

Nausea and Vomiting

Introduce yourself , take permission
Patient profile (name , age , occupation , marital status)
Chief complaint + duration (May help in assessing the dehydration risk)
Analysis of the Chief Complaint (FCBCAM/ OPPEARTS)
<p>Onset: - Sudden (Gastroenteritis/ Bowel obstruction/ appendicitis) - Insidious onset of vomiting (consider pregnancy, bulimia, brain tumor .. etc.).</p> <p>Progression (Getting worse or better)</p> <p>Previous episodes</p> <p>Exacerbating and relieving factors.</p> <p>Time: Constant or episodic with free interval.</p> <p>Severity: Assess the dehydration symptoms (Feeling thirst/ dry mucous membrane/ oliguria/ altered mental status).</p> <p>Frequency (How many times)/ Forceful (Projectile vomiting) = Gastric outlet obstruction/ IICP.</p> <p>Content (Food or not and if it is digested) Undigested food = may be due to motility disorders (like achalasia) or a structural disorder (like a pharyngeal pouch).</p> <p>Bloody (Hematemesis or coffee ground appearance) Bright red = may be fresh blood caused by a Mallory Weis tear or esophageal varices / Coffee ground = may indicate an upper GI bleed such as in a bleeding peptic ulcer.</p> <p>Color (Green/yellow vomit = may be bilious and caused by small bowel obstruction)</p> <p>Amount (In cups).</p> <p>Meal relation (Before or after meal/ not related).</p>
Associated symptoms
<p>GI Sx : • Dysphagia • Dyspepsia • Regurgitation, heart burn , hoarseness of voice • Bloating/abdominal swelling (generalized/localized)</p> <p>• Early satiety • Jaundice/ RUQP/ Steatorrhea • Abdominal distension • Bowel habit, diarrhea/constipation • Flatulence</p> <p>• Melena and Hematochezia • Fevers, weight loss, loss of appetite, night sweat.</p> <p>Fever and diarrhea (may indicated gastroenteritis)</p> <p>Abdominal pain (e.g. cholecystitis, pancreatitis, appendicitis, bowel obstruction, renal colic etc)</p> <p>Cardiac Sx: • Chest pain, palpitation, sweating, pallor (myocardial infarction)</p> <p>RENAL Sx : Urgency, frequency, hesitancy, flank or loin pain, fever, intermittency, dribbling (UTI/ Stones)</p> <p>CNS Sx: Headache, vertigo, visual change, vertigo (migraine, raised intracranial pressure, stroke, inner ear dysfunction) • Early morning headache, altered mental status, seizures, focal neurological symptoms, photophobia, phonophobia (IICP/ meningitis)</p> <p>(DKA) Polyuria, polydipsia, acetone breathing</p> <p>(Malignancy) Weight loss, anorexia , night sweating .</p>
Risk Factors (always ask about smoking and alcohol)
I. PUD → Smoking, NSAIDS, Alcohol
II. Hepatitis → Alcohol, blood Transfusion, HBV infection, DM, contact with patient having Hepatitis
III. MI → Smoking, HTN, DM, Hyperlipidemia, Family Hx
IV. Cholecystitis → Family Hx of gall bladder stones.
V. DKA → Family history of DM.
VI. Gastroenteritis: Recent travel, Recent takeaway/eaten out (food poisoning e.g. Campylobacter), Re-cooked rice (Bacillus cereus infection), family member with the same symptoms

Review of systems
Past medical and surgical <ul style="list-style-type: none"> • Previous surgeries. • Hepatitis, or history of blood transfusions, sexual intercourse, contact with jaundiced patient.
Drug Hx: Chemotherapy, antibiotics, oral contraceptive.
Family Hx: Ask about relevant conditions related to the history (Gastric cancer, PUD ... etc.), and any chronic diseases.
Social Hx: Smoking history (# of pack years), alcohol, travel history, drug abuse.

GASTROINTESTINAL CAUSES: Gastroenteritis, Bowel obstruction, Appendicitis, Peptic ulcer, Renal colic, Pancreatitis.

NEUROLOGICAL CAUSES: Migraine, Raised intracranial pressure, Inner ear pathology.

ENDOCRINE CAUSES: Pregnancy, Addison's disease, Renal failure, Diabetic ketoacidosis.

PSYCHIATRIC CAUSES: Bulimia, Anorexia.

MEDICATION SIDE EFFECTS.

Abdominal distention

Introduce yourself , take permission
Patient profile (name , age , occupation , marital status)
Chief complaint + duration
<p>Analysis of the Chief Complaint</p> <p>I. Onset (duration, progression, first time)</p> <p>II. Character:</p> <p>a) Painful?</p> <p>b) Swelling on other site (Leg/ genital/ eye)?</p> <p>III. Exacerbating & Relieving factors (eg. Food).</p>
<p>Associated symptoms</p> <p>I. CVS: a) SOB b) Orthopnea c) PND d) Ankle swelling e) Palpitations → Heart Failure</p> <p>II. GI</p> <p>a) Nausea & Vomiting → Intestinal Obstruction, Cirrhosis</p> <p>b) UGI bleeding → Cirrhosis (↑ Bleeding tendency)</p> <p>c) Diarrhea</p> <p>d) Constipation</p> <p>e) Jaundice → Cirrhosis</p> <p>III. UGS → Renal Failure</p> <p>a) Renal Pain</p> <p>b) Urine (amount/color/frequency)</p> <p>c) Edema around the eyes</p>
<p>Risk Factors (always ask about smoking and alcohol)</p> <p>I. HF → Previous MI, HTN, DM, Smoking, Valvular heart disease</p> <p>II. Cirrhosis → Alcohol, Hx of hepatitis, Hx of blood Transfusion</p> <p>III. RF → DM, Polycystic kidney disease, HTN.</p>
Review of systems
Past medical and surgical: Chronic illnesses (DM, HTN, Hyperlipidemia), Blood disorders, Previous surgeries.
Drug Hx: Steroids, IV Fluids
Family Hx: Ask about relevant conditions related to the history, and any chronic diseases.
Social Hx: Smoking history (# of pack years), alcohol, travel history, drug abuse.

ANEMIA

Introduce yourself , take permission
Patient profile (name , age , occupation , marital status)
Chief complaint + duration (fatigue)
Analysis of the Chief Complaint (OPPERATS)
Onset (sudden or gradual, progression, first time) Progression get worse or better with time Previous Episodes Exacerbating , Relieving: a) Rest over night b) Exercise Timing (Episodic, Constant) Severity effect on life.
Associated symptoms I. Constitutional Fever , wt loss , night sweat , loss of appetite . II. ANEMIA Sx : Pallor , exertional dyspnea and if: 1- hemolysis : jaundice , dark urine . 2- B12 def. : neurological sx , other autoimmune diseases. 3- Thalassemia : change in facial features , delayed puberty. 4- Sick cell : Recurrent hand or leg swelling , recurrent abdominal pain. 5- Diet : Pica , Strict vegetarian , Fava beans ingestion dyspnea on exertion, postural (orthostatic) lightheadedness III. RS + CVS : Chest pain, Orthopnea , PND , Ankle swelling , SOB, Palpitation, Cough. IV. Blood loss : - GI : hematemesis , melena , hematochezia - Trauma - Bleeding disorders : Epistaxis , Gum bleed , hemarthrosis. - GU : hematuria , menorrhagia .
Review of systems
Past medical and surgical Preivous admission , blood transfusion ,any chronic diseases (esp. renal)
Drug Hx PAINS (Primiquine , Aspirin , Isonizid , Nirtrofurantoin ,Sulfa Drugs), Penicillin's , Methyl dopa
Family Hx Spleenectomy , hemolysis , bleeding disorders
Social Hx: Smoking history (# of pack years), alcohol, travel history

**Investigations:

1. CBC → look for Hgb and MCV.
2. Blood film
3. Iron study
4. Hgb electrophoresis.

CHEST PAIN

Introduce yourself , take permission
Patient profile (name , age , occupation , marital status)
Chief complaint + duration
Analysis of the Chief Complaint
<p>Site:</p> <p>a) Retrosternal → ACS, Angina, Pericarditis</p> <p>b) Lateral → PE, Pneumonia, Shingles</p> <p>Onset</p> <p>a) Sudden → ACS, PE</p> <p>b) Gradual → Angina, Pneumonia</p> <p>Character</p> <p>a) Heaviness → ACS, Angina</p> <p>b) Stabbing → PE, Pneumonia, Pericarditis</p> <p>c) Tearing → Aortic dissection</p> <p>Radiation</p> <p>a) Left shoulder, neck and teeth → ACS, Angina</p> <p>b) Back → Aortic dissection</p> <p>Associated symptoms (finish the CC analysis then ask about them ↓)</p> <p>Timing (Course and pattern)</p> <p>a) Intermittent or episodic, how much it lasts → ACS, Angina</p> <p>b) Persistent for more than 30 minutes → MI</p> <p>Exacerbating:</p> <p>a) Exertion, Emotion, Cold, After meals → ACS, Angina</p> <p>b) Movement, respiration and cough, lying supine → PE, Pneumonia, Pericarditis</p> <p>Relieving:</p> <p>a) Rest AND NTG → Angina b) eating → GERD, ACS.</p> <p>b) Leaning forward, Sitting up, Analgesics, NSAIDS → Pericarditis</p> <p>Severity 1. Very severe (ACS, Aortic dissection) 2. Mild (esophageal).</p>
<p>Associated symptoms</p> <p>I. CVS: Sweating, Nausea, vomiting and impending death → MI</p> <p>a) SOB b) Orthopnea c) PND d) Ankle swelling, Palpitation, Syncope.</p> <p>II. RS: Fever & chills, contact with sick patient → Pneumonia</p> <p>a) Cough and sputum → Pneumonia</p> <p>b) Hemoptysis, leg pain and swelling → PE</p> <p>c) Cyanosis → PE</p> <p>III. GI</p> <p>Heart burn, regurgitation, Hematemesis and melena → GERD, Esophagitis</p> <p>IV. MSS</p> <p>a) Skin rash → Shingles</p> <p>b) Joint pain → SLE</p> <p>V. Depression: Mood and loss of interest .</p>
<p>Risk Factors (always ask about smoking and alcohol)</p> <p>I. ACS → HTN, DM, Hyperlipidemia, Family history, Smoking</p> <p>II. Viral etiologies may be preceded by flu-like respiratory or GI symptoms → Pericarditis</p> <p>III. Trauma → Pneumothorax</p> <p>IV. PE (DVT) → Recent travel, Surgery, Immobility, Pregnancy, OCP, Previous DVTs</p>
Review of systems
Past medical and surgical HTN, hyperlipidemia, DM, previous caths and stents, recent infections, previous heart surgeries
Drug Hx NSAIDs, B-blockers, Thyroxine, Cocaine AND Vaccine Hx if Pneumonia Allergies: Drug ..etc
Family Hx Family Hx of heart disease or premature CAD (♂<55 , ♀<65)
Social Hx: Smoking history (# of pack years), alcohol, travel history

(DDX: ACS, Angina, PE, Pneumonia, Pericarditis, Shingles, Trauma, GERD)

****Investigations:**

1. ACS + Angina → ECG and cardiac enzymes
2. Pneumonia → CXR, ESR, CRP
3. PE → CT-angiogram, D-dimer
4. GERD → 24-hour monitoring.

Chest Pain

1- Intermittent (Angina Vs. Esophageal spasm)

2- Acute

1. Acute coronary syndrome
2. Aortic dissection
3. Pericarditis
4. Esophageal Spasm
5. Pneumothorax
6. Musculoskeletal pain

Premature CAD

•In the patient

CAD < 55 years in female, < 45 years in male

•In the family

First degree relative

CAD < 65 years in female, < 55 years in male

4.3 Cardiovascular causes of chest pain and their characteristics

	Angina	Myocardial infarction	Aortic dissection	Pericardial pain	Oesophageal pain
Site	Retrosternal	Retrosternal	Interscapular/retrosternal	Retrosternal or left-sided	Retrosternal or epigastric
Onset	Progressive increase in intensity over 1–2 minutes	Rapid over a few minutes	Very sudden	Gradual; postural change may suddenly aggravate	Over 1–2 minutes; can be sudden (spasm)
Character	Constricting, heavy	Constricting, heavy	Tearing or ripping	Sharp, 'stabbing', pleuritic	Gripping, tight or burning
Radiation	Sometimes arm(s), neck, epigastrium	Often to arm(s), neck, jaw, sometimes epigastrium	Back, between shoulders	Left shoulder or back	Often to back, sometimes to arms
Associated features	Breathlessness	Sweating, nausea, vomiting, breathlessness, feeling of impending death (angor animi)	Sweating, syncope, focal neurological signs, signs of limb ischaemia, mesenteric ischaemia	Flu-like prodrome, breathlessness, fever	Heartburn, acid reflux
Timing	Intermittent, with episodes lasting 2–10 minutes	Acute presentation; prolonged duration	Acute presentation; prolonged duration	Acute presentation; variable duration	Intermittent, often at night-time; variable duration
Exacerbating/relieving factors	Triggered by emotion, exertion, especially if cold, windy Relieved by rest, nitrates	'Stress' and exercise rare triggers, usually spontaneous Not relieved by rest or nitrates	Spontaneous No manoeuvres relieve pain	Sitting up/lying down may affect intensity NSAIDs help	Lying flat/some foods may trigger Not relieved by rest; nitrates sometimes relieve
Severity	Mild to moderate	Usually severe	Very severe	Can be severe	Usually mild but oesophageal spasm can mimic myocardial infarction
Cause	Coronary atherosclerosis, aortic stenosis, hypertrophic cardiomyopathy	Plaque rupture and coronary artery occlusion	Thoracic aortic dissection rupture	Pericarditis (usually viral, also post myocardial infarction)	Oesophageal spasm, reflux, hiatus hernia

NSAIDs, non-steroidal anti-inflammatory drugs.

Palpitation

Introduce yourself , take permission
Patient profile (name, age, occupation, marital status)
Chief complaint + duration
Analysis of the Chief Complaint (OPCERATS)
Onset (sudden or gradual) Progression get worse or better with time Character: (regular or irregular) (tachycardia or bradycardia). Exacerbating, Relieving: -Stress, Exercise, caffeine, alcohol, smoking Timing (Course/ pattern) IF Lasts for a few minutes or Constant Severity (loss of consciousness, dizziness)
Associated symptoms I. CVS: (HF OR IHD) Chest pain, Orthopnea, PND, lower limb edema, SOB, Palpitation, intermittent claudication. II. SVT, Afib: Polyuria, light headedness, chest tightness. III. Ventricular arrhythmia: Presyncope, and syncope. IV. Hyperthyroidism: heat intolerance, weight loss, diarrhea V. Infection and sepsis → Fever. VI. Anemia: Fatigue, Pallor or Jaundice, Weakness. VII. Psychological: Anxiety (nervousness, insomnia, tachypnea). VIII. Pheochromocytoma (episodic headache + sweating).
Review of systems
Past medical and surgical -IHD (Previous MI) -Valvular heart disease (Mitral stenosis) → Atrial fibrillation Previous admission. Previous surgeries.
Drug Hx (Thyroxine, B-agonists , Decongestants , Anti-depressants)
Family Hx Family hx of heart disease or sudden death
Social Hx: Smoking history (# of pack years), alcohol, travel history, diet (caffeine .. etc.).

(DDX: Atrial fibrillation, Hyperthyroidism, Pheochromocytoma, Anxiety, Anemia)

**Investigations:

1. CBC.
2. ECG.
3. Echocardiogram.
4. Thyroid function test.
5. Urine metanephrins.

4.6 Descriptions of arrhythmias					
	Extrasystoles	Sinus tachycardia	Supraventricular tachycardia	Atrial fibrillation	Ventricular tachycardia
Site	-	-	-	-	-
Onset	Sudden	Gradual	Sudden, with 'jump'	Sudden	Sudden
Character	'Jump', missed beat or flutter	Regular, fast, 'pounding'	Regular, fast	Irregular, usually fast; slower in elderly	Regular, fast
Radiation	-	-	-	-	-
Associated features	Nil	Anxiety	Polyuria, lightheadedness, chest tightness	Polyuria, breathlessness Syncope uncommon	Presyncope, syncope, chest tightness
Timing	Brief	A few minutes	Minutes to hours	Variable	Variable
Exacerbating/relieving factors	Fatigue, caffeine, alcohol may trigger Often relieved by walking (increases sinus rate)	Exercise or anxiety may trigger	Usually at rest, trivial movements, e.g. bending, may trigger Vagal manoeuvres may relieve	Exercise or alcohol may trigger; often spontaneous	Exercise may trigger; often spontaneous
Severity	Mild (usually)	Mild to moderate	Moderate to severe	Very variable, may be asymptomatic	Often severe

Constipation

Introduce yourself , take permission

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

Chief complaint + duration

Analysis of the Chief Complaint

Onset (sudden or gradual, progression, first time) = **OPP**

Frequency: Times per day

Consistency: (Sausage shape, separate hard lumps like nuts)

Blood:

Caliber: large caliber, narrow or pencil thin stools

Amount (small/large)

Mucous

Pain

Melena

Associated symptoms (finish the CC analysis then ask about them ↓)

Associated symptoms

Constitutional:

- Weight Loss
- Anorexia
- fever
- night sweat

GI: From above to down

- a) Mouth ulcers → IBD
- b) Nausea & Vomiting → Intestinal obstruction
- c) Abdominal pain >> Intestinal obstruction, IBD
- d) Abdominal distention → IBS, Intestinal obstruction
- e) Alternating diarrhea → IBS
- f) Anal pain or itching → Hemorrhoid, Perianal fissure

MSS

Skin rash, Joint Pain, Eye Symptoms

Hypothyroidism : Cold intolerance, Weight Gain , fatigue.

DM : Polyuria, Polydipsia, Polyphagia

Hypercalcemia : Renal stones , bone pain , polyuria , abdominal pain.

Dehydration : feeling thirst , dark urine , oliguria

Risk factors

- I. IBD → Family hx
- II. Colon CA → Low fiber diet, family hx
- III. Intestinal obstruction (Adhesions) → Previous surgeries

Review of systems

Past medical and surgical

- Previous attacks
- Previous surgeries → Intestinal obstruction (Adhesions)
- Chronic illness
- (DM, HTN, Hyperlipidemia) , Hx of trauma (spinal cord)

Drug Hx: →Iron and Ca supplement , opioids , thiazides , Antacids

Family Hx: Ask about relevant conditions related (IBD , Colon CA) and any chronic diseases.

Social Hx: Smoking history (# of pack years), alcohol , travel history , Diet and water intake

Epigastric pain

Introduce yourself , take permission

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

Chief complaint + duration

Analysis of the Chief Complaint (**SOCRATES**)

Site

Onset (sudden or gradual, progression, first time)

Character

- Squeezing - Sharp/stabbing - Burning/pricking - Dull

Radiation

- To back
- To Right shoulder, scapula
- Up to chest
- Diffuse

Associated symptoms (finish the CC analysis then ask about them ↓)

Timing (episodic or continuous)

Exacerbating:

- Eating or fasting.
- increased by swallowing.
- fatty foods.
- acidic/spicy foods/coffee.
- Does it increase by movement or breathing?

Relieving:

- Eating or fasting
- Certain position (lying on one side, or leaning forward)
- Bowel motion.
- Drugs

Severity (from 0-10).

Associated symptoms

- **GI symptoms:**
- Dysphagia, Regurgitation, heart burn, hoarseness of voice.
- Dyspepsia , N+V
- Bloating/abdominal swelling (generalized/localized)
- Early satiety
- Jaundice/ RUQP/ Steatorrhea, urine & stool changes, itching
- Bowel habit, diarrhea/constipation • Flatulence
- Melena and Hematochezia

• **Heart symptoms:** Chest pain, sweating, SOB, PND, orthopnea, ankle swelling,.

• **Respiratory symptoms:** Cough, SOB, wheeze.

General

• Fever, weight loss, loss of appetite, night sweat.

Risk Factors (always ask about smoking and alcohol)

I. PUD → Smoking, NSAIDS, Alcohol

II. Hepatitis → Alcohol, blood Transfusion, HBV infection, DM, contact with patient having Hepatitis

III. MI → Smoking, HTN, DM, Hyperlipidemia, Family Hx

IV. Cholecystitis→ Family Hx of gall bladder stones

Review of systems

Past medical and surgical

• Previous surgeries.

• Hepatitis, or history of blood transfusions, sexual intercourse, contact with jaundiced patient.

Drug Hx: NSAIDs, Steroids ,antacids, anticoagulant.

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

Social Hx: Smoking history (# of pack years), alcohol, travel history

FOLLOW UP DM

Patient profile (name , age , occupation , marital status, address)
Chief complaint + duration
Analysis of the Chief Complaint
<p>How long do you have DM? At which age you have been diagnosed?</p> <p>What was the first chief complaint (Weight loss/ screening/ recurrent skin infections/ polyphagia/ polydipsia)? What was your blood glucose test measure?</p> <p>Is your blood sugar controlled? / Do you measure it regularly? / How much is the reading?</p> <p>Lab results (if the patient is educated) what is the type? And their results? And if they are not on the required level ask about the compliance with diet and medications or any stressful conditions?</p> <p>on insulin or oral hypoglycemic drugs? / any drug complications? / Do you require insulin from the start? Exercise and diet (What the type of diet you follow up)? Obesity and BMI?</p> <p>Severity (Life affection)</p> <p>Have you been able to work? How did your family cope with your problem?</p>
<p>Complications</p> <p>I. Retinopathy → Decreased or loss of vision</p> <p>II. Nephropathy → Polyuria, Anuria, Frothy urine, Uremia (Nausea & Vomiting / Abdominal pain)</p> <p>III. Neuropathy → Paresthesia of limbs, Urinary incontinence</p> <p>IV. Atherosclerosis → MI (Chest pain / SOB), CVA (Headache / Paralysis), PVD (Foot ulcers / Intermittent claudication), HX: of MI or CVA</p> <p>V. Hypoglycemia → Hunger, Tremor, Palpitation, Sweating, Pallor, Irritability, Confusion, Seizures. Do you know if that happens what to do? (Check the sugar levels/ take an oral glucose/ go to hospital).</p> <p>VI. DKA → Nausea & Vomiting, Polyuria, Polydipsia, Anorexia, Kussmaul breathing, Tachycardia, Dehydration. Have you had it before? And ask about admission to hospital?</p> <p>VII. Other → Hair loss, Easy bruising, delayed wound healing, Sexual Dysfunction.</p> <p>And if you do any testing to monitor these complications regularly? (LDL/ HBA1C/ Scr/ Fundoscopy).</p>
Review of systems
Past medical and surgical: Any chronic illnesses, and any previous surgery
Drug Hx & Allergy
Family Hx: I. Same condition II. Chronic illnesses
Social Hx: Smoking history (# of pack years), alcohol, travel history, drug abuse.

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.

DYSPHAGIA

Introduce yourself , take permission
Patient profile (name , age , occupation , marital status, address)
Chief complaint + duration (odynophagia?!!!)
Analysis of the Chief Complaint
Site: At what level does the food stick Onset: (sudden or gradual) Character Fluids, Solids or both (at the same time!), Stage the dysphagia occurs: initiating swallowing, after initiation swallowing? Associated symptoms (finish the CC analysis then ask about them ↓) Timing (Progression, episodic (intermittent) or continuous) Severity (Is there complete obstruction , regurgitation?)
Associated symptoms Constitutional: - Weight loss - Loss of appetite - Night sweat. - fever URTI: Cough, nasal congestion, sore throat. Neurological: vision problem, tremor, Recurrent choking (previous strokes). GI: Nausea/vomiting, Regurgitation, heart burn, Bloating/abdominal swelling, Early satiety, Jaundice/ RUQP/ Steatorrhea, Bowel habit, Melena and Hematochezia. Scleroderma: Skin tightness and discoloration (Raynaud Phenomenon). Myasthenia gravis: Ptosis, diplopia, fatigue Pharyngeal pouch (zenker diverticulum) Neck bulge , gurgle on drinking or halitosis ?
Review of systems
Past medical +Blood transfusion and surgical +Trauma. • Stroke • Thyroid problems (Goiter) • PUD and GERD •Scleroderma •Iron deficiency. • Previous admission. • Previous surgeries.
Drug HX: → • NSAIDs • Bisphosphonates/Doxycycline •Use of antacids (related to GERD and PUD).
Family HX: Esophageal cancer, neuromuscular diseases , any chronic illnesses
Social HX: • Alcohol (peptic ulcer disease, gastritis) • Smoking • Illicit drug use • Diet: spicy foods (peptic ulcer disease)

(DDX: URTI, Esophageal cancer, Achalasia, Scleroderma, Neurological, GERD, PUD)

Investigations:

1. Manometry, Barium swallow
2. Upper endoscopy
3. 24 PH monitoring
4. Anti Ach antibodies

Jaundice

Introduce yourself , take permission

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

Chief complaint + duration

Analysis of the Chief Complaint

I.Site

- a) Eyes (Sclera)
- b) Skin

II. Onset (sudden or gradual, progression, first time) OPP

III. Associated symptoms (finish the CC analysis then ask about them ↓)

IV. Exacerbating and relieving factors (Drugs, exercise, fasting, certain foods like fava beans).

V. Time: Intermittent (e.g. Gilbert's syndrome), continuous.

Associated symptoms

I.Prehepatic : Hemolytic Anemia → Fatigue, Dizziness, Pallor, SOB.

II. Hepatic :

a) Hepatitis → Fever, RUQ pain, Nausea & Vomiting
Autoimmune → Arthralgia, vitiligo, skin rashes

b) Cirrhosis → Ascites, Limb swelling, Bleeding tendency , Hematemesis , Anal lump

III. Post hepatic : - Obstructive Jaundice→ Itching , Dark urine and pale stool

- Constitutional (Periampullary tumor):

- Weight Loss - Anorexia - night sweat - steatorrhea – DM

IV. GI Sx : from above to below.

Risk factors: (always ask about smoking and alcohol)

1-Pre-hepatic: Hx of blood diseases (Thalassemia / G6PD), **Drugs** → **PAINS** (Primiquone , Aspirin , Isonizid ,Nitrofurantoin, Sulfa drugs)

2- Hepatic: , Hx of hepatitis , Hx of blood Transfusion, or contact w/ jaundiced patient

3- Post-hepatic: Hx of gallstones, Hx of cholecystitis, Hx of **IBD** (Crohn's)

Past medical and surgical

- Previous surgeries
- Chronic illnesses (DM, HTN, Hyperlipidemia)

Drug Hx: → **PAINS** (Primiquone , Aspirin , Isonizid ,Nitrofurantoin, Sulfa drugs) , OCPs

Family Hx: Hx of blood diseases (Thalassemia / G6PD) , Hepatitis and liver failure . and any chronic diseases.

Social Hx: Smoking history (# of pack years), alcohol , Drug abuse ,travel history , Sexual history

JOINT PAIN

(DDx: RA, SLE, Scleroderma, Inflammatory myopathy, Spondyloarthropathies, Gout, Enteropathic Arthritis, Septic arthritis, FMF, Behcet's disease))

Introduce yourself , take permission
Patient profile (name , age , occupation , marital status...)
Chief complaint + duration
Analysis of the Chief Complaint (SOCRATES)
<p>Site</p> <p>a) Which joints? o Small / o Large</p> <p>b) How many joints affected? o One/Multiple</p> <p>c) Symmetrical joint involvement? Yes / No</p> <p>Onset (sudden or gradual, progression, first time)</p> <p>Acute, severely painful (septic, gout,)</p> <p>Character</p> <p>a) Migratory b) Redness, swelling c) Joint deformities</p> <p>Radiation</p> <p>Associated symptoms (finish the CC analysis then ask about them ↓)</p> <p>Timing</p> <p>a) Continuous or intermittent</p> <p>b) Day or Night</p> <p>c) Morning Stiffness</p> <p>Exacerbating & Relieving factors</p> <p>- Exacerbating: a) Movement / b) Cold weather</p> <p>- Relieving: a) Rest / b) Movement c) Drugs</p> <p>Severity → affect movement and daily activities?</p>
<p style="text-align: right;">Associated symptoms</p> <p>Constitutional</p> <p>a) Fever → FMF, Septic Arthritis b) Weight loss c) Anorexia d) Fatigue</p> <p>MSS</p> <p>a) Skin rash (Inflammatory myopathy)</p> <p>b) Skin Nodules</p> <p>c) Muscle weakness</p> <p>d) Skin thickening</p> <p>e) Back pain</p> <p>CVS : a) Chest pain /b) SOB</p> <p>RS</p> <p>a) cough</p> <p>b) shortness of breath</p> <p>c) pleuritic pain</p> <p>GUS</p> <p>a) haematuria, ankle swelling (nephritis)</p> <p>b) Genital Ulcers</p> <p>GI</p> <p>a) Mouth Ulcers</p> <p>b) Dysphagia</p> <p>c) Vomiting</p> <p>d) Abdominal pain</p> <p>e) diarrhoea (Reiter's syndrome), bloody diarrhea (inflammatory bowel disease)</p> <p>Eye Symptoms</p>

Review of systems
Past medical and surgical <ul style="list-style-type: none"> • Autoimmune conditions + Trauma • Previous admissions. • Previous surgeries.
Drug Hx: Thiazides (increase uric acid) , Long-term steroids (osteoporosis) • NSAIDs (gout) • Over-the-counter medication
Family Hx: Ask about relevant conditions related to the history , and any chronic diseases.
Social Hx: Smoking history (# of pack years), alcohol, travel history

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****Investigations:**

1. RA → RF/anti-CCP/ESR
2. SLE → ANA/anti-smith AB/ant-ds DNA AB
3. Scleroderma → ANA/anti-centromere AB
4. Inflammatory myopathies → creatinine phosphokinase/aldose
5. Gout → synovial fluid analysis (urate crystals)

Leg Swelling

Introduce yourself , take permission
Patient profile (name , age , occupation , marital status, address)
Chief complaint + duration
Analysis of the Chief Complaint
<p>Site</p> <p>a) Extent of swelling</p> <p>b) Unilateral or bilateral, Other sites: Periorbital? Abdomen? Genitalia? Back? Hands?</p> <p>Onset (sudden or gradual)</p> <p>Do they progress with activity or throughout the day? Or with lying down?</p> <p>Character (with)</p> <p>a) Redness</p> <p>b) Hotness</p> <p>c) Tenderness</p> <p>d) itching</p> <p>Associated symptoms (finish the CC analysis then ask about them ↓)</p> <p>Exacerbating, Relieving.</p> <p>Severity: loss of the limb function.</p>
<p>Associated symptoms</p> <p>I. Unilateral Swelling</p> <p>a) DVT:</p> <p>Limb → Redness, Hotness, Tenderness</p> <p>PE Symptoms → Chest pain, SOB, Hemoptysis.</p> <p>Risk factors → recent travel, surgery, immobility, pregnancy, OCP, previous DVTs.</p> <p>b) Cellulitis → Fever & Chills, Brown areas, Rapid progression, Ulcers.</p> <p>c) Venous Obstruction: HX of pelvic tumor, AV fistula.</p> <p>d) Trauma.</p> <p>e) Joint disease: Pain, hotness, redness, skin rash, decreased range of movement.</p> <p>II. Bilateral Swelling</p> <p>a) HF → Cough, Orthopnea, PND.</p> <p>b) Liver cirrhosis → Bleeding tendency, Abdominal distention.</p> <p>c) Renal failure → Frequency, Nocturia, Urine (color/smell/ amount)</p> <p>d) Hypoproteinemia → Nutrition, Malabsorption</p> <p>e) Hypothyroidism → Weight gain, Cold intolerance, Lethargy and Fatigue</p>
Review of systems
<p>Past medical and surgical</p> <p>Chronic illnesses (DM, HTN, Hyperlipidemia) , Allergy</p> <p>Past surgeries and admissions.</p>
Drug Hx NSAIDs, steroids, Ca+2 Ch. Blockers (Nifedipine, Amlodipine)
Family Hx Ask about relevant conditions related to the history (thrombophilia , cancers)
Social Hx: Smoking history (# of pack years), alcohol, travel history

**Investigations:

1. Doppler U/S and D-dimer → DVT
2. Liver function test (LFT) → Liver cirrhosis
3. Kidney function test (KFT) → Renal failure
4. Thyroid function test (TFT) → Hypothyroidism
5. CBC → Cellulitis

Red Urine

Introduce yourself , take permission
Patient profile (name , age , occupation , marital status)
Chief complaint + duration
Analysis of the Chief Complaint
<p>I. Onset (duration, sudden or gradual, progression, first time) = OPP</p> <p>II. Character</p> <p>a) Color</p> <ul style="list-style-type: none">o Bright Red →o Dark brown →o Tea (Cola) color >> <p>b) Part of stream</p> <ul style="list-style-type: none">o Initial →o Total →o Terminal → <p>c) Clots →</p> <p>d) Smell</p> <ul style="list-style-type: none">o Foul → UTI <p>e) Amount</p> <p>f) With Pain</p> <ul style="list-style-type: none">o Yes →o No <p>III. Timing</p> <ul style="list-style-type: none">a) Continuous or intermittentb) Times per day
<p>Associated symptoms</p> <p>I. General</p> <ul style="list-style-type: none">a) Fever & Chills → Pyelonephritisb) Weight loss → Malignancy <p>II. UGS</p> <ul style="list-style-type: none">a) Flank pain → Kidney Stonesb) Dysuria → Urethritisc) Frequency, Urgency, Nocturiad) Straining, Poor stream <p>III. GI</p> <ul style="list-style-type: none">a) Nausea & Vomiting → Pyelonephritis, Obstructive Jaundiceb) Abdominal painc) Jaundiced) Pale stool <p>IV. CVS</p> <ul style="list-style-type: none">a) Chest pain → Nephritic syndrome secondary to SLEb) Palpitations → Pyelonephritisc) Ankle edema → Nephritic syndrome <p>V. MSS</p> <ul style="list-style-type: none">a) Skin rash (malar rash)b) Joint Painc) Raynaud phenomenad) Muscle pain or trauma → Rhabdomyolysis

Risk Factors (always ask about smoking and alcohol)

I. Kidney Stones → Family Hx of stones, Diet.

II. Hemolytic Anemia → G6PD deficiency, Family Hx

III. Nephritic Syndrome (due to PSGN) → Sore throat in the last 10 days

IV. Rhabdomyolysis → Strenuous exercise

V. Food → Dyes, Beetroot

VI. Malignancy → Age > 50.

Review of systems

Past medical and surgical: Chronic illnesses (DM, HTN, Hyperlipidemia), Blood disorders, Previous surgeries.

Drug Hx: Rifampicin, Cyclophosphamide, Penicillin, NSAIDs, Aminoglycosides, Aspirin, Anticoagulants.

Family Hx: Ask about relevant conditions related to the history (Red urine), and any chronic diseases. (Bleeding disorders, Blood disorders)

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

SHORTNESS OF BREATH

Introduce yourself , take permission
Patient profile (name , age , occupation , marital status, adress)
Chief complaint + duration
HOPI: Analysis of the Chief Complaint (OPERATS)
Onset (Sudden or gradual) Instantaneous, hours, insidious. Previous Episodes Exacerbating, Relieving: a) Rest over night?? (COPD, HF, Asthma). b) Exercise and the relation if it is present? (Limit exercise or at end of it) c) Cough sputum d) Cold air Timing (course, pattern): Episodic with free interval (asthma)/Constant Get worse or better with time? Severity effect on life: How can you walk? And the things that makes you SOB.
Associated symptoms I. Constitutional Fever, weight loss, night sweat, loss of appetite. II. CVS: Chest pain, Orthopnea, PND, Ankle swelling, SOB, Palpitation, intermittent claudication. III. RS: a) Cough and sputum → <u>Pneumonia</u> b) Hemoptysis → Pneumonia, <u>PE</u> c) Cyanosis → <u>PE</u> d) Wheeze IV. GI: Nausea, vomiting, Heart burn, regurgitation, Abdominal pain, Jaundice. V. MSS: Skin rash, Joint pain, Muscle wasting, lymphadenopathy. VI. Psychological: anxiety, perioral and digital paresthesia, light headedness, can't get enough air in. VII. Anemia: Pallor, dizziness , fatigue.
Past medical and surgical: Hx of respiratory and cardiac disease (HTN/ HF/ Hyperlipidemia/ Arrhythmias), DM, Stroke, previous DVT, Hx of blood transfusion . Any surgeries or trauma or any source of immobility.
Drug Hx what he is taking (Aspirin , B-Blocker, CCB, inhaler) , any recent change , adherence to medications)
Family Hx asthma , atopy , hay fever , eczema, Lung cancer , IHD
Social Hx: Smoking history (# of pack years), alcohol, travel history (Recently), recreational drugs, contact with sick patient, house ventilation, pets.
Review of systems: (GU, search for malignanciesetc.).

(DDX: **All respiratory and cardiac diseases**, **Anemia**, **Psychogenic**) + (MSS chest trauma and costocondritis, neurogenic myasthenia gravis GBS, GIT liver ds and pancreatitis).

But most common cases in hospital are (Decompensated HF (Acute pulmonary edema), Acute exacerbation or asthma or COPD, PE, Pneumonia, Anemia).

****Investigations:**

1. **CXR** → Pneumonia, Pulmonary edema, Asthma, COPD
2. **Spirometry** → Asthma, COPD, RLD
3. **CT-angiography and D-dimer** → PE
4. **CBC** → Anemia



7.6 Breathlessness: modes of onset, duration and progression

Minutes	
<ul style="list-style-type: none"> Pulmonary thromboembolism Pneumothorax 	<ul style="list-style-type: none"> Asthma Inhaled foreign body Acute left ventricular failure
Hours to days	
<ul style="list-style-type: none"> Pneumonia Asthma 	<ul style="list-style-type: none"> Exacerbation of COPD
Weeks to months	
<ul style="list-style-type: none"> Anaemia Pleural effusion 	<ul style="list-style-type: none"> Respiratory neuromuscular disorders
Months to years	
<ul style="list-style-type: none"> COPD Pulmonary fibrosis 	<ul style="list-style-type: none"> Pulmonary tuberculosis

Grade	Degree of breathlessness related to activities
1	Not troubled by breathlessness except on strenuous exercise
2	Shortness of breath when hurrying on the level or walking up a slight hill
3	Walks slower than most people on the level, stops after a mile or so, or stops after 15 minutes walking at own pace
4	Stops for breath after walking about 100 yds or after a few minutes on level ground
5	Too breathless to leave the house, or breathless when undressing



7.5 Causes of breathlessness

Non-cardiorespiratory	
<ul style="list-style-type: none"> Anaemia Metabolic acidosis Obesity 	<ul style="list-style-type: none"> Psychogenic Neurogenic
Cardiac	
<ul style="list-style-type: none"> Left ventricular failure Mitral valve disease Cardiomyopathy 	<ul style="list-style-type: none"> Constrictive pericarditis Pericardial effusion
Respiratory	
Airways <ul style="list-style-type: none"> Laryngeal tumour Foreign body Asthma COPD Bronchiectasis Lung cancer Bronchiolitis Cystic fibrosis Parenchyma <ul style="list-style-type: none"> Pulmonary fibrosis Alveolitis Sarcoidosis Tuberculosis Pneumonia Diffuse infections, e.g. <i>Pneumocystis jiroveci</i> pneumonia Tumour (metastatic, lymphangitis) 	Pulmonary circulation <ul style="list-style-type: none"> Pulmonary thromboembolism Pulmonary vasculitis Primary pulmonary hypertension Pleural <ul style="list-style-type: none"> Pneumothorax Effusion Diffuse pleural fibrosis Chest wall <ul style="list-style-type: none"> Kyphoscoliosis Ankylosing spondylitis Neuromuscular <ul style="list-style-type: none"> Myasthenia gravis Neuropathies Muscular dystrophies Guillain-Barré syndrome

Weight loss

Introduce yourself , take permission
Patient profile (name , age , occupation , marital status, address)
Chief complaint + duration
Analysis of the Chief Complaint (HOPI)
a) Are you following diet program? b) How many Kg you lost? Time? c) Last time you weigh yourself , How much? d) How is appetite ? How is diet? is there any problem that prevents eating (teeth pain/odynophagia)? e) Increase in Physical activity . g) Previous episode .
Associated symptoms Malignancy → Fever, Night sweating, Palpable Lump anywhere in body. <u>GI causes :</u> A) Malabsorption → Abdominal pain, Abdominal distention, Diarrhea. B) IBD → Lower abdominal pain, Nausea & Vomiting, Constipation, Bloody Diarrhea . C) PUD (GU) → Epigastric pain related to food, Bloating, Melena, Upper GI bleeding. <u>Endocrine causes :</u> A) Hyperthyroidism → Heat intolerance, Palpitation, Increased Appetite. B) DM → Polyuria, Polydipsia, Polyphagia, Recurrent infections. C) Addison's disease → Hyperpigmentation, Orthostatic hypotension, Fatigue. <u>Depression & Anxiety</u> : loss of interest , change in mood , poor memory , insomnia . <u>RS Sx</u> : Cough, SOB, Hemoptysis (TB) <u>Cardiac Sx</u> : Orthopnea, PNDs, Ankle swelling. <u>Renal disease</u> : Oliguria, Altered mental status . <u>Liver failure& hepatitis</u> : jaundice , edema , bleeding tendency , abdominal distention. <u>Anemia Sx</u> : Pallor, Fatigue, Dizziness <u>CTD</u> : Arthritis , Skin rash , morning stiffness.
Review of systems
Past medical and surgical • Previous surgeries • Chronic illnesses (DM, HTN, Hyperlipidemia) . <u>Hx of recurrent infection (HIV)</u>
Drug Hx & Allergy: → <u>Thyroxin , laxatives , Metformin</u>
Family Hx: Same condition , Chronic illness
Social Hx: Smoking history (# of pack years), alcohol , Drug abuse ,travel history .

(DDx: Malabsorption Diseases, Hyperthyroidism, DM, Malignancy, Addison's disease, IBD, PUD , TB , Renal failure, Depression).

****Investigations:**

1. **Malabsorption** → Lower GI endoscopy.
2. **Hyperthyroidism** → TFT.
3. **DM** → Fasting blood glucose level, OGTT, HgbA1C.
4. **Addison's disease** → ACTH stimulation test.
5. **PUD** → Upper GI endoscopy.
6. **TB** → BPD, Interferon Gamma, ziehl neelsen stain (culture), Chest Xray.