Abdominal Emergencies Quick-Cases

For each of the following Quick-Cases:

- Identify and correct and life-threatening problems that would be found in the primary assessment.
- Determine if your patient is stable or unstable, and if they are candidates for delayed or rapid transport.
- Using the given differential, make your "best guess" as to what is the etiology of the patient's signs and symptoms. Be prepared to argue for and/or against each of the items on the differential.
- Outline a detailed treatment plan for each patient.

Case 1:

A 64 y/o M presents CAOx4 sitting at a kitchen table vomiting copious amounts of BRB. Pt describes acute onset of vomiting about 20 minutes prior, was "feeling fine" prior. Pt also c/o dizz and weakness since he started vomiting. He denies CP, diff brth, abd pn, headache, weakness, or syncope. You note that his skin is cool, pale, and slightly diaphoretic. PMH: Alcoholism, cirrhosis, ulcers. Meds: propranolol, prilosec. NKDA. VS: HR = 102/min and regular, BP = 96/50mmHg, RR = 14/min and reg c̄ GTV, SpO_2 = 97% RA.

Differential

Pancreatitis
Diverticulitis/LGIB
Gastric Ulcer/UGIB
Cholecystitis
Mallory-Weiss Tear
Appendicitis
Esophageal Varices

Case 2:

Differential
Pancreatitis
Diverticulitis/LGIB
Gastric Ulcer/UGIB
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38 y/o M presents CAOx4 in NAD lying in bed c/o dizz and near-syncope c̄ exertion. Pt states symptoms have been "getting worse" since onset 5 days ago. Pt states he has been experiencing ULQ abd pn over same time period. Pn described as gnawing, constant, worse on an empty stomach, non-radiating, rated 6 on scale of 0-10. Pt ⊕ for melena over same time period, denies CP, diff brth, syncope, weakness, headache, N/V, back or flank pn. ∅PMH, ∅meds, NKDA. Skin noted to be pale, cool, dry. VS: HR = 92/min and regular, BP = 114/70mmHg, RR = 12/min and reg c̄ GTV, SpO_2 = 96% RA.

Case 3:

Differential
Pancreatitis
Diverticulitis/LGIB
Gastric Ulcer/UGIB
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Mallory-Weiss Tear
Appendicitis
Esophageal Varices

64 y/o F presents CAOx4 in NAD c/o rectal bleeding. Pt states she noticed BRB on toilet paper over past 2 days. She denies any active hemorrhaging or frank blood from rectum. Pt also describes a 3-day history of bloating, diarrhea, and LLQ abdominal pn described as constant, crampy, reproducible c̄ palp, non-radiating, rated 4 on scale of 0-10. ⊕ guarding c̄ palp of LLQ. Skin cool, pale, dry. PMH: Diverticulosis, Meds: colace, NKDA. VS: HR = 98/min and irregular, BP = 104/60mmHg, RR = 14/min and reg c̄ GTV, SpO_2 = 96% RA. Oral temp = 100.2°F.

Case 4:

16 y/o F presents CAOx4 c/o hematemesis. Pt admits to hx of bulimia, states she induced vomiting p̄ an eating binge, experienced hematemesis p̄ 3-4 episodes of "hard vomiting and retching". Pt describes approximately 1-2 cc's of blood with each episode of vomiting. Skin warm, pink, dry. PMH also includes depression, Meds = zoloft, NKDA. VS: HR = 68/min and regular, BP = 124/80mmHg, RR = 10/min and reg c̄ GTV, SpO_2 = 96% RA.

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Case 5:

42 y/o F presents CAOx4 c/o abd pn. Pt describes acute onset of URQ pn approximately 1 hr p̄ dinner at McDonald's. Pn described as constant, sharp, radiating to right shoulder and back, reproducible c̄ palpation of URQ, rated 7 on a scale of 0-10. ⊕ guarding noted c̄ palp of URQ, ⊕ Murphy's sign. Skin cool, pale, dry. PMH = gallstones. ∅meds, NKDA. VS: HR = 104/min and regular, BP = 132/90mmHg, RR = 16/min and reg c̄ GTV, SpO_2 = 99% RA.

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Case 6:
19 y/o M presents CAOx4 c/o abdominal pn. Pt describes a gradual onset of diffuse abd pn over the past 3 days. Pn is constant, non-reproducible, non-radiating, rated a 3 on a scale of 0-10. Pt also describes a loss of appetite and nausea over past 2 days. Mild pn $\overline{c}$ palp noted over all 4 abd Q's. Skin cool, pale, dry. ∅PMH, ∅meds, NKDA. VS: HR = 100/min and regular, BP = 130/88mmHg, RR = 14/min and reg $\overline{c}$ GTV, SpO_2 = 98% RA. Oral temp = 100.9°F.

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Case 7:
52 y/o M presents CA&O to person and place only. c/o abdominal pn. Pt is an admitted homeless alcoholic, describes acute onset of epigastric pn after ingestion of "a lot" of burbon. Pn described as severe, constant, radiating to his back, feels better when he is sitting up and forward, rated a 8 on an scale of 0-10. ⊕Pn $\overline{c}$ palp to UQ's. Skin cool, pale, dry. LS $\overline{c}$ ⊕ rhonchi to LLL. Unk PMH, unk meds, unk allergies. VS: HR = 102/min and irregular, BP = 142/98mmHg, RR = 10/min and reg $\overline{c}$ GTV, SpO_2 = 94% RA.