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| Timecode | Respiratory |
| Part 1 - 31 MB | RESPIRATORY 13 |
| 0 | Blood gases - six sets of results given to work out |
| 2.16 | Screen shot of the results on the board |
| 3.5 | Results set 1 discussed - type 2 respiratory failure with a mixed metabolic respiratory acidosis; infective exacerbation of COPD |
| 8.1 | Base excess |
| 10.14 | Results set 2 discussed |
| 10.18 | ENDS |
| Part 2 - 29 MB | RESPIRATORY 14 |
| 0 | Results set 2 discussed continued - metabolic alkalosis |
| 1.53 | Results set 3 discussed - metabolic acidosis |
| 3.13 | Results set 4 discussed - metabolic alkalosis compensating a respiratory acidosis (Type 2 respiratory failure); COPD patient who is relatively well |
| 5.48 | Results sets 5 and 6 discussed - 6 hyperventilation due to e.g. hysteria; 5 hyperventilation because unwell due to any cause of Type 1 respiratory failure |
| 9.31 | Top Ten respiratory conditions for Finals |
| 10.02 | ENDS |
| Part 3 - 29 MB | RESPIRATORY 15 |
| 0 | Top Ten respiratory conditions for Finals continued |
| 0.42 | Pneumonia |
| 0.48 | Typical pneumonia |
| 0.51 | History |
| 2.12 | Examination |
| 3.39 | Investigations |
| 5.31 | Management |
| 8.27 | CURB 65 score to assess severity of community-acquired pneumonia |
| 9.48 | SOAR score for over-65s |
| 10.02 | ENDS |
| Part 4 - 44MB | RESPIRATORY 16 |
| 0 | SOAR score for over-65s continued |
| 0.41 | Atypical pneumonias |
| 0.52 | History |
| 3.55 | Examination |
| 4.39 | Investigations |
| 7.43 | Management |
| 9.2 | Hospital-acquired infections |
| 10.56 | Aspiration |
| 14.13 | Sepsis generally - frequently comes up in exams; know simple antibiotic regimes |
| 14.42 | ENDS |
| Part 5 - 29 MB | RESPIRATORY 17 |
| 0 | Asthma |
| 1.08 | Definition |
| 2.04 | History - acute asthma |
| 3.21 | History - chronic asthma |
| 4.26 | Examination and investigations - mild to moderate v. severe or life-threatening asthma |
| 9.18 | Anecdote about a patient with severe asthma |
| 10.04 | ENDS |
| Part 6 - 29 MB | RESPIRATORY 18 |
| 0 | Anecdote about a patient with severe asthma |
| 0.57 | Management |

- 4.48 Alarm bells - patient is tiring
- 5.36 Reasons to do a chest X-ray
- 5.55 Other investigations
- 7.18 Antibiotics if infective cause
- 8.05 Chronic disease management
- 8.08 Education
- 9.04 Risk factors
- 9.36 Multidisciplinary team
- 10.02 ENDS

Part 7 - 29 MB RESPIRATORY 19

- 0 Multidisciplinary team continued
- 0.03 Medications
- 0.28 Stepwise management
- 5.4 COPD
- 5.5 Clinical diagnosis
- 7.43 History
- 9.18 Spirometry definitions
- 9.35 Differentiation from asthma
- 10.04 ENDS

Part 8 - 22 MB RESPIRATORY 20

- 0 Relatively well patient
- 0.12 Examination
- 2.45 Management of acute COPD
- 5.3 Basic investigations
- 5.5 Reasons to get senior help urgently
- 6.18 Chronic disease management
- 7.46 ENDS

Part 9 - 27 MB RESPIRATORY 21

- 0 Respiratory failure likely to come up in exams
- 0.21 Common things on the wards and in exams
- 0.31 Pleural effusions
- 0.35 Causes of transudates
- 2.42 Causes of exudates
- 4.03 Transudate versus exudate
- 4.21 Light's criteria - especially important in patients with hypoalbuminaemia
- 7.5 Pulmonary fibrosis
- 8.02 Causes
- 8.57 Upper zone fibrosis
- 9.51 Middle zone fibrosis
- 10.02 ENDS

Part 10 - 29 MB RESPIRATORY 22

- 0 Middle zone fibrosis continued
- 0.09 Lower zone fibrosis
- 0.48 Examination
- 1.49 Haemoptysis
- 1.5 Causes
- 3.45 Venous thromboembolic disease
- 4.21 Pulmonary embolism
- 4.23 History
- 6.38 Examination
- 7.57 Management as soon as suspect pulmonary embolism
- 8.11 Examination continued
- 9.35 WELLS Scores for deep vein thrombosis and pulmonary embolism

10 ENDS

Part 11 - 29 MB RESPIRATORY 23

- 0 WELLS Score for deep vein thrombosis continued
- 6.11 WELLS Score for pulmonary embolism
- 7.54 Investigations and management of suspected deep vein thrombosis
- 9.38 Investigations of suspected pulmonary embolism
- 10.02 ENDS

Part 12 - 42 MB RESPIRATORY 24

- 0 Investigations of suspected pulmonary embolism continued
- 2.51 Management of pulmonary embolism in the relatively well patient; warfarin therapy
- 5.31 Management of pulmonary embolism in the acutely unwell patient
- 6.31 Venous thromboembolic disease generally
 - Tuberculosis and sarcoid - basically the same disease, plus or minus infection respectively;
- 7.36 learn the two together
- 11.03 Lung cancer - generic model for thinking about malignancy
- 11.4 History
- 12.1 Local symptoms
- 12.45 Systemic symptoms
- 13.4 Other things in the history
- 14.54 ENDS

Part 13 - 21 MB RESPIRATORY 25

- 0 Examination
- 0.09 Specific examination
- 2.55 Generic examination
- 3.17 Investigations - helpful, diagnostic, and prognostic tests
- 5.58 Management of any malignancy
- 6.58 ENDS

Part 14 - 22 MB RESPIRATORY 26

- 0 Management of any malignancy continued
- 1.19 Management of lung cancer
- 1.44 Palliative care as a house officer
- 2.32 Five things to ask the patient with palliative needs (malignancy / end-stage COPD / heart failure)
- 7.08 Summary of malignancy
- 7.3 ENDS