MSSBU OSCE PRACTICE CASE 3_03_04

Station Vignette

You are a third-year student at the GCUH Special Care Nursery.

The GP has asked you to take a brief history from Chris/Christina Tucker, a 28-year-old regarding their child. Marty/Martina Tucker, a 3-day-old has presented with jaundice.

TASK

You have a total of **6 minutes** to take a history.

This includes:

- History of presenting complaint
- Constitutional history
- Past medical history
- Medications history
- Social history
- Family history
- Focussed systems review

At the end of the allocated time, you will have **2 minutes** to answer the examiner's questions.

You do **NOT** need to complete a physical examination.

PATIENT INSTRUCTIONS

History of presenting complaint

Introduction: Besides the yellowing of skin and eyes, baby seems to be well.
Onset: Started since yesterday
Associated symptoms: nil
Time course/duration: The limping has been constant since it began 4 days ago
Exacerbating/relieving factors: Nil
Severity: 4/10 in terms of severity
Beliefs: Not sure what has happened. Worried they have done something wrong in terms of preparing for the pregnancy.
Impact on patient: Anxiety about what the underlying disorder is.
Concerns: Is there a serious underlying cause?

Systems review/associated symptoms

*The symptoms **BOLDED** are indicative of positive answers, other answers are suggestions of what is required in terms of questioning to ensure a comprehensive history.*

Haemolysis:

Mother has B+ blood group. No relevant family history of haemolytic conditions including G6PD, thalassemia, hereditary spherocytosis or hereditary elliptocytosis, hepatitis.

Sepsis:

Nil infectious symptoms such as fever, drowsiness, unrousable, irritability, respiratory distress, **Group B Strep positive mum**

Dehydration

Drowsy, malaise, irritability, unrousable, fever, erythema, swelling around hip, recent infection.

Hypothyroidism

Constipation, floppy muscle one, periorbital oedema, macroglossia, family history of hypothyroidism

Cephalohematoma

Bulge which does not cross suture lines, prolonged second stage of labour, instrumental delivery such as using forceps

Cystic fibrosis

Delayed passage of meconium due to meconium ileus formation, heel prick and pilocarpine stress test

Warning red flags for kernicterus

- Nil lethargy
- Nil seizures
- Nil opisthotonos (spasm of muscles)

Paediatric history

BINDS

Birth history: born pre-term, c-section, 34 weeks with Prolonged Rupture of Membranes
If prompted: **Group B Strep positive after low vaginal swab**
Immunisations: Up to date
Nutrition: nil feeding issues, normal appetite, balanced diet
Developmental milestones: normal primitive reflexes
Social history: first born, lives with father and mother

Past medical history (2 marks)

Nil medical conditions
No previous surgeries

Medications (2 marks if general but 1 if asks individual categories)

Prescription: none
Recreational: none
Over the counter: none
Vitamins/supplements: none

Allergies (1 mark)

No known allergies

Family history (1 mark)

Mother: Type 2 diabetes managed with metformin and lifestyle changes
Father: hypertension – well controlled with losartan
Siblings: none

EXAMINER QUESTIONS

1. What is **one (1)** difference between physiological and pathological jaundice?

2. List **two (2)** causes of physiological jaundice.

3. List **two (2)** of pathological jaundice.

Extra question

4. A child presents with jaundice, dark stools, pale urine after 2 weeks since birth. What is the most likely **diagnosis** and **management**?

MARKING CRITERIA – Case 3_03_04

Item	Criteria	Mark
Introduction	☐ Hand hygiene ☐ Appropriate introduction ☐ Confirms patient name and age ☐ Explains personal role and gains consent	/2
Presenting complaint	☐ Leads with open question	/1
History of presenting complaint	☐ Site ☐ Onset ☐ Character ☐ Associated symptoms ☐ Time course/duration ☐ Exacerbating/relieving factors ☐ Beliefs ☐ Impact on patient/concerns	/4 (0.5 for each)
Systems review	☐ At least 2 symptoms per differential = 1 mark, up to 4 differentials (including developmental dyscrasia of the hip, transient synovitis, osteomyelitis etc.). See patient information for more differentials.	/4
Paediatric history	☐ Birth – type and how many weeks, any complications, special care nursery ☐ Immunisations ☐ Nutrition – e.g. breastfeeding or formula, latching on, solids	/4
Constitutional history	☐ Weight changes ☐ Appetite ☐ Diet ☐ Exercise ☐ Energy levels ☐ Sleep ☐ Night sweats ☐ Chills ☐ Fever ☐ Rashes	/5 (0.5 points for each one)
Past medical history	☐ Past medical/surgical history ☐ Asks over the counter, prescription, and herbal remedies ☐ Allergies ☐ Immunisations	/4
Family history	☐ Asks relevant family history	/1
Social history	☐ Occupation ☐ Living situation ☐ Asks all of smoking, alcohol and recreational drug use	/3

Questions	▢ **Q1** – see table 1 below ▢ **Physiological jaundice** – any 2 of: Prematurity, Breastfeeding jaundice (first week and due to insufficient milk intake), Breast milk jaundice (after first week and due to substances in breast milk interfering with breakdown of bilirubin) ▢ **Pathological jaundice** – see table 2 below ▢ **Extra Q** – Biliary atresia (1 mark), Kasai procedure (1 mark) and potential liver transplant	/7
Communication skills	▢ Appropriate questioning style ▢ Actively listens to patient ▢ Systematic approach to history taking ▢ Appropriate conclusion and summary	/4
Global score	Overall impression of candidate based on warmth, clarity and competence: 1 = fail 2 = borderline 3 = pass/expected 4 = good 5 = excellent	/5
	Total	/40

Table 1 – Physiologic vs. Pathologic Jaundice
Ref: https://nicugradpodcast.com/ep-11/

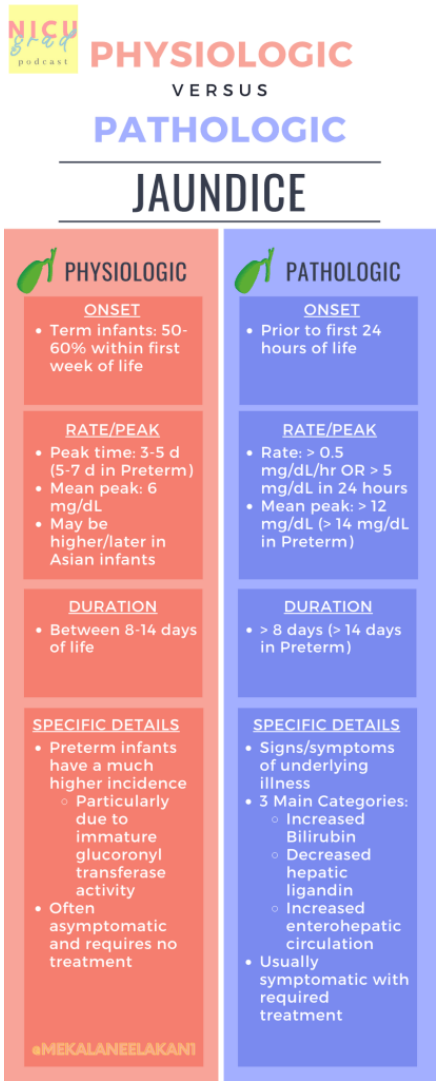

Table 2 – Unconjugated vs. Conjugated Hyperbilirubinemia

PATHOLOGIC UNCONJUGATED HYPERBILIRUBINEMIA	
HEMOLYTIC	**NON-HEMOLYTIC**
INTRINSIC ▪ G6PD deficiency ▪ Hereditary spherocytosis ▪ Thalassemia **EXTRINSIC** ▪ Drugs ▪ Iso-immune (ABO, Rh) ▪ Sepsis	▪ Sepsis ▪ Hypothyroidism ▪ Cephalohematoma ▪ Gilbert ▪ Crigler-Najjar **Work-up**: Coombs test, CBC with differential, blood smear, blood culture

CONJUGATED HYPERBILIRUBINEMIA	
EXTRAHEPATIC	**INTRAHEPATIC**
▪ **Biliary atresia** ▪ **Choledochal cysts** ▪ **Perforated bile ducts** ▪ **Tumour/mass** ▪ **Cystic fibrosis** ▪ **Galactosemia**	▪ **Infections**: hepatitis, TORCH, UTI, etc. ▪ **Drugs**: eg. ceftriaxone, sulfonamides, etc. ▪ **Genetic/metabolic**: eg. Alagille syndrome, etc.
⚠ **Must rule out biliary atresia!** Initial investigation: **abdominal ultrasound** ⚠	