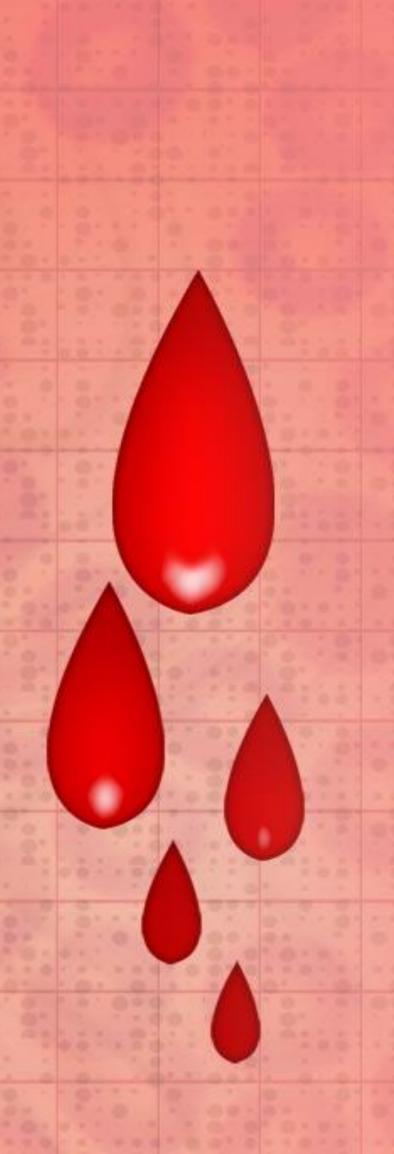


COMLEX Level 2 PE Exam

A 46 year old man brought to ER by his barbuddies who flipped out on seeing blood. (Bloody Vomiting)



Patient Data Sheet

- Patient Name: Mr. Thomas Smith
- Clinical Settings : Emergency Room
- **CC**: A 46 year old man, Thomas Smith is brought to the ER by his bar-buddies who flipped out on seeing blood.
- >Vital Signs:
- Blood Pressure: 110/70 mm Hg
- Respirations: 14 per minute
- Temperature: 96 °F
- Pulse: 110 bpm, regular
- Height: 69 inches
- Weight: 155 lbs.
- **BMI**: 22.9 kg/m2



Differential Diagnosis of Hematemesis

- 1. Variceal bleed
- 2. Erosive esophagitis
- 3. Erosive gastritis
- 4. Bleeding peptic ulcer disease
- 5. MW tear
- 6. CA Esophageal, Gastric, etc



Key Points to Remember

- Door information.
- DD of hematemesis.
- Remember to ask questions so as to differentiate hematemesis from hemoptysis (pseudo-hematemesis).
- History of Etoh consumption must be asked in detail, variceal bleeding is a very common cause in the US.
- Reassure the patient as seeing blood can be distressing for a lot of people.



Opening Scenario

• A middle aged, obese white male lying in bed. Looks comfortable now.

• Patient has a pot-belly.

• He smells of Alcohol when talking.



Subjective

- Hello Mr. Smith, my name is Dr. Lee. I am a physician in this hospital, I will take care of you today. What brings you to the hospital tonight?
- Hi doc, my buddies just flipped out at the sight of blood. We were out in the bar, drinking. I puked out blood.
- Oh I see. That must have been distressing for you too.
- Yes doc, blood makes me queasy.

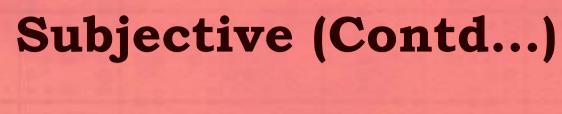
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- I understand. Please don't worry, now that you are here, we will find out the cause and treat it as soon and best as we can.
- Thanks doc.
- So, Mr. Smith, you said you were drinking when you puked out blood. How long had you been drinking?
- Well doc, it was only the first beer, but I think I ate too much at the sea-food place we went to before that. I was a bit uneasy and I vomited.



- I see. And you saw fresh blood in the vomitus?
- Not really fresh, it had the chicken wings and the clam that I had eaten earlier tonight. There was some yellowish vomit and I saw blood in it.
- I see. How many times did you throw up?
- A couple of times, each time about a cup full. Both times I saw dark red blood.
- I see. Did you have any symptoms before you threw up?
- Not really doc.

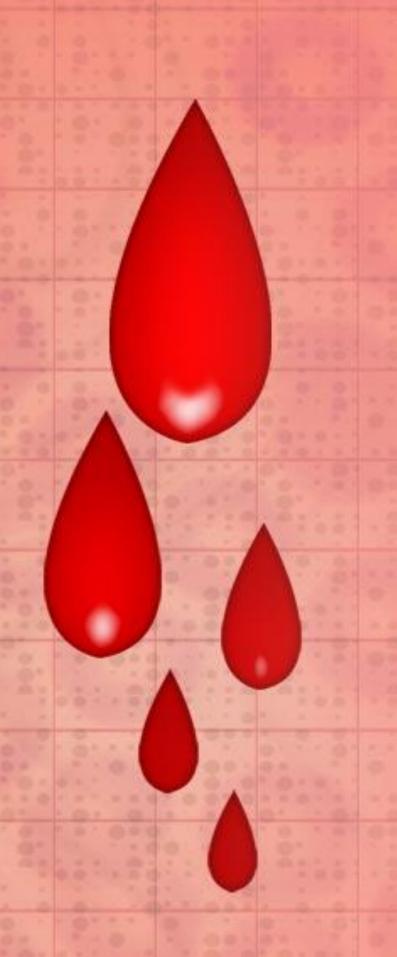


- Did your belly hurt at all?
- No doc, I just felt full till my neck and vomited.
- Does your belly hurt now?
- · No doc.
- Did your chest hurt?
- No doc.
- Did you feel any burning behind your chest or in your belly?
- No doc.





- Have you passed any blood in your stools?
- I haven't gone since I puked doc and otherwise too, none.
- Did you feel dizzy or woozy?
- · No doc.
- Did you pass out?
- · No doc.
- Okay any trouble swallowing at all?
- · No doc.



- Do you ever have any burning sensation behind your chest, before you eat?
- Not really doc.
- Do you use Tylenol, aspirin, or any such pain medication a lot?
- Not really doc, I try not to take any medications as far as I can.



PAM HUGS FOSS

- Okay Mr. Smith. I would like to go over your medical problems, medications and your habits now. Is that alright?
- Sure doc.
- So Mr. Smith, do you have any medical problems?
- I have blood pressure and the doc said my sugars run borderline. So I have to take care of what I eat.
- Do you take any medications?
- I take the water pill and a Norvasc. I don't take anything for the sugars.

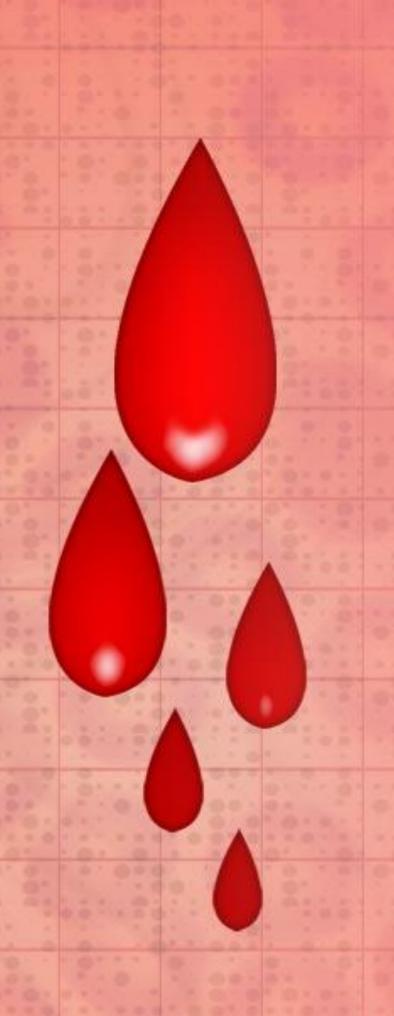
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- I see. Are you allergic to any medication or other substance?
- Not that I know of doc.
- Have you been hospitalized in the past?
- · No doc.
- Have you had any surgeries in the past?
- None doc.
- Have you vomited blood in the past?
- · No doc.



- How are your bowel movements?
- I go every day doc.
- Has the color of your bowel movements changed recently?
- · No doc.
- Have you ever noticed blood in your stools or dark sticky stools?
- · No.



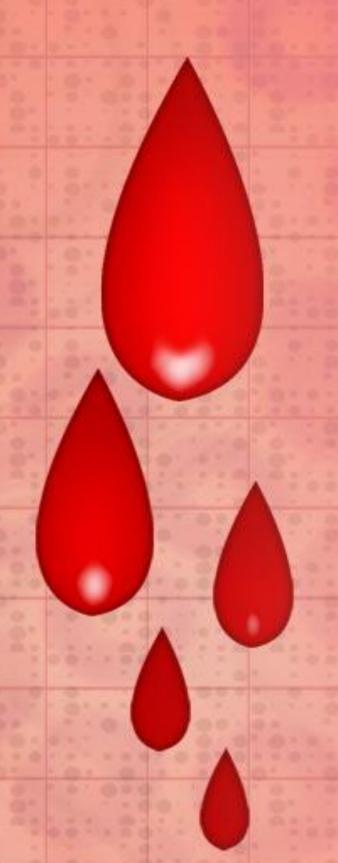
- How about the consistency of your stools, has that changed recently?
- No doc.
- Okay. how about your bladder, any problems with it?
- None doc.
- Do you sleep okay?
- · Yes doc.



- Is there any history of medical problems in your family?
- My father had blood pressure, mother is perfectly healthy.
- Okay great. now lets talk about your social habits, Mr. smith.
- Sure doc.
- Do you smoke?
- Yes doc about a pack a day, since I was in college.



- · Have you ever thought of giving up?
- No doc.
- Mr. smith, as your physician its my responsibility to make you aware of the harmful effects smoking can have on your body. you already have blood pressure. smoking can add up to the risk of heart disease for you. besides smoking can also injure the lining of your food pipe and stomach. that can also cause you to vomit blood. you might know, smoking also causes a number of cancers.





- I know all that stuff doc, I have heard it. but I cant quit.
- I understand, it is difficult to give up after so many years. we have help available, in the form of medicines, nicotine patch, chewing gums which will substitute cigarettes and decrease your craving initially, they will help you quit. if at any point, you decide to quit, do let us know, we can help you.
- Okay doc.







• Yes doc.

· How much do you drink?

• About 1-2 glasses a day. and I go out with my buddies over the weekends.

• I see. How long have you been drinking?

· Almost as long as I have been smoking, doc.

• Have you ever felt guilty about your drinking?

• A couple of times doc, when my wife said I was doing too much.





- Have you ever thought about giving up drinking?
- Yeah I thought, doc, but its not easy too.
- Well, Mr. Smith, drinking can be as bad for your health too. It affects your liver, stomach and other organs. And along with smoking it also increases risk for many diseases including cancers. I think you should consider cutting down and then quitting. Aside from that, consider the amount of money you spend on these habits.
- Right doc.

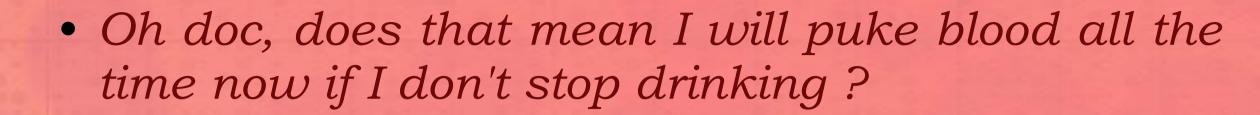




- Have you ever needed a drink on waking up in the morning, to get a hold of your nerves
 ?
- No doc, its never been that bad.
- Okay, that's good to hear. I have to tell you that of the many causes that can cause you to vomit blood, one of the top causes is bleeding from the small vessels in your esophagus and stomach. this is called variceal bleeding. it is related to your drinking habits in most cases.



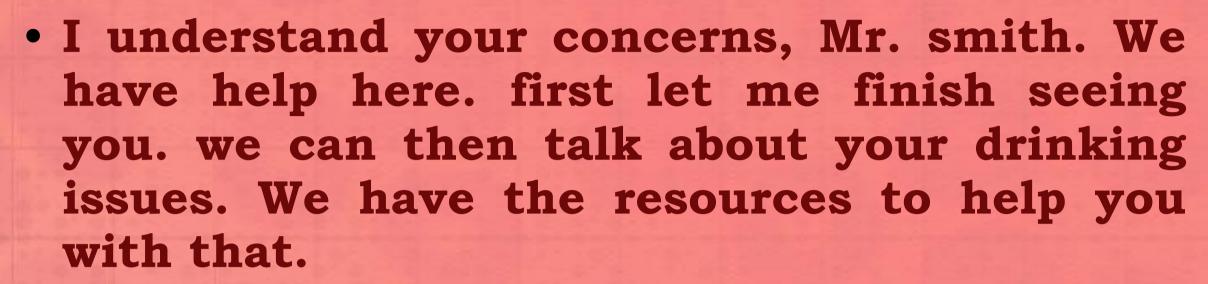




- No Mr. smith, that's not true. but yes, it certainly puts you at higher risk of these things happening again in future, if you don't give up drinking.
- Oh lord, what am I doing?
- Try to reassure the patient, give him some time to get back into his composure.

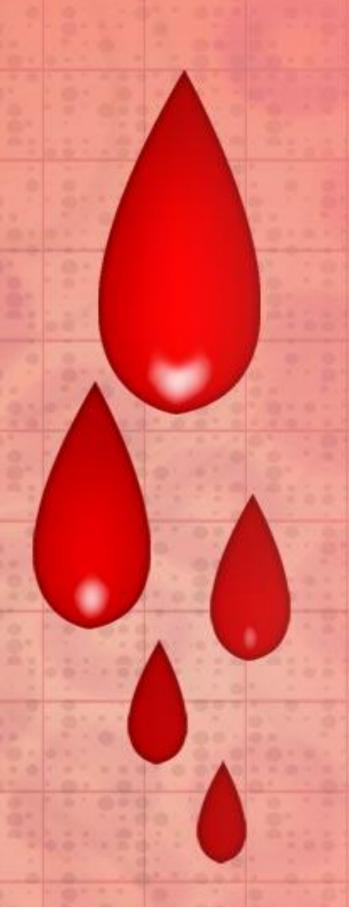




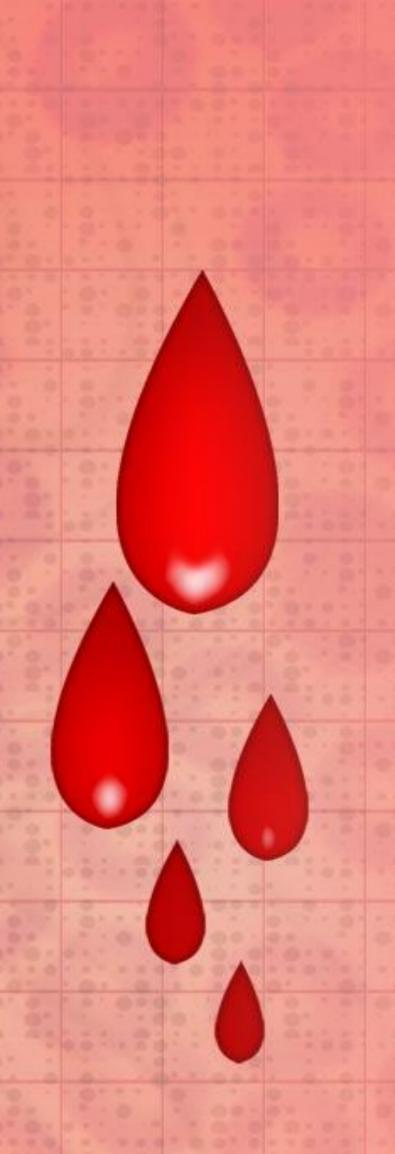


- Thank you doc. I think I did the right thing by coming in tonight, or I would never know about all this.
- Yes you did the right thing. Okay now let me finish asking you some more medical questions. then I will examine you.





- Do you use any recreational drugs, Mr. smith ?
- No doc, I have never messed up with that.
- Good. Are you sexually active right now?
- Yes only with my wife.
- Do you use any contraception?
- She takes the pill. we use protection too, on most days.
- · Okay. What kind of job do you do?
- I work in the glass factory.



Objective

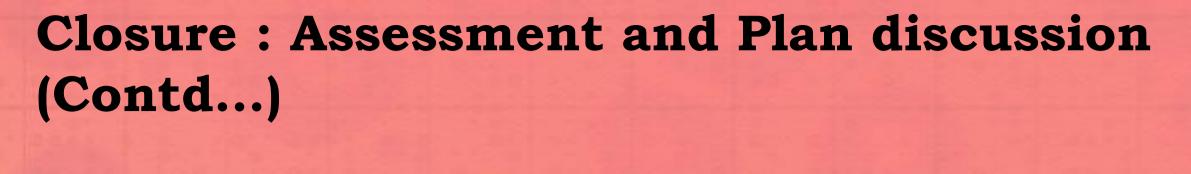
- Okay. Now I will wash my hands and examine you. then we will talk about my impressions and plan.
- Sure doc.
- Wash your hands.
- Drape the patient.
- Do a good general and HEENT exam, look for signs of hepatic cell failure, alcoholism related stigmata.
- Examine Abdomen first.
- Auscultate CVS and RS quickly.
- Explains, offers and performs OMM if indicated.



Closure: Assessment and Plan discussion

- Okay Mr. Smith, thank you for your cooperation. Now let me go over my impressions of your problem.
- Okay doc.
- So there are a few possibilities that I am considering at this point, Mr. smith.
- The very first, like I told you, is a small vessel, a vein bursting in your food pipe or stomach. and that's where the blood came from. Its called a varices. It is more common in alcoholics. and I suspect, with your drinking history, that your liver too might be affected by now.

Contd...



- I see doc. Is that concerning?
- Yes, Mr. smith, it is concerning. Its never a good idea to ignore such an episode. I know its scary for you, as blood makes people uneasy. trust me, you might not have bled a whole lot in terms of amounts. But it brought you to the hospital. So now that you are here, we can evaluate you completely.





- Yes doc I was scared. I thought I would die.
- I understand, its really frightful for some people to see blood. you look stable right now, your BP is a little low, and your heart is racing, could be partly because you lost blood, and partly because you are anxious. we are running fluids to take care of that.



- Right doc, that makes sense. Could it be something else too?
- Yes, it could be an ulcer in your stomach, that has bled. Since you smoke, it puts you at higher risk. We need to find out if it really is an ulcer.
- Could it be cancer doc?
- It could be, though the possibility is very small. But I wouldn't completely deny it.



- I see. So if it can be so many things, how would you find out doc?
- Good question. First, we have to run some basic blood tests first. to make sure you haven't bled a whole lot, our idea would be to make you more stable. if need be, give you fluids and blood. make sure you are not bleeding or if you are then we replace the blood.



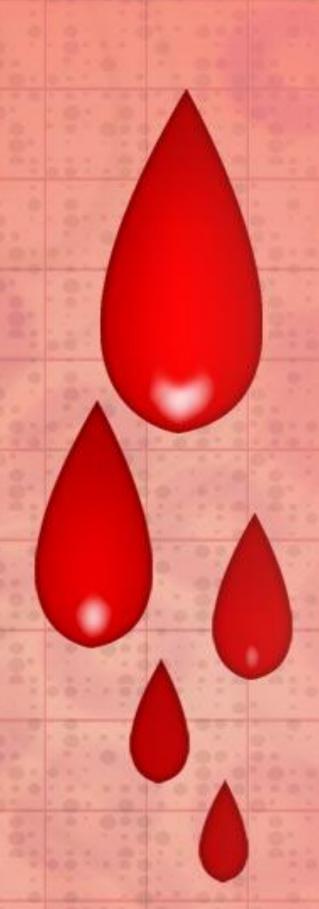
• Now the real deal, about finding out what exactly it is. For that we would need to go down your throat, with an instrument, a scope which has a camera at one end. Its called an EGD. With the help of this instrument, we will be able to see on a TV monitor what is going on in your food pipe, stomach and upper intestines. We will then be more sure of what caused the bleeding.

• I see. But doc, how do you put a scope when I am awake?



• You wont be awake Mr. smith. You'll be knocked out for a little bit, with some sleep medication. Its completely safe, you wont feel any pain or discomfort and you wont know what happened when you wake up. Our gastroenterologist here does 5-6 every day, he is very experienced. He will do it.

• I see doc. That sounds good to me.



- Good. That's what we need to get done to find out diagnosis. Once we have all the results back, I will go over all of them with you. We will then discuss the further plan. I would also like to admit you in the ICU. does that sound right?
- Yes doc, it sounds good.
- Great. Do you have any other questions or concerns at this point, Mr. Smith?
- No doc, I think I am all set.
- Good. It was nice to meet you Mr. smith. You take care. We will get the tests running soon. I will meet you when the results come. Thank you.
- Shake hands and exit.

Assessment and Plan

Assessment:

- 1. Variceal bleed
- 2. Erosive gastritis
- 3. MW tear
- 4. PUD-bleeding
- 5. Erosive esophagitis

• Plan:

- 1. Admit to ICU, IV hydration, Blood transfusion, Octreotide 50 mcg bolus followed by 50 mcg/hr infusion
- 2. Pantoprazole 80 mg IV bolus and 8 mg/hr iv drip, hold BP meds, Ceftriaxone 1 gm IVSS daily
- 3. CBC with differential, H&H q 6 hrs initially, CMP, X-ray KUB (for free air)
- 4. Consult Gastroenterologist and EGD
- 5. Alcohol rehabilitation program referral and smoking cessation
- 6. Counseling and education of patient



