



MSSBU OSCE PRACTICE

CASE 3_01_02

Station Vignette

You are a third-year student on GP rotation.

The GP has asked you to take a brief history from Stewart Nerang, a 70-year-old man who has come in with a 3-day history of dyspnoea.

Vital signs:

- **Temperature:** 36.6 degrees Celsius.
- **Blood pressure:** 145/85 mmHg.
- **Heart rate:** 76/minute.
- **Respirations:** 22/minute.
- **BMI:** 28 kg/m².

TASK

You have a total of 7 minutes to complete a physical examination.

This includes:

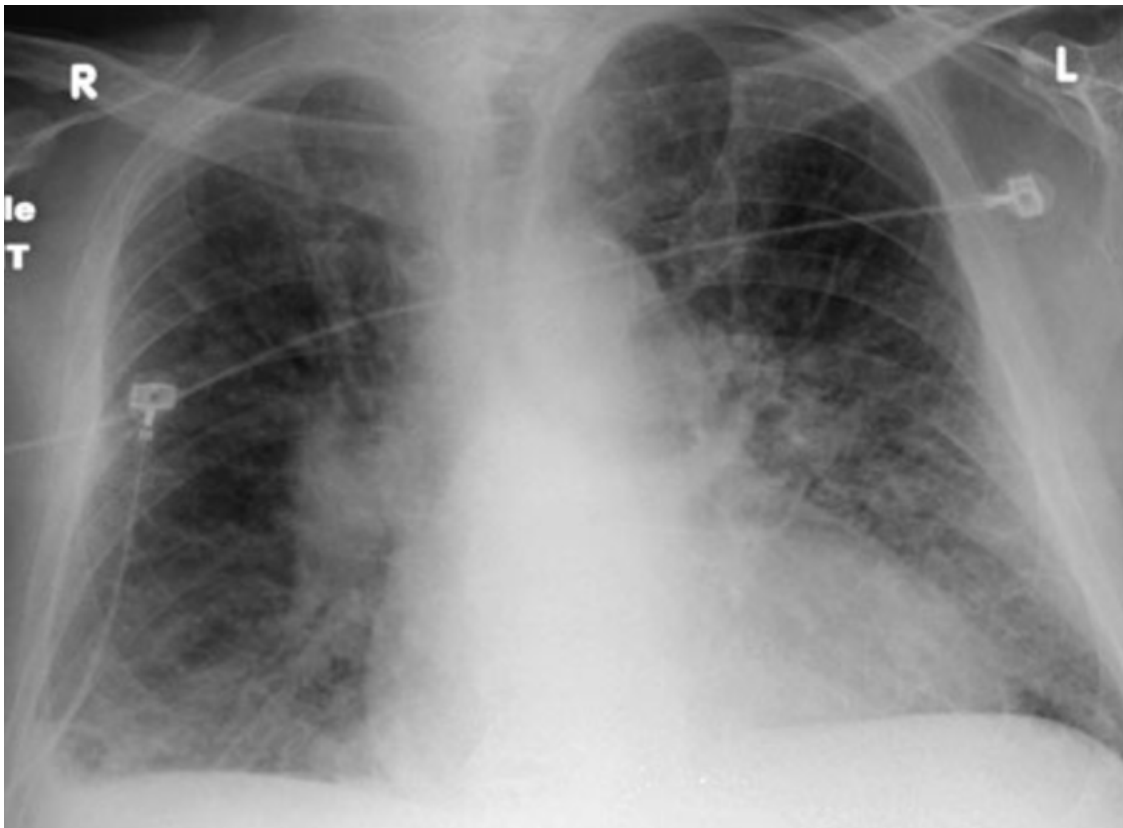
- History of presenting complaint
- Constitutional history
- Past medical history
- Medications history
- Social history
- Family history
- Focussed systems review.

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 history.

EXAMINER QUESTIONS

1. Outline the **initial management** that must be performed if a patient presents with an acute exacerbation of congestive cardiac failure.
2. State **three (3)** features of the following chest x-ray:



3. State **three (3)** modifiable risk factors for the development of congestive cardiac failure.

Case: Congestive heart failure

Student Name:

	Not Satisfactory (0)	Borderline (0.5)	Satisfactory (1)
<p>Washes hands on entry</p> <p>Comments on vitals</p> <p>General inspection:</p> <ul style="list-style-type: none"> • Alert. • Pain. • Respiratory distress (tachypnoea, accessory muscle use, other signs of increased work of breathing). • BMI, posture, and body habitus. • Colour (cyanosis and pallor). • Medical instruments (e.g. oxygen tank). 			
<p>Nails & Hands:</p> <ul style="list-style-type: none"> • Capillary refill. • Pallor of the nailbeds/palmar creases. • Clubbing. • Xanthomata. 			
<p>Face:</p> <ul style="list-style-type: none"> • Conjunctival pallor. • Arcus senilis. • Xanthelasma. • Mitral facies. 			
<p>Neck:</p> <ul style="list-style-type: none"> • Tracheal tug. • Carotid bruits. 			
<p>General inspection of chest with shirt off:</p> <ul style="list-style-type: none"> • Trauma or scars to the chest. • Visible heartbeat. • Intercostal recession. • Pacemaker. 			
<p>Anterior chest:</p> <ul style="list-style-type: none"> • Palpate apex beat. • Palpate for heaves and thrills. • Auscultate all valvular areas. • Auscultate lungs. 			
<p>Posterior chest:</p> <ul style="list-style-type: none"> • Auscultate lung bases. 			
<p>Abdomen:</p> <ul style="list-style-type: none"> • Palpate all abdominal regions. • Check liver and spleen span. • Check renal bruits. • Abdominal aorta diameter. • Percuss for fluid thrills. • Auscultate bowel sounds. 			
<p>Lower limbs:</p>			

<ul style="list-style-type: none"> • Check for peripheral oedema. • Signs of peripheral vascular disease (e.g. hair loss, skin thinning, hyperpigmentation, venous stasis dermatitis, etc). • Peripheral pulses. 			
<p>Questions</p>	<p>Management</p> <p>a. Initial management must involve the use of furosemide to reduce fluid overload, morphine, nitrates, oxygen therapy, and appropriate positioning (patient must not be laid flat, but rather at an approximately 30-degree angle).</p> <p>X-ray</p> <p>a. Enlarged heart (cardiothoracic ratio greater than 50%), Kerley B lines, blunting of the costal-diaphragmatic angles, bat-wing appearance, and pleural vessels.</p> <p>Risk factors</p> <p>a. Smoking cessation, decreasing alcohol consumption, increasing exercise, blood pressure control, and weight loss.</p>		<p>/3</p>
<p>Global score:</p>	<p>Overall impression of candidate based on warmth, clarity and competence:</p> <p>1 = fail</p> <p>2 = borderline</p> <p>3 = pass/expected</p> <p>4 = good</p> <p>5 = excellent</p>		<p>/5</p>
<p>Total score:</p>	<p>/43</p>		
<p>Comments:</p>			