Medicine's criteria of diagnosis:

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Cardiorespiratory:

The CHA_2DS_2VASc Index

Stroke Risk Score for Atrial Fibrillation

	Weight (points)
Congestive heart failure or LVEF ≤ 35%	1
Hypertension	1
Age >75 years	2
Diabetes mellitus	1
Stroke/TIA/systemic embolism	2
Vascular Disease (MI/PAD/Aortic plaque)	1
Age 65-74 years	1
Sex category (female)	1
Moderate-High risk	≥ 2
Low risk	0-1

B. Diagnosis of acute rheumatic fever (requires two major criteria or one major and two minor criteria)

1. Major criteria
   a. Migratory polyarthritis
   b. Erythema marginatum
   c. Cardiac involvement (e.g., pericarditis, CHF, valve disease)
   d. Chorea
   e. Subcutaneous nodules
2. Minor criteria
   a. Fever
   b. Elevated erythrocyte sedimentation rate
   c. Polyarthralgias
   d. Prior history of rheumatic fever
   e. Prolonged PR interval
   f. Evidence of preceding streptococcal infection

Framingham Criteria for Dx of Heart Failure

- Major Criteria:
  - PND
  - JVD
  - Rales
  - Cardiomegaly
  - Acute Pulmonary Edema
  - S_3 Gallop
  - Positive hepatic Jugular reflex
  - ↑ venous pressure > 16 cm H_2O

Dx of Heart Failure (cont.)

- **Minor Criteria**

LL edema,
Night cough
Dyspnea on exertion
Hepatomegaly
Pleural effusion
Tachycardia 120 bpm
Weight loss 4.5 kg over 5 days management

B. Diagnosis

1. Duke's clinical criteria (Table 1-2): Two major criteria, one major and three minor criteria, or five minor criteria are required to diagnose infective endocarditis.

TABLE 1-2 Duke's Criteria

Major	Minor
• **Sustained bacteremia** by an organism known to cause endocarditis • **Endocardial involvement** documented by either echocardiogram (vegetation, abscess, valve perforation, prosthetic dehiscence) or clearly established **new valvular regurgitation**	• **Predisposing condition** (abnormal valve or abnormal risk of bacteremia) • **Fever** • **Vascular phenomena:** septic arterial or pulmonary emboli, mycotic aneurysms, intracranial hemorrhage, Janeway lesions[a] • **Immune phenomena:** Glomerulonephritis, Osler's nodes,[b] Roth's spots,[c] rheumatoid factor • **Positive blood cultures** not meeting major criteria • **Positive echocardiogram** not meeting major criteria

CLINICAL PEARL 2-15

Dichotomized Clinical Decision Rule for Suspected Acute Pulmonary Embolism (Modified Wells Criteria)

Factor	Points
Symptoms and signs of DVT	3.0
Alternative diagnosis less likely than PE	3.0
Heart rate >100 beats/min	1.5
Immobilization (>3 days) or surgery in previous 4 weeks	1.5
Previous DVT or PE	1.5
Hemoptysis	1.0
Malignancy (current therapy, or in previous 6 months, or palliative)	1.0

Adapted from Van Belle A, Büller HR, Huisman MV, et al. *JAMA* 2006;295:172–179 and Wells PS, Anderson DR, Rodger M, et al. *Thromb Haemost* 2000;83:416–420.

If more than 4 do a spiral CT scan, if less do D-Dimer test.

CURB65 Criteria as a Guide to Treatment Location

Number of criteria present	Treatment location
0–1	Outpatient
2	Inpatient, general floor
3–5	Intensive care unit

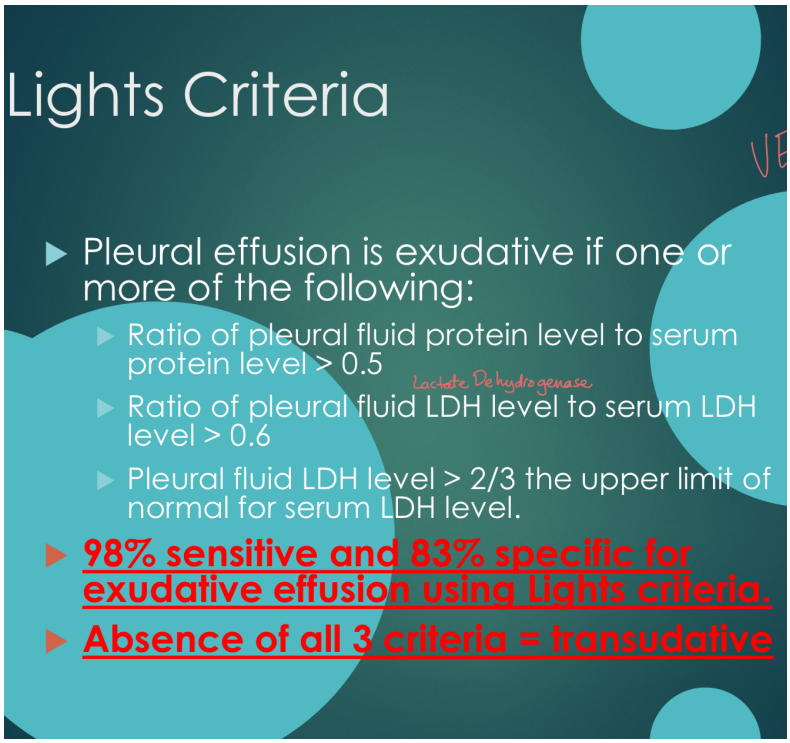
C = Confusion
U = Urea (BUN above 20)
R = Respiratory rate above 30 per minute
B = Blood pressure (systolic below 90, diastolic below 60)
65 = age above 65

The CURB65 score is a handy way of quickly assessing the severity of a patient's pneumonia.

- Gold criteria:

I : Mild	II : Moderate	III : Severe	IV : Very severe
• $FEV_1/FVC < 0.70$ • $FEV_1 \geq 80\%$ predicted	• $FEV_1/FVC < 0.70$ • $50\% \leq FEV_1 < 80\%$ predicted	• $FEV_1/FVC < 0.70$ • $30\% \leq FEV_1 < 50\%$ predicted	• $FEV_1/FVC < 0.70$ • $FEV_1 < 30\%$ predicted *or* $FEV_1 < 50\%$ predicted *plus* chronic respiratory failure
Active reduction of risk factor(s); influenza vaccination **Add** short-acting bronchodilator (when needed)			
	Add regular treatment with one or more long-acting bronchodilators (when needed) **Add** rehabilitation		
		Add inhaled glucocorticosteroids if repeated exacerbations	
			Add long-term oxygen if chronic respiratory failure **Consider** surgical treatments

Fig. 19.28 Global Initiative for Chronic Obstructive Lung Disease (GOLD) guidelines for treatment of COPD. Post-bronchodilator FEV_1 is recommended for the diagnosis and assessment of severity of COPD. From www.goldcopd.com – see p. 732.



Lights criteria for pleural effusion

Urology:

syndrome of inappropriate antidiuretic hormone secretion (SIADH)	
Definition	is characterized by excessive unsuppressible release of antidiuretic hormone (ADH) either from the posterior pituitary gland, or an abnormal non-pituitary source. Unsuppressed ADH causes hyponatremia and hypo-osmolality
Causes	(Lung ,Brain,Drug & Cancer) pulmonary disorders, CNS diseases, medications ,malignant tumors, and severe stress.
Diagnostic criteria In the absence of a single laboratory test to confirm the diagnosis, the syndrome of inappropriate antidiuretic hormone secretion (SIADH) is best defined by the classic criteria :	*Helpful mnemonic* "HIVE": ▪ H:Hypoosmolar Hyponatremia (Plasma osm <275 mOsm/Kg H2O) Hypouricemia[3](<238 mcmol/L) and low Urea (<3.5 mmol/L) ▪ I:Inappropriate urine concentration (Urine osm >100 mOsm/Kg H2O) ▪ V:Euvolemia, No diuretic use ▪ E:Endocrine = normal Thyroid, adrenal and renal function The diagnostic criteria for SIADH is advance for u , thus just remember **HIVE**

HINT: ADH cause water reabsorption & Fractional "little" excretion of (Na, urea & uric acid)in urine.

Acute kidney injury

KDIGO Definition:

An abrupt (within 48 hours)

- absolute increase in creatinine by 0.3 mg/dl (26.4 µmol/l) or
- percentage increase of >50% from base line

or

- urine output <0.5 ml/hour for 6 hours

Gastrointestinal:

Rome III diagnostic criteria* for irritable bowel syndrome

Recurrent abdominal pain or discomfort• at least 3 days per month in the last 3 months associated with 2 or more of the following:
(1) Improvement with defecation
(2) Onset associated with a change in frequency of stool
(3) Onset associated with a change in form (appearance) of stool

* Criteria fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis.
• Discomfort means an uncomfortable sensation not described as pain. In pathophysiology research and clinical trials, a pain/discomfort frequency of at least 2 days a week during screening evaluation for subject eligibility.
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