Red Flags for the SCA

During clinical practice observations, we've noticed that a number of GP trainees do not ask the full comprehensive set of questions that help exclude the serious differentials. You can't just ask a few of them and then think you are done! So here's a list of essential things to ask in the history to pick out the red flag stuff (i.e. *whether something serious is going on or not).* This will help you in the SCA exam and in your GP consultations after that. It will help reduce the chances of you missing things and thus enhances patient safety. You need to be familiar with this data set like the back of your hand. Of course, there will be other questions you need to ask in the history which are not included here, but these additional questions will usually centre on *refining your diagnosis* rather than *excluding something serious* going on. Including these would make the document too lengthy and unworkable. We hope you find this document helpful as it stands.

RED FLAGS THAT INDICATE SOMETHING MEDICALLY SERIOUS MAY BE GOING ON

HEAD & NECK

Headache

- Intracranial mass: vomiting, waking from sleep, double vision, fits/faints/funny turns, h/o cancer anywhere
- Meningitis: duration acute, rash, neck stiffness, photophobia, fever, confusion/LOC
- Temporal Arteritis: acute duration, tender temporal arteries, jaw claudication (pain on eating, pathognomic!)
- SAH: acute SEVERE headache, 'sudden hit on the head', occipital, stiff neck, N&V, photophobia, blurred/double vision. (10% of all occipital headaches are SAH; most common is *cervicogenic* headache). Note: a thunderclap headache (i.e. sudden onset headache which reaches maximum intensity within seconds-minutes); seen in subarachnoid haem., cerebral venous sinus thrombosis and cervical artery dissection.
- Migraine: 3 item test: (i) acute unilateral pulsating and disabling headache, (ii) Nausea (present in 75%), (iii) photophobia (85%). Sensitivity of these 3 items: 80%; specificity: 75%.
  Additional symptoms: phonophobia (75%), vertigo (50%), vomiting (30%), aura (in 20%).
- Did you know… the PPV of a headache symptom alone for a brain tumour is 0.09%. In other words, if you have a headache, there's only a 0.09% chance of it being a brain tumour. On the other hand, a new onset seizure has a PPV of 1.2% for a brain tumour. And… only 10% of patients with a brain tumour ever report a headache before the diagnosis.

All Eye Symptoms

- Visual acuity changes and diplopia most important questions.
- Amaurosis fugax: usually unilateral, sudden, and transient loss of vision (can be bilateral). Lats few seconds to several minutes. Afterward, vision returns to normal. Some people describe the loss of vision as a gray or black shade coming down over the eye. (stroke risk)
- Also ask about - sudden onset pain & redness, floaters, haloes, visual field defects

Epistaxis

- Nasal obstruction, nasal discharge – with or without blood, facial pain, double vision

Hoarseness, Mouth Ulcers, Neck Lumps

- Hoarseness >3w, dysphagia, long lasting cough (>3w), long lasting sore throat (>3w), or lump in neck or persistent mouth ulcers (higher suspicion if age>45)
- Ask about alcohol or smoking history → increased risk of oral/laryngeal cancer.

Dental swelling: (mnemonic PUSTULES)

- Pyrexia, Unwell (tachycardia, tachypnoea, hypotension), Swelling (extra-oral), Tender, Unable to swallow secretions (i.e. drooling), Limitation in opening, Eye involvement (periorbital cellulitis), Speech problem
- These need referral – could be abscess or malignancy

THORAX

Cough

- Duration > 3w, haemoptysis (v worrying symptom), SOB, chest pain, recurrent/persistent chest infection, hoarseness, dysphagia, weight/appetite loss, fatigue (higher suspicion if age>40)
- Ask (i) if ever smoked or (ii) exposure to asbestos

Chest pain/Palpitations

- Exertional chest pain, palpitations, SOB, syncope, FH heart problems/sudden death.
- Note: if palpitations present, ask whether exertional (more worrying) and if any syncope.

Shortness of Breath

1. *Is it respiratory? (ask about presence of cough, PMH COPD/Asthma etc., smoker)*
   a. If so – cough, haemoptysis, hoarseness, dysphagia, apetite/weight loss, fatigue, FH thrombosis (re: PE?)
   b. Ask about occupational history: dusts (mining & mills), asbestos (engineering & plumbing).
2. *Is it cardiac? (ask about chest pain, sob – orthopnoea & PND, cardiac history)*
   a. If so – chest pains, palpitations, syncope, FH hearth problems/sudden death
   b. Note: In HF, central fluid overload symptoms (exertional nature of SOB, orthopnoea and PND) are actually more significant than peripheral fluid overload symptoms like ankle oedema.

Drs. Ramesh Mehay, Bradford GP Training Scheme 2014, updated June 2023

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ABDOMEN

Lower GI symptoms: change in bowel habit, constipation, diarrhoea, PR bleeding or abdo pain

- Change in bowel habit, unexplained PR bleeding, diarrhoea, vomiting, tenesmus, weight loss (esp with abdo pain), FH GI cancer (higher suspicion if age >50)
- If also Fe deficiency → refer.
- Diarrhoea – ask about foreign travel and fever (rigors/chills).

Upper GI symptoms: dyspepsia/heartburn

- Dysphagia, weight loss are the main red flags (higher suspicion if age>55)
- Also check lower GI red flags above.
- Remember to check it is not angina.

Upper GI symptoms: Pancreatic Ca

- >60 w wt loss and any of: diarrhoea, back pain, abdo pain, N/V, constipation, new/worsening diabetes OR
- >40 and jaundice

PELVIS

Urinary symptoms

- Visible haematuria, recurrent UTIs, recurrent visible haematuria after UTI treatment , weight loss, prostatic symptoms in men (urgency, frequency, nocturia); (higher suspicion if age>45)
- If age>60 with dysuria – dipstix the urine: if non-visible haematuria present, needs referral

SKIN

Any skin lesion (the 7-point checklist)

- 2 points each: (i) change in **size**, (ii) irregular **shape**, (iii) irregular **colour** **(SSC)**
- 1 point each: (iv) **diameter**≥7mm, (v) **inflammation**, (vi) **oozing**, (vii) change in **sensation**/itch **(DIOS)**
- 3 or more points → refer

BONES & JOINTS & LIMBS

Back Pain

- Cauda eq. syndrome: urinary retention/incontinence, faecal incontinence, saddle anaesthesia (unable to feel tissue paper on wiping bum), lower limb weakness, sexual dysfunction. Ask re: h/o. malignancy.
- Malignancy: age <20 or >50, nocturnal pain, thoracic pain, prev malignancy
- If weight loss: think of tumour, TB (cough>3w, haemoptysis, night sweats, fatigue, foreign travel) and HIV (night sweats, fatigue, swollen glands, achy muscles/joints, oral thrush, pneumonia, chronic diarrhoea).

Joint symptoms

- Septic/Inflammatory arthritis: Swollen, red, hot, tender, systemic upset?
- Malignancy: bone pain, nocturnal pain, rest pain, weight loss, h/o previous malignancy
- A red flag in a child might be *avoidance of using a joint* plus *systemic upset* (osteomyelitis/septic arthritis). This can sometimes be very difficult to diagnose, especially in tiny tots.

Critical ischaemia:

- Gangrene or (6 Ps): Pain at rest, Pallor, Perishing cold, Paraesthesia, Pulseless, Paralysis

NEURO

Fits/Faints/Funny Turns/LOC

- *V. important to get an accurate history of what went on: hence, the importance of the witness and if frequent the opportunity of a friend/family filming the event on their smart phone is almost always the way to diagnosis*

1. *Is this neurological?* Loss of consciousness, fits, tongue biting, urinary incontinence. Presence of an aura or precognition that there is to be an event (de ja vu, hallucinations of smell/taste).
2. *Is this cardiac?* Chest pains, palpitations, FH sudden death/heart problems. Tunnel vision (hypoperfusion of distal retina) and weak legs (hypoperfusion of the cerebral cortex) suggest cardiac too.
3. *Is this vascular?* Facial weakness, hemiparesis, slurred speech

MENTAL HEALTH

Depression

- Low mood > 2w, irritability, anhedonia (general & sexual), loss of concentration, sleep problems – initial insomnia +/- disrupted sleep +/- early morning wakening, appetite loss, weight loss/gain. (The 'biological features' of depression)
- Ensure not bipolar → any episodes of mania in between the low moods?
- Ensure no psychotic symptoms → hallucinations, delusions
- Any suicidal plan? Work out suicidal risk (see below)
- Also worthwhile asking about anxiety as mixed affective disorders are common (see below)

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Anxiety

- Always worried or on edge, feels anxious/losing control/going crazy, overwhelming panic, breathing trouble/choking sensation, hyperventilation, hot flushes, trembling/shaking, perioral tingling.
- Check for depressive features – see above and assess suicidal risk.

Suicidal Risk

- The 5 Triage Questions:
    1. *"Are you able to **keep yourself safe** until this assessment is completed?" [No → refer]*
    2. *"Are you in possession of a **gun/weapon**/have easy access to a gun or weapon?" [Yes → refer]*
    3. *"Have you felt like **hurting yourself**?" [Yes → refer]*
    4. *"Have you felt like **hurting anyone else**?" [Yes → refer]*
    5. *"Have you **already hurt yourself or anyone** else?" [Yes → refer]*
- If response to 5 triage questions is okay, then go on to working out their Suicidal Risk.
    - The areas below are intended to help health professionals conduct a thorough assessment by stimulating an enhanced line of questioning, enabling them to formulate an overall impression.
    - Assessment of Suicidal Risk: (IIPPS)
        - Ideation - Plans, Lethality & Means (PLM)
        - Intent assessment: **Desire** to die, no feelings about effect on **Others**, no **Guilt**, **Hopelessness** (DOG-H) - these 4 things are worrying.
        - Psychiatric factors - suicide history (and associated chances of discovery), depression, anxiety, psychosis
        - Patient factors - medical debilitating chronic conditions, loneliness, personality, alcohol & drugs
        - Social factors - work/life **Stresses**, poor **Support** system, **Spiritual**/cultural views towards suicide and death. (SSS)
        - Full 6 areas suicidal risk assessment tool here: https://tinyurl.com/6-areas-suicide

WOMEN'S HEALTH

Breast Symptoms

- All breast/axillary lumps need referral (with or without pain) (higher suspicion if age ≥30)
- All breast skin changes need referral
- Nipple symptoms: discharge, retraction, weight loss (higher suspicion if Age≥50)
- Reminder re: referral to genetics for familial breast cancer if… one 1st degree relative (<40 years), two 1st degree (any age), male relative (any age), one 1st degree relative with bilateral disease (<50 years), one 1st and one 2nd degree relative (any age, one may be ovarian cancer), three 2nd degree (any age).

PV bleeding

- In premenopausal women, this could be Cervical Ca or Endometrial Ca; in postmenopausal women, this could be Endometrial Ca or Ovarian Ca (Cervical Ca less so).
- Additional questions to ask: dysparenunia, postcoital bleeding, intermenstrual bleeding, abdo/pelvic/back pain, vaginal discharge, weight loss.
- Remember: postmenopausal bleeding – refer all.

Specifically Ovarian Cancer (do a CA-125 in primary care)

- Often don't have PV bleeding but instead symptoms relating to a large mass occupying the abdomen (because these cancers can grow quite large).
- Age≥50, IBS symptoms, swollen abdo, early feeling of fullness (early satiety), loss of appetite, constipation, urinary frequency/urgency, pelvic/abdo pain(higher suspicion if Age≥50)

Hirsutism

- Sudden onset/rapid progression of hair growth, signs of virilization (hair loss from the scalp, voice deepening, increased muscle bulk) → androgen-secreting tumour

MEN'S HEALTH

Lower Urinary Tract Symptoms (LUTS)

- LUTS = urinary frequency, hesitancy, urgency or retention, and nocturia
- Red flags – visible haematuria, erectile dysfunction, bone pain
- **Please note:** Bowel cancer can present with LUTS (pressure effects)! So, worthwhile asking about change in bowel habit etc. routinely.

Many thanks to the following for updates and contributions so far..

Get your name on this list email me re: inaccuracies, suggestions & updates: rameshmehay@googlemail.com

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