Student Note ID: 389

# Chief Complaint

Abdominal pain

# History of Presenting Illness

60 M with alcohol abuse presents to the ED with abdominal pain. His last drink was yesterday at 2pm (15 hours ago). He complains of a diffuse central abdominal pain with no radiation. The patient could not qualify the pain when asked, and says it's been going on for 2 weeks. He vomited dark emesis on arrival. He also reports nosebleeds, headache, nausea, and shortness of breath. Denies diarrhea, constipation. Patient has not seen a PCP in years.

# Review of Systems

General: Nausea and vomiting per HPI. No fever  
  
Head: Headache. No dizziness  
  
Cardiac: No chest pain, palpitations  
  
GI: Abdominal pain her GPI. No diarrhea, constipation  
  
Except as noted in the above Review of Symptoms and in the History of Present Illness, all other systems have been reviewed and are negative or noncontributory.

# History

## Past Medical History

Ethanol abuse. Past history of fall while intoxicated in August 2021. He suffered a subdural hematoma and an L2 vertebral fracture

## Past Surgical History

None

## Medications

None

## Allergies

None

## Family History

None

## Social History

Drinks 20 beers a day. Has a desire to quit drinking. Denies tobacco or illicit drug use.

# Physical Exam

## Vitals

Heart Rate: 88, Blood Pressure: 133/74  
Respiratory Rate: 25, O2 Sat: 95  
Weight: , Height:

## Exam

General: Patient is in moderate distress. He is slightly unkempt. When responding to questions, he shows a lot of pain and is short with his responses.   
  
Cardio: Good S1, S2 sounds with no extra sounds or murmurs. No peripheral edema.   
  
Pulmonary: Lung sounds clear to auscultation. Breathing is slightly tachypneic.   
  
Abdominal: Tenderness in all quadrants with palpation. No rebound tenderness. Bowel sounds active in all quadrants.   
  
Neuro: Alert and oriented x3. With arms outstretched, he has fine tremors.

# Data

Hb and Hct are WNL. K is low at 3.4. INR = 1.08. ALT = 43. AST = 48. Total bilirubin and ammonia WNL. UDS is negative. CT shows no GI bleeding. Head CT shows chronic L subdural hematoma. Chest X-ray is unremarkable.

# Assessment and Plan

## Summary Statement

This is a 60 year old male, who is presenting today for Diffuse abdominal pain for 2 weeks. Last drink was 15 hours ago. He also reports vomiting dark emesis, headache, nosebleeds, nausea, and shortness of breath. No diarrhea or constipation.  
The patient has a pertinent history of Alcohol use - 20 beers a day  
Patient's exam is remarkable for Abdominal tenderness to palpitation on all quadrants, without rebound tenderness. Arms positive for tremors when outstretched.  
Patient's data is remarkable for Elevated AST and ALT. CBC, CMP, WNL. CT showed no GI bleeding. Chest X-ray clear. Head CT shows chronic subdural hematoma, likely from his last hospitalization after fall in August 2021.

### Problem 1

Abdominal pain

### Differential DX}

Ethanol use

### Diagnostic Plan

### Treatment Plan

Pantoprazole for GI bleeding ppx. Give Norco p6h PRN for pain. Octreotide drip and ceftriaxone if Hb becomes unstable. CIWA protocol. K repletion. Continue supportive treatment.