## Timecode Introduction & respiratory

# Part 1 - 32 MB INTRODUCTION

- 0 Introduction and explanation of topics covered
- 2.2 Prescribing skills web site and difficult drugs
- 3.14 Core topics that come up often those FY1s see often; how to target revision for Finals
- 5.48 Written paper 6A
- 7.35 OSCE circuits
- 7.51 Five fifteen-minute clinical stations
- 10.25 Six ten-minute communication skills stations
- 11.08 Six six-minute practical procedures
- 11.56 ENDS

### Part 2 - 8MB AIMS OF THE REVISION COURSE

- 0 Aims of the revision course
- 3.04 ENDS

# Part 3 - 43 MB GENERIC THINGS

- 0 How to structure notes: History; Examination; Investigations; Management
- 0.47 Examination remember signs in the order you examine the patient
- 1.53 Investigations helpful / diagnostic / prognostic / managerial
- 3.54 Investigations bedside / bloods and micro / radiology / specialist
- 4.42 Management
- 5.48 CHEMO-IV Mnemonic less trite than ABC for FY1s to use in acute management
- 7.17 Four-step generic management of any chronic disease
- 10.06 Five questions to ask any patient who comes in with any chronic disease How to take histories for Finals and beyond - have enough info in History of Presenting Complaint
- 14.31 to make diagnosis or differential diagnosis
- 17.35 ENDS

### Part 4 - 32MB RESPIRATORY 1

- 0 History-taking crucial
- 0.43 Must not run out of questions
- 1.31 Respiratory history
- 1.36 Shortness of breath
- 2.36 Exercise tolerance
- 3.35 Sleep
- 4.09 Cough
- 5.14 Sputum
- 5.58 Infective exacerbation of ...
- 6.35 Haemoptysis
- 7.29 Wheeze
- 7.35 Chest pain
- 7.4 Beware of acronyms e.g. SOCRATES, DANISH
- 9.42 Pain history generally
- 11.18 Lead the patient through the history
- 11.34 ENDS

#### Part 5 - 21MB RESPIRATORY 2

- 0 Chest pain
- 0.29 How to ask a respiratory history as opposed to how to present it
- 1.26 Previous medical history
- 2.15 Medications that might affect the respiratory system
- 3.49 Common drugs know everything about them
- 4.08 Respiratory medications
- 4.1 Beta-2 agonists
- 4.17 Steroids
- 4.44 Anti-muscarinic
- 5.32 Theophylline
- 5.35 Fast heart rate theophylline toxicity
- 6.22 Slow heart rate digoxin toxicity
- 6.49 Leukotriene antagonists
- 7.13 Immunosuppressants
- 7.4 Newer medications e.g. TNF-alpha
- 7.48 ENDS

#### Part 6 - 10 MB RESPIRATORY 3

- 0 Oxygen therapy and synopsis of British Thoracic Society guidelines
- 1.24 Oxygen sats levels
- 2.03 Delivery systems
- 2.17 Flow of oxygen
- 2.53 Hypoxaemia; beware of stopping oxygen because CO2 high and pH low
- 4.17 ENDS

#### Part 7 - 43 MB RESPIRATORY 4

- 0 Long-term steroids need to prescribe bone-sparing agents as well
- 0.31 Allergies; atopy; family history; medication history
- 1.14 Social history
- 4.41 Review of systems / systemic history
- 5.35 Examination
- 7.3 Generic things well / unwell
- 8.55 Vital signs
- 13.09 Primary survey from the end of the bed feet to face; clinical clues around the bed
- 15.16 ENDS

### Part 8 - 40 MB RESPIRATORY 5

- 0 Primary survey from the end of the bed continued
- 0.41 Sputum pots
- 1.35 Observation chart and drug chart
- 3.33 Hands
- 4.05 Causes of clubbing
- 9.54 Examination of the hands; anaemia; CO2 retention; asterixis (flapping tremor)
- 14.31 Pulse
- 14.5 ENDS

#### Part 9 - 19 MB RESPIRATORY 6

- 0 Pulse continued
- 0.27 Blood pressure
- 0.54 Pulsus paradoxus
- 6.34 ENDS

### Part 10 - 29 MB RESPIRATORY 7

0 Face

#### 1.3 Peripheral cyanosis

- 2.04 Eyes
- 2.4 Mouth; central cyanosis
- 3.5 Lymph nodes
- 5.13 Trachea; causes of deviation of trachea
- 9.33 ENDS

#### Part 11 - 128 MB

### **RESPIRATORY 8**

- 0 Inspection of the chest
- 2.11 Expansion of the chest
- 6.14 ENDS

### Part 12 - 32 MB RESPIRATORY 9

- 0 Expansion of the chest continued
- 2.06 Percussion
- 6.4 Tactile vocal fremitus
- 7.29 Vocal resonance; whispering pectriloquy
- 8.02 Auscultation
- 8.32 Back of the chest
- 10.22 Stethoscopes in exams
- 11.53 ENDS

#### Part 13 - 36 MB RESPIRATORY 10

- 0 Patient made comfortable and dressed
- 1.06 Thinking time before the bell goes findings and diagnosis
- 2.2 Other things you say you would like to know about the patient
- 3.06 Simple differentials
- 3.32 Everyone should be able to pass Finals
- 4.06 Investigations
- 4.28 Full blood count
- 6.46 Urea and electrolytes
- 9.12 Random blood glucose
- 9.35 Other investigations
  - 11 Chest X-ray
- 11.4 Blood gases
- 12.42 Spirometry and peak flow
- 13.28 ENDS

#### Part 14 - 66 MB RESPIRATORY 11

- 0 Peak flow
- 2.45 Spirometry
- 3.56 Restrictive pattern
- 4.46 Obstructive pattern
- 5.25 Difference between peak flow and spirometry
- 6.1 Arterial blood gases
- 7.4 Technique
- 8.32 Allen's test
- 9.2 Interpretation normal values
- 11.19 Acid-base component
- 11.26 Acidosis
- 15.29 Compensation
- 18.19 Alkalosis
- 22.28 Compensation
  - 24 ENDS

#### Part 15 - 31 MB RESPIRATORY 12

- 0 PO2 and CO2 component
- 0.03 Types of respiratory failure
- 0.33 Type 1 respiratory failure
- 4.2 Oxygen administration
- 7.18 Type 2 respiratory failure
- 10.51 ENDS