

# The Model of the Clinical Practice of Emergency Medicine

Note from the Core Content Task Force II:

The Core Content Task Force II endorses *The Model of the Clinical Practice of Emergency Medicine* in its current version. However, the Task Force's endorsement does not extend to future documents resulting from this original work.

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## PREAMBLE

In 1975 the American College of Emergency Physicians and the University Association for Emergency Medicine (now the Society for Academic Emergency Medicine; SAEM) conducted a practice analysis of the emerging field of Emergency Medicine. This work resulted in the development of the current Core Content of Emergency Medicine, a listing of common conditions, symptoms, and diseases seen and evaluated in emergency departments. The Core Content listing has subsequently been revised 4 times, expanding from 5 to 20 pages. However, none of these revisions had the benefit of empirical analysis of the developing specialty but relied solely upon expert opinion.

Following the most recent revision of the Core Content listing in 1997, the contributing organizations felt that the list had become complex and unwieldy, and subsequently agreed to address this issue by commissioning a task force to reevaluate the Core Content listing and the process for revising the list. As part of its final set of recommendations, the Core Content Task Force recommended that the specialty undertake a practice analysis of the clinical practice of Emergency Medicine. Results of a practice analysis would provide an empirical foundation for content experts to develop a core document that would represent the needs of the specialty.

Following the completion of its mission, the Core Content Task Force recommended commissioning another task force that would be charged with the oversight of a practice analysis of the specialty—Core Content Task Force II. The practice analysis relied upon both

empirical data and the advice of several expert panels and resulted in *The Model of the Clinical Practice of Emergency Medicine* (Model). The Model resulted from the need for a more integrated and representative presentation of the Core Content of Emergency Medicine.

The Model was created through the collaboration of 6 organizations:

- American Board of Emergency Medicine (ABEM)
- American College of Emergency Physicians (ACEP)
- Council of Emergency Medicine Residency Directors (CORD)
- Emergency Medicine Residents' Association (EMRA)
- Residency Review Committee for Emergency Medicine (RRC-EM)
- Society for Academic Emergency Medicine (SAEM)

There are 3 components to the Model: (1) an assessment of patient acuity; (2) a description of the tasks that must be performed to provide appropriate emergency medical care; and (3) a listing of common conditions, symptoms, and disease presentations. Together these 3 components describe the clinical practice of Emergency Medicine and differentiate it from the clinical practice of other specialties. The Model represents essential information and skills necessary for the clinical practice of Emergency Medicine by board-certified emergency physicians.

Patients often present to the emergency department with signs and symptoms rather than a known disease or disorder. Therefore, an emergency physician's approach to patient care begins with the recognition of patterns in the patient's presentation that point to a specific diagnosis or diagnoses. Pattern recognition is both the hallmark and cornerstone of the clinical practice of Emergency Medicine, guiding the diagnostic tests and therapeutic interventions during the entire patient encounter.

The Model is designed for use as the core document for the specialty. It will provide the foundation for developing future medical school and residency curricula, certification examination specifications, continuing education objectives, research agendas, residency program review requirements, and other documents necessary for the functional operation of the specialty.

During the fall of 2000, each of the contributing organizations conducted a thorough review of the document, and ultimately endorsed the following version of the Model. The Task Force recommends that future revisions of this document be inputted, reviewed, and endorsed by the contributing organizations.

*Robert S. Hockberger, MD*  
*Chair, Core Content Task Force II*  
*December 12, 2000*

## OVERVIEW

There are multiple components of The Model of the Clinical Practice of Emergency Medicine. The components of the Model are given in 2 complementary documents: (1) the Matrix, and (2) the Listing of Conditions and Components.

## MATRIX

The Matrix is organized along 2 principal dimensions: Patient Acuity and Physician Tasks (Table 1). The Matrix represents all possible physician-patient interactions that are determined by patient acuity and the tasks that may be performed during a patient encounter. Patient acuity is most fundamental in determining the priority and sequence of tasks necessary to successfully manage the presenting patient. The Matrix represents how an emergency physician modifies the tasks necessary to perform appropriate patient care based on the patient acuity.

### Patient Acuity

An emergency physician's frame of reference in a patient encounter is fundamentally related to the acuity of the patient's condition. Establishing the acuity level is essential for defining the context for action, the priorities of the patient encounter, and consequently, the order of

**Table 1.**  
*Matrix of physician tasks by patient acuity.*

Physician Tasks	Patient Acuity		
	Critical	Emergent	Lower Acuity
Pre-hospital care			
Emergency stabilization			
Performance of focused history and physical examination			
Modifying factors			
Professional issues			
Diagnostic studies			
Diagnosis			
Therapeutic interventions			
Pharmacotherapy			
Observation and reassessment			
Consultation and disposition			
Prevention and education			
Documentation			
Multi-tasking and team management			

tasks necessary to manage the patient successfully. In The Model of the Clinical Practice of Emergency Medicine, patient acuity includes critical, emergent, and lower acuity (Table 2).

**Physician Tasks**

The physician tasks include the range of activities and the dynamic nature of the practice of Emergency Medicine (Table 3). Emergency physicians simultaneously consider multiple factors involved in patient care that may alter the direction of patient management. For

example, the approach to the patient can change dramatically when considering a pediatric versus a geriatric presentation of the same complaint, ie, modifying factors. The physician tasks apply to patients of all ages. Although there are no separate sections on the care of pediatric or geriatric patients, users of the document should consider including pediatric and geriatric aspects of patient care related to each task. When considered together, these tasks are directly related to the broad competencies expected of board-certified emergency physicians.

**Table 2.**  
*Patient acuity definitions.*

<b>Critical</b>	<b>Emergent</b>	<b>Lower Acuity</b>
Patient presents with symptoms of a life-threatening illness or injury with a high probability of mortality if immediate intervention is not begun to prevent further hemodynamic, airway, respiratory, and/or neurologic instability.	Patient presents with symptoms of an illness or injury that may progress in severity or result in complications with a high probability for morbidity if treatment is not begun quickly.	Patient presents with symptoms of an illness or injury that have a low probability of progression to more serious disease or development of complications.

**Table 3.**  
*Physician task definitions.*

Pre-hospital care	Participate actively in pre-hospital care; provide direct patient care or online or offline medical direction or interact with pre-hospital medical providers; assimilate information from pre-hospital care into the assessment and management of the patient.
Emergency stabilization	Conduct primary assessment and take appropriate steps to stabilize and treat patients.
Performance of focused history and physical examination	Communicate effectively to interpret and evaluate the patient’s symptoms and history; identify pertinent risk factors in the patient’s history; provide a focused evaluation; interpret the patient’s appearance, vital signs and condition; recognize pertinent physical findings; perform techniques required for conducting the exam.
Modifying factors	Recognize age, gender, ethnicity, barriers to communication, socioeconomic status, underlying disease, and other factors that may affect patient management.
Professional and legal issues	Understand and apply principles of professionalism, ethics, and legal concepts pertinent to patient management.
Diagnostic studies	Select and perform the most appropriate diagnostic studies and interpret the results.
Diagnosis	Develop a differential diagnosis and establish the most likely diagnoses in light of the history, physical, interventions, and test results.
Therapeutic interventions	Perform procedures and nonpharmacologic therapies and counsel.
Pharmacotherapy	Select appropriate pharmacotherapy, recognize pharmacokinetic properties, and anticipate drug interactions and adverse effects.
Observation and reassessment	Evaluate and reevaluate the effectiveness of a patient’s treatment or therapy, including addressing complications and potential errors; monitor, observe, manage, and maintain the stability of one or more patients who are at different stages in their work-ups.
Consultation and disposition	Collaborate with physicians and other professionals to evaluate and treat patients, arrange appropriate placement and transfer if necessary, formulate a follow-up plan, and communicate effectively with patients, family, and involved health care members.
Prevention and education	Apply epidemiologic information to patients at risk; conduct patient education; select appropriate disease and injury prevention techniques.
Documentation	Communicate patient care information in a concise manner that facilitates quality care and coding.
Multi-tasking and team management	Prioritize multiple patients in the emergency department in order to provide optimal patient care; interact, coordinate, educate, and supervise all members of the patient management team; utilize appropriate hospital resources; have familiarity with disaster management.

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Following is a concise example of how patient acuity and physician tasks can be applied to patients presenting with the same complaint of chest pain:

1. A 55-year-old hypertensive diabetic male with crushing chest pain, diaphoresis, and a blood pressure of 60 systolic who is clutching his chest.

Acuity Frame: Critical

Implications: Immediate intervention is necessary to manage and stabilize vital functions. High probability of mortality exists without immediate intervention.

2. A 74-year-old female with a history of angina presenting with 3 to 5 minutes of dull chest pain typical of her angina. She has stable vital signs and her pain is relieved by nitroglycerin.

Acuity Frame: Emergent

Implications: Initiation of monitoring, vascular access, evaluation, and treatment must be performed quickly. Progression in severity, complications, or morbidity may occur without immediate treatment.

3. A 12-year-old female with nontraumatic sharp chest pain lasting for several days that intensifies with movement of the torso.

Acuity Frame: Lower acuity

Implications: Patient's symptoms should be addressed promptly. However, progression to major complications would be unlikely.

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## LISTING OF CONDITIONS AND COMPONENTS

The Listing of Conditions and Components contains the fundamental, or core, patient conditions that present to emergency departments. The listing is based on data collected by the National Center for Health Statistics at the Centers for Disease Control and Prevention (CDC) during 1995-1996. The CDC data were collected from 40,000 emergency department records statistically representative of 90.3 million emergency department visits in metropolitan and nonmetropolitan short-stay or general hospitals in all 50 states and the District of Columbia. Frequency of occurrence was a primary factor in determining inclusion in the Listing of Conditions and Components. Frequency of occurrence, however, was not the sole determinant of inclusion nor was the number of entries pertaining to a single topic representative of importance. The final list was developed by several expert panels of practicing emergency physicians based on: (1) frequency of occurrence, (2) critical nature of patient presentation, and (3) basic organizational structure.

Appendix 1 outlines the diagnostic and/or therapeutic procedures or tests that are essential to the clinical practice of Emergency Medicine. Emergency physicians must

know the indications for ordering, be able to perform, and be able to interpret the results of the listed items.

Appendix 2 lists the other essential components of Emergency Medicine practice. These include such items as administration; communication and interpersonal issues; research; and risk management, legal, and regulatory issues. Emergency physicians should have a basic knowledge of these components and be able to apply them to their clinical practice.

NOTE: The Listing of Conditions and Components is not intended to be comprehensive. It is intended to be representative of the most frequent conditions seen and those with the most serious implications for patients presenting to the emergency department.

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Dr. LaDuca made substantial intellectual contributions to this project stemming from his many years of research and thinking about the contextual framework of professionals in practice.

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We thank the seven emergency physicians who assisted the Task Force in pilot testing the national survey used to validate this study. Their input to the process was extremely valuable. In addition, a very special thanks to the 1,084 ABEM diplomates who participated in the national survey during a very busy time of the year; their responses and comments were helpful in finalizing this document.

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**LISTING OF CONDITIONS AND COMPONENTS.**

**1.0 Signs, Symptoms, and Presentations**

	Critical	Emergent	Lower Acuity		Critical	Emergent	Lower Acuity
1.1 General				Constipation			X
Altered mental status	X	X		Cramps		X	X
Anxiety			X	Diarrhea		X	X
Apnea	X			Dysmenorrhea			X
Ataxia		X	X	Dysuria			X
Back pain	X	X	X	Hematemesis	X	X	
Bleeding	X	X	X	Hematochezia	X	X	X
Coma	X			Hematuria		X	X
Confusion		X		Nausea/Vomiting		X	X
Crying/Fussiness		X	X	Pain	X	X	X
Cyanosis	X			Pelvic pain		X	X
Decreased level of consciousness	X	X		Peritonitis	X	X	
Dehydration	X	X		Rectal bleeding	X	X	X
Dizziness		X	X	Rectal pain		X	X
Edema		X	X	Urinary incontinence			X
Failure to thrive		X	X	Urinary retention		X	
Fatigue		X	X	1.3 Chest			
Feeding problems			X	Chest pain	X	X	X
Fever	X	X	X	Cough		X	X
Hypotension	X	X		Dyspnea	X	X	
Jaundice		X		Hemoptysis	X	X	
Joint pain/Swelling		X	X	Hiccough			X
Limp		X	X	Palpitations	X	X	X
Lymphadenopathy			X	Shortness of breath	X	X	
Malaise		X	X	Tachycardia	X	X	
Multiple trauma	X	X		Wheezing	X	X	
Needle stick		X	X	1.4 Head and Neck			
Pain	X	X	X	Congestion			X
Paralysis	X	X		Diplopia		X	
Paresthesia/Dyesthesia		X	X	Dysphagia		X	X
Poisoning	X	X	X	Eye pain		X	X
Pruritus		X	X	Headache (See 12.3)	X	X	X
Rash	X	X	X	Loss of hearing			X
Shock	X			Loss of vision		X	
SIDS (See 3.1)	X			Rhinorrhea			X
Sleeping problems			X	Sore throat		X	X
Syncope	X	X	X	Stridor	X	X	
Tremor		X	X	Tinnitus			X
Weakness		X	X	Vertigo		X	X
Weight loss		X	X				
1.2 Abdominal							
Abnormal vaginal bleeding	X	X	X				
Anuria		X					
Ascites		X	X				
Colic		X	X				

**2.0 Abdominal and Gastrointestinal Disorders**

	Critical	Emergent	Lower Acuity		Critical	Emergent	Lower Acuity
2.1 Abdominal Wall				2.6 Peritoneum			
Hernias		X	X	Spontaneous bacterial peritonitis	X	X	
2.2 Esophagus				2.7 Stomach			
Infectious disorders				Infectious disorders			X
Candida (See 4.4, 7.5)		X	X	Inflammatory disorders			
Inflammatory disorders				Gastritis		X	X
Esophagitis		X	X	Peptic ulcer disease		X	X
Gastroesophageal reflux (GERD)			X	Hemorrhage	X	X	
Toxic effects of caustic (See 17.1)				Perforation	X	X	
Acid	X	X		Structural disorders			
Alkali	X	X		Congenital hypertrophic pyloric stenosis		X	
Motor abnormalities				Foreign body		X	X
Spasms			X	Tumors		X	X
Structural disorders				2.8 Small Bowel			
Boerhaave's syndrome	X	X		Infectious disorders		X	X
Diverticula		X	X	Inflammatory disorders			
Foreign body		X		Regional enteritis/ Crohn's disease		X	X
Hernias		X	X	Motor abnormalities			
Mallory-Weiss syndrome	X	X		Obstruction		X	
Stricture and stenosis		X	X	Paralytic ileus		X	
Tracheoesophageal fistula	X	X		Structural disorders			
Varices	X	X		Aortoenteric fistula	X		
Tumors		X	X	Congenital anomalies		X	X
2.3 Liver				Intestinal malabsorption		X	X
Cirrhosis		X	X	Meckel's diverticulum		X	X
Alcoholic		X	X	Tumors		X	X
Biliary obstructive		X		Vascular insufficiency	X	X	
Drug-induced		X	X	2.9 Large Bowel			
Hepato-renal failure	X	X		Infectious disorders			
Infectious disorders		X	X	Antibiotic associated		X	
Abscess		X		Bacterial		X	X
Hepatitis				Parasitic		X	X
Acute		X	X	Viral		X	X
Chronic			X	Inflammatory disorders			
Tumors		X	X	Acute appendicitis		X	
2.4 Gall Bladder and Biliary Tract				Necrotizing enterocolitis (NEC)	X	X	
Cholangitis	X	X		Radiation colitis		X	
Cholecystitis		X		Ulcerative colitis		X	X
Cholelithiasis/Choledocholithiasis		X	X	Motor abnormalities			
Tumors		X	X	Hirschsprung's disease		X	X
2.5 Pancreas				Irritable bowel			X
Pancreatitis	X	X		Obstruction		X	
Tumors		X	X				

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**2.0 Abdominal and Gastrointestinal Disorders**

	Critical	Emergent	Lower Acuity
Structural disorders			
Congenital anomalies		X	X
Diverticula		X	X
Intussusception	X	X	
Volvulus	X	X	
Tumors		X	X
2.10 Rectum and Anus			
Infectious disorders			
Perianal/Anal abscess		X	X
Perirectal abscess		X	
Pilonidal cyst and abscess		X	X
Inflammatory disorders			
Proctitis			X
Structural disorders			
Anal fissure			X
Anal fistula		X	X
Congenital anomalies			X
Foreign body		X	X
Hemorrhoids			X
Rectal prolapse		X	
Tumors		X	X

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**3.0 CARDIOVASCULAR DISORDERS**

	Critical	Emergent	Lower Acuity
3.1 Cardiopulmonary Arrest	X		
SIDS (See 1.1)	X		
3.2 Congenital Abnormalities of the Cardiovascular System			
Disorders due to anatomic anomalies	X	X	X
Genetically transmitted disorders	X	X	X
3.3 Disorders of Circulation			
Arterial			
Aneurysm	X	X	X
Aortic dissection	X		
Thromboembolism		X	
Venous			
Thromboembolism (See 16.6)	X	X	
3.4 Disturbances of Cardiac Rhythm			
Cardiac dysrhythmias	X	X	X
Ventricular	X	X	
Supraventricular	X	X	X
Conduction disorders	X	X	X
3.5 Diseases of the Myocardium, Acquired			
Cardiac failure	X	X	
Cor pulmonale	X	X	
High output	X	X	
Low output	X	X	
Cardiomyopathy	X	X	X
Hypertrophic	X	X	X
Congestive heart failure	X	X	
Coronary syndromes	X	X	
Ischemic heart disease	X	X	
Myocardial infarction	X	X	
Myocarditis	X	X	X
Ventricular aneurysm	X	X	X
3.6 Diseases of the Pericardium			
Pericardial tamponade (See 18.1)	X	X	
Pericarditis		X	X
3.7 Endocarditis	X	X	
3.8 Hypertensive Emergencies	X	X	
3.9 Tumors	X	X	
3.10 Valvular Disorders	X	X	X



**4.0 CUTANEOUS DISORDERS**

	Critical	Emergent	Lower Acuity		Critical	Emergent	Lower Acuity
4.1	Cancers of the Skin			4.7	Vesicular/Bullous Lesions		
			X			X	
			X		X	X	
			X		X	X	
			X		X	X	
4.2		X	X		X	X	
4.3	Dermatitis						
			X				
			X				
			X				
			X				
			X				
			X				
4.4	Infections						
	Bacterial						
		X	X				
		X	X				
		X					
			X				
	X	X					
	Fungal						
			X				
			X				
	Parasitic						
			X				
			X				
	Viral						
			X				
			X				
			X				
		X	X				
			X				
			X				
			X				
4.5	Maculopapular Lesions						
		X	X				
			X				
		X					
			X				
		X	X				
		X	X				
4.6	Papular/Nodular Lesions						
			X				
			X				

**5.0 ENDOCRINE, METABOLIC, AND NUTRITIONAL DISORDERS**

	Critical	Emergent	Lower Acuity		Critical	Emergent	Lower Acuity
5.1 Acid-Base Disturbances				5.9 Tumors of Endocrine Glands			
Metabolic or respiratory				Adrenal		X	X
Acidosis	X	X		Pituitary		X	X
Alkalosis	X	X	X	Thyroid		X	X
Mixed acid-base balance disorder	X	X					
5.2 Adrenal Disease							
Corticoadrenal insufficiency	X	X					
Cushing's syndrome		X	X				
5.3 Fluid and Electrolyte Disturbances							
Calcium metabolism	X	X	X				
Fluid overload/Volume depletion	X	X					
Hyperkalemia/Hypokalemia	X	X	X				
Hypernatremia/Hyponatremia	X	X	X				
Magnesium metabolism		X	X				
Phosphorus metabolism		X	X				
5.4 Glucose Metabolism							
Diabetes mellitus							
Type I	X	X	X				
Type II		X	X				
Complications in glucose metabolism							
Diabetic ketoacidosis (DKA)	X	X					
Hyperglycemia		X	X				
Hyperosmolar coma	X	X					
Hypoglycemia	X	X					
Systemic		X	X				
5.5 Nutritional Disorders							
Vitamin deficiencies			X				
Vitamin excess			X				
Wernicke-Korsakoff syndrome		X					
5.6 Parathyroid Disease		X	X				
5.7 Pituitary Disorders		X	X				
Panhypopituitarism		X					
5.8 Thyroid Disorders							
Hyperthyroidism	X	X	X				
Hypothyroidism		X	X				
Thyroiditis		X	X				

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**6.0 ENVIRONMENTAL DISORDERS**

	Critical	Emergent	Lower Acuity
6.1 Bites and Envenomation (See 18.1)			
Arthropods		X	X
Insects			X
Spiders		X	X
Mammals		X	X
Marine organisms (See 17.1)	X	X	X
Snakes	X	X	X
6.2 Dysbarism			
Air embolism	X	X	
Barotrauma	X	X	X
Decompression syndrome	X	X	
6.3 Electrical Injury (See 18.1)	X	X	X
Lightning	X	X	
6.4 High-Altitude Illness			
Acute mountain sickness		X	X
Barotrauma of ascent		X	X
High-altitude cerebral edema	X	X	
High-altitude pulmonary edema	X	X	
6.5 Submersion Incidents			
Cold water immersion	X	X	
Near drowning	X	X	
6.6 Temperature-Related Illness			
Heat			
Heat exhaustion		X	X
Heat stroke	X		
Cold			
Frostbite		X	X
Hypothermia	X	X	

**7.0 HEAD, EAR, EYE, NOSE, THROAT DISORDERS**

	Critical	Emergent	Lower Acuity		Critical	Emergent	Lower Acuity
7.1 Ear				Rhinitis			X
Foreign body		X	X	Sinusitis			X
Impacted cerumen			X	7.5 Oropharynx/Throat			
Labyrinthitis			X	Dentalgia			X
Mastoiditis		X		Diseases of the oral soft tissue			
Meniere's disease			X	Ludwig's angina	X	X	
Otitis externa			X	Stomatitis			X
Infective			X	Diseases of the salivary glands			
Malignant		X		Sialolithiasis		X	X
Otitis media		X	X	Suppurative parotitis		X	
Perforated tympanic membrane (See 18.1)			X	Foreign body	X	X	
7.2 Eye				Gingival and periodontal disorders			
External eye				Gingivostomatitis			X
Blepharitis			X	Larynx/Trachea			
Burn confined to eye and adnexa (See 18.1)		X		Epiglottitis (See 16.1)	X	X	
Conjunctivitis			X	Laryngitis			X
Corneal abrasions (See 18.1)		X	X	Tracheitis		X	X
Dacryocystitis		X	X	Oral candidiasis (See 2.2, 4.4)			X
Disorders of lacrimal system			X	Periapical abscess		X	X
Foreign body		X	X	Peritonsillar abscess		X	
Inflammation of the eyelids			X	Pharyngitis/Tonsillitis			X
Chalazion			X	Retropharyngeal abscess	X	X	
Hordeolum			X	Temporomandibular joint disorders			X
Anterior pole				7.6 Tumors		X	X
Glaucoma		X	X				
Hyphema (See 18.1)		X	X				
Iritis (See 18.1)		X	X				
Posterior pole							
Choroiditis/Chorioretinitis		X					
Optic neuritis		X					
Papilledema	X	X					
Retinal detachments and defects (See 18.1)		X					
Retinal vascular occlusion		X					
Orbit							
Cellulitis							
Preseptal		X					
Postseptal		X					
Purulent endophthalmitis		X					
7.3 Cavernous Sinus Thrombosis	X	X					
7.4 Nose							
Epistaxis	X	X	X				
Foreign body		X	X				

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**8.0 HEMATOLOGIC DISORDERS**

	Critical	Emergent	Lower Acuity
8.1 Blood Transfusion			
Complications	X	X	
8.2 Hemostatic Disorders			
Coagulation defects	X	X	X
Acquired	X	X	X
Hemophilias	X	X	X
Disseminated intra-vascular coagulation	X		
Platelet disorders	X	X	X
Thrombocytopenia		X	X
8.3 Lymphomas		X	X
8.4 Pancytopenia	X	X	
8.5 Red Blood Cell Disorders			
Anemias			
Aplastic	X	X	
Hemoglobinopathies		X	X
Sickle cell disease		X	X
Hemolytic		X	
Hypochromic			
Iron deficiency		X	X
Megaloblastic		X	X
Polycythemia		X	X
Methemoglobinemia	X	X	
(See 17.1)			
8.6 White Blood Cell Disorders			
Leukemia		X	X
Multiple myeloma		X	X

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**9.0 IMMUNE SYSTEM DISORDERS**

	Critical	Emergent	Lower Acuity
9.1 Collagen Vascular Disease			
Raynaud's disease			X
Reiter's syndrome		X	X
Rheumatoid arthritis (See 11.3)		X	X
Scleroderma		X	X
Systemic lupus erythematosus		X	X
Vasculitis		X	X
9.2 HIV and Manifestations (See 10.6)	X	X	X
9.3 Hypersensitivity			
Allergic reaction		X	X
Anaphylaxis	X		
Angioedema	X	X	
Drug allergies	X	X	X
9.4 Kawasaki Syndrome		X	
9.5 Sarcoidosis		X	X
9.6 Transplant-Related Problems	X	X	X
Immunosuppression		X	X
Rejection	X	X	

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**10.0 SYSTEMIC INFECTIOUS DISORDERS**

	Critical	Emergent	Lower Acuity
10.1 Bacterial			
Bacterial food poisoning		X	X
Botulism	X	X	
Chlamydia		X	X
Gonococcal infections		X	X
Meningococemia	X	X	
Mycobacterial infections			
Atypical mycobacteria		X	X
Tuberculosis		X	X
Other bacterial diseases	X	X	
Gas gangrene (See 11.6)	X	X	
Sepsis/Bacteremia	X	X	
Shock	X		
Systemic inflammatory response syndrome (SIRS)	X	X	
Toxic shock syndrome	X	X	
Spirochetes			
Syphilis		X	X
Tetanus	X	X	
10.2 Biologic Weapons	X	X	
10.3 Fungal Infections		X	X
10.4 Protozoan - Parasites			
Malaria		X	
Toxoplasmosis		X	X
10.5 Tick-Borne			
Ehrlichiosis		X	
Lyme disease		X	
Rocky Mountain spotted fever		X	
10.6 Viral		X	X
Infectious mononucleosis		X	X
Influenza/Parainfluenza		X	X
Hantavirus	X	X	
Herpes simplex (See 4.4, 13.1)		X	X
Herpes zoster/Varicella (See 4.4)		X	X
HIV (See 9.2)	X	X	X
Rabies	X		
Roseola			X
Rubella			X

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**11.0 MUSCULOSKELETAL DISORDERS (NONTRAUMATIC)**

	Critical	Emergent	Lower Acuity
11.1 Bony Abnormalities			
Aseptic necrosis of hip		X	X
Osteomyelitis		X	
Tumors		X	X
11.2 Disorders of the Spine			
Disc disorders		X	X
Inflammatory spondylo- pathies		X	X
Low back pain			
Cauda equina syndrome (See 18.1)		X	
Sacroiliitis			X
Sprains/Strains			X
11.3 Joint Abnormalities			
Arthritis			
Septic		X	
Gout		X	X
Rheumatoid (See 9.1)			X
Juvenile			X
Osteoarthritis			X
Congenital dislocation of the hip		X	X
Slipped capital femoral epiphysis		X	
11.4 Muscle Abnormalities			
Myalgia/Myositis			X
Rhabdomyolysis	X	X	
11.5 Overuse Syndromes			
Bursitis			X
Muscle strains			X
Peripheral nerve syndrome			X
Carpal tunnel syndrome			X
Tendonitis			X
11.6 Soft Tissue Infections			
Fasciitis		X	
Felon		X	
Gangrene (See 10.1)	X	X	
Paronychia		X	X
Synovitis/Tenosynovitis		X	X



**12.0 NERVOUS SYSTEM DISORDERS**

	Critical	Emergent	Lower Acuity
12.1 Cranial Nerve Disorders			X
Bell's palsy			X
Trigeminal neuralgia			X
12.2 Demyelinating Disorders	X	X	
Multiple sclerosis		X	X
12.3 Headache (See 1.4)	X	X	X
Muscle contraction			X
Vascular		X	X
12.4 Hydrocephalus		X	X
Normal pressure		X	X
VP shunt		X	
12.5 Infections/Inflammatory Disorders			
Encephalitis	X	X	
Intracranial and intra-spinal abscess	X	X	
Meningitis			
Bacterial	X	X	
Viral		X	X
Myelitis		X	
Neuralgia/Neuritis			X
12.6 Movement Disorders		X	X
Dystonic reaction		X	X
12.7 Neuromuscular Disorders			
Guillain-Barré syndrome	X	X	
Myasthenia gravis	X	X	
12.8 Other Conditions of the Brain			
Dementia (See 14.5)			X
Parkinson's disease			X
Pseudotumor cerebri		X	X
12.9 Seizure Disorders	X	X	X
Febrile		X	X
Neonatal		X	
Status epilepticus	X		
12.10 Spinal Cord Compression	X	X	
12.11 Stroke			
Hemorrhagic			
Intracerebral	X	X	
Subarachnoid	X	X	
Ischemic			
Embolic	X	X	
Thrombotic	X	X	
12.12 Transient Cerebral Ischemia		X	X
12.13 Tumors		X	X

**13.0 OBSTETRICS AND GYNECOLOGY**

	Critical	Emergent	Lower Acuity		Critical	Emergent	Lower Acuity
13.1 Female Genital Tract				Infections		X	
Cervix				Rh isoimmunization		X	
Cervicitis and endo- cervicitis		X	X	13.4 High Risk Pregnancy	X	X	
Tumors			X	13.5 Normal Labor and Delivery		X	X
Infectious disorders				13.6 Complications of Labor			
Pelvic inflammatory disease		X		Fetal distress	X		
Fitz-Hugh-Curtis syndrome		X		Premature labor (See 18.2)		X	
Tubo-ovarian abscess		X		Premature rupture of membranes		X	
Lesions				Rupture of uterus (See 18.2)	X		
Herpes simplex (See 4.4, 10.6)			X	13.7 Complications of Delivery			
Human papillomavirus (HPV)(See 4.4)			X	Malposition of fetus	X	X	
Ovary				Nuchal cord	X		
Cyst			X	Prolapse of cord	X		
Torsion		X		13.8 Postpartum Complications			
Tumors		X	X	Endometritis		X	
Uterus				Hemorrhage	X	X	
Dysfunctional bleeding		X	X	Mastitis		X	X
Endometriosis			X				
Prolapse			X				
Tumors		X	X				
Gestational trophoblastic disease		X					
Leiomyoma			X				
Vagina and vulva							
Bartholin's abscess		X					
Foreign body		X	X				
Vaginitis/Vulvovaginitis			X				
13.2 Normal Pregnancy			X				
13.3 Complications of Pregnancy							
Abortion		X					
Ectopic pregnancy	X	X					
Hemolysis, elevated liver enzymes, low platelets (HELLP) syndrome	X	X					
Hemorrhage, antepartum							
Abruptio placentae (See 18.2)	X	X					
Placenta previa	X	X					
Hyperemesis gravidarum		X	X				
Hypertension complicating pregnancy		X	X				
Eclampsia	X	X					
Preeclampsia		X					

**14.0 PSYCHOBHAVIORAL DISORDERS**

	Critical	Emergent	Lower Acuity		Critical	Emergent	Lower Acuity
14.1 Addictive Behavior				14.8 Psychosomatic Disorders			
Alcohol dependence			X	Hypochondriasis			X
Drug dependence			X	Hysteria/Conversion			X
Eating disorders		X	X				
Substance abuse			X				
14.2 Mood Disorders and Thought Disorders							
Acute psychosis	X	X					
Bipolar disorder		X	X				
Depression		X	X				
Suicidal risk	X	X					
Grief reaction			X				
Schizophrenia		X	X				
14.3 Factitious Disorders							
Drug-seeking behavior			X				
Munchausen syndrome/ Munchausen by proxy		X	X				
14.4 Neurotic Disorders							
Anxiety/Panic			X				
Obsessive compulsive			X				
Phobic			X				
Post-traumatic stress			X				
14.5 Organic Psychoses							
Chronic organic psychotic conditions			X				
Alcoholic psychoses		X	X				
Drug psychoses		X	X				
Delirium		X					
Dementia (See 12.8)			X				
Intoxication and/or with- drawal (See 17.1)							
Alcohol		X	X				
Hallucinogens		X	X				
Opioids	X	X	X				
Phencyclidine		X					
Sedatives/Hypnotics/ Anxiolytics	X	X	X				
Sympathomimetics and cocaine	X	X	X				
14.6 Patterns of Violence/Abuse/Neglect							
Domestic							
Child, spouse, elder		X					
Homicidal risk	X	X					
Sexual assault	X	X					
Staff/Patient safety		X					
14.7 Personality Disorders			X				

**MODEL OF THE CLINICAL PRACTICE OF EMERGENCY  
MEDICINE**

*Hockberger et al*

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**15.0 RENAL AND UROGENITAL DISORDERS**

	Critical	Emergent	Lower Acuity
15.1 Acute and Chronic Renal Failure	X	X	X
15.2 Complications of Renal Dialysis	X	X	
15.3 Glomerular Disorders			
Glomerulonephritis		X	X
Nephrotic syndrome		X	X
15.4 Infection			
Cystitis			X
Pyelonephritis		X	
Urinary tract infection (UTI)			X
15.5 Male Genital Tract			
Genital lesions			X
Hernias		X	X
Inflammation/Infection			
Balanitis/Balanoposthitis		X	X
Epididymitis/Orchitis		X	X
Gangrene of the scrotum (Fournier's gangrene)	X	X	
Prostatitis		X	X
Urethritis			X
Structural			
Paraphimosis/Phimosis		X	
Priapism		X	
Prostatic hypertrophy (BPH)			X
Torsion of testis		X	
Testicular masses			X
Tumors			
Prostate			X
Testis			X
15.6 Nephritis		X	X
Hemolytic uremic syndrome		X	
15.7 Structural Disorders			
Calculus of urinary tract		X	X
Obstructive uropathy		X	
Polycystic kidney disease			X
15.8 Tumors			X

**16.0 THORACIC-RESPIRATORY DISORDERS**

	Critical	Emergent	Lower Acuity		Critical	Emergent	Lower Acuity
16.1 Acute Upper Airway Disorders				16.7 Pulmonary Infections			
Infections				Lung abscess		X	
Croup		X		Pneumonia			
Epiglottitis (See 7.5)	X	X		Aspiration	X	X	
Pertussis/Whooping cough	X	X		Atypical		X	
Upper respiratory infection			X	Bacterial	X	X	
Obstruction	X			Chlamydia		X	
Tracheostomy/Complications	X	X		Fungal	X	X	
				Mycoplasmal		X	X
				Viral	X	X	X
				Pulmonary tuberculosis		X	
16.2 Disorders of Pleura, Mediastinum, and Chest Wall				16.8 Tumors			
Costochondritis			X	Breast			X
Mediastinitis	X	X		Chest wall			X
Pleural effusion		X	X	Pulmonary		X	X
Pleuritis			X				
Pneumomediastinum		X					
Pneumothorax (See 18.1)							
Simple		X					
Tension	X						
16.3 Noncardiogenic Pulmonary Edema	X	X					
16.4 Obstructive/Restrictive Lung Disease							
Asthma/Reactive airway disease	X	X					
Bronchitis and bronchiolitis		X	X				
Bronchopulmonary dysplasia		X	X				
Chronic obstructive pulmonary disease	X	X	X				
Cystic fibrosis	X	X	X				
Environmental/Industrial exposure	X	X	X				
Foreign body	X	X					
16.5 Physical and Chemical Irritants/Insults							
Pneumoconiosis		X	X				
Toxic effects of gases, fumes, vapors (See 18.1)	X	X	X				
16.6 Pulmonary Embolism/Infarct							
Septic emboli	X	X					
Venous thromboembolism (See 3.3)	X	X					

**17.0 TOXICOLOGIC DISORDERS**

	Critical	Emergent	Lower Acuity		Critical	Emergent	Lower Acuity
17.1 Drug and Chemical Classes				Marine toxins (See 6.1)	X	X	X
Analgesics				Methemoglobinemia (See 8.5)	X	X	
Acetaminophen		X		Mushrooms/Poisonous plants	X	X	
Nonsteroidal anti-inflammatory (NSAIDS)		X	X	Neuroleptics	X	X	
Opiates and related narcotics	X	X		Non-prescription drugs		X	X
Salicylates	X	X		Organophosphates	X	X	
Alcohol				Recreational drugs	X	X	X
Ethanol	X	X	X	Sedatives/Hypnotics	X	X	
Glycol	X	X		Stimulants/Sympathomimetics	X	X	
Isopropyl	X	X	X	Strychnine	X	X	
Methanol	X	X					
Anesthetics	X	X					
Anticholinergics/Cholinergics	X	X					
Anticoagulants	X	X					
Anticonvulsants	X	X					
Antidepressants	X	X					
Antiparkinsonism drugs		X					
Antihistamines and antiemetics		X					
Antipsychotics	X	X					
Bronchodilators		X					
Carbon monoxide	X	X					
Cardiovascular drugs							
Antiarrhythmics	X	X					
Antihypertensives	X	X					
Beta blockers	X	X					
Calcium channel blockers	X	X					
Caustic agents							
Acid	X	X					
Alkali	X	X					
Cocaine	X	X	X				
Cyanides, hydrogen sulfide	X	X					
Hallucinogens		X	X				
Hazardous materials	X	X					
Heavy metals	X	X					
Herbicides, insecticides, and rodenticides	X	X					
Household/Industrial chemicals	X	X	X				
Hormones/Steroids		X	X				
Hydrocarbons	X	X					
Hypoglycemics/Insulin	X	X					
Inhaled toxins	X	X					
Iron	X	X					
Isoniazid	X	X					

**18.0 TRAUMATIC DISORDERS**

	Critical	Emergent	Lower Acuity		Critical	Emergent	Lower Acuity
18.1 Trauma				Skull fractures		X	X
Abdominal trauma				Injuries of the spine			
Diaphragm	X	X		Dislocations/Subluxations	X	X	
Hollow viscus	X	X		Fractures	X	X	X
Penetrating	X	X		Sprains/Strains			X
Retroperitoneum	X	X		Lower extremity bony trauma			
Solid organ	X	X		Dislocations/Subluxations		X	
Vascular	X	X		Fractures (open and closed)		X	X
Chest trauma				Neck trauma			
Aortic dissection/	X			Laryngotracheal injuries	X	X	
Disruption				Penetrating neck trauma	X	X	
Contusion				Vascular injuries			
Cardiac	X	X	X	Carotid artery	X	X	
Pulmonary	X	X		Jugular vein	X	X	
Fracture				Ophthalmologic trauma			
Clavicle		X	X	Corneal abrasions/		X	X
Ribs/Flail chest	X	X	X	Lacerations (See 7.2)			
Sternum		X	X	Corneal burns			
Hemothorax	X	X		Acid		X	
Penetrating chest trauma	X	X		Alkali		X	
Pericardial tamponade	X			Ultraviolet		X	X
(See 3.6)				Eyelid lacerations		X	
Pneumothorax (See 16.2)				Foreign body		X	
Simple		X		Hyphema (See 7.2)		X	
Tension	X			Lacrimal duct injuries		X	
Cutaneous injuries				Penetrating globe injuries		X	
Avulsions		X	X	Retinal detachments		X	
Bite wounds (See 6.1)		X	X	(See 7.2)			
Burns				Traumatic iritis (See 7.2)		X	X
Electrical (See 6.3)	X	X	X	Otologic trauma			
Chemical (See 16.5)	X	X	X	Hematoma		X	X
Thermal	X	X	X	Perforated tympanic			X
Lacerations		X	X	membrane (See 7.1)			
Puncture wounds		X	X	Pediatric fractures			
Facial fractures			X	Epiphyseal		X	X
Dental		X	X	Greenstick		X	
Le Fort	X	X	X	Torus			X
Mandibular		X	X	Pelvic fracture	X	X	
Orbital		X	X	Soft-tissue extremity injuries			
Genitourinary trauma				Amputations/Replantation		X	
Bladder		X		Compartment syndromes		X	
External genitalia		X		High-pressure injection		X	
Renal		X	X	Injuries to joints		X	X
Ureteral		X		Knee		X	X
Head trauma				Penetrating		X	
Intracranial injury	X	X					
Scalp lacerations/		X	X				
Avulsions							

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**18.0 TRAUMATIC DISORDERS**

	Critical	Emergent	Lower Acuity
Penetrating soft-tissue		X	X
Periarticular			X
Sprains and strains			X
Tendon injuries			
Lacerations/Transections		X	
Ruptures		X	
Achilles tendon		X	
Patellar tendon		X	
Spinal cord and nervous system trauma			
Cauda equina syndrome (See 11.2)		X	
Injury to nerve roots		X	X
Peripheral nerve injury		X	X
Spinal cord injury	X	X	
Spinal cord injury without radiologic abnormality (SCIWORA)		X	
Upper extremity bony trauma			
Dislocations/Subluxations		X	
Fractures (open and closed)		X	X
18.2 Trauma in Pregnancy			
Abruptio placentae (See 13.3)	X	X	
Perimortem C-section	X		
Premature labor (See 13.6)		X	
Rupture of uterus (See 13.6)	X		
18.3 Multi-system Trauma	X	X	
Blast injury	X	X	



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APPENDIX 1.

*Procedures and Skills Integral to the Practice of Emergency Medicine.*

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**Airway Techniques**

Airway adjuncts  
Cricothyrotomy  
Heimlich maneuver  
Intubation  
1. Nasotracheal  
2. Orotracheal  
3. Rapid sequence  
Mechanical ventilation  
Percutaneous transtracheal ventilation

**Anesthesia**

Local  
Regional nerve block  
Sedation—analgesia for procedures

**Blood and Component Therapy Administration**

**Diagnostic Procedures**

Anoscopy  
Arthrocentesis  
Bedside ultrasonography  
Cystourethrogram  
Lumbar puncture  
Nasogastric tube  
Paracentesis  
Pericardiocentesis  
Peritoneal lavage  
Slit lamp examination  
Thoracentesis  
Tonometry

**Genital/Urinary**

Bladder catheterization  
1. Foley catheter  
2. Suprapubic  
Testicular detorsion

**Head and Neck**

Control of epistaxis  
1. Anterior packing  
2. Cautery  
3. Posterior packing/balloon placement  
Laryngoscopy  
Needle aspiration of peritonsillar abscess  
Removal of rust ring  
Tooth replacement

**Hemodynamic Techniques**

Arterial catheter insertion  
Central venous access  
1. Femoral  
2. Jugular  
3. Subclavian  
4. Umbilical  
5. Venous cutdown  
Intraosseous infusion  
Peripheral venous cutdown

**Obstetrics**

Delivery of newborn  
1. Abnormal delivery  
2. Normal delivery

**Other Techniques**

Excision of thrombosed hemorrhoids  
Foreign body removal  
Gastric lavage  
Gastrostomy tube replacement  
Incision/drainage  
Pain management (See Anesthesia)  
Physical restraints  
Sexual assault examination  
Trephination, nails  
Wound closure techniques  
Wound management

**Resuscitation**

Cardiopulmonary resuscitation (CPR)  
Neonatal resuscitation

**Skeletal Procedures**

Fracture/Dislocation immobilization techniques  
Fracture/Dislocation reduction techniques  
Spine immobilization techniques

**Thoracic**

Cardiac pacing  
1. Cutaneous  
2. Transvenous  
Defibrillation/Cardioversion  
Thoracostomy  
Thoracotomy

**Universal Precautions**

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APPENDIX 2.

*Other Components of the Practice of Emergency Medicine.*

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**ADMINISTRATION**

**Contract Principles**

Analysis of Clauses and Components  
Employment versus Independent Contractor  
Negotiation

**Financial Issues**

Budget and Planning  
Cost Containment  
Reimbursement Issues Billing and Coding

**Operations**

Department Administration  
Documentation  
Facility Design  
Human Resource Management  
Information Management  
Patient Throughput  
Policies and Procedures  
Safety and Security

**Performance Improvement**

Customer Satisfaction and Service  
Error Reduction  
Practice Guidelines

**Pre-Hospital Care**

Administration, Management and Operations  
Credentialing of providers  
Direct patient care  
Multi-casualty Incidents  
Performance Improvement  
Protocol development

**Professionalism**

Death in ED  
Ethics  
Impairment  
Leadership (Leading, Directing and Mentoring)  
Personal Well-being  
Professional Development and Learning

**Systems-Based Management**

Managed Care

**COMMUNICATION AND INTERPERSONAL ISSUES**

Complaint Management  
Conflict Resolution  
Interdepartmental and Medical Staff Relations  
Team Building  
Teaching

**RESEARCH**

Evidence-Based Medicine  
Interpretation of Medical Literature  
Performance of Research

**RISK MANAGEMENT, LEGAL, AND REGULATORY ISSUES**

Accreditation  
Compliance  
Confidentiality  
Consent and Refusal of Care  
Emergency Medical Treatment and Active Labor Act (EMTALA)  
Liability and Malpractice  
Reporting (Assault, Communicable Diseases,  
National Practitioner Data Bank, etc)  
Risk Management