



MSSBU OSCE PRACTICE

CASE 3_03_03

Station Vignette

You are a third-year student at a GP practice.

The GP has asked you to take a brief history from Tony/Toni Gress, a 27-year-old regarding their child. Maria/Mark Gress, a 3.5-year-old has presented with a rash.

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 (/4)

Site: Maculopapular rash began on trunk and spreads to limbs and face. Spares the mouth.

Onset: Symptoms started 6 days ago.

Character: Lumpy bumpy appearance of the rash

Associated symptoms: (see below)

Time course/duration: The rash has been constant since it first appeared

Exacerbating/relieving factors: Alternating ibuprofen and paracetamol relieve fever of 38.5 degrees.

Beliefs: Not sure what has happened. Worried it could be an infection.

Impact on patient: Anxiety about what the underlying disorder is.

Concerns: Is there a serious underlying cause?

Systems review/associated symptoms (at least 2 per differential = 1 mark, up to 4 differential)

*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.*

Kawasaki disease

6 days of fever, painless bilateral “injected” conjunctivitis without exudate, maculopapular rash starting on the trunk, bilateral cervical lymphadenopathy, erythema and swelling of the tongue (strawberry tongue) with cracked and red lips, erythema and oedema of hands and feet, including the palms and soles (the first week)

Meningococcal septicaemia

Fever, Rash, Nausea, Lethargy, Irritability, Neck stiffness, Sensitivity to light

Scarlet fever

Fever, bilateral cervical lymphadenopathy, sick contacts, strawberry tongue, nausea, abdominal pain, sore throat with dysphagia

Infectious Mononucleosis

Sick contacts, fever, bilateral cervical lymphadenopathy, malaise, nil rash, pharyngitis

Hand, foot and mouth disease

Maculopapular and partially vesicular rash on the hands and feet, fever, malaise, school contacts with infection

Roseola infantum

Morning joint stiffness, pain or stiffness that gets worse with rest and better with activity. Associated with transient erythematous rash and enlarged lymph nodes.

IgA Vasculitis

- Previous respiratory infection (typically Group A beta haemolytic strep)
- **Petechial/purpuric rash**, abdominal pain, arthritis/arthritis, haematuria

Trauma/Non-Accidental Injury

RFs: Low SES, unemployed, single parent, substance abuse, stepchildren, disability, history of parental abuse

Bruises around trunk, ears and neck

Broken frenulum, cheek, retinal haemorrhages, cuts, bites, drowsiness due to subdural haematoma, fractures

Paediatric history (5 marks)

BINDS

Birth history: born at term, c-section, 38 weeks, breech

Immunisations: Up to date

Nutrition: nil feeding issues, normal appetite, balanced diet

Developmental milestones: normal, can draw circle, ride tricycle, understands pronouns, follows three-part commands, friends at pre-school

Social history: first born, lives with father and mother

Past medical history (2 marks)

Nil medical conditions

No previous surgeries

No current medical conditions

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

Prescription: none

Recreational: none

Over the counter: Paracetamol for the hip pain

Vitamins/supplements: none

Allergies (1 mark)

No known allergies

Family history (1 mark)

Mother: has asthma, well controlled with salbutamol prn

Father: hypertension – well controlled with lisinopril

Siblings: none

EXAMINER QUESTIONS

1. Name the **most likely** diagnosis and **two (2)** further differentials.
2. What is the most important **investigation** and **complication** to check for.

Extra questions

3. What are the **five (5)** features of Kawasaki disease?
4. What is the **treatment** of Kawasaki disease?

MARKING CRITERIA – Case 3_03_03

| Item | Criteria | Mark |
|---------------------------------|---|------------------------------|
| Introduction | <input type="checkbox"/> Hand hygiene <input type="checkbox"/> Appropriate introduction <input type="checkbox"/> Confirms patient name and age <input type="checkbox"/> Explains personal role and gains consent | /2 |
| Presenting complaint | <input type="checkbox"/> Leads with open question | /1 |
| History of presenting complaint | <input type="checkbox"/> Site <input type="checkbox"/> Onset <input type="checkbox"/> Character <input type="checkbox"/> Associated symptoms <input type="checkbox"/> Time course/duration <input type="checkbox"/> Exacerbating/relieving factors <input type="checkbox"/> Beliefs <input type="checkbox"/> Impact on patient/concerns | /4 (0.5 for each) |
| Systems review | <input type="checkbox"/> At least 2 symptoms per differential = 1 mark, up to 4 differentials. See patient information for differentials. | /4 |
| Paediatric history | <input type="checkbox"/> Birth – type and how many weeks, any complications, special care nursery <input type="checkbox"/> Immunisations <input type="checkbox"/> Nutrition – e.g. breastfeeding or formula, latching on, solids | /4 |
| Constitutional history | <input type="checkbox"/> Weight changes <input type="checkbox"/> Appetite <input type="checkbox"/> Diet <input type="checkbox"/> Exercise <input type="checkbox"/> Energy levels <input type="checkbox"/> Sleep <input type="checkbox"/> Night sweats <input type="checkbox"/> Chills <input type="checkbox"/> Fever <input type="checkbox"/> Rashes | /5 (0.5 points for each one) |
| Past medical history | <input type="checkbox"/> Past medical/surgical history <input type="checkbox"/> Asks over the counter, prescription, and herbal remedies <input type="checkbox"/> Allergies <input type="checkbox"/> Immunisations | /4 |
| Family history | <input type="checkbox"/> Asks relevant family history | /1 |
| Social history | <input type="checkbox"/> Occupation <input type="checkbox"/> Living situation <input type="checkbox"/> Asks all of smoking, alcohol and recreational drug use | /3 |
| Questions | <input type="checkbox"/> Diagnosis + differentials – Kawasaki disease, and 2 of: Scarlet fever, PIMS TS, hand-foot and mouth disease, Rubella, Measles, Roseola infantum, ITP, TTP, HUS, Meningococcal septicaemia | /4 |

| | | |
|----------------------|--|-----|
| | <input type="checkbox"/> Investigation + complication – ECG, coronary artery aneurysms <input type="checkbox"/> Kawasaki - CRASH (Conjunctivitis [non-purulent and bilateral], rash, adenopathy, strawberry tongue, hand and feet involvement) and BURN (fever lasting more than five days) <input type="checkbox"/> Tx - Ivlg and Aspirin. Note: Aspirin normally isn't given to children to risk of Reye syndrome which can cause liver and brain damage. | |
| Communication skills | <input type="checkbox"/> Appropriate questioning style <input type="checkbox"/> Actively listens to patient <input type="checkbox"/> Systematic approach to history taking <input type="checkbox"/> 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 | /41 |