



# COMLEX Level 2 PE Exam

A 39 year old female came  
to ER with severe belly pain

# Patient Data Sheet:

- **Patient Name:** Ms. Maria Brown
- **Clinical Settings:** ER
- **CC:** A 39 year old female presents with belly pain.

## Vital Signs :

- **Blood Pressure :** 130/74 mm Hg
- **Respirations :** 14 per minute
- **Temperature :** 99.0 °F
- **Pulse :** 80 bpm, regular
- **Height :** 65 inches
- **Weight :** 125 lbs.
- **BMI :** 20.8 kg/m<sup>2</sup>





# Differential Diagnoses:

- Perforated peptic ulcer
- Cholecystitis (less common in males)
- Hepatitis – Peri-hepatitis (rare cause)
- Pancreatitis – acute more than chronic
- Intestinal obstruction
- Appendicitis
- Diverticulitis
- Renal Colic due to nephrolithiasis
- Volvulus
- Strangulated hernia
- Ovarian Torsion (in female)
- Ruptured ectopic pregnancy (in female)<sup>3</sup>



# Key points to remember:

- You should have patient's name, Chief Complaint and vitals.
- Please have a Differential Diagnosis before entering room so you can ask specific questions.
- The patient will be in very severe pain, please try to make him as comfortable as possible.
- Do not repeat any painful maneuvers.
- Always maintain eye contact throughout the patient encounter.





# Subjective

- **Good morning Ms. Brown, my name is Dr. Connoly. I am an attending physician in this hospital and I will take care of you today. What brings you to the hospital this morning ?**

➤ *Hi doc. Its my belly .Its hurting.*

- **I am sorry to hear. I will try my best to help you. Could you please tell me when it started?**

➤ *It started suddenly this morning. It has been increasing since then. I threw up twice. So I decided to come in.*

- **You did the right thing. Lets talk more**



# Subjective (Contd...)

- **So you said this pain just started this morning.**

➤ *That's right doctor.*

- **Where does it hurt ?**

➤ *Here (points in the umbilical area).*

- **Is it constant or intermittent?**

➤ *It is constant.*

- **How would you describe the pain ? Is it dull, is it sharp, is it burning ?**

➤ *It started as dull but now it's cramping.*

- **I see. How bad is the pain on a scale of 1 to 10, with 10 being the worst?**

➤ *Doc, it was about 4-5 in the morning but now it is about 9.*





# Subjective (Contd...)

➤ *Doc, can you give me some pain medication to relieve it? It is intolerable.*

• **Ms. Brown, certainly I can understand your situation and also I want to give you pain medications as soon as possible but to decide right pain medication I need to know what is causing it. Please allow me few more minutes. Is that okay?**

➤ *Ok, doc.*

• **Does it move to any other parts of the body?**

➤ *Yes, I also feel pain in the back.*

• **Is there anything in particular that brings about the pain ?**

➤ *Not really doctor.*



# Subjective (Contd...)

- **I see. Anything that makes it go away ?**
  - *Well no . I tried Tylenols but it doesn't help at all.*
- **How have your bowel movements been ?**
  - *I go almost every day doctor. I feel that my stools are greasy sometimes. Sometimes they are loose too.*
- **I see. You said you threw up this morning. Have you thrown up before this ?**
  - *No doc. I think I ate a stale piece of bread from last night, that's what made me throw up.*
- **I see.**





# Subjective (Contd...)

- **Do you have a fever ?**

➤ *No.*

- **How has your appetite been ?**

➤ *Normal.*

- **How about your weight ?**

➤ *I think I lost 4 or 5 pounds over 2 months.*

- **I see. And that weight loss was with your normal diet and activity ?**

➤ *Yes doc. I haven't been doing anything to lose weight.*

- **I see. Do you feel tired or disinterested ?**

➤ *Sometimes.*



# Subjective (Contd...)

- **Are you short of breath ?**
  - *Yes doc, sometimes I feel tired with very little work. I think I m getting old.*
- **You said your stools were greasy. Do you feel you go more often ?**
  - *No doc, I go once a day.*
- **Are you constipated sometimes ?**
  - *On the contrary doc.*
- **I see. How about your bladder, any problems urinating ?**
  - *None doc.*





# PAM HUGS FOSS :

- **Thanks for that information, Ms. Brown. Now let me go over your other medical problems, medication list and habits.**

➤ *Sure doc.*

- **So do you have any other medical problems ?**

➤ *Doc I have blood pressure. That's all I know of. I take a small pill for that.*

- **I see. do you know the name of the pill ?**

➤ *No I don't.*

- **Okay. Apart from that medication, do you take any over the counter pills or herbal stuff ?**

➤ *No doc.*



## PAM HUGS FOSS (Contd...)

- **Are you allergic to any medication or other substance ?**

➤ *No.*

- **Have you been hospitalized in the past ?**

➤ *No, never.*

- **Have you had any surgeries in the past ?**

➤ *No doc.*

- **Okay, I would now like to ask you about your family's health.**

- **Any medical problems in your family, Ms. Brown ?**

➤ *None that I know of.*





# PAM HUGS FOSS (Contd...)

- **Okay. Lets talk about your social habits now.**
- **Do you smoke ?**
  - *Yes doc, about a pack a day. I used to do 2 packs a day for many years. I started cutting down 5 yrs ago, then now I m down to a pack. I think cigarettes are very costly I should stop.*



# Counseling

- **Yes, Ms. Brown. Aside from being costly, they are bad for your health too. As your physician, its my responsibility to tell you about the bad effects they can have on the different systems in your body. It can affect your airways, lungs, lips and mouth. Smoking also puts you at much higher risk for heart attacks. It can cause different type of cancers including those of the lips, tongue, mouth, lungs, pancreas , colon and other parts of the body. I think you should certainly be more serious about quitting. I am glad you already have it on your mind. We can help you quit faster and stay quit.**





## Counseling (Contd...)

- *Sure doc. I think I would also like to quit. My husband hates my smoking habit. He says I smell like an ashtray sometimes.*
- **I understand, Ms. Brown. Its not very easy to quit, you do feel the craving since you've been smoking so long. But there are medications and nicotine substitutes which can decrease craving. After a while you don't even need them. If you make up your mind and set a quit date, it puts things in focus in your mind. Then it becomes easier to work for a goal. What do you think ?**
- *Yes doc , I agree. I think I would like to get help.*
- **Sure. After I am done seeing you we will go over all that as well.**



# PAM HUGS FOSS :

- **Now , coming back to your habits, Ms. Brown, Do you drink alcohol ?**
  - *Yes doc about 6 packs every weekend. Not other than that.*
- **I see. Do you use any recreational drugs ?**
  - *No doc.*
- **Now, I would like to ask you about sexual history. I assure you that it will be kept confidential.**
  - *Ok, doc.*
- **Are you sexually active?**
  - *Yes, with my husband only.*





# PAM HUGS FOSS :

- **How frequently do you get menstrual period?**
  - Doc, every one month, it has been regular.
- **What work do you do ?**
  - *I am a mason. I work for buildings, I mostly oversee construction, sometimes I do heavy work myself.*
- **Okay good. I would now wash my hands and examine you, Ms. Brown.**



# Points to remember before starting Physical Examination

- Wash your hands.
- Always make patient comfortable.
- Ask permission to examine.
- Do not repeat painful maneuvers, Here patient will be in severe pain, reassure her and offer every assistance you can.
- Use proper draping techniques.
- Provide help during examination.
- Explain what you are doing.
- Do not repeat painful maneuvers.
- Tell that why you need to do rectal examination.





# Objective

- Wash your hands.
- Drape the patient.
- Do general and HEENT examination.
- Examine the abdomen next.
- Auscultate CV and RS.
- Explains, offers and performs OMM if indicated.



# Closure: Assessment and Plan discussion

- **Thank you for your cooperation Ms. Brown. Now lets go over my impressions of your problem.**
  - *Sure doc, I am curious to find out.*
- **So I have some possibilities in mind right now. We will work our way through them. I will tell you about all of them. We might need some blood tests and some imaging to confirm the diagnosis. Once all the tests are done, I will be in a better position to say for sure what it is. Then we can come up with the treatment plan.**
  - *Sure doc, sounds good to me.*





## Closure: Assessment and Plan discussion (Contd...)

- **Thank you. So the first possibility I am considering here is pancreatitis. That is your pancreas is swollen, its cells are injured and leaking. There are chemicals called enzymes in these cells. They are helpful in digesting our food normally. When they leak, they eat up the surrounding normal tissues. Sometimes they eat up nerves, the raw nerves carry pain. That is why it hurts. This is worse after you eat, because the pancreas gets back into action each time you eat. And these chemicals leak out.**
  - *I see. It makes sense doctor.*



## Closure: Assessment and Plan discussion (Contd...)

- **Good that you can understand. I am also considering another possibility, which is peptic ulcer disease. That is there's an ulcer, or a hole inside your stomach or upper duodenum, which is the small intestine right after the stomach. This can also get worse after eating. As the stomach also secretes acid when you eat. So this ulcer or hole gets irritated each time there's acid near it. And that's what causes pain.**
- *I see. Could it be something else ?*
- **It could be, may be your small intestines are twisting around. We call it Volvolus.**





## Closure: Assessment and Plan discussion (Contd...)

- *I see. Why would they twist around doctor ?*
  - **Well in most cases, there's a band or something pulling on to them. So they twist around it. We will have to take pictures with an ultrasound machine to see if that's the case.**
- *Okay sounds reasonable.*
  - **So given the way you described your pain, and your other medical history, these are the 3 things I am considering. We will have to do some tests to confirm which one it is.**



# Closure: Assessment and Plan discussion (Contd...)

- *What kind of tests, doctor ?*
- **I will run some basic blood tests, and CT scan, special X-ray of your belly. I would also like to send a stool sample since your stools are greasy. That should help for now. I would also do a rectal and pelvic examination later to arrive at right diagnosis.**
- **Once these results are back, we will meet again. I will go over all the results with you. We will talk about what is most likely after seeing those results. I also recommend you to get admitted for further work up and treatment. I will also discuss your case with surgery team to get their opinion. Meanwhile I will give you pain medicines . Does that sound right ?**
- *Yes doc, whatever you say.*





# Closure: Assessment and Plan discussion (Contd...)

- **Is there any other question or concern that I can answer at this point ?**
  - *No doctor, I think I will do as you said.*
- **Great. So lets get things rolling for you, Ms. Brown. We will meet again.**
  - *Thank you doctor. I will see you soon.*
- **Sure. Take care. Thank you.**
- **Shake hands and leave the room.**



# Assessment and Plan

- **Assessment:**

1. Acute Pancreatitis
2. Acute Appendicitis
3. Peptic ulcer disease
4. Perforated hollow viscus
5. Volvulus

- **Plan:**

1. Rectal Examination and Pelvic Examination.
2. CBC with differential, CMP incl. LFT's, Sr. Amylase, Sr. Lipase.
3. Abdomen . X-ray supine (for Air-fluid levels) and CT scan of belly with contrast.
4. Ceftriaxone 1 gm. q 24 hours and Metronidazole 500 q 8 hours and Opioids for pain control.
5. Admission and surgery consult.





# Happy Reading

