

Hematemesis

Introduce yourself , take permission

Patient profile (name , age , occupation , address, marital status)

Chief complaint + duration

Analysis of the Chief Complaint

Onset: - Sudden acute - chronic

- insidious onset of vomiting

Progression (Getting worse or better)

Previous episodes

Character:

smell

Color (Fresh bright red, Dark color "coffee grounds").

Amount (In cups).

Associated bleeding from other sites

Time: Constant or episodic.

Exacerbating and relieving factors:

- NSAIDs → PUD

- Food → GU

- Trauma to abdomen → Esophageal perforation

- Alcohol, Vomiting/retching → Mallory-Weiss tear

Severity:

Associated symptoms

I. GI:

a) Heartburn and regurgitation

B) Dysphagia and odynophagia.

C) Dyspepsia

D) Abdominal Pain → Epigastric → PUD

E) Abdominal Distention

f) Jaundice / change in urine & stool color / itching/ limb swelling→ Cirrhosis

g) Diarrhea or constipation

h) Hematochezia/ anal pain or anal lump.

II. Blood disorders: Bleeding from other site, ecchymosis, purpura, petechial, hematuria.

III. Constitutional symptoms: Fever, Weight loss, Anorexia, Night sweat.

Risk Factors (always ask about smoking and alcohol)

I. PUD → Smoking, NSAIDS, Alcohol

II. Bleeding disorders → Drugs {Anti-coagulants (Heparin or Warfarin) / NSAIDS (Aspirin).

III. Cirrhosis → Alcohol, Blood transfusion, HBV infection, sexual intercourse, easy bruising, leg swelling.

III. Mallory –Weiss >> binge drinking

Review of systems

Past medical and surgical: GERD, PUD, liver problems, coagulopathy, IBD, Colorectal cancer, previous GI surgery, AAA repair (Aorto-enteric fistula).

Drug Hx: NSAIDs, steroid, aspirin, warfarin

Family Hx: Ask about relevant conditions related to the history (Gastric cancer, PUD, colon cancer ... etc.), and any chronic diseases.