# Case 2, Patient Name: Sophia Johnson

## Situation:

A 25-year-old female presents with Right lower quadrant (RLQ) abdominal pain.

## Background:

The patient has no significant past medical history

No regular medication

No Allergies

Events: 8 hours ago while on her desk developed central abdominal pain which later shifted to her RLQ. Associated with nausea and vomiting.

Denies any urinary symptoms as frequency , dysuria, fever or chills and rigors. He bowels are open with no diarrhea. This is the first time she has this pain.

Upon assessment, her vital signs are BP 110/70, HR 95, RR 18, SpO2 99% on room air, and Temp 100.4°F. Physical exam reveals guarding and rebound tenderness in the right lower quadrant.

## Assessment:

Vital signs are BP 110/70, HR 95, RR 18, SpO2 99% on room air, Temp 37.8 C.

Physical exam Showed, normal tonsils,

Chest: clear

Abdomen :guarding and rebound tenderness in the right lower quadrant. Positive rovsing sign.

No Masses or hernia and organomegaly

Her urine dip showed +1 ketones , no leucocytes or blood\Negative pregnancy test

Differential diagnosis : Acute appendicitis.

## Recommendation:

1. FBC, UE, CRP, amylase.
2. Abdominal ultrasound.
3. Refer to surgeon to consider appendicectomy.