



MNEMONICS

Definition: */mnemonic n. a pattern of letters or ideas that aid the memory.*

Introduction

Mnemonics are a great tool for the medical student. They allow complex information to be condensed into a few words and essentially make your memory more efficient. There is no substitute for hard work and wider reading but this is of little use if you cannot locate your facts or you get the information muddled up. Mnemonics allow you to secure information in your head with the aid of word play or visual associations. If a good depth of knowledge is the cake then mnemonics are the icing!

The mnemonics presented here have been created or collated by recent medical students who have found them to be invaluable to their studies. They are arranged into subjects for you to navigate through the material. For more mnemonics, see the PasTest book '*Mnemonics for Medical Undergraduates*'.

The best mnemonics are those that are most relevant and therefore it is beneficial to try and personalise them. A mnemonic should not have to try too hard or you will need a mnemonic to remember it! As well as learning from the mnemonics presented here, it can be really good revision for you to create your own, as this will help you memorise and consolidate facts. Note that mnemonics are not a substitute for revision from other sources, as they cannot always be comprehensive – just because the mnemonic for metabolic acidosis includes 7 causes, there are still other causes that are not included as they do not fit the mnemonic! This document contains a selection of mnemonics kindly provided by Pastest Ltd.

Acknowledgements

This material is provided by revise4finals (www.revise4finals.co.uk), courtesy of PasTest Online Revision for Medical Students (www.pastest.co.uk). You can find more mnemonics and other revision materials at both of these websites.

This document contains mnemonics on the following topics:

CLINICAL SKILLS CARDIOVASCULAR CLINICAL CHEMISTRY DERMATOLOGY **ENDOCRINOLOGY** GASTROENTEROLOGY HAEMATOLOGY INFECTIOUS DISEASES **NEUROLOGY** OBSTETRICS AND GYNAECOLOGY **OPHTHALMOLOGY** PAEDIATRICS **PSYCHIATRY** RENAL RESPIRATORY RHEUMATOLOGY SURGERY TRAUMA AND ORTHOPAEDICS





CLINICAL SKILLS

Full Medical History

When taking a history:

Mnemonic: OPERATES

- O Onset of complaint
- P Progress of complaint
- E Exacerbating factors
- R Relieving factors
- A Associated symptoms
- T **T**iming
- E Episodes of being symptom-free
- S Relevant Systemic and general inquiry can be added here

Medications/allergies

Mnemonic: PILLS

- P **P**ills, is the patient taking any?
- I Injections/Insulin/Inhalers (as some patients forget to mention when asked about their medications)
- LL ILLicit drug use
- S Sensitivities to anything, ie allergies

In every history, don't forget to ask about the 'FAWR' non-specific symptoms that the patient may exhibit

Mnemonic: FAWR

- F Fever
- A Appetite
- W Weight loss (unintentional)
- R Reduced energy (i.e. fatigue/lethargy)

When assessing psychological state:

- Mnemonic: SAD CASE
- S Suicidal ideations
- A Anxiety
- D Decreased mood/Delusions/Disordered thought
- C Difficulty **C**oncentrating
- A Auditory or other hallucinations?
- S Difficulties **S**leeping
- E **E**ating normally?

Information organization

When asked to discuss a particular disease, the following surgical sieve is widely regarded as the best way to proceed:

Mnemonic: Dressed In a Surgeons Gown A Physician Might Make Progress

- D **D**efinition
- I Incidence
- S Sex
- G Geography
- A Aetiology
- P Pathogenesis
- M Macroscopic pathology





M Microscopic pathology

P Prognosis

CARDIOVASCULAR

Anatomy

To remember heart valve auscultation sites: Mnemonic: All Patients Take Medications Starting from top left: Aortic – 2nd intercostal space, right sternal edge Pulmonary – 2nd intercostal space, left sternal edge Tricuspid – 4th intercostal space, right sternal edge

Mitral - 5th intercostal space, mid-clavicular line

<u>Angina</u>

Management through lifestyle alterations

Mnemonic: SLEW

- S Smoking cessation
- L Low-fat diet
- E **E**xercise
- W Weight loss

Management of acute unstable angina

Mnemonic: 2 As and BALI

- A **A**dmit, bed rest, high-flow oxygen
- A Analgesia
- A Aspirin and clopidogrel
- B Beta blockers
- A Angiography with or without angioplasty/CABG if symptoms fail to improve
- L Low molecular weight heparin (LMWH)
- I Infusion of nitrates

Presentation

Mnemonic: SCAR

- S Sudden central pain, 'tearing' in nature, may radiate to the back
- C **C**oronary artery occlusion can lead to chest pain, MI or angina pectoris/Carotid obstruction can lead to hemiparesis, dysphasia or blackouts
- A Anterior spinal artery can be affected leading to paraplegia
- R Renal artery can be affected leading to anuria or renal failure

Cardiac arrest

Management, Basic Life Support (BLS) Mnemonic: **ABC**

- A **A**irway: clear and maintain with chin lift/jaw thrust/head tilt (if no spinal injury)
- B Breathing: look, listen and feel, if not breathing give two life saving breaths immediately
- C Circulation: carotid pulse for at least 10 s, if absent give 15 chest compressions at 100/min

Continue the cycle of 2 breaths and 30 compressions and check the circulation every minute, proceed to more advanced life support when possible.





Management, Advanced Life Support (ALS)

Mnemonic: CDE (with A after every step)

- C Cardiac monitor and defibrillator should be attached to the patient
- A Assess rhythm and pulse
- D Defibrillate x 3 if VF or pulseless VT, CPR for 1 min
- A Assess rhythm and pulse
- E EMD (no cardiac output despite ECG showing electrical activity) or asystole warrants CPR for 3 min
- A Assess rhythm and pulse

Hypertension

Treatment

Mnemonic: ABCD

- A ACE inhibitors/Angiotensin-II-antagonists (sometimes Alpha-agonists also)
- B Beta blockers
- C Calcium channel blockers
- D **D**iuretics (Thiazides)

CLINICAL CHEMISTRY

<u>Aspirin</u>

Aspirin overdose - early symptoms

- Mnemonic: DAFT HID
- D Deafness
- A Appear flushed
- F Fever
- T **T**innitus
- H Hyperventilation
- I Increased sweating
- D Dizziness

Metabolic acidosis

Causes

Mnemonic: UK SLAMS

- U Uraemia
- K Ketoacidosis
- S Salicylates
- L Lactic acidosis
- A Alcohol
- M Methanol
- S Sepsis

Paracetamol

Paracetamol overdose – (the most common intentional drug overdose in the UK). Risk factors

Mnemonic: COMAH

- C Chronic alcohol abusers
- O **O**n drugs that increase cytochrome P450 activity, anti-TB drugs





M Malnourished individuals

- A **A**norexic patients
- H **H**IV patients

DERMATOLOGY

<u>Skin</u>

Functions of the skin

Mnemonic: SKIN

- S Specialised sensory innervation/Synthesise Vitamin D/Secretes pheromones for Sex
- K Keeps out unwanted molecules, microbes or radiation/Keeps in water, electrolytes and solutes
- I Immunological function; contains antigen-presenting cells
- N Normalises heat regulation

Common allergens for allergic contact dermatitis

Mnemonic: CONTACT

- C **C**utaneous type IV reaction
- O **O**intments and cosmetics containing lanolin
- N Nickel
- T **T**opical antibiotics can cause it (e.g. neomycin)
- A **A**utosensitisation can occur (secondary spread elsewhere)
- C Chromates (cement, leather)/Colophony (plasters, glues, inks)
- T **T**opical antihistamines and topical anaesthetics (haemorrhoid creams) can cause it

Infestations

Т

Clinical presentation of impetigo

Mnemonic: IMPETIGO

- Infection with Staphylococcus aureus, Streptococcus pyogenes or both
- M Mostly in young children
- P Particularly around nose and surrounding parts of face
- E Erythematous base with honey-coloured crusts
- T Treat with Topical antibiotic such as fusidic acid for localized lesions
- I Individuals are highly contagious from skin-to-skin contact; Improve hygiene; do not share towels
- G **G**ram stain and culture of swab diagnostic
- O Oral flucloxacillin required for widespread impetigo

Squamous cell carcinoma

Clinical presentation

Mnemonic: S, CELL, C

- S **S**un-exposed areas are usually affected: ears, dorsum of the hands, bald scalp
- C **C**rusted, firm, irregular lesion
- E Excision used as treatment
- L Lower lip can be affected in smokers
- L Less likely to metastasise
- C Associated with **C**hronic inflammation such as venous leg ulcers





ENDOCRINOLOGY

Thyroid gland

Symptoms of hypothyroidism

Hypothyroidism is 10 times more common in females & occurs mainly in middle life. Mnemonic: MOM'S SO TIRED

- M Memory loss
- O **O**besity
- M Malar flush/Menorrhagia
- S Slowness
- S **S**kin and hair become dry
- O **O**nset is gradual
- T **T**ired
- I Intolerance to cold
- R Raised blood pressure
- E Energy levels are low
- D Depressed

Symptoms of hyperthyroidism

Mnemonic: SWEATING

- S Sweating
- W Weight loss
- E Emotional lability
- A Appetite is increased
- T Tremor/Tachycardia due to AF
- I Intolerance to heat/Irregular menstruation/Irritability
- N Nervousness
- G Goitre and Gastrointestinal problems (loose stools/diarrhoea)

Adrenal glands

Causes of Addison's Disease

Mnemonic: ADDISON

- A **A**utoimmune (90% cases)
- D Degenerative (amyloid)
- D **D**rugs (ketoconazole)
- I Infections (TB, HIV)
- S Secondary (low ACTH); hypopituitarism
- O Others adrenal bleeding
- N **N**eoplasia (secondary carcinoma)

Pancreas

Complications of diabetes mellitus

Mnemonic: **KEVINS**

- K Kidney: Nephropathy
- E Eye disease: retinopathy and cataracts
- V Vascular: coronary artery disease, cerebrovascular disease, peripheral vascular disease
- I Infective: TB, recurrent UTIs
- N **N**euromuscular; Peripheral neuropathy
- S **S**kin: Necrobiosis lipoidica diabeticorum, granuloma annulare, diabetic dermopathy





GASTROENTEROLOGY

Abdomen distension

Causes

- Mnemonic: 6 F's
- F Fat
- F Fetus
- F Flatus
- F Faeces
- F **F**luid
- F Flipping great tumour

Chronic liver disease

Signs

Mnemonic: ABCDEFGHIJ

- A Asterixis ('liver flap')/Ascites/Ankle oedema/Atrophy of testicles
- B Bruising/BP.
- C Clubbing/Colour change of nails; white (leuconychia)
- D **D**upuytren's contracture
- E Erythema (palmar)/Encephalopathy
- F hepatic Foetor
- G Gynaecomastia
- H Hepato splenomegaly
- I Increase in size of parotids
- J Jaundice

Inflammatory bowel disease (IBD)

Features of ulcerative colitis

Mnemonic: ULCERS IN Abdomen

- U **U**Icers (mucosal and submucosal)
- L Large intestine (rectum always involved. May extend proximally to involve entire colon)
- C Clubbing
- E **E**xtra-intestinal manifestations
- R Remnants of old ulcers (pseudopolyps)
- S Stools bloody
- I Inflamed, red, granular mucosa and sub mucosa
- N Neutrophil invasion
- A Abscesses in crypts

Complications of ulcerative colitis

Mnemonic: How To Perform GI Colonoscopy

- H Haemorrhage
- T **T**oxic megacolon
- P Perforation
- G Gallstones
- C Colorectal carcinoma (in those with extensive disease for > 10 years)

Morphology and symptoms of Crohn's disease

Mnemonic: CHRIS Has Too Much Diarrhoea and Abdominal pain

- C Cobblestone appearance of mucosa
- H High temperature





- R Reduced lumen/Rose-thorn ulcers
- I Intestinal fistulae/lleo-caecal region commonly involved (40% of cases)
- S Skip lesions
- H Hyperplasia of mesenteric lymph nodes
- T Transmural inflammation (all layers, may ulcerate)
- M Malabsorption
- D Diarrhoea (watery)
- A Abdominal pain

HAEMATOLOGY

Sickle cell disease

Signs

Mnemonic: SICKLE

- S Splenomegaly/Sludging
- I Infection
- C Cholelithiasis
- K Kidney haematuria
- L Liver congestion/Leg ulcers
- E Eye changes

<u>Leukaemia</u>

Symptoms and sings

Mnemonic: LEUKEMIA (the US spelling!)

- L Light skin (pallor)
- E Energy decreased/Enlarged spleen, liver, lymph nodes
- U Underweight
- K Kidney failure
- E Excess heat (fever)
- M Mottled skin (haemorrhage)
- I Infections
- A Anaemia

Thrombocytopenia

Causes

Mnemonic: PLATELETS

- P Platelet disorders: TTP, ITP, DIC
- L Leukaemia
- A Anaemia
- T **T**rauma
- E Enlarged spleen
- L Liver disease
- E Ethanol
- T Toxins: benzene, heparin, aspirin, chemotherapy.
- S Sepsis

Immune thromobocytopenic purpura (ITP)

Causes

Mnemonic: MAID

M Malignancy





- A Autoimmune diseases: SLE, thyroid disease, RA
- I Infections: malaria, EBV, HIV/Idiopathic (commonest cause)
- D Drugs, e.g. quinine

Symptoms

Mnemonic: BBC

- B Bruising
- B Bleeding: mucosal and nasal
- C Cycles heavy; menorrhagia

INFECTIOUS DISEASES

Gastroenteritis

Causes

Mnemonic: LESS GERMS

- L Listeria
- E Escherichia coli
- S Staphylococcus aureus
- S Salmonella
- G Giardia lamblia
- E Entamoeba histolytica
- R Rotavirus
- M Mushrooms
- S Shigella

<u>Malaria</u>

Common early symptoms

Mnemonic: Heard A Mosquito

- H Headache
- A **A**norexia
- M Myalgia/Malaise

Common later symptoms

Mnemonic: Feel Rather Cold

- F Fever (peaks every third day, i.e. tertian)
- R Rigors
- C Chills

<u>Leprosy</u>

Clinical presentation

Mnemonic: LEProsy

- L Loss of sensation in affected skin/Loss of function (paralysis)
- E Enlargement of affected superficial nerves (tender too)
- P Positive identification of *M. leprae* under microscope

<u>HIV</u>

Groups at high risk of developing infection

Mnemonic: HIV

- H Homosexuals (note the rising incidence in Heterosexuals too)/Haemophiliacs
- IV IV drug abusers





NEUROLOGY

<u>Anatomy</u> Cranial bones

Mnemonic: PEST OF 6

- P Parietal
- E Ethmoidal
- S Sphenoid
- T **T**emporal
- O Occipital
- F Frontal
- 6 This indicates the number of bones

Branches of the facial nerve

Mnemonic: To Zanzibar By Motorcar

- T Temporal nerve
- Z Zygomatic nerve
- B Buccal nerve
- M Marginal mandibular nerve
- C Cervical nerve

Clinical conditions

Stroke – investigations

Mnemonic: The 4 Ps

- P Plasma: FBC, U&E, ESR, glucose, lipids
- P **P**ump, i.e heart (ECG, echocardiogram)
- P Pipes: carotid Doppler ultrasound
- P Picture of brain: CT/MRI; detects ischaemia or haemorrhages

Stroke – management

Mnemonic: ABCDEFGHI

- A Advice lifestyle changes e.g. stop smoking, reduce alcohol intake, lose weight
- B BP control
- C Cholesterol control
- D Diabetes control
- E Elastic stockings (prophylaxis for DVT, PE)
- **F F**ibrillation (anticoagulate, rate control and cardiovert as required)
- G Guardian drugs (aspirin, ACE inhibitors, etc)
- H Help from occupational therapy (OT), speech and language therapy (SALT) and specialist stroke nurse
- I Incontinence care and limit Immobility (pressure sores and contractures may develop otherwise)

Meningitis

Aetiology - Bacterial

Mnemonic: NHS

- N Neisseria meningitides (children and adults; meningococcus)
- H Haemophilus influenzae (children)





S *Streptococcus pneumoniae* (adults and elderly)/(Streptococcus produces the Severest meningitis)/Viral

Aetiology - Viral

Mnemonic: V MECH

V **V**ZV

- M Mumps
- E Enterovirus/EBV
- C Coxsackie virus types A and B
- H Haemophilus influenzae/HIV/HSV

Aetiology - Fungal

Mnemonic: 2 C's

- C **C**ryptococcus (associated with HIV infection)
- C **C**andida

Migraine

Features

Mnemonic: EAT FUN

- E Episodic
- A **A**ura zigzag lines
- T Throbbing headache
- F Family history/**F**(p)hoto-phobia
- U **U**nilateral
- N Nausea and vomiting

OBSTETRICS AND GYNAECOLOGY

Clinical conditions

Labour - onset

Mnemonic: Ready Mom for Some Discomfort

- R Regular and painful uterine contractions
- M Membranes ruptured
- S 'Show'
- D Dilatation and effacement of cervix

Factors that determine the rate and outcome of labour Mnemonic: **3 P**'s

- P Powers: strength of the uterine contractions
- P **P**assages: size of the pelvic inlet and outlet
- P Passengers: fetus is it big or small, does it have anomalies, is it alive or dead?

Ante-partum haemorrhage (APH) causes Mnemonic: **APH**

- A **A**bruption of placenta
- P Placenta praevia (or vasa praevia)
- H Haemorrhaging from the genitourinary tract

Post-partum haemorrhage (PPH) causes





Mnemonic: 4 T's

- T **T**issue (retained placenta)
- T **T**one (uterine atony)
- T Trauma (traumatic delivery, episiotomy)
- T Thrombin (coagulation disorders, DIC)

<u>Gynaecology</u>

Endometriosis - symptoms

Mnemonic: Classic 'quartet' of DIPS

- D Deep dyspareunia
- I Infertility
- P Pelvic pain (cyclical)
- S Secondary dysmenorrhoea

Menopause - symptoms

Mnemonic: FSH > 20 IU/L

Remembering that this is the most accurate blood test in confirmation of the menopause!

- F hot Flushes/Female genitalia (vaginal) dryness and burning
- S Sweats at night
- H Headaches
- I Insomnia
- U **U**rge incontinence
- L Libido decreases

Menopause - long-term effects

Mnemonic: CONU

- C Cardiovascular disease: IHD, stroke, arterial disease
- O **O**steoporosis: accelerated bone loss leading to osteoporosis and pathological fractures
- N Neurological: Alzheimer's disease
- U Urogenital atrophy: loss of pelvic floor muscle tone

Infertility - causes and risk factors

Mnemonic: INFERTILE (in females)

- I Idiopathic
- N No ovulation PCOS, menopause, pituitary disease, thyroid disorders
- F **F**ibroids physical hindrance
- E Endometriosis
- R Regular bleeding pattern disrupted oligo/amenorrhoea
- T Tubal disease leading to blocked/damaged cilia
- I Increasing age >35 years
- L Large size obesity
- E Excessive weight loss anorexia nervosa

OPHTHALMOLOGY

Diseases and conditions Allergic eye disease Mnemonic: HFS H Delayed Hypersensitivity





- F HayFever conjunctivitis
- S Spring catarrh

Clinical presentation of conjunctivitis

Mnemonic: BURN

- B Burning and lacrimation along with itching and possibly photophobia
- U Usually bilateral, if unilateral consider another differential diagnosis
- R **R**ed and inflamed conjunctiva, eyelids may be stuck together with purulent discharge
- N Normally self-limiting, can be treated with antibiotics

Signs of optic neuropathy

Mnemonic: PLAC

- P Pale disc
- L Loss of visual acuity/Loss of red colour vision
- A Afferent pupillary defect
- C Central scotoma

Causes of retinal detachment

Mnemonic: SITS

- S Secondary to some intraocular problem (melanoma)
- I Idiopathic
- T Trauma
- S Surgery for cataract

The 4 Fs of retinal detachment

Mnemonic: 4 F's

- F Floaters (small dark spots on a bright background are generally harmless)
- F **F**lashes (migraine)
- F Field loss (dark cloud covers a field of vision)
- F **F**alling acuity (serious)

Causes of excess lacrimation

Mnemonic: FACE

- F Foreign body or corneal abrasions
- A Acute glaucoma
- C Conjunctivitis
- E Emotion (typical man, I list this last!)

PAEDIATRICS

<u>The new born baby</u> Resuscitation - Indications <u>Mnemonic:</u> **IF KEMPT**

- I Instrumental delivery
- F Fetal distress
- K Known congenital abnormality
- E Emergency caesarean section
- M Multiple births
- P Prematurity
- T Thick meconium stains the liquor





Congenital abnormalities

Features of Down's Syndrome

Mnemonic: DOWNS

- D Dysplastic ears/Dysplastic pelvis (seen on X-ray)
- O Occiput is flat/Overly large tongue
- W Widely spaced 1st and 2nd toes and a high-arched palate/Weak/'floppy' baby (hypotonia)
- N Neck skin abundant
- S Short, broad hands with single palmar crease/Slanting eyes/Speckled iris (Brushfield's spots)

Developmental assessment

Primitive reflexes

Mnemonic: MPRAG

- M Moro
- P Placing reflex
- R Rooting
- A Atonic neck reflex
- G Grasp reflex

Infant nutrition

Breastfeeding - advantages Mnemonic: **PACES**

- P **P**sychological satisfaction
- A Anti-infective property/Atopic disorders risk .
- C Convenient
- E **E**xpenseless, ie free
- S Stimulates growth and development

Breastfeeding - disadvantages

Mnemonic: KIDS

- K vitamin **K** deficiency in breast-milk
- I Infection transmission risk eg HIV
- D Drugs excreted in milk
- S Stressful and tiring for mother

Acute presentations - the acutely ill child

Four main nodes of presentation of serious illness in children

- Mnemonic: SURE
- S Shock
- U Unconscious/drowsy/fitting child
- R **R**espiratory distress
- E Emergencies (surgical)

Clinical presentation of brain tumours Mnemonic: BAN HENS

- B Blurred vision
- A **A**taxia (clumsiness)
- N Nystagmus
- H Headache
- E Endocrine dysfunction





- N Nausea and vomiting
- S Squint (6th nerve palsy)

Causes of respiratory failure

Mnemonic: PC FED BRAHMS

- P Pneumonia
- C Cystic fibrosis/Croup
- F Foreign body
- E Epiglottitis
- D Drug ingestion
- B Bronchiolitis
- R Raised ICP
- A Asthma
- H Head injury
- M Meningitis/muscle weakness
- S Severe cardiac failure

Chronic presentations

Presentation of asthma

Mnemonic: CWS

- C Cough (dry/nocturnal/worse with exercise)
- W Wheeze
- S Shortness of breath

Life threatening attack of asthma Mnemonic: CHEST

- C Cyanosis/Confusion/Coma
- H Hypotension
- E **E**xhaustion
- S Silent chest
- T Threatening PEFR <33% predicted in those above 5 years old

Chronic diarrhoea

Mnemonic: 5 C's

Inflammatory causes of chronic diarrhoea include:

- C Crohn's disease
- C Ulcerative **C**olitis

Malabsorptive causes of chronic diarrhoea include:

- C Cystic fibrosis
- C Coeliac disease
- C Cow's milk intolerance

Features of Still's disease

Mnemonic: STILLS

- S Spiking illness/Severe malaise
- T There could be myalgia/arthralgia
- I Increased size of liver/spleen
- L Lose weight, anaemia
- L Looks like malignancy
- S Salmon-pink rash





PSYCHIATRY

Symptoms and signs in psychiatric disorders

Causes of delirium

Mnemonic: DELIRIUM

- D Degenerative
- E Epilepsy (post-ictal states)
- L Liver failure
- I Intracranial (injury to the head, subarachnoid haemorrhage, TIA, meningitis, cerebral abscess)
- R Rheumatic chorea
- I Infections pneumonia, septicaemia
- U Uraemia
- M Metabolic electrolyte imbalance

Disorders due to psychoactive substances

Alcoholism

Mnemonic: CAGE questionnaire

- C Have you ever felt you should **Cut** down on your drinking?
- A Have people Annoyed you by commenting on your drinking?
- G Have you ever felt Guilty about your drinking?
- **E** Have you ever needed a drink first thing in the morning to get rid of a hangover or for nerves (**Eye opener**)?
- >1 'yes' answer makes alcoholism likely

Schizophrenia and delusional disorders

Positive symptoms (sometimes called type I schizophrenic symptoms) Mnemonic: THREAD

- T Thinking may become disturbed, neologism usage
- H Hallucinations may occur, usually auditory
- R Reduced contact with reality, the natural barrier between subjective and objective deteriorates
- E Emotional control may be disturbed with inappropriate laughter or anger (incongruous affect)
- A **A**rousal may lead to worsening of symptoms
- D Delusions may occur

Negative symptoms (sometimes called type II schizophrenic symptoms) Mnemonic: LESS

- L Loss of volition, underactivity and social withdrawal
- E Emotional flatness, lose normal modulation of mood
- S Speech is reduced, monosyllabic if at all
- S Slowness in thought and movement, psychomotor retardation may occur

Mood (affective) disorders

Symptoms of depression

Mnemonic: SLUMP

- S **S**uicidal ideation or plans
- L Lack of: interest, enjoyment (anhedonia), energy, appetite or libido
- U Unworthiness
- M Early Morning waking
- P Poor concentration/Psychomotor retardation or agitation





Suicide – risk factors

Mnemonic: SAD PERSONS

- S Sex (male)
- A Age (older)
- D Depression
- P Previous attempt
- E Excessive alcohol or substance abuse
- R Rational thinking, loss of
- S Sickness (chronic illness)
- O Organised plan
- N No social supports
- S Stated intention to self-harm

RENAL

Diseases and conditions

Detection of acute renal failure (ARF)

Mnemonic: **ACU**te

- A **A**cute presentation over hours or days
- C Creatinine rises
- U **U**rea rises (±oliguria <400 ml/24 h)

Causes acute renal failure (ARF)

Mnemonic: ACUte

- A ATN/Acute GN
- C **C**irculatory dysfunction (i.e. shock hypovolaemia, sepsis, cardiogenic)
- U **U**rinary outflow obstruction

Clinical presentation of chronic renal failure

Mnemonic: RESIN & 8 P's

- R **R**etinopathy
- E **E**xcoriations (scratch marks)
- S Skin is yellow
- I Increased blood pressure
- N Nails are brown
- P Pallor
- P Purpura and bruises
- P Pericarditis and cardiomegaly
- P Pleural effusions
- P Pulmonary oedema
- P Peripheral oedema
- P Proximal myopathy
- P Peripheral neuropathy

Complicated urinary tract infections (UTIs)

Mnemonic: MARIO

- M Male patients
- A Abnormal renal tract
- R Renal function is impaired





- I Impaired host defences
- O **O**rganism that is virulent

Risk factors for UTIs

Mnemonic: UTIs

- U **U**rinary tract obstruction or malformation
- T The menopause
- I Intercourse (sexual)/Instrumentation/Immunosuppression
- S female Sex/Stones

<u>Dialysis</u>

Indications for

Mnemonic: AEIOU

- A Acid–base problems (severe acidosis or alkalosis)
- E Electrolyte problems (hyperkalaemia)
- I Intoxications
- O Overload, fluid
- U Uraemic symptoms

Or

Mnemonic: SHARPE

- S Severity of condition increases
- H Hyperkalaemia persistent (K+ >7 mmol/l)
- A Acidosis is metabolic and worsening (pH <7.2 or base excess <-10)
- R Refractory pulmonary oedema
- P Pericarditis (uraemic)
- E Encephalopathy (uraemic)

Complications of dialysis

Mnemonic: CHAIR

- C Cardiovascular disease
- H Hypertension
- A **A**naemia
- I Infections
- R Renal bone disease

Urinary tract malignancies

Features of renal cell carcinoma (RCC) Mnemonic: **RCC**

- R Renal tubule (proximal) epithelium is involved
- C Renal Cancers are 90% RCC
- C Clinical features include haematuria, loin pain, abdominal mass, anorexia, malaise and weight loss

RESPIRATORY

<u>Diseases and conditions</u> Definition of Acute Respiratory Distress Syndrome (ARDS) Mnemonic: **ROAR**

R Reduced lung compliance





- O **O**edema, non-cardiogenic pulmonary
- A Acute respiratory failure
- R **R**efractory hypoxaemia

Causes of Acute Respiratory Distress Syndrome (ARDS)

Mnemonic: ARDS

- A Aspiration-gastric/Acute pancreatitis/Amniotic fluid embolus
- R Raised ICP/Respiratory tract infection pneumonia
- D DKA/DIC/Drugs
- S Sepsis/Shock/Smoke inhalation/Severe burns

Risk factors of asthma

Mnemonic: FEAR UP

- F Family history
- E Eczema
- A Acid reflux
- R Rhinitis (allergic)
- U Urticaria
- P Polyps (nasal)

History of asthma

Mnemonic: WIND

- W Wheeze
- I Interferes with schooling, exercise, sleep and work
- N Nocturnal cough, or early morning cough
- D Dyspnoea

Clinical manifestations of influenza infection

Mnemonic: FLU

- F Fever
- L Lethargy
- U **U**pset appetite (nausea and vomiting)

Features of Tuberculosis (TB)

- Mnemonic: 4 C's
- C Cough
- C Caseation
- C Calcification
- C Cavitation

RHEUMATOLOGY

Rheumatoid arthritis (RA)

Features

Mnemonic: RHEUMATISM

- R Rheumatoid factor (RF) +ve in 80%/Radial deviation of wrist
- H HLA-DR1 and DR-4
- E **ESR/E**xtra-articular features (restrictive lung disease, subcutaneous nodules)
- U **U**Inar deviation of fingers
- M Morning stiffness/MCP+PIP joint swelling
- A Ankylosis/Atlanto-axial joint subluxation/Autoimmune/ANA +ve in 30%





- T T-cells (CD4)/TNF
- I Inflammatory synovial tissue (pannus)/IL-1
- S Swan-neck deformity, Boutonniere deformity, Z-deformity of thumb
- M Muscle wastage of small muscles of hand

Management

DMARDs (Disease-Modifying Anti-Rheumatic Drugs)

Mnemonic: Most Sufferers Can Get Appropriate Pain Control

- M Methotrexate
- S Sulfasalazine
- C Ciclosporin
- G Gold
- A Azathioprine
- P Penicillamine
- C **H**ydroxyChloroquine

<u>Joint pain</u>

Causes

Mnemonic: ARTHRITIS

- A Arthritis rheumatoid or osteoarthritis
- R Reactive arthritides
- T Tendon/muscle damage
- H Hyperuricaemia; gout
- R Referred pain
- AutoImmune, eg connective tissue disease systemic sclerosis, SLE
- T **T**umour
- I Ischaemia
- S Sepsis/Spondyloarthritides

Arthritis

Features of Ankylosing spondylitis Mnemonic: **SPINAL**

- S Sacroiliac and low back pain
- P Pleuritic chest pain
- I Inherited gene marker: HLA-B27 (>90% HLA-B27 +ve, general population frequency 8%)
- N Neck hyperextension question mark posture
- A Arthritic symptoms in peripheries (asymmetrical)
- L Loss of spinal movement which is progressive

Components of CREST syndrome

Mnemonic: CREST

- C Calcinosis
- R **R**aynaud's phenomenon
- E OEsophageal dysmotility
- S Sclerodactyly
- T Telangiectasia

SURGERY

Anatomy





Abdominal wall muscles

Mnemonic: TIRE

- T Transversus abdominis
- I Internal oblique
- R **R**ectus abdominis
- E **E**xternal oblique

Bowel components

Mnemonic: Dr Jones Investigates Carefully And Cuts Randomly *From proximal to distal:*

- D Duodenum
- J **J**ejunum
- I lleum
- C **C**aecum
- A Appendix
- C **C**olon
- R Rectum

Clinical conditions

Initial management of all surgical emergencies

Mnemonic: 4 A's, 2 C's, 2 N's (could be remembered as a set of GCSE results!)

- A **A**BC assessment
- A **A**nalgesia, eg morphine
- A Anti-emetic
- A Aggressive fluid resuscitation IV fluids and electrolyte replacement
- C Central venous pressure (CVP) line may be needed
- C **C**atheter (urinary)
- N Nil by mouth (NBM)
- N Nasogastric (NG) tube

Post-operative complications

General immediate

Mnemonic: PROBS

- P Primary haemorrhage/Pain
- R **R**eactive haemorrhage
- O Oliguria acute urinary retention
- B Shock/Sepsis

General early

Mnemonic: **ABCDE**

- A Analgesia- or Anaesthetic-related nausea + vomiting
- B Breakdown of wound or anastomosis due to infection or haematoma dehiscence / \downarrow BP \downarrow fluid input \rightarrow hypovolaemia $\rightarrow \downarrow$ BP
- C Confusion acute
- D **D**VT leading possibly to PE
- E Elevated temperature pyrexia

General late

Mnemonic: **RIB**

- R **R**ecurrence of malignancy
- I Incisional hernia
- B Bowel obstruction





Lumps and bumps

Examining

Mnemonic: 3 S's, 3 C's, 3 T's and the F'er

- 3Ss Site, Size, Shape
- 3Cs Colour, Consistency, Contour
- 3Ts Tenderness, Tethering, Transillumination
- F'er Fluctuance

<u>Hernias</u>

Groin lump: differential diagnosis

Mnemonic: Surgeons Like To Manage Various Hernias

- S Spermatic cord (lipoma, hydrocoele)/Skin (sebaceous cyst)
- L Lymph nodes
- T **T**esticle (ectopic, undescended)
- M Muscle (psoas abscess)
- V Vascular (femoral artery aneurysm, saphena varyx)
- H Hernias (inguinal, femoral)

TRAUMA AND ORTHOPAEDICS

Anatomy

Cubital fossa contents Mnemonic: Please Remember Be Brave Medically *From lateral to medial:*

- P Posterior interosseus nerve
- R Radial nerve
- B Biceps tendon
- B Brachial artery
- M Median nerve

Adductor muscles of thigh

Mnemonic: Post-Graduates Love their Bachelor Of Medicine

- P Pectineus
- G Gracilis
- L Adductor Longus
- B Adductor Brevis
- O **O**bturator nerve innervates all these muscles expect for the pectineus (femoral nerve). Part of the adductor magnus is supplied by the sciatic nerve
- M Adductor Magnus

Clinical conditions

Painful neck - differentials

Mnemonic: Jock STRAP

- J Jerking back of the head and neck, ie whiplash
- S Spondylosis/Spondylolisthesis of cervical discs
- T Torticollis (spasmodic/infantile)
- R Cervical Rib
- A **A**bnormal posture
- P Prolapsed cervical disc





Carpel tunnel syndrome - causes and risk factors

Mnemonic: CARPAL

- C Cardiac failure/Combined OCP use
- A Acromegaly
- R Renal disorder nephrotic syndrome/Raised glucose levels; DM
- P Pregnancy/Poor thyroid function; hypo-thyroidism
- A Arthritis of the wrist (rheumatoid, osteoarthritis)
- L Large size obesity

Painful back - differentials

Mnemonic: TOMS DIScman

- T Tumours of spine
- O **O**steoporosis/Osteomalacia
- M Mechanical
- S **S**pondylolisthesis
- D Disc prolapse/lesion
- I Infection
- S Stenosis of lumbar spine/lateral recess (due to facet joint osteoarthritis)

Differential diagnosis of a limp

Mnemonic: STARTSS HOT

- S Septic joint
- T **T**umour
- A Avascular necrosis (Legg–Calve–Perthe's)
- R Rheumatoid arthritis/juvenile rheumatoid arthritis
- T Tuberculosis
- S Sickle cell disease
- S **S**lipped upper femoral epiphysis (SUFE)
- H **H**SP
- O Osteomyelitis
- T **T**rauma

<u>Trauma</u>

Soft tissue injuries - treatment

Mnemonic: **RICE** (protocol employed in the 1st 24 hours following the injury)

- R Rest
- l Ice
- C Compression
- E Elevation

For more mnemonics, visit <u>www.revise4finals.co.uk</u> or <u>www.pastest.co.uk</u>.