



# MSSBU OSCE PRACTICE CASE 3\_06\_03

## Station Vignette

You are a third-year student on your ED rotation.

Michelle Merrimac, 23-year-old G1P0 female presents to the emergency department with a 4-hour history of lower abdominal pain. She is 39/40 and has had an uncomplicated pregnancy so far.

### Vital signs:

- **Temperature:** 37.1 degrees Celsius.
- **Blood pressure:** 105/70 mmHg.
- **Heart rate:** 90/minute.
- **Respirations:** 18/minute.
- **BMI:** 27 kg/m<sup>2</sup>.

### TASK

You have a total of **7 minutes** to take a history.

This includes:

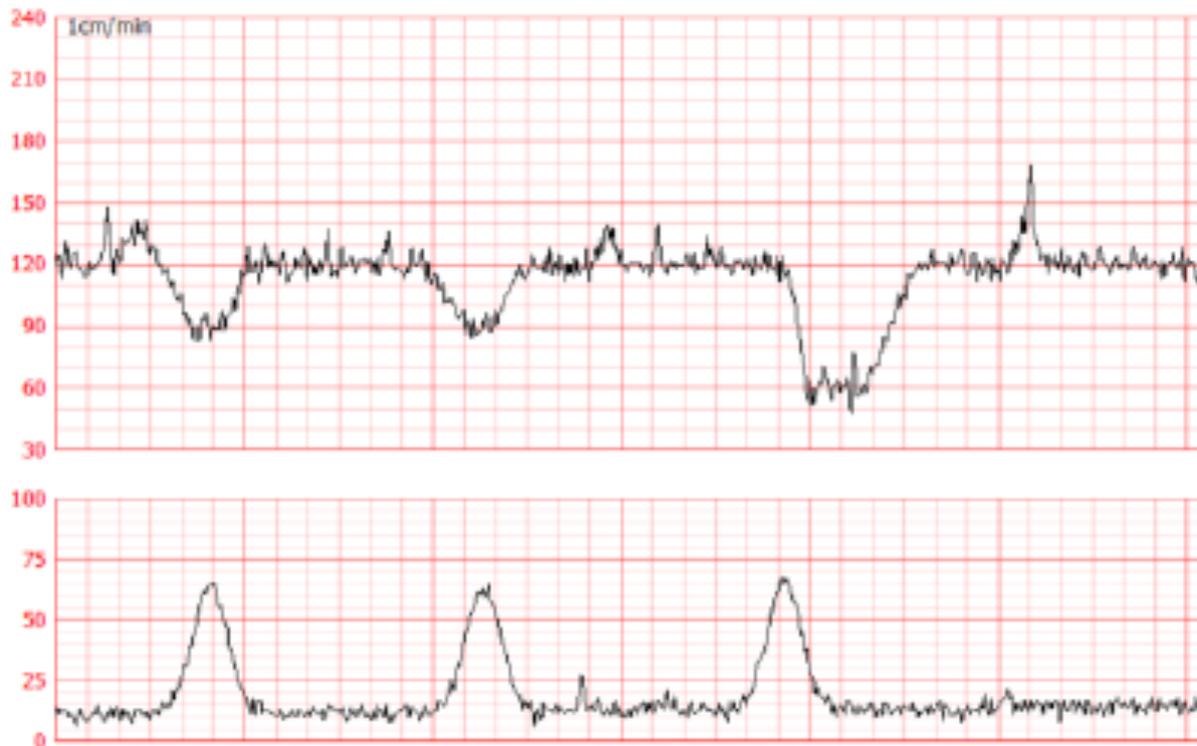
- History of presenting complaint
- Constitutional history
- Past medical history
- Medications history
- Social history
- Family history
- Focussed systems review.

At the end of the allotted time, you will have **1 minute** to answer the examiner's questions.

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

## **EXAMINER QUESTIONS**

1. Name **three (3)** investigations you would perform.
2. Interpret the cardiocotograph below.



### **Extra question**

3. State **three (3)** risk factors for premature labour.

|  | Question   | Patient Information   | Grade |
|--|--|---|-------|
| <b>Presenting complaint</b>            |  | <input type="checkbox"/> Doc, I've just had this pain coming and going in waves for the past few hours.<br><br><input type="checkbox"/> <b>Tell me a little bit more:</b> Yeah it probably started a couple hours ago, and since then it's just been worsening and becoming more constant.  | /2    |
|  | <b>Any chest pain?</b>   | <input type="checkbox"/> No chest pain.   | /1    |
| <b>History of presenting complaint</b> | Site<br>Onset<br>Character<br>Radiation<br><br>Associated symptoms<br><br>Timing<br><br>Exacerbating/relieving factors<br><br>Severity   | <input type="checkbox"/> <b>S</b> – Lower abdomen. <ul style="list-style-type: none"> <li>• – Started four hours ago.</li> </ul> <input type="checkbox"/> <b>C</b> – Dull and aching.<br><input type="checkbox"/> <b>R</b> – Associated with some back pain.<br><input type="checkbox"/> <b>A</b> – I've been feeling a bit nauseated too.<br><input type="checkbox"/> <b>T</b> – I had this pain last week as well, but the doctor said it was just a "false alarm".<br><input type="checkbox"/> <b>E</b> – Deep breathing helps a bit, but nothing really makes it worse.<br><input type="checkbox"/> <b>S</b> – It's like a 7 out of 10. | /7    |
| <b>General/constitutional history</b>  | <ul style="list-style-type: none"> <li>• General health</li> <li>• Rashes</li> <li>• Weight changes.</li> <li>• Diet.</li> <li>• Appetite.</li> <li>• Night sweats, fevers, and chills</li> <li>• Sleep</li> </ul> | <input type="checkbox"/> Generally been well. No complications with the pregnancy.<br><input type="checkbox"/> No rashes.<br><input type="checkbox"/> Has gained around 15 kilograms throughout the pregnancy.<br><input type="checkbox"/> Diet has been normal and has been eating healthily.<br><input type="checkbox"/> Decreased appetite.<br><input type="checkbox"/> No fever, night sweats, or chills.<br><input type="checkbox"/> Slept well last night.  | /7    |
| <b>Pregnancy risk</b>                  | <ul style="list-style-type: none"> <li>• Gestational diabetes mellitus.</li> <li>• High blood pressure.</li> </ul>   | <input type="checkbox"/> No history.<br><br><input type="checkbox"/> No history.  | /2    |
| <b>Systems review</b>                  | <b>Obstetric</b> <ul style="list-style-type: none"> <li>• Past pregnancies.</li> <li>• Current pregnancy.</li> <li>• Supplements.</li> </ul>   | <b>Obstetric</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No past pregnancies.</li> <li><input type="checkbox"/> No complications in the current pregnancy.</li> </ul>   | /22   |

|  |  |  |    |
|--|--|--|----|
|  | <p><b>Gynaecological</b></p> <ul style="list-style-type: none"> <li>• Last menstrual period.</li> <li>• Vaginal bleeding throughout pregnancy.</li> <li>• Discharge.</li> </ul> <p><b>Gastrointestinal</b></p> <ul style="list-style-type: none"> <li>• Nausea.</li> <li>• Vomiting.</li> <li>• Abdominal pain.</li> <li>• Bowel motions.</li> <li>• Reflux.</li> </ul> <p><i>No other gastrointestinal symptoms.</i></p> <p><b>Cardiovascular</b></p> <ul style="list-style-type: none"> <li>• Chest pain.</li> <li>• Dyspnoea.</li> <li>• Palpitations.</li> </ul> <p><i>No other cardiovascular symptoms.</i></p> <p><b>Pre-eclampsia</b></p> <ul style="list-style-type: none"> <li>• Vision changes.</li> <li>• Headache.</li> <li>• Right upper quadrant pain.</li> <li>• Peripheral oedema or oedema in the hands.</li> </ul> <p><b>Urinary</b></p> <ul style="list-style-type: none"> <li>• Incontinence.</li> <li>• Frequency.</li> <li>• Dysuria.</li> <li>• Colour.</li> </ul> <p><i>No other urinary symptoms.</i></p> | <p><input type="checkbox"/> Used to take folate supplements throughout the first trimester, no other supplements.</p> <p><b>Gynaecological</b></p> <p><input type="checkbox"/> Last period was before the pregnancy.</p> <p><input type="checkbox"/> No bleeding throughout the pregnancy or recently.</p> <p><input type="checkbox"/> No abnormal vaginal discharge.</p> <p><b>Gastrointestinal</b></p> <p><input type="checkbox"/> Some nausea.</p> <p><input type="checkbox"/> No vomiting.</p> <p><input type="checkbox"/> Lower abdominal pain.</p> <p><input type="checkbox"/> Bowel motions have been normal.</p> <p><input type="checkbox"/> No symptoms of reflux.</p> <p><b>Cardiovascular</b></p> <p><input type="checkbox"/> No chest pain.</p> <p><input type="checkbox"/> No dyspnoea.</p> <p><input type="checkbox"/> Feeling stressed and like the heart is pounding.</p> <p><b>Pre-eclampsia</b></p> <p><input type="checkbox"/> No vision changes.</p> <p><input type="checkbox"/> No headache.</p> <p><input type="checkbox"/> Pain mainly in the lower abdomen.</p> <p><input type="checkbox"/> No peripheral oedema.</p> <p><b>Urinary</b></p> <p><input type="checkbox"/> No incontinence.</p> <p><input type="checkbox"/> No increased frequency.</p> <p><input type="checkbox"/> No dysuria.</p> <p><input type="checkbox"/> No changes to colour.</p> |    |
| <b>Medications history and allergies</b> | Prescribed, over the counter, and herbal remedies<br>Allergies   | <p><input type="checkbox"/> No medications currently.</p> <p><input type="checkbox"/> No known allergies.</p>  | /2 |
| <b>Medical history</b>                   | Past and current medical conditions  | <p><input type="checkbox"/> No past medical conditions.</p>  | /1 |

|                             |  |  |       |
|-----------------------------|--|--|-------|
| <b>Surgical history</b>     | Surgical procedures  | <input type="checkbox"/> None.   | /1    |
| <b>Social history</b>       | Home situation<br>Occupation<br><br>Immunisations<br><br>Substance use (smoking, alcohol, and recreational drugs)<br><br>Travel<br>Pets  | <input type="checkbox"/> Things are well at home.<br><input type="checkbox"/> Accountant, but now on maternity leave.<br><input type="checkbox"/> Up to date with immunisations.<br><input type="checkbox"/> Used to smoke before the pregnancy, smoker for the last 7 years (half a pack a day). Does not consume alcohol normally and does not take recreational drugs.<br><input type="checkbox"/> No recent travel.<br><input type="checkbox"/> Pet cat. | /6    |
| <b>Family history</b>       | Parents' health<br><br>Conditions that run in the family   | <input type="checkbox"/> Mother has no complications with her pregnancies. Father has hypertension. Both are alive and well.<br><input type="checkbox"/> No other known family history.  | /2    |
| <b>Questions</b>            | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Q1</b> – 0.5 each, 3 of: Bedside: Urinalysis, serum glucose levels, and an ECG. Blood investigations: Full blood count, liver function tests, and urea and electrolytes. Imaging: Abdominal ultrasound and cardiotocograph.<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Q2</b> – 0.5 each, each of: <b>DR</b> – Low-risk pregnancy. <b>C</b> – 3 in every 10 minutes. <b>BR</b> – 120 beats per minute. <b>A</b> – No accelerations present. <b>VA</b> – 20 beats per minute. <b>D</b> – 3 early decelerations present. <b>O</b> – Overall this is a reassuring cardiotocograph.<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Q3</b> – 3 of: abdominal trauma, pre-eclampsia, gestational diabetes mellitus, multiple pregnancies, maternal infections or sepsis, and any other causes of a high-risk pregnancy. |  | /4.5  |
| <b>Communication skills</b> | <input type="checkbox"/> Appropriate questioning style<br><input type="checkbox"/> Actively listens to patient<br><input type="checkbox"/> Systematic approach to history taking<br><input type="checkbox"/> Appropriate conclusion and summary  |  | /4    |
| <b>Global score</b>         | Overall impression of candidate based on warmth, clarity and competence:<br>1 = fail<br>2 = borderline<br>3 = pass/expected<br>4 = good<br>5 = excellent   |  | /5    |
| <b>Total score</b>          |  |  | /66.5 |
| <b>Comments:</b>            |  |  |       |