6512 WEEK 6 Abdomen Case Study ANALISYS

Advanced Health Assessment (Walden University)

6512 Assignment Week 6

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ABDOMINAL ASSESSMENT

Subjective:

- CC: "My stomach hurts, I have diarrhea, and nothing seems to help."
- HPI: JR, 47 yo WM, complains of having generalized abdominal pain that started 3 days ago.
- He has not taken any medications because he did not know what to take.
- He states the pain is a 5/10 today but has been as much as 9/10 when it first started.
- He has been able to eat, with some nausea afterward.

- PMH: HTN, Diabetes, hx of GI bled 4 years ago
- Medications: Lisinopril 10mg, Amlodipine 5 mg, Metformin 1000mg, Lantus 10 units qhs
- Allergies: NKDA
- FH: No hx of colon cancer, Father hx DMT2, HTN, Mother hx HTN, Hyperlipidemia, GERD
- Social: Denies tobacco use; occasional etoh, married, 3 children (1 girl, 2 boys)

Objective:

- VS: Temp 99.8; BP 160/86; RR 16; P 92; HT 5’10”; WT 248lbs
- Heart: RRR, no murmurs
- Lungs: CTA, chest wall symmetrical
- Skin: Intact without lesions, no urticaria
- Abd: soft, hyperactive bowel sounds,
- pos pain in the LLQ

- Diagnostics: None

Assessment:

- Left lower quadrant pain
- Gastroenteritis

With the intention to facilitate the reading and understanding of the document content, I decided to write in *ITALICS* all the answers and comments to the questions and directions provided for the present homework.

Analyze the subjective portion of the note. List additional information that should be included in the documentation.

Subjective:

- CC: "My stomach hurts, I have diarrhea, and nothing seems to help."
- HPI: JR, 47 yo WM, complains of having generalized abdominal pain that started 3 days ago.
- He has not taken any medications because he did not know what to take.
- He states the pain is a 5/10 today but has been as much as 9/10 when it first started.
- He has been able to eat, with some nausea afterward.

The Chief Complaint is verified: (but I want to know more information)

"My stomach hurts, I have diarrhea, and nothing seems to help." verified.

I would like to know more about the pain. *What makes the stomach pain worse? What makes the pain ease? Is it localized? Is the pain permanent or "just calm but returned more intense"? All the symptoms started at the same time? Is the diarrhea liquid? Is there blood? Is there flatulence? Did you have had this type of pain before? What were you doing when the pain started?*

History Present Illness: The History of Present Illness (HPI) was severely lacking since it missed vital information. *Onset, Location, Radiation, Duration, Character, Aggravating factors, Relieving factors, Timing, and Severity are important contents in a comprehensive HPI* (Nichol et al., 2021). *The HPI did not detail the exact location of the pain or if it spread to other abdomen areas or the body.*

The patient stated discomfort "started three days ago" *Frankly, "generalized abdominal pain" looks more like interpretation from the provider than self-statement; what made me think, did the patient have the opportunity to express wherein his abdomen the pain is?*

I would like to know if *have you been able to sleep? Are you able to do all your task at home and work? Did you take any "traditional medicine" like chamomile tea or Pepto-Bismol or similar? When you eat, the pain decreases or increase? Breathing increase or decrease the pain?* He has not taken any medicine because he is unsure what to take.

He claims the pain is now a 5/10, although it was a 9/10 when it initially began. *Want to know, is the pain localized? Does your back hurt? Where does the pain initiate? Is the pain sharp or burning or colic?* He has been able to eat whit some nauseous after eating. *I want to know: How does he control nausea? Did he vomit any time? Did he have hematemesis? Did he stop eating any time to avoid pain or nauseous? What type of food makes him feel nauseated? What is his frequent, typical food? When was the last time he ate? Did he lose appetite? Is he able to drink liquids?*

The patient did not pinpoint which region of his abdomen was bothering him. The HPI also lacked information on additional symptoms and the one described in the complaint (Nichol et al., 2021).

PMH:

The patient had previously been diagnosed with Hypertension, Diabetes, and GI bleeding four years ago.

I want to know: *All those three illnesses were diagnosed and treated at the same time about four years ago? What was the cause of GI bleeding at that time?*

The most crucial information to investigate is the *gastrointestinal hemorrhage* four years ago because *the gastrointestinal system is again the origin of his present discomfort*.

More information on GI bleed from the past is essential to know; the cause of the bleed, its severity, or the therapy, including the type of medication and dosage, adherence. The definitive treatment for his GI *was a surgical treatment he received for GI? Did he receive a blood transfusion for GI? What medication did he use for the GI? When was the last time he was checked for GI? Have you recently had vomit blood? Did he evacuate black feces?*

(Actual/Present) Medications: Lisinopril 10mg, Amlodipine 5mg, Metformin 1000mg, Lantus 10 units' qhs; medications he takes for his other comorbidities. The patient has reported no medication allergies. (*Is there a history of heart or lungs disease?)*

He denied a history of colon cancer in his family. The father has a history of Type 2 Diabetes and hypertension; the mother has hypertension, hyperlipidemia, and GERD. *Was his mother or and father have had a colonoscopy? Has either parent had an abdominal illness? What kind? I want to know if they are alive.*

Under the social history, the patient denies tobacco use (I want to know*: Did he use tobacco in the past? How long ago stop smoking? How much did he smoke before? Is he using a nicotine patch?). O*ccasionally takes alcohol *(*I want to know *how much alcohol he drinks? How*

many times a day? has he had alcohol withdrawal? Does the alcohol consumption interfere with his work or duties?) Alcohol consumption may be linked to a risk of inflammatory bowel (Casey, 2021). He is married with three children. He may not have had a sexual reproductive history problem. *Are his kids biological, are his kids adopted or step kids?*

Analyze the objective portion of the Case study.

List additional information that should be included in the documentation.

Objective:

- VS: Temp 99.8; BP 160/86; RR 16; P 92; HT 5’10”; WT 248lbs
- Heart: RRR, no murmurs
- Lungs: CTA, chest wall symmetrical
- Skin: Intact without lesions, no urticaria
- Abd: soft, hyperactive bowel sounds,
- pos pain in the LLQ
- Diagnostics: None

The data under the vital signs were:

Temp 99.8; BP 160/86(need to have a second measure after some minutes resting); RR 16, (there is no O2 saturation reported); P 92; HT 5'10"; WT 248lbs. *BMI 35.58 means Obese.*

The heart examination indicated no murmurs and a steady rate and rhythm *(all heart's focus were auscultated? No data for previous personal heart or lungs disease).* Lungs: CTA (*why and when the cta was ordered, what results in the cta produce?* Chest wall symmetrical. *(there were no abnormal findings during chest Palpation and Auscultation?)* No lesions of urticaria were seen on the skin. *(are there local changes in the abdomen's skin? Are the blood vessel normal? Is that a flat globose or depressed abdomen? Is the abdomen symmetrical? Are there other sensitive abdominal areas? Is there an ecchymosis around the umbilicus scar? (Cullen sign)*

According to the order, the report was written; first, the Inspection happens, and after that, PALPATION happens, which is an INCORRECT technique.

- "Skin: Intact without lesions, no urticaria
- Abd: soft, hyperactive bowel sounds,"

The correct order for the abdominal technic steps: first Inspection, second Auscultation. Only after those steps is Palpation performed to avoid altering the abdominal organs or mass movement around and not changing the peristaltic regular bowel movements. With the Auscultation, the hyperactive bowel sounds could be identified.

After Auscultation, Palpation occurs, and the "Soft" (*abdomen) means there were no signs of peritoneum irritation, parietal or visceral, that could require urgent care; maybe surgical care was not needed. No mass or solid viscera augmentation or altered aortic pulse was perceived).*

"Pos pain in the LLQ" was found during the abdominal examination. *(was the patient able to point out where the primary focus pain was in his abdomen? Was the Palpation done from distal to the proximal pain focus? Was the Palpation a deep or superficial? How much more pain did the Palpation generate?)*

The objective evaluation mentions no diagnostic testing.

The patient's body temperature *was found below the point considered a fever of 100.4 F or above.* (Zingman, 2021). Blood pressure was also elevated, *but without more information to identify the last health visit to adjust or establish the efficacy of treatment is challenging to have initiated a plan to improve BP control.* The pulse and respiration rates were also within normal ranges. The *patient is obese based on her height and weight*. The heart, lungs, and skin

examinations were reported as normal or were not noted. The abdomen was soft, and there were hyperactive bowel noises. There was pain in the left lower quadrant of the abdomen.

Other pieces of absent system information of the objective assessment, like the HEENT, neurological, and musculoskeletal system, need to be included. In addition, each quadrant's abdominal examination should have included inspection, auscultation, palpation, and percussion (Bilal et al., 2017). *It is essential to inspect the abdomen. The simple observation could identify an inguinal hernia or other mass or discoloration. Percussion may help detect the position of abdominal fluid, solid, and gas. Palpation should be used to check for any abdominal pain or masses. When breathing, look for movement in the abdomen wall, which could be superficial or reduced if breathing generates abdominal pain.*

Assessment:

- Left lower quadrant pain
- Gastroenteritis

Is the assessment supported by subjective and objective information? Why or why not?

Yes. **Left Lower Quadrant** pain is a convention to facilitate identified at the abdomen, the source of a problem. In our case, the source of abdominal pain. It is a symptom, a piece of Subjective information, translated into a professional's word. After a problem has been identified, some Diagnostic tests could be recommended to narrow toward the final entity or illness. Although the objective and subjective data are scanty, it is sufficient to support the assessment. Yes. To support the **Gastroenteritis** assessment, we have the subjective symptom of pain, diarrhea. Objective data, hyperperistalsis *(at the LLQ?), and the* pain is confirmed by Palpation *(at the LLQ?)*

What diagnostic tests would be appropriate for this case, and how would the results be used to make a diagnosis?

I would like to include diagnostic tests like stool, standing abdominal X-ray, and complete blood cell count.

A complete blood count can assist in determining if there is an infection, viral or bacterial, present. Also, it will tell if there is *anemia that could be present with a differential diagnosis on a recurrent problem, then consider the history of gastrointestinal bleeding. The organs, blood arteries, and bones in the abdominal cavity may all be seen with an abdominal x-ray. Pneumoperitoneum, free air in the abdominal cavity, maybe a severe illness for a person*. (Grewal, 2021)

Also, as a comment, not as a first choice, a Computed tomography (CT) is advised for right or left lower quadrant discomfort (Patel & De Jesus, 2021). CT scans aid in detecting diverticulitis and may reveal the extent of the illness and the existence of abscess development.

Would you reject/accept the current diagnosis? Why or why not? Identify three possible conditions that may be considered a differential diagnosis for this patient. Explain your reasoning using at least three different references from current evidence-based literature.

The examination revealed ***Gastroenteritis*** and pain in the left lower quadrant. The abdominal examination confirmed the diagnosis of lower quadrant pain. As an analysis result, the subjective and objective facts from the case, it is an appropriate diagnosis, Gastroenteritis. It was the second diagnosis discovered during the examination. Gastroenteritis is an infection and inflammation of the digestive tract that causes disease manifestations (Stuempfig & Seroy, 2021). Abdominal discomfort, diarrhea, and vomiting are common symptoms.

Diverticulitis, ***acute pancreatitis, and appendicitis*** are, among others, possible differential diagnoses in the study case provided.

Diverticulitis, (Strate & Morris, 2019). When small bags form in the digestive tract, usually in the colon, one may have diverticulitis. The main symptom of diverticulitis is abdominal discomfort. It mostly happens on the lower left quadrant of the abdomen. The patient might also identify the right side of the abdomen as affected. Diverticula is a tiny bottle shape at the colon membrane that gets inflamed after being colonized by bacteria, causing pain and discomfort. This is recurrent in time and could accompany diarrhea. pouches.

Pancreatitis is another differential diagnosis to consider in this study case. However, the pain at the LLQ and hyperperistalsis are not congruent with pancreatitis. Given the patient's primary complaint of "my stomach hurts" have discomfort, this is a plausible diagnosis. Acute pancreatitis is a kind of Pancreas inflammation that occurs suddenly (Boxhoorn et al., 2020).

Acute pancreatitis causes significant stomach discomfort. Sometimes the pain could ease after a few days, although it may become severe and quite dangerous, mainly if Cullen sign is detected.

Appendicitis is the inflammation of the appendix. That inflammation could progress to infection and, if not diagnosed in time, could cause a severe condition, peritonitis, which may not be easy to cure. Appendicitis is characterized by severe discomfort initially at the epigastric area and after migrating and localizing in the lower right abdomen (Baird et al., 2017). Other typical appendicitis symptoms include nausea and vomiting. However, sometimes, the appendix could be all over to the LLQ.

I have been enjoying this exercise of abdominal evaluation. The Study Case note provided reached the goal to make me critically analyze the information provided versus the information I reviewed. A thorough examination of the objective and subjective data was carried out, and some extra information would be needed to establish a final diagnosis. Appropriate diagnostic tests were also identified, which would be used to make diagnosis-related choices. At least three differential diagnoses for the reported case was established.

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