

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 fating
- 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