



# MSSBU OSCE PRACTICE CASE

## 4\_01\_03

### **Station Vignette**

You are a medical student in the neonatal ward at Gold Coast University Hospital. Maria has just delivered a baby boy, Ben, and is concerned about her child looking slightly yellow.

You are asked to conduct an examination on her newborn. Explain to the parent (examiner) what you are looking for as you perform the examination.

**There is no need to elicit any primitive reflexes.**

#### **Vitals:**

- **HR:** 135 bpm
- **BP:** 70/40 mmHg
- **RR:** 50
- **O<sub>2</sub> Sats:** 98% RA
- **Temp:** 36.5°C

#### **Relevant History:**

- **Mother:** Maria Roberts, 29 years old, G2P1M1
- **Delivery:** K38+2, spontaneous vaginal delivery 42 hours ago, no complications during delivery
- **Meconium passed:** Yes

## **EXAMINER QUESTIONS**

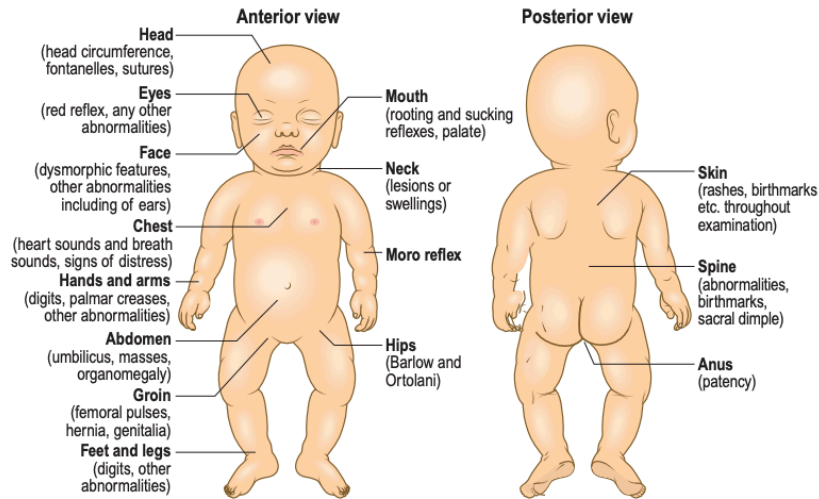
1. The examination is normal. Provide your **main** differential diagnosis.
2. List **two (2)** common causes of this differential.
3. At the 6-week check-up, list **three (3)** immunisations would you want to give this child?

## MARKING CRITERIA – 4\_03

Introduction		Comments
• Washes hands		
• Introduces self		
• Obtains consent to examine (purpose, process, etc.)		
• Identifies patient – e.g. name, DOB		
• Adequate exposure child and positions on back for assessment		
General Appearance		
• General colour: pallor, cyanosis, jaundice, dusky		
• Integrity and perfusion of skin		
• Throughout the examination comments on any rashes, birthmarks, or naevi		
• State of alertness		
• Physical activity/range of spontaneous movement		
• Posture and muscle tone, assessed by gently moving newborn's limbs passively (may be noted at start or throughout the exam)		
• Assesses if cry is present during examination		
Growth Status		
• Charts head circumference, length, weight on centile charts (comments that would)		
Head and Neck		
• Inspects head shape, size, and cranial sutures		
• Comments on distribution and Character of hair		
• Palpates the anterior fontanelle, notes if it feels flat (normal), sunken or bulging (abnormal)		
• Notes any asymmetry and evidence of facial trauma		
• Inspects the neck and notes any abnormalities e.g. webbing		
• Notes any neck masses		
• Palpates and assesses the clavicles		

<b>Face</b>		
• Eye size, position, structure		
• Inspects eyes for conjunctivitis, jaundice, etc.		
• Comments on wanting to assess red reflex in each eye (does not have to perform)		
• Comments on patency of nasal passages		
• Assesses mouth, palate, teeth, gums, frenulum		
• Inspects clefts of hands or soft palate		
• Comments on jaw size		
• Assesses patency of ears and any visible deformities		
• Notes any dysmorphic features e.g. epicanthic folds, low set ears in Down's Syndrome		
<b>Shoulders, Arms and Hands</b>		
• Assesses length, proportions and, symmetry of upper limbs		
• Inspects palms and fingers (counts all 10)		
• Assesses tone and movement if not already done		
• Palpates and compares the brachial pulse in each upper limb		
<b>Chest</b>		
• General inspection of chest: comments on size, shape, symmetry, movement, breast tissue, nipples		
• Comments on chest wall expansion, symmetry, pectus excavatum or pectus carinatum		
• Observes respiratory rate and effort (normal)		
• Auscultates for heart sounds: notes any heart sounds, murmurs, pericardial rub, etc.		
• Auscultates for lung sounds (bilaterally and both anterior and posterior)		
• Comments on inspiratory and expiratory sounds		
• Comments on quality and volume of breath sounds, and symmetry		
<b>Abdomen</b>		
• General inspection of abdomen: comments on size, shape, symmetry		
• Comments on any sign of abnormalities, e.g. distension, hernias, cold stump infection		
• Notes umbilicus area and any erythema, swelling or discharge		
• Palpates and assesses for organomegaly		

<b>Genitourinary (Male)</b>		
<ul style="list-style-type: none"> <li>Assesses penis (hypospadias), foreskin, testes (cryptorchidism)</li> </ul>		
<ul style="list-style-type: none"> <li>Notes any ambiguity of genitalia</li> </ul>		
<b>Hips</b>		
<ul style="list-style-type: none"> <li>If candidate asks, no FHx of hip dysplasia</li> </ul>		
<ul style="list-style-type: none"> <li>Stabilises pelvis and examines one hip at a time</li> </ul>		
<ul style="list-style-type: none"> <li>Performs Barlow's test (push down and internally rotate)</li> </ul>		
<ul style="list-style-type: none"> <li>Performs Ortolani's test (pull up and externally rotate)</li> </ul>		
<b>Legs and Feet</b>		
<ul style="list-style-type: none"> <li>Assesses leg length, proportions, and symmetry</li> </ul>		
<ul style="list-style-type: none"> <li>Inspects toes (counts all 10), feet and ankles, comments on any abnormalities such as oedema, ankle deformities and missing digits</li> </ul>		
<ul style="list-style-type: none"> <li>Assesses tone and movement if not performed already</li> </ul>		
<ul style="list-style-type: none"> <li>If not performed already, palpates and compares femoral pulses</li> </ul>		
<ul style="list-style-type: none"> <li>If not done already, mentions that they would assess pulse oximetry (does not have to perform, only mention)</li> </ul>		
<b>Back</b>		
<ul style="list-style-type: none"> <li>Inspects back and spinal columns for any abnormalities (e.g. scoliosis, hair tufts, naevi, sacral pits, spina bifida)</li> </ul>		
<ul style="list-style-type: none"> <li>Comments on symmetry of scapulae, buttocks</li> </ul>		
<ul style="list-style-type: none"> <li>Checks anal location and patency</li> </ul>		
<b>Neurological</b>		
<ul style="list-style-type: none"> <li>Comments on behaviour, posture, muscle tone and spontaneous movements</li> </ul>		
<ul style="list-style-type: none"> <li>Comments on Cry if not done previously</li> </ul>		
<ul style="list-style-type: none"> <li><b>Assessment of primitive reflexes not required</b></li> </ul>		
<b>For Completeness</b>		
<ul style="list-style-type: none"> <li>Explains to parent that the examination is completed and offers to redress the child</li> </ul>		
<ul style="list-style-type: none"> <li>Discusses findings with parent, checks to see if they have any further questions</li> </ul>		
<b>Total</b>		/62



### Questions

Diagnosis		Comments
<ul style="list-style-type: none"> <li>• Main differential – Physiological neonatal jaundice</li> </ul>		
<ul style="list-style-type: none"> <li>• What are the common causes of this type of jaundice? Any 2 of the following:               <ul style="list-style-type: none"> <li>○ Breast feeding jaundice</li> <li>○ Breast milk jaundice</li> <li>○ Immature hepatic metabolism of bilirubin</li> </ul> </li> </ul>		
Immunisation Schedule		
<ul style="list-style-type: none"> <li>• At their 6 week check-up, what immunisations would you want to give to this child? 1 mark for each of the following:</li> </ul>		
<ul style="list-style-type: none"> <li>○ DTaP</li> </ul>		
<ul style="list-style-type: none"> <li>○ Rotavirus</li> </ul>		
<ul style="list-style-type: none"> <li>○ Pneumococcal</li> </ul>		