MINISTRY OF EDUCATION AND SCIENCE OF UKRAINE
MINISTRY OF HEALTHCARE of UKRAINE
SUMY STATE UNIVERSITY

Methodical instructions

for examination and treatment of patients
in a surgical clinic and writing

Case history

full-time education

for students of IV-V courses

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EDUCATIONAL EDITION

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for examination and treatment of patients
in a surgical clinic and writing
Case history for students of IV-V courses

full-time education

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CASE HISTORY

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last name, surname of the patient

Clinical diagnosis:
The main disease
_
_
Concomitant diseases
_
Complication

Curator
Course group

Sumy 2022

General information about the patient (passport part)

Last name, surname
Gender Age
Nationality Marital status
Place of work Position
Address of the patient
Date and time of admission to the clinic
How many hours after hospitalization from the beginning of the disease (injury)

in a planned / urgent manner (underline)

Direction diagnosis

Diagnosis during admission to the clinic

Clinical diagnosis at discharge:

The main disease

Complication
Date and name of the operation
Complications after surgery
Type of anesthesia
Side effects of drugs
Date of discharge from the hospital
Outcome of the disease: recovery, improvement, unchanged, deterioration, death (emphasis added).

SCHEME OF CASE HISTORY

1 Examination of the subjective state:
1.1 patient complaints (at the time of examination);
1.2 history of this disease;
1.3 life history;
2 Subjective examination of the patient's condition:
2.1 external examination: general condition, consciousness, position of the patient, skin and mucous membranes, subcutaneous tissue, lymph nodes, mammary glands, oral cavity;
2.2 examination of the respiratory organs;
2.3 examination of the circulatory system;
2.4 examination of the abdominal cavity;
2.5 examination of the genitourinary system;
2.6 examination of the nervous system;
2.7 examination of the endocrine system;
2.8 examination of the musculoskeletal system;
3 Local status.
4 Preliminary diagnosis.
5 The plan of examination of the patient with the justification of the need for additional methods of diagnosis and consultation with other specialists.
6 Results of additional methods of examination (laboratory, instrumental, radiological, etc.), their interpretation, conclusions of expert consultations.
7. Differential diagnosis with a description of common symptoms, characteristics of differences in disease and conclusion.
8 Clinical diagnosis: underlying disease, complications, comorbidities.
9 Etiology, pathogenesis and pathomorphology.
10 Treatment of the patient: conservative, operative, symptomatic, sanatorium, etc., taking into account the pathogenetic features of the underlying and the causes of concomitant diseases.

11 Epicrisis.

12 Prognosis of the disease in terms of life, recovery and ability to work.
13 Prevention of the disease, its recurrence in this patient and complications.
14 List of basic and additional literature.
15 Prescriptions of medicines.

1 Examination of the subjective state

When you enter the ward, politely greet the patient. Sit on the right next to him on a chair. Collect passport data. Give the patient the opportunity to fully state their complaints, and at the end of this do not forget to ask about other possible feelings that bother him at the moment. Do not ask direct questions, because the patient, in order to speed up his examination by you or due to low intelligence, may not answer objectively, which confuses information about the actual condition. In the future, purposefully clarify the main and secondary complaints, find out in what sequence they occurred, what is the cause and connection between them. In the presence of pain, pay attention to their location, irradiation, nature, intensity and duration. Find out the connection between the occurrence or intensification of pain with eating, urination, the act of defecation, movements, as well as for other reasons (hypothermia, weather changes, etc.). When the patient is in a serious condition, formulate the question so that he can answer in one word: "yes" no ". After clarification and detailing of complaints, conduct a systematic survey of the patient to identify violations of the basic functions of the body according to a given scheme. Refer to those complaints that may be relevant to this violation of the basic scheme. Pay special attention to those complaints that may be related to the underlying disease.

Find out the nature of breathing: free, difficult; breathing through the nose, mouth, nasal discharge, their quantity, consistency, color, smell. If there is nasal bleeding, it is necessary to find out its cause, frequency, duration and quantity. If hemoptysis, it is important to know the time of its manifestation, frequency, intensity (impurities of blood in the sputum, the presence of blood clots, the transition to profuse bleeding). Detailing the pain in the chest, it is necessary to clarify its intensity, location, irradiation, frequency and cause. If the patient has a cough, it is necessary to know the time of day when it occurs, the possible cause, how long it lasts, the nature (superficial, deep, "barking"), the number and presence of sputum, its nature (mucous, purulent, mucopurulent, specify) color).

Pain in the heart can occur periodically or continuously, of varying intensity and radiation. It is important to determine its cause (at rest, during exercise, emotional arousal, etc.). If you have complaints about the heartbeat, you need to know its nature, frequency, duration, the factors that cause them (excitement, fatigue, work at night).

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1.1.5 Musculoskeletal system

·If the patient complains of pain in muscles, bones, joints, you need to detail its character (constant, sharp, dull) and its relation to

the seasons, meteorological factors, exercises. (Be sure to determine if seizures occur and at what time of day.

1.1.6 Nervous system

It is necessary to determine the mood of the patient (optimistic, cheerful, depressed, anxious), the adequacy of reactions to various stimuli, sleep, orientation in space. Ask the patient about the senses (sight, hearing, smell), memory impairment, dizziness, headache, tinnitus, sensitivity of various parts of the body.

If the patient has been treated for a long time for a chronic disease, describe the features of its course, the drugs he was taking, and indicate the results of treatment.

Sort out organs

Auscultation should be performed symmetrically in areas starting from the subclavian fossae. Determine the nature of respiratory noises (vesicular, hard, bronchial, amphora, mixed), number, sonority, localization of rales (dry, wet, small and large-bubble) and pleural friction noise.

4.3 Examination of the circulatory system

Determine the pulsation in the arteries (radial, brachial, subclavian, temporal, carotid, dorsal feet, hind tibia, popliteal, femoral, carotid, carotid), frequency, filling and pulse voltage. Pay attention to the presence of varicose veins in the abdomen, chest, extremities, as well as tightness and soreness along the veins, swelling of the extremities, its symmetry. Measure blood pressure (maximum, minimum, pulse) on symmetrical limbs.

Determine the limits of relative cardiac dullness with the help of percussion. At auscultation pay attention to heart tones (clear, deaf, accent, splitting of the second tone), their frequency, rhythm and the relation to phases of cardiac activity (systole or diastole).

4.4. Examination of the abdominal organs

When examining the abdomen, describe the shape (round, retracted, asymmetrical), participation in the act of breathing of the anterior abdominal wall, the presence of visible peristalsis, visible pulsation in the epigastrium, diastasis of anterior abdominal wall ulcers, herniated discs and tension. With the help of palpation determine the condition of the abdominal wall, its resistance, muscle tension, pain while palpation and its calcification, areas of skin hypertension and pain points, the presence of symptoms of peritoneal irritation. Determine the condition of the umbilical and inguinal rings. During deep methodical sliding palpation according to Obraztsov and Strazhesko sequentially determine the location, condition and pain of the sigmoid, descending, transverse, ascending and cecum. Determine the pain at the points of McBurney, Lanza. Describe the symptoms you identified during the examination. Palpate the stomach, determine the pain (local, spilled) some of its parts, including pyloroduodenal. Set the lower limit, splash noise, infiltrates, tumors, their consistency and mobility. When examining the liver, start by examining the lower chest and right hypochondrium. Palpate the features of the edge of the liver (sharp, blunt, soft, dense), how many centimeters protrudes from the costal arch. With an enlarged liver, describe its surface. With the help of percussion determine the limits according to Kurlov, possible symptoms of pneumoperntoneum. If the gallbladder is palpated, indicate its size, surface, mobility, soreness (especially at the Kerr point), hyperesthesia zone. Palpate the shape, size and consistency of the pancreas. Pay attention to the tension and sensitivity of the anterior abdominal wall in the projection of the infiltrate or tumor. During palpation in the Grotto position and percussion establish the boundaries of the spleen, its consistency (soft, elastic, strong), surface (smooth, bumpy) and soreness. When examining the anus, you should pay attention to the presence of enlarged external hemorrhoids, prolapse of the rectal mucosa, the presence of cracks and genital warts. At the finger examination, determine the tone of the sphincter, the presence of internal

hemorrhoids, infiltrates, polyps, tumors in the rectum and pelvic cavity. To do this, use the most informative method of bimanual rectal (vaginal) finger examination: in the position of the patient for gynecological examination, the finger of one hand is inserted into the rectum (or vagina), and the other hand presses on the abdominal wall in the lower parts towards the pelvis.

4.5 Examination of the genitourinary system

After examining the lumbar and inguinal areas, palpate the lower pole of the right and left kidneys in the position of the patient lying on his back, side, standing and leaning forward. Pay attention to the location of the kidneys, size, mobility, pain, nature of the surface (smooth, hilly), identify Pasternak's symptom, possible pain in the kidney points. Determine the presence of testicles, their size, symmetry, condition of the appendages and spermatic cord. Describe the condition of the foreskin and head of the penis, its exposure (complete, partial), discharge from the urethra. Examining the area of the hypogastrium, determine the possible position of the bladder, uterus and appendages. During palpation and percussion determine their boundaries, the nature of the surface, pain, mobility, the presence of infiltrates or tumors. Use finger to examine the rectum to determine the condition of the prostate.

4.6 Examination of the nervous system

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7 Patient examination plan

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4 Determination of basal metabolism, thyroid hormones.
5 Analysis of gastric juice to determine the maximum histamine test.
6 Scanning.

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When prescribing these and other methods of examination, give each of them a justification.

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Now, in the narrative form, point out the differences between the main disease of

the patient from the disease with which you make a differential diagnosis. Draw a conclusion.

10 Clinical diagnosis

Based on the previous diagnosis, the results of additional methods of examination (provide all the data of pathological changes on the results of special instrumental and laboratory methods of examination and the conclusions of related specialists), as well as the differential diagnosis of ……. (list all diseases with which the differential diagnosis was made)

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Surgery protocol №

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Surgeon: surname, name, patronymic .; assistants: surname, name, patronymic; operating nurse: surname, name, patronymic.

Anesthesia: endotracheal anesthesia.

Anesthesiologist: surname, name, patronymic.

If the operation was performed under local or potentiated anesthesia, indicate the concentration and amount of novocaine (or other anesthetic) used. In case of inhalation, intravenous anesthesia and neuroleptanalgesia, the data on the name and amount of drugs used and the patient's condition should be recorded in detail in the anesthesia card.

The progress of the operation should be recorded in stages, namely:

b) type of anesthesia;

c) treatment of the operating field (specify the method and name of the antiseptic);

d) features of operational access;

d) skin incision (shape, length);

f) detected organic changes (pathological description of the prevalence of general or tumor process; condition of adjacent organs and tissues);

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13 Epicrisis