Example: Case study 1. Identify the Problem

Productive cough for one week that is unresponsive to OTC treatment. No wheezing or shortness of breath. Denies fever, did not receive a flu shot. Many ill exposures at work. Non-smoker, no chest pain, no history of heart disease. Currently not taking any medications.

2. Frame the Differential Diagnosis

So here, try to pick a framework that you would like to use that will help you to put differentials into categories. This can be helpful to quickly and mentally sort through a laundry list of possible diagnoses. Sometimes, these frameworks will even overlap each other. For example, I chose a body system framework here, but time overlaps with that too. If this cough is acute within the last week, then that may change my thoughts to an acute process rather than a GI source such as GERD.

Cough is a very vague complaint with a broad list of differentials so I think I’ll use the organ/system framework and list the different systems that could be the source of the cough.

Respiratory, cardiac, GI

This really could be whatever makes sense to you though. If it is easier to think of it the framework of time, or body system, or location, then go right ahead. It will also likely change based on the complaint. There is a good example in your text on page 27 about abdominal pain and the author chose to frame the complaint in the context of location within the abdomen to begin to narrow the differentials.

3. Organize the Differential Diagnosis

Each category will have a list of differentials. Such as:

Respiratory – URI, pneumonia, asthma, COPD

cardiac – ACS, CHF, medications (ACE inhibitors)

GI - GERD

4. Limit the Differential Diagnosis

I think I can limit this to more of an acute source given that the cough is new. I need to keep the other differentials in my mind but work up the most likely diagnoses first.

5. Explore possible diagnosis using History and

I think of this as additional information that you may need from the patient in order to start to lean towards or away from a specific framework that you chose above. Is there a fever? Is there a wheeze? Other ill exposures? – this would begin to lean me towards respiratory

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Deleted: Is there a fever? Is there a wheeze? Other ill exposures? – this would begin to lean me towards respiratory Deleted: Is there shortness of breath? Is there peripheral there a history of heart disease? Is there chest pain? – this would lean me towards Deleted: ¶ Deleted: Does it worsen when supine? Is it associated with eating? Do they take a H2 blocker or PPI? – this would lean me towards

physical exam findings

Is there shortness of breath? Is there peripheral edema? Is there a history of heart disease? Is there chest pain? – this would lean me towards cardiac Does it worsen when supine? Is it associated with eating? Do they take a H2 blocker or PPI? – this would lean me towards GI

6. Rank the differential diagnosis

Acute differentials first: URI/pneumonia Asthma GERD ACS – (keep in mind that with these types of differentials, mortality rate is high so there will be times that you will “consider it until it’s ruled out” which may require that you are testing so that you don’t miss something that is potentially very harmful to your patient)

7. Test your hyphotheses

In this case, you may not need any further testing, but many times you will. You could order a chest x-ray in this patient to R/O pneumonia

8. Re-rank the differential based on new data

Sticking with my diagnosis of URI

9. Test the new hypotheses