

DIARRHEA

Introduce yourself , take permission
Patient profile (name , age , occupation , marital status)
Chief complaint + duration
Analysis of the Chief Complaint (FCBCAO)
Frequency how many times a day? Character (mucus (greasy) or watery) Blood (fresh blood (hematochezia) , melena) Color (fatty . pale) Amount Odor (foul smelling) Onset (duration, sudden or gradual, progression, first time) = OPP Associated symptoms (finish the CC analysis then ask about them ↓) Timing (episodic (at night) or continuous) Exacerbating: - Dietary factors, fatty foods (gallstones), (Gastric ulcer disease). Relieving: Bowel motion (defecation) Drugs. Severity → dehydration symptoms (thirst . oliguria , dark urine, Dry mucous membranes)
Associated symptoms •GI symptoms a) Mouth ulcers → IBD, Celiac Disease b) Nausea & Vomiting → GE, PUD (if bloody vomit) c) Abdominal pain → GE, IBD (Crohn's), Celiac disease, CA d) Abdominal distention + Alternating constipation → IBS •Constitutional Fever , wt loss , night sweat , loss of appetite •MSS Skin rash , Joint Pain , Eye Symptoms.
Risk Factors (always ask about smoking and alcohol) I. GE → Eating anything spoiled II. Bacillary dysentery / ameba → Recent travel to endemic area III. IBD → Family hx IV. Colon CA → Low fiber diet, family hx V. Celiac → Family hx and hx of allergy
Review of systems
Past medical and surgical • Previous surgeries. • Previous attacks • Chronic illnesses (DM, HTN, Hyperlipidemia) ,contact with jaundiced patient.
Drug Hx: → Antibiotics, NSAID, Laxatives
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

(DDX: Gastroenteritis, Bacillary dysentery or Ameba, IBD, Colon CA, PUD, IBS, Celiac disease) Investigations:

1. Stool Culture → Infectious Colitis
2. Endoscope → Colon CA, IBD, Celiac disease.

