

49 YO MALE w/ PMHx DEPRESSION ON Rx
 FOUND UNRESPONSIVE. dE MOV OF ALL 4 LIMBS (N)
 PUPILS (N). ↑ AG AND DSM. GAP ON LABS c/w ETHYLENE GLYCOL TOX.

UNRESPONSIVENESS



- EMERGENT Rx
- DIAGNOSTIC REASONING
- DEPLOY SCHEMA

INVESTIGATE THE SYMPTOMS

COLLECT CLUES

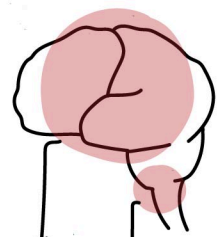
PUT IT TOGETHER

ANATOMICAL APPROACH

IDENTIFY PATHOLOGY

MIST SHOCK

- METABOLIC
- INFECTION
- STRUCTURAL
- TOXIN



DIFFUSE CEREBRAL DYS.

FOCAL LESION → RAS?

LAW OF PROPORTIONALITY:

↓ BP
ROOT CAUSE?

UNRESPONSIVE w/ LIMB MOVEMENTS
SEVERITY Sx

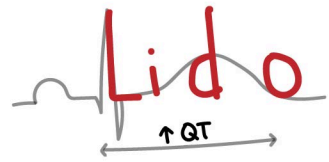
BRAIN STEM LESION
ROOT CAUSE?

ANION GAP ACIDOSIS 21 → 35

H

- KETONE**
DM, -OH STARVATION
- LACTATE 9**
[LACTATE ↑ 1 FOR EVERY ↑ 1 OF AG]
HYPERPERFUSION
- EXOGENOUS**
ETHYLENE GLYCOL
METHANOL
- PO₄/SO₄**
AKI
RHABDO.

PROLONGED QT INTERVAL



- LYTES ISCHEMIA DRUGS OTHERS
- "ANTI-"
ARRHYTHMICS, PSYCHOTICS
MALARIALS, BIOTICS

ANION GAP ACIDOSIS

No OSMOLAR GAP

↑ OSMOLAR GAP

EXOGENOUS SUBSTANCES →

OSMOTICALLY ACTIVE
[OTHERS: Na, GLUCOSE, BUN]

TOXIC ALCOHOL INGESTION

↑ OSM. GAP
EARLY
↓ AG

LATE
RISING ↑ AG
↓ OSM GAP

- METHANOL - RETINAL TOXICITY
- ETHYLENE GLYCOL - OXALATE CRYSTALS u/A

ETHYLENE GLYCOL TOXICITY
* FALSE ↑ LACTATE