

# Nausea and Vomiting

Introduce yourself , take permission
Patient profile (name , age , occupation , marital status)
Chief complaint + duration (May help in assessing the dehydration risk)
<b>Analysis of the Chief Complaint (FCBCAM/ OPPEATS)</b>
<p><b>Onset:</b> - Sudden (Gastroenteritis/ Bowel obstruction/ appendicitis) - Insidious onset of vomiting (consider pregnancy, bulimia, brain tumor .. etc.).</p> <p><b>Progression</b> (Getting worse or better)</p> <p><b>Previous episodes</b></p> <p><b>Exacerbating and relieving factors.</b></p> <p><b>Time:</b> Constant or episodic with free interval.</p> <p><b>Severity:</b> Assess the dehydration symptoms (Feeling thirst/ dry mucous membrane/ oliguria/ altered mental status).</p> <p><b>Frequency</b> (How many times)/ Forceful (Projectile vomiting) = Gastric outlet obstruction/ IICP.</p> <p><b>Content</b> (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><b>Bloody</b> (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><b>Color</b> (Green/yellow vomit = may be bilious and caused by small bowel obstruction)</p> <p><b>Amount</b> (In cups).</p> <p><b>Meal relation</b> (Before or after meal/ not related).</p>
<b>Associated symptoms</b>
<p><b>GI Sx :</b> • 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><b>Cardiac Sx:</b> • Chest pain, palpitation, sweating, pallor (myocardial infarction)</p> <p><b>RENAL Sx :</b> Urgency, frequency, hesitancy, flank or loin pain, fever, intermittency, dribbling (UTI/ Stones)</p> <p><b>CNS Sx:</b> 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><b>(DKA)</b> Polyuria, polydipsia, acetone breathing</p> <p><b>(Malignancy)</b> Weight loss, anorexia , night sweating .</p>
<p><b>Risk Factors (always ask about smoking and alcohol)</b></p> <p>I. PUD → Smoking, NSAIDS, Alcohol</p> <p>II. Hepatitis → Alcohol, blood Transfusion, HBV infection, DM, contact with patient having Hepatitis</p> <p>III. MI → Smoking, HTN, DM, Hyperlipidemia, Family Hx</p> <p>IV. Cholecystitis → Family Hx of gall bladder stones.</p> <p>V. DKA → Family history of DM.</p> <p>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</p>

<b>Review of systems</b>
<b>Past medical and surgical</b> <ul style="list-style-type: none"> <li>• Previous surgeries.</li> <li>• Hepatitis, or history of blood transfusions, sexual intercourse, contact with jaundiced patient.</li> </ul>
<b>Drug Hx:</b> Chemotherapy, antibiotics, oral contraceptive.
<b>Family Hx:</b> Ask about relevant conditions related to the history (Gastric cancer, PUD ... etc.), and any chronic diseases.
<b>Social Hx:</b> 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><b>I. Onset</b> (duration, progression, first time)</p> <p><b>II. Character:</b></p> <p>a) Painful?</p> <p>b) Swelling on other site (Leg/ genital/ eye)?</p> <p><b>III. Exacerbating &amp; Relieving factors</b> (eg. Food).</p>
<p><b>Associated symptoms</b></p> <p><b>I. CVS:</b> a) SOB b) Orthopnea c) PND d) Ankle swelling e) Palpitations → Heart Failure</p> <p><b>II. GI</b></p> <p>a) Nausea &amp; 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><b>III. UGS</b> → Renal Failure</p> <p>a) Renal Pain</p> <p>b) Urine (amount/color/frequency)</p> <p>c) Edema around the eyes</p>
<p><b>Risk Factors (always ask about smoking and alcohol)</b></p> <p><b>I. HF</b> → Previous MI, HTN, DM, Smoking, Valvular heart disease</p> <p><b>II. Cirrhosis</b> → Alcohol, Hx of hepatitis, Hx of blood Transfusion</p> <p><b>III. RF</b> → DM, Polycystic kidney disease, HTN.</p>
<b>Review of systems</b>
<b>Past medical and surgical:</b> Chronic illnesses (DM, HTN, Hyperlipidemia), Blood disorders, Previous surgeries.
<b>Drug Hx:</b> Steroids, IV Fluids
<b>Family Hx:</b> Ask about relevant conditions related to the history, and any chronic diseases.
<b>Social Hx:</b> Smoking history (# of pack years), alcohol, travel history, drug abuse.