Medical Student
Survival Skills

History Taking and Communication Skills

Philip Jevon and Steve Odogwu

Consulting Editors: Jonathan Pepper and Jamie Coleman

with website

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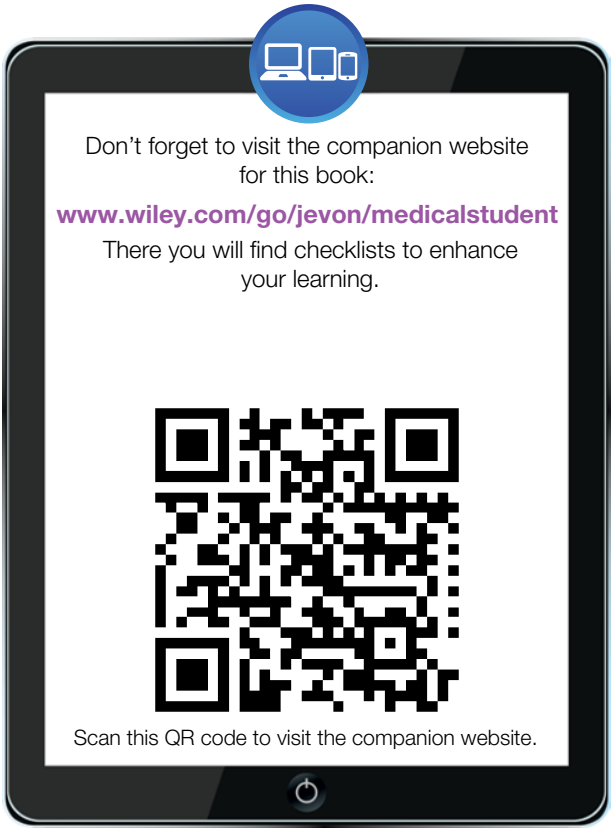
About the companion website



Part 1

History Taking

1 Abdominal distention

Definition: Abdominal distension is a sense of increased abdominal pressure that involves an actual measurable change in the circumference of a person's abdomen.

Differentials

- *Common* (important causes): ascites, bowel obstruction (from cancer, adhesions, sigmoid volvulus, hernia, etc.), diverticulitis, coeliac disease, inflammatory bowel disease (IBD), constipation, medications

History

NB Infection control measures.

History of presenting complaint

- Open question assessing duration of abdominal distention
- Onset, triggers, how long for
- When was the last time they opened their bowels/passed wind. If they can open their bowels, does this relieve the distention?
- Any per rectum (PR) bleeding
- Any vomiting/nausea
- Abdominal pain: use SOCRATES template (see Chapter 8)
- Any weight loss
- Any change in appetite
- Any shortness of breath
- Previous abdominal distention

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- Any signs of jaundice – pale stools, dark urine, itching
- Urine symptoms: dysuria/frequency/dribbling/hesitation, etc.

Past medical and surgical history

- Constipation, diarrhoea, change in bowel habit. Any IBD?
- Any previous surgery, especially gynaecological/abdominal
- Any previous medical history
- Use MJ THREADS (Box 1.1)

Box 1.1 MJ THREADS

M	Myocardial infarction
J	Jaundice
T	Tuberculosis
H	Hypertension ('Has anyone told you, you have high blood pressure?')
R	Rheumatic fever
E	Epilepsy
A	Asthma
D	Diabetes
S	Stroke

Medications and allergies

- Current medications
- Allergies

Family history

- Any family members with similar symptoms
- Any family history of malignancy
- Any illnesses that run in the family

Social history

- Who patient lives with
- Occupation (e.g. healthcare setting)
- Smoking and alcohol
- Recent foreign travel

OSCE Key Learning Points

✔ In particular, be aware of bowel obstruction and ascites. Do not forget vomiting, last open bowels, and weight loss

Investigations

- *Bloods*: full blood count (FBC), urea and electrolytes (U&Es), C-reactive protein (CRP), amylase, clotting, albumin, international normalised ratio (INR)
- *Imaging*:
  - *Erect chest X-ray – perforation/pleural effusion*
  - *Abdominal X-ray – bowel obstruction/toxic megacolon (for ulcerative colitis)*
  - *Computed tomograpy (CT) of the abdomen – to further investigate the cause of, for* example, bowel obstruction/ascites
- *Diagnostic/therapeutic*: ascitic tap if presence of ascites – transudate or exudate

2 Abdominal pain in pregnancy

Definition: Pain in the abdominal area whilst pregnant (this chapter is aimed at later pregnancy of ≥20 weeks and does not involve early pregnancy causes such as miscarriage and ectopic pregnancy).

Differentials

- *Common*: urinary tract infection (UTI), constipation, symphysis pubis dysfunction, ligament stretching, labour, placental abruption, pre-eclampsia, surgical causes (including appendicitis and cholecystitis), pyelonephritis, ovarian cyst torsion/rupture, uterine fibroid torsion or red degeneration
- *Rare*: uterine rupture, uterine torsion, rectus sheath haematoma, acute fatty liver of pregnancy

History

NB Pregnant women are still prone to conditions that cause abdominal pain in non-pregnant women, read in conjunction with Chapter 3.

History of presenting complaint

- What is the abdominal pain like – use the SOCRATES approach (see Chapter 8)
- Any per vaginum (PV) bleeding? If so quantify amount, number of episodes and type of blood
- Are they feeling the baby move ok?
- Any change in discharge or episode of watery discharge
- Any nausea or vomiting

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- Any dysuria or frequency or retention
- Are the bowels open normally; any constipation or diarrhoea
- Any headache or blurred vision
- Any swelling
- Any fevers
- Any jaundice
- When was the last time they had fluid and/or food (in case they need to go to theatre)?

Past medical and surgical history

- Obstetric history
  - Current gestation
  - Number of previous pregnancies including miscarriages, terminations, and still births and gestations and types of these (e.g. medical or surgical termination, was it a missed miscarriage and required medical or surgical treatment?)
  - Number of live births – gestation, mode of delivery, any problems during pregnancy, with the labour or with the child
  - For this pregnancy – any problems so far, any problems on scans, any hospital admissions
- Any medical conditions – any known fibroids, ovarian cysts, congenital uterine abnormalities
- Any operations – particularly gynaecological or abdominal

Medications and allergies

- Any regular medications, any recent medications
- Any allergies

Family history

- Any family history of pre-eclampsia

Social history

- Who lives at home
- Occupation
- Smoking – number per day and for how many years
- Alcohol – number of units per week

OSCE Key Learning Points

- ✔ Appendicitis in pregnancy can present with more generalised abdominal pain or at times right upper quadrant (RUQ) pain, and guarding and rebound tenderness are less pronounced
- ✔ Degree of abdominal pain and bleeding is not related to degree of placental abruption

Common misinterpretations and pitfalls

Remember to consider non-obstetric causes of abdominal pain. Always check well-being of the mother and baby (ask about foetal movements).

3 Abdominal pain

Definition: Pain felt in the abdomen.

Differentials

- *Common*: urinary tract infections (UTIs), appendicitis, gastroenteritis (viral, bacterial, and parasitic), ulcers, inflammatory bowel disease (IBD), constipation, gallstones, cholecystitis, pancreatitis, pelvic inflammatory disease, kidney stones, bowel cancer, irritable bowel syndrome (IBS), mesenteric adenitis, diverticulitis
- *Rare*: coeliac disease, lymphoma, abdominal aortic aneurysm (important not to miss), ectopic pregnancy, Henoch–Schonlein purpura, intussusception

History

History of presenting complaint

- Site
- Onset
- Character
- Radiation
- Associations – with food (biliary colic)
- Time course
- Exacerbating/relieving factors
- Severity
- Nausea/vomiting
- Dysphagia
- Bowels – regular, diarrhoea, constipation, bloatedness, altered bowel habit, hard to flush, tenesmus

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- Malaena/rectal bleeding
- Any weight loss, fever, anorexia, lethargy, or early satiety
- Jaundice
- Menstrual history – last menstrual period, regularity, contraception, pregnancy, amenorrhoea, dyspareunia, post-coital bleeding or PV bleeding/discharge
- Urinary-dysuria, frequency, hesitancy, post-micturition dribbling, haematuria, history of recurrent UTIs,

Past medical and surgical history

- Previous abdominal pains
- Constipation, diarrhoea, IBS, IBD
- Any other illnesses
- Any previous surgery – especially gynaecological or abdominal

Medications and allergies

- Current medications, laxative use, recent antibiotics
- Allergies

Family history

- Any family members with similar symptoms
- Any illnesses which run in the family, coeliac disease, IBS, IBD, malignancies

Social history

- Who patient lives with
- Occupation (e.g. healthcare setting)
- Smoking and alcohol
- Recent foreign travel

OSCE Key Learning Points

✔ In particular, remember to ask about weight loss, altered bowel habits, and bleeding

NB Any change in bowel habit, especially in the elderly, should be fully investigated.