Case 2 (Part 1)

ID: Mr. Shigeki Maruyama

Mr. Maruyama is 58-year-old gentleman with esophageal carcinoma. He is presenting to the emergency department with significant vomiting (12 episodes in the past 12 hours). He reports the vomiting as yellow in colour; no blood. He is in a significant amount of distress and reports some abdominal pain along with his severe nausea. He has not had a BM in 2 days but this is typical for him with his opioid-associated constipation (usually 1 every 3-4 days). He thinks he has passed some gas today. He has no prior episodes of vomiting; he does have chronic pain post-radiation and surgery.

PMHx:

1. *Esophageal Carcinoma*
    - *Diagnosed March 2017*
    - *Underwent esophagectomy and partial gastrectomy with gastric pull-up to maintain GI continuity.*
    - *He had LN positive disease but no distant mets identified; his last CT Abdo was 4 months ago.*
    - *He received adjuvant chemotherapy and raditation which completed in August 2017.*

Medications:

1. *HM Contin 9 mg po BID*
2. *HM IR 3 mg po q1h prn*
3. *Lyrica 150 mg po BID*
4. *Senna 8.6 mg tab; 2 tabs po qhs*

Vitals:
T: 37.0 HR: 115 BP: 122/68 RR: 22 SpO2: 96% room air

What is your initial approach to this patient?

Discussion Questions:

1. What additional questions do you want to ask Mr. Maruyama?
2. What is on your differential for this patient?
3. What investigations would you like to order?

Case 2 (Part 2)

You have settled Mr. Maruyama into his bed. IV access has been established, you have arranged for radiography and labs have been drawn. Vitals remain as indicated previously and there is no concern for airway compromise. He is still in 10/10 pain and is extremely nauseous. As you go to ask another question he vomits again in front of you. "Please make this stop," he manages to get out before you decide you should help alleviate these symptoms.

Discussion Questions:

1. Outline your approach to managing Mr. Maruyama's nausea, including first, second and third-line medications.
    - Be specific in your medication, dose, route and frequency
    - Are there any adjuvants you would consider?
2. Outline your approach to managing Mr. Maruyama's pain
    - Be specific in your medication, dose, route and frequency
    - How often will you assess for pain control?

Case 2 (Part 3)

You have managed to settle Mr. Maruyama's nausea and pain. He is no longer vomiting and is not distressed. Fortunately his labs show no significant electrolyte imbalances. Imaging was negative for a small bowel obstruction, however there was a significant amount of fecal loading without evidence of colitis or perforation. You plan to attempt management of this in the emergency department with short-term follow up in the community by the patients GP/oncology team.

Discussion Questions:

1. Outline your approach to opioid-induced constipation in the ED
2. Assuming you were able to successful in inducing a movement/removing stool in the ED, what medication regimen would you consider discharging Mr. Maruyama on?