# Case 8, Patient Name: William Anderson

## Subjective:

A 42-year-old male presents to the emergency department with a 2-day history of nausea, vomiting, and abdominal pain. He has a history of alcohol abuse and admits to binge drinking before the symptoms started. Bowels are open, no melena or haematemesis.

## Objective:

Upon assessment, his vital signs are BP 140/90, HR 110, RR 20, SpO2 97% on room air, and Temp 36 C. Physical exam shows Jaundice (yellow discoloration of sclera) diffuse abdominal tenderness and hepatosplenomegaly.

## Assessment:

The doctor suspects alcoholic hepatitis.

## Plan:

1. Fbc, clotting ue lft crp
2. CT scan, to evaluate the liver and other abdominal organs. T
3. IVI for fluid and electrolyte replacement, thiamine supplementation
4. management of withdrawal symptoms.
5. Referral to alcohol support group