

### **Instruction to Candidates**

**You are a Foundation doctor in A&E.**

**Julie Sanders has been admitted due to severe stomach pains.**

**You have 6 minutes to perform an appropriate assessment, the examiner will then ask you some questions**

**Patient name:** Julie Sanders

**Age:** 31years

Patient is conscious and grasping their stomach in pain

### **Airway**

- Airway is patent and patient is speaking (despite patient speaking student should check the airways to ensure there is no risk of the airways becoming compromised)

### **Breathing**

- SaO<sub>2</sub>: 99%
- RR 29 breaths/min
- Respiratory exam:
  - On inspection patient is tachypnoeic and clutching her abdomen
  - No flapping tremors
  - No cushingoid appearance in the face
  - No sign of peripheral or central cyanosis
  - Trachea midline (student does not need to check lymph nodes)
  - Chest expands equally
  - Chest sounds resonant
  - Breath sounds clear throughout
  - No swelling of the calves or evidence of sacral or peripheral oedema

### **Circulation**

- BP: 101/72 mmHg
- HR: 113 bpm, regular
- Central cap refill: >3 seconds
- Student should mention inserting a wide-bore IV cannula, take bloods, perform group and save and crossmatching
- Cardiac examination
  - Patient's complexion is slightly pale
  - JVP is absent
  - Apex beat present
  - All heart sounds present and normal
- Student mentions their intention to prescribe 500ml of Saline (IV) STAT (within 15mins)

### **Disability**

- Check glucose
- Temperature: 37.4°C
- GCS = 15
- Pupils reactive and symmetrical
- Student mentions wanting to prescribe adequate analgesia for pain relief

### **Everything else**

- No bleeding or rashes.
- Pale skin colour
- Perform any other relevant examination: abdominal and vaginal exam (with chaperone) if possible [student may not have time to perform these and can mention wanting to perform them].

### **HPC**

“I’m having really bad stomach pains, it feels like someone is stabbing me with a knife from the inside”

The pain started suddenly last night, you felt it was bearable at first with painkillers but it has now become so bad that it sometimes causes you to scream.

It initially started in the right lower area of your stomach, but since an hour ago it became so bad that you couldn’t bear it anymore. It now feels as though the pain is everywhere in your stomach region but still worse in the lower right area.

Before coming to the hospital you vomited twice due to the pain (no bile in vomit).

“My partner said I looked a little pale”

“Since the pain started it’s been continuous, it just won’t stop. Please make it stop!”

You haven’t noticed anything making the pain better or worse, since this morning you haven’t felt as though painkillers are helping.

### **PMH**

No medical problems.

### **MH**

Your partner has co-codamol that you have been taking. So far you have taken 4 tablets today; 2 tablets I took several hours ago and another 2 tablets an hour ago.

Yasmin once daily (Combined oral Contraceptive)

### **SH**

You are currently a trainee solicitor, you find work very stressful.

You live with your partner, you do not take any recreational drugs, rarely drink alcohol but smoke 1 pack/day for the last 10 years.

### **Sexual history**

- Currently sexually active with a regular male partner for the last 2 years.
- Uses oral contraceptive but has missed some of her doses this month, due to her current workload she forgot to take several doses and didn’t think it would be a problem

### **Menstrual history**

- Regular monthly periods (roughly every 27-30 days)
- Periods started at 17yrs

- Last period 5 weeks ago

Questions:

**What are your differentials?**

Ruptured ectopic pregnancy, (Ruptured) appendicitis, Pelvic Inflammatory Disease

**How would you manage this patient?**

- Pregnancy test
- USS abdomen
- Two large bore IV cannulas to be inserted
- Take bloods including cross-matching
- 500ml 0.9% Sodium Chloride (or other available crystalloid) STAT (within 15 mins)
- For emergency blood contact 2222, if necessary activate the massive blood loss pathway.
- Provide IV Morphine 5-10mg to relieve pain
- Reassess patient – ABCDE, and observations
- Once blood pressure has been stabilised prescribe maintenance fluids
- Contact on-call Gynaecological registrar once patient has been stabilised. Inform your senior registrar on the situation, updating them on what you have done thus far.

Topic	Clear Fail	Fail	Satisfactory	Good	Excellent
Adequate history taken covering PMH, MH, SH and allergies.					
Student Performs an appropriate ABCDE assessment					
Differential dx					
Investigations					
Rapport/communication skills					
<b>Overall</b>					