

COMLEX Level 2 PE Exam

A 45 years old man came to clinic as he saw blood on the tissue paper

Patient Data Sheet

- **Patient Name** : Mr. Olivier Wenkener
- **Clinical Settings** : Medicine Office
- **CC** : A 45 years old male complaining of blood on the tissue paper.

➤ **Vital Signs** :

- **Blood Pressure** : 130 /70 mm Hg
- **Respirations** : 14 per minute
- **Temperature** : 98.2 °F
- **Pulse** : 84 bpm, regular
- **Height** : 70 inches
- **Weight** : 162.8 lbs.
- **BMI** : 23.4 kg/m²

Differential Diagnoses

- Piles (Hemorrhoids)
- Angiodysplasia
- Diverticular bleed
- Fissure –in –ano
- CA colon (less common in a younger pt.)

Key Points to Remember

- Door information.
- Differential diagnoses.
- Patient's age group can change the order of DD.
- DO NOT perform Per Rectal exam. If needed, mention it as special investigation.

Subjective

- **Good afternoon, Mr. Wenkener. My name is Dr. Soufi. I am a physician in this hospital. I will take care of you today. What brings you here today ?**
- *Hi doctor. I saw some blood on the toilet seat and tissue this morning. I thought that was bad so I made an appointment.*
- **I can understand, it is distressing for you. You did the right thing by coming in.**

Contd...

Subjective (Contd...)

- *Thank you doctor. Yes I almost flipped out. I was thinking boy, is this cancer or what ?*
- **I understand, Mr. Wenkener. It can be very concerning for anyone to see blood, unusually. Well, at this point I need to ask you a few questions and examine you. Only then I will be able to tell you what I think. Whether its cancer or not, we will have to find out. Let me ask you some questions.**

Subjective (Contd...)

- *Sure doc.*
- **So was this fresh red blood ?**
- *Yes doctor, like a nose bleed or something.*
- **Was it after you had passed stools ?**
- *No doc, before it. There was just a splash of it in the pan.*
- **I see. Have you ever passed blood before ?**
- *No doc. This is the first time.*

Subjective (Contd...)

- **I see. Do you have any trouble with bowel movements ?**
- *I felt a little constipated this morning. Other than that I don't have any trouble.*
- **What color were your stools today ?**
- *They looked normal.*
- **Have you ever noticed blood mixed with stools or dark blackish colored stools ?**
- *No doc, I don't really look at them. but even on the tissue, not really.*

Subjective (Contd...)

- **Okay. Do you have any belly pain ?**
- *No doc.*
- **How much bleeding did you have ?**
- *Just a streak ,doc. Only on the tissue, not a whole lot.*
- **Okay.**
- **Do you have any fever ?**
- *No doc.*

Subjective (Contd...)

- **Do you have any pain in the rectal area ?**
- *No doc.*
- **How is your appetite ?**
- *Its normal doc.*
- **Have you lost some weight recently ?**
- *I don't think so, doc.*

PAM HUGS FOSS

- **Okay, Mr. Wenkener, now I would like to go over your medical problems, medications, habits and other history.**
- *Sure.*
- **Do you have any other medical problems ?**
- *No doc.*
- **Do you take any pills, including over the counter and herbal preparations ?**
- *No doc, I don't need pills.*

Contd...

PAM HUGS FOSS (Contd...)

- **Are you allergic to any medication or other substance ?**
- *None that I know of.*
- **Have you been hospitalized in the past ?**
- *No.*
- **Have you had any surgeries in the past ?**
- *No doc.*
- **Okay that's great. Now I would like to ask about your social habits.**

PAM HUGS FOSS (Contd...)

- *Sure doc.*
- **Do you smoke ?**
- *I smoked as a high school kid. I gave up in sophomore year of college.*
- **How much did you smoke ?**
- *Not a whole lot, an occasional cigarette here and there with my buddies. I was never a smoker.*
- **Okay. Good for you.**

PAM HUGS FOSS (Contd...)

- **Do you drink alcohol ?**
- *Only socially doc.*
- **Do you use any recreational drugs ?**
- *No , I never did all that.*
- **That is good to hear, Mr. Wenkener.**
- **Are you aware of any medical problems in your family ?**
- *My father has blood pressure. Other than that I don't think there's any history.*

PAM HUGS FOSS (Contd...)

- **Okay. How is your bladder movements ?**
- *No trouble doc.*
- **Have you ever seen blood in your urine ?**
- *No doc.*
- **Okay. What kind of work do you do ?**
- *I am an executive in a fortune 200 company.*

Objective

- **Thank you for all that information, Mr. Wenkener. Now I will wash my hands and examine you. Then we will go over my impressions.**
- *Sure doc.*
- Wash your hands.
- Drape the patient.
- Examine abdo, general exam, HEENT.
- Auscultate CV and RS.
- Explain importance of having PR examination.
- Explains, offers and performs OMM if indicated.

Closure: Assessment and Plan discussion

- **Thank you for your cooperation, Mr. Wenkener. Now lets go over what I think.**
- *Sure doc, I am curious to know myself.*
- **Yes I understand, Mr. Wenkener.**
- **There are some possibilities I am considering.**
- **The first and commonest cause of such small streaking is piles. It's a dilated vein in your rectum that can burst and bleed. It's a small vein, so you don't lose a whole lot of blood.**

Contd...

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

- *Thank goodness, doc. I thought I would just bleed to death.*
- **Well, I understand your concern, Mr. Wenkener. Lets talk about other possibilities too.**
- *Sure doc.*
- **It could also be another small vessel, an artery, that is bleeding. It might be a little abnormal, something we call angiodysplasia.**

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

- **I see. So does that bleed a lot.**
- *Usually no.*
- **Great.**
- **Like you mentioned, cancer, at your age, is a rare possibility. Its like one in a hundred thousand or so. But we have to keep that at the back of our minds. You don't have any of the typical features that a colon cancer pt might have, at least not at this time.**

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

- *What are the features, doc ?*
- **Well usually we expect them to have constipation, or diarrhea , or both. Some people lose a lot of weight. Some have family history of cancer of the colon. You don't have all those in your case.**
- *Yes that's true.*
- **But even so, we would like to take a look and see what bled in there.**

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

- *I see. How would you do that doctor ?*
- **I would to do rectal examination. What we do is put a gloved finger from your rear end to feel if there's anything abnormal. I would also call GI specialist as, we might need to do a colonoscopy. It's a special test, where we go in with a tube, with a camera fixed at one end, from your rear end. That way we can see the inside of your colon on a TV screen.**

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

- *I see. What's the use of that ?*
- **Well, we will be able to see on a bigger picture what is the source of the bleeding. We might be able to fix it then and there. If there's anything else that looks abnormal, we can take a small brushing of that tissue and study it under a microscope. That will really help us make the correct diagnosis.**
- *I see. That sounds good doc.*

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

- **Yes, it is the best way to tell what's wrong.**
- *I see. How long will it take ?*
- **Colonoscopy, as a procedure doesn't take more than half an hour. You will be given a short acting sleep medication, you will be sleeping through the procedure and wont remember anything. It is painless and very safe.**
- *I see. Do I need any diet for it ? Or anything ?*

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

- **Well, if the GI specialist recommends, we will need you to fast after midnight. The next morning you will also take medication to clean out your colon. That way it would be clearer and we would be able to see the wall.**
- *Sure doc. Any other tests ?*
- **For now, I would do a couple of basic blood tests, which can be drawn now. They will be back by evening.**

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

- *Great. So by evening I will know what it is ?*
- **Well not really by evening. I need to wait for all test results and colonoscopy and then we will know for sure that why you bleed. I would like to reassure you, that there is treatment for all of these. Also, you seem to have lost very little blood. So please don't get very worried. If you bleed again , you can call me and let me know. I will give you stool softener and also encourage you to drink lots of water and take fruits and vegetables. I would like to see you again in a week after we have all blood tests.**
- Sure doc.

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

- **Is there any other question or concern that I can answer at this time, Mr. Wenkener ?**
- *No I guess I am all set.*
- **Great. It was nice to meet you. Please take care. We will meet again once all your tests are done. We will go over them together and discuss all treatment options.**
- *Thanks doc.*
- **Shake hands and leave.**

Assessment and Plan

➤ **Assessment:**

1. Hemorrhoids
2. Angiodysplasia
3. Variceal bleeding
4. Diverticular bleed
5. CA colon

➤ **Plan:**

1. Stool softener e.g. Docusate 100 mg bid, Metamucil, increase dietary fiber- such as fruits and vegetables, fluid intake
2. Per rectal exam, CBC with differential, CMP, S. TSH
3. Colonoscopy
4. Consult GI and Surgery
5. Follow up in a week

Happy Reading