<u>Instruction to Candidates</u> – Aim for 8 minutes

You are a Foundation doctor in A&E.

Kenneth Lance is presenting with abdominal pain.

You have 6 minutes to take a history from Kenneth. The examiner will provide you with examination finding, after which they will ask you some questions.

Patient name: Kenneth Lance

Age: 67 years

PC: Abdominal pain

HPC

You have been having abdominal pain for the past 5 days, which has gradually become worse.

You describe the pain as a severe cramp, with a severity rate of 7/10. Nothing seems to relieve nor exacerbates the pain.

You are unable to pin-point the exact area of the pain as it is everywhere in your abdomen.

You tried co-codamol but it has not helped with the pain.

You feel sick and have been vomiting a few times today; no blood, coffee ground, or bilious colour seen. You are finding it difficult to keep food down as this induces vomiting as well.

You have not been opening your bowels for the past few days and this is not normal for you (baseline once a day). If asked specifically, you are only able to pass a little wind now.

You have no temperature.

You have not lost any weight, although your appetite has decreased.

You have no urinary symptom.

PMH

You have bowel cancer in which you underwent surgery 2 years ago to remove part of the bowel. You don't remember what operation you had but you currently don't have a stoma. Your current understanding is that your cancer is in remission. You are known to the oncology team in this hospital. Your next review is 6 months away.

Inguinal hernia repair 8 years ago

Type 2 diabetes

DH

NKDA

Metformin

FH – nil significant

SH

You live with your partner and you are both quite independent with activities of daily living

You have never smoke and drink 1-2 bottles of beer a week.

No recent travel.

You are retired and you previously worked as an engineer.

I – you think this could be your cancer recurring

C – you are concerned that you might need another surgery again

E – you are hoping for some stronger pain relief

Examination findings

Distended abdomen

Tender and guarding on both superficial and deep palpation to of the umbilical area of the abdomen

Resonance on percussion of the abdomen

Generalised high-pitched bowel sound on auscultation

Testicular examination nil significant

Questions

What are your differentials?

Bowel obstruction

Recurrence of bowel cancer

What do you suspect the diagnosis to be and why?

Bowel obstruction – acute onset of abdominal pain, associated with nausea, vomiting and not opening bowel. Past abdominal surgeries may cause bowel adhesions. Examination findings support this differential.

What would you like to do next for this patient?

Bloods – FBC, U&E, CRP, LFT, amylase and lactate

Erect CXR

CT abdo

Nil by mouth

IV fluids

Analgesia

Discuss with senior for consideration of surgery (group and save) or conservative management (drip and suck via NGT, and symptom management)

Feedback

Did the candidate	**Y/N**
Establish a relevant abdo history from the patient	
Explore red flags for abdominal presentation	
Explore ICE in a patient-centered manner	
Able to list a differential and provide a clinical reasoning for it	
Provide an appropriate initial management plan for the patient	