

Internal Medicine Checklists

Done by: Yazan Omar Alawneh

دعواتكم و بالتوفيق للجميع

НХ

Chest Pain

Points	Mark	Answer
Student identify himself and take permission	2	
Patient profile (age, gender)		
Analysis of pain (onset, duration)	1	Sudden for 3 hr
Analysis of pain (site, radiation, progression, character)	2	Retrosternal, radiate to the shoulder, heaviness
Reliving and aggravating factors	1	Not relived by nitroglycerin
Ask about previous attacks	1	yes
Ask about MI Sx (N/V and sweating)	1	N/V
Ask about MI risk factors (DM, HTN, FHx, Hyperlipidemia)	1	Hyperlipidemia and HTN
Ask about respiratory Sx (cough, SOB, Hemoptysis)	1	SOB
Ask about DVT	1	No
Ask about trauma Hx (pneumothorax)	1	No
Ask about GI Sx (regurge, heartburn, melena, steatorrhea)	1	No
Ask about skin rash (herpes zoster)	1	Free
Ask about depression (mood, loss of interest)	1	No
Ask about drug intake	1	Statin, ACEI, Aspirin, NTG
Ask about Social Hx (smoking, alcohol, job)	1	Smoker 2p/25y
Past medical and surgical Hx	2	Previous cath
FHx	1	free
Total		
Give 3 DDx	3	ACS Pericarditis PE
Give 2 investigations	2	ECG, cardiac enzymes Echo, CXR

Cough

Points	Mark	Answer
Student identify himself and take permission	2	
Patient profile (age, gender)	1	55 yo male
Analysis of cough (onset, duration)	2	Gradually for 5 months
Is it productive or dry?	1	Productive
Analysis of sputum (amount, color, smell, blood)	1	Clear, tea spoon full
Ask about aggravating and reliving factors (pollens, dust, exercise, fumes, coldness) (timing)	2	Sometimes outdoor pollens
Ask about associated Sx 1. Fever, shivers, general weakness 2. Weight loss, anorexia, night sweats	2	No fever Weight loss Anorexia
Ask about Heart Sx (chest pain, dyspnea, PND, orthopnea, ankle edema)	2	PND (3 days ago) Ankle Edema
Ask about Chest Sx (wheeze, cyanosis)	1	Wheeze sometimes
Ask about: heartburn, waterbrush	1	No
Ask about skin rash	1	No
Ask about drug intake	1	Free
Ask about Social Hx (Smoking with analysis, occupation, pets)	2	Smoker 2p/30y Officer, no pits
PMHx and Surgical Hx	1	Free
FHx of eczema, asthma, TB, chronic cough	1	free
Total		
Most likely Dx	3	COPD with corpolmonale
	2	COPD
Mention 2 other DDx	2	Pneumonia, TB, CA, Asthma

SOB

54 yo man presented to ER with severe dyspnea

Points	Mark	Answer
HOPI	12	
Duration		
Severity		
Onset and course		
Presence of orthopnea and PND		
Palpitations		
Chest pain		
Ankle swelling		
Cough and sputum		
Hemoptysis		
Fever		
Wheezing		
Intermittent claudication		
Review of Systems	4	
Hx of strokes		
GI Sx		
GU Sx		
Joints Sx		
Drug Hx	3	
Drugs he's taking		
Recent changes in drugs		
Adherence to medications		
FHx and Risk factors	6	
Hx of cardiac diseases		
Hx of HTN		
Hx of DM		
Hx of Dyslipidemia		
Hx of IHD		
Smoking		
Total		
Most likely Dx	1	Pulmonary edema
Proper introduction & overall performance	4	

Palpitation

Points	Mark	Answer
Student identify himself and take permission	2	
Patient profile (age, gender)	1	45 yo male
Ask about onset, duration		Sudden, 15 min
Ask about the rate (tachy or brady)	1	Tachycardia
Ask about the rhythm (regular or irregular)	2	Irregular
Ask about aggravating and reliving factors	1	No
Ask about recurrent attack if yes how many	1	Yes, many times
Ask about severity (dizziness, syncope)	1	No
Ask about chest pain (IHD)	1	No
Ask about Sx of HF due to arterial stenosis (orthopnea, PND, lower limb edema..)	1	PND, Orthopnea
Ask about passing urine after palpitations (SVT)	1	No
Ask about thyrotoxicosis (tremor, sweating, heat intolerance..)	1	No
Ask about Sx of anemia (fatigue, pallor, SOB)	1	No
Ask about Sx of anxiety (nervousness, insomnia, irritability, tachypnea, hand spasm)	1	No
Ask about Sx of pheochromocytoma (headache, sweating, HTN)	1	No
Ask about caffeine and diet	1	No
Ask about drug intake	1	Penicillin
Ask about social Hx (smoking, alcohol intake, job)	1	No
Past medical Hx and Surgical Hx (CHD)	2	Previous MI, strokes
FHx	1	Free
Total		
What is your DDx	1	AF (mitral stenosis)
	1	Thyroxoicosis
Give 3 investigations	3	Echo, ECG, CXR, TFT

Epigastric pain

Points	Mark	Answer
Student identify himself and take permission	2	
Patient profile (age, gender)	1	35 yo male
Analysis of pain: Onset, duration	2	Sudden for 3 days
Analysis of pain: Site, radiation, progression, character	1	Epigastric, localized, burning
Ask about aggravating and reliving factors	1	Increase by coffee intake and no reliving factors
Ask about associated Sx: N/V, Diarrhea, Water brush, fever, weight loss, melena	1	N/V
Analysis of vomiting: amount, frequency, color	1	Twice, cup in amount, coffee ground in color
Ask about relation of pain with vomiting	1	Decrease
Ask about jaundice	1	No
Ask about previous attacks	1	1 st time
Ask about heart Sx (chest pain)	1	free
Ask about chest Sx (SOB, Cough)	1	free
Ask about drug intake	1	Voltarin intake
Ask about Social Hx: smoking, alcohol, job	2	Smoker 2p/25y
Past medical Hx, and Surgical Hx	1	Free
FHx	1	Free
Total		
What is your Dx	5/5	Gastric ulcer induced by NSAID
	4/5	Gastric ulcer
	2/5	Peptic ulcer
More Investigations to order		

Anemia

Points	Mark	Answer
Student identify himself & take permission	2	
Patient profile	1	20 y/o female
Ask about duration (last normal CBC)	1	6 months
Ask about Sx of anemia (fatigue, pallor, tachycardia, exertional dyspnea)	1	Fatigue, Pallor
Ask about aggravating & reliving factors	1	No
Ask about bleeding	1	No
Ask about diet	1	Eat everything
Ask about jaundice (if yes where?)	2	Yes
Ask about menses (regular, heavy)	1	No
Ask about neurological Sx (headache, paresthesia, ataxia) for B12 deficiency	1	No
Ask about Jaundice	1	Free
Ask about sickle cell (recurrent leg or hand pain, priapism, recurrent RS Sx)	2	Leg pain, recurrent pneumonia
Ask about thalassemia (cardiac Sx, facial features, puberty, skin color)	1	No
Ask about change in color of urine	1	No
Ask about drug intake	1	No
Ask about social Hx (smoking, alcohol, job)	1	Smoker 2p/15y
Past medical Hx, surgical Hx	1	Yes due to pneumonia
FHx (splenectomy or colenectomy or blood disease)	1	Yes
Total		
Give 2 DDx	1	Sickle cells
	1	Spherocytosis
	1	Thalassemia
Give 3 investigations	1	Hb electrophoresis
	1	Osmotic Fragility Test
	1	Blood film

Jaundice

Points	Mark	Answer
Student identify himself & take permission	2	
Patient profile (Age, Gender)	1	
Ask about duration and onset	1	6 months
Ask about obstructive jaundice Sx (change in color of urine and stool, and itching)	1	Fatigue, pallor
Ask about associated Sx: fever, weight loss, anorexia	1	No
Ask about hepatitis: contact with jaundiced person	1	No
Ask about Cirrhosis		
Ask about melena and hematemesis: esophageal varices, coagulopathy	1	Yes
Ask about generalized: edema (hypoalbuminemia)	1	No
Ask about altered consciousness, sleep disturbances, mood swings (hepatic encephalopathy)	1	No
Ask about abdominal distension and tenderness (Ascites)	1	Free
Ask about pancreas (abdominal pain, steatorrhea, DM)	1	
Ask about skin pigmentation (hemochromatosis)	1	No
Ask about blood transfusion	1	No
Ask about drug intake	1	No
Ask about social (smoking, alcohol intake, job)	1	Smoker 2p/15 yr
Past medical and surgical Hx	1	
FHx	1	Yes
Total		
Give 2 DDX	1	Liver cirrhosis
	1	HCC
	1	Chronic hepatitis
Give 3 investigations	1	LFT
	1	Hepatitis
	1	Liver biopsy
	1	ERCP

Joint Pain

Points	Mark	Answer
Student identify himself & take permission	2	
Patient profile (Age, Gender)	1	45 yo female
Ask the patient to point out where exactly he feels the pain (how many joints are involved)	1	Ankle, sometimes mild pain on my hands joints
Ask how long has the patient had the pain	1	4 months
Analysis of the pain: progression, character, aggravating, relieving factors	1	Progressive, morning stiffness, decrease with activity
Ask if the pain moves from joint to joint or if it stays in the same joint	1	Stay
Ask about swelling, hotness, tenderness, redness, walking disability	1	Only, severe pain affect my walking in the morning
Ask about rashes on the face, legs, skin nodules, psoriasis	1	Nodules on my left arm
Ask about Hx of trauma	1	Free
Ask about previous episodes	1	1 st time
Ask about back pain	1	Sometimes
Ask about heart Sx (chest pain)	1	Free
Ask about Chest Sx (SOB, Cough)	1	Free
Ask about GI Sx (Diarrhea, Weight loss)	1	No
Ask if he has eye Sx	1	Pain, redness
Ask if the patient noticed any change in the urine color or any discharge from the urethra	1	No
Ask if the patient has any oral ulcers	1	No
Ask about drug intake	1	Aspirin, Voltarine
Ask about Social Hx: smoking, alcohol, job	2	Smoker 1p/15 y
Past medical Hx and Surgical Hx	1	Free
FHx	1	Free
Give 3 DDX	3	1. RA, SLE, OA 2. Spondyloarthropathies

Weight Loss 1

Points	Mark	Answer
Student identify himself & take permission	2	
Patient profile (Age, Gender)	1	50 yo female
Ask about how many Kg has the patient lost, what was his weight & what is his weight now	2	15 kg
Duration (last time pt measured his weight)	2	4 months
Ask if the weight loss was intentional or not	2	No
Ask about appetite and physical activity	1	Good
Ask about diet	1	Eat everything
Ask about Malignancy (Hx of fever or night sweats)	1	No
Ask about thyrotoxicosis (tremor, palpitations, heat intolerance)	1	No
Ask about DM (polyuria, polydipsia, polyphagia)	1	Yes
Ask about Addison disease (hyperpigmentation and hypotension (headache, dizziness))	1	No
Ask about Malabsorption (diarrhea, steatorrhea, skin rashes.. etc)	1	No
Ask about RS Sx: Cough, SOB, Hemoptysis (TB)	1	No
Ask about Cardiac Sx: SOB, Orthopnea, PNDs		No
Ask about recurrent infections (HIV, Malignancies)	1	No
Ask about Anemia Sx: Pallor, Fatigue, SOB	1	No
Ask about recurrent infections: HIV, malignancy	1	No
Ask about Liver disease: bleeding, jaundice, edema, abdominal distention	1	No
Ask about Renal disease: Oliguria, Polyuria.. (S/Sx of renal failure)	1	No
Ask about CTD: arthritis, skin rashes, morning stiffness	1	No
Ask about drug intake	1	No
Ask about social Hx: smoking, alcohol, Job	1	No
Past medical/surgical Hx	1	No
FHx	1	DM
What is your Dx	2	DM
Give 1 investigation	2	FBG, RBG

Weight Loss 2

Points	Mark	Answer
Student identify himself & take permission	2	
Patient profile (Age, Gender)	1	
Ask about how many Kg has the patient lost, what was his weight & what is his weight now	1	
Duration (last time pt measured his weight)	1	
Ask if the weight loss was intentional or not	1	
Course? Progressive or not?	1	
Ask about appetite and physical activity	1	
Ask about diet	1	
Ask about mood, lack of interest, sleep disturbances	1	
Ask about energy level	1	
Ask about malnutrition, heart burn, dyspepsia, indigestion	1	
N/V, abdominal pain	1	
Change in bowel habit	1	
Blood in stool or melena	1	
Menstrual cycle Hx, heavy or frequent?	1	
Ask about Cardiac Sx: SOB, Orthopnea, PNDs, palpitations		
Ask about Malignancy (Hx of fever or night sweats)	1	
Palpable lumps anywhere		
Ask about thyrotoxicosis (tremor, palpitations, heat intolerance)	1	
Ask about DM (polyuria, polydipsia, polyphagia)	1	
Ask about Anemia Sx: Pallor, Fatigue, SOB	1	
Ask about drug intake: drugs or herbal	1	
Ask about social Hx: smoking, alcohol, Job	1	
Past medical/surgical Hx: HTN, DM, thyroid	1	
FHx: depression, malignancy, thyroid diseases	1	
Mention 2 possible causes	2	<ol style="list-style-type: none"> 1. Thyrotoxicosis 2. Drug abuse 3. Pheochromocytoma 4. Depression
Blood work up that you would do in this patient, mention 2	2	CBC, TFT, LFT, Urine VMA metanephrine , Urine drug screen

PE

Abdominal Examination

Points	Mark
Introduce yourself and take permission	1
Exposure and position	1
Inspection	
Front of the bed: - normal contour - central inverted umbilicus - moves with respiration - symmetrical with no bulging	1 for each
Right side of the patient: - comment on everything you see (scars, dilated vein, skin lesions, change in color, normal male/female hair distribution)	2
Palpation	
Ask the patient if there is any painful areas	1
Superficial palpation and keep eye contact	1
Deep palpation	1
Organomegally: - Liver - Spleen - Both kidneys - Liver span	1 for each
Palpate hernia orifices	1
Percussion	
Percuss over the abdomen generally	1
Transmitted thrills	1
Shifting dullness	1
Auscultation	
Bowel sound	1
Renal arteries	1
- common iliac arteries, - abdominal aorta, - liver (venous hum, friction sound) - spleen (friction sound)	1/2 for each
Tell the examiner you want to do PR	1
Cover the patient	1/2

Chest / Respiratory Examination

Points
Introduce yourself and take permission (wash hands, privacy), exposure
Inspection
Front of the bed: - symmetry, deformities, gynecomastia, pattern of breathing
Right side of the patient: - comment on everything you see (hair, skin changes, rashes and pigmentation, scars, ulcers, dilated veins, spider nevi, barrel chest) - respiratory rate and use of accessory muscles
Palpation
General palpation (subcutaneous emphysema, superficial masses, patient trust)
Supraclavicular LN's
Mediastinal positioning (trachea, apex)
Apex beat and it's position
Chest expansion
Tactile vocal fremitus
Percussion (Quality / Symmetrical)
Supraclavicular, clavicle, anterior/posterior, axilla & symmetrically
Auscultation (Quality/Symmetry/Comment)
General Auscultation
Vocal resonance
Findings
Diagnosis
Suppose this patient has pneumonia with effusion, name 2 main findings you might encounter on physical exam?
Suppose this patient is having COPD, name 2 main findings you may encounter on physical exam?

Pericardium Examination

Points

Introduce yourself and take permission
(wash hands, privacy), exposure

Inspection

Front of the bed:

- symmetry, deformities, gynecomastia, pattern of breathing

Right side of the patient:

- Scars, chest deformity, visible pulsation

Palpation

Apical Impulse

Left sternal border

(heave – hold breath in expiration)

Thrills on all 4 chambers

Base

Auscultation

Mitral & Tricuspid areas (bell & diaphragm)

Aortic & Pulmonary areas (bell & diaphragm)

Areas of radiation (carotid, and left axilla)

Examination of mitral stenosis

Examination of aortic regurgitation

Cover and thank the patient

Findings

Diagnosis

Lower Limb Examination

Points
Introduce yourself and take permission (wash hands, privacy), exposure (from the groin and below but mid-thigh is accepted)
Inspection
Front of the bed: contour, symmetry, deformity, abnormal position
Right side of the patient: - hair, skin lesions (ulcers, scars), dilated veins - swelling, redness (change in color)
Elevate the leg looking for pressure ulcers or hidden abnormality
Examine the nails and between toes
Palpation
Tenderness, Temperature
Pulses: Dorsalis pedis, Posterior tibial, Popliteal, Femoral arteries)
Pitting edema
Inguinal LN palpation
Leg Circumference (both legs)
Identify anatomical landmarks
Attempt actual measurement
Findings
Diagnosis

Peripheral Vascular Examination

Points

Introduce yourself and take permission
(wash hands, privacy), exposure (from the groin and below but mid-thigh is accepted)

Inspection

Front of the bed: contour, symmetry, deformity, abnormal position

Right side of the patient:

- color, ulcer, scars, dilated veins, hair distribution, muscle wasting

Vascular angle (buerger's angle)

Elevate the leg looking for pressure ulcers or hidden abnormality

Examine the nails and between toes

Palpation

Tenderness, Temperature

Pulses: Dorsalis pedis, Posterior tibial, Popliteal, Femoral arteries)

Capillary refill

Auscultation

Using the bell over the major arteries

Findings

Diagnosis

Thyroid Examination

Points
Introduce yourself and take permission (wash hands, privacy), exposure
Inspection
Swelling in the neck
Ask the patient to swallow
Ask the patient to protrude the tongue
Distended neck veins and scars
Palpation from front
Tracheal deviation
Tenderness
Any masses
Palpation from behind
Palpate the 2 lobes of the thyroid
Ask the patient to swallow while palpation
Cervical and supraclavicular LNs
Percussion
Percuss along the clavicle and over the sternum to check for retrosternal goiter
Auscultation
Over the thyroid for bruit
Findings
Diagnosis

Best Wishes!

دعواتكم و بالتوفيق للجميع