

## Ulcer

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|                                  | Ulcer   |   |  |
|----------------------------------|---|---|--|
|                                  | Questions   |   |  |
| 1 When did you notice the ulcer? |   |   |  |
| 2                                | How did you notice the ulcer?                     | o Pain,   |  |
|                                  |   | o bleeding  |  |
|                                  |   | o purulent discharge  |  |
|                                  |   | o foul smell  |  |
|                                  |   | <ul> <li>Someone noticed it</li> </ul>  |  |
| 3                                | Where is it (site)?                               | Legs:   |  |
|                                  |   | a- Diabetes   |  |
|                                  |   | b- Venous or arterial   |  |
|                                  |   | insufficiency   |  |
|                                  |   | Mouth (mouth sores):  |  |
|                                  |   | a- Herpes simplex "type1"   |  |
|                                  |   | b- syphilis   |  |
|                                  |   | Back:   |  |
|                                  |   | a- bedridden patients   |  |
| 4                                | What is the first symptom of the                  | O Pain "does it interfere with your daily activities"                             |  |
|                                  | ulcer?  | o Bleeding  |  |
| 5                                | Is there any changes from the time                | o pain progression  |  |
|                                  | you got it?                                       | o Size  |  |
|                                  |   | o Shape   |  |
|                                  |   | o Discharge "color, amount"   |  |
|                                  |   | <ul> <li>Color of surrounding skin</li> </ul>                                     |  |
| 6                                | Does it disappear or is it persistent?            | *   |  |
| 7                                | Is there any associated symptoms?                 | o fever   |  |
|                                  |   | o weight loss   |  |
|                                  |   | o night sweat   |  |
|                                  |   | o loss of appetite  |  |
| 8                                | Do you have any other ulcer anywhere else?        |   |  |
| 9                                | Did you ever have an ulcer like this in the past? |   |  |
| 10                               | What do you think is the possible                 | o trauma  |  |
|                                  | cause of this ulcer?                              | o systemic illness  |  |
| 11                               | Risk factors                                      | o diabetes  |  |
|                                  |   | Vascular Disease  |  |
|                                  |   | o HTN   |  |
| Past medical history             |   |   |  |
| 1                                | Do you smoke?                                     | o For how long?   |  |
|                                  |   | O How many per day?   |  |
|                                  |   | o Did you stop and when?  |  |
|                                  |   | o Do you develop any  |  |
|                                  | D 1:1 1 10  | complication?   |  |
| 2                                | Do you drink alcohol?                             | o For how long?   |  |
|                                  |   | <ul><li>How many per day?</li><li>Did you stop and when?</li></ul>                |  |
|                                  |   | <ul><li>Did you stop and when?</li><li>Do you develop any complication?</li></ul> |  |
| 3                                | Sexual activity                                   | Some STDs can cause ulcer "herpes"  |  |
| Ĭ                                | •   |   |  |
| Systemic review                  |   |   |  |