

SI Case: SAMPLE CASE V1.6



Examiner Name:	Candidate Name:		
Examiner ID:	Candidate ID:		
Verifier Name:	Date:	Start Time:	End Time:

Critical Actions by Section

Examiner Notes

<p>I. HISTORY</p> <p>1. <input type="radio"/> No <input type="radio"/> Yes History of Alcohol Consumption</p> <p>2. <input type="radio"/> No <input type="radio"/> Yes Evidence of Upper or Lower GI Bleeding</p> <p>3. <input type="radio"/> No <input type="radio"/> Yes Radiation of Pain</p> <p>4. <input type="radio"/> No <input type="radio"/> Yes Rationale for CA 1</p>	
<p>II. PHYSICAL</p> <p>5. <input type="radio"/> No <input type="radio"/> Yes Auscultate Abdomen</p> <p>6. <input type="radio"/> No <input type="radio"/> Yes Palpate the Abdomen</p> <p>7. <input type="radio"/> No <input type="radio"/> Yes Perform Stool Hemoccult</p> <p>8. <input type="radio"/> No <input type="radio"/> Yes Rationale for CA 6</p>	
<p>III. DIFFERENTIAL DIAGNOSIS</p> <p>9. <input type="radio"/> No <input type="radio"/> Yes Diagnosis 1</p> <p>10. <input type="radio"/> No <input type="radio"/> Yes Diagnosis 2</p> <p>11. <input type="radio"/> No <input type="radio"/> Yes Diagnosis 3</p>	
<p>IV. DIAGNOSTIC STUDIES</p> <p>12. <input type="radio"/> No <input type="radio"/> Yes Lipase</p> <p>13. <input type="radio"/> No <input type="radio"/> Yes Electrolytes</p> <p>14. <input type="radio"/> No <input type="radio"/> Yes Biliary Ultrasound or CT Abdomen</p> <p>15. <input type="radio"/> No <input type="radio"/> Yes Rationale for CA 12</p> <p>16. <input type="radio"/> No <input type="radio"/> Yes Rationale for CA 14</p>	
<p>V. TREATMENT AND OTHER ACTIONS</p> <p>17. <input type="radio"/> No <input type="radio"/> Yes IV Crystalloids</p> <p>18. <input type="radio"/> No <input type="radio"/> Yes Reassess Pain</p> <p>19. <input type="radio"/> No <input type="radio"/> Yes Rationale for CA 17</p> <p>20. <input type="radio"/> No <input type="radio"/> Yes Rationale for CA 18</p>	
<p>VI. FINAL DIAGNOSIS</p> <p>21. <input type="radio"/> No <input type="radio"/> Yes Acute Pancreatitis</p>	
<p>VII. DISPOSITION</p> <p>22. <input type="radio"/> No <input type="radio"/> Yes Admit to Step-down Unit or Floor</p> <p>23. <input type="radio"/> No <input type="radio"/> Yes Explain why patient is admitted/discharged/other</p>	
<p>VIII. TRANSITION OF CARE</p> <p>24. <input type="radio"/> No <input type="radio"/> Yes Report the Diagnosis</p> <p>25. <input type="radio"/> No <input type="radio"/> Yes Provide One Set of Vital Signs</p>	