

TOPIC: A-7.1 ABDOMINAL CONDITIONS - UNDIFFERENTIATED ABDOMINAL PAIN

OBJECTIVE	KNOWLEDGE	SKILLS/ATTITUDES	LEARNING	ASSESSMENT
To be able to take a full history and examination, elicit relevant physical signs, commence resuscitation and investigation.	To have knowledge of the causes of acute abdominal pain, including peptic ulcer disease, pancreatitis, cholecystitis, cholangitis, biliary colic, bowel obstruction, diverticular disease, viscus perforation, acute appendicitis and ischemic colitis, AAA, hernias, renal calculi, pyelonephritis, chronic inflammatory bowel disease, volvulus and the medical and gynae - causes of abdominal pain.	<p>To have an A, B, C, D approach ensuring effective fluid resuscitation, pain relief and appropriate use of a nasogastric tube and antibiotics.</p> <p>Identify those who need resuscitation and urgent surgery.</p> <p>Those that require admission and those who may be safely discharged.</p> <p>Investigation using plain radiology, CT, ultrasound and blood tests.</p>	<p>LP</p> <p>LT</p> <p>GT</p> <p>PS</p> <p>ODA</p>	<p>OC</p> <p>DOPS</p> <p>CBD</p> <p>AUD</p> <p>ME</p> <p>FFAEM</p> <p>MFAEM</p>

TOPIC: A-7.2 HAEMATEMESIS

PROBLEM	KNOWLEDGE	SKILLS/ATTITUDES	LEARNING	ASSESSMENT
Haematemesis	<p>Causes.</p> <p>Indications for:</p> <ul style="list-style-type: none"> - blood administration: 	<ul style="list-style-type: none"> - recognition of shock. - IV access in the shocked patient. - Coordination of teams 	<p>LP</p> <p>LT</p> <p>GT</p> <p>PS</p> <p>ODA</p>	<p>OC</p> <p>MC</p> <p>DOPS</p> <p>CBD</p> <p>ME</p> <p>FFAEM</p>

	<ul style="list-style-type: none"> - central venous pressure monitoring - urgent endoscopy and surgical involvement <p>Specific knowledge of oesophageal varices management, including understanding of the appropriate use of pharmacological agents</p> <p>Scoring systems/risk stratifications</p>			MFAEM
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TOPIC: A-7.3 ANAL PAIN AND RECTAL BLEEDING

OBJECTIVE	KNOWLEDGE	SKILLS/ATTITUDES	LEARNING	ASSESSMENT
To be able to undertake appropriate history and examination to establish diagnosis and initiate appropriate treatment with patients presenting with anal pain or rectal bleeding.	<p>Know the causes of anal pain, specifically thrombosed haemorrhoids, anal fissure, anorectal abscess, pilonidal disease, rectal prolapse.</p> <p>To know the causes of lower G I bleeding</p> <p>To know the causes of rectal bleeding – Haemorrhoids/fistula/tumour/colitis etc.</p> <p>Options for appropriate and adequate analgesia</p>	<p>Identify those patients who need admission and those who can be appropriately managed as an outpatient.</p> <p>Recognition and treatment of shock.</p>	<p>LP LT GT PS ODA</p>	<p>OC CBD ME FFAEM MFAEM</p>