

2022 RACGP curriculum and syllabus for Australian general practice

Emergency medicine

Rationale

Instructions

This section provides a summary of the area of practice for this unit and highlights the importance of this topic to general practice and the role of the GP.

General practitioners (GPs) will be involved in acute, emergency type presentations, especially in rural and regional areas. Acute life-threatening emergency and trauma presentations are likely to be rare but will require time-critical and effective responses.¹⁻² A GP will be exposed to these life-threatening presentations in a variety of settings, including consulting clinics, hospitals, nursing homes, disability facilities, correctional institutions and pre-hospital in the community. GPs need to be able to provide independent and team-based care in these settings.

Australia is geographically vast and response times for emergency services can vary. The ability to appropriately respond to time-critical emergencies is associated with improved patient outcomes.³ GPs also provide significant input into the compassionate management of death during resuscitation attempts or in futile care.⁴ In many rural communities, GPs with advanced training will be part of the retrieval and first responders emergency service.^{3,5,6}

The role of the GP in the management of emergency and trauma presentations will be varied. It will often include significant input into leadership/coordination, assessment/management and debrief/education. As a significant member of any community, the GP will be expected to advocate for the appropriate provision of emergency medical response services. Advocacy in Aboriginal and Torres Strait Islander communities is especially vital with higher rates of emergency presentations and poorer outcomes with delayed presentations. Historical context and cultural safety for Aboriginal and Torres Strait Islander peoples may contribute to a reluctance to engage with healthcare services. GPs need to consider how social determinants of health, health literacy, population characteristics and rural and remote location impact on the escalation to emergency care and the appropriateness of inpatient care.

It is important to have a firm foundational understanding of the algorithmic approach to emergency, life threatening and trauma presentations. Understanding and identifying

appropriate resuscitation resources, including staffing, equipment and retrieval services is critical in effectively responding to these presentations.³ GPs need to understand the red flags for common acute presentations and know how to triage these presentations, identifying which need to be immediately escalated and which can wait until the next day.

It is important that GPs undertake regular self-reflective practice to understand personal capabilities and limitations. Fellowship training places GPs in an ideal situation to undertake further continuing professional education in pre-hospital and hospital-based emergency medicine, with a variety of courses available for additional training.⁷⁻¹¹

Being involved in emergency life-threatening care and trauma exposes the practitioner to mental and physical health risks, in addition to specific medico-legal risks.¹² These risks need to be understood and managed appropriately. The GP will often be looked to for leadership and debrief, both during and following these events, which entails its own set of challenges.

GPs are unique amongst medical professionals in having to respond to emergency presentations in a variety of different contexts and environments. Unlike emergency and critical care professionals, the general practice environment is rarely structured to facilitate the management of these situations. Exposure to emergency and trauma is often rare and intermittent. The ability to be flexible, and respond effectively, in unfamiliar environments and unpredictable circumstances, is a defining feature of a GP.

References

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Competencies and learning outcomes

Instructions

This section lists the knowledge, skills and attitudes that are expected of a GP for this contextual unit. These are expressed as measurable learning outcomes, listed in the left column. These learning outcomes align to the core competency outcomes of the seven core units, which are listed in the column on the right.

Communication and the patient–doctor relationship	
Learning outcomes	Related core competency outcomes
The GP is able to:	
<ul style="list-style-type: none"> effectively and appropriately communicate with other health professionals regarding clinical management and transfer, when appropriate, of emergency and trauma presentations 	1.1.1, 1.1.2, 1.1.5, RH1.1.1
<ul style="list-style-type: none"> effectively and appropriately communicate with patients, their families and carers when managing emergency and trauma presentations 	1.1.2, 1.1.3, 1.1.4, AH1.3.1, AH1.4.1, RH1.4.1

Applied knowledge and skills	
Learning outcomes	Related core competency outcomes

Applied knowledge and skills	
The GP is able to:	
<ul style="list-style-type: none"> appropriately diagnose and manage emergency and trauma presentations 	RH2.1.1, 2.1.1, 2.1.2, 2.1.3, 2.1.4, 2.1.5, 2.1.7, 2.1.8, 2.1.9, 2.1.10
<ul style="list-style-type: none"> coordinate the care of patients with emergency and trauma presentations while respecting cultural expectations 	2.3.2, 2.3.3, 2.3.1, AH2.3.1, AH2.3.2, RH2.3.1, RH2.1.1

Population health and the context of general practice	
Learning outcomes	Related core competency outcomes
The GP is able to:	
<ul style="list-style-type: none"> advocate for the provision and resourcing of appropriate emergency services for their community 	3.2.2, RH3.2.1

Professional and ethical role	
Learning outcomes	Related core competency outcomes
The GP is able to:	
<ul style="list-style-type: none"> acknowledge the personal impact of trauma and resuscitation on the individual, staff and community 	4.2.2, 4.2.3, 4.2.4, 4.3.3, RH4.1.1, RH4.2.1
<ul style="list-style-type: none"> undertake additional specific training according to the emergency and trauma needs of the community 	4.2.1, RH4.2.2, RH4.2.3
<ul style="list-style-type: none"> mentor and teach staff and local services with respect to emergency and trauma presentations 	4.3.1, 4.3.2
<ul style="list-style-type: none"> ensure regular audits of clinical practice and comprehensive completion of patient records 	4.1.1, 4.1.2, 4.1.3, 4.2.1, 4.2.2, 4.4.1, 4.4.2

Organisational and legal dimensions	
Learning outcomes	Related core competency outcomes
The GP is able to:	
<ul style="list-style-type: none"> provide emergency life-saving care and leadership in a safe manner with respect to their skillset 	5.1.2, 5.1.3, RH5.1.1, 5.2.3
<ul style="list-style-type: none"> ensure that they are resourced to manage emergency presentations, according to the relevant standards, depending on location 	5.2.3, 5.2.5
<ul style="list-style-type: none"> ensure all new patients have their records comprehensively completed to assist with access to key information in an emergency 	5.1.3, 5.2.1

Words of wisdom

Instructions

This section includes tips related to this unit from experienced GPs. This list is in no way exhaustive but gives you tips to consider applying to your practice.

Extension exercise: Speak to your study group or colleagues to see if they have further tips to add to the list.

1. By having a structured algorithmic approach to emergency life-threatening presentations and trauma you will reduce your own anxiety and improve the effectiveness of your interventions.
2. Use of appropriate cognitive aids, such as the basic and advanced life support algorithms (see [Australian Resuscitation Council website \(https://resus.org.au/\)](https://resus.org.au/)), should be encouraged rather than seen as a weakness.
3. Before working in a new environment, find out about the local resources and how to call for help.
4. Mentally rehearse how you will respond to potential life-threatening presentations in your place of work to help you plan and prepare for these rare events.
5. Staying calm and saying out loud your thought process during the assessment and management of life-threatening presentations is a helpful way to ensure a shared mental model with the rest of your team.

Case consultation example

Instructions

1. Read this example of a common case consultation for this unit in general practice.
2. Thinking about the case example, reflect on and answer the questions in the table below.

You can do this either on your own or with a study partner or supervisor.

The questions in the table below are ordered according to the [RACGP clinical exam assessment areas \(https://www.racgp.org.au/getmedia/f93428f5-c902-44f2-b98a-e56d9680e8ab/Clinical-Competency-Rubric.pdf.aspx\)](https://www.racgp.org.au/getmedia/f93428f5-c902-44f2-b98a-e56d9680e8ab/Clinical-Competency-Rubric.pdf.aspx) and domains, to prompt you to think about different aspects of the case example.

Note that these are examples only of questions that may be asked in your assessments.

Extension exercise: Create your own questions or develop a new case to further your learning.



You are working on a Friday afternoon in your rural practice, along with a nurse and receptionist. Suddenly, the practice emergency alarm sounds and the call of 'Help!' comes from your nurse immunisation clinic. You run in to find an elderly patient collapsed, unconscious on the floor, with laboured breathing. The nurse quickly tells you that the patient and her husband have come in for their routine immunisations. Shortly after the patient was immunised, she complained of feeling short of breath and faint. She then collapsed.

Questions for you to consider		Domains
<p>The patient's husband is in the room. How would you manage him in this situation? What if the couple did not speak English?</p> <p>You need to call for help; who could you call and how would you do this? What if you were in a remote outreach clinic?</p> <p>What are the important points that need to be relayed to any other helpers or emergency services that arrive? How would you communicate this information?</p>	1. Communication and consultation skills	1,2,5
<p>What immediately important clinical information do you need to be able to manage this patient?</p> <p>What other information do you need to help you make a diagnosis?</p>	2. Clinical information gathering and interpretation	2
<p>In this situation, what are the possible causes for the patient suddenly collapsing?</p> <p>Would knowing the diagnosis change the way you immediately manage this patient? Why or why not?</p>	3. Making a diagnosis, decision making and reasoning	2
<p>What interventions may need to be performed to manage this patient? What if the patient were a child?</p> <p>Do you know where to find resuscitation resources in your clinic? If you were in an alternative place of work (eg a nursing home or local hospital) would you know where to find the resuscitation resources? What if this occurred outside of your practice?</p>	4. Clinical management and therapeutic reasoning	2
<p>Does your community have access to publicly available automated defibrillators? If not, is this something you could advocate for?</p> <p>Who should be involved in the decision to continue or cease resuscitation efforts? Attitudes towards death can vary based on culture; what if this occurred in an Aboriginal or Torres Strait Islander patient?</p>	5. Preventive and population health	1,2,3
<p>If this situation makes you feel anxious or nervous, what steps can you take to improve your confidence?</p> <p>What are the possible issues with confidentiality and consent in this case? What if this were a child with an aunt/uncle or grandparent?</p>	6. Professionalism	4

Questions for you to consider		Domains
<p>What are the regulatory requirements for resuscitation resources in a clinic setting? Is your clinic prepared? What resources are available in other settings, or on home visits?</p> <p>Is there a system to quickly call for emergency help in your practice?</p>	7. General practice systems and regulatory requirement	5
<p>Do you feel confident with managing airway, breathing and circulation? If not, how could you improve your understanding and skills?</p> <p>Do you know how to use a defibrillator? If not, how could you learn to use one and become competent?</p> <p>What equipment is there in your clinic? Would you feel confident in using this equipment? If not, how could you improve your confidence?</p>	8. Procedural skills	2
<p>It is possible that this is a case of anaphylaxis related to the immunisation. What strategies would you use to make sure that other life-threatening diagnoses are not missed?</p> <p>Reflect on the chances of causing harm with life support interventions when you are unsure of the diagnosis.</p>	9. Managing uncertainty	2
<p>It is possible that this is a case of anaphylaxis related to the immunisation. What strategies would you use to make sure that other life-threatening diagnoses are not missed?</p> <p>Reflect on the chances of causing harm with life support interventions when you are unsure of the diagnosis.</p>	10. Identifying and managing the significantly ill patient	2

Learning strategies

Instructions

This section has some suggestions for how you can learn this unit. These learning suggestions will help you apply your knowledge to your clinical practice and build your skills and confidence in all of the broader competencies required of a GP.

There are suggestions for activities to do:

- on your own
- with a supervisor or other colleague
- in a small group
- with a non-medical person, such as a friend or family member.

Within each learning strategy is a hint about how to self-evaluate your learning in this core unit.



On your own

Review your practice emergency kit. Compare the emergency kit with the [RACGP standards for general practices \(https://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed\)](https://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed).

- *Does the kit meet the RACGP standards? Why do you think the standards are not more or less comprehensive?*
- *Can you think of anything that could be added, including cognitive aids?*
- *Thinking about where your practice is located, is there anything else that should be added to or changed in the kit? Does it need to be more portable or need different equipment?*

Review the available cognitive aids for resuscitation.

- *Would you feel confident using the current aids in a resuscitation?*
- *How would you develop a cognitive aid for resuscitation?*
- *Where could these be kept in your practice?*



With a supervisor

Reflect on an emergency or trauma presentation that you or your supervisor have been involved in.

- *What went well and what didn't go so well? What resources were useful or would have been useful in managing this situation?*
- *How would you manage the same situation in different environments (eg in a nursing home/supermarket/side of the road/outreach clinic/hospital)?*

Describe to your supervisor the process of declaring life extinct.

- *Would you include the family in the process of examining a deceased person?*
- *When does a death need to be referred to the coroner?*
- *What paperwork is required to complete a death certificate?*

Identify locations where you might be called on to provide resuscitation care.

- *Do you know where to find the emergency kit? Who could you call for help? How would you call for help?*
- *Discuss with your supervisor the contents of the kit; is there anything else that should be included? What is the process in your clinic for ensuring it is up to date?*



In a small group

Plan and practise a simulation run-through of a patient with severe asthma. Practise being both a team leader and a team member.

- *Discuss what makes a good team member and a good team leader.*
- *How would you use the practice staff to help?*
- *What went well and what could be improved?*

Plan and practise a simulation run-through of a patient in decompensating heart failure and rapid atrial fibrillation. Practise being both a team leader and a team member.

- *What are the crucial steps to help stabilise this patient?*
- *Should they be admitted to hospital? Locally or to a major centre? Why?*



With a friend or family member

An advance care directive is important. Understand your process in your state or territory and practise having a conversation with a family member about the importance of completing one.

- *What questions did they ask? How could you better explain the importance of this? Are there resources that could help?*
- *Where should copies of this be kept? Should it be uploaded to My Health Record?*

Review the principles and practicalities of basic life support. With consent, explain basic life support to a family member or friend who doesn't have a healthcare background.

- *Did this activity improve your understanding of basic life support? Were you asked questions you were unsure about?*
- *Use this uncertainty to identify learning areas.*

Guiding topics and content areas

Instructions

These are examples of topic areas for this unit that can be used to help guide your study.

Note that this is not a complete or exhaustive list, but rather a starting point for your learning.

Topics and content covered in this section:

- Important features of emergency and trauma care
- Resuscitation
- Time-critical, life-threatening emergency presentations
- Other emergency presentations.

Important features of emergency and trauma care

- Understand the significance of the environmental context when calling for help and managing emergency and trauma presentations, including locations such as:
 - public area
 - roadside
 - clinic
 - aged care or disability facility
 - small or large hospital
 - metropolitan and rural locations.
- Appropriately manage the following in emergency and trauma care:
 - dangers to self and others in all contexts (including use of appropriate personal protective equipment)
 - local resources; and understand how to activate these (including retrieval, ambulance, police, fire, other emergency services)
 - handover to team members
 - effective interventions, appropriate to level of skill
 - algorithmic approach to resuscitation and time-critical emergency and trauma presentations
 - leadership with situational awareness

- membership of a team, with closed loop communication
- post-resuscitation care
- communication with family, including decisions to cease resuscitation efforts and institute end-of-life care
- consent in emergency and trauma (in particular, decisions regarding detention under mental health acts)
- respect for cultural expectations, even during life-threatening emergency and trauma care.
- Understand the potential differences in Aboriginal and Torres Strait Islander emergency and trauma presentations, including:
 - younger age at presentation for acute coronary artery disease, stroke, and renal failure
 - high rates of diseases, including acute rheumatic fever, severe pneumonia, scabies, disseminated strongyloidiasis.

Resuscitation

- Understand the significance of resuscitation in specific population groups and presentations, including:
 - neonatal
 - paediatric
 - adult
 - obstetric
 - trauma.
- Be able to manage the following in a resuscitation event:
 - airway:
 - oropharyngeal suction
 - bag-valve-mask ventilation
 - placement of oropharyngeal airways (Guedel)
 - placement of second-generation laryngeal mask airway (i-gel)
 - cervical spine:
 - understand the principles of immobilisation
 - breathing:
 - titration of oxygen appropriate to the resuscitation
 - appropriate use of oxygen supply devices
 - needle decompression of tension pneumothorax
 - circulation:
 - appropriate use of an automated defibrillator (use of manual defibrillator if appropriate competency)
 - placement of intravenous (IV) or intraosseous (IO) access and appropriate fluid resuscitation
 - disability:
 - appropriate blood sampling and interpretation
 - appropriate use of overdose reversal agents
 - pain management in emergency and trauma.

Time-critical, life-threatening emergency presentations

- Identify emergency and trauma presentations which have the potential to immediately threaten life, limb or sight, and be able to triage multiple emergency and trauma presentations, including:
 - loss of airway, and potential and imminent loss of airway
 - breathing distress and fatigue associated with respiratory failure
 - circulatory shock and situations at risk of circulatory compromise
 - altered conscious state, electrolyte imbalance, temperature regulation.
- Identify and understand the principles of managing emergency and trauma presentations which have the potential to immediately threaten life, limb or sight, including:
 - non-specific presentations:
 - fever with signs of shock
 - loss of consciousness
 - multi-trauma
 - anaphylaxis/angio-oedema
 - overdose and poisoning
 - envenomation
 - drowning
 - electrocution
 - the unwell child
 - hyper/hypothermia

- cardiovascular:
 - acute coronary syndromes
 - life-threatening arrhythmias (ventricular fibrillation, ventricular tachycardia, tachy/brady arrhythmias with circulatory compromise)
 - acute pulmonary oedema
 - aortic dissection
 - malignant hypertension
 - shock
 - cardiac tamponade
 - acute vascular occlusion (limb ischaemia)
- respiratory and airway:
 - acute airway obstruction (including trauma, inhaled foreign body, epiglottitis, croup)
 - acute exacerbation of chronic obstructive pulmonary disease (COPD)
 - severe asthma with status asthmaticus
 - acute respiratory distress syndrome (as seen in influenza, novel coronavirus, SARS)
 - pulmonary tuberculosis
 - infantile apnoea
 - bronchiolitis
 - pulmonary embolism
 - pneumothorax including tension pneumothorax
 - hypoventilation
 - hypoxia
- gastrointestinal:
 - acute abdominal pain
 - abdominal visceral rupture
 - acute pancreatitis
 - acute liver failure
 - bowel obstruction
 - appendicitis
 - ischaemic bowel
 - intussusception
 - sigmoid volvulus
 - incarcerated hernia
 - acute gastrointestinal bleed
- neurology:
 - cerebrovascular ischaemia
 - intracerebral haemorrhage
 - subarachnoid haemorrhage
 - subdural haemorrhage
 - meningitis
 - encephalitis
 - status epilepticus
 - raised intracranial pressure
 - spinal trauma (including cervical spine trauma)
 - Guillain-Barré syndrome
 - cauda equina syndrome
- endocrine:
 - diabetic ketoacidosis
 - acute hypoglycaemia
 - Addisonian crisis
 - thyrotoxic crisis
 - hyperosmolar coma
 - myxoedema coma
- renal and urology:
 - testicular torsion
 - acute kidney injury

- electrolyte:
 - disorders of electrolyte balance (including hypo/hyperkalaemia, hypo/hypernatraemia, hypo/hypercalcaemia, acidosis, alkalosis)
- haematology:
 - acute bleeding in the anticoagulated patient
 - acute leukaemia
 - clotting disorders
 - thrombocytopenia
 - febrile neutropenia
- infectious diseases:
 - septic shock
 - pertussis
 - necrotising fasciitis
 - meningococcal septicaemia
- orthopaedic, musculoskeletal and rheumatological:
 - osteomyelitis
 - long bone fractures
 - compound fractures
 - fractures with neurovascular compromise
 - compartment syndrome
 - rhabdomyolysis
 - acute systemic vasculitis
- ear, nose, throat:
 - mastoiditis
 - major epistaxis
 - post-tonsillectomy bleeding
 - palatal/laryngeal trauma
 - caustic ingestions
- dental and oral:
 - maxillofacial trauma
 - Ludwig's angina
- dermatology:
 - facial/deep/large burns
 - deep or large lacerations (including contaminated)
 - staphylococcal scalded skin syndrome
 - Stevens-Johnson syndrome
- ophthalmology:
 - ocular trauma (blunt, penetrating, chemical/flash burns)
 - herpes simplex/zoster
 - periorbital/orbital cellulitis
 - acute visual loss
 - sudden diplopia
 - acute glaucoma
 - retinal detachment
 - vascular occlusion
 - proptosis
 - papilloedema
 - red eye with blurred vision
 - flashes/floaters with reduced vision or visual changes
- obstetric and gynaecological:
 - ectopic pregnancy
 - first trimester bleeding (threatened miscarriage/miscarriage)
 - bleeding after 20 weeks
 - puerperal infection
 - abdominal trauma in pregnancy
 - eclampsia

- premature labour (including precipitant delivery)
- ovarian torsion
- psychological:
 - acute suicidal ideation
 - psychosis (including drug induced, schizophrenia, bipolar)
 - anger and agitation
 - withdrawal syndromes (including alcohol and benzodiazepine).

Other emergency presentations

- Identify and understand the principles of managing the following emergency and trauma presentations:
 - non-specific presentations:
 - fever
 - minor trauma
 - acute rash
 - cardiovascular:
 - arrhythmias (atrial fibrillation, tachy/brady arrhythmias without circulatory compromise)
 - respiratory and airway:
 - lower respiratory tract infections
 - gastrointestinal:
 - acute cholecystitis
 - acute hepatitis
 - diverticulitis
 - swallowed foreign body
 - neurology:
 - seizure
 - head trauma (including concussion)
 - delirium
 - endocrine:
 - hyperglycaemia (including first presentation of type 1 diabetes)
 - renal and urology:
 - acute urinary obstruction
 - priapism
 - electrolyte:
 - disorders of electrolyte balance (including hypo/hyperkalaemia, hypo/hypernatraemia, hypo/hypercalcaemia, acidosis, alkalosis)
 - haematology:
 - anaemia (inclusive of multiple causes)
 - infectious diseases:
 - cellulitis, abscess
 - needle-stick injury
 - orthopaedic, musculoskeletal and rheumatological:
 - fractures (including growth plate injuries)
 - dislocations
 - acute back pain and sciatica
 - temporal arteritis
 - ear, nose, throat:
 - barotrauma
 - tympanic membrane perforation
 - temporal bone fracture
 - ear/nose foreign body
 - otitis externa
 - otitis media
 - labyrinthitis
 - minor epistaxis
 - nasal trauma
 - quinsy

- acute hearing loss
- dental and oral:
 - dental trauma
 - avulsion/luxation/broken dentition
 - complications of dental procedures
 - dental abscess and infection
- dermatology:
 - minor burns
 - minor lacerations
 - blistering skin conditions
 - pyoderma gangrenosum
 - erythema multiforme
 - systemic lupus erythematosus (SLE)
 - erythroderma
 - acute febrile neutrophilic dermatosis
 - signs of abuse
- ophthalmology:
 - haemorrhage (vitreous/retinal)
 - superficial foreign body
 - uveitis
 - iritis
 - corneal ulcer
 - optic neuritis
- obstetric and gynaecological:
 - pre-eclampsia (including hypertension in pregnancy)
 - complicated ovarian cysts
 - acute pelvic inflammatory disease
 - pelvic injury and trauma (including rape)
 - concealed pregnancy
 - premature rupture of membranes
- psychological:
 - severe depression/anxiety
 - mania and hypomania.

Learning resources

Instructions

The following list of resources is provided as a starting point to help guide your learning only and is not an exhaustive list of all resources. It is your responsibility as an independent learner to identify further resources suited to your learning needs, and to ensure that you refer to the most up-to-date guidelines on a particular topic area, noting that any assessments will utilise current guidelines.

Textbooks

Practical tips on the assessment and diagnosis of acute eye presentations and recommendations for how and when to refer.

- NSW Department of Health. [Eye Emergency Manual](https://aci.health.nsw.gov.au/_data/assets/pdf_file/0013/155011/eye_manual.pdf) (https://aci.health.nsw.gov.au/_data/assets/pdf_file/0013/155011/eye_manual.pdf). North Sydney: NSW Department of Health, 2009.

This online textbook is a useful resource for fracture management.

- [The Bone School](http://www.boneschool.com/) (<http://www.boneschool.com/>).

Online resources

High-quality information about critical care and emergency presentation assessment and management.

- Life in the Fast Lane. [FOAM emergency management resources \(https://litfl.com/foam-free-open-access-medical-education/\)](https://litfl.com/foam-free-open-access-medical-education/).

Access to a large range of topics across the spectrum of medicine, including detailed information about many emergency presentations.

- MEDscape. [Emergency medicine \(https://www.medscape.com/emergencymedicine\)](https://www.medscape.com/emergencymedicine).

Guidelines, flowcharts and cognitive aids to assist resuscitation teams in hospitals.

- [Australian Resuscitation Council \(https://resus.org.au/\)](https://resus.org.au/).

Guidelines, flowcharts and cognitive aids specific to resuscitation of children.

- [Advanced Paediatric Life Support \(https://www.apls.org.au/\)](https://www.apls.org.au/).

These standards include the emergency resources that should be available in accredited GP practices around Australia.

- The Royal Australian College of General Practitioners. [Standards for general practices \(http://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed\)](http://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed).

Free, comprehensive database on the assessment and management of paediatric presentations, including acute emergency presentations.

- The Royal Children's Hospital Melbourne. [Clinical practice guidelines \(https://www.rch.org.au/clinicalguide/\)](https://www.rch.org.au/clinicalguide/).

Online medical calculator with scoring systems to help decision-making for emergency and trauma presentations.

- [MDCalc \(https://www.mdcalc.com/\)](https://www.mdcalc.com/).

A comprehensive and useful resource for intentional and unintentional overdoses and other poisonings (including bites).

- [Austin Health clinical toxicology guidelines \(https://www.austin.org.au/clinical-toxicology-guidelines\)](https://www.austin.org.au/clinical-toxicology-guidelines).

Comprehensive guidelines on obstetric-related matters.

- The Royal Women's Hospital. [Clinical practice guidelines \(http://www.thewomens.org.au/health-professionals/clinical-resources/clinical-guidelines-gps\)](http://www.thewomens.org.au/health-professionals/clinical-resources/clinical-guidelines-gps).

Learning activities

Online modules related to emergency presentations.

- The Royal Australian College of General Practitioners. [gplearning \(http://www.racgp.org.au/education/professional-development/online-learning/gplearning\)](http://www.racgp.org.au/education/professional-development/online-learning/gplearning)
 - Identifying and managing risk factors for thunderstorm asthma.
 - Recognising potentially life-threatening presentations in children with food allergies and asthma.
 - Recognising the seriously ill child.

Webinars on rural health, including emergency presentations.

- The Royal Australian College of General Practitioners. [Rural Health Webinar Series \(https://www.racgp.org.au/education/professional-development/online-learning/webinars/rural-health\)](https://www.racgp.org.au/education/professional-development/online-learning/webinars/rural-health).

This contextual unit relates to the other unit/s of:

- [Abuse and violence \(https://www.racgp.org.au/curriculum-and-syllabus/units/abuse-and-violence\)](https://www.racgp.org.au/curriculum-and-syllabus/units/abuse-and-violence)
- [Addiction medicine \(https://www.racgp.org.au/curriculum-and-syllabus/units/addiction-medicine\)](https://www.racgp.org.au/curriculum-and-syllabus/units/addiction-medicine)
- [Cardiovascular health \(https://www.racgp.org.au/curriculum-and-syllabus/units/cardiovascular-health\)](https://www.racgp.org.au/curriculum-and-syllabus/units/cardiovascular-health)
- [Child and youth health \(https://www.racgp.org.au/curriculum-and-syllabus/units/child-and-youth-health\)](https://www.racgp.org.au/curriculum-and-syllabus/units/child-and-youth-health)
- [Justice system health \(https://www.racgp.org.au/curriculum-and-syllabus/units/justice-system-health\)](https://www.racgp.org.au/curriculum-and-syllabus/units/justice-system-health)
- [Disability care \(https://www.racgp.org.au/curriculum-and-syllabus/units/disability-care\)](https://www.racgp.org.au/curriculum-and-syllabus/units/disability-care)
- [Disaster health \(https://www.racgp.org.au/curriculum-and-syllabus/units/disaster-health\)](https://www.racgp.org.au/curriculum-and-syllabus/units/disaster-health)
- [Doctors' health \(https://www.racgp.org.au/curriculum-and-syllabus/units/doctors-health\)](https://www.racgp.org.au/curriculum-and-syllabus/units/doctors-health)
- [Ear, nose, throat and oral health \(https://www.racgp.org.au/curriculum-and-syllabus/units/ear-nose-throat-and-oral-health\)](https://www.racgp.org.au/curriculum-and-syllabus/units/ear-nose-throat-and-oral-health)
- [Endocrine and metabolic health \(https://www.racgp.org.au/curriculum-and-syllabus/units/metabolic-and-endocrine-health\)](https://www.racgp.org.au/curriculum-and-syllabus/units/metabolic-and-endocrine-health)
- [Eye presentations \(https://www.racgp.org.au/curriculum-and-syllabus/units/eye-presentations\)](https://www.racgp.org.au/curriculum-and-syllabus/units/eye-presentations)
- [Gastrointestinal health \(https://www.racgp.org.au/curriculum-and-syllabus/units/gastrointestinal-health\)](https://www.racgp.org.au/curriculum-and-syllabus/units/gastrointestinal-health)
- [Haematological presentations \(https://www.racgp.org.au/curriculum-and-syllabus/units/haematological-presentations\)](https://www.racgp.org.au/curriculum-and-syllabus/units/haematological-presentations)
- [Infectious diseases \(https://www.racgp.org.au/curriculum-and-syllabus/units/infectious-diseases\)](https://www.racgp.org.au/curriculum-and-syllabus/units/infectious-diseases)
- [Kidney and urinary health \(https://www.racgp.org.au/curriculum-and-syllabus/units/kidney-and-urinary-health\)](https://www.racgp.org.au/curriculum-and-syllabus/units/kidney-and-urinary-health)
- [Mental health \(https://www.racgp.org.au/curriculum-and-syllabus/units/mental-health\)](https://www.racgp.org.au/curriculum-and-syllabus/units/mental-health)
- [Musculoskeletal presentations \(https://www.racgp.org.au/curriculum-and-syllabus/units/musculoskeletal-presentations\)](https://www.racgp.org.au/curriculum-and-syllabus/units/musculoskeletal-presentations)

- [Neurological presentations \(https://www.racgp.org.au/curriculum-and-syllabus/units/neurological-presentations\)](https://www.racgp.org.au/curriculum-and-syllabus/units/neurological-presentations)
 - [Occupational and environmental medicine \(https://www.racgp.org.au/curriculum-and-syllabus/units/occupational-and-environmental-medicine\)](https://www.racgp.org.au/curriculum-and-syllabus/units/occupational-and-environmental-medicine)
 - [Older persons' health \(https://www.racgp.org.au/curriculum-and-syllabus/units/older-person-s-health\)](https://www.racgp.org.au/curriculum-and-syllabus/units/older-person-s-health)
 - [Pain management \(https://www.racgp.org.au/curriculum-and-syllabus/units/pain-management\)](https://www.racgp.org.au/curriculum-and-syllabus/units/pain-management)
 - [Palliative care \(https://www.racgp.org.au/curriculum-and-syllabus/units/palliative-care\)](https://www.racgp.org.au/curriculum-and-syllabus/units/palliative-care)
 - [Pregnancy and reproductive health \(https://www.racgp.org.au/curriculum-and-syllabus/units/pregnancy-and-reproductive-health\)](https://www.racgp.org.au/curriculum-and-syllabus/units/pregnancy-and-reproductive-health)
 - [Respiratory health \(https://www.racgp.org.au/curriculum-and-syllabus/units/respiratory-health\)](https://www.racgp.org.au/curriculum-and-syllabus/units/respiratory-health)
 - [Women's health \(https://www.racgp.org.au/curriculum-and-syllabus/units/womens-health\)](https://www.racgp.org.au/curriculum-and-syllabus/units/womens-health)
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