



Block L OSPE Quick Revision By Doctor Of Choice

1 Thyroid Drugs, Side Effects, and Pregnancy Complications

Drugs Used for Thyroid Disorders


1. Hypothyroidism Treatment

- Levothyroxine (T4)  – First-line treatment
- Liothyronine (T3)  – More potent, but rarely used due to short half-life



MOA:

- Levothyroxine (T4) gets converted into active T3 → Activates nuclear thyroid receptors → Increases metabolism, growth, and energy production.

Side Effects: (Due to excess thyroid hormone)

- Hyperthyroidism symptoms: **Palpitations, weight loss, heat intolerance, anxiety, diarrhea, tremors**
- Cardiovascular risk: **Atrial fibrillation, heart failure**
- Mnemonic:  "Too Much Thyroid = Too Much Fire" (Heart races, body heats up, metabolism speeds up!)

Pregnancy Considerations:

- **SAFE in pregnancy** (Hypothyroidism can cause fetal brain damage  )
- **Dose increased in pregnancy** due to increased TBG (thyroxine-binding globulin)

2. Hyperthyroidism Treatment

- Thioamides:
 - Methimazole (MMI) 🚫 – First-line, except in 1st trimester
 - Propylthiouracil (PTU) 🛡️ – Preferred in 1st trimester
- Beta-blockers (Propranolol) 🦋 – Controls symptoms (HR, tremors)
- Iodine solutions (Lugol's iodine) 💧 – Pre-op thyroid storm prevention
- Radioactive iodine (I-131) ☢️ – Definitive treatment (contraindicated in pregnancy!)

MOA:

- Thioamides inhibit TPO (thyroid peroxidase) → Block T3/T4 synthesis
- PTU also inhibits peripheral conversion of T4 to T3

Side Effects:

- Methimazole: Agranulocytosis (↓ WBCs, risk of infection ⚠️), hepatotoxicity
- PTU: Hepatotoxicity (Black Box Warning ⚠️)
- Mnemonic: 🦠 "Methimazole Makes Myelocytes (WBCs) Fall"

Pregnancy Considerations:

- PTU in 1st trimester (Methimazole = teratogenic 🤰🚫)
- Methimazole in 2nd & 3rd trimester (Less hepatotoxic)

2 Diabetic Drugs

Classification & MOA

Class	Example	MOA
Biguanides	Metformin	↓ Hepatic glucose production
Sulfonylureas	Glibenclamide, Glipizide	↑ Insulin release from β-cells
DPP-4 Inhibitors	Sitagliptin, Linagliptin	↑ Incretins → ↑ Insulin, ↓ Glucagon
GLP-1 Agonists	Liraglutide, Exenatide	Mimic GLP-1 → ↑ Insulin, ↓ Glucagon

Class	Example	MOA
SGLT2 Inhibitors	Empagliflozin, Dapagliflozin	Inhibit glucose reabsorption in kidneys
Thiazolidinediones (TZDs)	Pioglitazone	↑ Insulin sensitivity

🔥 Mnemonic for Drug Classes: "Big Smart Doctors Get The Sugar Down"

(Biguanides, Sulfonylureas, DPP-4 inhibitors, GLP-1 agonists, Thiazolidinediones, SGLT2 inhibitors)

3 Metformin Side Effects

💊 Metformin = 1st-line for Type 2 Diabetes

✅ Benefits: No weight gain, no hypoglycemia

🔴 Side Effects:

1. GI Upset (Nausea, diarrhea) – **Most common**
2. Lactic Acidosis (Rare but fatal!) – Seen in **renal failure** 🚨
3. Vitamin B12 Deficiency (Leads to neuropathy)

⚠️ Contraindications:

- Renal failure (eGFR < 30 mL/min)
- Liver disease
- Heart failure

🔑 Mnemonic: "Lactic METabolic Acidosis" (Metformin → Lactic Acidosis)

4 Drugs for BPH (Benign Prostatic Hyperplasia) & Their Side Effects

💊 Drug Classes:

Class	Example	MOA	Side Effects
α1-Blockers	Tamsulosin, Doxazosin	Relax prostate smooth muscle	Hypotension, dizziness, retrograde ejaculation
5-Alpha Reductase Inhibitors	Finasteride, Dutasteride	Block DHT (dihydrotestosterone) → ↓ Prostate size	Sexual dysfunction, gynecomastia

🔑 Mnemonic for BPH Drugs: "Flo for Flow, Ride for Reduction"

- Tamsulosin (-osin) helps urine flow 🚽
- Finasteride (-ride) shrinks prostate

⚠️ Precaution: Finasteride is teratogenic! Pregnant women should **not handle** crushed tablets.

5 Emergency Contraceptive

Options:

1. Levonorgestrel ("Plan B") – First-line! (Within 72 hrs)
2. Ulipristal acetate (Ella) – Effective up to 5 days
3. Copper IUD – Most effective (up to 5 days)
4. High-dose OCPs (Yuzpe method) – Least effective

MOA:

- Levonorgestrel (Progestin-only pill): Prevents ovulation
- Ulipristal (Selective progesterone receptor modulator - SPRM): Delays ovulation
- Copper IUD: Prevents fertilization & implantation

Side Effects:

- Nausea, vomiting 🤢
- Irregular bleeding
- Headache, dizziness

Mnemonic: 🚫 "LUCY Stops Pregnancy"

(Levonorgestrel, Ulipristal, Copper IUD, Yuzpe method)

Final Recap & Takeaways:

- ◆ **Thyroid drugs:** PTU in 1st trimester, Methimazole later!
- ◆ **Diabetes drugs:** Metformin = 1st-line, but beware **lactic acidosis!**
- ◆ **BPH drugs:** Tamsulosin (flow), Finasteride (shrink)!
- ◆ **Emergency contraception:** Levonorgestrel = best option!

1 Diabetes Mellitus (DM) – Complete Pathology & Medicine

◆ Definition & Pathophysiology

Diabetes mellitus is a **chronic metabolic disorder** characterized by **hyperglycemia** due to **defective insulin secretion, insulin action, or both.**

Type	Pathophysiology	Key Features
Type 1 DM (T1DM)	Autoimmune destruction of pancreatic β -cells → Absolute insulin deficiency	Onset in childhood , weight loss, polyuria, polydipsia, polyphagia
Type 2 DM (T2DM)	Insulin resistance + β -cell dysfunction	Onset in adults , obesity, associated with metabolic syndrome
Gestational DM (GDM)	Insulin resistance due to placental hormones	Occurs in pregnancy, risk of fetal macrosomia & neonatal

Type	Pathophysiology	Key Features
		hypoglycemia
MODY (Maturity Onset Diabetes of the Young)	Genetic defect in glucokinase	Mild hyperglycemia in young age, autosomal dominant

💡 Mnemonic for DM Symptoms:

🔥 "The 3 P's of Diabetes" – Polyuria, Polydipsia, Polyphagia

◆ Diagnostic Tests

Test	Criteria for Diabetes
Fasting Blood Glucose (FBG)	≥ 126 mg/dL
Random Blood Glucose (RBG)	≥ 200 mg/dL + symptoms
Oral Glucose Tolerance Test (OGTT, 2-hr post 75g glucose)	≥ 200 mg/dL
HbA1c (Glycated hemoglobin)	$\geq 6.5\%$ (Reflects 3-month sugar control)

🔥 Mnemonic for Diagnosis: "126-200-200-6.5"

◆ Complications of Diabetes

1 Acute:

- Diabetic Ketoacidosis (DKA) 🚨 – Type 1 DM
- Hyperosmolar Hyperglycemic State (HHS) ⚠️ – Type 2 DM

2 Chronic:

- Microvascular – Retinopathy 👁️, Nephropathy 🩸, Neuropathy 🦶
- Macrovascular – Stroke, MI, Peripheral vascular disease

💡 Mnemonic for Chronic Complications:

⚠️ "SNoRe" – Small Nerves & Retinopathy (Microvascular), Stroke (Macrovascular)

◆ Treatment of Diabetes

✓ Lifestyle modifications (diet, exercise)

✓ Medications

- Metformin (1st-line for T2DM)
- Insulin (mandatory for T1DM)
- SGLT2 inhibitors (e.g., Empagliflozin) – Cardioprotective

2 Nephrotic vs. Nephritic Syndrome, ARF, CKD, UTI, Addison's & Cushing's

💊 Nephrotic vs. Nephritic Syndrome

Feature	Nephrotic Syndrome	Nephritic Syndrome
Cause	Podocyte damage 🏗️	Glomerular inflammation 🔥
Proteinuria	>3.5 g/day (massive)	Mild
Edema	Severe (anasarca)	Mild
Hematuria	🚫 Absent	✓ Present (RBC casts)
Hypertension	🚫 Absent	✓ Present
Examples	Minimal Change Disease, FSGS, Membranous GN	Post-strep GN, RPGN, IgA Nephropathy

💡 Mnemonic: "NephROtic = pROtein", "NephRItic = Red (RBCs)"

◆ Acute Renal Failure (ARF) vs. Chronic Kidney Disease (CKD)

Feature	Acute Kidney Injury (AKI)	Chronic Kidney Disease (CKD)
Onset	Sudden (days-weeks)	Gradual (months-years)
Causes	Pre-renal (shock), intrinsic (glomerulonephritis), post-renal (obstruction)	Diabetes, hypertension
Reversibility	Potentially reversible	Irreversible
Serum Creatinine	Rapid rise	Persistent elevation

💡 Mnemonic: 🚑 "Acute = Attack, Chronic = Continuous"

◆ Urinary Tract Infection (UTI)

🔬 Most common organism: E. coli (80%)

- ◆ **Symptoms:** Dysuria, urgency, frequency, fever
- ◆ **Diagnosis:** Urinalysis (WBCs, nitrites, leukocyte esterase)
- ◆ **Treatment:**
 - **Uncomplicated UTI:** Nitrofurantoin, TMP-SMX
 - **Complicated UTI/Pyelonephritis:** IV Ceftriaxone

💡 Mnemonic: "Nitro for Nifty Pee, Ceph for Pyelo"

◆ Addison's vs. Cushing's Disease

Feature	Addison's Disease	Cushing's Syndrome
Cause	Adrenal insufficiency (↓ Cortisol, ↓ Aldosterone)	Excess cortisol (ACTH tumor or steroids)
Symptoms	Fatigue, hyperpigmentation, hypotension	Moon face, buffalo hump, striae, hypertension

Feature	Addison's Disease	Cushing's Syndrome
Lab Findings	↓ Na+, ↑ K+, hypoglycemia	↑ Na+, ↓ K+, hyperglycemia
Treatment	Steroid replacement (Hydrocortisone)	Taper steroids, surgery for tumor

💡 Mnemonic:

- "Addison = ADrenal Down" 🚩
- "CUSHING = Cushion of Fat" 🍕

3 OSCE Scenario: Benign Prostatic Hyperplasia (BPH)

Scenario:

A 65-year-old male presents with difficulty urinating, weak stream, dribbling, and nocturia.

- ♦ Likely Diagnosis? Benign Prostatic Hyperplasia (BPH)
- ♦ Best Initial Test? Digital Rectal Exam (DRE) & PSA
- ♦ Management:
 - α 1-Blockers (Tamsulosin) – Relax prostate smooth muscle
 - 5 α -Reductase Inhibitors (Finasteride) – Shrinks prostate
 - Surgery (TURP) for severe cases

4 OSCE Scenario: Hyperthyroidism & Thyroid Carcinoma

Hyperthyroidism Scenario:

A 30-year-old woman complains of weight loss, heat intolerance, tremors, and palpitations. She has a diffuse goiter with exophthalmos.

- ◆ Likely Diagnosis? Graves' Disease
 - ◆ Confirmatory Test? TSH ↓, Free T4 ↑, Thyroid antibodies
 - ◆ Treatment:
 - Methimazole/PTU
 - Beta-blockers (Propranolol) for symptoms
 - Radioactive iodine for definitive treatment
-

Thyroid Cancer Scenario:

A 45-year-old female has a painless thyroid nodule.

- ◆ Best Test? Fine-Needle Aspiration Biopsy (FNAC)
- ◆ Most Common Type? Papillary Carcinoma
- ◆ Treatment? Thyroidectomy + Radioactive Iodine







💡 Mnemonic for Thyroid Cancer Types: "P-F-M-A" (Papillary, Follicular, Medullary, Anaplastic)

1 Hospital Waste Management






◆ Definition

Hospital waste includes all waste generated in healthcare facilities that may pose risks due to infection, toxicity, or radioactivity.

◆ Categories of Hospital Waste

Type	Example	Disposal
Infectious Waste 	Blood-soaked gauze, surgical waste	Incineration/autoclaving
Pathological Waste 	Human tissues, organs	Incineration
Sharps Waste 	Needles, scalpels	Puncture-proof containers
Pharmaceutical Waste 	Expired drugs	Return to manufacturer
Chemical Waste 	Laboratory reagents	Neutralization
Radioactive Waste 	Used radiotherapy materials	Special containment

◆ Color Coding for Waste Segregation

Color	Type of Waste	Disposal Method
Red 	Infectious waste	Autoclaving
Yellow 	Anatomical waste	Incineration
Blue 	Pharmaceutical waste	Return to manufacturer
Black 	General waste	Landfill
White 	Sharps	Puncture-proof container

💡 Mnemonic: "Red Infection, Yellow Body, Blue Drugs, Black General, White Needles"

2 Disaster and Its Types

◆ Definition of Disaster

A disaster is a sudden catastrophic event that causes widespread destruction, displacement, or death.

◆ Types of Disasters

Type	Examples
Natural Disasters 🌀	Earthquakes, floods, tsunamis, hurricanes
Man-made Disasters 🏭	Industrial accidents, chemical spills
Biological Disasters 🦠	Pandemics (COVID-19, Ebola)
Technological Disasters 💻	Cyberattacks, power grid failures

💡 Mnemonic: "Nature, Humans, Germs, Tech" (NHGT)

◆ Disaster Management Cycle

1. **Prevention** – Building codes, regulations
2. **Preparedness** – Drills, training, stockpiling resources
3. **Response** – Rescue, medical aid, emergency shelters
4. **Recovery** – Rehabilitation, rebuilding infrastructure

3 Contraceptive Scenario

Scenario:

A 22-year-old woman wants contraception but is worried about weight gain. She has no medical conditions.

- ◆ **Best Option?** Copper IUD or Combined Oral Contraceptives (COCs)
- ◆ **Not Recommended?** Depot Medroxyprogesterone (DMPA) – causes weight gain

4 HIV Scenario

Scenario:

A 35-year-old man presents with **weight loss, chronic diarrhea, and oral thrush**. He has a

history of multiple sexual partners.

- ◆ Most Likely Diagnosis? HIV/AIDS
- ◆ Best Initial Test? ELISA for HIV antibodies
- ◆ Confirmatory Test? Western Blot or PCR
- ◆ Treatment? Antiretroviral Therapy (ART)

💡 Mnemonic: "3 D's of AIDS – Diarrhea, Debility, Death (if untreated)"

5 Integrated Management of Neonatal & Childhood Illness (IMNCI) Scenario

Scenario:

A 6-month-old baby presents with fast breathing, fever, and difficulty feeding.

- ◆ Likely Diagnosis? Pneumonia
- ◆ Management Approach?
 - Assess: Breathing rate, danger signs
 - Classify: Severe pneumonia if RR >50
 - Treat: Oxygen + Antibiotics

💡 Mnemonic for IMNCI: "Assess, Classify, Treat"

6 Advantages & Disadvantages of Contraceptives

Method	Advantages	Disadvantages
COCs (Pills) 💊	Regulates cycles, reduces acne	↑ DVT risk, daily use required
Copper IUD ⚡	Long-term (10 years)	Heavy periods, cramping

Method	Advantages	Disadvantages
Hormonal IUD 🌙	Lighter periods, 5 years	Irregular spotting
Implant (Nexplanon) 🌱	3 years effective	Irregular bleeding
Condoms 🛑	STD protection	High failure rate
Tubal Ligation 🪚	Permanent	Irreversible

💡 Mnemonic: "Pills Daily, IUD Long, Condom Safe, Surgery Final"

7 Air Pollution & Its Control

♦ Major Pollutants

- Carbon monoxide (CO) – From vehicles 🚗
- Sulfur dioxide (SO₂) – From industries 🏭
- Particulate Matter (PM2.5, PM10) – Smoke, dust

♦ Control Measures

- ✓ Plant trees 🌳
- ✓ Use catalytic converters 🚗
- ✓ Reduce industrial emissions 🏭

💡 Mnemonic: "Reduce Cars, Control Smoke, Plant Trees"

8 BMI & Obesity

BMI Range	Category
<18.5	Underweight
18.5 - 24.9	Normal
25 - 29.9	Overweight

BMI Range	Category
≥ 30	Obese

💡 Mnemonic: "U-N-O (Under, Normal, Overweight)"

9 Breastfeeding & Its Benefits

◆ Benefits to Baby

- ✓ Provides antibodies (IgA)
- ✓ Prevents infections (diarrhea, pneumonia)
- ✓ Reduces allergies & asthma

◆ Benefits to Mother

- ✓ Uterus contracts faster
- ✓ Lowers breast cancer risk
- ✓ Delays ovulation (natural contraception)

💡 Mnemonic: "Baby Healthy, Mom Protected"

1 General Definitions of All Diseases

Here's a **quick reference table** for common gynecological conditions:

Condition	Definition
Candidiasis 🦠	Fungal infection (<i>Candida albicans</i>) causing itching, discharge, burning
Bacterial Vaginosis (BV) 🦠	Vaginal imbalance with thin, gray discharge & fishy odor
Pelvic Inflammatory Disease (PID) 🔥	Infection of upper genital tract (uterus, fallopian tubes, ovaries)
Endometriosis 🩸	Ectopic growth of endometrial tissue outside uterus , causing pain, infertility
Polycystic Ovary Syndrome (PCOS) 🔍	Hormonal disorder with irregular cycles, hirsutism, obesity
Uterine Fibroids 🌱	Benign smooth muscle tumors of the uterus
Pelvic Organ Prolapse (POP) 🚨	Weakness of pelvic floor muscles , leading to descent of organs
Ectopic Pregnancy 🤰🚨	Pregnancy outside uterus (usually fallopian tube)
Dysmenorrhea 😞	Painful menstruation (Primary = normal, Secondary = underlying pathology)
Menorrhagia 🩸	Heavy menstrual bleeding (>80ml per cycle)
Ovarian Cysts 🥚	Fluid-filled sacs in ovaries, often functional

💡 Mnemonic for Gynecological Infections: "C-B-P" (Candidiasis, Bacterial Vaginosis, PID)

2 Candidiasis Scenario

Scenario:

A 25-year-old woman presents with **itching, thick curd-like vaginal discharge**, and burning sensation after urination. She recently completed a course of antibiotics.

◆ Diagnosis?

Vulvovaginal Candidiasis (VVC) – Overgrowth of **Candida albicans** due to altered vaginal flora.

◆ Risk Factors:

- ✓ Antibiotic use
- ✓ Diabetes mellitus
- ✓ Pregnancy
- ✓ Immunosuppression (HIV, steroids)

◆ **Symptoms:**

- Itching and irritation
- Thick, white, cottage cheese-like discharge
- No fishy odor (Unlike BV)
- Painful urination and dyspareunia

◆ **Diagnosis:**

🔬 KOH mount → Shows pseudohyphae & budding yeast

◆ **Treatment:**

💊 Fluconazole 150 mg (single oral dose)

or

💧 Clotrimazole vaginal cream (7 days)

💡 Mnemonic: "Candida = Cottage Cheese Discharge" 🧀

3 Contraceptives

◆ **Classification of Contraceptives:**

Method	Examples	Duration
Barrier Methods 🚫	Condoms, diaphragms	Single use
Hormonal Methods 💊	Pills (COCs, POPs), Injections (DMPA)	Daily - 3 months
Long-Acting Reversible (LARC) 🌙	Implants, IUDs	3-10 years
Permanent Methods ✂️	Tubal ligation, Vasectomy	Permanent
Emergency Contraception ⚡	Plan B, Copper IUD	Within 72 hrs

💡 Mnemonic for Emergency Contraception: "P-I-U" (Pills, Implants, Uterine IUD)

◆ Scenario:

A 19-year-old woman had unprotected intercourse last night and wants emergency contraception.

✓ Best Option? Levonorgestrel (Plan B, 1.5 mg) within 72 hours

✓ Most Effective? Copper IUD (insert within 5 days)

4 Pelvic Organ Prolapse (POP) 🚨

◆ Definition:

Pelvic organ prolapse is the descent of pelvic organs due to weakening of pelvic floor muscles and ligaments.

◆ Types of POP:

Type	Definition
Cystocele 🫧	Bladder prolapse into anterior vaginal wall
Rectocele 🍑	Rectum prolapse into posterior vaginal wall
Uterine Prolapse 🍑	Uterus descends into vaginal canal
Enterocoele 🏠	Small bowel herniates into posterior vaginal wall

💡 Mnemonic: "CRUE" - Cystocele, Rectocele, Uterine Prolapse, Enterocoele"

◆ Causes:

✓ Pregnancy & Vaginal Delivery (major risk)

✓ Obesity


✓ Chronic cough (COPD, smoking)

✓ Menopause (low estrogen weakens pelvic support)

◆ Symptoms:

- ◆ Pelvic heaviness, dragging sensation
- ◆ Urinary symptoms (urgency, incontinence)
- ◆ Constipation (rectocele)

◆ **Diagnosis:**

 Pelvic Exam – Valsalva maneuver to assess descent


 MRI Pelvic Floor (for severe cases)

◆ **Treatment Options:**

Severity	Treatment
Mild	Pelvic floor exercises (Kegels)
Moderate	Pessary insertion
Severe	Surgical repair (Hysterectomy, Colporrhaphy)

 Mnemonic: "POP Fix: Kegels, Pessary, Surgery"

Summary of Key Mnemonics:

- 1 Gyne Infections Mnemonic: "C-B-P" (Candidiasis, Bacterial Vaginosis, PID)
- 2 Candidiasis Clue: "Candida = Cottage Cheese Discharge" 
- 3 Emergency Contraception: "P-I-U" (Pills, Implants, Uterine IUD)
- 4 Pelvic Organ Prolapse Types: "CRUE" - Cystocele, Rectocele, Uterine Prolapse, Enterocele"
- 5 POP Management: "Kegels, Pessary, Surgery"

1 Sexual Assault

◆ Definition

Sexual assault refers to **non-consensual sexual acts** through **force, coercion, or threat**. It includes **rape, sodomy, molestation, and sexual harassment**.

◆ Medico-Legal Aspects

- ✓ **Consent:** Absence of **free will** (due to fear, intoxication, or minor age)
- ✓ **Age of Consent:** Varies by country (e.g., 16-18 years in most places)
- ✓ **Marital Rape:** Non-consensual intercourse within marriage (criminal in some countries)

◆ OSCE Scenario:

A **20-year-old woman** presents to the emergency department **8 hours after sexual assault**. She is crying, distressed, and unsure about reporting the case.

◆ Examination Steps:

1 Obtain Consent (signed by victim, parent/guardian if minor)

2 History Taking

- Time & place of assault
- Number of assailants
- Weapons used (if any)
- Post-assault activities (eating, urination, washing)

3 Physical Examination

- **General injuries:** Bruises, bite marks
- **Genital Examination:** Signs of forced penetration, vaginal tears, semen detection

4 Forensic Evidence Collection (within 72 hours)

- **Clothes:** Preserve in paper bags

- Vaginal/rectal swabs: DNA analysis
- Fingernail scrapings
 - 5 Investigations
- Pregnancy Test
- STI screening (HIV, syphilis, gonorrhea, chlamydia)
 - 6 Treatment & Prophylaxis
- Emergency Contraception (Levonorgestrel 1.5mg)
- STI Prophylaxis (Ceftriaxone + Azithromycin)
- HIV PEP (within 72 hours)
 - 7 Legal Documentation & Report

💡 Mnemonic: "H-E-P-F-I-T-L" (History, Exam, Prophylaxis, Forensics, Investigation, Treatment, Legal)"

2 Sodomy & Rape (Examination & Reporting) 🚓

◆ Definitions:

Term	Definition
Rape	Non-consensual vaginal penetration
Sodomy	Non-consensual anal intercourse
Molestation	Sexual assault without penetration
Statutory Rape	Sexual intercourse with a minor (even if consensual)

◆ Examination of a Rape Victim 🏥

- ✓ Same protocol as sexual assault
- ✓ Additional Anal Examination (for sodomy cases)

✓ Proctoscopy to detect rectal tears, bleeding, and bruising

💡 Mnemonic: "RAPE Protocol: Record, Assess, Preserve, Examine"

3 Organ Transplant Ethics

◆ Ethical Principles:

✓ **Autonomy** – Patient's right to donate organs

✓ **Non-maleficence** – Avoid harm to donor and recipient

✓ **Justice** – Fair distribution of organs

◆ Criteria for Organ Donation:

✓ **Living Donor:** Informed consent, no coercion, no financial gain

✓ **Brain-Dead Donor:** Irreversible cessation of brain function, confirmed by two specialists

✓ **Legal & Ethical Considerations:**

- UNOS Guidelines (USA) – Organ allocation based on need
- WHO Principles – No commercial trading of organs

◆ OSCE Scenario:

A 42-year-old man is declared **brain dead** after a road traffic accident. His family is unsure whether to donate his organs.

◆ How to Handle?

✓ Explain Brain Death Criteria

✓ Discuss Ethical Guidelines

✓ Respect Family's Wishes

💡 Mnemonic for Brain Death Criteria: "No Reflexes, No Response, No Respiration"

4 Signs of Pregnancy (Relative & Absolute)

◆ Categories of Pregnancy Signs:

Type	Signs	Mnemonic
Presumptive (Subjective)	Amenorrhea, nausea, breast tenderness	"My Nausea & Fatigue"
Probable (Objective)	Chadwick's, Goodell's, Hegar's signs	"CGH"
Positive (Definitive)	Fetal heart sound, ultrasound, fetal movements	"FUF"

◆ Presumptive Signs (Subjective, Not Confirmatory)

- ✓ Amenorrhea – Missed period
- ✓ Nausea & Vomiting (Morning Sickness)
- ✓ Breast Tenderness
- ✓ Fatigue
- ✓ Increased Urination

💡 Mnemonic: "My Nausea & Fatigue"

◆ Probable Signs (Objective, Seen by Doctor)

- ✓ Chadwick's Sign – Bluish discoloration of the cervix
- ✓ Goodell's Sign – Softening of the cervix
- ✓ Hegar's Sign – Softening of the lower uterine segment
- ✓ Ballottement – Fetus bounces back when tapped

💡 Mnemonic: "CGH – Cervix, Goodell, Hegar"

◆ **Absolute (Positive) Signs (Definitive Proof of Pregnancy)**

- ✓ Fetal Heart Sounds (Doppler at 10-12 weeks)
- ✓ Ultrasound Visualization of Fetus
- ✓ Fetal Movements (felt by examiner at 20 weeks)

💡 Mnemonic: "FUF – Fetal Heart, Ultrasound, Fetal Movement"

Summary of Key Mnemonics:

- 1 Sexual Assault Examination Mnemonic: "H-E-P-F-I-T-L"
 - 2 RAPE Protocol: "Record, Assess, Preserve, Examine"
 - 3 Brain Death Criteria: "No Reflexes, No Response, No Respiration"
 - 4 Pregnancy Signs Mnemonic:
 - "My Nausea & Fatigue" (Presumptive)
 - "CGH – Cervix, Goodell, Hegar" (Probable)
 - "FUF – Fetal Heart, Ultrasound, Fetal Movement" (Absolute)
-