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Clinical Scenarios

A 45-year-old man presents to the emergency department with restlessness and tremors.

He is anxious and pacing in the hallway. Initial vital signs show a heart rate of 120 beats per minute and blood pressure of 169/104 mmHg; other vital signs are normal. On further questioning by the nurse, he states that he is nauseous and wants something to help with 'the shakes'. During the consultation the patient admits to heavy alcohol use and that he is trying to cut down on drinking. He also says that his current symptoms started to develop about 6 hours after his last drink.

He has a history of hypertension for which he takes atenolol.



- ? What treatment would you give?
- ? When would you start this treatment?
- ? What impact would his hypertension have on the management plan?

To find the answers to these and other important questions, have a look at this BMJ Best Practice treatment algorithm and add hypertension as a comorbidity.

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[Essential hypertension](#) →

Clinical Scenarios

A 19-year-old man presents with a 2-day history of headache and associated nausea.

He says that bright lights hurt his eyes. He has no significant past medical history, is not currently taking any medicine, and reports no drug allergies. He works as a librarian and has not travelled overseas for the past year. He lives with his girlfriend.

On examination, he has a fever and neck stiffness. Lumbar puncture reveals polymorphonuclear pleocytosis, raised protein and low glucose in the CSF.



What do you think is going on?



What tests would you request?



And what would you do?

Access BMJ Best Practice for fast answers to these important questions wherever you are, both online and offline.

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Clinical Scenarios

A 78-year-old man presents with shortness of breath after a knee replacement.



He feels faint but has not passed out. His shortness of breath has been present for three hours. He also has left-sided chest pain that worsens on deep inspiration.

He had a knee replacement ten days ago. He has been slow to mobilise due to poorly controlled pain. His current vital signs reveal a fever of 38.0°C, heart rate 120 bpm, BP 95/65 mmHg, and an O₂ saturation on room air of 91%. His ECG shows tachycardia.



What is the most likely diagnosis?



What tests would you request?



What treatment would you advise?

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Clinical Scenarios

A 60-year-old man comes to the emergency department complaining of severe epigastric abdominal pain that radiates to his back.

The pain improves when he leans forwards or assumes the fetal position. It is worse when he breathes in deeply. He also complains of nausea, vomiting, and loss of appetite. He smokes ten cigarettes and drinks 14 units of alcohol per day on average.

On examination, he has tachycardia, tachypnoea, and low blood pressure. He is also confused. There are decreased breath sounds over the base of his left lung.



What is the most likely diagnosis?



What tests would you request?



What management would you recommend?

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Clinical Scenarios

A 77-year-old woman presents to the emergency department. She is breathless and finds it difficult to talk in full sentences.



On examination, she is centrally cyanosed with cool extremities. Her pulse is 110 beats per minute and systolic blood pressure is only just recordable at 80 mmHg. Jugular venous pressure is elevated 5 cm above normal, there is a gallop rhythm, and the apex beat is displaced.

Respiratory rate is increased and she has widespread crackles and wheezes on chest examination.



What is the most likely diagnosis?



Would you request any tests?



What management would you recommend?

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