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# Glossary of terms used in College examinations

The Royal College of Emergency Medicine uses several terms in examinations that may cause confusion. The following definitions are intended as a guide to the understanding of these terms. It is important to read the questions carefully and to understand the term in the context of that question. Examiners and candidates are advised to be rigorous in the use of these terms.

## Abnormality

This is any feature in an examination or investigation which is outside the standard deviation of the population being studied. A **Clinical** abnormality however would be a pathologically relevant abnormality and would not include the presence of tubes, prostheses etc.

## Assessment

History taking, physical examination and use of investigations.

## Characteristics

Something that describes a condition, or piece of equipment that is consistently present in that condition or is pretty fundamental to how the piece of equipment works e.g. mercury is characteristic of the content of thermometers.

## Class of drug

This is the generic name for the type of drug with a particular pharmacological affect e.g. anticoagulant, antihypertensive etc.

## Clinical findings

This may include symptoms, signs and vital signs. It is information gleaned from the clinical evaluation, but not the results of investigations even bedside ones (e.g. BM or Urine Dipstick)

## Commonest/Common

>75% incidence, or prevalence.

## Condition

This would suggest a well know pathological entity or diagnosis that should be mentioned as contributing to the presenting complaint.

## Criteria

This refers to the fact that there is a formal international/national guideline or scoring system that allows you to define the seriousness of a condition e.g. CURB-65 score for pneumonia etc. Each criterion may be a clinical sign, measurement, or bedside observation that helps discriminate in some way for the management of the patient.



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## Definitive management/treatment
This may include things you would do in the department but usually requires you to list the operation or procedure that will cure or contain the condition.
This may also refer to the gold standard treatment which has been proven to give best results, even if not available in the institution where you work.

## Disposition
Where the patient is sent following care in the ED including follow-up if discharged.

## ED management
This requires you to list actions that are life or limb saving or that might improve the course of the condition if done within the ED. It is not definitive management. This may however include analgesia, referral to specialty team etc.

## Essential
This indicates life saving treatments/management steps that are the priority, and would not normally include things like analgesia, communication etc.

## Factor
A contributing element or cause for the condition.

## Features
This is used in a variety of ways
In the medical history – it indicated symptoms
In the examination – examination findings
In results – abnormalities that are clinically relevant or might simply be the presence of an ETT or central line i.e. abnormality
If describing equipment or procedures, it is how the equipment looks, or key elements of the procedure.
Clinical features can be symptoms or signs.

## Immediate
This indicates what you will do now, rather than include within the general list of investigations or treatments that a patient needs.

## Implication
Something that is suggested or hinted at.

## Important
Used to indicate something that needs treatment or has a very high chance of recurring e.g. important complications are those that you warn patients about, or that you specifically wish to exclude if a patient deteriorates.

## Indicators
This is used in the context of a clinical evaluation. It should include history, examination and investigations that might indicate that a particular diagnosis is likely.

## Investigations
Specific tests undertaken to make a diagnosis or monitor the patient's condition. They may include bedside tests such as urine dipstick or BM unless otherwise specified.

## Management
Aspects of care including treatment, supportive care and disposition/disposal. This does not normally include investigations unless an investigation leads to an immediate change in the treatment, i.e. blood gas to check the correct Oxygen level is being given.

## Measures
Actions that can be taken which may include physical procedures, prescriptions, referrals etc.

## Most likely
This requires the commonest or best known item. For example, if asked for the most likely organisms causing a UTI – you should list E Coli.

## Pathophysiological sequence of events
This requires you to list in time order, the events that happen on a cellular, or hormonal level, leading to the current condition. For example, if a lactate is high in the presence of sepsis, you could suggest –

- Hypotension
- Poor organ perfusion
- Tissue hypoxia
- Anaerobic metabolism
- Glycolysis and lactate build up.

## Pathognomonic
Refers to a symptom or sign that if present, would always lead to a particular diagnosis.

## Pre-alert or Standby
These mean the same thing i.e. a radio call from an ambulance crew to inform ED of an acutely unwell/injured patient arriving imminently.

## Principles
These are the ideal or essential themes of a treatment or plan. e.g. Principles of drug treatment do not usually require doses or routes but might include “broad spectrum antibiotics” or “antihistamines”.

## Rarely
<10% of the time.

## Recommended
This is the best treatment according to a National guideline or accepted practice.

## Symptoms
This is what the patient complains of.

## Signs
This is what you identify by examination and may include abnormal observations/measurements of vital parameters.

## Steps in a management plan
Actions that may include giving treatment, support or referring, if it included an investigation, the investigation must lead to a change in the management plan.

## Strategy
This is your plan of action, and would normally include a list of investigations, prescriptions, physical treatments, in a particular order.

## Treatment
Measures undertaken to cure or stabilise the patient's condition. This includes oxygen, fluids, drugs, and may also mean surgery. It does not include investigations.

## Usual/normal
>90% of the time.

## Abbreviations that may be used in the examinations

| | |
|---|---|
| **AAA** | Abdominal Aortic Aneurysm |
| **ABG** | Arterial Blood Gas |
| **ACE** | Angiotensin Converting Enzyme |
| **ACP** | Advance Clinical Practitioner |
| **ACS** | Acute Coronary Syndrome |
| **AECU** | Ambulatory Emergency Care Unit |
| **AF** | Atrial Fibrillation |
| **AKI** | Acute Kidney Injury |
| **ALS** | Advanced Life Support |
| **ALTE** | Apparent Life-Threatening Event |
| **AP** | Anteroposterior |
| **ARCP** | Annual Review of Competency Progression |
| **ARDS** | Acute Respiratory Distress Syndrome |
| **ATLS** | Advanced Trauma Life Support |
| **AXR** | Abdominal x-ray |
| **βHCG** | Beta Human Chorionic Gonadotropin |
| **BiPAP** | BiLevel Positive Airway Pressure |
| **BLS** | Basic Life Support |
| **BM** | Blood glucose reading |
| **BMI** | Body Mass Index |
| **BNF** | British National Formulary |
| **BP** | Blood Pressure |
| **BPM** | Beats Per Minute |
| **BRUE** | Brief Resolved Unexplained Event |
| **CAMHS** | Child and adolescent mental health service |
| **C-spine** | Cervical spine |
| **CES** | Cauda Equina Syndrome |
| **CKD** | Chronic Kidney Disease |
| **CN** | Cranial Nerve |
| **CNS** | Central Nervous System |
| **COPD** | Chronic Obstructive Pulmonary Disease |
| **COVID-19** | Coronavirus 19 |
| **CPAP** | Continuous Positive Airway Pressure |
| **CPR** | Cardiopulmonary Resuscitation |
| **CRP** | C-Reactive Protein |

| | |
|---|---|
| **CSF** | Cerebrospinal Fluid |
| **CT 1/2/3** | Core Trainee years 1-3 of training |
| **CT KUB** | Computed Tomography of Kidneys, Ureters and Bladder |
| **CT scan** | Computerised Tomography Scan |
| **CV** | Curriculum Vitae |
| **CVC** | Central Venous Catheter |
| **CXR** | Chest x-ray |
| **DATIX** | Trusts electronic incident reporting system |
| **DC** | Direct Current |
| **DGH** | District General Hospital |
| **DIC** | Disseminated Intravascular Coagulation |
| **DNACPR** | Do Not Attempt Cardiopulmonary Resuscitation |
| **DOAC** | Direct oral anticoagulant |
| **DTaP/IPV** | Diphtheria/tetanus/acellular |
| **DTap/IPV/Hib/HepB** | Diphtheria/tetanus/acellular pertussis/inactivated polio/Haemophilus influenza type b/Hepatitis B |
| **DVLA** | Driver and Vehicle Licensing Agency |
| **DVT** | Deep Vein Thrombosis |
| **ECG** | Electrocardiogram |
| **ECHO** | Echocardiogram |
| **ECMO** | Extracorporeal Membrane Oxygenation |
| **ED** | Emergency Department |
| **eGFR** | Estimated glomerular filtration rate |
| **ELIZA** | Enzyme-Linked Immunosorbent Assay |
| **ENP** | Emergency Nurse Practitioner |
| **ENT** | Ear Nose and Throat |
| **ESR** | Erythrocyte Sedimentation Rate |
| **ETT** | Endotracheal Tube |
| **FAST** | Focussed Assessment with Sonography for Trauma |
| **FBC** | Full Blood Count |
| **FEV1/FVC** | Forced Expiratory Volume in one second to Forced Vital Capacity ratio |
| **FFP** | Fresh Frozen Plasma |
| **FY1/2** | Foundation Year doctor in year 1 or 2 of their foundation training |
| **GCS** | Glasgow Coma Score |
| **GI** | Gastrointestinal |
| **GMC** | General Medical Council |
| **GORD** | Gastro-oesophageal reflux disease |

| | |
|---|---|
| **GP** | General Practitioner |
| **GTN** | Glyceryl trinitrate |
| **Hb** | Haemoglobin |
| **HELLP** | Hypertension, Elevated Liver Enzymes, Low Platelets |
| **HIV** | Human Immunodeficiency Virus |
| **HR** | Heart Rate |
| **ICD** | Implantable Cardiac Defibrillator |
| **ICP** | Intracranial Pressure |
| **ICU** | Intensive Care Unit |
| **IDDM** | Insulin Dependent Diabetes Mellitus |
| **IHD** | Ischaemic Heart Diesease |
| **IM** | Intramuscular |
| **IN** | Intranasal |
| **INR** | International Normalised Ratio |
| **IO** | Intraosseous |
| **IV** | Intravenous |
| **IVDU** | Intravenous Drug User |
| **JVP** | Jugular Venous Pressure |
| **LVH** | Left Ventricular Hypertrophy |
| **LVF** | Left Ventricular Failure |
| **LP** | Lumbar Puncture |
| **LFTs** | Liver Function Tests |
| **LMN** | Lower Motor Neurone |
| **LMP** | Last Menstrual Period |
| **LRTI** | Lower Respiratory Tract Infection |
| **mcg** | Microgram |
| **mg** | Milligram |
| **mg/dl** | Milligram/deciliter |
| **MI** | Myocardial Infarction |
| **mL** | Millilitre |
| **MR** | Magnetic Resonance |
| **MRI** | Magnetic Resonance Imaging |
| **MRSA** | Methicillin Resistant Staphylococcus Aureus |
| **NAI** | Non-Accidental Injury |
| **NG** | Nasogastric |
| **NICE** | National Institute for Health and Clinical Excellence |

| | |
|---|---|
| **NIDDM** | Non-Insulin Dependent Diabetes Mellitus |
| **NIV** | Non-Invasive Ventilation |
| **NOAC** | Novel oral anticoagulant |
| **NSAID** | Non-Steroidal Anti-Inflammatory Drug |
| **NSTEMI** | Non-ST Elevation Myocardial Infarction |
| **OGD** | Oesophago-gastro duodenoscopy |
| **OPG** | Orthopantomogram |
| **OSCE** | Objective Structured Clinical Examination |
| **PA** | Posteroanterior |
| **PALS** | Patient Advice and Liaison Service |
| **PCI** | Percutaneous coronary intervention |
| **PCR** | Polymerase Chain Reaction |
| **PE** | Pulmonary Embolism |
| **PEA** | Pulseless Electrical Activity |
| **PEEP** | Positive End Expiratory Pressure |
| **PEFR** | Peek Expiratory Flow Rate |
| **PEP** | Post Exposure Prophylaxis |
| **PMH** | Past Medical History |
| **PO** | By the mouth |
| **POCUS** | Point of Care Ultrasound |
| **PPE** | Personal Protective Equipment |
| **QI** | Quality Improvement |
| **QIP** | Quality Improvement Project |
| **RCEM** | Royal College of Emergency Medicine |
| **REBOA** | Resuscitative Endovascular Balloon Occlusion of the Aorta |
| **ROSC** | Return of Spontaneous Circulation |
| **RR** | Respiratory Rate |
| **RSI** | Rapid Sequence Intubation |
| **RTC or RTA** | Road Traffic Collision or Road Traffic Accident |
| **RUQ** | Right Upper Quadrant |
| **SC** | Subcutaneous |
| **SIGN** | Scottish Intercollegiate Guidelines Network |
| **SOB** | Shortness of Breath |
| **SpO2** | Oxygen Saturations |
| **STEMI** | ST Elevation Myocardial Infarction |
| **SUFE** | Slipped Upper Femoral Epiphysis |

| | |
|---|---|
| **SVT** | Supraventricular Tachycardia |
| **TB** | Tuberculosis |
| **Td/IPV** | Tetanus/diphtheria/inactivated polio |
| **TELP** | Treatment escalation/limitation plan |
| **Temp** | Temperature |
| **TFTs** | Thyroid Function Tests |
| **TIA** | Transient Ischaemic Attack |
| **TLOC** | Transient Loss of Consciousness |
| **TPD** | Training Programme Director |
| **TSH** | Thyroid Stimulating Hormone |
| **U&E's** | Urea & Electrolytes |
| **UMN** | Upper Motor Neurone |
| **URTI** | Upper Respiratory Tract Infection |
| **USS** | Ultrasound Scan |
| **UTI** | Urinary Tract Infection |
| **VBG** | Venous Blood Gases |
| **VF** | Ventricular Fibrillation |
| **VT** | Ventricular Tachycardia |
| **V/Q** | Ventilation/Perfusion |
| **WBPA** | Workplace Base Assessment |
| **WCC or WBC** | White Cell Count or White Blood Cells |

## Normal Values

## Haematology

| | |
|---|---|
| Haemoglobin | 11.5 - 16.6g/dl |
| White blood cells | 4 - 11 x $10^9$/L |
| Platelets | 150 - 450 $10^9$/L |
| MCV | 80 - 96 fl |
| MCHC | 32 - 36 g/dl |
| Neutrophils | 2 - 7.5 x $10^9$/L |
| Lymphocytes | 1.5 - 4 x $10^9$/L |
| Monocytes | 0.3 - 1 x $10^9$/L |
| Eosinophils | 0.1- 0.5 x $10^9$/L |
| Basophils | <0.2 x $10^9$/L |
| Reticulocytes | <2 % |
| Haematocrit | 0.35 - 0.49 |
| Red Cell distribution width | 11 - 15% |

## Biochemistry

| | |
|---|---|
| Sodium | 135 - 145 mmol/L |
| Potassium | 3 - 4.5 mmol/L |
| Urea | 2.5 - 7.5 mmol/L |
| Glucose | 3.5 - 5 mmol/L |
| Creatinine | 35 - 135 μmol/L |
| Alanine aminotransferase | 5 - 35 U/L |
| Gamma GT | <65 U/L |
| Alkaline phosphatase | 30 - 135 U/L |
| AST | <40 U/L |
| Total Protein | 60 – 80 g/l |
| Albumin | 35 - 50 g/L |
| Globulin | 2.3 - 3.5 g/dl |
| Amylase | <70 U/L |
| Total bilirubin | 3 - 17 μmol/L |
| Calcium | 2.1 - 2.5 mmol/L |
| Chloride | 95 – 105 mmol/L |
| Phosphate | 0.8 - 1.4 mmol/L |

## Blood gases

| | |
|---|---|
| pH | 7.35 - 7.45 |
| $pO_2$ | 11 - 14 KPa |
| $PCO_2$ | 4.5 - 6 KPa |
| Base excess | -2 to +2 mmol/L |
| Bicarbonate | 24 - 30 |
| Lactate | <2 mmol/L |