

## A3 Acute abdominal presentations

Assessment of these competencies via Mini-CEX, CbD (formative or summative) or ACAT-EM and a reflective log.

Potential presentations (EXCLUDING clear/established specific O&G causes e.g. ectopic pregnancy) in which these competencies could be assessed include the following:

- Abdominal pain (inc. origin/radiation to loin/groin/back) +/- collapse/syncope
- Abdominal/inguinal/groin lumps/masses (e.g. herniae)
- Obstructive features e.g. abdominal distention/vomiting/'overflow' diarrhoea
- Jaundice/hepatic dysfunction (including hepatitis, alcoholic liver disease or poisoning) +/- ascites
- Abdominal signs or symptoms secondary to infectious disease e.g. Schistosomiasis, Helminths, Cryptosporidium, HIV/AIDs
- Gastrointestinal bleeding (upper or lower)
- Vomiting/diarrhoea suggestive of severe infectious gastroenteritis (esp. bloody or profuse diarrhoea)
- Acute exacerbation of known conditions such as diverticulitis, chronic pancreatitis, inflammatory bowel disease, cholecystitis
- Fresh bleeding PR
- Nutritional or mal-absorptive conditions where this may relate to a gastrointestinal disorder or infection

*Core competencies to achieve (for all patients), are EPA level 3 (Indirect active-partial supervision by senior clinician, no prompting or help provided, direct line of vision or supervisor immediately available).*

Knowledge/ Skill/ Behaviour	Detail of competency
<b>Knowledge</b>	Recalls the anatomical relationships of the organs in the abdomen and pelvis
	Outlines the different causes of <b>abdominal pain</b> (including surgical causes) and how the history and clinical findings differ between the causes, across all age groups depending on site, details of history, acute or chronic nature
	Outlines possible causes of <b>abdominal distension</b>
	Defines the different types of <b>abdominal mass</b> in terms of site, aetiology and clinical characteristics
	Outlines common causes and presentations of <b>upper and lower gastrointestinal bleeding</b>
	Specifies the causes of <b>nausea and vomiting, diarrhoea, constipation, jaundice and hepatic dysfunction</b> {pre- hepatic,

Knowledge/ Skill/ Behaviour	Detail of competency
	<p>hepatic, and post-hepatic causes}, <b>splenomegaly, hepatomegaly, abdominal swelling, portal hypertension and bowel obstruction</b> and recall the pathophysiology for each aetiology and associated risk factors</p> <p>Knows the common and serious causes of <b>loin pain</b> including renal colic, infection and obstruction of the urinary tract</p> <p>Describes features of rupture/leaking abdominal aortic aneurysm as a potential presentation with abdominal pain, especially with radiation to the back or involving collapse/syncope with evidence of shock and/or peripheral vascular compromise</p> <p>Can list and define gastrointestinal conditions and aetiology associated with acute abdominal presentation including colitis, gastroenteritis (infectious or non-infectious), hepatitis, cholecystitis, ascending cholangitis, gastrointestinal ulceration, pancreatitis, diverticulitis, bowel ischaemia or obstruction, irritable bowel syndrome and other functional bowel syndromes, chronic constipation</p> <p>Can list and differentiate non-abdominal (medical) causes of abdominal pain such as myocardial infarction, pneumonia, diabetic ketoacidosis, hypercalcaemia, sickle cell crisis, cystic fibrosis</p> <p>Considers potential obstetric/gynaecological causes of abdominal pain/presentations and differentiating these (e.g. symptoms of PV bleeding) such as ectopic pregnancy, endometriosis, placental abruption, etc</p>
<b>Skills- History</b>	<p>Takes a focused history of abdominal symptoms including:</p> <ul style="list-style-type: none"> <li>• Clarification of features of pain, especially any symptoms of immediately life-threatening abdominal conditions such as ruptured AAA, perforation and/or peritonitis, ischaemic bowel</li> <li>• Clarification of features and timelines for other symptoms and signs e.g. passing of flatus, bowel habit, vomiting, diarrhoea, bleeding</li> <li>• Specifically identifies potential pregnancy or gynaecological causes</li> <li>• Identifies any 'red flag' features of serious illness e.g. potential malignancy, liver failure</li> <li>• Obtains relevant past medical and surgical history including diet history, alcohol history, use of medications</li> </ul>
<b>Skills - Examination</b>	<p>Is able to undertake a detailed examination of abdomen, loin and pelvis/back as appropriate, eliciting any signs of tenderness, guarding, rebound tenderness, identify an intra-abdominal mass, ascites and interpret these findings appropriately</p>

Knowledge/ Skill/ Behaviour	Detail of competency
	<p>Performs a rectal examination as part of physical examination where appropriate</p> <p>Elicits and interprets important systemic physical signs, associated symptoms and risk factors for the presence of diseases presenting with abdominal mass, ascites, splenomegaly, hepatomegaly, jaundice</p> <p>Evaluates nutritional and hydration status of the patient</p>
<b>Skills- investigation and treatment</b>	<p>Uses a systematic (ABCDE) approach ensuring identification and initiation of timely management of critical or life-threatening illness, including active haemorrhage and sepsis</p> <p>Orders, interprets and acts on initial investigations appropriately to establish/confirm aetiology: blood tests, urinalysis (including pregnancy test in females of child-bearing age), ECG and microbiology investigations, stool examination, consideration of urgent endoscopy (e.g. for upper GI bleed) as appropriate</p> <p>Orders appropriate radiological investigations including plain films, CT abdomen and be able to interpret CXR and AXR to identify air under diaphragm or other signs of obstruction or perforation</p> <p>Initiates first-line management including appropriate fluid resuscitation (including safe prescription/administration of blood products where indicated), pain relief, antibiotics, additional therapeutics e.g. PPI</p> <p>Ensures there is appropriate monitoring and observation including the use of a nasogastric tube and/or urinary catheter.</p>
<b>Skills- Clinical decision making, judgement</b>  <b>[in addition to CC1]</b>	<p>Makes appropriate decisions regarding nutritional status and feeding e.g. 'nil by mouth'</p> <p>Prioritises surgical intervention vs. physiological optimisation (often in discussion with surgical and anaesthetic team); prioritising order of surgical procedures in several patients</p> <p>Recognises and initially manages complicating factors including coagulopathy, sepsis, alcohol withdrawal, electrolyte disturbance</p> <p>Considers the need for other interventions such as use of specific blood products, TXA, reversal of anticoagulation, vasopressor therapy, intra-luminal tamponade devices (e.g. Sengstaken-Blakemore tube)</p>
<b>Behaviour- Communication &amp; professionalism</b>  <b>[in addition to CC7/CC8]</b>	<p>Recognises the distress caused by, and often frequent attendance that results from, chronic abdominal pain and discusses appropriate strategies with patient and carers</p> <p>Ensures appropriate documentation and sharing of information regarding an infectious disease/communicable disease (such as notifiable disease reporting process) according to local/national policy</p>

<b>Knowledge/ Skill/ Behaviour</b>	<b>Detail of competency</b>
	Takes the opportunity at first attendance to offer appropriate advice and counselling, and signpost patient to further support services, for alcohol dependency
	Recognises the need for a chaperone
	Exhibits a non-judgmental attitude to patients with a history of alcoholism or substance abuse
<b>Paediatric</b>	Is aware of the specific paediatric abdominal/surgical emergencies including intussusception, pyloric stenosis or nutritional/mal-absorptive disorders, GI infection (including helminths, malaria) and constipation
	Appreciates parental concerns and previous history or preceding patterns of illness in the context of the acute presentation; offering appropriate counselling and advice e.g. for chronic constipation
	Appreciates the potential for fabricated or functional disorder, Munchausen's by proxy; non-accidental/neglect; psychological /psycho-social issues

*Additional optional competencies- EPA 1 to 2*

<b>Knowledge/ Skill/ Behaviour</b>	<b>Detail of competency</b>
Skills- examination	Where suspicion of pelvic cause of an acute abdominal presentation in a female patient is able to undertake an appropriate bimanual pelvic examination, use of a speculum +/- microbiological swabs
Skills- investigation and treatment	Interprets gross pathology on CT abdomen, CT KUB, IVU, including identifying liver metastases, ureteric calculi +/- obstruction/dilatation +/-hydronephrosis; focussed abdominal ultrasound (for AAA)
	Demonstrates appropriate technique in carrying out an ascitic tap +/- ascitic drain
	Trans-urethral/transcutaneous suprapubic bladder catheterisation