Disease	Risk	Subjective Finding	Objective Findings	Diagnostics	Treatme
Viral Gastroenteritis - it is an inflammation of stomach and intestine, most common cause of diarrhea	Contaminated food Poor hydration Crowded places- schools, daycare, nursing home, hospital, cruise ship, norovirus or rotavirus are seasonal racially during winter	Nausea, vomiting, fever, cramps abdominal pain	hyperactive bowel sounds	Stool Clinical diagnosis	Increase fluid i with electrolyt Imodium or pe bismol Avoid nsaids
Bacterial Gastroenteritis- CRAMPING PAIN (most common mode of transmission for infectious gastroenteritis is fecal oral route from contaminated food or water).	Inflammation of stomach and intestine, mostly viral but lately bacterial. Bacteria - consumption of food containing salmonella, e coli, shigella, listeria Improper food handeling- inadequate cooking Weak immune system	Anorexia, N/V/D - pain is diffuse - N/V/D, fever chills worse with food, relieved with vomiting or defecation	Hyperactive bowel sounds	Stool culture Stoll antigen testing	Fluid replacem Antibiotics Supportive car

Disease	Risk	Subjective Finding	Objective Findings	Diagnostics	Treatme
Gastroesophageal Reflux Disease (GERD)- BURNING PAIN Erosive esophagus- associated with epigastric pain, difficulty swallowing and reflux, can lead to esophageal bleeding and common in ETOH use and NSAIDS, heart burn is also s/s	Stomach or duodenal contents back flow into esophagus Lifestyle- reclining after eating, alcohol, spicy food, heavy lift, straining, nicotine, alcohol, caffeine	**Heartburn/reflux occurs when lying down or after eating**. **Epigastric pain / CHEST PAIN** , intermittent pain Sour taste in morning, **belching,cough** especially at night. ,**hoarsness** Difficulty swallowing feels like some food got stuck, pharyngitis, worse with bending at waist	Occult blood in stool	History alone has sensitivity of 80%, ambulatory esophageal ph monitoring, barium swallow upper endoscopy with biopsy	Mild to moder h2 blockers (ti bid, if no improvement - severe s/s- endoscopy d - PPI- 8 week - Maintenanc therapy is necessary fo severe erosi esophagitis.
Heartburn	Most common cause is GERD Spicy food, fatty,acidic, fried, caffeine, alcohol and carbonated beverages Obesity Pregnancy Hiatal hernia Smoking	Burning sensation - Regurgitation - Dysphagia - Chest pin	Endoscopy Esophageal ph monitoring	Clinical diagnosis	-Antacid - calci carbonate -H2 receptor-antagonist ranitidine and famotidine -PPI - omeprazole, lansoprazole

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Disease	Risk	Subjective Finding	Objective Findings	Diagnostics	Treatme
Peptic Ulcer Disease (PUD)- BURNING PAIN	Burning sensation after eating, common in people - **taking NSAIDS, aspirin, History of H pylor**i, age 55-70,smoking and alcohol use Gastric ulcers are more common than duodenal ulcers.ulcer penetrates muscular mucosa and is larger than 5mm in diameter	**Burning or gnawing pain in epigatrium radiating to backlight shoulder or side** -Nausea, worse with empty stomach duodenal ulcer pain relieved by food but gastric ulcer pain aggravated by food, episodic pattern, nocturnal pain	Pain usually relieve by food. Epigastric abdominal tenderness on palpation **occult blood in stool, (Tarry stools)** Patient is pallor, fatigue and weak - **PAIN THAT OCCURS 2 TO 4 HOURS AFTER A MEAL**	Physical exam is not useful, upper endoscopy is gold standard , -barium swallow - h pylori testing, breath test(urea breath test- require to drink a solution containing a substance that is broken down by h pylori, breakdown products can be detected in breath, fasting gastrin levels	PPI most effec - Carafate - -peptobismo - -misoprostol prostaglandi Nsaids induc ulcer H2 receptor Antagonist- eff for mild s/s- m h2 blockers inl CP450and can increase levels medication metabolized b system. H pylori- comb of two antibio PPI. Antibiotics include - Amoxicillin,tet e,clarithromyc onidazole

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Disease	Risk	Subjective Finding	Objective Findings	Diagnostics	Treatme
H. Pylori- is a type of bacteria that infects the stomach lining and can lead to various gastrointestinal conditions, including gastritis, peptic ulcers, and even stomach cancer	- poor sanitation, crowded living conditions - Increase with age - Close contact with infected person - Higher prevalence in developing countries	Burning an gnawing pain in upper abdomen between meals or during night Nausea vomiting Loss of appetite Indigestion	Chronic h pylori could lead to anemia - iron deficiency due to chronic bleed from ulcer	Urea breath test- measure levels of carbon dioxide in breath after digestion of solution containing urea -Stool antigen test Upper endoscopy Biopsy	Amoxicillin, clarithromycin omeprazole fo weeks
Constipation- change in bowel pattern, decrease frequency or increase in difficulty of defecation.	Elderly- polypharmacy, lack of dietary fiber, habitual use of laxatives, IBS, Sedentary lifestyle, hypothyrodism, diabetes , meds- codeine, morphine, calcium channel blockers	Ribbon like stool		Stool for occult blood	Increase dieta to 25-35 mg/d exercise, adeq hydration. Medication- bu agents (psylliu Stool softners- docusate, salir laxatives- mag sulfate, stimul laxatives, lubri mineral oil.

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Irritable Bowel Syndrome (IBS)- CRAMPING PAIN Chronic, result from abnormal function of small/ large intestine. Alteration in bowel habits. Abd pain painless with diarrhea or with/without constipation	Female 35-50 yrs, family hx, trauma, stress, emotional, small intestine bacterial overgrowth	Chronic, intermittent Diarrhea, mucus in stool, worse with stress and eating often relieved with defecation Sense of incomplete evacuation , alteration in frequency and consistency of stool, varied degree of bloating and abdominal distention.	LLQ most common, RLQ intermittent, Recurrent abd pain(on avg >1 day per week in 3 months), pain in and should associate with two of following: Change in stool frequency, change in appearance, pain related to pooping. - colon tender to palpation	Abdominal imaging, lab test- CBC, ESR, CHEMISTRY, URINALYSIS, STOOL FOR OCCULT BLOOD	High fiber diet 30 GRAM PER DAY,INCREASE INTAKE 8GLAS DAY, Antidiarr Stimulant laxa linaclotide(lin (Bentyl Hycosamine- t meds are antispasmodic for postprandi pain). (Linaclotide, plecanatide w acting locally c membrane of tract to increa intestinal fluid secretion and improve fecal transport)

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Disease	Risk	Subjective Finding	Objective Findings	Diagnostics	Treatme
Cholecystitis- VISCERAL PAIN acute inflammation of gallbladder wall.Usually association with high fat meal, usually caused by gallstone, but no gallstones, calculus cholecystitis and has high mortality rate Cholelithiasis- gallstones, pt has elevated alkaline phosphatase. Right upper quadrant pain that radiates to the tip of scapula on the right side.	• High fat food • Estrogen containing medication • Cholestyramine • 6 Fs- fat, female, forty, fertile,flatulent, fat intolerant	**Severe upper right qd colicky pain,** can be refer to middle back accompany by **N/V, fever is common due to inflammation and infection.** Dark urine, light colored stool, jaundice	**Positive murphy sign, fever, mild jaundice**	Elevated WBC,AST,ALT, increase bilirubin, -Ultrasound is gold standard	Low fat diet, nonsurgical- st dissolution, sh wave lithotrips -surgery

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