

HISTORY

HPC	<ul style="list-style-type: none">• Duration symptoms• Speed of onset: Sudden / Gradual• Pain location: <i>see abdomen / pathology figure</i>• Pain referral: Shoulder / Back• Pain nature: Constant / Colicky• Bowel activity: BO / Passing flatus / Frequency• Stool type: Hard stool / Diarrhoea / Mucus / Blood• GU symptoms: Dysuria / Discharge / Swelling• Nausea / Vomiting: Bilious / Haematemesis / Dyspepsia• Fevers• Respiratory: SOB / Productive cough
PMH	<ul style="list-style-type: none">• IBD• IBS• GI Ulcers• Renal calculi• Gallstones• Diverticular disease
DH	<ul style="list-style-type: none">• Opioids• Contraception• NSAIDS / Steroids
SH / FH	<ul style="list-style-type: none">• Smoking status: Non / Current / Ex• Pregnancy risk: LMP• Sexual history: GU symptoms / STI risk• FH: Inflammatory bowel disease• Alcohol history

EXAMINATION

GENERAL OBSERVATIONS	<ul style="list-style-type: none">• Distressed / Pain• Distended abdomen• Patient Jaundiced
AIRWAY	<ul style="list-style-type: none">• Ensure airway patent
BREATHING	<ul style="list-style-type: none">• Physical Observation: FiO₂ / RR / SaO₂• Auscultation: Wheeze / Crackles / Air entry / Silent Chest• Percussion: Dull / Hyperresonance• Sputum: Yellow-Green• Haemoptysis
CIRCULATION	<ul style="list-style-type: none">• Physical Observation: HR / BP• Fluid input-output: Fluid balance• CRT: Central / Peripheral• Mucus membranes: Moist / Dry
DISABILITY	<ul style="list-style-type: none">• Physical Observation: Temp• GCS• BM: Hyperglycaemic + ketotic
EXPOSURE	<ul style="list-style-type: none">• Palpation: Pain / Guarding / Peritonitic / Rebound / Masses / Organomegaly / 'Fullness' / Pulsatile<ul style="list-style-type: none">◦ <i>see abdomen / pathology figure</i>• Hernia: Reducible / Tender / Erythema• Auscultation bowel sounds: Present / Absent / Tinkling• PR: Faecal impaction / Empty rectum / Malena• Testicles: Swelling / Tenderness / Raised

INVESTIGATIONS

BLOODS	<ul style="list-style-type: none">• FBC / U&E / CRP• LFT / BONE / Amylase / Lipase• Clotting / Group and Save• +/- Serum ketones if raised CBG• +/- beta HCG if suspected pregnancy	
VBG	<ul style="list-style-type: none">• pH• Lactate• Blood glucose	
ECG	<ul style="list-style-type: none">• Rate• Rhythm: Arrhythmia• Ischaemia: ST segment / T wave inversion / New LBBB	
URINALYSIS	<ul style="list-style-type: none">• Blood• Leukocytes• Nitrites• Pregnancy	
MICRO	<ul style="list-style-type: none">• Blood Cultures: If Temp > 38°C• Urine culture: If +ve urinalysis	
ERECT CXR	<ul style="list-style-type: none">• Basal consolidation• Effusion• Basal collapse• Pneumoperitoneum	
AXR	<ul style="list-style-type: none">• Faecal loading• Dilated bowel loops• Volvulus• Pneumoperitoneum / Rigler's sign• Pneumobilia	
CT ABDO/PELVIS	<ul style="list-style-type: none">• Bowel obstruction• Masses• Appendicitis• Colitis	DISCUSS WITH SENIOR
CT KUB	<ul style="list-style-type: none">• Hydronephrosis• Obstructing renal calculi• Kidney / Ureter / Bladder mass	DISCUSS WITH SENIOR
TESTICULAR ULTRASOUND	<ul style="list-style-type: none">• Testicular torsion	DISCUSS WITH SENIOR
CT ABDO ANGIOGRAM	<ul style="list-style-type: none">• AAA	DISCUSS WITH SENIOR

POTENTIAL DIFFERENTIALS

BASAL PNEUMONIA		
GI PATHOLOGY -SEE BELOW-	GU PATHOLOGY -SEE BELOW-	ECTOPIC PREGNANCY -SEE BELOW-
DKA	AAA DISSECTION -SEE BELOW-	LYMPHOMA

RIGHT HYPOCHONDRIUM ACUTE CHOLECYSTITIS CHOLANGITIS LUNG PATHOLOGY	EPIGASTRIC ACUTE PANCREATITIS PEPTIC ULCER GORD	LEFT HYPOCHONDRIUM SPLEEN PATHOLOGY
RIGHT FLANK RENAL CALCULI PYELONEPHRITIS	UMBILICAL APPENDICITIS (EARLY) HERNIA MECKELS MESENTERIC ADENITIS AAA DISSECTION	LEFT FLANK RENAL CALCULI PYELONEPHRITIS
RIGHT ILIAC APPENDICITIS IBD HERNIAS OVARIAN CYST ECTOPIC PREGNANCY	HYPOGASTRIC URINARY RETENTION TESTICULAR TORSION UTI	LEFT ILIAC DIVERTICULITIS IBD HERNIAS OVARIAN CYST ECTOPIC PREGNANCY