Instruction to Candidates – Aim for 8 minutes

You are a Foundation doctor in A&E.

Janet Williams is presenting with abdominal pain.

You have 6 minutes to take a focused history and do an abdominal examination, after which the examiner will ask you some questions.

Patient name: Janet Williams

Age: 42 years

Patient looks to be in moderate discomfort, hands over lower abdomen

Focused History:

PC & HPC

"I'm having some pain in my tummy, and I am worried: why won't it stop!?"

You have been experiencing the pain for the last 2 days.

It started in the umbilical area the day before, but yesterday it started hurting in the right iliac fossa.

The pain is constant, does not radiate, you cannot remember if anything makes it worse, you have tried taking regular paracetamol (1g four times a day), this has not touched the pain at all.

You have vomited twice today. No diarrhoea, no blood in the vomitus or in the stools.

No changes in appetite, no weight loss.

Severity: 8/10

ICE: "Just tell me what it is already".

PMH

Total hysterectomy (with bilateral oophorectomy) – due to endometriosis

Hypertension

DH

Ramipril

Allergic to penicillin – rash

SH

Lives with her husband

Has 2 children, both at university

FH

Grandmother had T2DM

Abdominal Examination

(Examination of peripheries can be carried out (normal), but ask student to move on to a more focused abdominal exam, starting with palpation of the abdomen, if short on time).

Findings

Inspection: Normal

Palpation: Tenderness in the RLQ +++ on deep palpation

McBurney's sign positive, Rovsing's sign positive (simulated patient expresses pain +++ when student carries out these tests)

Murphy's sign negative

What are your differentials?

Acute appendicitis (pyelonephritis, caecal diverticulitis, …)

Ovarian torsion and other gynaecological differentials have been excluded due to the total hysterectomy/oophorectomy

What do you suspect the diagnosis to be?

Acute appendicitis

What investigation(s) would you like to perform in order to rule out other differential diagnoses?

Urine dipstick, FBC including CRP, (pregnancy test)

What first-line imaging test can be done to confirm acute appendicitis?

Abdominal ultrasound

Area	Clear Fail	Fail	Satisfactory	Good	Excellent
PC & HPC: Good range of open and closed questions asked.					
PMH & DH					
SH					
FH					
ICE					
Differential dx					
Investigations					
Rapport/communication skill					
Overall					

Feedback

Examination

Clarify the exact site of the pain before starting palpation

Light palpation of all 9 areas first, with one hand, starting at the site furthest form the painful area

Deep palpation of the 9 areas, special tests required here:

1. **Murphy's sign:** Palpation of the right subcostal area on inspiration (take a deep breath in and hold your breath) elicits tenderness → Positive (sign is positive if patient is tender on palpation when inspired) in Acute Cholecystitis

2. **McBurney's sign:** Deep tenderness when applying pressure at the McBurney's point. (McBurney's point is one-third of the distance from the ASIS to the umbilicus, where is appendix is located) → Positive in Acute Appendicitis

3. **Rovsing's Sign:** Pain occurs to the RLQ when the LLQ is palpated deeply → Positive in Acute Appendicitis

Diagnosis

There is no single investigation that can completely rule out appendicitis; however, the following may be useful to support the diagnosis and/or rule out differential diagnoses:

Urine dipstick test — to help exclude a urinary tract infection. Be aware that this may be abnormal in about 50% of people with acute appendicitis because of inflammation adjacent to the right-sided urinary tract and bladder.

Full blood count and C-reactive protein (CRP) — to rule out infection.

Full blood count — neutrophil predominant leucocytosis is present in 80–90% of people with appendicitis.

CRP — raised levels may be present, but normal levels do not exclude the diagnosis of appendicitis.

Pregnancy test — to exclude pregnancy, including ectopic pregnancy, in women of childbearing potential.

References (accessed July 2020):

https://cks.nice.org.uk/appendicitis#!diagnosisBasis:3

http://thiserlife.com/2017/12/02/physical-exam-skills-for-appendicitis/

https://www.jaocr.org/articles/mimickers-of-acute-appendicitis