



Mansoura  
University  
Mansoura  
Faculty of  
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ماجستير طب الطوارئ والإصابات  
Master of emergency medicine and  
Trauma



Emergency

Medicine

logbook

## بيانات شخصية عن المتدرب

الاسم :

تاريخ الميلاد :

العنوان :

رقم ترخيص مزاوله المهنة :

رقم التليفون :

رقم المحمول :

البريد الالكتروني :

التخصص :

تاريخ القبول للدراسه بدرجة الماجستير :

المستشفيات ومراكز التدريب التي تدرب بها			
	اسم المستشفى		اسم المستشفى
	توقيع مدير المستشفى (بعد انهاء التدريب)		توقيع مدير المستشفى (بعد انهاء التدريب)
	خاتم شعار المستشفى		خاتم شعار المستشفى
	اسم المستشفى		اسم المستشفى
	توقيع مدير المستشفى (بعد انهاء التدريب)		توقيع مدير المستشفى (بعد انهاء التدريب)
	خاتم شعار المستشفى		خاتم شعار المستشفى

## **Instructions for the use of logbook**

### **Aim of the logbook**

The purpose of the logbook is to provide one source of evidence for the specialty scientific council that you attained the desired level of competency required.

The logbook is divided into several sections.

### **Personnel information**

Your personnel photo should be attached to the logbook and you should sign the personnel information page

### **Clinical case log**

1 - You will find lists with all required cases in the curriculum. Your level of participation in each case will be determined by your trainer

2 – Patient name is not required. You need to mention the case provisional or final diagnosis

3 – For each case write the date of the interview

4 – Make a check mark at the appropriate column indicating your of

Participation in case management (observer, supervised management of the case or independent management of the case )

5 – Each case should be counter signed by your trainer. His signature is the proof of your actual participation

### **Academic activities**

1 – Academic activities that must be documented are journal clubs, Morbidity and mortality meetings and workshops or conferences attended.

2 – Where you will record the topic and date of the journal club and it should be signed by trainer/supervisor.

### **Rotation proof**

Your scientific and academic council has determined specific rotations in subspecialties that you must go through during the training period

### **Assessment of logbook activities**

- 1 – Your trainer will assess your logbook weekly for completion and provide feedback
- 2 – Your educational supervisor will assess your logbook monthly or every two months.  
Provide verbal or written feedback and counter sign important activities

3 – the examination committee of the scientific council will revise your log-book

A) Annually before you progress from one year of training to another

B) At the end of training before the final exam

To be noted that unsatisfactory completion of the logbook would lead to delay of training progression.

It is your responsibility to maintain accurate and completed logbook and to

Regularly update your records. Shall you meet any difficulty.

**Clinical cases/ conditions**

## Infections in the ER

Clinical condition & number of cases	Clinical condition & number of cases
1- Upper respiratory tract infections	4- Urinary tract infections(10)
*Tonsillitis	5-Fever with rash in children (10)
* Sinusitis	6- CNS infections ( 10 cases):
* Otitis media	* Meningitis
* Laryngotracheitis	* Encephalitis
2 – Lower respiratory tract infections (open)	7-Infections in immunocompromised host ( 10)
* Bronchitis	* Infection in nephrotic syndrome & renal transplant recipient
* pneumonia	* Febrile neutropenic cancer and non cancer patients
3 – Infectious diarrhea and Gastroenteritis ( open)	* Infection in adults and children with immunodeficiency

## Respiratory Cases

Clinical condition & number of cases	Clinical condition & number of cases
1- Bronchial asthma (10 cases)	4- Pneumothorax(5 cases)
2- pneumonia ( 5 cases)	5. Pulmonary embolism ( 3 cases)
a. Community acquired	6- Chronic obstructive airway disease ( 10 cases)
b. Aspiration pneumonia	7- Hemoptysis
3. Upper respiratory tract infections ( open)	8- Foreign body inhalation ( 3 cases)
Croup, laryngitis & epiglottitis ( 5 cases)	9-Respiratory emergencies of important infections
10. Respiratory failure ( 5 cases)	



## Rheumatology Cases in the ER

Clinical condition & number of cases	Clinical condition & number of cases
1- Rheumatic fever (oper)	2 – Rheumatoid arthritis(2)
2- Septic arthritis (3)	4- Mono or poly arthritis for D.D (1)
5-Emergencies related to systemic lupus erythematosus (3)	6- Vasculitis(1)

## Cardiac Cases in the ER

Clinical condition & number of cases	Clinical condition & number of cases
1- Chest pain (cardiac & non cardiac) (20)	5-Arrhythmias(20)
2- Acute coronary syndromes (20)	Atrial
- Angina	Ventricular
- Acute myocardial infarction	Complex Arrhythmias
3- Syncope (10)	6- Cardiogenic shock (10)
4 – Heart failure in the ER (20)	7- pericarditis (3)
Rheumatic heart	8- pericardial effusion (3)
Secondary to ACS	9- Hypertensive emergencies (10)
Cardiomyopathies and other causes of heart failure	

## Hepatic Cases in the ER

Clinical condition & number of cases	Clinical condition & number of cases
1- Acute liver cell failure	3- Jaundice for D.D
2- Hepatitis	4- Hematemesis due to portal hypertension

## Gastrointestinal Cases in the ER

Clinical condition & number of cases	Clinical condition & number of cases
<b>1- Acute abdomen due to GIT causes</b>	<b>2- Hematemesis in The ER (10)</b>
Peptic ulcer (5)	Variceal bleeding
Pancreatitis (5)	Duodenal/ gastric ulcer
Choicystitis & Cholangitis (5)	Coagulation disorders
Biliary colic (5)	<b>3-Lower GIT bleeding &amp; anal pain (20)</b>
Bowel obstruction (5)	Anal fissure, anorectal abscess & pilonidal sinus(10)
Acute appendicitis & Meckel's diverticulum(5)	Rectal prolapse (5)
Intestinal perforation. volvulus and colitis(5)	Colitis/ (5)
Ineducible or strangulated hernia(5)	
Inflammatory bowel diseases (5)	

## Hematological Cases in the ER

Clinical condition & number of cases	Clinical condition & number of cases
<b>1- Anemia (15)</b>	Patients on anticoagulants
Anemia for. DD	<b>3-Kisseminated intravascular coagulation pathies (5)</b>
Iron deficiency anemia	<b>4-Thrombophilias (5)</b>
Glucose six phosghare dehydro-genase deficiency ( favism)	Spontaneous venous thrombosis
Thalassemia and spherocytosis	Gangrene
Sickle cell anemia	Aplastic anemia
<b>2- Bleeding tendency (10)</b>	<b>Lymphoma and leukemia</b>
Purpura and theombocytopenia	
Hemophilia	

## Oncological Cases in the ER

Clinical condition & number of cases	Clinical condition & number of cases
1-patients presenting with tumor spread related emergencies (open	Acute flaccid paralysis secondary to spinal cord compression
Increased intracranial tension (severe vomiting sudden headache or blurring of vision)	Upper airway obstruction
Respiratory distress secondary to pleural or pericardial effusion	2- metabolic oncological presentations (open)

## Neurological Cases in the ER

Clinical condition & number of cases	Clinical condition & number of cases
1- Headache (5)	6-Other neurological emergencies (5)
2-Status epilepticus (3)	Increased intracranial tension
3- Coma (10)	Movement disorders
4- meningitis and encephalitis (2)	Hydrocephalus
5- Cerebrovascular emergencies(10)	Acute flaccid paralysis
	Others: a.tetanus b. Emergency presentation of myasthenia gravis, multiple sclerosis & peripheral neuropathies c. Emergency presentation of brain tumors

## Renal Cases in the ER

Clinical condition & number of cases
1-Acute renal failure (De Novo or on top of chronic (5)
2-Urinary tract infection in adult and children (1)
3-Life threatening electrolyte disturbances (3)
4- Hemolytic uremic syndrome (1)
5- Hematuria for DD(1)
6- Proteinuria for DD (1)

## Urological Cases in the ER

Clinical condition & number of cases	Clinical condition & number of cases
1-Acute retention of urine(5) ◊	Priapism
2-Acute scrotal pain (5)	Fracture of penis
3- Renal colic (10)	5- Gangrene of The scrotum (open)
4- Emergency penile conditions (3)	6-Phimosis and paraphimosis (5)

## Dermatological Cases in the ER

Clinical condition & number of cases	Clinical condition & number of cases
1-Vesiculobullous disorders ( open)	4- Skin infections(10)
- Toxic epidermal necrolysis	Cellulitis
-Steven johnsonn syndrome	Erysipelas
Pemphigus vulgaris-	Necrotizing fasciitis
2- Allergic skin problems (10)	Reversal reaction in leprosy
- Urticaria (2)	Neonatal herpes simplex
-Angioedema(2)	5- Fever with rash (2)
- Anaphylaxis (2)	Meningococcal neningitis
3-Autoimmune disorders (open)	Childhood exanthemata

## Psychiatric Cases in the ER

Clinical condition & number of cases	Clinical condition & number of cases
1-Major psychiatric presentations(5)	Serotonin syndrome
Deliberate self harm/suicidal patients	3.Non life threatening psychiatric ever- Gencies (5)
Agitated or violent patients	Panic attacks
2- Medical emergencies in psychiatry (open)	Disaster and grief reactions
Delirium	Domestic violence
Acute psychosis	Rape
Neuroleptic malignant syndrome	4-Malingering and factitious illnesses(3)

## Trauma Cases in the ER

Clinical condition & number of cases	Clinical condition & number of cases
1- Major multiple traumas in adults (20)	5- Abdominal trauma
2-Major multiple traumas in children (20)	With organ laceration / injury
3-Head injuries(20)	With hollow viscus injury
Post concussion syndrome(1)	6-Spinal injuries (10)
Brain contusion and diffuse axonal injury(1)	- Vertebral fractures
Extradural, subdural & intracerebral hematoma	Spinal cord transection
Scalp, face & neck lacerations	7- Maxillofacial injuries(20)
Skull fissure fracture	Nasal fractures
Skull depressed fracture	Mandibular fractures
Fracture base	Zygomatic fractures
Pulmonary or myocardial contusion	Orbital fractures
4-Chest traumas (20)	Le Fort fractures
Tension & open pneumothorax	Dental avulsion and fractures
Flail chest	TMJ dislocation
Hemothorax	Tongue lacerations
Rib and sternal fractures	8- Different types of wounds (10)
Cardiac tamponade	9- Different degrees of burns (10)
Aortic injury	
Diaphragmatic hernia	

## Vascular Cases in the ER

Clinical condition & number of cases
1-acute limb ischemia(5)
2- aortic aneurysm and aortic dissection(3)
3- acute abdomen secondary to mesenteric ischemia(3)
Iatrogenic ischemia secondary to Intra-arterial drug injection (open)
5- traumatic vascular injuries (10)

## ENT Cases in the ER

Clinical condition & number of cases	Clinical condition & number of cases
1-Ear pain (10)	5-Foreign bodies (5)
Otitis media and externa	Ear. Nose
Cholesteatoma	Throat, esophagus
Perforated tympanic membrane	Pharynx and larynx
Mastoiditis	Button batteries
Foreign body	6-Facial palsy(3)
2-Epistaxis (5)	7-Sinusitis (open)
3- Sore throat (open)	8-Trauma to the head and neck (10)
Tonsillitis and tonsillar abscess	Mandibular fracture
Pharyngitis	Nasal fracture
Retroparotid abscess	Dental fracture and avulsed teeth
Epiglottitis	9- Ear lacerations (3)
4-Vertigo ( open	10- post-tonsillectomy bleeding(5)

## Dermatological Cases in the ER

Clinical condition & number of cases	Clinical condition & number of cases
1-The red eye (5)	3-Painful eye (3)
a-conjunctivitis	a-glaucoma
b-corneal aberrations & ulcers	b-uveitis and iritis
c-Keratitis	4-Eye trauma (5)
d-foreign bodies	a-orbital fracture
e-ocular bumps	b-retinal detachment
f-scleral inflammation	c-lens dislocation and hyphema
2-Sudden visual loss(3)	d-penetrating eye injuries
a-retinal hemorrhage	5-Other eye problems(3)
b-retinal vascular occlusion	a- orbital cellulitis
c-vitreous hemorrhage	b-cavernous sinus thrombosis
d-retinal detachment	c-eye lid problems
e-optic neuritis	d-dacryocystitis
f- CNS causes	

## Gynecology & Obstetrics Cases in the ER

Clinical condition & number of cases	Clinical condition & number of cases
1-Acute abdomen (10)	-Severe dysmenorrhea
Ectopic pregnancy	2- Abnormal vaginal bleeding (open)
Endometriosis	premenopausal
Ovarian cyst and torsion	postmenopausal
Pelvic inflammatory	During pregnancy (abortion. Placenta previa)
Complications of fibroid	Vaginal delivery

## Toxicological Cases in the ER

Clinical condition & number of cases
1- Salicylate poisoning (2)
2-paracetamol poisoning(2)
3- Antidepressants (2)
4-Benzodiazepines(2)
5-Opioids (2)
6- Accidental kerosene ingestion (2)
7-Ingestion of corrosives(2)

## Environmental Cases in the ER

Clinical condition & number of cases(6different cases)
1-Hypothermia
2-Heat stroke and heat exhaustion
3- Hyperthermia related to medications
4-Electric burn and electric shock
5-Drowning and near drowning
6-Industrial chemical exposure
7- pesticide and insecticide exposure
8-Carbon monoxide poisoning
9-Bites and envenomation

## Orthopedic Cases in the ER

General topics/cases	Upper extremity
<b>1-Principles for management of fractures and joint injuries</b> <b>2-Open fractures</b> <b>3- Compartment syndromes (3)</b> <b>4-Nerve injuries (3)</b> <b>5- Crush injuries (3)</b>	<b>Shoulder and arm (5)</b> <b>1- Fracture clavicle, proximal humerus, scapula</b> <b>2- ACJ and SCJ injuries</b> <b>3-Dislocated shoulder</b> <b>4-Fracture humerus shaft</b>
<b>Pediatric trauma</b> <b>1- Epiphyseal plate Injury</b> <b>2-Birth fractures</b> <b>3-Child abuse</b> <b>4-Differences between fractures in adults and Children</b>	<b>Elbow &amp; Forearm Fractures (15)</b> <b>1-Dislocation elbow &amp; pulled elbow</b> <b>2- Fracture radius and ulna</b> <b>3-Foream compartment syndrome</b>
<b>Skeletal infections(3)</b> <b>1- Osteomyelitis</b> <b>2-Acute septic arthritis</b> <b>3-Busitis and tenosynovitis</b>	<b>Wrist and hand (20)</b> <b>1- Fractures</b> <b>2- Nail bed injurres</b> <b>3-Hand compartment syndrome</b> <b>4-Tendon injunes</b> <b>5- Hand infections</b> <b>6- Hand wounds and crush injuries</b>

Lower extremity	Upper extremity
<b>Hip and thigh (15)</b> <b>1- Kislocation of hip</b> <b>2- Fracture upper femur</b> <b>3- Fracture shaft femur</b> <b>4- Fracture lower end femur</b>	<b>Ankle and foot (15)</b> <b>1-Ankle fractures</b> <b>2- Ankle ligamentous injuries and dislo cations</b> <b>3-Tendo Achillis injuries</b> <b>4- Fractures of foot bones</b> <b>5- Crush injuries</b>
<b>Knee and leg (10)</b> <b>1- Meniscal injuries</b> <b>2-Knee ligaments injury</b> <b>3-Patella fracture and dislocation</b> <b>4-Knee dislocation</b> <b>5-Tear &amp; rupture of quadriceps Ligamentous patellae</b> <b>6-Rupture Baker's cyst</b> <b>7-Tibial pslate fractures</b> <b>8- Fractures Tibia and fibula</b>	<b>Trunk</b> <b>Pelvis (10)</b> <b>1- Fractures</b> <b>2- Management of bleeding related to vertebral fractures</b> <b>Spine (10)</b> <b>1- Fracture spine</b> <b>2- Neurological anatomy ( dermatomes and myotomes)</b> <b>3- Cord injury Syndromes</b>



# Procedures

**Key for procedures level of competence:**

**O: Observe**

**A: Assist**

**C:Competent**

**OE : Optional Experience**

## Airway procedures

Procedure	Level of competence
Basic Airway Techniques-	C
- Bag ValveMask Ventilation / Mapleson "C" circuit	C
Intermediate airways – laryngeal maskm, other	C
-Tracheal Intubation	
A. Nasotracheal	A
B. Orotracheal	C
Rapid sequence induction (not in children)	C
Mechanical ventilation (not in children)	O
Surgical Airway Techniques	
A. Percutaneous transtracheal ventilation	OE
B-Cricothyroidotomy	
Techniques for upper aiway obstruction: Heimlich maneuver	C
Tracheal suctioning	C

## Pulmonary Procedures

Procedure	Level of competence
Oxygen delivery techniques	C
Needles thoracentesis	C
Tube thoracostomy	C
Non-invasive ventilation (not in children) (CPAP & BiPAP)	OE

## Cardiac Procedures

Procedure	Level of competence
Cardiopulmonary resuscitation (CPR)	C
Valsalva	C
Direct Current Electrical Cardioversion	C
Defibrillation	C
Emergency Transthoracic Cardiac pacing	O
Pericardiocentesis	O
Resuscitative thoracotomy (not children)	OE

## Vascular Access & Volume support Procedures

Procedure	Level of competence
Arterial puncture and cannulation	C
Peripheral intravenous access	C
High flow infusion techniques	OE
Venous cudown	
Central venous catheterization techniques - Subclavian (not in children) - Internal jugular (not in children) - Femoral	C
Measurements - CVP	C
Intraosseous infusion	C
Endotracheal drug administration	C
Blood and Blood product Transfusion	C
Accessing indwelling vascular lines	C

## Vital sign Measurement

Procedure	Level of competence
Clinical vital signs	C
Non-invasive monitoring	C
Invasive monitoring	C

## Gastrointestinal Procedures

Procedure	Level of competence
Orogastric tube placement	C
Balloon tamponade of gastroesophageal varices	C
Diagnostic peritoneal lavage	C
Hernia reduction	C
Proctoscopy	C
Management of thrombosed external hemorrhoids	C
Management of rectal foreign bodies	O

## Musculoskeletal Techniques

Procedure	Level of competence
<b>a) Immobilization techniques</b>	
- Application of a Broad Arm Sling	C
- Application of a Collar and Cuff	C
- Application of a knee Immobilizer	C
- Application of a Downey/ Hare Splint	C
- Application of a Thomas Splint	C
<b>b) Plaster techniques</b>	
- Above and below elbow backslap and POP	C
- Scaphoid POP	C
- Bennett's POP	C
- Volar Splint	C
- USLAB	C
- Above and below Knee backslap and POP	C
<b>Fracture/ dislocation reduction techniques</b>	
<b>Shoulder Dislocation-</b>	<b>O</b>
<b>-Pulled elbow</b>	<b>C</b>
<b>-phalangeal Dislocation</b>	<b>C</b>
<b>-Simple phalangeal fractures and dislocations</b>	<b>C</b>
<b>-Toe dislocation</b>	<b>C</b>
<b>d) Spinal immobilization techniques / log rolling</b>	<b>C</b>
<b>e) Arthrocentesis</b>	<b>OE</b>
<b>f) Compartment syndrome Management</b>	<b>OE</b>

## Genitourinary Techniques

Procedure	Level of competence
<b>a) Bladder catheterization: Urethral catheter</b>	<b>C</b>
<b>c) Manual Reduction Paraphimosis</b>	<b>C</b>

## Obstetrics & Gynecology Procedures

Procedure	Level of competence
a) Delivery: Normal delivery	C
c) Gynecological Speculum Examination	C

## ENT procedures

Procedure	Level of competence
a) Control of epistaxis: Anterior packing	C
b) Foreign body removal	C

## Neurological Procedures

Procedure	Level of competence
Lumbar puncture and CSF examination	C

## Ophthalmic Procedures

Procedure	Level of competence
Use of slit lamp	O
Superficial rust ring removal	C
Ocular foreign body removal	O

## Heat Emergency Procedures

Procedure	Level of competence
Management of Hypothermia	C
Management of Hyperthermia	C

# Emergency medicine

## Pediatric Cases in the ER

<b>Respiratory emergencies</b>
1- Stridor
2- Wheezy infants and bronchial asthma
3- Pneumonia, effusion and pneumothorax
4- Foreign body inhalation
5- Respiratory failure due to various causes
<b>Cardiac emergencies</b>
1- Arrhythmias
2- Cyanotic heart diseases
3- Heart failure
4- Cardiogenic shock
<b>Neurological emergencies</b>
1- Coma
2- Convulsions
3- Stroke
4- Sudden weakness/ paralysis
5- Increased intracranial tension
6- Hypertensive encephalopathy
<b>Electrolyte disturbances with or without dehydration</b>
1- Acid-base disturbances
2- Diabetic ketoacidosis
3- Addisonian crises
4- Urea cycle defects
5- Aminoacidopathies
6- Hepatic coma
<b>Hematological emergencies</b>
1- Acute hemolytic
2- Sickle cell anemia in crises
3- Febrile neutropenia
4- Severe pallor for D.D
5- Hypercoagulable conditions
<b>Other emergencies</b>
1- Childhood injuries
2- Burns and surgical Emergencies
3- Shock, sepsis and DIC

# Pediatric procedures that should be Competently performed by Emergency medicine

Trainees by the end of training

<b>1- Cardiopulmonary resuscitation according to APLS</b>
<b>2-Intravenous line insertion</b>
<b>3- Nasal-gastric tube insertion and gastric lavage</b>
<b>4-Oro-pharyngeal suction</b>
<b>5-Urinary catheter application</b>
<b>6-Intravenous fluid therapy</b>
<b>7- Blood product transfusion</b>
<b>8- Arterial and capillary sampling for blood gas analysis</b>
<b>9- Wound dressing</b>
<b>10-Simple Suturing of wounds</b>













# Orthopedics



# Burns & plastic surgery







# Toxicology & Bacteriology





# Coronary Care







# **Intensive Care Unit**



# Neurology & psychiatry









# Neurosurgery







# Ophthalmology







# Anesthesia & OR





# Dermatology





# Gynecology & obstetrics





# Otolaryngology







# General medicine





# General surgery









# Pediatric Emergency



Case	Number			Trainer's Signature & date
	Observed	Managed Under Supervi- sion	Managed Independ- ently	
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	Number	Trainer's

