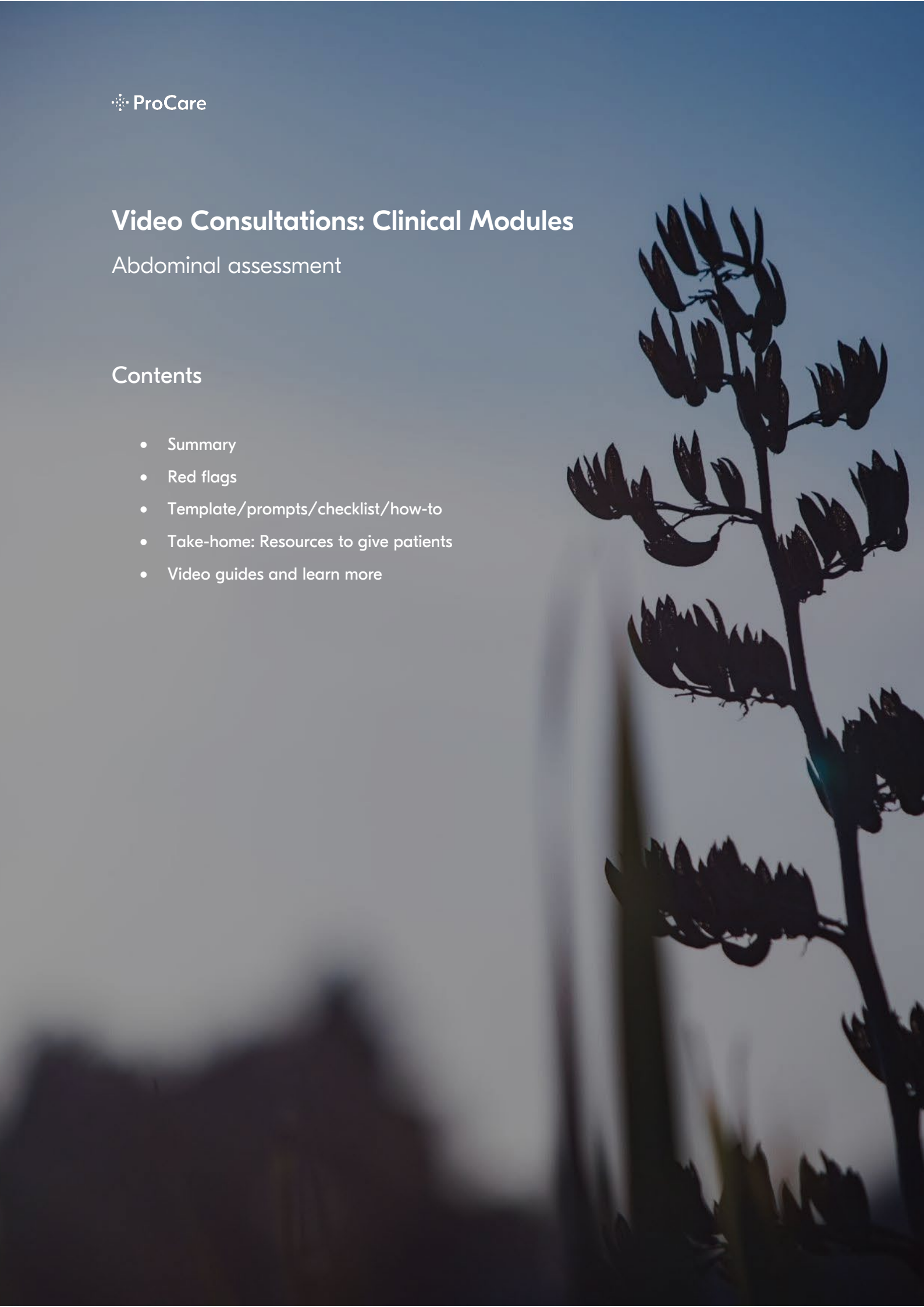
ProCare

Video Consultations: Clinical Modules

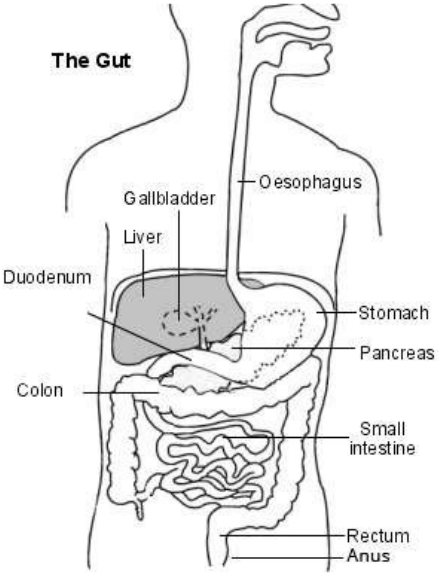
Abdominal assessment

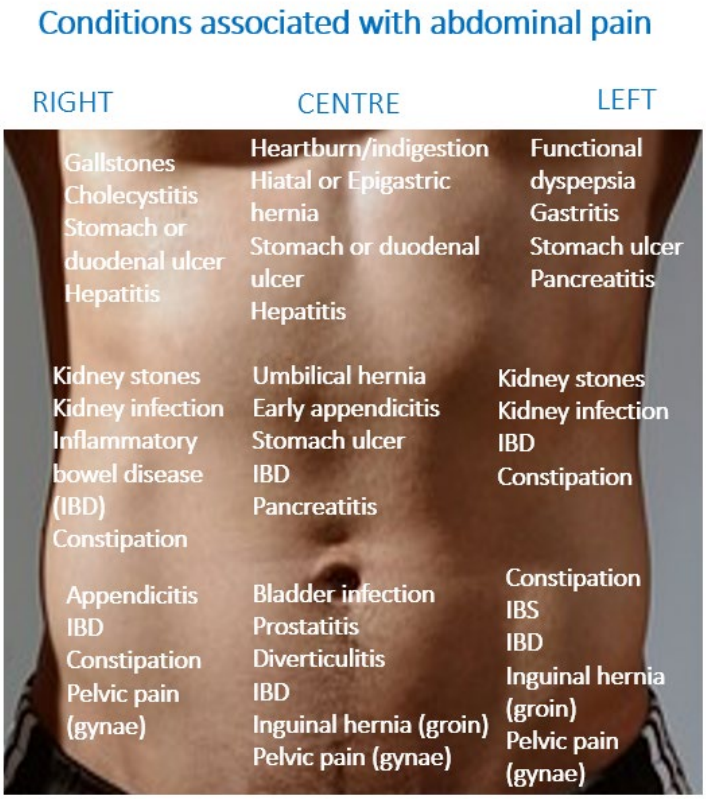


Contents

Summary - Key messages

- Abdominal pain is a common presentation with a broad differential from self-limiting to life-threatening conditions.
- Is it acute, sub-acute, chronic, or recurrent?
- A good history is key to diagnosis.
- If age 60 or above, higher risk of serious conditions and most will need to be seen in-person if pain persists > 24 hours.
- Where possible, ask the patient to have a 2nd person in the video consult.
- If the "jump test" is positive, likely to need an in-person consult.





While not diagnostic, the location of abdominal pain can be a clue to common or important causes of abdominal pain as shown in the image above.

IBD = Inflammatory bowel disease and IBS = Irritable bowel syndrome

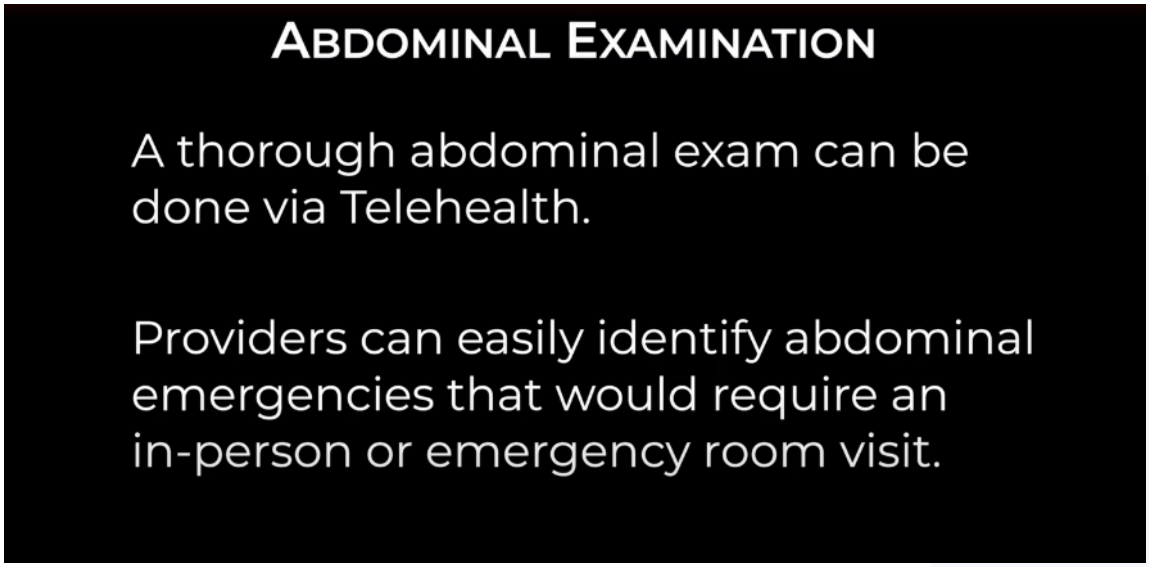
Red flags

Paediatric

- Signs of shock, sepsis or peritonism
- Young infant with significant pain
- Bile-stained vomiting
- >48 hours delayed passage of meconium or symptoms within 2 weeks of birth
- Passage of toothpaste or ribbon stools
- Abdominal distension and vomiting
- Unexplained weakness, deformity, neurological findings
- Weight loss or inadequate weight gain

Adult

- Sudden, severe pain or pain on touching the abdomen
- Black or bloody vomit or faeces
- Finding it hard to breathe or any tightness/heaviness in the chest
- Unexplained weight loss
- Elderly — presentation can be different, lacking classical symptoms and signs, and presenting later
- Immunocompromised — can present atypically, and unique complications can arise.



Template/prompts/checklist/how-to (making it easier!)

Some pointers to make it easier when assessing abdominal pain remotely.

History and functional assessment	• When did it start? Onset, frequency and duration? • Abdominal pain: Ask the patient to describe in their own words, and point to the affected area: - Location. On one side? Any radiation, travelling or referred pain? - Nature – sharp, stabbing, dull ache, burning… - Is it constant or does it come and go? Any change? What can make the pain or symptoms better or worse? E.g. coughing, moving, eating - Severity – scale of 1-10 - Timing – does it occur in association with anything else? E.g. eating, exertion • Females: consider possibility of gynaecological and pregnancy-related conditions
Symptoms and severity	• Systemic symptoms: fever, night sweats, rapid or unexplained weight loss (or gain) • Vomiting and/or nausea → if present, ask about last meal and types of food eaten in the past 24 hours. Appearance of vomit, and frequency – any blood? 'Coffee grounds'? • Any change in bowel habits? Constipation or diarrhoea. Appearance or bowel movements, and frequency – any blood? Or black tarry stools? Mucous? • Bleeding • Ask if abdomen soft or firm, tender, normal size/distended (mindful that this is self-reported) • Any changes? - appetite, intolerance to certain foods, swallowing
PMHx and co-morbidities	• Any pre-existing conditions/comorbidities that may put them in a higher risk group, or explain any of the symptoms • Relevant past medical history – history of gastrointestinal disorders, previous surgery and/or scarring
Medication history	• Medication history – almost all medicines can cause gastrointestinal side effects • Medications that increase their risk or may need adjustment e.g. immunosuppressants, anti-coagulants • Over-the-counter (OTC) medicines, dietary supplements/vitamins should also be considered e.g. magnesium can induce a dramatic laxative effect. Many people also buy NSAIDs as an OTC.
Social history and lifestyle risk factors	• Nutrition/diet • Alcohol consumption • Caffeine intake

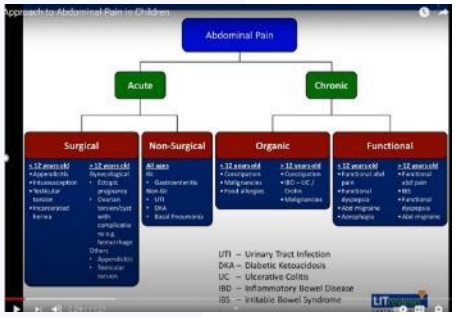
	• Smoking • Recreational drug use – can increase or suppress appetite and affect GI function
Observations/examination (video gives lot more information)	• Assess, where possible, patient's appearance and demeanour • Any sign of systematic illness? Any SOB? • Temperature, pulse, RR, BP (often can measure some of these at home) • Inspect via camera, and ask patient about any bulges/masses • Ideally, ask patient to lie down on a bed or couch to examine their abdomen • Guide patient in palpating suspected areas of tenderness. • Jump test – a small jump without pain suggests peritonitis is unlikely. Document this. Also note how quickly and easily they can get up out of a chair or off the bed. Does this movement cause pain? • Wearables/apps – is any further information available such as heart rate variability, sleep patterns etc. • Screenshots – if PMS allows, taking a screenshot of patient pointing to where their pain is can be useful for comparison later if ongoing symptoms.
Differential diagnosis	• Pain in the epigastric region (upper abdominal) – consider myocardial infarction • Pain in the right or left lower quadrants in women of child-bearing age – consider ectopic pregnancy. Menstrual history can be helpful but doesn't rule out pregnancy in all instances. • Appendicitis – most prevalent in 10-19-year olds, but increasingly common in ages 30-69. Findings of interest: - Location of pain roughly halfway between top of hip and umbilicus - Migration of pain gradually to the right of the abdomen - Guarding / tensing abdominal muscles to palpation
Follow up & tests	• Explain your working diagnosis and any important DDx that need to be excluded. • Organise any tests that are needed, e.g., pregnancy test, FBC, ESR or CRP, faeces test, urinalysis
Treatment, self-care advice and safety netting	• Are there any OTCs, or medications that are safe and appropriate? • Organise prescription • Provide self-care advice. Hydration, fluids, food, rest/keep active • Provide link to further information e.g. Health Navigator - abdominal pain • Check you were clear and the patient/family know the next steps

Age matters

Paediatric

Consider referred pain and non-abdominal causes such as:

- Basal pneumonia
- Type 1 diabetes
- Tonsillitis
- Food allergies
- Testicular torsion
- Sepsis



VIDEO: Approach to abdominal pain in children (Learning in 10; June 2020)

Adult

Consider non-abdominal causes e.g. acute MI

Age 60 or over — higher risk of serious conditions e.g., cancer, pancreatitis etc. If pain persists over 24 hours or severe pain, likely to need follow up in-person assessment.

Take-home — resources to give patient

Health Navigator: Abdominal pain

Heath Navigator: Diverticular disease and diverticulitis

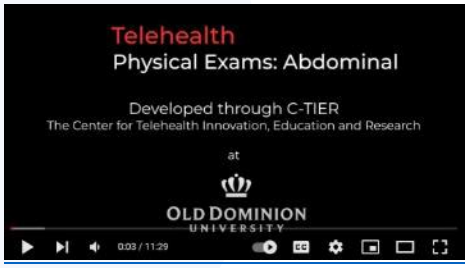
Health Navigator: Constipation

Health Navigator: Irritable bowel syndrome

Health Navigator: Abdominal pain in children - chronic

Video guides and learn more

VIDEO: How to conduct an abdominal exam through telemedicine (Dr Tania Elliot, April 2020)



VIDEO: Telehealth Physical Exam: Abdominal (Bear in mind strategies, May 2020)

References

Abdominal pain in childhood (Starship)

Auckland Regional Pathways: Acute abdominal pain in children

Auckland Regional Pathways: Gastroenteritis in children

Auckland regional pathways: Constipation in children

Approach to abdominal pain in children Learning in 10

UPMC: Stomach Pain