



Centro Specialistico Ortopedico Traumatologico
Gaetano Pini-CTO

Sistema Socio Sanitario



Regione
Lombardia

ASST Gaetano Pini

PROVA SCRITTA N. 1

TERAPIE ATTUALI DELLO SCOMPENSO CARDIACO A FE RIDOTTA





PROVA SCRITTA N. 2

MANAGEMENT DELLA SEPSI SISTEMICA



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PROVA SCRITTA N. 3

INQUADRAMENTO DIAGNOSTICO DELLE ANEMIE



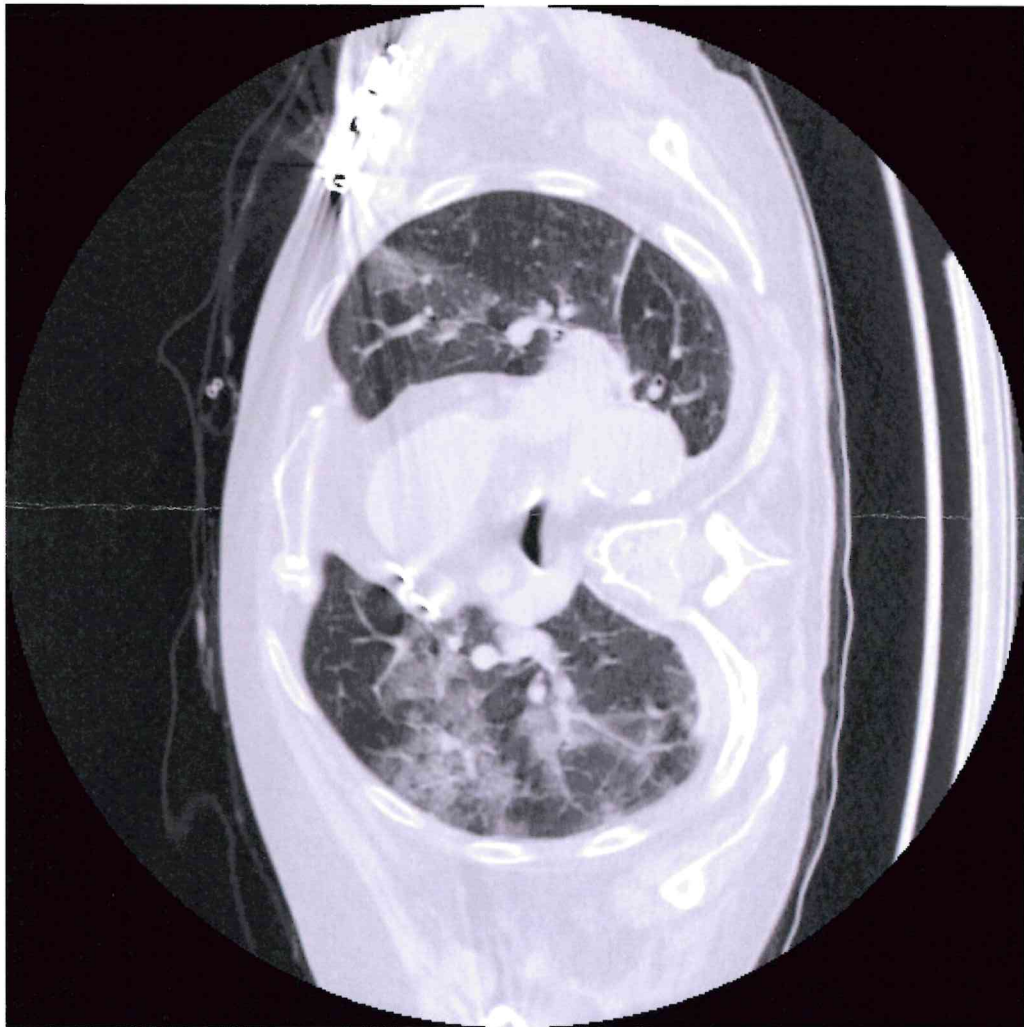
PROVA PRATICA 1

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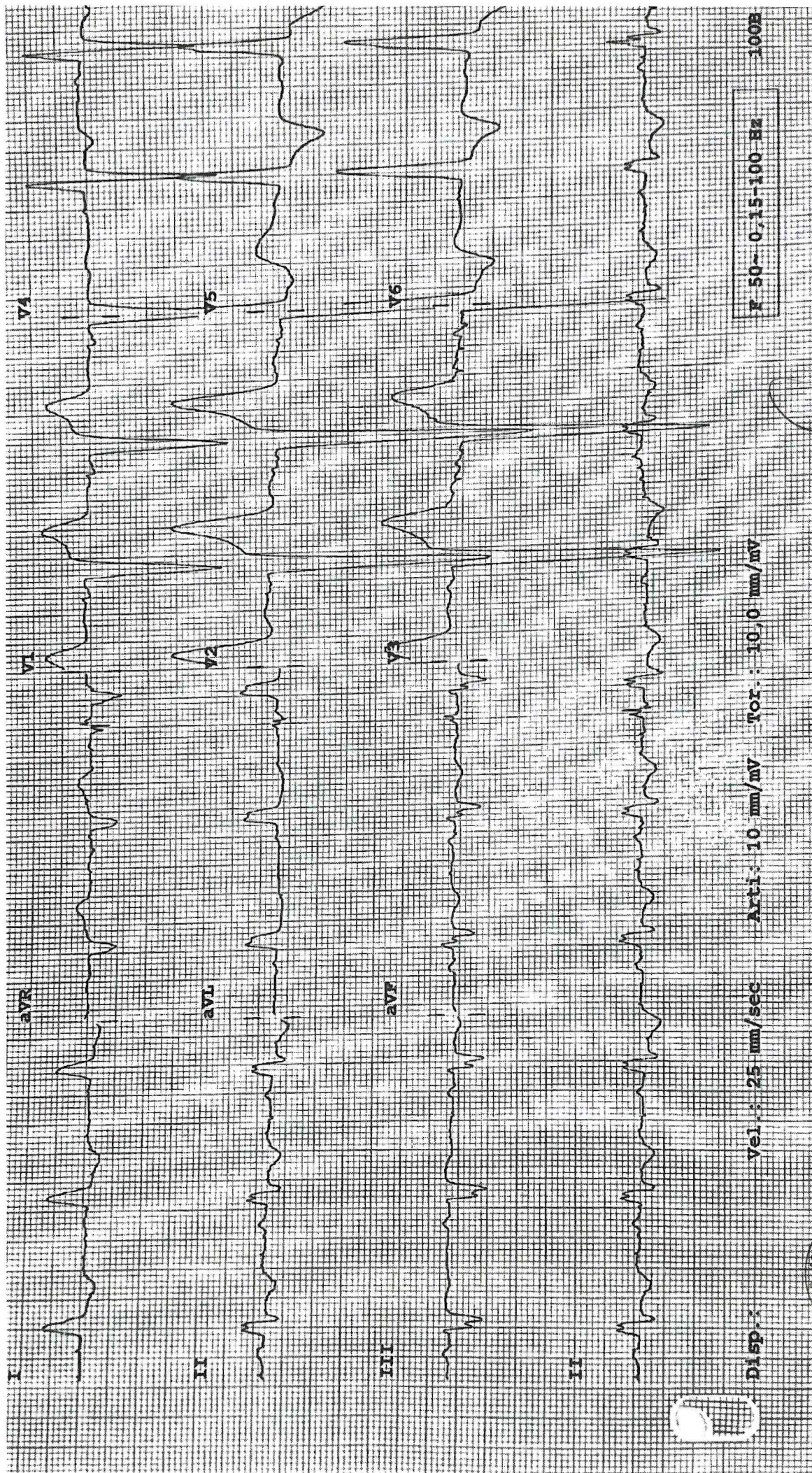
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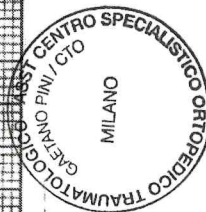
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PROVA PRATICA 2



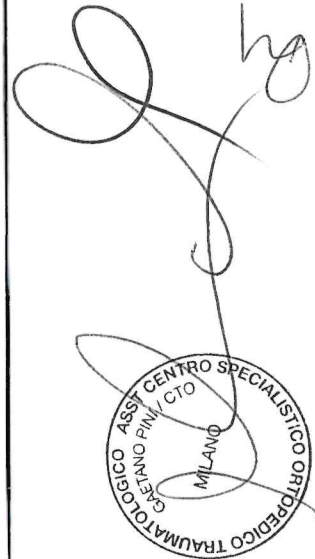
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Prova Pratica 3

aSg--EMOGASANALISI ARTERIOSO				
pH	7.270 *	#		7.350 - 7.450
pO2	53.3 *	mm Hg		83.0 - 108.0
SATURAZIONE OSSIGENO	86.2 *	%		95.0 - 98.0
pCO2	58.4 *	mm Hg		32.0 - 48.0
CO2 totale	28.0	mEq/L		23.0 - 30.0
ECCESSO BASE ATTUALE	-2.1	mEq/L		-3.3 - 2.3
ECCESSO BASE STANDARD	-0.7	mEq/L		-3.3 - 2.3
BICARBONATI ATTUALI	26.2 *	mEq/L		20.0 - 26.0
BICARBONATI STANDARD	22.4	mEq/L		22.0 - 26.0
LATTATO	1.1 *	mEq/L		0.4 - 0.8
Sg--CARBOSSIEMOGLOBINA	0.5	% Hb totale		Non fumatori < 1.5% Fumatori < 8.2%
Sg--METEMOGLOBINA	0.3	%		0.0 - 1.0





PROVA ORALE N. 1

Polmoniti acquisite in comunità (CAP): inquadramento diagnostico e terapeutico

DOMANDA INFORMATICA

Modalità di presentazione di una relazione scientifica ad un congresso



PROVA ORALE N. 2

Fibrillazione atriale: gestione e trattamento

DOMANDA INFORMATICA

Utilizzo di Excel nella professione medica dell'internista

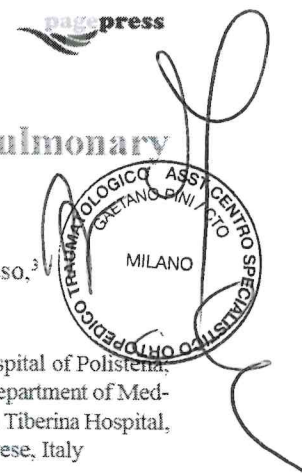


PROVA ORALE N. 3

Diagnosi e terapia della BPCO

DOMANDA INFORMATICA

Cos'è il software e cosa l'hardware



An algorithm for the management of chronic obstructive pulmonary disease patients in units of internal medicine

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Key words: COPD, exacerbations, hospital management, internal medicine unit, discharge.

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Informed consent: not applicable.

Patient consent for publication: not applicable.

Availability of data and materials: for requests for access to anonymized subject-level data, please contact the corresponding author.

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ABSTRACT

Patients with acute exacerbations of chronic obstructive pulmonary disease (COPD) are often hospitalized in internal medicine units (IMUs), and their management is challenging due to a multiplicity of factors affecting the outcome, such as correct patient classification, appropriate pharmacologic therapy, patient discharge, and follow-up. In this context, a standardized pathway (algorithm) for the management of these patients was designed and tested. Specifically, based on information collected through a survey on the management of COPD patients in IMUs, an initial version of an algorithm was designed by the scientific board and proposed to 45 IMUs for a 6-month period to evaluate its feasibility, usefulness, and critical issues. After this preliminary phase, a second version was released, which was again brought to the attention of the participating centers, leading to the final algorithm. The algorithm reports the steps for the management of patients with severe exacerbations of known or suspected COPD, namely: correct diagnosis, treatment of the acute phase, management of comorbidities, appropriate therapy at discharge, and planning of the follow-up. Focus is given to the shift from systemic therapy in the acute phase to early in-hospital inhalation triple therapy (inhaled corticosteroids/long-acting muscarinic antagonists/long-acting β agonists) and the need for education in the use of the inhaler. The algorithm was considered useful by most of the participating centers. The proposed algorithm is an agile and usable tool for managing the main steps of care of COPD patients in IMUs. The future goal is to make the model available to a wider audience of internists.

Introduction

In Italy, many patients with acute exacerbation of chronic obstructive pulmonary disease (COPD) refer to internal medicine units (IMUs), and their management may be challenging due to a multiplicity of factors affecting the outcome, such as patient classification and appropriate pharmacologic treatment on discharge and follow-up, as suggested by the results of a recent survey.¹

In this context, the scientific board of the Federation of Associations of Hospital Doctors on Internal Medicine