



PATIENT PRESENTATION GUIDE

Created by the EMRA Education Committee

SUMMARY STATEMENT

Chief Complaint + Relevant PMH/PSH

SUBJECTIVE

HPI: OPQRST

Brief ROS: pertinent +/-

Pertinent SOCIAL Hx:

IVDU, occupation, etc.



OBJECTIVE



Pertinent/Abnormal VITALS

Pertinent/Abnormal PHYSICAL EXAM findings
(system by system or head-to-toe)

Pertinent LABS/IMAGING: normal + abnormal

ASSESSMENT

Quick summary sentence of subjective portion +
discussion of DIFFERENTIAL DIAGNOSIS for the patient

SPIT Mnemonic

S SERIOUS Fatal Pathology Must Not Miss

P PROBABLE Most Likely Diagnosis

I INTERESTING Look for Zebras!

T TREATABLE Now

This section should flow together seamlessly to summarize findings in a way that reflects that you've considered key differentials and have formulated a plan.

PLAN

WORKUP to support/prove each differential diagnosis + THERAPIES
LIST Mnemonic



LABS



IMAGING



SPECIAL TESTS



TREATMENTS

Don't forget therapies and treatments! Dosage specifics are not necessary.

Do not pause for too long after presenting H&P, as residents and attendings may move to see the patient and then you miss the opportunity to demonstrate your clinical acumen and ED reasoning.

DISPO

Where will the patient likely go based on early clinical information? (INPATIENT VS. HOME)

Consider clinical decision-making tools to support your choice. Ex: HEART score, CURB65, San Francisco Syncope Rule.

VIDEO EXAMPLE!

