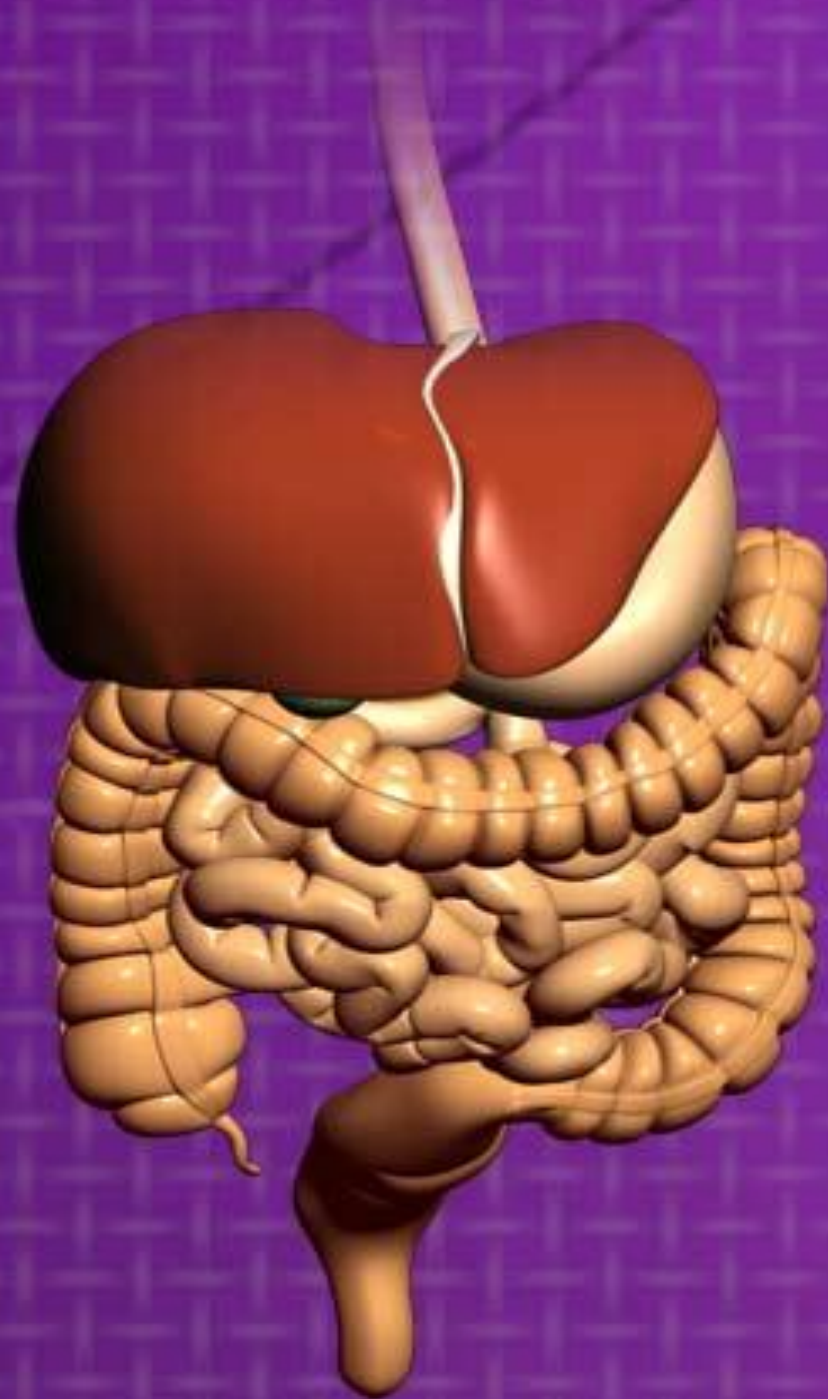


# COMLEX Level 2 PE Exam

A 73 year old woman came to clinic as she “hasn’t gone” for a week now.



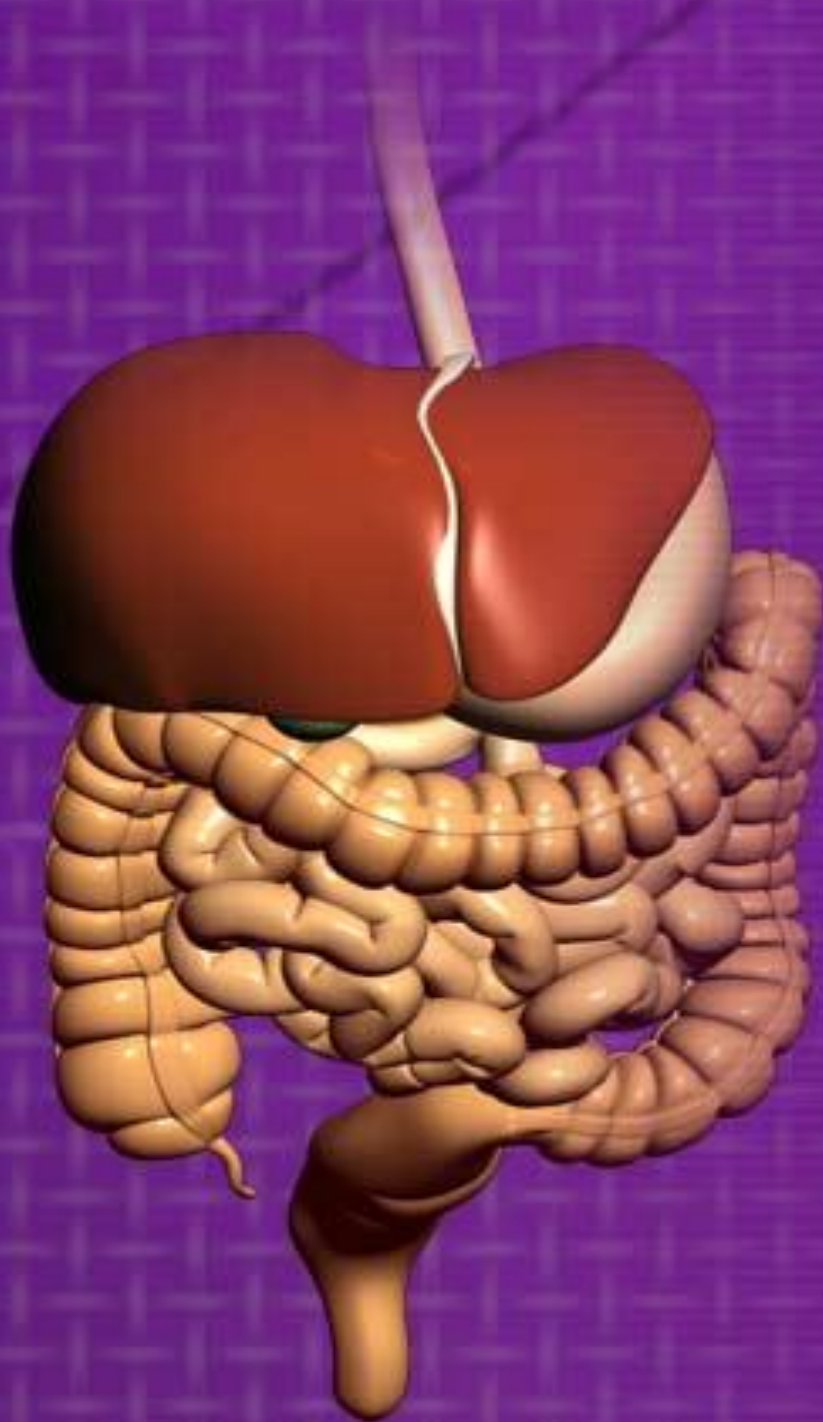


# Patient Data Sheet

- **Patient Name:** Mrs. Kingston
- **Clinical Settings:** Medicine Office
- **CC:** A 73 year old female presents with “hasn’t gone” for a week now.

➤ **Vital Signs:**

- **Blood Pressure** : 130/74 mm Hg
- **Respiration** : 14 per minute
- **Temperature** : 99.0 °F
- **Pulse** : 76 bpm, irregular
- **Height** : 65 inches
- **Weight** : 129 lbs.
- **BMI** : 21.5 kg/m<sup>2</sup>





# Differential Diagnoses: Non-GI causes

- Functional e.g. dehydration, poor PO intake, poor fiber intake, immobility, poor access to toilet, generalized weakness.
- Metabolic causes e.g. DM, Hyper/hypo calcemia, Hyper/ hypo thyroidism, Hyper/hypo Ptism.
- Neurological disorders e.g. Autonomic neuropathy, Parkinsons, MS, Dementia, Stroke.





# Differential Diagnoses: GI causes

- Fecal impaction
- Decreased intestinal motility
- Diverticular disease
- Hernia
- Inflammation
- IBS
- Neoplasm
- Post-surgical





# Differential Diagnoses: Medication related

- Calcium Channel blockers
- Clonidine
- Tricyclic antidepressants (TCAs)
- Anti histamines
- Anti psychotics
- Opioids
- NSAIDs
- Iron
- Others





# Key Points to Remember

- Door information.
- DD is very vast. Functional causes and medication related constipation are very common and must be excluded before evaluating for GI cause.
- All patients over 50 must have had a colonoscopy atleast once in 10 years. If need be, more frequently. (accd. to past med.history and family history).
- A very old pt. may not give the best history.





# Opening scenario

- An elderly, very frail looking woman, semi-reclining in bed, propped up with pillows.
- Patient is trying to reach a glass of water on the nightstand next to her, but looks very weak and unable to do so.
- A rolling walker at her bedside.

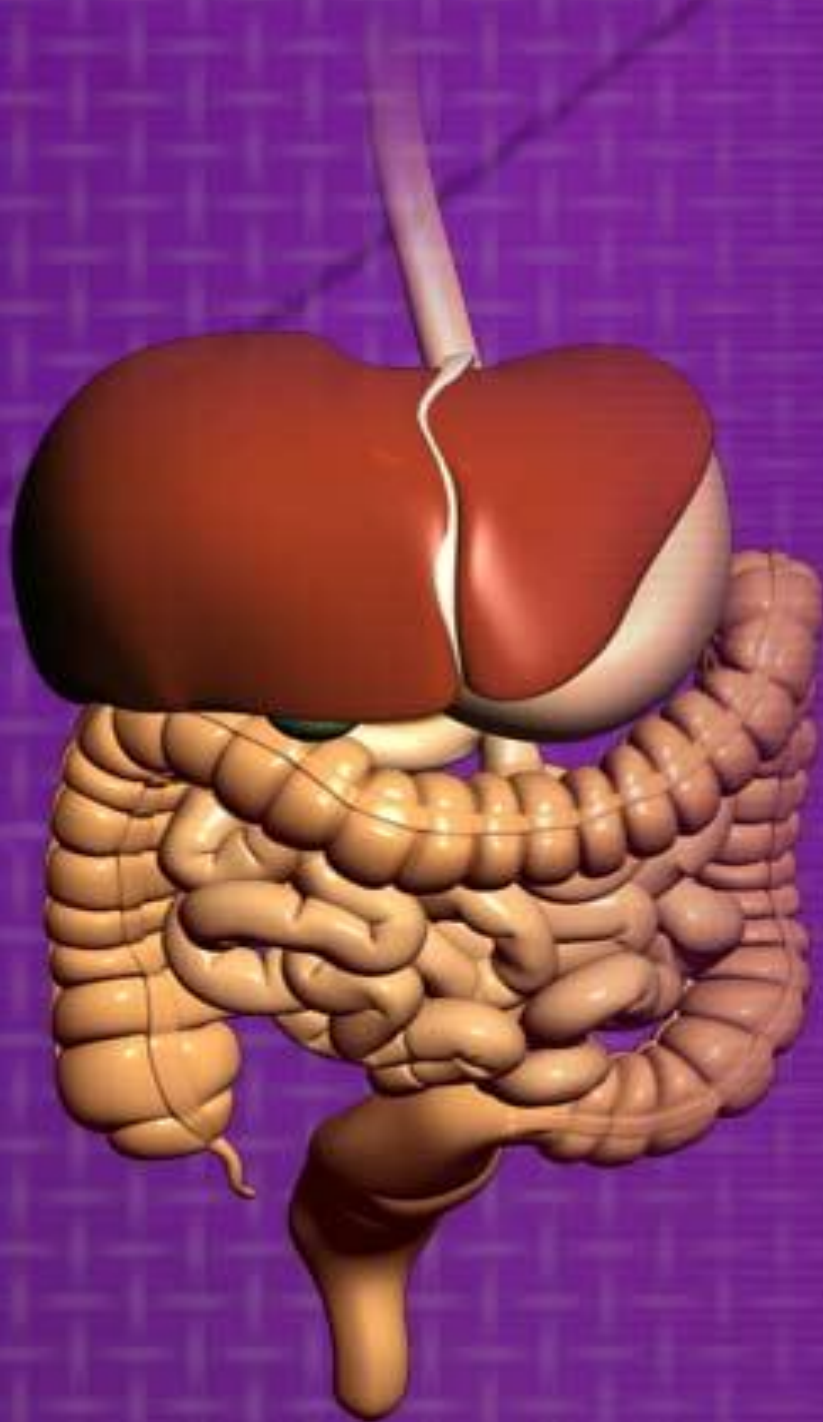




# Subjective

- **Good morning Mrs. Kingston, my name is Dr. Khan. I am a physician in this hospital, I will take care of you today.**
- *Hello doc (patient replies in a very weak voice).*
- **Let me help you get that glass of water.**
- *Thank you doctor.*
- Let her settle.
- **Do you need help with anything else ?**
- *No doc, I am good. Thank you.*

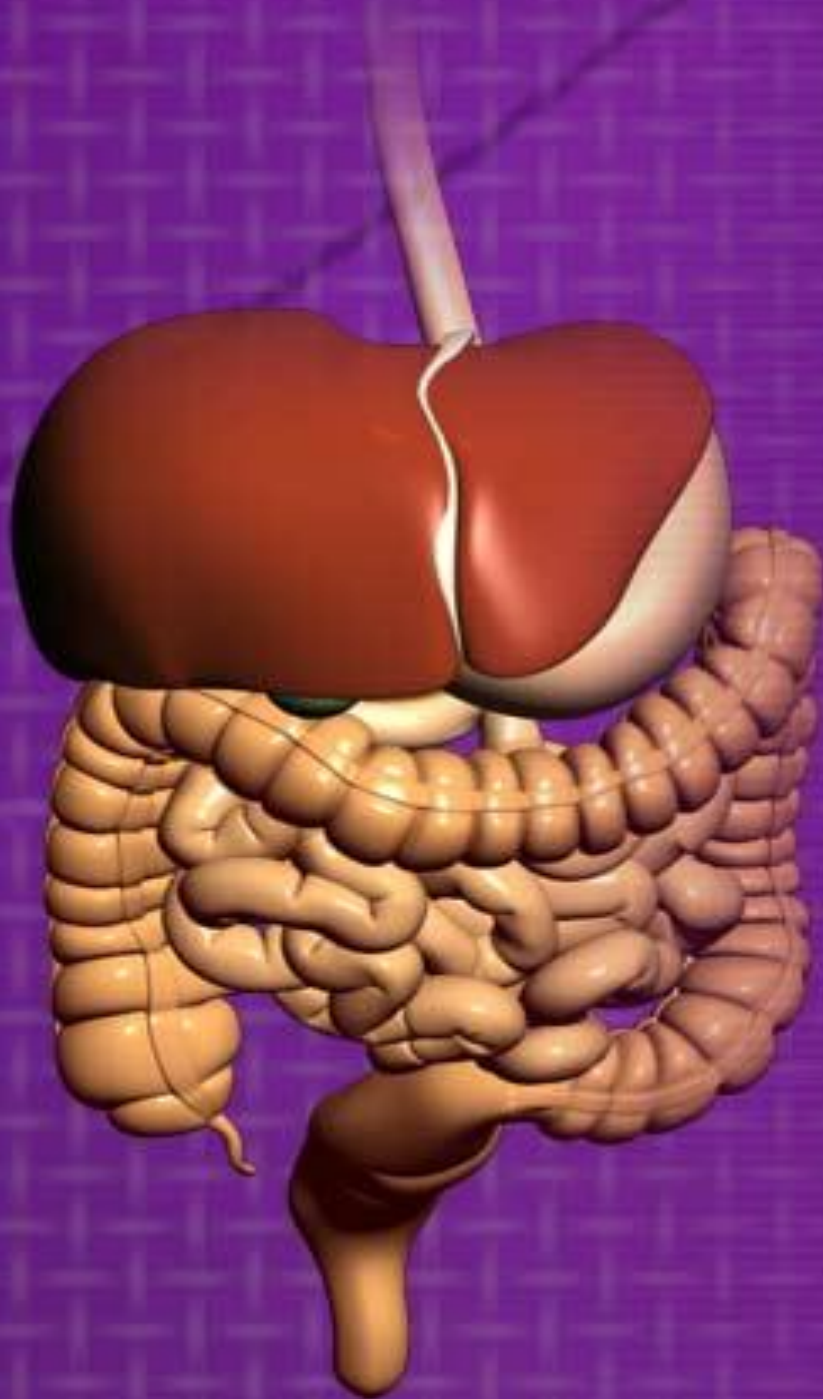
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## Subjective (Contd...)

- **Okay. Over the next 15 mins I will ask you some questions about your health and then I will examine you. If you need help or have any questions feel free to interrupt me.**
- **Do you mind if I take notes as we speak ?**
- *Sure doc, that is okay.*
- **So, what brings you to the hospital today, Mrs. Kingston ?**
- *Doc, I have trouble going to the bathroom.*





## Subjective (Contd...)

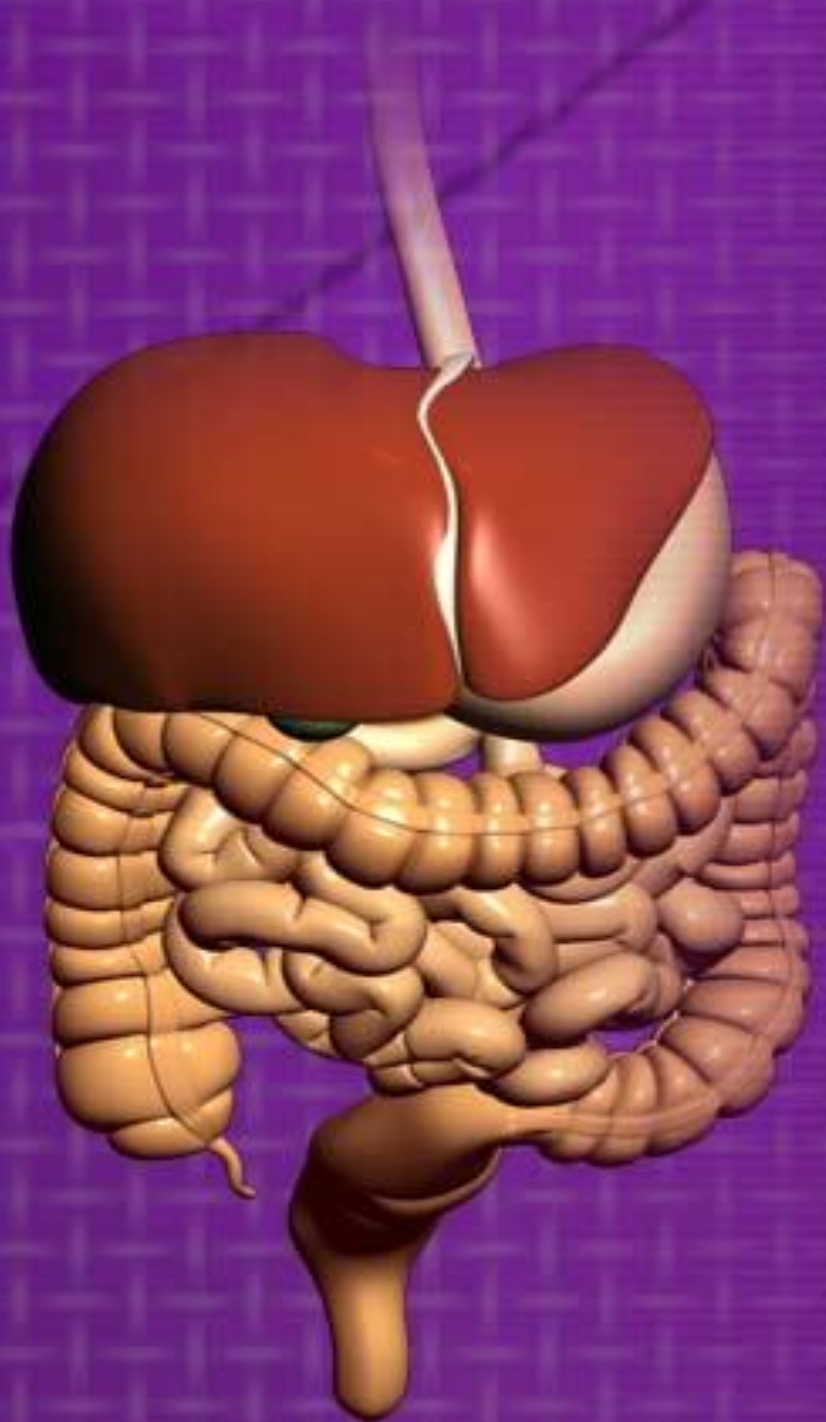
- **I see. How long has it been since you went ?**
- *I don't remember well, doc, its been a long time. I guess about a week.*
- **I see. Does your belly hurt anywhere ?**
- *No doc.*
- **How have your bowel movements been, before this ?**
- *Doc, I have had trouble for sometime now. I don't eat that much, so I think I don't have anything to move.*





## Subjective (Contd...)

- **I see. How has your appetite been lately ?**
- *I don't eat a whole lot, doctor.*
- **Could you tell me what you eat on a typical day?**
- *I eat an egg for breakfast. Then some toast and tea in supper.*
- **Do you not feel like eating or is the food not good ?**
- *I don't feel like eating doc.*





## Subjective (Contd...)

- **Do you take interest in things around you?**
- *Yes, as much as an old woman can.*
- **Do you feel sad or low?**
- *Not really.*
- **How long have your bowel movements been this way ?**
- *Oh dear, as long as I can remember. I think I am getting old and my belly cant handle a lot of food.*





## Subjective (Contd...)

- **How much water do you drink every day ?**
- *Not a lot, may be one or two glasses.*
- **How far is the toilet from your room?**
- *Its next door.*
- **I see. Do you have any trouble walking up to the toilet or using it ?**
- *I am a weak old woman, doc. I do have trouble moving around. Although they gave me this walker, I don't do a whole lot.*





## Subjective (Contd...)

- **I see. Is there someone to help you when you need to go ?**
- *Sometimes, my daughter helps me in the morning, but I don't feel like going then. Sometimes she tries a pan, but I don't like it, it hurts.*
- **Have you had the runs / diarrhea lately?**
- *No doc.*
- **Do you have pain when you move your bowels ?**
- *Not really.*





## Subjective (Contd...)

- **Do you have fever ?**
- *No doc.*
- **Do you have pain anywhere else in your body?**
- *No doc.*
- **Do you feel cold when others don't ?**
- *No doc.*
- **Have you noted dark stools or blood in them?**
- *I don't think so, doctor.*





# PAM HUGS FOSS

- **Okay, Mrs. Kingston, now I will ask you some questions about your medical problems, medications, and habits .**
- **Is that alright ?**
- *Yes doc.*





## PAM HUGS FOSS (Contd...)

- **What medical problems do you have Mrs. Kingston ?**
- *I am an old woman, doc, I have old age. I am diabetic too. I do take a bunch of other medications, don't remember what is for what ?*
- **That's ok if you don't remember. I will contact your daughter.**
- *That would be good, doc. She will tell you.*





## PAM HUGS FOSS (Contd...)

- **Are you allergic to any medication or other substance?**
- *I don't know.*
- **Have you been hospitalized in the past?**
- *Yes doctor, many times.*
- **Do you remember for what?**
- *I am just old and keep falling ill. I come for 2-3 days and get well and sent home.*





## PAM HUGS FOSS (Contd...)

- **I see. Have you had this problem with your bowels before ?**
- *Not that I remember.*
- **Have you had any surgeries in past?**
- *I think a couple of them. One was for my knees. I don't remember the rest.*
- **I see. Do you remember any surgeries on your belly**
- *No doc.*





## PAM HUGS FOSS (Contd...)

- **Do you know if your diabetes is well controlled?**
- *I think my daughter told me that it is.*
- **How is your bladder control ?**
- *I don't have any trouble with that.*
- **Do you know of any medical problems in your family ?**
- *I think my father died of a heart attack. My mother died naturally. I don't know about my brothers and sister.*





## PAM HUGS FOSS (Contd...)

- **Do you remember having any colonoscopy in the past? where they go in with a tube with camera from your rear end?**
- *I am not sure doc.*
- **That's okay Mrs. Kingston. Now may I ask you a few questions about your habits ?**
- *Sure.*
- **Do you smoke ? Or have you smoked in the past?**
- *As a youngster only. Then I had kids and family, I never smoked.*





## PAM HUGS FOSS (Contd...)

- **Okay. Do you drink any alcohol ?**
- *No doc.*
- **Did you ever use recreational drugs?**
- *No doc.*





# Objective

- **Okay. Mrs. Kingston, I would now wash my hands and examine you. Then we will talk about what I think.**
- *Sure doc.*
- Wash your hands.
- Drape the patient.
- Examine her, general and HEENT first, Abdo next.
- Always assist an old patient as and when needed. Be very gentle. Do not repeat painful maneuvers. Inform about need for PR examination.
- Explains, offers and performs OMM if indicated.

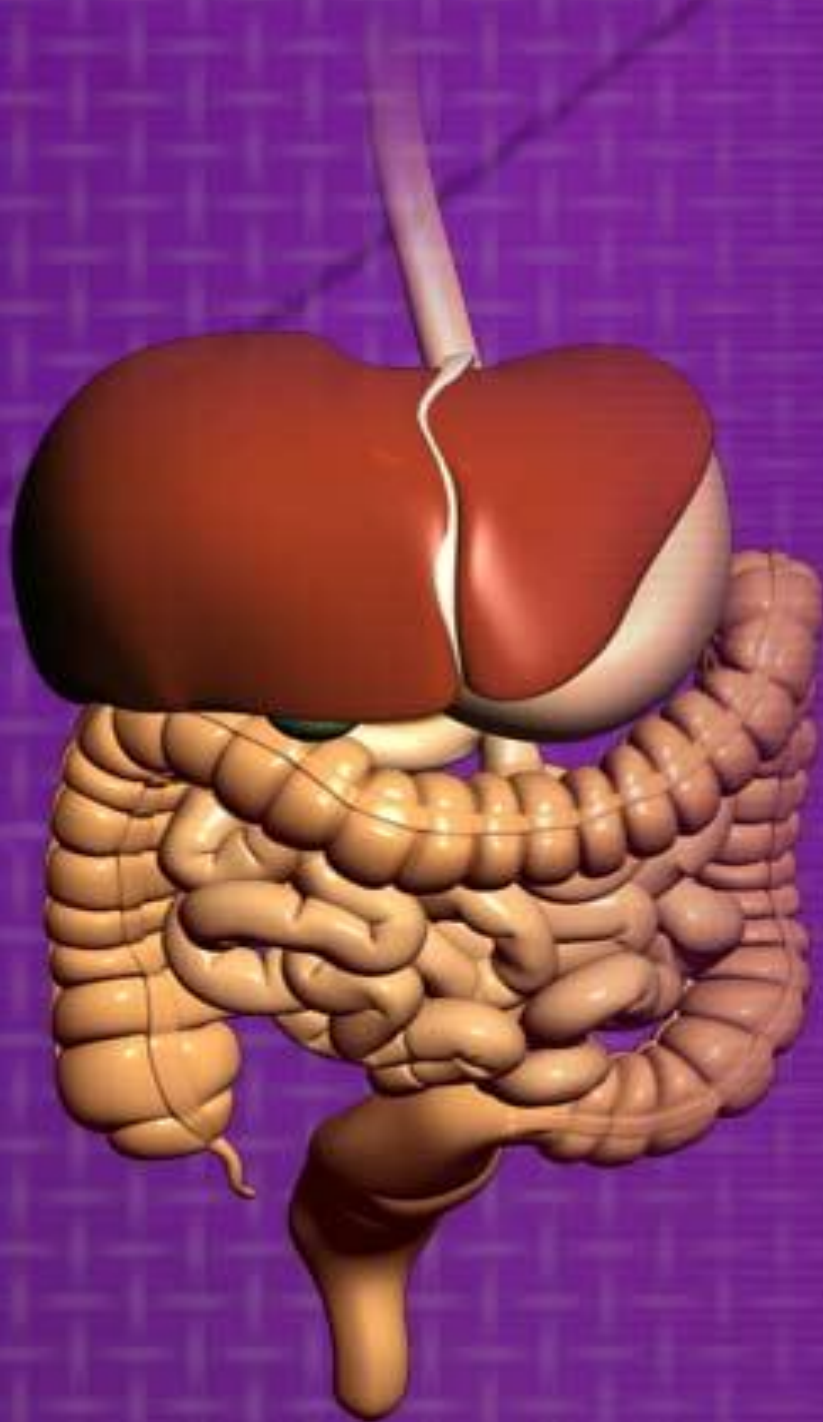




# Closure: Assessment and Plan discussion

- **Mrs. Kingston, thank you very much for your co-operation. Let me help you get back in a comfortable position.**
- **Now let me tell you what are my impressions**
- *Okay doc.*
- **I think you might be constipated. We need to find out why ? Normally, people go at least once in 2 or 3 days. You haven't gone for a week. That is not normal. We need to find out the reason.**

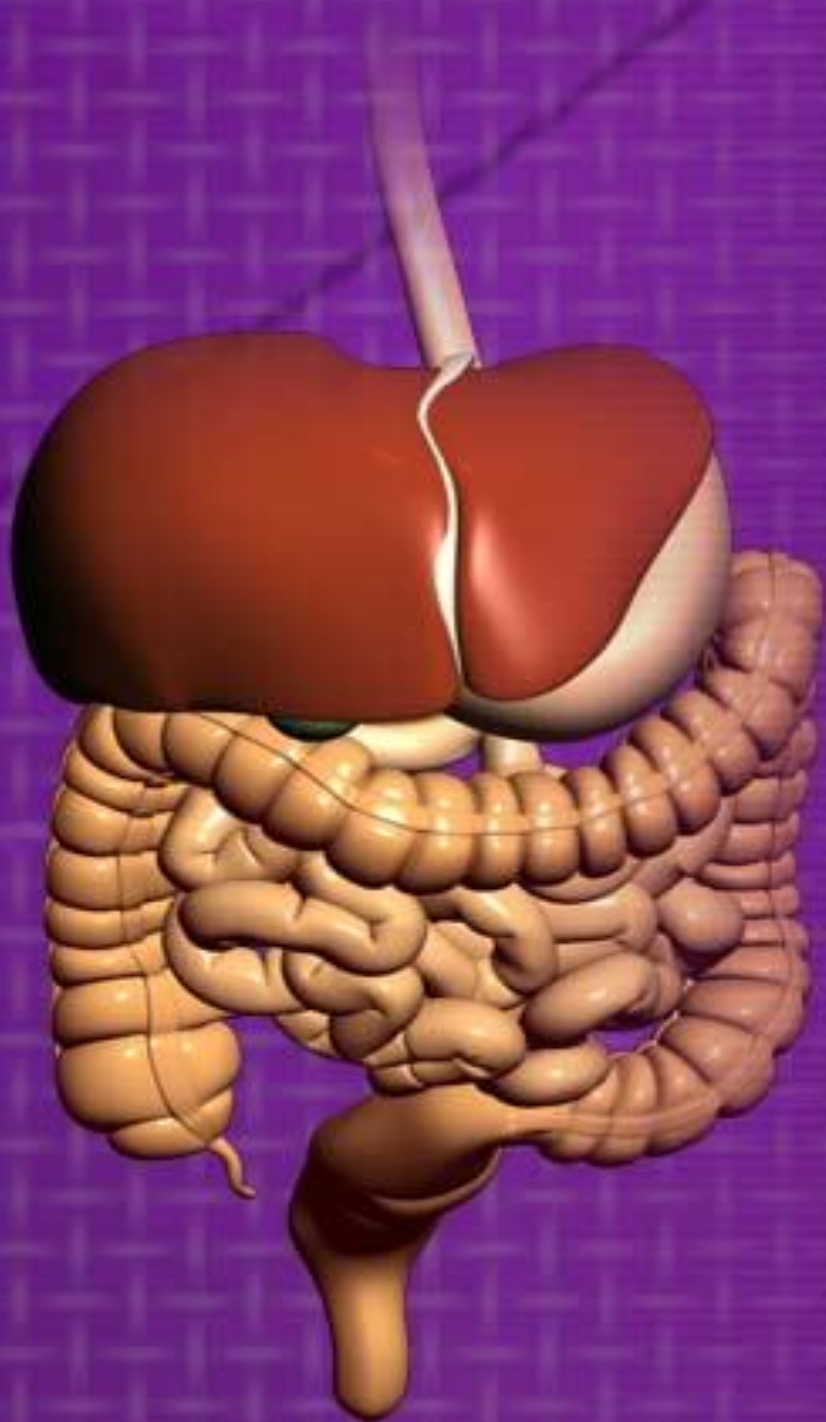
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## Closure: Assessment and Plan discussion (Contd...)

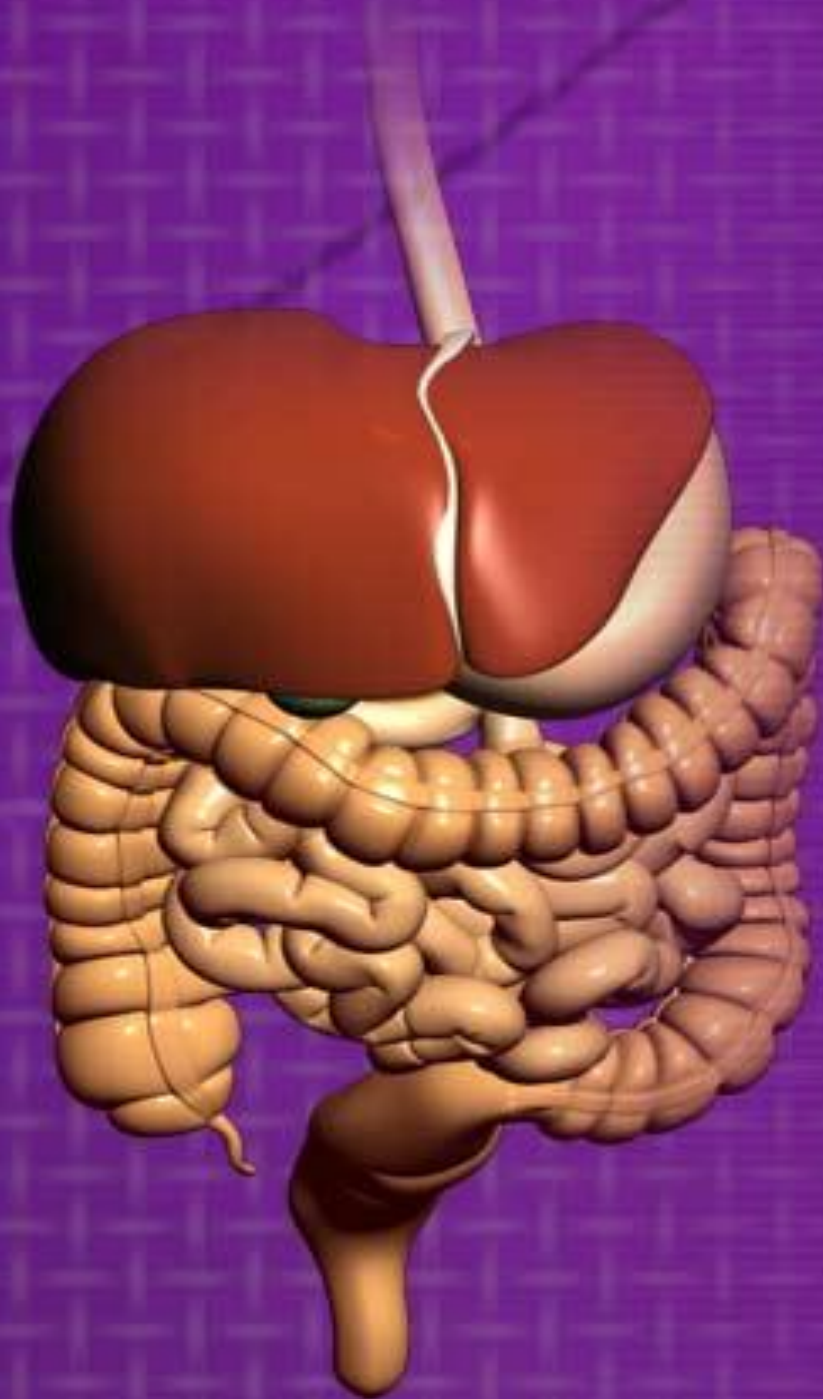
- **In your case, my first impression would be that you don't eat a whole lot, and like you said, you don't form a whole lot of stools, either.**
- **Another might be you don't drink a lot of water or take fibers. So its difficult to move you bowels.**
- *I see doc.*
- **A third cause might be that you are old and weak, can't walk to the bathroom. Nor do you get help when you need it. So you just don't go.**





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

- *Yes I think that might be it doc.*
- **Yes, it could be a major reason. But we still need to find out if there is any medical reason, which we can treat here.**
- **I would also go over your medical history and list of meds with your daughter. That can provide me valuable clue.**
- **Meanwhile, we would draw a couple of basic blood tests, while you are here.**





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

- *How much blood doc?*
- **Not a whole lot, about 10 ml. don't worry we wont bother you too much.**
- *Okay.*
- **I would also like to get a GI doctor on board. He's a specialist in stomach and intestine problems. He will stop by to see you soon.**





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

- **You might need a colonoscopy, Mrs. Kingston. It is a test in which we go in with a tube with a camera, through your rear and see if there's any thing in the rectum or colon.**





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

- *Oh no doc, is that going to be painful ?*
- **No its not painful. You will be given some sleep medication and you wont remember anything. It will feel like you were asleep for a short time. Sometimes this is the best way to tell what is going on .**
- *Do I have to have that test ?*
- **You might need it. I will go by what the GI specialist feels. In case you do not wish to have colonoscopy, you may decline it.**
- *Okay doctor. I will think about it.*
- **Sure.**





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

- **Meanwhile, I will start stool softener and fibers. I will also see your medications list and see if I need to change any medications. Do you have any more questions for me ?**
- *No doctor.*
- **I will let you know about test results and see you again in a week.**
- *Sounds good doctor. Thank you for your help.*





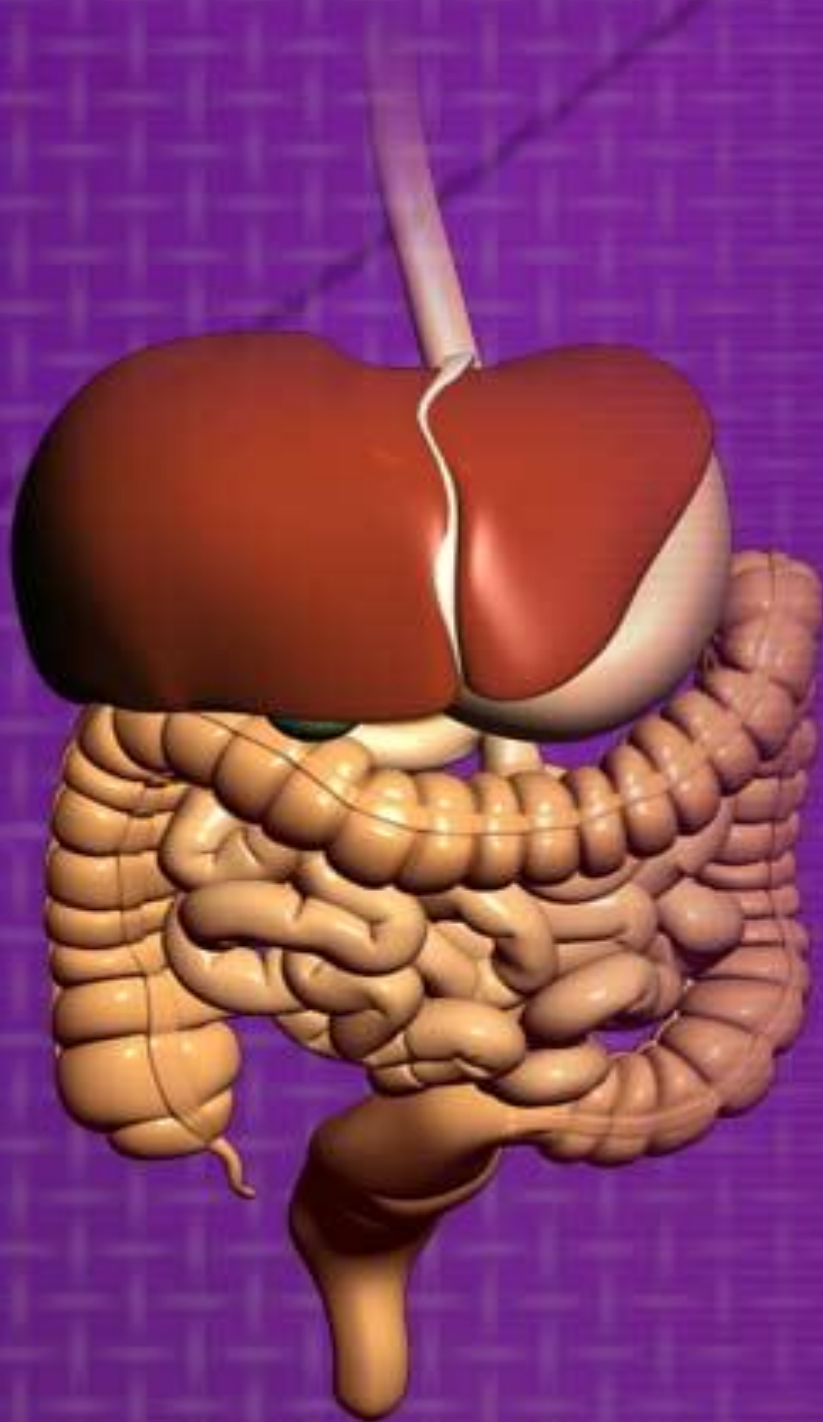
# Assessment and Plan

## ➤ **Assessment**

1. Dehydration
2. Functional constipation
3. Immobility / poor access to toilet/ generalized weakness
4. Diverticular disease
5. Autonomic neuropathy
6. Medication related

## ➤ **Plan**

1. Metamucil 21 g/day or Miralax 17 g/day
2. Per rectal Examination, CBC with differential, CMP, Serum TSH
3. Colonoscopy
4. High Fiber diet and fluid intake
5. Consult Dietitian and GI
6. Follow up in a week





# Happy Reading

