

# **COMLEX Level 2 PE Exam**

**A 28 years old lady, mother of a 2 months old presents to ER as her child has been throwing up soon after being fed.**

# Patient Data Sheet

- **Patient Name** : Todd Brown
- **Clinical Settings** : Emergency Room
- **CC** : A 28 years old lady, mother of a 2 months old boy presents to the ER as her child has been throwing up soon after being fed.

## **Vital Signs :**

- **Blood Pressure** : 72/68 mm Hg
- **Respirations** : 18 per minute
- **Temperature** : 99.2 °F
- **Pulse** : 80 bpm
- **Height** : 73 cms
- **Weight** : 9.8 lbs.
- Child is in the nursery and not available for exam during this case.

# Differential diagnoses

- Gastroenteritis
- Hypertrophic pyloric Stenosis
- Intestinal obstruction
- GERD
- Spitting up e.g. epiglottitis, upper respiratory tract obstruction,
- Adrenal insufficiency, acute—in infants
- Inborn errors of metabolism



# Subjective

- **Good morning Mrs. Brown. My name is Dr. Zieve. I am a family physician in this hospital. I will take care of your child Todd today.**
- **What brings you to the hospital this morning ?**
- *Hi doc. Todd has been throwing up each time I feed him. He just cant seem to keep food down. I feel very concerned.*

Contd...  
4

## Subjective (Contd...)

- **I understand that, ma'am. as a physician, I share your concerns. I would do my best to help you. Allow me to ask you some basic questions to help me understand the situation better.**
- *Sure doctor.*
- **Thank you ma'am.**

## Subjective (Contd...)

- **So you said Todd has been throwing up. How long has this been going on ?**
- *I would say about 2 weeks now doc.*
- **I see. How did this start ? Do you relate it to some incident ?**
- *Well doc not really. I just noted that he couldn't keep feeds down. He would spit it up. But now its frank throwing up. All that goes in comes out.*



## Subjective (Contd...)

- **I see. How long after a feed does he do this ?**
- *Within minutes doc. I tried to lie him on my chest and burp him. Doesn't do a whole lot.*
- **So what does he throw up ?**
- *Mostly milk and whatever I feed him.*
- **I see. Is he hard to feed ?**
- *Oh yes doc. I have to force him sometimes. Don't know why he wont drink milk even when he cries hungry for hours.*

## Subjective (Contd...)

- **I understand that ma'am. It concerns me too. Does he have a fever at all ?**
- *No doc, I don't think so.*
- **Okay. Does he have a cough ?**
- *None doc.*
- **Do you think he has trouble breathing ?**
- *No.*



## Subjective (Contd...)

- **Has he been moving his bowels ?**
- *Yes doc, he does pass stool.*
- **How about urination ?**
- *I think he does that too.*
- **Good. How often do you change him ?**
- *About every 3 or 4 hours.*

## Subjective (Contd...)

- **Is that less than before or same as before ?**
- *I would say about the same, doc.*
- **I see. Does he seem listless or apathetic sometimes ?**
- *No doc.*
- **Does he seem irritable or crying more than usual of late ?**
- *No doc, I don't think so.*

## Subjective (Contd...)

- **Does he ever appear drowsy to you ?**
- *No doc, he appears himself. Its just that this problem has been going on for 2 wks. So I decided to come in.*
- **I understand your concern as a parent, ma'am. And I do appreciate your coming in. It's the right thing to do.**
- *Thank you doctor.*



## Subjective (Contd...)

- **Does he have a runny nose at all ?**
- *None doc.*
- **Do you have other children in your house ?**
- *No, he's the only one.*
- **Does he go to day care ?**
- *No doc, I am a stay at home mom. I take care of him.*

## Subjective (Contd...)

- **I see. Is anyone at home sick ?or anyone he recently came in contact with sick ?**
- *No.*
- **Great. I would like to now go over his medical history, his birth history and immunizations.**
- *Sure doc.*

# PAM HUGS FOSS

- **Does he have any medical problems ?**
- *None doc.*
- **Do you give him any pills including over the counters, herbals and vitamins ?**
- *I give him a vitamin syrup.*
- **Okay. Is he allergic to any medication or other substance ?**
- *No doc.*

Contd...



## PAM HUGS FOSS (Contd...)

- **Has he been hospitalized in past ?**
- *No doc.*
- **Any surgeries ?**
- *None.*
- **Was he born at term ?**
- *2 weeks before due date doc, but he was a healthy child.*

## PAM HUGS FOSS (Contd...)

- **Great. What was his weight at birth ?**
- *It was 6.8 pounds doc.*
- **I see. Did he have any difficulties soon after birth, like Jaundice etc.?**
- *No doc.*
- **Good to know. Do any diseases run in your family ?**
- *No.*

## PAM HUGS FOSS (Contd...)

- **Have you been visiting your pediatrician regularly?**
- *Yes Doc, he's out of town this week with his family. So I came in to the ED.*
- **You did the right thing ma'am. we will make sure we take the best care of him.**
- *Thank you, doctor.*



## PAM HUGS FOSS (Contd...)

- **Are his immunizations up to date ?**
- *Yes doc.*
- **How about his development ? Does he smile at you?**
- *Yes doc. He recognizes me and my husband and he smiles at us.*
- **Great. Thanks for all the information, Mrs. Brown. Now lets go over my impressions.**

# Closure: Assessment and Plan discussion

- **So Mrs. Brown. From the history you gave me about Todd, I have some possibilities in mind. I will go over each of them with you. If you have any questions at any point, please feel free to interrupt me.**
- *Thank you doctor.*
- **The first possibility that I have in mind is what we call Hypertrophic Pyloric Stenosis. I know it's a long name and sounds complicated. Let me explain it.**

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

- *Sure doc, I wont even be able to say the name.*
- **I understand. In simpler terms, ma'am, there might be an obstruction in the gut right after his stomach. The muscles surrounding the last part of his stomach might be very thick. This is a congenital condition, which means he has it since birth. Symptoms may not develop until a few weeks to months after birth.**
- *I see doc.*



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

- **Nausea and throwing up are the commonest symptoms. And Todd's age group is very likely to have this condition.**
- *I see.*
- **Another possibility is intestinal obstruction. That is something blocking the intestines lower down. That can also present this way.**
- *Sure doc.*

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

- **Sepsis or generalized infection is another possibility.**
- **The last thing I would keep in mind would be a stomach infection, called gastroenteritis.**
- *So how do you find out what is what doctor ?*
- **That's a good question, ma'am. I would first need to examine him. A number of clues may be obtained by examination alone.**

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

- **We would then run some basic tests. A couple of blood tests. And send the urine for analysis. I would like to see an ultrasound and an X ray of his belly, to see if there's some obstruction there. This would be the 2 best things to do here, and any obstruction should show up.**
- *Sure doc.*
- **After I have done all this, I would be in a better position to tell you what it is.**



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

- *Is there treatment for all of this ?*
- **Yes ma'am. there is treatment for it. Sepsis and gastroenteritis can be treated medically. HPS and intestinal obstruction need surgery.**
- *Surgery in such a small kid, doc ?*
- **Yes ma'am, those conditions need surgical treatment. But we have some great pediatric surgeons here. They are very experienced people and I would trust them.**

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

- *Do you think he's too young to have surgery ?*
- **No Mrs. Brown. If need be, we even operate new borns. If that's what you've got to do, that's what you do.**
- *Sure doc.*
- **Please be assured, we have extremely competent surgeons here.**
- *I am sure, doc.*

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

- **I would like to see Todd and run the tests before we can make any further decisions. I will personally go over all results with you. Then we will discuss further options.**
- *Sure doc.*
- **Do you have any more questions or concerns ?**
- *No doc.*
- **Thank you. Shake hands and leave.**



# Assessment and Plan

- **Assessment:**

- 1.Hypertrophic pyloric Stenosis
- 2.Intestinal obstruction
- 3.Sepsis
- 4.Gastroenteritis
- 5.GERD

- **Plan:**

- 1.Physical Examination of child
- 2.IV fluid, admit to the hospital
- 3.CBC, CMP, UA, Urine culture, Blood culture, X-ray abdomen-Obstructive series, USG-abdomen
- 4.Consult Pediatrician and Surgeon
- 5.Education and counseling of care-giver<sup>27</sup>

The background features a complex, abstract design. On the left side, there are several thin, white, wavy lines that curve upwards and outwards, resembling stylized waves or perhaps the edges of a book's pages. The rest of the background is filled with a soft, marbled pattern in shades of muted green, dusty rose, and light grey, creating a textured, organic feel.

# Happy Reading