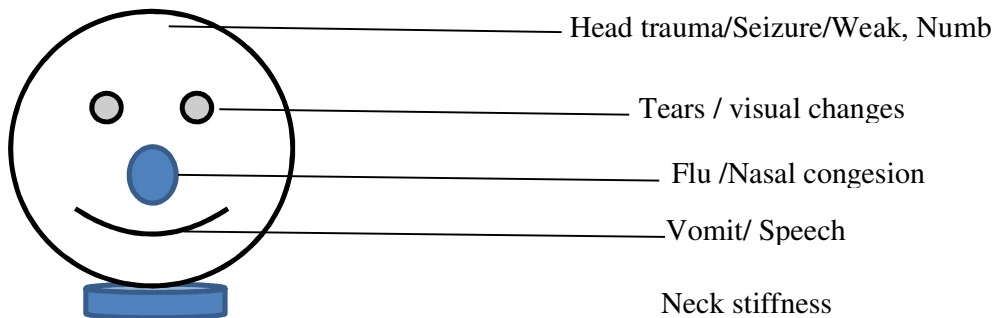
**O Occupation** (what do you do for living?)

**E Exercise**

**S Stress**

**HEADACHE**

**OPD CSF LIORAA + DIAGRAM**



**Ped Hx** (Child with fever)

**CUB FEVERS + PAM IF BIG DEALS-T**

**C Colds**-runny nose,cough,chest pain, fast respirations,SOB

**CRY**“how is ‘cry of ‘baby?”

**U Urination**-increased or decreased urination, # of diapers, any odour, colour of urine

**Ulcers** in mouth

**B Bowel changes:** Diarrhea-frequency, onset, mucus/pus/blood in stool, any crying during defecation

**Discharge Q’s** (ABCD-O: Amount, **B**lood, Content, Consistency, Color, Constant/Intermittent, **D**uration, **O**dor/**O**nset)

**F Fever & Chills& Night sweats/Headache**

**E Ear pulling**

**V Vomiting**

**E Ear/eye discharge, Ear hearing, Eye vision**

**R Rash /Rigidity** “Neck”

**S Seizure**-any jerky movements, which part of body? Any leakage of urine or stool during fits, and postictal irritability or loss of consciousness.

**Stress** (bet wet, DM)

**P Past medical/Past surgical Hx / Previous Hospitalizations.**

**A Allergies, effect on child/parents** (bet wet, DM), **Activities**

**M Medications, Menstruating** (female child >10yo)

**I Ill contacts**

**F family history**

**B Birth Hx**

**I Immunizations**

**G Growth n development, ht, wt, milestones**

<b>SSC-WTD</b>	smile	sit	crawl	walk	talk	dress
Month	<b>1</b>	<b>6</b>	<b>9</b>	<b>12</b>	<b>15</b>	<b>30</b>

**D Day care / Difficult swallowing**

**E Eating habits/ feeding of baby/Diet change**

**A Appetite / Appearance** “Look of the baby”

**L Last check-up**

**S Sleep**

**T Travel recently**

**NB: Oral Rehydration:**

**Pedialyte or Home-made** “1L of water<5 cups> +1/2 tsp. salt+6 tsp. sugar”

**Premenopause.:**

**HADOC**

**H Hot flashes**

**A Atrophy** of vagina

**D Dryness** of vagina

**O Osteoporosis** (council)

**C Coronary** artery disease

**L LMP** (when was ur LMP?)**M Menarchae** (how old were u when u had ur 1<sup>st</sup> period?)**P Period** (how many days ur period last?)**R Reglarity** ( R ur periods regular?)**T Tampons** (how many pads do u use in a heavy day?)**V Vaginal DID:** discharge, itching , dryness (have u ever had any vag discharge?**ABCDO**. do u have any vag. Itching?)**C Cramps** (Dysmenorrhea) do u have abd cramp with ur period?**S Spotting** ( intermenstrual / post coital ) have u ever bled (.) ur cycles?  
Did u ever notice any bleeding after intercourse?**P Pregnancy** ( Hx & complications) have u ever been pregnant? How many times?**A Abortion**/miscarriage (Any miscarriages or abortions?In  $\omega$  month of ur pregnancy?)**P PAP** smear(have u been getting regular PAP sm ?when did u have the last PAP sm )  
**(any Female>50 yo:ask about:1-R u taking vit D & Ca, 2-have u ever tried HRT?)****Associated symptoms of Amenorrhea****FLAG HIV WC****F Fatigue****L Libido****A Anorexia nervosa /Anxiety & Depression****G Galactorrhea****H Hair & skin changes** ( for Hypothyroid/Hirsutism of PCOS)**Headaches****Hot flushes****I Insomnia****V Visual** disturbance / **voice** change “Deep”**W Wt** change & Appetite & Diet**C Cold** intolerance & **Constipation****..If suspect abuse “Domestic Abuse”****SAFE GARDS****S Safety** inquiry (Do you feel safe at home?), **Sex** ever forced?**A Alcohol** abuse (does your husband abuse alcohol?)**Addict** (does husband use recreational drugs)**F Friends/Family** who are aware (Dose any1 f ur friend/Fam know of this)**Fractures** (Abuse ever resulted in fractures?)**E Emergency** plan (u have emergency plan?), **Ever tried** to leave/divorce?Why not?**G Guns** at home (are there any weapons @ home?)**A Afraid** of husband , **Attacked Children?Attacked u** with Guns?**R Relationships** with husband (how is ur relationship with husband? do you feel  
Threatened when he is around?, **For how long?****D Depression** (lost wt/appetite/sleep)**S Suicidal** (idea/plan/attempt) (ever felt like ending it all up?)

**Diabetic pt.** "FU/Med Refill"

**DIABETIC**

- D Duration** of disease
- I Insulin** regimen/ oral hypoglyemics regimen
- A A1c hg** -> Gluc. monitoring (fast, home, HgA1c)
- B Blurry vision** (retinopathy)
- E Extremity** (foot ulcer/infection)
- T Tingling**/numbness (neuropathy)
- I Infections** (resp/urinary)
- C Cardio** Risk Factors (HTN, CHOL, Heart disease)


**Counseling DM & HTN**

**MEDOWS**

- M Medications** (regularity)
- E Exercise** ( for obese/sedentary life styles)
- D Diet** Modification( Salt/Fatty foods)
- O Ophthalmoscopic** exams (annual routine)
- W Weight** Management (/control)
- S Sugar** Check ups

**Neuro cases "LOC"**

**CAP HIT NSGB +MMSE**

- C Confusion** "after the event"  
**Consciousness** "LOC;duration?"
- A Aura** "b4 problem;Sounds,Lights,Smell"
- P Palpitations** 
- H Headache/ Lightheaded /Hearing loss &Tinnitus**
- I Incontinence** "urine/Bowel"
- T Tongue biting/Trauma& fall**
- N Nausea & vomit**  
**Numb, Tingling, Weakness**
- S Sleep** disturbance  
**Sight** "Vision"  
**Speech** difficulties  
**Seizure** "Shaking;duration?"  
**Spinning**
- G Gait**
- B Breathing** Difficulty

**Before LOC:**

- + Aura
- + Palpitation
- + Dizzy
- + Vision
- + Nausea/vomit
- + Dif breathing

**During LOC:**

- + Attending person?
- + "shaking/something coming from mouth"
- + Incontinence "urine/stool"
- + Tongue biting

**After LOC:**

- + Confusion
- + Concentration
- + Weakness/ting/numb
- + Gait
- + Headache

👉 And to make sure you got it completely don't forget **MMSE**  
**NB:** in case of MVA; ask about last meal

- O Orientation** X3 “time, place, person”
- R Registration** “I’m going to say 3 objects”... then repeat
- A Attention** “spell world backwards”
- R Recall** what were those 3 items again?
- L Language** “Repeat after me.. “No, ifs, ands, or buts”
- 2 Identify two objects** “what is this.. pen.. and this... paper”
- 3 Obey 3 commands** “take a piece of paper, fold in ½, put on floor”
- R “Read 3 commands** on this paper and do what it says”
- W Write a sentence**
- D Draw**, copy the image

**Forgetfulness/ Memory Loss / Dementia/ Alzheimer’s**

**FORGETS HIM + DEATH SHAFT + MMSE “ORAR enough!”**

- F** Fall/ FAINTING / Flashes/ FHx of Alzheimer
- O** ORTHOSTATIC HYPOTENSION “Lightheadedness”
- R** RUNNING URINE “INCONTINENCE”
- G** GAIT
- E** EYE “VISION”
- T** TRAUMA/TINGLING & Numbness & Weakness
- S** SEIZURES/ Sleep/ Speech/Support
- H** HEADACHE
- I** INFECTION [SYPHILIS, MENINGITIS]
- M** MOOD “feel sad”

👍 **ADL - Activities of daily living**

- D** Dressing
- E** Eating
- A** Ambulation (can you find your way thru home)
- T** Toiletry (do you manage your toiletry unassisted)
- H** Hygiene

👍 **IADL - Instrumental activities of daily living**

- S** Shopping
- H** Housekeeping
- A** Accounting “pay bills”
- F** Food prep (do u do your cooking )
- T** Transportation (do you drive? How is your sight, hearing?)

COUNSELLING:

- 1-I would like to ask ur permission to **speak with ur family**
- 2-i would like u&ur family to meet a social worker to assess **home safety&supervision**

NOTE:

- History: ask for **paper** with medications 😊
- PE: **Auscultate carotid bruit/Fundoscopy/MMSE “Recall”**
- WU: **orthostatic V.S.**



**W Weakness / Wt. loss**

**E Eye infection** redness / Exposure to **COLD** “effect”

**T Trauma /Tender /Tingling& Numbness / Tick bite**

**S Stiffness** in other joints/ **Swelling** /long **Standing** hours/morning **Stiff/sound**

**U Urethral discharge /ulcer / USE** “Work ,Walking habits, sports”

**R Rash/ Redness** of skin of joint / **ROM / Rheumatologic** dis.

**F Fever & chills& night sweat / Fatigue /Foot wear**

**D Deformity/Disability** “affect his work, need help @home” / **Dysuria**

**CIS Cancer Hx /IV DRUGS/ Steroids** 4 long time

**Depression:** (Psychiatric Hx Checklist)

**SIGME CAPT +2** (+MMSE: ORAL23RWD)



**S Sleep** (difficulties falling/maintain asleep, wake up, snoring, med. to help sleep, how many hours, nightmares),

**Suicide:** thoughts, plan, attempts (do u have pills/guns @ home? )

**Stress**

**Support**

**I Interest**, What do you do in your free time? How are you doing in your job? do you enjoy what you do?

**G Guilty**

**M Mood.** ( anxious, sad, hopeless, lonely?)

**Memory** problems

**E Energy**

**C Concentration**

**A Appetite**, changes in your **Weight**

**Attitude** towards life (positive/negative frame of mind)

**P Psychomotor** agitation/retardation (do you feel easily agitated or angry/do u feel not to do anything?)

**Psychiatric “Delusions, Hallucinations, Hopes”**

**T Thyroid** dysfunctions (ABCD HV for HYPOTHYROID)

**also need to ask :**

Do u realize that u have problem ?

Do u want help? ( if patient was sent or asked by anyone to consult doc )

**HYPOTHYROID**



**ABCD HV**

APPETITE

BOWEL-constipation

COLD INTOLERANCE

DEPRESSION

HAIR FALL

VOICE-Hoarseness

## Hearing loss:

OPD-CSF-AAA + PDF IN RST

**P** Pain  
**D** Discharge  
**F** FB  
**I** Imbalance / Infection  
**N** Noise  
**R** Ringing  
**S** Spinning  
**T** Trauma / Tinnitus

## Dx ABD Signs

**CKMG MIOR** (MIOR assoc. with Appendicitis)

**C Cullen \$**- periumbilical discoloration (Retroperitoneal He,pancreatitis, AAA rupture)  
**K Kehr \$** -sever Lt. Shoulder pain- Splenic rupture, ectopic pregnancy  
**M Murphy's \$**- Abrupt interruption of inspiration on palp of RUQ- acute cholecystitis  
**G Gray-Turner \$**, Discoloration of flank (same as Cullen \$)  
**M Mc Burney's \$**- Tenderness 2/3 from ASIS to Rt of umbilicus  
**I Iliopsoas \$**, Hyperextension of R hip Cx ABD pain  
**O Obturator \$**- Internal rotation of flexed R hip Cx ABD pain  
**R Rovsing \$**- RLQ pain upon palpation of LLQ

## DD Nasuea & Vomiting

**A MOPING**

**A** Anorexia  
**M** Metabolic( DKA)/Meds  
**O** Obstruction (pyloric /Intestinal)  
**P** Pregnancy  
**I** Inflammation( Pyelo/Cholecysto/Append/Pancreas/PID)  
**N** Neurological (BETA)= Bleed/Encephalitis/Tumor/Abscess  
**G** Gastroenteritis

## Erectile dysfunction

**LIM-PENIS**

**L** Libido  
**I** Injury (back-penis)  
**M** Medications (B#)  
**P** PMH "HTN,DM, peripheral vascular dis. "/ PSH "prostate"  
    Pyrenoi's dis.  
    Performance anxiety  
**E** Erections at all "morning"  
**N** Nocturia  
**I** Incontinence "urine, stool"  
**S** Stress/Depression



## Cranial Nerves:

2	<b>optic</b>	-Test visual acuity / Visual field -Test pupillary reflexes (direct&consensual) -Test accommodation reflexes
3 4 6	<b>Oculomotor Trochlear Abducent</b>	-Assess pupillary reactions to light -Assess corneal reflection -Perform H-test for EOM
5	<b>Trigeminal</b>	-Sensory: close eyes,touch face&ask where? -Motor: Assess strength of muscles of mastication;bite down and palpate masseter
7	<b>facial</b>	Ask patient to; -smile -wrinkle forehead, -blow out cheeks -close eyes
8	<b>Vestibulocochlear</b>	-whisper, -Weber -Rinne tests
10	<b>vagus</b>	Assess movements of the soft palate; swallow and palpate neck
11	<b>accessory</b>	Assess strength of trapezius & sternocleidomastoid muscles; -shrug shoulders up -move face to side against resistance
12	<b>hypoglossal</b>	Ask patient to protrude tongue (assess for fasciculation, atrophy & Deviations) -stick your tongue up -move it side to side

### **Suggested order:**

Pain in face, look up/down, visual acuity, Visual field , H, accom, bite down, smile, wrinkle, blow out cheeks, close eyes firmly, throat exam, protrude tongue &move it from side to side, ear exam, wisper, Rinne, weber, shrug up shoulder, move face against resistant,

<b>Neuro- Exam</b>	
<b>Cranial Nerves</b>	Table
<b>Motor</b>	
<b>Sensory</b>	
<b>DTR</b>	
<b>Gait</b>	
<b>MMSE</b>	ORAR-23-RWD “at least: <b>ORAR</b> ”
<b>Cerebellar</b>	-Finger to Nose (both sides) -Rapid alternating movements (both sides) -Heel to Knee (both sides)

<b>Tests &amp; Signs u need to know</b>	
<b>Meningeal irritation signs</b>	- <b>kernig’s sign</b> :flex knee&hip,then extend knee>>if pain:+ve - <b>Brudzinski’s sign</b> :flex neck>>if knee/hip flexes:+ve
<b>Straight Leg Test</b>	Hold leg and raise it straight>>if pain in leg <u>or</u> shooting sensation below knee : +ve
<b>Romberg test</b>	Pt. stands up, feet close, eyes closed (support pt.)>>if sway:+ve
<b>Whispering “words”</b>	<b>Hospital / Doctor</b>
<b>Pulses LL</b>	<b>Popliteal/ Dorsalis Pedis/ Posterior tibial</b>

- Mr. 😊 ?

- Good morning Mr. 😊 , I am Dr. Khalil, an attending physician in this hospital. **SHAKE HANDS**

I am here to take care of you.

First I'll ask u few Qs. and do brief physical exam.

Meanwhile if u have any Qs, feel free to ask me, ok?

- Let me make u more comfortable **DRAPE PT.**

- I'll be sitting & writing some notes while we're talking, is that ok?...**THANK U.**

- How can I help you today Mr. 😊 ? .....

- I. C., can u tell me more about ..... **"c.c."**

👉 Mr. 😊 I'd like to ask u few Qs. about ur health in 'past, is that ok? **(PMH)**

👉 Mr. 😊 now I'd like to ask u few Qs. about ur habits, is that ok? **(SH)**

👉 Now I'd like to ask u few personal Qs. I assure u that all info. Will be kept confed. ok? **(SxH)**

👉 Now, let me ask u few Qs. about health of your family members, ok?**(FH)**

→ Does any body in ur family have any med. Conditions?

👉 Mr. 😊 thank u. I am done é history, let me summarize for it,

As u mentioned, u have ..... Do u have any Qs. for me?

👉 Mr. 😊 Now I need to examine u. may I proceed? But 1<sup>st</sup> let me wash my hands. Ok?

👉 Mr. 😊 Thank u for ur cooperation. I am done é phys. Exam let me give my impression. Based on ur Hx & my PE, it seems that u might have..... but it could be something else/ ...or..., so to arrive at right Đ, I'll run some tests & order imaging studies such as .....once I've results we'll meet again & discuss various ttt. options.

- oh! Mr 😊 we have an emergency and I have to leave,I will see u as soon as I get free.**(short of time)**

- Do u have any Qs. for me? **SHAKE HANDS & LEAVE ROOM**

## HISTORY

**HPI:**

**OB/GYN:** LMP..., regular periods every.....Weeks ,lasting.....Days. Menarche at age...  
Uncomplicated NSVD at full term.. Years ago.

**ROS:** negative except as above.

**Allergies:** NKDA

**Medications:** none

**PMH:**

**PSH:**

**SH:** smoke /alcohol / illicit drugs/sex / job /exercise

**FH:** noncontributory

## PHYSICAL EXAM

Patient is in no acute distress OR looks ..(anxious, tired, ...)

( The source of information is the patient's mother. the mother of a .... -month/year-old female/male c/o her child having .....

+ **VS:** WNL (except for temp. Of ...)

+ **HEENT:** NC/AT, PERRLA, no conjunctival pallor.No fundoscopic abnormalities.

Nose,mouth and pharynx WNL

+ **Neck:** Supple, No LAD, thyroid normal, no carotid bruits.

+ **Chest:** no tenderness, clear breath sounds bilaterally.

+ **Heart:** RRR, normal S1/S2, no murmurs, rubs or gallops

+ **Abdomen:** soft, non-tender, non-distended, +BS, no guarding, no hepatosplenomegally

+ **Extremities:** no edema, normal DTR in lower extremities

+ **Skin:** no rash

+ **Neuro:** MMSE: AOx3, spells backward, recalls 3 objects, **Cranial nerves:** 2-12 grossly intact, **Motor:** strength 5/5 throughout -**sensory:** intact to soft touch and pinprick, **DTR:**

symmetric 2+ in all extremities (or lower extremities), - Babinski bilateral, **Gait:** normal,

**Cerebellar:** - Romberg, rapid alternating movement and heel to chin test normal and symmetric

+ **Back:** No obvious deformities or signs of trauma. No spinous process or paraspinous tenderness. Range of motion normal anteriorly.

<b>HPI</b>	<b>OPD-CSF-LIQRA-AAA-ABCDO</b>
<b>PMH</b>	<b>PAM-HUGS-FOSS</b>
<b>Social Hx</b>	<b>WAD-SAD-TOES</b>
<b>PED</b>	<b>CUB-FEVERS-PAM-IF-BIG-DEALS-T</b>
<b>OBGYN</b>	<b>LMP-RTV-CS-PAP</b>
<b>Amenorrhea</b>	<b>FLAG HIV WC</b>
<b>ABUSE</b>	<b>SAFE-GARDS</b>
<b>UG</b>	<b>HPI+FINISH-PUBC</b>
<b>HEADACHE</b>	<b>HPI+DIAGRAM</b>
<b>DM</b>	<b>DIABETIC+MEDOWS</b>
<b>NEURO</b>	<b>CAP HIT NSGB</b>
<b>MMSE</b>	<b>ORARL-23-RWD</b>
<b>FORGET.</b>	<b>FORGETS-HIM+DEATH-SHAFT</b>
<b>PSYCHIATRY</b>	<b>SIGME-CAPS-T+2</b>
<b>HEARING LOSS</b>	<b>PDF-IN-RST</b>
<b>JOINT/BACK PAIN</b>	<b>HPI+WET-SURF-D-CIS</b>
<b>Impotence</b>	<b>LIM-PENIS</b>

<b>Friends</b>	
<b>Dizziness “vertigo”</b> -BPPV -Labrynthitis -vestibular Neuritis -Meneire’s dis	<b>Headache / Migraine</b> -Migraine -Cluster headache -Tension headache
<b>Psychiatry</b> -schizoaffective disorder -schizophrenia -schizophreniform disorder -psychotic disorder due to GMC	<b>PED.</b> -GE -URI -UTI -Meningitis -OM -Scarlet fever -Measles -Varicella
<b>Chronic cough: do not forget;</b> -contact with TB -HIV status -drugs:ACEI	

<b>UW<sub>Short</sub></b>	<b>UW<sub>Long</sub></b>	<b>FA<sub>Full</sub></b>	<b>FA<sub>Mini</sub></b>	<b>CASE</b>
1	16-31-37	19	23-24	<b>Urine problem</b>
2				<b>Alcoholism</b>
	1-13-19- 25-35-39	1-2	19	<b>Abd pain</b>
25	4-5-18- 22-24	6	13	<b>Chest pain</b>
29		3		<b>UL pain</b>
15			31	<b>Shoulder pain</b>
	28	21		<b>Knee pain</b>
24		38		<b>Heel pain</b>
		27	32	<b>Back pain</b>
	20	37		<b>Calf pain</b>
8	21-40			<b>Vomiting “adult”</b>
31			18	<b>Vomiting “child-TEL”</b>
	12	7-8	33	<b>Fever “child”</b>
5	7	5-28	20-22	<b>Diarrhea</b>
	43			<b>Rectal bleeding</b>
	10			<b>Constipation</b>
6			9	<b>Night sweat</b>
7			21	<b>Hemoptysis</b>
4		9-10-40	12	<b>Chronic cough</b>
	6-26	15-16-17	8	<b>Fatigue</b>
			15	<b>Wt loss</b>
			16	<b>Wt gain</b>
			17	<b>dysphagia</b>
9		18	1	<b>Headache</b>
10			3	<b>Depression</b>
			4	<b>psychosis</b>
	38			<b>Anxiety</b>
	42			<b>Seizure –new onset</b>
	34			<b>Amenorrhea</b>
11				<b>Menopause</b>
		25	26	<b>Menstrual problems</b>
			26	<b>Vaginal discharge</b>
12		12		<b>Forgetfulness</b>

	23			<b>Frequent falls</b>
		36		<b>DM New</b>
13		13		<b>DM drug refill</b>
30				<b>BA drug refill</b>
	9			<b>HTN drug refill</b>
	33			<b>HIV drug refill</b>
14			27	<b>Vaginal bleeding</b>
16				<b>Obesity</b>
17		23	6	<b>Spells “LOC”</b>
18				<b>Terminal cancer</b>
19			2	<b>Confusion</b>
		22		<b>Tremors</b>
20		41		<b>Pre-employment</b>
21	30		30	<b>Domestic violence</b>
		32		<b>Sexual assault</b>
22	36	34	10	<b>Insomnia</b>
23	41	14	5	<b>Dizziness</b>
	3		7	<b>Numbness-weakness</b>
	17	11		<b>Jaundice “adult”</b>
		39		<b>Jaundice “Neonate”</b>
26		30		<b>Enuresis</b>
27			14	<b>Palpitations</b>
	15			<b>SOB</b>
28				<b>Smoking cessation</b>
		35		<b>Hallucinations</b>
	14	33		<b>+ve Pregnancy test</b>
		26	29	<b>Pain with sex</b>
		31		<b>MVA</b>
	8	4	11	<b>Sore throat</b>
	32			<b>Difficult swallowing</b>
	27	29		<b>Hearing loss</b>
	29			<b>Blurred vision</b>
	11		25	<b>Erectile dysfunction</b>
			34	<b>Behavioral problem “child”</b>
	2			<b>Skin rash</b>

<b>FA cases</b>		
GIT		1-2-5-11
Trauma		3-21-27-31-37-38
Resp		4-9-10-41
Cardio		6-20
Ped	CUB-FEVERS-PAM-IF-BIG DEALS-T	7-8-28-30-36-39-40
Neuro	PASS-SANDWICH	12-14-18-22-23-29
Endo		13-24
Psych	SIGME-CAPS-DHAT+2	15-16-17-34-35
Renal	OPD-CSF-AAA+FINISH-PUBC	19
ObGyn	LMP-RTV-CS-PAP	25-26-32-33

<b>FA cases</b>		
Pain	1-2-3-21-38-6-27-37	OPD-CSF-LIQRAAA
DM/HTN	13-20-36	
Jaundice	11-39	
Fever	7-8	
Fatigue	15-16-17	
Joint Pain	21-38-27	..+WET SURF-D "CIS"
Limb pain	3-37	



# LIST OF CASES OF TUTORING CS

<b>Introduction</b>		<b>CNS</b>	
	Common tips	28	Dizziness in male
	Standardized pt checklist	29	Headache-GCA
	<b>Cardiovascular system</b>	30	Headache-SAH
1	Hypertension follow up	31	Headache-Meningitis
2	Palpitations	32	Headache-Migraine
	<b>Respiratory system</b>	33	Frequent falls
3	Sinusitis	34	Hearing loss
4	Sore throat	35	Insomnia
5	Chronic cough	36	Loss of consciousness
6	Hemoptysis	37	Memory loss
7	Shortness of breath	38	Numbness& weakness
	<b>GI system</b>	39	Acute vision loss
8	Acute abdomen-pain		<b>Cases of pediatrics</b>
9	Constipation	40	Diarrhea in child
10	Diarrhea in male	41	Epistaxis
11	Dysphagia	42	Vomiting in new born
12	Hemetemesis	43	Fever in new born
13	Jaundice		<b>Musculoskeletal system</b>
14	Epigastric pain	44	Ankle pain
15	Nausea&vomiting in adult	45	Elbow pain
16	Melena	46	Heel pain
17	Lower GI bleesing	47	Back pain
	<b>Genito-Urinary system</b>	48	Knee pain
18	Burning micturition(urination)	49	Joint pain
19	Dyspareunia	50	Shoulder pain
20	Erectile dysfunction	51	Wrist pain
21	Difficulty in urination	52	Hip pain
22	Amenorrhea		<b>Additional cases</b>
23	First antenatal visit	53	Diabetes follow up
24	Hematuria	54	Sickle cell disease
25	Heavy menstrual bleeding	55	Domestic violence
26	Hot flushes in elderly f	56	Insurance check up
27	Vaginal discharge	57	Sad mood
		58	Weight gain
		59	Weight loss
		60	Pain seeking behavior