

Sample interesting case

Title R on T phenomenon

Author Saad Jawaid ST5 ED LRI

Hospital Leicester Royal Infirmary

Case presentation

A female in her 40s presented with multiple syncopal episodes over few hours. She has been on macrolides for a chest infection. Initial ecg showed R on T phenomenon. While being monitored on a defibrillator, patient suffered a VF arrest and was successfully resuscitated. She was admitted in CCU to undergo an ICD implant. Patient made a full recovery and was discharged home next day.

Key learning points

- Cardiac syncope occurs without the 3 Ps of simple faint namely
 1. Prodrome
 2. Postural
 3. Provoking factors
- R on T phenomenon can lead to ventricular arrhythmias
- History can differentiate between a seizure, cardiac and non-cardiac syncope
- Red flags should mandate an urgent cardiology referral.
- Macrolides, fluoroquinolones, antifungals, and antimalarials predisposes to ventricular tachycardias as a result of QT prolongation

Sample QIP abstract

Title – Embedding Clinical Frailty Scale in the Emergency Department and its impact on patient care.

Authors

Dr Faisal Aijaz (Geriatric Emergency Medicine fellow)

Dr Mark Well (SHO Emergency medicine)

Dr Sasha Preskey (SHO Emergency medicine)

Institution University Hospitals of Leicester, Leicester Royal Infirmary, Leicester. UK.

Objective

This project aimed to embed frailty identification and influence patient management through training and education.

Results

From September until January 2018, there was an improvement in frailty identification in patients presenting to emergency department from 40% completion increasing to 80%.

Accuracy was good – kappa scores 0.94 for the ordinal scale, and 0.89 when collapsed into the commonly used frailty classification (robust, mild, moderate or severe frailty).

Conclusions

Routine assessment of frailty by using the Clinical Frailty Scale in the Emergency Department is feasible and provides clinicians with important prognostic information which can influence clinical decision making. Importantly, this may help patients and their families make informed decisions about goals of care. Identifying frailty at the front door can prompt the initiation of Comprehensive Geriatric Assessment which helps to identify medical, psychosocial and functional limitations of a frail older person in order to develop a coordinated plan to improve outcomes.