



The Digestive System

Part -2-

1- How to take a history of present illness for abdominal pain

Information from a medical evaluation (written medical documentation and verbal patient presentations) is typically relayed in a structured way. Although the format may vary slightly from region to region, most clinicians follow a similar template.

One such template lists four components of a medical evaluation and uses the acronym **SOAP**:

1. **Subjective**
2. **Objective**
3. **Assessment**
4. **Plan**

The SOAP evaluation is a basic form of communication that can be expressed verbally and in written form. It starts with the healthcare provider recording observations of a subjective nature. This is followed by the measurement of objective information so that an assessment of the problem can be made, and a plan can be created for it.

Subjective

The subjective portion of the SOAP is based on observations from the patient. It contains the history of present illness (HPI) as well as the patient's chief complaint and associated symptoms. The chief complaint is the primary reason for the patient presenting to a healthcare professional.



Objective

The objective portion contains measured information and is therefore not subjective. This portion contains vital signs, lab tests, diagnostic imaging, and a physical exam (including the abdominal exam).

Assessment

The assessment portion is a summative section that provides the diagnosis, or at least the differential diagnosis. Based on the information from both the subjective and objective sections, this portion notes what the disease or condition might be.

Plan

The plan section refers to how the patient's problem or condition will be addressed. For example, the plan for a patient assessed to have acute appendicitis is to perform an appendectomy, give pain medications, and prescribe antibiotics.

2- How to gather a history of present illness

The history of present illness, or HPI, is part of the subjective portion of the patient interview and provides detailed information on the patient's chief complaint. For example, if someone presents with a cough, the HPI would record details about the cough from the patient in their own words.

The HPI can be organized into the acronym OLD CARTS that contains eight sections:

1. Onset
2. Location
3. Duration
4. Character
5. Alleviating factors
6. Radiation
7. Temporal patterns
8. Symptoms



Onset

Question: When did the pain start?

When asking about the onset, you should determine exactly when the pain started. Be very specific with your questions to the patient. Did it start one week ago or two days ago? Did it start today? If so, when—in the morning or the afternoon?

Location

Question: Where is the pain located?

Next, determine the location of the pain. Again, be very specific with your questions. It is important to localize the pain as best you can during the subjective portion. Localization will set you up for success during the physical exam portion.

Ask the patient about specific regions such as the right upper quadrant, right lower quadrant, left upper quadrant, left lower quadrant, epigastrium, and suprapubic regions. As well, ask the patient to point to the area where the pain hurts the most using a *single* finger. Where they point may surprise you because it forces the patient to really think about the location. Keep in mind, the location may not line up with what they initially said!

Duration

Question: How long have you had the pain?

Next, determine how long the patient has had the pain. Again, be specific and ask how many hours, days, weeks, or months they have had the pain. The onset of pain is important to help determine if it has an acute or chronic nature.

Character

Question: Can you describe the pain?

Pain always has a character to it; you just have to ask and be specific with the patient. The character of the pain is also known as the type of pain. There are several ways we can characterize pain:

- Sharp



- Stabbing
- Dull
- Cramping
- Aching
- Shooting

Alleviating factors

Question: What helps the pain, and what makes it worse?

Ask your patient if certain things alleviate or worsen the pain. This might include different positions such as sitting, standing, laying down, moving, or not moving. Inquire about the use of medications such as non-steroidal anti-inflammatory drugs.

Ask what happens if they consume certain foods such as fatty, greasy, spicy, acidic, or milk-containing foods. Also, ask about the consumption of caffeinated beverages and alcohol.

Radiation of the pain

Question: Does the pain radiate anywhere?

As part of the HPI, ask the patient if the pain radiates to other locations of the body such as the back, neck, shoulders, or arms.

Temporal patterns

Question: Does the pain show any patterns as to when it recurs?

Ask the patient if their pain has a specific pattern of recurrence. Does it appear every morning or night? Is it happening after a fatty meal, after consuming dairy products, drinking a cup of coffee, or eating spicy, acidic food?

Symptoms

Question: Are any other symptoms associated with the pain?



Lastly, you'll want to ask if there are any other symptoms associated with the pain. Ask whether these symptoms occur before, after, or during the pain. Ask if there is any associated nausea, vomiting, or diarrhea.

Remember that the pain could be stemming from several different organ systems, including the gastrointestinal (GI), urinary, and reproductive systems.

| Clinical Examination | Investigations |
|---|---|
| <ul style="list-style-type: none"> - Can you lie flat on your back? - Can you lie down on your back with your knees flexed? <li style="text-align: center;">- Inspection Distended Swellings (abdominal aortic aneurysm) Movements of abdominal wall. Distended (Ascites) <li style="text-align: center;">- Palpitation Palpitations of the different organs: liver- hepatomegaly (lower edge, straight, irregular, sharp, thick). Gallbladder Spleen(splenomegaly) Kidneys (an enlarged kidney can be balloted). <li style="text-align: center;">- Percussion Dullness Resonant Fluid thrill Shifting dullness <li style="text-align: center;">- Auscultation Bowel sounds Bowel sound present(BS+) Bruit <li style="text-align: center;">- Digital rectal examination I'm going to examine your back passage <ul style="list-style-type: none"> • You are bleeding from your rectum | <ul style="list-style-type: none"> - Alimentary track - Examination of the faeces - Microscopic examination (Pus cells, red blood cells, ova/ parasites, - Chemical examination (faecal occult blood (FOB). - Inflammatory markers C reactive protein (CRP) - Erythrocyte sedimentation rate (ESR) - Radiology Plain film of abdomen (PFA) - Small bowel loops dilatation Erect CXR - Endoscopic examination (camera test) - Oesophago-gastroduodenoscopy (OGD). - Proctoscopy - Sigmoidoscopy <li style="text-align: center;">- Biology test - Liver function test - Isotope scan - Globulin - Serum cholesterol - Ultrasound scan - Needle biopsy of the liver |



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| <ul style="list-style-type: none">• Do you have a pain? <p>Anal pathologies Piles/ Haemorrhoids/ excoriations/ fistula in ano / anal fissure/ prolapse.</p> | |
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