

Practice Case

A Rough Visit



CC: Diarrhea

- › 18 yo Ecuadorian male presents with 4 days of progressively worsening diarrhea. Stool 10x/day with mucus initially, now with some blood. Patient recently traveled to U.S., no new foods or known exposures. U.S.-born 14-month old sibling had few loose stools 2 days ago, but no further symptoms. No other sick contacts. He also c/o nausea and crampy abdominal pain, some improvement after stooling.

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› PMHx:

- No records, no known hx
 - › lived in Ecuador whole life, here with step-father

› Soc Hx:

- Recently traveled to US border, then drove to MA (arrived 5 days ago)
- no tobacco, EtOH, or drugs

› Meds:

- no daily meds
- tried Pepto Bismol (no effect)

› NKDA/NKFA

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Physical Exam

- › VS: 101.2F BP 118/72 HR 124 RR 22 Wt 45 kg
- › GEN: very thin, ill-appearing 18yo male
- › HEENT: dry membranes, poor dentition
- › CV: tachy, but regular rhythm, pulses 2+ b/L, CR 3-4s
- › ABD: diffusely tender (L>R), no rebound/guarding, no perirectal fissures/tears
- › SKIN: no rashes, diminished turgor

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› Data:

WBC=17.4, Hgb 11.1, Plt 644

Electrolytes

130	98	25	73
3.1	17	1.1	

Educational Scenario

- › You meet your team in your clinical setting to precept this case
- › Your team includes a student who has presented the information above
- › Now use the clinical reasoning paradigm to discuss the case.

A Chance to Practice

› Clinical Reasoning Strategy Approach

- Process Key Features
 - › Summary statement
- Compare and Contrast
- Prioritize Differential Dx

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Prioritized D/Dx

- › Type 1:
 - 1b:

- › Type 2:

- › Type 3: