

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/ OPPERATS)
Onset: - Sudden (Gastroenteritis/ Bowel obstruction/ appendicitis) - Insidious onset of vomiting (consider pregnancy, bulimia, brain tumor .. etc.).
Progression (Getting worse or better)
Previous episodes
Exacerbating and relieving factors.
Time: Constant or episodic with free interval.
Severity: Assess the dehydration symptoms (Feeling thirst/ dry mucous membrane/ oliguria/ altered mental status).
Frequency (How many times)/ Forceful (Projectile vomiting) = Gastric outlet obstruction/ IICP.
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).
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.
Color (Green/yellow vomit = may be bilious and caused by small bowel obstruction)
Amount (In cups).
Meal relation (Before or after meal/ not related).
Associated symptoms
GI Sx : • Dysphagia • Dyspepsia • Regurgitation, heart burn , hoarseness of voice • Bloating/abdominal swelling (generalized/localized)
• Early satiety • Jaundice/ RUQP/ Steatorrhea • Abdominal distension • Bowel habit, diarrhea/constipation • Flatulence
• Melena and Hematochezia • Fevers, weight loss, loss of appetite, night sweat.
Fever and diarrhea (may indicated gastroenteritis)
Abdominal pain (e.g. cholecystitis, pancreatitis, appendicitis, bowel obstruction, renal colic etc)
Cardiac Sx: • Chest pain, palpitation, sweating, pallor (myocardial infarction)
RENAL Sx : Urgency, frequency, hesitancy, flank or loin pain, fever, intermittency, dribbling (UTI/ Stones)
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)
(DKA) Polyuria, polydipsia, acetone breathing
(Malignancy) Weight loss, anorexia , night sweating .
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
Analysis of the Chief Complaint
I. Onset (duration, progression, first time)
II. Character:
a) Painful?
b) Swelling on other site (Leg/ genital/ eye)?
III. Exacerbating & Relieving factors (eg. Food).
Associated symptoms
I. CVS: a) SOB b) Orthopnea c) PND d) Ankle swelling e) Palpitations → Heart Failure
II. GI
a) Nausea & Vomiting → Intestinal Obstruction, Cirrhosis
b) UGI bleeding → Cirrhosis (↑ Bleeding tendency)
c) Diarrhea
d) Constipation
e) Jaundice → Cirrhosis
III. UGS → Renal Failure
a) Renal Pain
b) Urine (amount/color/frequency)
c) Edema around the eyes
Risk Factors (always ask about smoking and alcohol)
I. HF → Previous MI, HTN, DM, Smoking, Vulvular heart disease
II. Cirrhosis → Alcohol, Hx of hepatitis, Hx of blood Transfusion
III. RF → DM, Polycystic kidney disease, HTN.
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.