

## **Examination – Notes for Actor**

### **Patient demographics:**

You are Joshua, a 29-year-old man presenting to the emergency department with abdominal pain.

During the examination:

- You will stay very still
- React in severe pain to the lightest abdominal palpation
- If the student performs rebound tenderness test, you will react as if in severe pain.

## **Examination – Notes for Candidate**

**Role: Foundation Year 1 doctor in a GP centre**

**This is Joshua, a 29-year-old male who has presented to the GP with abdominal pain.**

**Please perform a GASTROINTESTINAL examination. The examiner will tell you relevant signs as you go along.**

**You have 8 minutes to examine the patient, followed by a further 2 minutes where the examiner will ask you questions.**

**An invigilator will let you know when 8 minutes has elapsed.**

## Examination – Examiner marksheet

*You will have to tell the student certain signs when they get to that stage of the exam (anything in quotation marks).*

- Good professionalism throughout
  - Confident and well-practised examination with all steps and correct technique
  - Use an appropriate examination checklist like the University of Leicester checklist or Geeky Medics to mark examination steps.
  - Succinct presentation of the examination, including all positives and only relevant negatives + correct further assessments.
- 
- General inspection: **“patient looks to be in pain and is breathing quickly”**
  - Hands: **“warm to touch”**
  - Arms and axillae: No abnormalities
  - Face + Neck: No abnormalities
  - Chest: No abnormalities
  - Abdominal inspection: No abnormalities
  - Palpation: if they palpate all quadrants correctly: patient has been asked to demonstrate severe pain on palpation and positive rebound tenderness
  - Percussion: Pain reproduced
  - Auscultation: No abnormalities
  - Legs: No abnormalities

**Q1: What is your diagnosis?**

- **Acute Peritonitis**

**Q2: What investigations would you like to order?**

- **ABG for rapid Hb level and assessment of tissue hypoperfusion**
- **FBC: Hb + WCC**
- **U&Es: renal function as fluids and medication will need to be given**
- **LFTs: potential source of peritonitis**
- **CRP: inflammation**
- **Amylase: pancreatic source of peritonitis**
- **Group and Save: in case of acute bleed in the abdomen**
- **Erect CHEST x-ray for free abdominal air**
- **Abdominal x-ray/CT abdo**

**Q3: What is your management of this condition?**

- **IV antibiotics + treat the underlying cause of the peritonitis, for example surgery for bowel perforation.**

**Global Impression:**

- Excellent
- Good
- Pass
- Borderline
- Fail

**Patient Impression/comments:**