



# History & Physical Examination of Gastrointestinal system

# Nausea & Vomiting

- + Nausea is the sensation of wanting to vomit.
- + Vomiting is the expulsion of stomach contents through the mouth; it is involuntary

❖ In Hx of **VOMITING** you have to ask the patient about:

- Onset and duration.
- Frequency / Amount (by cup).
- Timing (day, night).
- Relation to meal, diurnal pattern.
- Content nature: color, recently eaten food, old food, or blood (fresh or clotted).
- Projectile or forceful.
- Association with nausea, fever, pain, headache or a neural disease.
- Aggravating and relieving factors.
- Drugs.

Chief Complain : Nausea & Vomiting	
Question to ask about	Indications
<b>Onset and duration.</b>	
<p>How long have you been having attacks of vomiting?</p> <p>Is it the <b>first</b> time?</p> <p>(Distinguish acute from chronic).</p>	<ul style="list-style-type: none"> <li>• Acute: (Gastrointestinal tract infection), (Small bowel obstruction).</li> <li>• Chronic: (Pregnancy), (Drugs), (Psychogenic vomiting), (eating disorders; Bulimia) and (increased intracranial pressure).</li> </ul>
Describe what happens during atypical episode?	(Rule out rumination).

<b>Timing (day/night)</b>	
Do you have vomiting early in the morning or late in the evening?	Morning vomiting before eating is characteristic of pregnancy, alcoholism, and increased intracranial pressure.
<b>Relation to meal, diurnal pattern.</b>	
Is the vomiting usually immediately after a meal or hours after a meal?	<ul style="list-style-type: none"> <li>• Happens immediately after a meal: (Gastric ulcer) and ( eating disorder)</li> <li>• Delayed more than 1 hour after the meal: (Gastric outlet obstruction) or (gastroparesis).</li> </ul>
<b>Content nature</b>	
What does the vomit look like?	<ul style="list-style-type: none"> <li>• Is it bloodstained? (Ulceration), (esophageal varices), (mallory-weiss tear), (Gastro- intestinal bleeding).</li> <li>• Bile-stained? (Open connection between stomach and duodenum), (Small bowel obstruction).</li> <li>• Old food? (Gastric outlet obstruction).</li> </ul>
<b>Projectile or forceful.</b>	
Was it projectile?	(Increased intracranial pressure) or (Pyloric stenosis).
<b>Association with other symptoms</b>	
Does the vomiting occur with nausea preceding it, or does it occur without any warning?	
Is there any abdominal pain associated with the vomiting?	Abdominal pain: (Bowel obstruction), (Cholecystitis), (Choleithiasis) or (peritonitis).

Have you been losing weight?	(Gastric malignancy, eating disorder).
Do you have headache?	(Neurological symptoms suggest a central cause).
<b>Other Questions</b>	
Do you have specific vomiting episodes followed by feeling completely well for long periods before the vomiting episode occurs again?	(Cyclical vomiting syndrome).
<b>Fever, weight loss, loss of appetite, night sweat</b>	
<b>Risk Factors:</b>	
Medications*	(Digoxin, opiates, dopamine agonists, chemotherapy).
<b>Past Medical &amp; Surgical History:</b>	
Have you been diagnosed by Diabetes mellitus?	(Motor disorders; gastro paresis)
Have you had a history of hepatobiliary disease?	
Do you have previous history of gastric surgery procedures or hospital admissions?	
Blood transfusion or allergies?	
<b>Drug History: *important*</b>	
What medications are you taking?	
<b>Family History:</b>	
Does anyone of your family members have similar problem?	
<b>Social History:</b>	
Do you smoke?	
Do you drink alcohol?	
<b>Systemic Review</b>	

# Appetite & Weight changes

- + Anorexia: Loss of appetite
- + Combination of Weight loss & increased appetite suggests malabsorption of nutrients or a hypermetabolic state e.g. thyrotoxicosis
- + Presence of both anorexia and weight loss suspect malignancy.

Chief Complain : Appetite & Weight changes	
Question	Indications
When the symptoms started?	
How much weight loss has occurred? Over how long?	Always suspect malignancy, especially in the elderly
Ask about intake? Are you on diet? (Intentional)	↓ appetite may suggest malignancy, or in younger patients may suggest anorexia nervosa
Associated with Fatigue or SOB	may suggest presence of anemia – gastrointestinal malignancy
<b>Past Medical &amp; Surgical History:</b>	
Do you have previous history of surgery procedures or hospital admissions?	
<b>Drug History:</b>	
What medications are you taking?	
<b>Family History:</b>	
Does anyone of your family members have similar problem?	



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