

Bleeding per rectum

Introduce yourself , take permission

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

Chief complaint + duration

Analysis of the Chief Complaint

Onset: - Sudden acute - chronic

Previous episodes

Character:

- **Color:** Mixed with stool, Streak, at the toilet paper

- **Amount** (In cups).

Associated bleeding from other sites

Time: Constant or episodic. / **Progression** (Getting worse or better)

Exacerbating and relieving factors:

- NSAIDs → PUD

- Food → GU

- Trauma to abdomen → Hematoma

Severity:

- **Anemia symptoms** (Fatigue/ SOB/ Palpitations/ Dizziness).

- Assess the **dehydration symptoms** (Feeling thirst/ dry mucous membrane/ oliguria/ altered mental status)

Associated symptoms

I. GI:

A) Dysphagia and odynophagia.

B) Heartburn and regurgitation

C) Dyspepsia

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

E) Abdominal Pain → Epigastric → PUD

F) Abdominal Distention

H) Diarrhea or constipation

G) 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. Chronic constipation → Straining (diverticulosis), hemorrhoids.

IIII. Family hx of IBD or colorectal cancer

Review of systems

Past medical and surgical: GERD, PUD, liver problems, coagulopathy, IBD, Colorectal cancer, previous GI surgery.

Drug Hx: NSAIDs, steroid, aspirin, warfarin

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

Social Hx: Smoking history (# of pack years), alcohol, travel history, drug abuse, **Type of diet**