

CAP1 Abdominal pain including loin pain

| The trainee will be able to assess a patient presenting with abdominal pain and loin pain to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan | | |
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| Knowledge | Assessment Methods | GMP Domains |
| To outline the different classes of abdominal pain and how the history and clinical findings differ between the causes | E, C, Mi, ACAT | 1 |
| To identify the possible surgical causes of abdominal pain, depending on site, details of history, acute or chronic including but not limited to peptic ulcer disease, pancreatitis, cholecystitis, cholangitis, biliary colic, bowel obstruction, diverticular disease, viscus perforation, acute appendicitis and ischaemic colitis, AAA, hernias, renal calculi, pyelonephritis, chronic inflammatory bowel disease, and volvulus | E, C, Mi, ACAT | 1 |
| Know the common and serious causes of loin pain including renal colic, infection and obstruction of the urinary tract, abdominal aortic aneurysm | E, C, Mi, ACAT | 1 |
| Know the medical causes of abdominal pain | E, C, Mi, ACAT | 1 |
| To define the situations in which urgent surgical, urological or gynaecological opinion should be sought | E, C, Mi, ACAT | 1 |
| Determine which first-line investigations are required, depending on the likely diagnoses following evaluation using ECG, plain radiology, CT, ultrasound and blood tests. | E, C, Mi, ACAT | 1 |
| Define the indications and contraindications for specialist investigation: ultrasound, CT, CT KUB, MRI, endoscopy, and IVU | E, C, Mi, ACAT | 1 |

| Skills | | |
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| To have an A, B, C, D approach ensuring identification of critical or life-threatening illness | Mi, C, D | 1 |
| Elicit signs of tenderness, guarding, and rebound tenderness and interpret appropriately | Mi, C, D | 1 |
| Order, interpret and act on initial investigations appropriately: blood tests, x-rays, ECG and microbiology investigations | Mi, C | 1 |
| Initiate first-line management: including effective fluid resuscitation, pain relief, antibiotics and appropriate use of a nasogastric tube | Mi, C | 1 |
| Interpret gross pathology on CT, CT KUB, IVU, including liver metastases and obstructed ureters with hydronephrosis | Mi, C | 1 |
| Be able to identify those that require admission and those who may be safely discharged | Mi, C | 1 |
| Behaviour | | |
| In conjunction with senior and appropriate specialists, exhibit timely intervention when abdominal pain is the manifestation of critical illness or is life-threatening, | ACAT, C, Mi | 1 |
| Recognise the importance of a multi-disciplinary approach including early surgical/urological assessment when appropriate | ACAT, C, Mi, M | 2, 3 |
| Display sympathy to physical and mental responses to pain | ACAT, C, Mi, M | 3, 4 |
| Involve other specialties promptly when required | ACAT, C, Mi | 2, 3 |