



# 2019 SUMMARY HANDOUT



## PELVIC EXAM VS. HISTORY FOR PID

In adolescents if likelihood of PID is high (> 25%), pelvic exam does not increase sensitivity or specificity for diagnosis of chlamydia, gonorrhea, or trichomonas vs. history alone<sup>1</sup>



## SELF-SWABS FOR STIs

Patient self-collected vaginal swab (SCVS) is more sensitive for chlamydia and gonorrhea than health-professional collected swab; the CDC (USA) now recommends SCVS.<sup>2</sup>



## CCS: DOACS > WARFARIN FOR A. FIB

Canadian Cardiovascular Society's 2018 Atrial Fibrillation guideline recommends direct oral anticoagulants (DOACs) over warfarin when anticoagulation is indicated.<sup>3</sup>



## REVERSAL AGENTS NOW EXIST FOR DOACs

Reversal agents now exist for DOACs (i.e. idarucizumab for dabigatran).<sup>3</sup>



## CANNABINOID INDICATIONS: GUIDELINE

Indications include spasticity, neuropathic pain, palliative pain, and chemotherapy-induced nausea and vomiting. Pills are recommended – not smoked, inhaled, or oils.<sup>4</sup>



## MARIJUANA AND DRIVING: 4-6-8 RULE

Recommend patients wait at least 4 hours to drive after inhaling marijuana, 6 hours after oral ingestion, and 8 hours if euphoria is experienced.<sup>5</sup>



## THE 2018 ATLS COCKTAIL

Rather than several litres of fluid before switching to blood for resuscitation, now use 1 litre of fluids, then 1 unit of blood, & 1 gram of tranexamic acid over 10 min. Serve warmed.<sup>6</sup>



## WHAT'S NEW IN VACCINES

Shingrix® > Zostavax II®<sup>7</sup> (2 shots, 2x the cost).<sup>8</sup> Only 2 doses of Cervarix® or Gardasil® vaccines are required, not 3.<sup>9</sup> Tdap is recommended in pregnancy (between 27-32 weeks).<sup>10</sup>



### **CATCH2: PEDIATRIC HEAD CT RULE**

The CATCH-2 rule<sup>11</sup>: C – Cranky (Irritable), A – Altered LOC two hrs after injury, T – traumatic mechanism, C – crack in the skull, H – headache/hematoma, 2 – vomiting x4 episodes



### **IRON Q.O.D. IMPROVES ABSORPTION**

Radiolabeled trial showed 30% increase in absorption of iron tablets if they are taken every other day<sup>13</sup>



### **2019 CANADIAN IBS GUIDELINES**

Recommend no CRP. Suggest no colonoscopy if < 50 (even if alarm features). For non-medication treatment, suggest cognitive behavioural therapy & hypnotherapy<sup>15</sup>



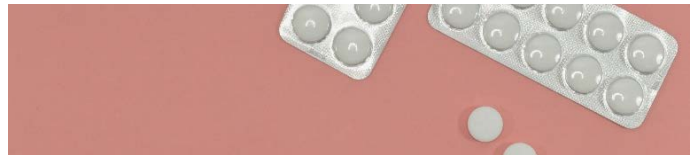
### **OTTAWA SUBARACHNOID RULE**

Age > 40, LOC, exertional, thunderclap, neck pain or limited flexion on exam. Rules out SAH (100% sensitivity.) See [inclusion / exclusion criteria](#) for applying this rule. <sup>17</sup>



### **FROSTBITE MANAGEMENT**

Provide rewarming, analgesia, tetanus vaccination. Consider Iloprost, and avoid immediate amputation.<sup>12</sup>



### **NO MORE ASA FOR PRIMARY PREVENTION**

In healthy adults, risk of bleed is similar to benefit. This does not apply to adults with cardiovascular risk factors or previous MI.<sup>14</sup>



### **VANCOMYCIN NOW FIRST-LINE FOR C. DIFF**

Metronidazole is no longer first-line treatment for mild-moderate C. difficile infections; cure rate increases by 10% with vancomycin<sup>16</sup>



### **DIABETES AND DRIVING: 2-4-6 RULE**

For long road trips, check sugar every 2 hrs (if you have hypoglycemia unawareness, otherwise every 4 hours), and keep emergency dextrose on hand i.e. 6 lifesavers<sup>18</sup>



### **REFERENCES**

<sup>1</sup>Ann Emerg Med 2018; 72(6):703-712 <sup>2</sup>CFP 2018, 64 (6) 448 <sup>3</sup>2018 CCS Atrial Fibrillation Guidelines <sup>4</sup>CFP 2018, 64 (2) 111-120. <sup>5</sup>Adapted from CFPC – Authorizing Cannabis for Pain / Anxiety 2014 <sup>6</sup>2018 ATLS manual <sup>7</sup>National Advisory Committee on Immunization 2018 <sup>8</sup>CFP 2019, 65 (3) 197. <sup>9</sup> National Advisory Committee on Immunization 2017 <sup>10</sup>National Advisory Committee on Immunization 2018 <sup>11</sup>CMAJ 2018 190 (27) E816-E822 <sup>12</sup>CMAJ 2016 188 (17-18) 1255-1258 <sup>13</sup>Lancet Haematol 2017; 4: 524-33 <sup>14</sup>2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease. <sup>15</sup>JCAG 2019, 2(1), 6-29 – 2019 Canadian IBS Guidelines <sup>16</sup>J Assoc Med Micro and Inf Dis Canada 3.2, 2018 <sup>17</sup> CMAJ 2017 189(45) E1379-E1385 <sup>18</sup>Adapted from 2018 Canadian Diabetes Association guidelines