

## Appendix 3

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### ‘Dangerous’ diagnoses

There are certain conditions that demand urgent action when the merest suspicion of them crosses a doctor’s mind. Problems occur where a doctor has correctly suspected such a diagnosis, recorded the fact, but then not acted on the possibility.

Diagnoses that fall into this category include:

- myocardial infarction
- pulmonary embolus
- subarachnoid haemorrhage
- appendicitis
- limb ischaemia
- intestinal obstruction or perforation
- meningitis
- aneurysms
- ectopic pregnancy
- acute psychosis/mania
- visual problems that could lead to blindness including retinal detachment and haemorrhage as well as systemic disease such as temporal arteritis, which if not recognised has serious complications.

If you suspect a potentially life-threatening diagnosis in a primary care setting, then *act as if the diagnosis were certain* and send the patient rapidly to his or her nearest secondary care centre. You may well get it wrong and appear to be over-cautious, but this is a call it’s often impossible to make without the benefit of investigations and close observation.

*Source:* Medical Protection Society<sup>9</sup>