

COMLEX Level 2 PE Exam

**A 62 years old male comes to ER with
bloody urine**



Patient Data Sheet

- **Patient Name:** Mr. Filo
- **Clinical Setting:** Emergency Room
- **CC:** A 62 years old male, comes to ER with bloody urine.

➤ **Vital Signs:**

- **Blood Pressure** : 128 / 86 mm Hg
- **Respirations** : 16 per minute
- **Temperature** : 97.6 °F
- **Pulse** : 74 bpm
- **Height** : 68 inches
- **Weight** : 132 lbs.
- **BMI** : 20.1 kg/m²



Differential Diagnosis

- Urinary Tract Infection
- Benign Prostatic Hyperplasia
- Nephrolithiasis
- Bladder Ca.
- Medication induced e.g. Warfarin
- Renal Ca.
- Acute Glomerulonephritis
- Prostate Ca.



Key points to remember before entering patient's room

- You should have patient's name, Chief Complaint and vitals.
- Please have a Differential Diagnosis before entering room so you can ask specific questions.
- Make patient comfortable.
- Please make sure you explain importance of getting genital and rectal examination as a work up.
- Explain your DD and work up in lay man language, do not use medical terminology, if you have to, please explain it immediately.



Opening of the case

Position of the patient

- The patient might be sitting on the bed.



Subjective

- **Mr. Filo, Good morning, I am Dr. Spock , I am an attending physician in this hospital. (Shake hand). Today I will take care of you. First I will ask you few questions and do brief physical examination. Meanwhile If you have any questions, feel free to ask me. Let me make you comfortable (drape patient at this time).**
- **Please tell me what brought you in?**
- *Doc, I had blood in urine.*

Contd...



Subjective (Contd...)

- **When did it start?**
- *It occurred this morning when I wake up.*
- **What was the color of urine?**
- *It was bright red.*
- **Did you see any blood clots? (lower UT source)**
- *No.*
- **Was it happened before?**
- *No, this is first time.*



Subjective (Contd...)

- **Do you have any burning while urinating?**
 - *Yes, I had this morning.*
- **Do you have to go to bathroom very often?**
 - *Yes, doc.*
- **Do you have to rush to bathroom?**
 - *No.*
- **Do you have any lower belly pain?**
 - *No, doc.*
- **Do you have any fever?**
 - *No.*



Subjective (Contd...)

- **Do you have to push/strain while urinating?**
 - *No doc.*
- **Do you have to wake up in the night to urinate?**
 - *Sometimes, I wake up 1-2 times.*



Subjective (Contd...)

- **Do you have nausea or vomiting?**
 - *No doc.*
- **Do you have any dribbling(urine comes drop by drop)?**
 - *No doc.*
- **Have you noticed any changes in urinary stream?**
 - *I guess it is little weak.*



Subjective (Contd...)

- **Do you have recent sore throat or any infection?(Sore throat-PSGN, any mucosal infection-Ig A nephropathy).**
- *No.*
- **Have you eaten any berries or beets?**
- *Not really doc.*



PMH

- (You should use transition sentence here).
- **Mr. Filo, now I would like to ask you about your health in the past.**
- **Do you have any medical conditions?**
- *Yes, I have HTN and had blood clots in my leg a month ago.*
- **Is your blood pressure controlled?**
- *Yes, doc it has been around 120/80 mm Hg.*



PSH

- **Do you have history of any surgery?**
- *Yes, I had bladder stone removal surgery 5 years ago.*



Medications and allergy

- **What are the medications do you take?**
- *I take HCTZ 25 mg and Coumadin 2.5 mg daily.*
- **Have you got your blood checked for INR-that is the blood test tells you how thin your blood is?**
- *Yes, doc, I know that blood test. My INR was 2.45 last week. It has been between 2-3.*

➤ Allergy

- **Do you have any allergy?**
- *Yes, penicillin gives me rash.*



Social History

- **Now I would like to ask you few questions about your social habits.**
- *Ok doc.*
- **Do you smoke?**
- *Yes, Doc.*
- **How many cigarettes do you smoke?**
- *I smoke half pack per day.*



Contd...

Social History (Contd...)

- **Can you tell me for how many years you smoke?**
- *About 25 years.*
- **Do you drink alcohol?**
- *Yes, about 1 or 2 drinks of beer over weekend.*
- **Do you take any recreational drugs?**
- *No doc, I tried cocaine when I was in the high school.*
- **I appreciate that you quit it.**



Social History (Contd...)

- **Mr. Filo, I am concerned about your smoking. Have you tried to quit it?**
- *Yes, doc, I tried twice but you know, it is very difficult for me.*
- **I am glad that you tried and I also know how difficult It is. But you should consider quitting it again as you might know that smoking can damage your lungs, heart and even your current problem might be related to smoking.**



Social History (Contd...)

- **So, do you consider to quit it?**
- *I will think over it doc, at this time, I just want to deal with this problem.*
- **Ok, that's fine with me. I just want to tell you that whenever you decide, let me know. We have very professional and helpful counselors and different treatments options.**
- *Thank you , I will.*



Sexual History

- (Please use transition sentence here).
- **Mr. Filo, now I would like to ask you few personal questions. Is that ok with you?**
- *Sure, doc.*
- **Are you sexually active?**
- *Yes, doc, with my wife only.*
- **Occupation:**
- **What kind of work do you do?**
- *I am a technician at textile company.*



Family history

- **Does any body in your family have medical problems?**
- *Yes, Doc, my father has HTN and DM.*



Summarization of History in 2-3 sentences

- **Mr. Filo, thank you. Now I am done with history, let me summarize it for you.**
- **As you mentioned, you have bright red blood this morning that is associated with burning urination, increased frequency, weak urinary stream and you have to wake up in the night about 1-2 times. You take Coumadin for blood clots in leg.**
- *Yes, that's right.*



Challenging Question

- **Do you have any question?**
- *Yes, Doc, do you think it's because of Coumadin?*
- **Well, Mr. Filo. Coumadin makes your blood thinner, so you are at high risk for bleeding, but before we come to final diagnosis, we should consider other causes of bleeding as well. Let me do your examination and run some tests. I just want to reassure that whatever might be causing it, I will be with you for your help.**
- *Thank you doc.*



Points to remember before starting Physical Examination

- Wash your hands.
- Always make patient comfortable.
- Ask permission to examine.
- Do not repeat painful maneuvers.
- Use proper draping techniques.
- Provide help during examination.
- Explain what you are doing.
- Here, patient might have Costo-Vertebral angle tenderness, do not repeat it.
- Tell that why you need to do genital and rectal examination.



Focused Physical Examination

- **Mr. Filo, now I would like to examine you. It would be very quick and gentle. May I start?**
- *Yes doc.*
- **General:** built, orientation.
- **HEENT:** Check for pallor, icterus, lymphadenopathy, nasal congestion, posterior pharynx- sore throat.
- **RS:** Auscultation.
- **CVS:** Auscultation.
- **GI:** Check tenderness at lower belly pain. Costo-Vertebral angle tenderness.
- **Extremities:** Look for edema, and bilateral pulse.
- Explains, offers and performs OMM if indicated.



How to finish case

- Once you are done with history and physical examination, give him initial impression and plan.
- **Mr. Filo. I am done with your evaluation. Thank you for your co-operation. Let me give my impression. Based on your history and my physical examination it seems that it could be due to Coumadin or urinary tract infection. But it could be something else. So to confirm it I need to do genital and rectal examination to check your gland called prostate gland and run some blood tests and urine tests.**

Contd...



How to finish case (Contd...)

- **Once we know what is causing it, I will start treatment as soon as possible. In some situations we might need to admit you, while on the other hand, if we find problem that can be manageable as an out patient then I will see you after 3 days. But do not worry, I will let you know.**
- **Do you have any questions?**
- *Not really.*
- Shake hands and leave the room.



SOAP note

- **Subjective:**
- A 62 years old male, came to ER with C/O bright red blood in urine this morning with no blood clots. This happened first time. It is associated with burning urination, increased frequency, nocturia, weak urinary stream. He denied urgency, straining while urination, belly pain, fever, nausea, vomiting, flank pain, dribbling, sore throat or any infection, trauma, use of berries or beets, bleeding from other sites of body, or any bowel movements complaints. He also denied any appetite or weight changes.



Contd...

SOAP note (Contd...)

- **ROS:** negative except as above.
- **PMH:** HTN, DVT in leg, Urolithiasis.
- **PSH:** Removal of urinary bladder stone 5 years ago.
- **Medications:**
 - -HCTZ 25 mg daily.
 - -Coumadin 2.5 mg daily.
- **Allergy:**
 - Penicillin causes rash.



SOAP note (Contd...)

- **SH:** 1/2 PPD for 25 years, occasional alcohol drinker, used to take cocaine in high school, works as technician in textile company.
- **Sexual history:** Currently sexually active with wife only.
- **FH:** Father has HTN and DM.



Objective

- **Vitals:** WNL
- **General:** well oriented middle age male, sitting on the bed, without any acute distress.
- **HEENT:** PERRLA, EOMI, no pallor, icterus, no LAD, no pharyngeal erythema/exudate.
- **RS:** CTA, no additional sounds.
- **CVS:** S1/S2 rrr, no murmur, rubs and gallops.



Contd...

Objective (Cont..)

- **Abdomen:** Soft and non distended, non tender, Costo-Vertebral angle tenderness: -nt, no suprapubic tenderness, BS present, no organomegaly.
- **Extremity:** no edema, bilateral pulse present.



Assessment and Plan

➤ **Assessment**

1. Urinary tract Infection
2. Medication induced e.g. Coumadin
3. Benign prostatic hyperplasia
4. Urolithiasis
5. Bladder Ca
6. Renal Ca
7. Prostate Ca

➤ **Plan**

1. Ciprofloxacin 500 mg twice daily X 7 days
2. Genital and Rectal examination
3. UA and urine cultures, Urine cytology, PSA, CBC with differential, BMP, CT abdomen/Pelvis, USG-Transrectal, Cystoscopy
4. Admit to hospital if needed
5. Smoking cessation



HAPPY READING

