

Symposium

Introduction

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Differential Diagnoses for Select Critical Care Symptoms

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Clinicians' ability to accurately diagnose patients is central to assess patients' prognosis and to prescribe effective treatments. Missed, delayed, and incorrect diagnoses can lead to significant patient harm and improper use of medical resources. The ability to correctly diagnose, however, is a difficult clinical skill and a complex process. First and foremost in this process is accurate history taking and detailed physical examination—both of which form the foundations to develop accurate differential diagnoses.

Although novice clinicians are taught to take a detailed history and perform a detailed physical examination, expert clinicians often use different strategies. Expert clinicians frequently use key findings to decrease the number of differential diagnoses in a relatively short period of time. Although intuitive clinical experience can be valuable, this often unsystematic process is open to errors in diagnosis.

Diagnostic errors have multiple causes; key among them are cognitive errors. The first article in this symposium addresses these issues. The article discusses the complex process of formulating differential diagnoses, identifies common errors in cognition, and offers strategies to prevent common errors in differential diagnosis. The remaining articles, authored by experienced acute care nurse practitioners, discuss differential diagnoses associated with 5 common patient symptoms noted in acute and critical care settings: dyspnea, chest pain, abdominal pain, acute nontraumatic weakness, and fever of unknown origin. These articles are intended to serve as a resource for both novice and expert clinicians as well as graduate students who are in the initial process of learning how to formulate a differential diagnosis and those who teach these students.

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