

# Alvarado (MANTRELS) score

SYMPTOMS	Migratory RIF pain	1
	Anorexia	1
	Nausea & Vomiting	1
SIGNS	Tenderness (RIF)	2
	Rebound Tenderness	1
	Elevated Temperature	1
Laboratory	Leukocytosis	2
	Shift to left	1
Total		10

A score of 7 or more is strongly predictive of acute appendicitis .

If equivocal score (5\_6) , we should do an abdominal US or CT to reduce the rate of negative appendicectomy.

*Designed by : Dr. Hind Waleed*



# Ranson score

## On admission

Age  $\geq$  55 years

WBC  $>$  16k

Glucose  $>$  200 mg/dL ( $>$ 10 mmol/L)

LDH  $>$  700 units/L

AST  $>$  250

## Within 48 Hours

BUN increase  $>$  5 mg/dL

Arterial pO<sub>2</sub>  $<$  60 mmHg

Ca  $<$  8 mg/dL ( $<$ 2 mmol/L)

Base deficit  $>$  4 mg/dL

Fluid needs  $>$  6L



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It is a scoring system to predict the severity of acute pancreatitis

This disease is classified as severe when 3 or more factors are present.

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## Light's criteria for distinguishing plural transudate from exudate.

Exudate is likely if one or more of the following criteria are met:

- Pleural fluid protein:serum protein ratio  $> 0.5$
- Pleural fluid LDH:serum LDH ratio  $> 0.6$
- Pleural fluid LDH  $>$  two-thirds of the upper limit of normal serum LDH


(LDH = lactate dehydrogenase)



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# CHA2DS2-VASc SCORE

	parameter	score
C	Congestive HF	1
H	Hypertension Hx	1
A2	Age $\geq 75$	2
D	DM	1
S2	Previous stroke or TIA	2
V	Vascular disease	1
A	Age 65-74	1
Sc	Sex category: female	1
	Total Score	9

Annual stroke risk

0 points = 0% (no prophylaxis required)

1 point = 1.3% (oral anticoagulant or aspirin recommended)

2+ points = > 2.2% (oral anticoagulant recommended)

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Any of:

- Confusion
- Urea > 7 mmol/L
- Respiratory rate > 30/min
- Blood pressure (systolic < 90 mmHg or diastolic < 60 mmHg)
- Age > 65 years

Score 1 point for each feature present

0 or 1

Likely to be  
suitable for  
home treatment

2

Consider hospital  
supervised treatment  
Options may include

- Short-stay inpatient
- Hospital-supervised outpatient

3 or  
more

Manage in hospital as  
severe pneumonia  
Assess for ICU  
admission,  
especially if CURB-65  
score = 4 or 5

CURB -65 score to estimate the mortality of community acquired pneumonia

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## APGAR score

SIGNS	POINTS		
	0	1	2
Heart rate	0	<100/min	>100/min
Respiration	None	Weak cry	Vigorous cry
Muscle tone	None	Some extremity flexion	Arms, legs well flexed
Reflex irritability	None	Some motion	Cry, withdrawal
Color of body	Blue	Pink body, blue extremities	Pink all over

- 7 start simple stimulation
- 4\_6 start ambu bag ventilation
- < 4 start ET intubation , active ventilation



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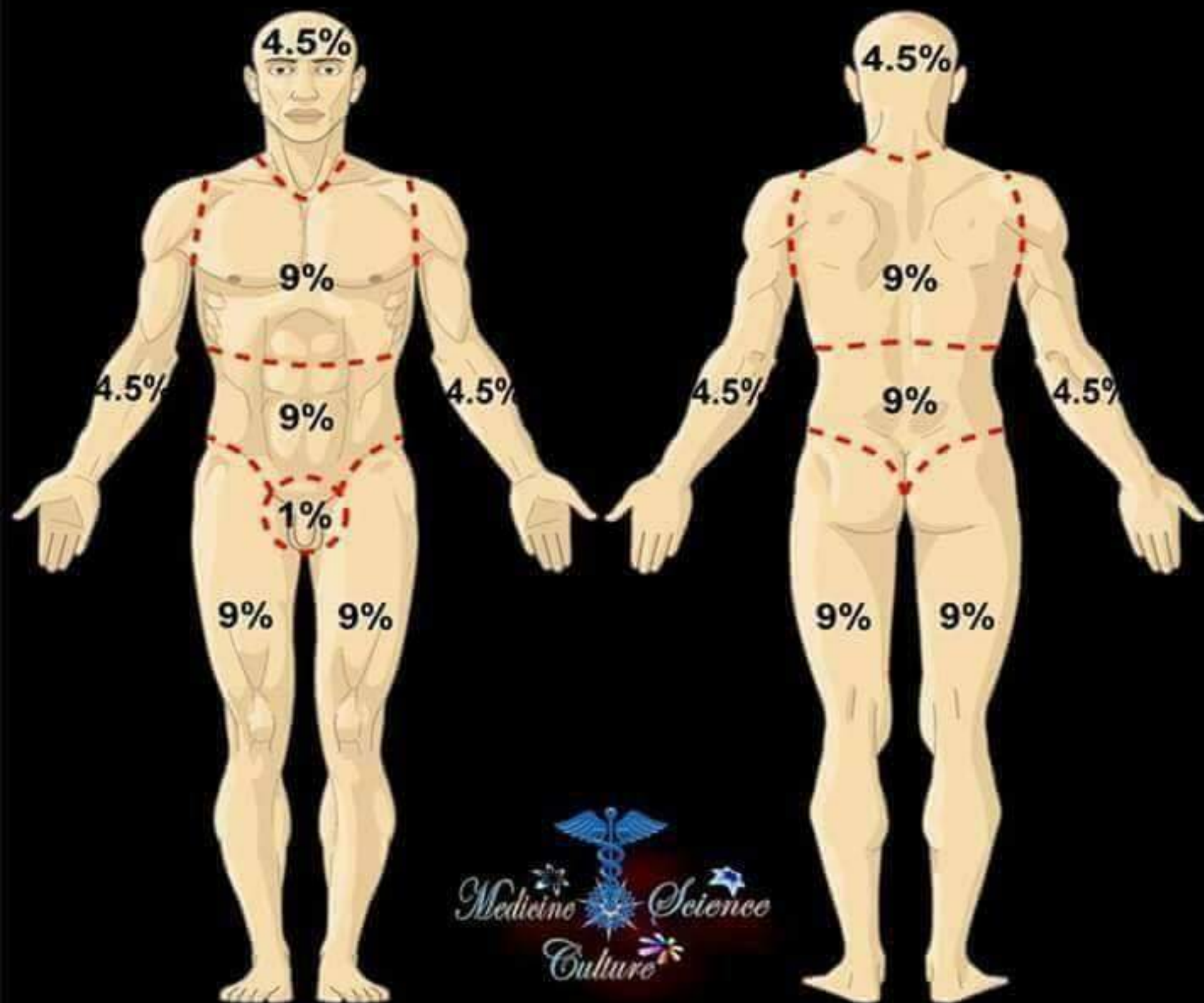
## Modified MRC dyspnoea scale

Grade	Degree of breathlessness related to activities
0	No breathlessness, except with strenuous exercise
1	Breathlessness when hurrying on the level or walking up a slight hill
2	Walks slower than contemporaries on level ground because of breathlessness or has to stop for breath when walking at own pace
3	Stops for breath after walking about 100 m or after a few minutes on level ground
4	Too breathless to leave the house, or breathless when dressing or undressing

(MRC = Medical Research Council)




***Designed By : Dr. Hind Walood***



Rule of 9 for adults



## Calculation of BODE index

Variable	Points			
	0	1	2	3
FEV <sub>1</sub>	≥ 65	50–64	36–49	≤ 35
Distance walked in 6 mins (m)	≥ 350	250–349	150–249	≤ 149
MRC dyspnoea scale*	0–1	2	3	4
Body mass index	> 21	≤ 21		

A patient with a BODE score of 0–2 has a mortality rate of around 10% at 52 mths, whereas a patient with a BODE score of 7–10 has a mortality rate of around 80% at 52 mths.

**BODE index for COPD survival prediction**

*Designed by : Dr. Hind Waleed*



# bishop score



Parameters	Score			
	0	1	2	3
Dilatation	0cm	1-2cm	3-4cm	>5cm
Effacement	0-30%	31-50%	51-80%	>80%
Position	Posterior	Intermediate	Anterior	-
Consistency	Firm	Intermediate	Soft	-
Fetal Station	-3	-2	-1, 0	+1, +2

A score of 5 or less suggests that labour is unlikely to start without induction.  
A score of 9 or more indicates that labour will most likely commence spontaneously