**Diagnostic Test Case Scenarios:**

1. You are seeing patients in your continuity clinic in the heart of winter. Every patient you’ve seen today has some sort of upper respiratory infection, even those who’ve come in for a well check. You are starting to wonder if any of these patients have “the flu” and ask your attending if it is possible to test any of these patients for the flu. She tells you that they don’t routinely do the nasal swabs in clinic because it takes too long for the viral cultures to come back…by the time you’ve got your result, the patient is better. You ask if the rapid influenza test is available, and as a matter of fact, the General Pediatric Division is contemplating performing those in the offices. Your attending has been tasked with a literature search to see if the test is as accurate as a viral culture.

Poehling KA et all. Accuracy and Impact of a Point-of-Care Rapid Influenza Test in Young Children with Respiratory Illnesses

Arch Ped Adol Med/ Vol 160, July 2006

1. You are on call in the Pediatric Emergency Department. You are examining an 8 year old boy with abdominal pain and you are concerned he might have appendicitis. He cannot tolerate the oral contrast for an abdominal CT scan and the ultrasound tech called in sick. You are wondering if there are any other tests you might be able to use to detect early appendicitis. Your attending remembers an abstract she recently read in the contents of an Emergency Medicine journal and tells you to look for the article.

Janguoo A et al. Is urinary 5-hydroxyindoleacetic acid helpful for early diagnosis of acute appendicitis? Am J Emerg Med, 2012; 30:540-544.

1. You are on your elective in Adolescent Medicine. You have been performing pelvic exams and cervical cultures on patients whom you suspect might have cervicitis from GC or chlamydia. You recently attended a Grand Rounds about sexually transmitted infections and know that the nucleic acid amplifications tests (NAATs) are now recommended by the CDC as a test of choice. Your attending is “old school”, and you need to give him some hard data that would support a change in practice.

Gaydos CA et al. Performance of the Abbott RealTime CT/NG for Detection of Chlamydia trachomatis and Neisseria gonorrhoeae. J Clin Micro, 2010; 48(9):3236-3243.