MCEM OSCE Jan 06

Histories:

1. Elderly lady. 1/7 unilateral painful red eye, blurred vision. No meds, otherwise well. Likely acute glaucoma, management, what would ophthalmologists do?

2. 15yo male initially with mum. Talkative mum, sullen teenager. When mum removed, teenager admitted penile discharge, testicular & abdo pain & first sex 2/52 ago (no condom).

3. 65yo man, main carer for RA wife. 2/52 progressive jaundice with anorexia, weight loss, grumbling epigastric pain radiating to back. FBC, U&E normal, LFTs deranged with disproportionately high alk phos. Likely diagnosis, differentials, ED management (NB examiner didn't like USS as CT was better…)

4. 25yo man, 3/52 fever & night sweats (>38 on his own measurement). No travel, sedentary job, no outdoor activities, no animal exposure, no new sexual contacts, no history of or exposure to TB. No localising symptoms. Told that o/e axillary & inguinal lymphadenopathy. Counsel pt re differentials, further ix.

5. 25yo male investment banker, found at 3am in pond in Hyde Park. Do psych assessment. Clean, well dressed, visual but no auditory or tactile hallucinations (could see red fanged creature behind my chair throughout interview). Speech normal, denied thought insertion/broadcasting, oriented time/person/place. Didn't get to suicidal ideation/plans. Asked to summarise & comment on management/referral/detention?

6. 60yo man, 2hrs chest pain starting 4hrs ago. Thrombolysable ECG (ST elevation V2, V3). Gain informed consent for thrombolysis – no contraindications but pt worried as his mum died from CVA age 80. NB no PCI on site.

7. 45yo lorry driver from Oxford, 2x tonic/clonic seizure witnessed by member of public in pub. Post ictal on 999 crew arrival. Pt wants to take own discharge as needs to get his lorry back to Oxford. Counsel.

Examinations:

8. Cardiovascular exam. >60yo man, SOBOE. Midline thoracotomy scar, loud artificial valve noise audible over whole precordium, didn't radiate to axilla or carotids. Also mild ejection systolic murmur at aortic area. Give likely diagnosis.

9. 26yo woman on fertility drugs (?what). No proper period for 4/12. Abdo pain & LIF tender. Carry out PV exam (L adnexal tenderness) & counsel re likely diagnosis & management. Model with SP sitting at top of table.

10. Cranial n exam: L convergent squint & resting tremor.

11. 26yo woman gives history of fall onto L side onto concrete 2/7 ago while running. Examine her L hip. NB pt had cycling shorts on & wouldn't remove them. No bony tenderness. All movements (active/passive) limited by pain. Could weight bear. On standing pelvis not tilted but held hip in flexion. Distal sensation/power/pulse normal. When sat down on edge of trolley after standing flexed both hips to >90degrees (?badly primed patient?). Asked likely diagnosis, told XR normal, asked to counsel assuming was soft tissue injury.

Practicals:

12. 45yo man, you are ATS re bradycardia of 35. o/e not very responsive, BP not good (can't remember exactly), when asked for rhythm strip was given 12lead ECG with complete AV block. Atropine unresponsive, responded to external pacing (set up by "nurse assistant"), then admitted to diltiazem OD.

13. 30yo man. Failed aspiration of pneumothorax. Demonstrate landmarks on real pt then insert chest drain on model talking to real pt throughout.

14. 55yo man in urinary retention. Catheterise & counsel re future mgmt. (Prev retention, difficult catheterisation, TURP, pt expected to be catheterised by urology).

15. 25yo woman, postviral wheeze. You have decided to give her an inhaler (?!). Explain to her & check her peak flow, then teach her to use inhaler & counsel re followup. (I saw a tick for asking about smoking).

16. 55yo woman with stridor coming in, anaesthetist unavailable. You have 1 min to brief your helper. O/a resp arrest but cardiovasc stable(?). Successful BVM/OP airway but anaesthetist further delayed so ETT (drug free as GCS 3).

17. 10yo boy thrown from horse. Manage. Airway OK with OP, Cspine needed immobilising, no obvious chest inj but SaO2 94% until O2 on, CVS stable, GCS 3 so needed definitive airway/scan.

18. 4/12 baby shocked with rash. You have failed x3 to get IV access. Insert IO needle & manage, explaining to mum (who objects to IO needle) what you are doing. Some response to 2nd fluid bolus, abx.