

OSCE 2

Candidate Instructions

Your next patient is Olivia, a 10 month old girl with fever.

The triage note says:

8/7 fever and rash. Poor oral intake today. Nil PMHx. Not immunized. Had paracetamol 3 hours ago.

Her observations:

Looks alert but unwell, irritable.

HR 170 bpm

RR 40/min

SaO₂ 98% room air

Temp 38.9 degrees

Normal cap refill

Your tasks are to:

1. Take a history from Olivia's mother.
2. Discuss directly with the examiner:
 - a. Your provisional/differential diagnosis,
 - b. Clinical features you would seek on examination, and
 - c. Your approach to investigation

You will not be required to examine the patient.

You will have 7 minutes to complete this station. The examiner will stop you at 5 mins to give the differential/ investigation approach.

Domains assessed:

- Medical Expertise 80%
 - Relevant history (40%)
 - Provisional diagnosis and approach to examination and investigations (40%)
- Communication 20%

A copy of this case information is provided in the examination room.

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Role Player Instructions

You are Olivia's mother, Sally. Olivia is 10 months old. She has had a fever for the last 8 days. She hasn't drunk anything today so you are worried and have brought her to ED for assessment.

After the candidate introduces themselves, you provide the following history:

Olivia has had a fever on and off for 8 days. She had a rash all over for a few days but that seems to be going.

She appeared more unwell yesterday so you took her to the GP who prescribed an antibiotic for an ear infection. She has had 3 doses, but it hasn't helped.

She is very irritable and you cannot put her down today without her crying. You are worried and want to know what is wrong with her.

The following information should only be provided to the candidate if they ask you:

PHx:

She has had a few "coughs and colds" in the past but never been to ED with anything more serious. She has not been immunized because you are concerned about the risk of autism.

Born full term, NVD.

Breast fed.

No reg meds.

NKDA

HOPC:

Measured temp up to 39.5 degrees (infra-red forehead scanner).

Rash was red and blotchy, not itchy.

She's been coughing occasionally at night but not much during the day.

She has red eyes but no exudate, and lips have been "a bit dry" – but you thought that was because she hasn't been drinking enough.

You haven't noticed any changes to her mouth/tongue, or redness/peeling on hands or feet.

No swelling of hands/feet.

You haven't noticed any neck lumps but haven't looked.

She is not eating much and you are particularly concerned that she has refused most oral fluids today. Had a few sips of water only, refusing the breast. Nappy was a bit wet when she woke up this morning but not like normal and she hasn't had another wet nappy yet.

More sleepy than usual, not playing at all.

No recent travel

No known sick contacts

A few vomits over the last week but none today

No diarrhea

No coryza. Not pulling at her ears.

Saw GP yesterday – he said her ears looked red so prescribed cephalexin

Social history

You live at home with your husband, Andrew. Olivia is your only child. You work in retail but currently on maternity leave.

Non-smoker.

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Examiner Instructions

Station summary: Assessment of a unimmunized infant with prolonged fever and no focus, partially treated with antibiotics.

Questions to be asked at 5 minutes:

- What is your differential diagnosis?
- What specific things would you look for on examination to help make a diagnosis?

After a response from the candidate, you provide the examination findings:

The child looks moderately unwell but you find no focus of infection on examination. There are no features to suggest Kawasaki.

- What investigations would you do and why?

Detailed assessment criteria

Please use the following criteria to inform your ratings above:
Must mention **bold points** to be at “minimum level of competence displayed”.

Medical Expertise (80%)

- History
 - Elicits a focused, relevant history
 - Fever - duration, severity
 - Associated symptoms: cough, coryza, SOB, V&D, irritability
 - Travel, sick contacts
 - Past history, medications, allergies
 - Fluid intake/output – wet nappies
 - Identifies important historical details (red flags) diagnostic of important conditions
 - Kawasaki – red eyes, lips/tongue, irritability, rash, redness/desquamation of hands/feet, oedema
- Generates a differential diagnosis, with an inherent focus on conditions requiring time critical management
 - Viral – still most common
 - UTI
 - Measles – but no conjunctival exudate and cough not prominent
 - Pneumococcal bacteraemia
 - Meningitis
 - Kawasaki disease
 - Less likely – meningococcal – but recognises possible atypical presentation given partially treated with Abx

- Approach to investigation
 - Creates a focused investigation plan that confirms or excludes time critical diagnoses
 - Approach based on presence of multiple risk factors for SBI – not immunized, on Abx, prolonged fever, looks unwell. But still acknowledges the most likely diagnosis is still viral.
 - Should include
 - **Urine**
 - Bloods – FBE, CRP, blood cultures
 - ESR – could justify if concerned about atypical Kawasaki and higher risk of CAD in younger children.
 - Measles serology
 - CXR – depending on resp exam
 - Echo – could consider given higher risk of CAD in younger patients with KD and possibility of atypical presentation. Must justify adequately.
 - Also reasonable to hold off on blood tests, give paracetamol & observe but need to **justify** this approach adequately. Must identify risk factors for more serious illness and observe for extended period of time.

Communication (History taking technique) 20%

- Introduces self and purpose, establishes rapport, shows empathy
- Uses appropriate communication skills
- Actively listens e.g. paraphrases and clarifies what has been said
- Allows the patient to react emotionally to the situation and responds appropriately to non-verbal cues
- Non-judgmental response to lack of immunization