# PediatricRotation



# Done by: Ayat Nabil

وَاحْفِضْ لَهُمَا جَعَامَ الْقُلْ عِنَ الْحَرْقَ وَقُل وَبِعِ ارْحَمِهُمَاكًا وَقِبَابِي صَفْرِتَا ﴾ [RE:31]



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Student's copy

## Time: 7 minutes

This station tests your ability to take and analyze history

# The mother of a 1.5 year old girl brought her to you because of "fever".

Please take a focused history, and answer the examiner's question

Fever



#### TIME :7 minutes OSCE( history taking ) Examiner copy

Mark /30

## The mother of a 1.5 year old girl brought her to you because of "fever".

Please take a focused history, and answer the examiner's questions.

Observe the student asking the mother about the following:

Analyzing the fever		
Onset	0	1
Documented or not?	0	1
Amplitude	0	1
Route : oral, rectal, axillary	0	1
Pattern :Intermittent or continuous	0	1
Relieving factors (antipyretics, cold compressors)	0	1
Asking about associated symptoms		
GI system :		
-Vomiting		
- diarrhea	0	1
- Jaundice	0	1
	0	1
Respiratory symptoms :		
<ul> <li>runny nose, Cough, Difficulty breathing</li> </ul>	0	1
- Ear pulling	0	1
CNS symptoms :		
-Abnormal movements (seizures)	0	1
-Excessive sleepiness, impaired consciousness/activity	0	1
-Irritability/ excessive crying	0	1
Skin rash	0 1	
Cyanosis	0 1	
Urinary symptoms : color, odor, frequency	0 1	
Decreased feeding	0 1	
Other important questions- risks factors		
Contact with sick individuals at home	0 1	
History of Day care attendance	0 1	
Vaccination history	0 1	
Any given Medications other than antipyretics (antibiotics)	0 1	
Similar history in the past	0 1	
History of medical illness or condition in this patient	0 1	

Stop the student after 6 minutes to ask the following question:

If the patient has high grade fever, with negative meningeal signs, what basic work up labs would you like to obtain ? The answer should include :

CBC, Blood culture, urine analysis, and urine culture

	0	1	2	3
--	---	---	---	---

0

1 2

3

Overall performance	

Examiner name and signature

My 1.5 year old girl is having fever for two days duration. I am measuring it axillary as 39.I am giving her revanin suppositries and cold compressors and the fever is going down but it comes after hours again.

The baby is hypoactive even when the fever goes away. she is sleeping more than usual and is not feeding well

No history of cough, runny nose, ear pulling, difficulty breathing. No . diarrhea. No history of abnormal movement . No history of vomiting or ,irritability or skin rash

The urine smells as usual and no change in color.

My baby doesn't go to a day care and there is no family history of similar cases and my baby was not exposed to sick children

Vaccines are up to date.

No antibiotics were given

The infant is previously healthy

Negative family history of immune diseases/ immune deficiency

Time: 7 minutes

Station: History taking

# The mother of a 15 day old infant brought him to you because of fever.

Please take a focused history, and answer the examiner's questions.





### TIME :7 minutes OSCE( history taking ) Examiner copy

Mark /28

The mother of 15 day old infant brought him to you because of fever. Please take a focused history, and answer the examiner's questions.

Observe the student asking the mother about the following:

Analysing the fever	
Onset	0 1
Amplitude, documented or not?	0 1
Intermittent or continuous	0 1
Relieving factors (antipyretics, cold compressors)	0 1
Asking about associated symptoms	
Vomiting	0 1
diahrrhea	0 1
Jaundice	0 1
Skin rash	0 1
Cyanosis	0 1
Cough, or Difficulty breathing	0 1
Abnormal movements (seizures)	0 1
Excessive sleep, impaired consciousness, activity	0 1
Irritability/ excessive crying	0 1
Urninary changes: color, odor	0 1
Decreased feeding	0 1
Other important questions- risks of sepsis	
Contact with sick individuals	0 1
Admission to NICU	0 1
Gestational age	0 1
Perinatal fever/ infections in the mother	0 1
Premature rupture of membranes	0 1
Mode of delivery	0 1

### Stop the student after 6 minutes to ask the following questions

Q: Ask the student, if the physical examination showed a well appearing infant with temperature of 38.8 rectally, mild jaundice, normal moro and other primitive reflexes, no respiratory distress, and no skin rash. Respiratory and cardiac exams are normal. In addition to CBC and CRP what other workup would you do?

Obtain sepsis workup: including blood culture, urine and CSF	0	1	2	3
work up				

Overall performance	0	1	2	3	
---------------------	---	---	---	---	--

SP copy

My child is only 15 day old. I noticed him to be hot to touch since last night. I did not measure his temperature. The fever recurred this morning. I did not give him anything to treat the fever.

He was born vaginally, he is my first child. I had no issues during pregnancy and did not have fever during birth. No premature rupture of membranes. His father has a cold, but no other sick contacts.

He is feeding breast milk and I give one bottle at night.

His feeding did not change and he is active as usual. Sleeps a lot but that has not changed. He is not crying more than usual.

No cough, runny nose, rash, convulsions, vomiting, diarrhea. NO change in urine smell or color. He had jaundice that appeared on day 3 but now is better.

He stayed in the hospital for one day after birth and came home with me. I was told that the pediatrician examined him and he was normal.

Birth weight was 3.2 kg.

## Time: 7 minutes

## Station: History taking

The mother of a 7 year old girl brought her to you because of fever and headache.

Please take a focused history, and answer the examiner's questions.

Fever & Headache



### TIME :7 minutes OSCE( history taking ) Examiner copy

Mark /30

The mother of a 7 year old girl brought her to you because of fever and headache. Please take a focused history, and answer the examiner's questions.

Observe the student asking the mother about the following:

Analysing the fever			
Onset, duration	0	1	
Amplitude, documented or not?	0	1	
Relieving factors (antipyretics, cold compressors)	0	1	
Chills, rigors			
Analyzing headache			
Onset, duration	0	1	
Site (frontal, retro-orbital )	0	1	
Severity (Could sleep, watch TV, cries with pain)	0	1	
Nature (throbbing, constant )	0	1	
Relieving factors (analgesia)	0	1	
Aggravating factors (noise, position)	0	1	
Asking about associated symptoms			
Sore throat	0	1	
Vomiting, nausia	0	1	
Skin rash	0	1	
Photophobia	0	1	
Abnormal movements	0	1	
Previous URTI (recent), Trauma	0	1	
Other important questions			
Activity, appetite, level of consciousness	0	1	
Contact with sick individuals	0	1	
Vaccination history	0	1	2
Past history of similar conditions , hospital admissions	0	1	
Medication history (received antibiotics ?)	0	1	2
Travelling history (people returning from Hajj or Omra)	0	1	

Stop the student after 6 minutes to ask about the most likely differential diagnosis based on the history: (3 differentials)

Meningitis	0	2
Sinusitis	0	1
Pharyngitis	0	1

Overall performance	0	1	2	3	
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SP copy

My child is a 7 year old girl who is not known to have any previous illness, started to have fever last night. It measured 39 degrees axillary. I gave her Revanin and the fever improved. She also complains of headache all night, she had difficulty in sleeping last night until I gave her the paracetamol when headache improved she was able to sleep. She says her headache is worse when she leans forward, and it is throbbing in nature. This morning she was crying with headache, mainly frontal. She vomited once this morning. She does complain that her throat hurts. No photophobia, skin rash, or abnormal movements or chills. She had poor appetite this morning and less active than usual.

No URTI symptoms. No travel, No sick contacts.

Vaccination complete.

No previous hospitalizations.

No trauma.

No medications.





## **Time: 7 minutes**

## **Station: History taking**

# The mother of a 7 year old girl brought her to you because of fever and headache

Please take a focused history

Fever & Headache





#### **Student Name:**

Mark /28

# The mother of a 7 year old girl brought her to you because of fever and headache. Please take a focused history, and answer the examiner's questions.

Analyzing the fever, asking about				
Onset, duration	(	)	]	1
Amplitude, route, documented or not?	(	)	]	1
Relieving factors (antipyretics, cold compressors)	(	)	1	1
Analyzing headache				
Onset, duration	(	)	]	l
Course (intermittent, continuous)	(	)	1	1
Site (frontal, retro-orbital)	(	)	]	1
Severity (Could sleep, watch TV, cries with pain)	(	)	]	1
Character (throbbing, constant)	(	)	1	1
Relieving factors as analgesia	(	)	]	1
Aggrevating factors as noise, position		0	]	1
Associated symptoms, asking about				
vomiting	(	)	1	L
Photophobia, back pain	(	)	]	1
Ask about CNS symptoms				
Abnormal movements	(	)	1	l
Altered level of consciousness	(	)	]	1
Focal neurological deficicts ( weakness etc)	(	)	1	1
Skin rash	(	)	]	1
Ask about <b>ENT symptoms</b> (Runny nose, sore throat, ear pain)	(	)	]	1
Other important questions				
Activity, appetite,	(	)	1	L
Contact with sick individuals /travel abroad	(	)	]	1
Vaccination history	(	)	1	1
Past history of similar conditions, hospital admissions	(	)	1	1
Medication history (received antibiotics, drugs?)	(	)	]	1
History of trauma	(	)	1	L
ASK the student give you two differential diagnosis ?				
meningitis	(	)	1	1
Sinositis /pharyngitis	(	)	]	1
Overall (organization, systematic, polite, good communications	0	1	2	3
skills				

Examiners' name and signature:





# SP copy

My child is a 7 year old girl who is not known to have any previous illness, started to have fever last night. It measured 39 degrees axillary. I gave her Revanin and the fever improved. She also complains of headache all night, she had difficulty in sleeping last night until I gave her the paracetamol when headache improved she was able to sleep. She says her headache is worse when she leans forward, and it is throbbing in nature. This morning she was crying with headache, mainly frontal. She vomited once this morning. She does complain that her throat hurts. No photophobia, skin rash, or abnormal movements or chills. She had poor appetite this morning and less active than usual.

No URTI symptoms. No travel, No sick contacts.

Vaccination complete.

No previous hospitalizations.





No medications.

## Time: 5 minutes

## Station: History taking

The mother of a 2 month old baby brought him to the clinic because of vomiting, please take a focused history and then answer the question of the examiner.





### TIME :5 minutes OSCE( history taking ) Examiner copy

Mark /26

The mother of a 2 month old baby brought him to the clinic because of vomiting, please take a focused history and then answer the question of the examiner.

Observe the student asking the mother about the following:

Analysing the vomiting		
Onset/ duration	0	1
Frequency/ number of time	0	1
Relation to feeding	0	1
Content (bilious, blood, milk)	0	1
Amount estimation	0	1
Character (projectile, spitting up)	0	1
Asking about associated symptoms		
Bowel movements (diarrhea/constipation)	0	1
Fever	0	1
Respiratory symptoms (chocking, cough, rhinorrhea)	0	1
Excessive crying, irritability	0	1
Change of urine color or odor	0	1
Asking about symptoms of dehydration		
Urine output	0	1
Poor activity	0	1
Poor feeding	0	1
Nutritional history		
Type of milk	0	1
Amount and frequency of feeding	0	1
Birth weight	0	1
Weight gain	0	2

### Stop the student after 4 minutes to ask the following questions

## Q: Ask the student, if the physical exam normal with no signs of dehydration, what is the most likely diagnosis?

Gastroesophageal reflux	0	1	
O. What would you tall the method if you diagnosed CED?			

#### Q; What would you tell the mother, if you diagnosed GER?

<b>Reassurance</b> , encourage <b>burping</b> of the baby after feed, positioning(not important to be mentioned)	0	1	2	
<b>No medications</b> (if student did not mention medications, ask him: would you give medications?)	0		1	

Overall performance	0	1	2	3	
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Station: History taking

Time: 7 minutes

You are about to interview the parent of a **8-week-**old male infant who presented with history of **vomiting** 

# Please take focused history, then answer the examiner's questions





Examiner's copy



Student name:

Score

/ 28 Please observe the student taking detailed history about vomiting in an 8-week-old infant, and note that he/she asks about the following:

Analysing vomiting				
Asking about onset		0		1
Asking about frequency (or number)		0		1
Asking about Character (forceful, projectile)		0		1
Asking about content of vomitus/ bile or blood in vomitus		0		1
Asking about relation to meals /cough		0	]	2
Asking about course		0	]	l
Asking about associated symptoms				
Asking about diarrhea/constipation		0		1
Asking about fever		0		2
Asking about abdominal distention		0		1
Asking about irritability/ activity		0		1
Asking about feeding ( type of milk, frequency )		0		1
Asking about urinary symptoms (change in urine colour, smell	l)	0		1
Asking about weight change		0		1
Asking about episodes of apnea or cyanosis		0		1
Asking about CNS symptoms (seizures/change in level of		0		1
consciousness)				
Asking about symptoms of dehydration				
Urinary amount and frequency		0		2
Other important questions				
Drug history		0		1
Family history of metabolic disease		0		1
After 6 minutes of history taking, please stop the student and a				If this
infant has non-bilious vomitus, projectile, almost immediately		•		
minutes of feeds, is afebrile, what would be the most likely diffe	eren	tial c		
1.Pyloric stenosis, malrotation		0		2 4
2. GERD				
Overall (organization, systematic, polite, good	)	1	2	3
communications skills )				

## SP copy

My son is 8-week- old, previously healthy

Has been vomiting over the last week. No previous similar episode.

He vomits almost after each feed (within few minutes of feeding). Projectile, no mucous, blood or bile in his vomitus. He is breast fed.course is the same static

No history of diarrhea, fever, irritability or hypoactivity. Good sucking.

No abdominal distention. No cyanosis or apnea.

Last urine output was yesterday afternoon. Change diaper 2-3 times/day. No change in urine smell or colour.

I feel he doesn't gain weight.

## Student copy

Time 10 minutes

18 month old infant is brought to the outpatient department with history of vomiting and refusal to eat

- 1- Take a focused history from his mother
- 2- the examiner will give the result of his positive finding in his physical exam
  - a. give differential diagnosis
- 3- the examiner will ask you then on the management



## Examiner copy (time 10 minutes)

#### Student Name -----

Mark -----/30

18 month old infant is brought to the outpatient department with history of vomiting and refusal to eat

- 1- Take a focused history from his mother
- 2- the examiner will give the result of his positive finding in his physical exama. give differential diagnosis
- 3- the examiner will ask you then on the management

Ask about vomiting		
Duration	0	1
Course and number	0	1
Character (color, amount)	0	1
Timing and relation to food (relation food)	0	1
Ask about associated GI symptoms		
Bowel motion (Diarrhea, constipation)	0	1
Abdominal pain	0	1
Jaundice	0	1
Ask about urinary symptoms		
Dysuria or burning upon micturition	0	1
Urine color, amount	0	1
Ask about Constitutional Symptoms		
Fever	0	1
Rash	0	1
Activity	0	1
Ask about CNS symptoms		
Drowsiness, Level of consciousness	0	1
Seizures	0	1
Tell the student that upon physical examination the child was	s febrile, ir	ritable, crying
all the time and skin rash all over his body		
What is your differential Diagnosis		
Meningitis/meningioencephalitis	0	1
Viral Exanthema (measles,etc)	0	1
Bacterial sepsis, meningococcemia	0	1
Ask the student the following		
What is (Next step) answer is to admit	0	1
Ask the student what are the necessary investigation		
Blood culture	0	1
Lumbar puncture	0	1
Electrolytes	0	1
CBC (WBC,HB)	0	1

Platelet count	0	1	
PT/PTT	0	1	
Urine analysis	0	1	
CSF analysis revealed			
WBC 900			
Neutrophils 90%			
Glucose 30/dl mg ( blood glucose 120mg/dl)			
Protein 100 mg/dl			
What is the diagnosis	0		1
Bacterial meningitis			
( 0 if did not define type of meningitis)			
What antibiotics would you give	0		1
Rocephen / Claforan + Vancomyin			
(0 if incomplete answer)			
Communication Skill :			
Intoduce him /herself . Explain purpose of	1	2	3
interview, organization, type of questioning open virus esclose			
end question, appropriate body language (eye contact.etc)			

This is Hytham

he is 18 month old child he was vomiting for the last 2 days yesterday he vomit twice at night and to day he vomits 4 times which once it was after lunch the he did at all but continue to vomit of yellowish watery vomitous with no blood, he was irritable change all night today morning I have noticed this skin rash on his trunk, face upper and lower limbs which was not itchy

He is hypo active all through yesterday and to day, refuses to play.

He did not take any medication apart from the revanin

He did not have any diarrhea or change in color of his skin as pallor or yellow discoloration; he does not have abdominal pain

He does not have pain upon micturation and I have changed hi diaper 4 times which contain the same amount of urine as usual with no change in urine color

I noticed that he is drowsy this morning because I brought him to you

Communication skill	0	1	2	3
Introduce him her self. explain purpose of interview, Organization, type of questioning open viruses close end question, appropriate body language ( eye contact.etc)				

vomiting of Blood



### Name:

#### Score: Case : Child with vomiting of blood



/27

A 4 year old previously healthy boy presented to the ER with one day history of vomiting several times. His last vomiting contained a tinge of blood. There is a history of epigastric abdominal pain for the last 3 days. There is no history change in bowel habbits, No medications, and no past history of bleeding disorder.



#### List the problem items?

vomiting	0	1
Abdominal pain	0	1
Upper GI bleeding	0	1



#### During evaluation of this child in the emergency room, What are the most important items of physical examination?

Heart rate	0	1
Blood pressure	0	1
Pallor	0	1
Signs of dehydration	0	1
Abdominal examination	0	1

## 0

#### Tell me the important investigations you would order in the emergency room setting for this child?

CBC (or Hemoglobin level)	0	1
Cross match	0	1
Serum electrolytes	0	1
Kidney function test	0	1

## Q

#### What are the deferential diagnoses of this child's bleeding?

Mallory- Weiss syndrome	0	1
Gastritis	0	1
Peptic ulcer disease	0	1
Vascular malformations	0	1



While the child was in the ER, he had another episode of vomiting, now with dark (coffee ground) material in it, **What would be the next steps in the management?** 

Admission to the hospital	0	1
Nasogastric drain	0	1
Intravenous fluid	0	1
Frequent checking of vital signs	0	1
Serial monitoring of Hemoglobin levels	0	1
Administration of antacids	0	1
Considering GI consult and endoscopy	0	1
Blood transfusion if necessary	0	1

Overall performance	0	1	2	3	
Note: The overall performance marks depende on how fluent th	o otu	dont woo	in aiving	the oor	root

Note: The overall performance marks depends on how fluent the student was in giving the correct answers (Not hesitant, not needing a lot of leading questions by the examining committee)





## **Time: 7 minutes**

## **Station: History taking**

## A mother brings her 7 months old baby with vomiting and decreased activity for the last 24 hours

Please take a focused history, and answer the examiner's questions.

νοmíting ξ Decreased Activity





#### **Student Name:**

Mark /23

# A mother brings her 7 month old baby with vomiting and decreased activity for the last 24 hours

Analysing symptoms				
Asking about Frequency of vomiting(number)		)		1
Asking about content(blood or bile in vomitus)	0			1
asking about character (forceful,projectile)	0		1	
History of fever	0		1	
History of diarrhea	0		1	
Asking about frequency (number of bowel habits)	0		1	
Presence of blood or mucus in stool	0		1	
Amount , consistency of stool	0			1
History of irritability	0		1	
History of skin rash	0		1	
Seizure or abnormal movement	0		1	
History of change in urine color, smell	0			1
Activity and feeding	0			1
Asking symptoms of dehyration				
Crying without tears, History of decreased urine output,	0		1	2
Other important questions				
History of contact with similar cases, day care attendance, exposure to	0			1
contaminated water				
After 6 minutes Stop the student to ask the following:O/E the child was				
febrile, irritable and dehydrated and had bloody stoolsgive me two mos	st like	ely		
differential diagnosis and labs test for diagnosis of each?				
1.Invasive gastroenteritis (amebic,shigella),diagnosed by stool analysis and	0	1		2
culture				
2.Intussusceptions diagnosed by abdominal ultrasound/barium or pneumatic	0	1		2
enema				2
Overall (organization, systematic, polite, good communications	0	1	2	3
skills				

Examiners' name and signature:





## SP copy

My 7-month-old boy is complaining of 12 episodes of vomiting. The vomitus has only food, with no blood in it or yellowish fluid.It was not forceful.He was febrile.I measured his temperature and it was 38.5°C axillary.He had decreased activity for the past 24 hours and was not feeding well.He had five loose motions with small amounts of stool and they were soft, the last one was mainly blood with little stool. No mucus in stool was seen.My child was very irritabile with recuurents bouts of crying and he kept fexing his legs as if someone is having a colic. There was no abnormal movement and no change in color or smell of urine.My child was crying without tears and his diapers were not as heavy as before. There was no crying upon urination. This is the first time my child complains of this. There is no contact with sick people or exposure to contaminated food. I send my child to day care

## **Student's copy/ History taking**

You are about to interview the parent of an **8 days old** newborn boy .who presented with history of **decreased feeding.** 

Please take focused history, and then

answer the examiner's question

Decreased Feeding

PM

#### Examiner's copy



#### **Student name:**

Score



/38 Please observe the student taking detailed history about decreased feeding in a an 8 days old newborn boy, and note that he/she asks about the following:

Analyzing decreased feeding and perinatal history				
Gestational age	0	1		
Birth weight	0	1		
Primigravida/number of siblings	0	1		
Pregnancy complications/infections /UTI/vaginal discharge /maternal fever	0	1		
GBS status /vaginal swab results	0	1		
Mode of delivery	0	1		
Age of onset of the current complaint	0	1		
Establishment of the baseline feeding pattern and the change		•		
Type of milk	0	1		
Frequency of feeds / amount Before & after	0	1		2
Frequency of bowel motion and urination Before & after	0	1		2
Previous siblings were breast fed	0	1		
Associated symptoms of sepsis	0	1		
Fever / felt cold	0	1		
Vomiting	0	1		
Rapid breathing, noisy breathing	0	1		
Irritability /hypo activity/sleepy	0	1		
cough	0	1		
Skin rash	0	1		
Abnormal movements	0	1		
Asking about stool (bloody) and urine color	0	1		
Crying upon micturition /smelly urine	0	1		
Color / pallor /Jaundice/ mottling	0	1		
Cyanosis/apnea	0	1		
Ask about family history of similar cases at neonatal period/ immune deficiency/etc	0	1		
Sick contacts	0	1		
Previous siblings admission to NICU /Cause /duration	0	1 2		
Drug history / baby or mother	0	1		
After 9 minutes of history taking, please stop the student and ask:			•	
1-What is the most likely cause of this newborn condition ( <i>answer : Sepsis</i> )	0		2	
2- work up				
Non specific : CBC , CRP, Urine analysis ( <b>1 mark</b> ) Diagnostic : <b>Blood , urine, CSF (cultures)(2 marks)</b>	0	1	2	3
Overall (organization, systematic, polite, good communications skills	0	1	2	3

## SP copy

My son Ahmad is 8 days old.

He has not been feeding well since yesterday. He is breast fed and he was feeding every 2 hours, I could hear his suckling sounds and I could see the milk drooling out of his mouth, Ahmad is my third child and I could tell he was feeding very well previously. After feeding he would sleep until the next feed. Yesterday he is sleepy and whatever I do to wake him up to feed, he is not responding very well, he would wake up sometimes and I would try to feed him, but his sucking is very weak, he was passing urine and stool 6 times a day, since vesterday he passed 2 times, non since the last 12 **hours.** His hands and feet felt cold, the color of his urine is dark yellow, no stool since yesterday. His skin is pale to me, not yellowish. I didn't notice any abnormal movement, no cough or runny nose, no urine abnormal smell, no excessive crying, no cyanosis, my pregnancy was very smooth, no infections, no vaginal swabs were done for me. I had regular visits to my Ob .I had Ahmad at my due date, vaginally. His weight at birth was 3 kg. His weight today is 2.700 kg.

My previous siblings did not need NICU admissions. I did not give him any drugs; I don't take any regular drugs

Examiner's name & signature:

## Station: History taking

Time: 7 minutes

You will interview the parent of a 4 month old

male infant brought in because he is not

growing well.

Please take a detailed history.

The examiner will ask you a few questions after

you're done Not Growing Well

#### Name:

Observe the student doing the following :

Observe the student asking about the following:		
Current weight	0	1
Ask whether there was poor weight gain or there is loss of weight	0	1
perinatal history questions, Asks about:		
Gestational age	0	1
• Birth weight	0	1
• Exposure to illnesses during pregnancy	0	1
Exposure to medications or smoking during pregnancy	0	1
• When did the child pass meconiuum	0	1
Was the child admitted to NICU	0	1
Nutritional history questions		
Breast feeding or formula	0	1
• Frequency of feeding (or number of feedings in 24 hours)	0	1
Adequacy of breast feeding, student should ask about the following		
Duration of feeding on each breast	0	1
• Does the child get satisfied after the meal (or keeps crying), sleeps?	0	1
• Does the mother feel her breast is less full after feeding	0	1
• Urine output (number of wet diapers)	0	1

Other questions		
Chocking during feeding	0	1
• Vomiting, regurgitation	0	1
Diahrrhea or stool consistency	0	1
Recurrent infections or admission to the hospital	0	1
Respiratroy symptoms (tachypnia, respiratory distress)	0	1
Pallor, cold extremities, sweating	0	1
• Activity (smiles, plays, or excessive sleeping)	0	1
Developmental history questions		
• Social development: e.g (When did the child smile, interaction with mother etc)	0	1
• Motor development: e.g (Does the child turn his head from side to side, follows faces etc)	0	1

After 7 minutes hand the student growth chart for this patient and ask him to give you three more likely differential diagnosis for this patient's failure to thrive (give only three)

Cystic fibrosis			
Malabsorption	0	1	2
Immune deficiency		1	

Overall performance	0	1	2

Score : /30

#### SP copy

My son is 4 months old, I am concerned that his weight is only 4 Kg. He was born normally at 40 weeks gestation. His birth weight was 3 Kg. I had no problem during pregnancy, did not take any medications and was not smoking or exposed to smoking. I am 30 year old and this is my first baby. I am a housewife and the only caretaker of this baby.

This baby was not admitted to the NICU, and he was discharged home with me on his second day of life. He had no jaundice, he passed meconium on the first day of life.

I breast feed the baby since birth. He feeds every 3-4 hours and stays 10 minutes on each breast, he empties the breast, and often sleeps after feeding. He has no vomiting, ut occasionally spits up with burping. He has 5-6 wet diapers every24 hours. He passes stools 6-7 times daily, his stool is soft and smells bad, and often becomes watery like diahrrea. There is no mucous or blood in his stool.

He was admitted to the hospital twice when he was 2 months and 3 months old, each for 2 days because of cough, they told me he had lung infection. He is gaining weight slowly. Not taking medication.

There is no history of sweating during feeding, no palor, no cold extremities.

No family history of CF, or other chronic illnesses.

He smiled at one month of age, and now he turns head from side to side. (developmentally normal)

### Time: 5 minutes

### Station: History taking

A mother came to see you in the clinic; she thinks that her 2 year old son is short compared to children his age. His height is 80cm (<5<sup>th</sup>%tile)

Take a focused history from the mother. Then answer the examiner's question

Short Stature



#### TIME :5 minutes OSCE( history taking- short stature) Examiner copy Mark /22

A mother came to see you in the clinic, she thinks that her 2 year old son is short compared to children his age. His height is 80cm (<5<sup>th</sup>%tile)

#### Take a focused history from the mother.

Observe the student asking the mother about the following:

Onset of problem/ birth history				
Length at birth/ previous height measurements	0	1		
Birth weight	0	1		
Gestational age	0	1		
Any neonatal problems (NICU admissions)	0	1		
Asking about developmental history (one milestone about each domain)				
Gross motor: if the child runs well, jumps, or upstairs downstairs	0	1		
Fine motor: if the child scribbles, builds 7 cubes	0	1		
Language: if the child speaks 2-3 word sentences	0	1		
Social history: handles spoon, listens to stories, helps to undress	0	1		
Asking about symptoms chronic illnesses				
Asking about weight or weight gain	0	1		
Asking about activity	0	1		
Chronic diarrhea, or vomiting, or constipation (any one)	0	1		
Appetite, and feeding	0	1		
Asking about teeth	0	1		
Asking about use of medications	0	1		
Family history				
Asking about maternal and paternal height	0	1		
Asking about family history of short stature	0	1		
Asking about family history of genetic disorders/ chronic illnesses	0	1		

#### Stop the student after 4 minutes to ask the following question

## Q: If the physical examination of this child showed normal weight for age, short stature, and large umbilical hernia, what is the most likely diagnosis? (allow one diagnosis only)

Hypothyroidism	0	2

Overall performance	0	1	2	3	
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The University of Jordan /Pediatric Final OSCE 2015 TIME: 7 minutes



### **Time: 7 minutes**

### **Station: History taking**

# A 7 years old child came to clinic complaining <u>of short stature</u>

Please take a focused history, and answer the examiner's questions.

Short Stature





#### Student Name:

Mark /24

A mother brings her 7 year old boy to the clinic complaining of short stature which was confirmed in your clinic, what are the important points in history that you need to ask to assess in this child?

Ask about Onset (when mother started to notice the short stature)		0	1	[
Ask about History of growth pattern (previous measurements)		0	1	[
Ask about weight, if appropriate or not		0	1	Ĺ
Ask about CNS symptoms (History of headache / visual disturbances		0	1	Ĺ
(central causes of GH deficiency)				
Ask about endocrine symptoms (History of weight		0	1	L
gain/constipation/cold intolerance (hypothyroidism)				
Associated symptoms				
Ask about GIT symptoms :History of recurrent diarrhea, abdominal		0	1	L
pain, bloating(celiac disease)		0		
Ask about Respiratory symptoms: History of recurrent sino-		0	1	L
pulmonary infections, recurrent nebulizers	_	0	1	
Ask about History of recurrent urinary tract infections, edema, renal		0	1	L
disease in the family Ask about cording symptoms (History of symposis, sympone)	<u> </u>	0	1	
Ask about cardiac symptoms (History of cyanosis, syncope) Nutritional history		<u>0</u> 0	1	
Develpemental histoty		0	1	_
		U	1	
Family history		0	1	
Parental heights		0	1	
Pattern of puberty in parents (if father was a late bloomer, mother's menarche)		0	1	L
Siblings heights/known severe short stature in family		0	1	
		0	-	
Neonatal/perinatal history		0	1	
Birth weight/gestational age		0	1	
History of hypoglycemia/jaundice/micropenis	-	0	1	
Other important questions		0	1	
Drug history		0	1	
Psychosocial status (divorced parents, conflicts at home, abuse :		0	1	L
physical, emotional or neglect)	1	•	1	_
After 5 minutes Stop the student to ask the following; O/E apart from stature, the child has normal physical exam, his mother's height is 1 father's height is 163. What is his mid-parental height and target ran height?	50cm	, an	d his	
1. 163 cm	0	2	4	
2. target range 153-173, some will say (154.5-171.5)				
(mother's height+13+father's height)/2 +/- 10cm(8.5 cm)		1	1	
(mother's height+13+father's height)/2 +/- 10cm(8.5 cm) Overall (organization, systematic, polite, good communications	0	1	2	





## SP copy

My seven years old boy has a short stature noticed since he started to go to kindergarten (4 years). I have no previous measurements.

No history of headache or visual disturbances.

No history of excessive weight gain, cold intolerance or constipation.

No known chronic disease.

Eats like his siblings.

Review of systems is free.

Father's height 163cm, mother's height 150 cm, father had delayed puberty. Mother's menarche 13 years. He has an older brother who has normal height.

No family history of severe short stature.

Product of full term vaginal delivery, birth weight 3 kg.

No history of neonatal hypoglycemia, prolonged jaundice or micropenis.

No history of drug use.

Adequate psychosocial status.

### *Time: 10 minutes* <u>Student Copy</u>

You are a fifth year medical student. You are about to interview a mother who brought her 3 year old daughter complaining of Nose bleed.

Please perform a detailed history.

You have 12 minutes to complete this task.

The examiner will then ask you a few questions about this patient



### Student Name:

### Final Mark:

### Examiner's Copy

History taking of 3 year old with epistaxis. Observe that the student performed the following:

1) History		
Ask about time and duration of epistaxis	0	1
Ask about amount of blood/ blood clots	0	1
Ask about frequency of epistaxis	0	1
Ask about history of trauma to the nose	0	1
Ask about nose picking/ foreign body introduction to the nose	0	1
Ask about loss of consciousness	0	1
Ask about pallor or change in color	0	1
Ask about skin rash	0	1
Ask about change of color of stool and urine	0	1
Ask about vomiting blood or coffee-ground	0	1
Ask about possibility of drug ingestion or presence of anticoagulants at home	0	1
2) Past history		
Ask about history of infections in the past several weeks	0	1
Ask about past history of bleeding or epistaxis	0	1
2) Family History		
3) Family History	0	1
Ask about family history of bleeding tendency	0	1
4) Ask the student: What do you think the mechanism of this child's bleeding		
Thrombocytopenia, or low platelets, or platelet dysfunction	0	1
5) Ask the student: If this child has platelet count of 12,000, what are the possible causes?		
Immune thrombocytopenia, or ITP, or platelet destruction	0	1
Decreased platelet production, bone marrow failure, or aplastic crisis	0	1
6) Overall		
Introduces self	0	1
Organization	0	1
Communication	0	1

### **Epistaxis OSCE case**

You are a mother of a 3 year old female, previously healthy, and her name is hana. She has been doing well until about two days ago when she started having epistaxis. The first time she had epistaxis was 2 days ago and lasted for 15 minutes, the bleeding was from one side of the nose and stopped after a long period of local pressure on the nose. Yesterday and today she had two more episodes of bleeding from the nose, and it seems it happened from the different nostril these times, she bled a lot for about 20 minutes each time, with some clots as well. The bleeding stopped a few minutes before arriving to the emergency room.

You have not noticed anynose picking by your child, and she usually does not pick her nose, and never saw her putting any foreign bodies in it. There is also no history of trauma. Epistaxis happened only once in the past year and was very trivial for a few minutes after a minor tauma to the face.

There is no history of bleeding from any other orifice, There is no change in stool or urine color. You don't remember any problem with easy bruisability or excessive bleeding before. There is no pallor or loss of consciousness. Today you noticed fine reddish skin rash over her face and trunk.

There is no history of fever or infections in the past few weeks, but she did have some runny nose two months ago when she started going to the day care center.

There is no family history of bleeding tendency. No history of drug ingestions, no body in the family takes anticoagulants.

OPENNING statement: "My child is having nose bleed"

### *Time: 10 minutes* <u>Student Copy</u>

You are a fifth year medical student. You are about to interview a mother who brought her 2 year old daughter complaining of fast breathing.

Please perform a focused history.

You have 7 minutes to complete this task.

The examiner will then ask you a few questions about this patient



### Student Name:

### Final Mark:

### Examiner's Copy

History taking of 2 year old with tachypnia. Observe that the student performed the following:

1) In	troduce self	0	1
2)	Ask about duration of tachypnia	0	1
·	Ask about cough	0	1
	Ask about fever	0	1
	Ask about chocking history	0	1
	Ask about activity	0	1
	Ask about wheezing or noisy breathing	0	1
	Ask about cyanosis	0	1
	Ask about edema (swelling of face or extremities)	0	1
	Ask about urination (amount or frequency)	0	1
	Ask about appetite (or oral intake)	0	1
	Ask about excessive sweating	0	1
	Ask about pallor	0	1
	Ask about GI symptoms (vomiting or diarrhea)	0	1
4) Pa	st history		
	Ask about past history of infections	0	1
	Ask about past history of hospitalizations	0	1
5) Fa	mily History		
	Ask about family history of cardiac disease, or tachypnia, or wheezing etc	0	1
	Il the student "If I told you that this child has tachycardia, tachypnia, cool		
	mities, and gallop rhythm". What investigations would you do for this child (give udents three attempts before showing him/her a chest X-ray)		
the st	If he orders Chest X-ray	0	2
7) Int	erpret this chest Xray:		
	Cardiomegally	0	1
	Pulmonary edema	0	1
8) As	k student: What do you think the most likely explanation of this childs illness		
	Cardiomyopathy, or congestive heart failure, or myocarditis, or pericardial	0	2
effus	ion or tamponade (Cardiac etiology)		
	11 6		
9) Ot	verall performance	0	
	Organization	0	1
	Communication	0	1

#### Heart failure OSCE case

You are a mother of a 2 year old female, previously healthy, and her name is Suha. She has been doing well until about one week ago when your sister told you that she is breathing a little fast, you have not noticed this before and you thought this was not important at that time. But for the past 2 days you noticed that she is breathing faster even while she is asleep, and her activity decreased. You checked her temperature by a thermometer under her arm several times in the past week but she had no fever. Today you brought her to the clinic because you were concerned that there is something wrong with her.

Normally your child is playful; she can walk very well and runs normally. Usually she takes one hour nap every day in the afternoon but for the last 3 days she sleeps at least twice for 2 hours, and seems to be more tired than usual and less playful, and she cries and whines more than her usual state. In the last few days she likes to be carried more. There was no cough, no cyanosis and no history of chocking. No vomiting or diarrhea, no loss of consciousness.

Her breathing is not noisy, just fast. There is also some fullness around her eyes, and her abdomen is a little bigger than usual. She looks a little pale to you as well.

There is no significant past medical history. She had some runny nose a month ago when the whole family had it as well. There is no history of hospitalizations or surgeries done. Family history is completely unremarkable. Your husband is your first degree cousin.

There is no history of exposure to any other illnesses, her father smokes occasionally at home.

OPENNING statement: "My child is breathing faster than normal in the past week"

### *Time: 7 minutes* <u>Student Copy</u>

You are a fifth year medical student. You are about to interview a mother who brought <u>her 3 month old</u> <u>daughter complaining of fast breathing.</u>

Please perform a focused history.

You have 7 minutes to complete this task.

The examiner will then ask you a few questions about this patient



#### Student Name:

History taking of 3 month old with tachypnia. Observe that the student performed the following:

1) Analysing tachypnia				
Ask about duration of tachypnia	0		1	
Ask about course of tachypnia (progressive, episodic, day and night etc)	0		1	
Ask about predisposing and relieving factors (feeding, sleeping,	0		1	
positioningetc)				
2) Ask about associated symptoms				
cough	0		1	
fever	0		1	
chocking or aspiration history	0		1	
noisy breathing, grunting	0		1	
cyanosis	0		1	
edema (swelling of face or extremities)	0		1	
urination (amount or frequency)	0		1	
Activity, oral intake, feeding difficulties	0		1	
excessive sweating	0		1	
Pallor, or cold extremities	0		1	
Weight gain	0		1	
4) Past history			I	
Ask about past history of infections (previous URTI)	0		1	
Ask about past history of hospitalizations	0		1	
Ask about perinatal complications	0		1	
5) <b>Family History</b> Ask about family history of cardiac disease, or	0		1	
tachypnia, or similar conditions etc				
6) Tell the student "If I told you that this child has tachycardia, tachypnia, cool extremities, and gallop rhythm". What is your diagnosis at this point				
Heart failure	0		2	
	0		2	
7) Tell me three possible common causes of heart failure in this child (any three	of th	ne		
following)	51 (1			
Large VSD, PDA, COA, Aortic stenosis, Truncus arteriosus,	0	1	2	3
Cardiomyopathy, myocarditis.				
(note, cyanotic heart diasease other than truncus arteriosus is not a correct				
answer)		<u> </u>		<u> </u>
0) Overall performance (introduces calf communication shill ever-i-tica)	0	1		2
9) Overall performance (introduces self, communication skill, organization)	0	1	2 3	)

### **Examiner name and signature**

2

/ 26

#### Heart failure OSCE case

You are a mother of a 3 month old female, previously healthy, and her name is layan. She has been doing well until about one month ago when you started noticing that her breathing is fast. You did not count the rate, but compared to the first 2 months of life it is faster. The fast breathing seems to be more significant now than a month ago. It is more prominent after she feeds but also fast while she is asleep.

There is no fever, and no cough. She has breathing difficulty with noisy breathing (grunting) after feeding, but not wheezing and not stridor. There is no vomiting or chocking episodes, and no history of aspiration. You also noted that she sweats a lot during feeding in the past 2 weeks, and her feeding is less than before. She breast feeds exclusively, and she used to feed for 15 minutes but now gets tired after only 5 minutes of feeding. She also looks pale and with cold feet in the past week.

She has normal bowel movements, she has 3 wet diapers per day, no change in urine color or odor.

She cries a lot because she is hungry but gets tired quickly when I tried to feed her.

Pregnancy was normal, full term, NVD, 39 weeks, b wt 3.4 kg. now her weight is 4.5 kg. Last month her weight was also 4.5 kg, so she has no weight gain for the last month. No NICU admission, no previous hospitalization.

She has on brother, 3 year old healthy. No family history of similar conditions, no heart disease, no consanguinity.

There is no history of exposure to any other illnesses, her father smokes occasionally at home. He is a teacher, and I am a house wife.

OPENNING statement: "My child is breathing faster than normal in the past month"





### **<u>Time: 7 minutes</u>**

### **Station: History taking**

The mother of a two year old baby brings her child to emergency room complaining of abnormal breathing sound .Please take a focused history, and answer the examiner's questions.

Abnormal Breathing Sound



#### The University of Jordan /Pediatric Final OSCE 2015 TIME: 7 minutes



#### **Student Name:**

Mark /31

The mother of a two year old baby brings her child complaining of abnormal audible breathing sound .Observe the student asking the mother about the following:

Analysing the sound				
Onset, duration	(	)		1
Course (worsening, improving)	(	)		1
Character(inspiratory,expiratory,musical,harsh, diurnal variation)	0			1
Relieving factors ,aggrevating factors	(	)		1
Asking about associated symptoms				
History of cyanosis	(	)	,	2
History of rapid/difficulty breathing	(	)	,	2
History of fever	(	)		1
History of cough and character of cough	0		1	2
History of hoarseness	(	)		1
History of drooling	(	)		1
Other important questions				
Activity, feeding	(	)		1
History of choking	(	)	,	2
Family history of similar cases in family	(	)		1
Vaccination history	(	)	1	
Past history of similar attacks	(	)	1	
After 6 minutes Stop the student to ask the following What is your				
most likely diagnosis?				
Larynotracheobronchitis		)		3
If diagnosis was croup and on exam:child was in respiratory distress,hy	poxi	c,wi	th	
suprasternal retractions. What are your main lines of management				
Oxygen, hydration	0	2	4	6
Nebulised adrenaline				
Steroids				
Overall (organization, systematic, polite, good communications	0	1	2	3
skills				

Examiners' name and signature:





### SP copy

My two year old boy woke up at midnight with abnormal breathing sound (describe sound, ,harsh) when he is taking a breath. The sound got better when he sat out of bed and increased with crying. The sound improved on our way to hospital. My child was having difficulty breathing and he turned blue. No history of drooling. For the last two days he was having low grade fever measured 38.4 axillary along with runny nose. He was having also a barking cough. His voice turned hoarse. He was active and feeding well yesterday.

No history of choking or of similar episodes.My child isn't known to have any medical problem.He is fully vaccinated and hasn't received any drugs.His brother was having URT symptoms before one week

His perinatal history is unremarkable.



The University of Jordan /Pediatric Final OSCE 2015 TIME: 7 minutes



### **Time: 7 minutes**

### **Station: History taking**

The mother of a one year old baby brings her child to emergency room complaining of abnormal breathing sound .Please take a focused history, and answer the examiner's questions.

Abnormal Breathing Sound





#### **Student Name:**

Mark /27

The mother of a one year old baby brings her child complaining of abnormal audible breathing sound .Observe the student asking the mother about the following:

Analysing the sound		
Onset, duration	0	1
Course (worsening, improving)	0	1
Character(,musical,harsh, diurnal variation, inspiratory, expiratory)	0	1
Relieving factors ,aggrevating factors	0	1
Asking about associated symptoms		
History of cyanosis	0	2
History of rapid/difficulty breathing	0	2
History of fever	0	1
History of cough	0	1
History of drooling/ hoarsness		
Activity, feeding	0	1
Drug history :History of nebulisers/inhalers use/drugs	0	1
Perinatal history		
Gestational age/NICU admission or ventilator use	0	1
Other important questions		
History of eczema of the child	0	1
History of recurrent vomiting/choking	0	1
History of poor weight gain	0	1
Past history of similar attacks	0	1
History of hospitalization/frequent E/R visit	0	1
Family history of similar cases in family	0	1
Vaccination history	0	1
After 6 minutes Stop the student to ask the following .On exam the infant was tachypnic, he had intercostal retractions and diffuse wheezes .What is your differential diagnosis diagnosis?		
Bronchiolitis	0	2 4
First attack of asthma		
Overall (organization, systematic, polite, good communications skills	0 1	2 3

Examiners' name and signature:





My one year old boy is complaining of abnormal musical sound for the last two days.He started to have low grade fever with mild runny nose before three days,then had this musical sound .The sound is getting louder with time and there are no aggrevating factor.I gave him antibiotic and the sound didn't improve.He is also breathing faster than ususal and with difficulty.There is a history of dry cough mainly at night along with this sound .No history of cyanosis. No change in voice, no drooling, no witnessed choking.He is not feeding well today and is less active than ususal.No vomiting or diarrhea.

He had a NVD,Bwt 2 KG,GA 35 w and entered NICU for two days ,but wasn't placed on a ventilator.

His vaccines are up to age.He is growing well and gaining weight with normal development.

No previous attacks.He wasn't hospitalized before, and had no E/R visits

He has eczema, his brother has asthma and is on inhalors.

### SP copy

My daughter lina is 1 year old girl, previously healthy

Has vomiting and diarrhea since yesterday

She started vomited yesterday morning and since then she vomited 3 times. She vomits after drinking milk within few minutes of feeding. She has no mucous, blood or bile in his vomitus.

She developed diarrhea last night and since then had 7 episodes of watery stool, with mucous but no blood, the stool is large that she spoils her clothes (soaks the diaper and the clothes). She has no abdominal pain.

She has been less active than usual since yesterday; she had a fever that I measured at 38.5 rectally. She has poor appetite but only wants to drink a lot of water. She had no seizures or loss of consciousness. She didn't eat from outside the house. She is on formula milk and table food. I use filtered water to prepare hes milk. She stays with me at home and has a 3year old brother who had diarrhea last week but was very mild.

Last urine output was yesterday morning, but I can't tell if she had urine mixed with the stool.

She has no runny nose, and no cough.





### Time: 7 minutes

### Station: History taking

# The mother of a 1.5 year old boy brought him to you because of noisy breathing.

Please take a focused history, and answer the examiner's questions.

Noisy Breathing





TIME: 7 minutes OSCE (history taking) Examiner copy

Mark /21

The mother of a 1.5 year old boy brought him to you because of noisy breathing. Please take a focused history, and answer the examiner's questions.

Observe the student asking the mother about the following:

Analyzing noisy breathing					
Onset	0		1		
What type of noise (inspiratory, wheezing, snoring etc)	0		1		
Aggravating or relieving factors (smells, smoking)	0		1	2	2
Asking about associated symptoms					
fever	0		1		
Runny nose	0		1		
Cough	0		1		
Difficulty breathing	0		1		
Cyanosis	0		1		
Drooling, dysphagia	0		1		
Decreased appetite	0		1		
Decreased activity	0		1		
Other important questions					
History of chocking or aspiration	0		1		
Vaccination history	0		1		
Past history of similar conditions , hospital admissions			1		
Medication history, ever required nebulizer treatment			1		
After 5 minutes stop the student and ask the following question :					
If this child has a history of witnessed chocking, he is afebrile and has	0		1		
no runny nose, what do you expect to see on the chest X-ray?					
Answer: unilateral hyperinflation ,complete collapse , the foreign					
body if radiopaque					
Overall performance :eye to eye contact, introduce him/herself, using	0	1	2	3	4
appropriate words and questions, compassionate and considerate					

Examiner's name and signature





SP copy

My child is a1.5year old boy who is not known to have any previous illness, started to have noisy breathing, he has a harsh noise when he takes a breath in, he had cough only this afternoon for about 10 minutes, he was in the other room with his siblings playing with their new toy, I heard him coughing so I went to see what happened, he was blue and coughing, then it resolves but he has difficulty in breathing and he has this noise I mentioned. He had no exposure to smoke or dust, and no medications were given.

He had no vomiting and no drooling or pain when swallowing. No change in activity and feeding .There is anybody else sick at home.

He is not known to have any chronic illness, never admitted and never required nebulization treatment.

His vaccinations are up to date.

### Time: 7 minutes

Station: History taking

### The mother of a 3 year old boy brought him to you because of fever and noisy breathing.

Please take a focused history, and answer the examiner's questions.

Fever & Noisy Breathing



#### TIME :7 minutes OSCE( history taking ) Examiner copy

Mark /27

The mother of a 3 year old boy brought him to you because of fever and noisy breathing. Please take a focused history, and answer the examiner's questions.

Observe the student asking the mother about the following:

Analysing the fever			
Onset	0	1	
Amplitude, documented or not?	0	1	
Relieving factors (antipyretics, cold compressors)	0	1	
Analyzing noisy breathing			
Onset	0	1	
What type of noise (inspiratory, wheezing, snoring etc)	0	1	2
Aggravating or relieving factors (smells, smoking)	0	1	
Asking about associated symptoms			
Runny nose	0	1	
Cough	0	1	
Analyzing type of cough (dry, paroxysmal, barking etc)	0	1	2
Difficulty breathing	0	1	
Cyanosis	0	1	
Vomiting (post tussive)	0	1	
Drooling, dysphagia	0	1	
Decreased appetite	0	1	
Decreased activity	0	1	
Other important questions			
Contact with sick individuals	0	1	
History of chocking or aspiration	0	1	
Vaccination history	0	1	
Past history of similar conditions , hospital admissions	0	1	
Medication history, ever required nebulizer treatment	0	1	

#### Stop the student after 6 minutes to ask the following questions

Q: Ask the student, if the physical examination showed a well appearing child with temperature of 38, and audible stridor and mild suprasternal retractions. What is the <u>most likely diagnosis</u> based on your history and these findings? (give me one answer)

Laryngotracheobronchitis (croup)	0	2

Overall performance (	0	1	2	3	
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SP copy

My child is a 3 year old boy who is not known to have any previous illness, started to have fever last night. It measured 38 degrees axillary. I gave him Revanin and the fever improved. He also had noisy breathing, he has a harsh noise when he takes a breath, his voice changes and has several episodes of cough, dry and similar to the dog barking. He had no exposure to smoke or dust, and no other medications were given.

2 days ago he had runny nose.

He has no cyanosis, but seems to have more difficulty breathing than normal. He had no vomiting and no drooling or pain when swallowing. But his appetite this morning is not as usual, he didn't want to finish his breakfast and he is less active than usual.

There is nobody else sick at home, and there was no history of chocking or aspiration.

He is not known to have any chronic illness, never admitted and never required nebulization treatment.

His vaccinations are up to date.





### Skill: History taking & Problem solving

Time: 7 minutes

You are about to interview the parent of a **2 years old** boy complaining of cough of 6 months duration.

Please take focused history, and then answer the examiner's questions







#### **Student Name:** Mark /24 Please observe the student taking detailed history about chronic cough in a 2 years old boy, and note that he/she asks about the following: **Analyzing Cough** 0 Course of cough(episodic or continuous) 1 1 0 Nature of cough (dry or wet) Diurnal (day and night) or seasonal variation 0 1 2 Aggravating factors as dust, perfumes, pets, URTI, exercise 0 1 Relieving factors as nebulizers use, medications 0 1 Analyzing associated symptoms : History of fever 0 1 History of chronic runny nose, snoring 0 1 0 1 History of shortness of breath History of cyanosis 0 1 Frequency and consistency of bowel habits 2 0 1 History of inadequate weight gain 0 1 0 1 History of vomiting, or regurgitation 0 1 History of foreign body aspiration, choking History of contact with similar cases 1 0 1 Past History of hospital admissions, recurrent E/R visits 0 Family history of cystic fibrosis, asthma, similar cases in family 0 1 After 6 minutes stop the student and ask the following questions; If this child with chronic cough was found to have chronic diarrhea and failure to thrive, what are the 2 most important diagnostic investigations that you would like to perform CXR 0 1 2 Sweat chloride Test Overall (organization, systematic, polite, good communications skills.. 0 1 2 3

Examiners' name and signature:



The University of Jordan /Pediatric Final OSCE 2013 TIME: 7 minutes Examiner copy



### SP copy

My 2 years old boy is complaining of chronic cough for the last 6 months. Cough is continuous but gets worse with infections. It is wet .There is no diurnal or seasonal variation. It is aggravated with infections only. There is no use of nebulisers.No history of fever, runny nose, and cyanosis. There is shortness of breath with the infections. He was admitted multiple times to the hospital due to chest infection and was given intravenous antibiotics.

My child is not adding weight well as other children. He goes to the toilet 6 times a day and I find his stool to be soft in consistency. And it smells really bad.

No history of choking, recurrent vomiting, foreign body aspiration. No history of contact with similar cases.

I and my husband are cousins, there is a history of the same problem in her cousin but the cause is not known



#### Time: 7 minutes History taking

#### Examiner copy

**Instructions to the student:** please take a short and to the point history from this mother of a 3 year old boy; she brought him to the ER because he has cough Mark t(-24)

Mark :( / 24 )

Ask about cough history							
Analyze cough							
duration	0				1		
Onset	0				1		
Severity (cannot talk, post tussive vomiting awake at night)	0				1		
Character (whooping , barking,recurrent, etc)	0				1		
Aggravating factors (day/night, exercise, smoke, pets, URTI,)	0				1		
Reliving factor (ventulin, medication, humidity)	0				1		
Ask about difficulty breathing	0				1		
Ask about associated symptoms							
Wheezes (or noisy breathing)	0				1		
Stridor/noisy breath/hoarseness	0				1		
Cyanosis (turned blue)	0				1		
Ask about previous similar episode	0				1		
Ask about constitutional symptoms							
Fever, activity, feeding	0				1	1	2
Ask about upper respiratory symptoms							
Runny nose	0				1		
Ask about FB	0				1		
Ask about Allergy	0				1		
(recurrent runy nose, itching, nasal obstruction,any symptoms suggest AR) or Seasonal variation History suggesting ecxzema II limbs							
Ask the student about the to summaries the	0				1	2	
problem ( acute history of fever with stridor and cough							
Ask what is your differential diagnosis in this baby ?							
Acute larungeotracheobronchitis (croup), give 1 and for Epiglotitis or Trachitis give1	0		1		2		
Communication skills introduce him/herself, expl	ain	0	1	2		3	4
purpose of interview, organization ,type of questions open vs. close end questions ,appropriate							
body language.(eye contact)	ale						



The University of Jordan /Pediatric OSCE 2016 TIME: 7 minutes



### <u>Time: 7 minutes</u> Station: History taking

### A mother of a <u>12 month</u>old child brought him, to the emergency room with <u>cough for</u> <u>the last three weeks</u>

Please take a focused history, and answer the examiner's questions.







Mark /25

The mother of a 12 month old baby brings her child complaining of cough for the last three weeks. Observe the student asking the mother about the following:

Analyzing cough,asking about				
Course/diurnal variation	(	)		1
Nature of cough (dry,wet),	(	)		1
Postussive vomiting/severity	(	)		1
Aggrevationg symptoms as smoke, pets, after food, Relieving factors as	(	)	1	2
nebulisers,drugs				
Associated symptoms, asking about				
History of fever	(	)		1
Rapid breathing	(	)		1
Audible sounds as wheezes, noisy breathing	(	)		1
ENT symptoms as ruuny nose,ear pulling	(	)		1
History of cyanosis	(	)		1
Asking about constitutional symptoms as Activity, feeding	(	)		1
Asking about Past history of respiratory infections, other	(	)		1
infections, previous admission				
Other important questions to know cause of recurrent				
chest infections				
History of choking	(	)		1
History of vomiting after feed	(	)		1
History of chronic diarrhea ( ask about duration, frequency)	0		1	2
History of poor weight gain	(	)		1
Vaccination history	(			1
Neonatal history ( meconium ileus, prolonged jaundice)	(			1
Family history of similar cases in family as asthma, cystic fibrosis,	(	·		1
After 6 minutes Stop the student to ask the following; this child was dia	gnos	ed v	vith	
cystic fibrosis, what nutritional deficiencies would you expect?	-			
Fat malabsorption	0	1		2
Fat soluable vitamin malabsorption		1		2
<b>Overall (organization, systematic, polite, good communications skills</b>	0	1	2	3





My 12 month old child is complaing of cough for the last 3 weeks.The cough is the same for the last three weeks.Cough is more at night, is wet in nature. He does not vomit after cough. There are no aggrevating factors for the cough. He wasn't given any nebulizer. He was given two weeks of antibiotics without marked improvement.

There is a history of rapid breathing with the cough and I hear a noisy breathing.He was having fever for the last three weeks ,that decreased with antipyretics and antibiotics use ,but recurs after stopping antibiotics,so the fever is on and off.There is history of runny nose but no ear pulling.No cyanosis.He has good activity when afebrile but his feeding has decreased.

My child was admitted twice with similar complaints and was found to have a chest infection and was given antibiotics. His stools are loose around 8 times a day since he was a baby. He is not gaining weight as his siblings. No history of choking, vomiting after feeds. No contact with sick people. He is fully vaccinated. there is no family history of asthma, cystic fibrosis or similar cases. His neonatal history was unremarkable



The University of Jordan /Pediatric OSCE 2016 TIME: 7 minutes



Time: 7 minutes

Station: History taking

## The mother of a 2 year old boy brought him to you because of fever and cough

Please take a focused history, and answer the examiner's questions.

Fever & Cough



#### TIME :7 minutes OSCE( history taking ) Examiner copy

Mark /25

The mother of a 2 year old boy brought him to you because of fever and cough. Please take a focused history, and answer the examiner's questions.

Observe the student asking the mother about the following:

Analysing the fever		
Onset	0	1
Amplitude, documented or not?	0	1
Relieving factors (antipyretics, cold compressors)	0	1
Analysing cough		
Onset	0	1
dry or wet	0	1
specific type (repetitive, barking, episodic or continuous)	0	1
aggravating factors (smell/ smoke)	0	1
relieving factors (any intervention, nebulizers)	0	1
course	0	1
Asking about associated symptoms		
Runny nose/ or ear pain	0	1
Difficulty breathing/ rapid breathing	0	1
Noisy breathing ( wheezing, stridor)	0	1
Cyanosis	0	1
Vomiting (post tussive)	0	1
Decreased appetite/activity	0	1
Other important questions		
Contact with sick individuals	0	1
History of choking or aspiration	0	1
Vaccination history	0	1
Past history of similar conditions, hospital admissions	0	1
Medication history, ever required nebulizer treatment in the past	0	1

Stop the student after 6 minutes to ask the following questions Q: if the physical examination showed a child with temperature of 38, and audible stridor and suprasternal retractions. What is your differential diagnosis ? name at least 2

1- Laryngotracheobronchitis (croup)	0	1	2	
2- epiglotitis				
3- Foreign body aspiration				
4- Tracheitis				
Overall performance	0	1	2	3

My child is a 2 year old boy who is not known to have any previous illness, started to have fever two days ago. It measured 38 degrees axillary. I gave him Revanin and the fever improved. He has several episodes of cough, dry and similar to the dog barking. He also had noisy breathing, he has a harsh noise when he takes a breath, his voice changes He had no exposure to smoke or dust, and no other medications were given.

2 days ago he had runny nose.

He has no cyanosis, but seems to have more difficulty breathing than normal. He had no vomiting and no drooling or pain when swallowing. But his appetite this morning is not as usual, he didn't want to finish his breakfast and he is less active than usual.

There is nobody else sick at home, and there was no history of chocking or aspiration.

He is not known to have any chronic illness, never admitted and never required nebulization treatment.

His vaccinations are up to date.





# **Time: 7 minutes**

## **Station: History taking**

## The mother of a 3 year old boy brought him to you because of fever and cough

Please take a focused history, and answer the examiner's questions.







/24 Mark

The mother of a 3 year old boy brought him to you because of fever and cough. Please take a focused history, and answer the examiner's questions

Analysing the fever				
Onset/course	(	0		1
Amplitude, documented or not?	(	0	-	1
Relieving factors (antipyretics, cold compressors)		0		1
Analysing cough				
Onset/course	(	0		1
Wet/dry	(	0		1
Character (repetitive, barking, episodic or continous)	(	0		1
Aggrevating factors (odor/smoke/diurnal)	(	0	-	1
Relieving factors (any intervention, nebulisers)		0		1
Severity (vomiting posttussive)		0		1
Asking about associated symptoms				
Runny nose/ear pain	(	0		1
Difficulty breathing/rapid breathing	(	0		1
Noisy breathing.audible sounds	(	0	-	1
Cyanosis		0		1
Constitutional				
Decreased appetite and activity	(	0		1
Other important questions				
Contact with sick individuals	(	0		1
History of choking or aspiration	(	0	-	1
Vaccination history		0		1
Medication history		0		1
Past history of similar conditions, hospital admissions	(	0		1
After 5 minutes Stop the student to ask the following: if the physical	exami	natio	on	
showed fever of 39 degrees orally, respiratory rate of 55 per minute	, inter	cost	al	
retractions, and fine crepitations on the right lung field?				
What is the most important diagnostic investigation you would orde	er? (A	llow	one	
answer only)				
Chest X ray	0		2	
<b>Overall (organization, systematic, polite, good communications</b>	0	1	2	3
skills				1



The University of Jordan /Pediatric Final OSCE 2018 TIME: 7 minutes SP copy



My child is a 3 year old boy who is not known to have any previous illness, started to have fever three days ago. It measured 39.5 degrees axillary. I gave him Revanin and the fever improved. He has several episodes of cough, which sounded wet but he can't expectorate the sputum. He also has difficulty breathing, he had runny nose for a few days before fever started. There is no exposure to smoke or dust, and no other medications were given.

He has no cyanosis, but seems to have more difficulty breathing than normal. He had no vomiting and no drooling or pain when swallowing. But his appetite this morning is not as usual, he didn't want to finish his breakfast and he is less active than usual.

There is nobody else sick at home, and there was no history of chocking or aspiration.

He is not known to have any chronic illness, never admitted and never required nebulization treatment.

His vaccinations are up to date.



The University of Jordan /Pediatric Final OSCE 2013 TIME: 7 minutes



## **Time: 7 minutes**

## **Station: History taking**

A mother of a <u>6 months</u> old child brought him, to the emergency room with <u>fever</u> and <u>cough</u>.

Please take a focused history, and answer the examiner's questions.

Fever & Cough





/30

#### **Student Name:**

Mark

The mother of a 6 months old baby brings her child complaining of fever and cough . Please take a focused history, and answer the examiner's questions.

Analyzing the fever, asking about				
Onset, duration	(	)		1
Amplitude, documented or not?	(	)		1
Relieving factors (antipyretics, cold compressors)	(	)		1
Analyzing cough, asking about				
Duration,onset	(	)		1
Course/diurnal variation	(	)		1
Nature of cough (dry,wet)	(	)		1
Postussive vomiting	(	)		1
Aggrevationg symptoms as smoke, pets, after food, Relieving factors as nebulisers, drugs	(	)	1	2
Associated symptoms, asking about				
Rapid breathing	(	)		1
Audible sounds as wheezes	(	)		1
ENT symptoms as ruuny nose,ear pulling	(	)		1
History of cyanosis	(	)		1
Activity, feeding	(	)		1
Other important questions				
Past History of previous attacks	(	)		1
Vaccination history	(	)		1
Contact with sick people	(	)		1
Medication history	(	)		1
Family history of asthma in family	(	-		1
After 6 minutes Stop the student to ask the following; .O/E: RR 60, pulse				
%, with subcostal retractions, there is expiratory wheezes. What is your di	ffere	entic	ıl	
diagnosis.(name two)	r			
Bronchiolitis	0	2		4
pneumonia				
The baby has bronchiolitis.what is your management	<u> </u>			
Oxygen	0	2		4
Maintaince fluids				
Nebulised salbutamol/adrenaline				
Overall (organization, systematic, polite, good communications	0	1	2	3
skills				1





My 6 months old child is complaing of fever that is undocumented of two days duration. It is relieved by paracetamol and cold compressors. His cough started two days ago, is more at night, is wet in nature. He does not vomit. I did not give him anything to relieve the cough and there are no aggrevating factors.

There is a history of rapid breathing and I hear a musical sound in his breath . There is a history of runny nose but no ear pulling.No history of cyanosis.He has good activity when afebrile but his feeding has decreased.

This is the first time for my child with these complaints. He is fully vaccinated.he is not on any drugs There is no history of asthma in his cousins.His older sister has cough and fever.



The University of Jordan /Pediatric Final OSCE 2018 TIME: 7 minutes **Time: 7 minutes** 



## **Station: History taking**

## A mother of a five years old child brought him to the emergency room of periorbital

### swelling of five days duration.

Please take a focused history, and answer the examiner's questions.

Períorbítal Swelling





Mark /22

A mother brings her five years old boy complaining of periorbital swelling of five days duration. Observe the student asking the mother about the following:

Analyzing complaints				
Course of swelling, diurnal variation	(	0		1
History of tearing, redness in eyes	(	0		1
History of swelling in other places as tummy, legs, back (sacral), scrotal	(	0	1	2
History of increase in weight	(	0		1
History of decreased urine output, change in urine color		0	1	2
History of previous URTI		0		1
History of skin rash		0		1
History of insect bites, new food or drug ingestion		0		1
Other important questions				
History of S.OB, cough other heart failure symptoms	(	0		1
History of chronic diarrhae	(	0		1
History of jaundice, abdominal pain	(	0		1
History of previous attacks	(	0		1
Family history of similar case	(	0		1
After 6 minutes Stop the student to ask the following; O/E child had as	citis	and	low	er
limb edema, based on your history and exam name two important inves	tiga	tion		
1.serum albumin	0		2	4
	U		4	4
2.urine analysis 3.urea,creat,electrolytes				
•	•	1	1	2
<b>Overall (organization, systematic, polite, good communications skills</b>	0	1	2	3





My five years old boy is complaing of swelling around eyes of five days duration. The swelling is gradually increasing and is more in the morning. I noticed his tummy and legs are swollen. His clothes can not fit him well, Ithink he is gaining weight. His eyes are not red. He was having runny nose and fever few days ago. He is not going to the toilet as frequently as before and his urine color is dark a bit.

This is the first time he complains of this,one of his cousins used to complain of swelling in his body and was given a medication for that.There is no history of renal failure in the family.My child has not received any medication or new food.

He does not complain of shortness of breath or diarrhea or change in his body color, or skin rash.



The University of Jordan /Pediatric Final OSCE 2017 TIME: 7 minutes



# <u>Time: 7 minutes</u> Station: History taking

A mother brings her four year old boy complaining of left knee swelling.

Please take a focused history, and answer the examiner's question.

Joint Swelling





Mark /25

#### A mother brings her four year old boy complaining of left knee swelling. Observe the student asking the mother about the following:

Asking symptoms of acute monoarthritis				
History: onset, duration and course	0		1	2
History of other affected joints	0			1
History of pain	0			1
History of limping, unusual gait	0			1
History of redness	0			1
History of trauma	0			1
History of fever	0			1
History of skin rash	0			1
Past history				
Similar previous attacks	0			1
Recurrent abdominal or chest pain	0			1
Tonsillitis or pharyngitis	0			1
Bleeding from other sites	0			1
Drug exposure	0			1
Family history				
Bleeding disorder/rheumatologic disorder/FMF	0	1	l	2
After5 minutes Stop the student to ask the following :What is your	0	1	L	2
differential diagnosis based on the history:any two of the				
following.				
1.septic arthritis				
2.rheumatic fever				
3.reactive arthritis				
(this is an acute problem, so chronic rheumatological illnesses as				
FMF,JRA, aren't accepted )				
: In this child you suspected Rheumatic fever, name two investigati	ons th	at	woi	ıld
support this diagnosis? And why?				
1. Echocardiogram for carditis	0	2		4
2. Electrocardiogram for prolonged PR interval				
3. Antistreptolysin O titer for recent streptococcal infection				
4. Acute phase reactants (ESR and CRP) for inflammation				
<b>Overall (organization, systematic, polite, good communications skills</b>	0	1	2	3





My four years old boy is complaing of left knee swelling of two days duration. I discovered it suddenly two days ago and today it is better. I did not see any other swollen joints. He complained that it is painful and he tries not to bear weight on it and so he is limping. When I looked at it, it seems red. There is fever, but there is no rash and he is telling me that there is no trauma.

This is the first time he complains of joint swelling. He never complains of abdominal or chest pain. He never had any bleeding from any site. He had tonsillitis two weeks ago but there is no history of taking any drugs.

There is no history in the family of similar conditions, bleeding disorders, FMF, or rheumatologic disorder.





## Skill: History taking & Problem solving

## You are about to interview a parent of a **7 years** old girl complaining of <u>Joint pain.</u>

Please take <u>focused history</u>, and then answer the examiner's questions

Joint Pain



#### The University of Jordan /Pediatric Final OSCE 2013 TIME: 7 minutes



#### **Student Name:**

Mark /22

Please observe the student taking detailed history about joint pain in a 7 years old girl, and note that he/she asks about the following:

Onset /duration	0	1
Joint/s involved	0	1
Course/progression :migratory /additive	0	1
Limitation of movement	0	1
Aggravating factors	0	1
Relieving factors	0	1
Analyzing associated symptoms :	1	
Joint swelling /hotness /redness	0	1
Fever	0	1
Rash/eye redness	0	1
Symptoms of viral illness : Diarrhea ,vomiting	0	1
Urinary symptoms: red urine/dysuria	0	1
Generalized symptoms :weight loss ,decreased appetite ,fatigability	0	1
Respiratory symptoms preceding current illness/ duration in between	0	1
Past history of similar problem	0	1
Family history /any rhematological diseases/similar problem	0	1
Medication History	0	1
Nutrition : Raw milk ingestion	0	1

with migratory arthritis .what are the most important relative things in the physical exam you should look for :

Cardiac exam				
Rash/subcutaneous nodules /Chorea	0	1		2
Overall (organization, systematic, polite, good communications skills	0	1	2	3





My daughter Samar is 7 years old.

She is having joint pain since 2 days. It started in her right ankle, it was swollen and the skin was red in color, but her pain was much worse than you would expect from the way her ankle looked.

She could not move without limping because of the pain, and when I touch it she starts crying.

Today her ankle is better but the same thing is happening to her right knee. She was ok before this apart from sore throat about 2 weeks back. She got sick with sore throat many times before, but never had this joint issue.

She did not have any skin rashes, or diarrhea, or urinary symptoms, she also did not have fever.

I do not recall any falling downs or trauma.

My other kids are healthy, nobody in the family has joint problem

I did not give her any medication, I was afraid it might harm her, 2 weeks back when she got sick ,she did not finish her antibiotics ,she did not like the way it tastes

## Time: 5 minutes

## Station: History taking

## The mother of a 9 year old girl brought her to you because of fever and knee pain

Please take a focused history, and answer the examiner's questions.

Fever & Joint Pain



#### TIME: 7 minutes OSCE (history taking) Examiners' copy

Mark /30

The mother of a 9 year old girl brought her to you because of fever and knee pain. Please take a focused history, and answer the examiner's questions.

Observe the student asking the mother about the following:

Analyzing the fever		
Onset	0	1
Documented or not?	0	1
Relieving factors (antipyretics, cold compressors)	0	1
Chills/ rigors	0	1
Analyzing knee pain		
Onset	0	1
Severity (cries of pain, can or cant walk, limping)	0	1
progression/ course	0	1
Relieving factors (position, pain medications)	0	1
Aggravating factors (movement/ walking)	0	1
Asking about other symptoms		
Pain in other joints	0	1
redness of the knee	0	1
swelling of the knee	0	1
limitation of knee movement	0	1
skin rash	0	1
chest pain , difficulty breathing, fatigability	0	1
abdominal pain	0	1
GI symptoms: Diarrhea/ constipation/ or vomiting	0	1
Other important questions		
trauma	0	1
history of pharyngitis in the last few weeks	0	1
use of medications	0	1
Past history of similar conditions , hospital admissions	0	1
recent ingestion of unpasteurized milk	0	1
family history of joint problems, FMF, rheumatological disorders	0	1

Stop the student after 4 minutes to ask the following questions If the physical examination showed temperature of 38, swollen right knee, severe tenderness and redness, with limitation of movement due to pain. Auscultation of the chest showed a loud systolic murmur at the apex. What is your next step in the evaluation? (Give me only three important investigations)

(Any three of the following)

(ASO titer or throat cx), (ESR or CRP), (ECG or	0	1	2	3
echocardiography) , CBC, chest X-ray				

Overall performance	0	1	2	3	4
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My 9 year old girl has been complaining of left knee pain for the last week. She also has fever which I measured to be 38.5 yesterday.

Knee pain started 7 days ago, has been worsening over the last few days, constant in nature, and it is more when she walks or move her knee. I gave her revanin which helped only slightly to decrease the pain. Today she is unable to walk on her knee.

I noted some swelling of the knee, but no redness.

The fever happened daily mainly in the afternoon, I only measured it yesterday and it was 38.5 orally, no chills or rigors, Revanin helped decrease the temperature.

She has no other joint pains, no skin rash, no chest pain or difficulty breathing. And no abnormal movements. No diarrhea, sore throat, runny nose. No body in the family has joint or chronic diseases. No ingestion of raw milk or any medications other than revanin.

No trauma or pin pricks, no travel, no past history of similar episode

She had pharyngitis 2 months ago, no treatment was given because she did not complain much.



The University of Jordan /Pediatric Final OSCE 2015 TIME: 7 minutes



## **<u>Time: 7 minutes</u>**

## **Station: History taking**

# A 3 years old child came to E/R complaing <u>of skin rash</u>

Please take a focused history, and answer the examiner's questions.

Skín Rash





Mark /27

# A 3 years old child came to E/R complaing of skin rash. Observe the student asking the mother about the following:

Analyzing rash				
onset		0	]	1
Site or distribution	(	0	]	1
Course of the rash( face then trunk ,or all over same time, if comes and goes as flares)	d 0		]	1
Description (if raised or not ),color of rash,presence of fluid in rash,swollen skin around lesion	(	0	]	1
If itchy or not		0	]	1
Ask about mucus membranes involvement		0	1	1
Associated symptoms				
History of vomiting		0	1	1
History of fever		0	1	1
Headache/ irritability/ photophobia		0	1	1
History of abnormal movement				
Cough,runny nose,conjunctivitis,diarrhea (viral illness)		0	1	1
Joint pain or swelling	(	0	]	1
History of abdominal pain		0	1	1
History of red urine		0	]	1
Other important questions				
Activity, feeding		0	1	1
History of previous episodes	(	0	]	1
History of allergy in child/food		0	1	1
Contact with individuals with same complaint, Family history of similar cases		0		1
Drug history		0	1	1
Vaccination history		0	1	1
After 6 minutes Stop the student to ask the following;O/E the child he nonblanching skin lesions.what is your diagnosis and what are the m investigations that you will perform apart from CBC,ESR,KFT (men	ain			
Henoch Schonlein Purpura	0		2	
MAIN INVESTIGATIONS				
1.urine analysis 2.stool for heme occult	0	2	4	ļ
<b>Overall (organization, systematic, polite, good communications skills</b>	0	1	2	3





My three years old baby has a skin rash of three days duration. It started on the foot and over the three days the rash went up to cover thighs. The rash is red, raised and not itchy.

No history of fever or vomiting.No history of headache,photophobia or irritability.No history of cough,runny nose.

There is a history of abdominal pain around the umbilicus.no diarrhea or vomiting.There is a history of joint swelling in both knees and there is limping.There is history of red urine.No dysuria or frequency.No change in color of stool

There is good activity and feeding. There is no similar cases in the family or contact with sick people. He did not take new drugs

The child is vaccinated.





## **Time: 7 minutes**

## **Station: History taking**

# A 3 years old child came to E/R complaining <u>of skin rash</u>

Please take a focused history, and answer the examiner's questions.







Mark /25

# A 3 years old child came to E/R complaining of skin rash. Observe the student asking the mother about the following:

Analyzing rash				
onset		0		1
Site or distribution	(	0		1
Course of the rash( face then trunk ,or all over same time, if comes and goes as flares)		0	-	1
Description (if raised or not ),color of rash,presence of fluid in rash,swollen skin around lesion		0	-	1
If itchy or not		0		1
Ask about mucus membranes involvement (mouth/ eyes)		0		1
Associated symptoms				
History of vomiting/ diarrhea		0		1
History of fever	(	0		1
Headache/ irritability/ photophobia	(	0		1
History of abnormal movement		0		1
Cough,runnynose,conjunctivitis,diarrhea (viral illness)		0		1
Joint pain or swelling		0		1
History of abdominal pain		0		1
History of bleeding (red urine/ blood in stool/ epistaxis)		0		1
Other important questions				
Activity, feeding		0		1
History of previous episodes	(	0	1	
History of allergy in child/food	0		1	
Contact with individuals with same complaint, Family history of similar cases	0		1	
Drug history	0		1	
Vaccination history	0			1
After 6 minutes Stop the student to ask the following;O/E the child h	as pu	ırpu	ric	
rash on the legs and buttocks.what is your most likely diagnosis	-	_		
Henoch Schonlein Purpura	0		2	
Overall (organization, systematic, polite, good communications skills	0	1	2	3



My three years old baby has skin rash of three days duration.It started on the foot and over the three days the rash went up to cover thighs.The rash is red,raised and not itchy.

No history of fever or vomiting.No history of headache,photophobia or irritability.No history of cough,runny nose.

There is a history of abdominal pain around the umbilicus.No diarrhea or vomiting.There is a history of knee pain and there is limping.There is history of red urine.No dysuria or frequency.No change in color of stool

There is good activity and feeding. There is no similar cases in the family or contact with sick people. He did not take new drugs

The child is vaccinated.







### Examiner copy ( time 10 minutes)

Student Name -----

Mark -----/

A 7 year old boy presented to the emergency room with hoarsness of voice , difficulty in breathing , and diffuse skin rash . The mother said he ate fish 30 minutes ago

What is the most likely diagnosis Anaphylaxis mostly due to fish	0	3
What type of anaphylaxis is this		
Immeadiate type 1 hypersensitivity 0 1	0	1
The patient became relatively stable , what do you want to do now		
Admit the patient to Pediatric ICU	0	2
You admitted the patient to the PICU what management		
should be done there	0	1
Cardiac monitor		_
Pulse oxymeter	0	1
Frequent vital signs	0	1
Iv fluids	0	1
Drugs ( antihistamine , salbutamol , steroids)	0	1

After 6 hours the nurse called you , the patient developed cyanosis and difficulty in breathing , what is your differential diagnosis :		
Late type anaphylaxis	0	2
Laryngeal edema / bronchospasm	0	1
Aspiration pneumonia	0	1
The patient was managed properly and now you want to discharge him home what instructions should you give to the mother for the future		
1- inform all surroundings that he has allergy to fish (family members, friends, school) $0$ 2	0	2
2-cross reaction with other food ( peanuts , seafood , eggs ) 0  1  2	0	1 2
3- Epipen	0	2

Overall performance 0 1 2 3

#### *Time: 10 minutes* <u>Student Copy</u>

You are a fifth year medical student. You are about to interview a mother who brought her 4 year old daughter complaining of Abdominal pain..

Please perform a focused history, and once you are done, perform ABDOMINAL examination.

You have 10 minutes to complete this task.



### Examiner's Copy

History and abdominal examination of 4 year old with abdominal pain. Observe that the student performed the following:

1) Introduce self	0	1
2) Ask about duration of abdominal pain	0	1
Ask about nature of pain	0	1
Ask about location of pain, and radiation	0	1
Ask about fever	0	1
Ask about vomiting	0	1
Ask about bowel movements	0	1
Ask about jaundice	0	1
Ask about change of color of stool and urine	0	1
Ask about urination (amount or frequency)	0	1
Ask about dysurea	0	1
Ask about possibility of food poisoning	0	1
Ask about appetite	0	1
Ask about cough or diffculty breathing	0	1
Ask about sore throat	0	1
4) Past history Ask about past history of urinary tract infections	0	1
Ask about past history of constipation	0	1
Ask about past history of abdominal pain	0	1
5) Family History		
Ask about sick contacts	0	1
6) Physical examination Observe the student do the following:		
Abdominal inspection with adequate exposure (ask student not to expose genitalia)	0	1
Correct abdominal palpation of liver edge	0	1
Correct technique of liver span	0	1
Auscultation of the abdomen for bowel sounds	0	1
7) Overall performance		
Organization	0	1
Communication	0	1

#### Abdominal pain OSCE case

You are a mother of a 4 year old female, previously healthy, and her name is Salwa. You brought her to the clinic because she has been complaining of abdominal pain for the past three days. She always points to her umbilicus and says it hurts there. The pain doesn't seem to travel anywhere else. She doesn't cry when she complains. You felt that she was warm to touch today but you have not measured here temperature. She vomited once two days ago but has not vomited again. There was a normal bowel movement two days ago but since then she didn't have any bowel movement. There was no change in skin color. Her appetite is less than usual. She drinks liquids and water normally. You have not checked her urine color or smell because she goes to the bathroom by her self. She is potty trained and has no enuresis for the past one year except last night when she wet her bed which was unusual for her. There has been no cough and no respiratory symptoms.

There are no sick contacts in the family and Salwa does not go to school yet. She is previously healthy with no hospitalization. She had constipation twice in the past year and you have given her Glycerin suppository for that which helped her.

#### *Time: 7 minutes* <u>Student Copy</u>

Station : History taking

This station is designed to test your ability to take a comprehensive history.

You are about to interview a mother who brought her 10 - year old daughter complaining of Abdominal pain.

You have 7 minutes to complete this task.

Abdomínal Paín

#### Student Name:

#### Examiner's Copy

Case : a 10- year old girl with abdominal pain. Observe that the student asks the following:

Asking about characteristics of abdominal pain			
Ask about location of pain, and radiation		0	1 2
Ask about onset		0	1
Ask about nature of pain		0	1
Ask about pain frequency and duration		0	1 2
Ask about pain severity ( crying from pain, awakening from sleep,score)		0	1
Ask about relieving factors ( posture ,bowel movement, drugs )		0	1
Ask about exaggerating factors (food ,drugs, anxiety )		0	1
Ask about associated other GIT symptoms			
Ask about vomiting		0	1
Ask about bowel movements		0	1
Ask about stool character (consistency, color change ,presence of blood)		0	1
Ask about jaundice		0	1
Ask about urinary symptoms (dysuria, frequency etc)		0	1
Ask about respiratory symptoms (cough)		0	1
Ask about constitutional symptoms			<u> </u>
Ask about fever		0	1
Ask about appetite/activity		0	1
Ask about weight loss		0	1
Ask about rhematological symptoms			
Ask about oral ulcers		0	1
Ask about joint swelling, skin rash		0	1
Past History			
Ask about Past history of similar abdominal pain episodes		0	1
Ask about past surgeries		0	1
Family History			
Ask about family history of diseases as (celiac, IBD, CF,FMF)		0	1
Drug history of NSAIDS,PPI ,OTHERS		0	1
social history of travel , social changes at home, school	0	1	
Ask the student: What is your most likely diagnosis ? Functional abdominal Pain	0	2	
Over all Organization and communication	0	1	2 3

Examiner name and signature

#### Abdominal pain OSCE case

You are a mother of a 10 year old female, previously healthy, and her name is Salwa. You brought her to the clinic because she has been complaining of abdominal pain for the past three months. She always points to her umbilicus and says it hurts there. Needs more details Freq Associated Increase with drinking tea and coffe Stressed at school .....etc

### **Student's copy/ History taking**

You are about to interview the parent of a 6 year old girl who presented with history of **fever and abdominal pain**.

Please take focused history, and then answer the examiner's questions

Fever & Abdomínal Paín





#### Examiner's copy

#### Student name:

/ 34

Please observe the student taking detailed history about fever and abdominal pain in a 6 year old girl , and note that he/she asks about the following:

Analyzing chief complaint and HOP :			
Fever :			
Onset / duration / pattern	0	1	
Documentation	0	1	
Chills , rigors	0	1	
Relieving factors (does it respond to antipyretics, Cold compressors )	0	1	
Abdominal pain :	0	1	
		1	r
Onset / Duration	0	1	
Location and radiation	0	1	
Severity and progression	0	1	
Aggravating and relieving factors	0	1	
Associated symptoms :	_		
Vomiting	0	1	
Urinary symptoms:		_	
Dysurea/urgency /frequency	0	1	
Urine color change (hematuria)	0	1	
Enuresis/ incontinence	0	1	
Strong urine smell	0	1	
Appetite /decreased activity	0	1	
Bowel habits ( Diarrhea / constipation )	0	1	
Past history :	-	<u> </u>	1
Previous history of UTI / admissions	0	1	
Pervious renal evaluation/Diagnosis with renal problems	0	1	
Family and Social history :			
history of VURD, CRF, hemodialysis	0	1	
Toilet training, hygiene, and voiding habits	0	1	
After 6 minutes ask the student to answer the following questions			
1) Based on this history what is the most likely diagnosis?	0	1	2
(Pyelonephritis scores 2, if says UTI only 1)			
2) What are the important Laboratory investigations you should ask for			
Urine : Microscopic analysis : WBC , Bacteria , RBC	0	1	
Urine culture	0	1	
Blood : CBC, CRP, ESR	0	1	
Blood culture	0	1	
Creatinine and urea (KFT)	0	1	
3) This child was admitted with a diagnosis of pyelonephritis, and cultures showed gram	0	1	2
negative bacilli with pending sensitivity. What is the imperial antibiotic and for how long?			
Cephalosporin 3 <sup>rd</sup> (Aminoglycoside, Carbapenems (7 to 14 days)			
4) what are the imaging studies that you would like to order and what is their significance :	0	1	2
1-Ultrasound( obstruction, congenital malformation, others)2- MCUG( VUR)3- DMSA(			
scars) (2 out of 3)	+	Ļ	
Overall (organization, systematic, polite, good communications skills	0	1	2 3 4

Examiner's name & signature:

My daughter Salma is 6 years old.

She was well until 5 days ago when she started to have <u>abdominal pain</u>, flank pain ,no radiation ,dull aching, not related to food nor bowel habits . it was mild then become worse over the next few days .it did not allow her to sleep well last night .Given Revanin syrup but hasn't improved .

She developed <u>fever</u>, two days ago ,intermittent ,relieved by revanin syrup initially but yesterday was persistent and measured 39 Celsius orally .She had some chills overnight with the fever.

She <u>vomited</u> once shortly after meal .had poor appetite last two days .

She is toilet trained but she developed <u>urinary</u> incontinence during day and night about three times in the last 2 days .with some frequency of urination but no dysurea .

Not noticed to have diarrhea nor constipation .

She developed two episodes of febrile <u>UTI</u> in the past .treated with oral antibiotics ,and culture was positive (don't recall the organism) ,no admissions . I was supposed to maintain follow up for further investigations but did not do so.

No <u>family history</u> of renal failure but her older sister had reflux when younger but had resolved .She is <u>toilet trained</u> since age of three years ,encouraged to void regularly every two to three hours . Station: History taking

Time: 7 minutes

You are about to interview the parent of a **1 year old** female infant who presented with history of **vomiting and diarrhea** 

# Please take focused history, then answer the examiners question

vomiting & Diarrhea



Examiner's copy



Student name:

/32

Score

Please observe the student taking detailed history about vomiting and diarrhea in a 9 month old infant, and note that he/she asks about the following:

Analysing vomiting					
Asking about onset			0		1
Asking about frequency (or number)			0		1
Asking about Character (forceful, projectile)			0		1
Asking about content of vomitus/ bile or blood in vomitus			0		1
Asking about relation to meals			0		1
Analysing diahrrea					
Asking about onset			0		1
Asking about frequency (or number)			0		1
Asking about amount of stool (large stools, watery, bulky)			0		1
Asking about the presence of mucous			0		1
Asking about the presence of blood			0		1
Asking about associated symptoms					
			0		1
Appetite/ food intake			0		1
Activity			0		1
Fever			0 0		1
Abdominal pain/ colic/ crying episodes					1
Asking about exposure to contaminated water or food			0		1
Jaundice			0		1
Respiratory/ viral symptoms (cough, runny nose)			0		1
Seizure or abnormal movements					1
Change of urine color or smell			0		1
Asking about symptoms of dehydration					
Thirst			0		1
Urinary amount and frequency			0		1
Past history questions					
Previous history of vomiting and diarrhea			0		1
Ask about family history					
Asking about contact with sick family members			0		1
Asking about going to day care or not					1
Drug history (antibiotics)			0		1
After 6 minutes of history taking, please stop the student and ask:					
If this infants examination was normal, what diagnostic investigations on the stolike to obtain?	ool	sam	ple	woul	d you
Answer: Stool for Rotavirus, ova and parasite, and culture 0	)	1	2	3	
<b>Overall (organization, systematic, polite, good communications skills )</b> 0		1	2	3	4

### Student's copy/ History taking

You are about to interview the parent of a **6 month old** baby girl .who presented with history of **vomiting and Diarrhea** 

Please take focused history, and then answer the examiners questions

vomiting & Diarrhea



#### Examiner's copy



#### Student name:

Score

/34

Please observe the student taking detailed history about vomiting/diarrhea in a 6 month old girl, and note that he/she asks about the following:

Diarrhea :				
	0	1		
Onset / duration	0	1	_	
Frequency	0	1		
Consistency /	0	1		
Usual bowel habit	0	1		
Presence of blood or mucus	0	1		
Vomiting :		1		
Onset/duration	0	1	_	
Frequency /volume	0	1	_	
Consistency/content	0	1		
Relation to food (tolerance)	0	1		
Fever :	0	2		
Feeding History :				
Type of milk	0	1		
Preparation/sterilization technique	0	1		
demand on feeds (thirst )	0	1		
Analyzing symptoms of dehydration :				
Urine output	0	1		
Activity : hypoactivity or irritability	0	1		
History of similar contact / Day care attendance	0	1		
Past medical : previous episodes	0	1		
Drug history : antipyretic , anti emetics, Herbal , etc	0	1		
Immunization	0	1		
After Six minutes, ask the student the following questions : <b>1-Based on the history that you took What is your Diagnosis</b> ? (acute viral gastroenteritis)	0	1		
B-If this child was in the ER and looked lethargic , had signs of dehydration with delayed capillary	0	1		2
refill, what is your initial management in the ER: IV Bolus of Normal Saline 0.9% 20 ml/kg				
-After stabilization, this infant was admitted to the hospital as GE with dehydration, what are the				
mportant labs you would you do (name only three) Serum for electrolytes and Sugar : Electrolytes ( Na , K ,Cl) ,		1	<u> </u>	
	0		$\perp$	
VBG KFT (Creatinine and BUN).	0			
Stool Analysis ,CBC, blood gas ,urine work up	0	1		
i) Serum Sodium came back 160 meq /l, what are the expected complications (seizures, Intracranial hemorrhage	0		1	2
what are the general rehydration roles you have to follow in this case ( Avoid hypotonic solution and rehydration over long	+			_
ime, serial Na follow up)	0		1	2

Examiner's name & signature:

My daughter Sara is 6 month old.

She was well until 5 days ago when she started to have Diarrhea, 5 times a day .Her stool was watery, clear ,with no mucus nor blood .Her usual bowel habit was one to two motions a day .

Vomiting started two days later , 4 to 5 times a day but last day she vomited

all her feeds . Vomitus non- bilious with usual milk content.

No fever was documented .No medications given

She had good appetite with increased demand on her feeds ,she is on Formula milk ,mom uses boiled then cooled tap water for preparation and uses good sterilization technique .

Baby was active but today noticed to be lethargic ,with decreased urine amount in her diapers .

She attends a day – care centre on daily basis ,no similar complaints in her siblings .No previous similar episodes .Vaccination up to age .



# Student Copy

Station: History taking

Time: 7 minutes

# You are about to interview the parent of a **ONE** year old male child who presented with history of **vomiting and diarrhea**

Please take focused history, and then answer the examiners question

vomiting & Diarrhea





#### Student name:

Score

/32

Please observe the student taking detailed history about vomiting and diarrhea in a 1 year old infant, and note that he/she asks about the following:

Analyzing vomiting					
Asking about onset			0		1
Asking about frequency (or number)			0		1
Asking about Character (forceful, projectile)			0		1
Asking about content of vomitus/ bile or blood in vomitus			0		1
Asking about relation to meals			0		1
Analyzing diarrhea					
Asking about onset			0		1
Asking about frequency (or number)			0		1
Asking about amount of stool (large stools, watery, bulky)			0		1
Asking about the presence of mucous			0		1
Asking about the presence of blood			0		1
Asking about associated symptoms					
Appetite/ food intake			0		1
Activity			0		1
Fever			0		1
Irritability			0		1
Jaundice			0		1
Respiratory/ viral symptoms (cough, runny nose)			0		1
Seizure or abnormal movements			0		1
Change of urine color or smell					1
Asking about symptoms of dehydration					
Thirst			0		1
Urinary amount and frequency			0		1
Past history questions					
Previous history of vomiting and diarrhea			0		1
Ask about family history					
Asking about contact with sick family member			0		1
Asking about exposure to contaminated water or food					
Asking about going to day care or not			0		1
Drug history (antibiotics)			0		1
After 6 min, stop the student and ask what are things in physical exam that will help in	asses	sing	degre	e of	
dehydration					
Answer:					
1- Signs of dehydration :dry mucus membranes ,decreased skin turgor, sunken					
fontanel, crying without tears, cap refill ( the student should mention at least 3	0	1	2	3	4
of them)					
2- Vital signs : blood pressure , heart rate					
	0	1		2	4
Overall (organization, systematic, polite, good communications skills)	0	1	2	3	4

My son Omar is a one year old, previously healthy

Has vomiting and diarrhea since yesterday

He started vomiting yesterday morning and since then he vomited 3 times. He vomits after drinking milk within few minutes of feeding. He has no mucous, blood or bile in his vomitus.

He developed diarrhea last night and since then he had 7 episodes of watery stool, with mucous but no blood, the stool is large that he spoils his clothes (soaks the diaper and the clothes). He has no abdominal pain.

He has been less active than usual since yesterday; he had a fever that I measured at 38.5 rectally. He has poor appetite but only wants to drink a lot of water. He had no seizures or loss of consciousness. He didn't eat from outside the house. He is on formula milk and table food. I use filtered water to prepare his milk. He stays with me at home and has a 3year old brother who had diarrhea last week but was very mild.

Last urine output was yesterday morning, but I can't tell if he had urine mixed with the stool.

He has no runny nose, and no cough.

TIME: 7 minutes

# <u>Time: 7 minutes</u> Station: History taking

4 year old male came to the clinic because of "yellow skin"

# Please take a focused history, and answer the examiner's questions.



#### TIME: 7 minutes

#### Student Name:

Mark /24

A 4 year old male came to the clinic because of "yellow skin

# Please take a focused history, and answer the examiner's questions.

Analyzing complaint			
Onset of yellow skin		0	1
Extent of the yellow color:	skin only Vs skin and the eyes	0	1
Course : progressive vs flue	ctuant vs resolving vs same	0	1
Change in color of stool		0	1
Change in color of urine		0	1
Itching		0	1
Appetite ,activity		0	1
Associated symptoms			
Fever		0	1
Abdominal pain		0	1
Nausea , vomiting		0	1
History of pallor		0	1
Epistaxis, bruises, petichia	9	0	1
altered level of consciousn	ess, abnormal movement	0	1
History of ingestion of drugs	/food (fava beans)	0	1
Other important histories			
Similar episodes in the past		0	1
History of Blood transfusion		0	1
Vaccination history		0	1
Travel history / or contact		0	1
Family history of hemolysis		0	1
dark urine without fever or jaundiced without heptaos diagnosis ? Acute hemolysis (as G6	udent to ask the following; th abdominal pain.On exam he plenomegaly. What is the mos PD deficiency). for acute hemolysis,two mark	e was tachycardic ,pa st likely differential	le and
0	1	2	

0	1	2	2			
<b>Overall (organization, syste</b>	matic, polite, good communi	cations	0	1	2	3
skills						

Examiners' name and signature:

My 4 year old boy is having yellow eyes and skin of 2 days duration. The color is progressive in nature, getting darker since it started. There is no abdominal pain, no Fever, no vomiting. There is Decreased appetite and activity.

He appears pale .The urine is dark in color, the stool is normal.

No skin rash. . No Epistaxis, bruises, petichiae.No itching,no abnormal movements

PMHx : one Similar episodes at the age of 2 year, but milder and no investigations were done.no history of Blood transfusion. Vaccination history up to date. Travel history : negative.

FHX : no sick contact, his cousins has jaundice before one year

Drug History :no drugs.ate fava beans 3 days ago (only if ask specifically)

Station: History taking

Time: 7 minutes

You are about to interview the parent of a **5 days old** newborn girl .who presented with history of **yellowish discoloration of her eyes and skin**.

Please take focused history, and then answer the examiners question

Yellowish Discoloration of Sking Eyes



Examiner's copy



Student name:

Score /25

Please observe the student taking detailed history about jaundice in a 5 days old newborn girl, and note that he/she asks about the following:

Analyzing Jaundice and perinatal history			
Gestational age	0	1	
Birth weight	0	1	
Pregnancy complications/infections /rashes	0	1	
Mode of delivery/ vacuum for cephalhematoma	0	1	
Age of onset	0	1	
Previous bilirubin measurement /coarse	0	1	
Analyzing potential causes :			
Type of milk	0	1	
Frequency of feeds / amount /			
Adequacy : less irritable after feeding , suckling sounds	0	1	2
Frequency of bowel motion and urination	0	1	2
Asking about stool and urine color			
(yellow –green/pale stools /dark urine )	0	1	2
Mother blood group/if known	0	1	
Fever /Irritability /decreased feeding /hypoactivity	0	1	
Skin rash	0	1	
Abnormal movements	0	1	
Ask about family history			
Previous siblings, if they had jaundice,			
what did they need as a treatment (photo/admission/exchange) /highest level	0	1	2
Family history of blood disorder (G6PD), recurrent blood transfusion/ cholecystectomy	0	1	
After 6 minutes of history taking, please stop the student and ask: 1-What is the most likely cause of this newborn jaundice (answer : physiological)	0	1	
<b>2-</b> what is the most important investigation you would like to order <b>Total serum bilirubin</b>	0	1	
Overall (organization, systematic, polite, good communications skills	0 1	2	3 4

My daughter Sara is 5 days old.

She has yellowish discoloration of her eyes and skin since the second day of her life, I feel its increasing but this is my first visit to a pediatrician, she is breast fed, 8-10 times per day, 30 minutes each time, she is very comfortable after she is fed, she passes stools 6 times, yellowish in color, she passes urine also around six times, yellowish in color as well, she is active and has no fever.

Sara is my 3<sup>rd</sup> child, her siblings had jaundice, did not need anything, I was just told to increase the frequency of breast feeding.

My pregnancy was very smooth, I had regular visits to my Ob .I had her at my due date, vaginally. Her weight at birth was 3 kgs. Her weight todays is 2.95 kg

We do not have any blood disorder running in the family, nobody gets regular blood transfusion or had surgeries





Name:

Score: /25



Case 2: Red urine

A 7 year old previously healthy girl has red colored urine of 1 day duration.

Q

What are the important questions you ask by history to reach at a differential diagnosis?

History of URTI	0	1
Ingestion of certain coloring foods or	0	1
medications		
History of skin infection, or rash	0	1
Peri-orbital swelling	0	1
Urine output	0	1
Flank pain	0	1
Dysuria, frequency, urgency or dribbling	0	1
Family history of renal problems	0	1
History of trauma	0	1

On examination the child was found to have high blood pressure, tachypnia, and generalized edema.



#### List the most likely deferential diagnosis for his red urine?

glomerulonephritis	0	1	



# Tell me the <u>important investigations</u> that will help you in the diagnosis of this child:

Urine analysis	0	1
Serum electrolytes	0	1
Kidney function test	0	1
ASO titer	0	1
C3, C4 levels and/or ANA	0	1
CBC and blood film	0	1
Albumen	0	1



If you suspect glomerular disease in this child, what are you looking for on urinalysis to support your suspiscion?

RBC cast	0	1	
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What are the important steps in the management of acute post-streptococcal Glomerulonephritis?

### Q

Fluid and salt restriction	0	1
Treatment of hypertension	0	1
Treatment and observation for electrolyte	0	1
imbalance		

### Q

#### Would you give prophylaxis antibiotics for this child?

	No	0	1
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Overall performance	0	1	2	3
Note: The overall performance marks depends on how fluent th	ne stur	lent was	in aivinc	the cor

Note: The overall performance marks depends on how fluent the student was in giving the correct answers (Not hesitant, not needing a lot of leading questions by the examining committee)

Station number .....

#### Student copy

#### This is the mother of a 10 year old boy who presented with a history of <u>red urine</u>.

1-Take up to the point history from the mother

2-What are the most important things you want to do in the physical examination

3-You will be given lab tests for interpretation to give the diagnosis



#### Station number..... *Examiner copy*

Плитинст сору		
Student name		
Final mark		
Stop the student from taking the history a	<mark>fter 5</mark> m	inutes
Introduce himself to mother and explain	0	1
Urine color	0	1
Urine amount	0	2
Dysuria	0	1
Urgency/frequency	0	1
Fever	0	1
Previous episode	0	2
Preceding upper respiratory infection	0	2
Dyspnea	0	1
Skin rash	0	1
Joint pain	0	1
Drugs	0	1
Abdominal pain	0	1
Family history	0	1
<b>Stop the student after 5 minutes</b>		
What to examine (1 minute)		
Blood pressure	0	2
Edema	0	2

*Name 3 investigations that will help to reach diagnosis(4 minutes)* 

ASO titer	0	1
Complement	0	1
Urine routine and microscopy	0	1

What is the diagnosis	0	1
6		

#### Station number..... *Examiner copy*

A 10 years old boy came to your clinic with a history of red urine for the last 3 days.

Two weeks ago he had fever and sore throat and he did not go to school for 2 days.

1-Take up to the point history2-What do you want to examine3-What investigation to help in diagnosis

After finishing the history, examination and investigation tell the student that <u>the following data will help him in</u> <u>diagnosis:</u>

Patient has blood pressure135/90, periorbital edema and urine analysis showed: specific gravity 1.035

Blood +2 Protein +2 RBC cast

Blood: low complement

4-Ask the student what is the diagnosis



The University of Jordan /Pediatric Final OSCE 2016 TIME: 7 minutes



# <u>Time: 7 minutes</u> Station: History taking

A mother of a <u>five year</u> old child brought him to the emergency room with <u>red urine</u> <u>of two days duration.She had a urine</u> <u>analysis done outside showing microscopic</u> <u>hemtauria.</u>

Please take a focused history, and answer the examiner's questions.

Red Urine





#### Student Name:

Mark /22

A mother brings her five year old boy complaining of red urine of two days duration.She had a urine analysis showing hematuria. Observe the student asking the mother about the following:

Asking symptoms of UTI,stones				
Course of Red urine (at the end or although)	(	)		1
color of urine, presense of clots	(	)		1
History of fever	(	)		1
History of decreased feeding/activity	(	)		1
Symptoms of UTI,as dysuria, frequency, wetting, urgency,	(	)		1
History of loin or abdominal pain	(	)		1
Asking symptoms of glomerulonephritis				
History of edema, periorbital swelling	(	)		1
History of decreased urine output	(	)		1
History of previous tonsillitis	(	)		1
History of previous attacks	(	)		1
Other important questions				
Family history of renal failure, deafness, stones, hematuria	(	)		1
History of trauma	(	)		1
History of bleeding from other sites	(	)		1
History of joint pain,skin rash	(	)		1
Drug history	(	)		1
After 6 minutes Stop the student to ask the following ;In this child yo glomerulonephritis.What other findings on urine analysis would sup diagnosis?	-		d	
1 .high grade proteinuria	0	2		4
2.RBC casts				
Overall (organization, systematic, polite, good communications	0	1	2	3
skills				

Examiners' name and signature:





My three years old boy is complaing of red urine of two days duration. The color is dark red with no clots and it is all through the urination. There is no abdominal or flank pain. No fever, dyuria, frequency, wetting or urgency. I noticed his eyes puffy in the morning and he is not going to the toilet as frequently as before. This is the first time he complains of this. He had tonsillitis one month ago.

There is no history of trauma,no problems in the family.No bleeding from other sites.No history of skin rash or joint pain.He didn't take any drugs





# Skill: History taking

# Time: 7 minutes

# You are about to interview the parent of a **6 year old** boy complaining of abnormal movement

Please take a focused history







#### Examiner's copy

#### Student name:

Score / 26

Please observe the student taking detailed history about abnormal movement in a 6 year old boy, note that he/she asks about the following:

Analyzing abnormal movement : Pre-ictal					
Onset (what was the child doing when it happened, any abnormal sensation, visual aura)	0	1			
Ictal					
Ask about duration	0	1			
Analysis of movement( tonic, clonic)	0	1			
Ask about focal or generalized	0	1			
Ask about loss of consciousness	0	1			
Ask about cyanosis	0	1			
Ask about loss of sphincteric control	0	1			
Post Ictal : sleeping ,lethargy / weakness	0	1	2		
Past History : similar attacks	0	1			
History of fever (looking for infection)	0	2			
History of lethargy, headache, hypoactivity (CNS infection)	0	1			
History of Head trauma	0	2			
Medication History	0	2			
Family History : Seizure disorder (epilepsy/febrile seizures)	0	1			
<b>Perinatal History</b> :, gestational age , mode of delivery ,birth weight , NICU Admission	0	1			
Developmental History	0	2			
After 6 minutes ask the following :what are the basic investigations for recurrent seizure without fever : <b>EEG</b>	0	1	2		
<b>Imaging studies</b> Overall Performance : Introduce him/her self, organized thoughts , appropriate questions and comments	0	1	2	3	

examiners' Name and Signature:





My boy Ahmad is 6 year old, he was playing with his toys when I heard a scream. I was next room, I came in, he was shivering hands and legs and he was so blue, his eyes were looking up and his tongue was out, he peed in his pants .He wasn't awake .I did put him on his side, it was so scary but thank God it lasts for about 2 minutes only. And he was just a little bit sleepy after wards.

Those days he is perfectly well, no issues of any kind.No fever.

There is no family history of seizures, before few months he had abnormal movements that lasted for a shorter time, but I didn't seek medical attention. Ahmad has been always healthy , he is smart boy , telling stories and recently riding his red tricycle that he loves so much , he doesn't take any medication .never had any head trauma before .

My pregnancy was so smooth, it was vaginal delivery, his weight was 3 kgs he went home with me, had no jaundice.



The University of Jordan /Pediatric Final OSCE 2013 TIME: 7 minutes



# <u>Time: 7 minutes</u> Station: History taking

A 3 year old child is brought to ER by his parents after having an attack of abnormal movements of his limbs

Please take a focused history, and answer the examiner's questions.







#### Student Name:

Mark /33

A 3 year old child is brought to ER by his parents after having an attack of abnormal movements of his limbs. Observe the student asking the mother about the following:

Analyzing the attack					
Onset (what was the patient doing before the attack: crying,		0	1		
sleeping, aura)					
Which limbs involved (unilateral, bilateral)		0	1		
Nature of movements (tonic, clonic, etc )		0	1		
duration		0	1		
Eye up rolling, cyanosis		0	1		
Level of consciousness and responsiveness during AND after the		0	1		2
attack, postictal weakness					
How the attack aborted (spontaneous, medication)		0	1		
Is this the first attack or has it happened before		0	1		
Associated symptoms					
History of vomiting, irritability, decreased activity, skin rash		0	1		2
History of fever		0	2		
History of headache		0	2		
History of trauma		0	2		
History of drug ingestion		0	1		
History of exposure to environmental toxin		0	1		
Other important questions					
Perinatal history		0	1		
Developmental history		0	1		
Known chronic diseases (diabetes, metabolic)		0	1		
Vaccination history		0 1			
Family history of similar condition		0	1		
After 6 minutes Stop the student to ask the following; What is the	diff	eren	tial		
regarding etiology of this seizure (name three)					
	T	T			
1. Trauma in garden causing hemmhrage	0	2	4	6	5
2. Meningitis					
3. First attack of epilepsy					
4. Poisoning (drugs at home, pesticides)					
Overall (organization, systematic, polite, good	0	1		2	3
communications skills					

Examiners' name and signature:





My child was playing outside in our garden when I came to find him having extension movements of his upper and lower limbs. His eyes were uprolled and he wasn't blue. I don't know what my child was doing when this happened. He wasn't awake and I brought him directly to E/R. He is been having these movement for 15 min from the time I saw him.

In the E/R he was given medications and the attack aborted. After it stopped he slept for two hour and there was no weakness.

This is the first time my child is having these movements.

Today in the morning he was having runny nose and decreased activity and undocumented feeling of hotness.

I don't know if the child fell in the garden.there is no vomiting or skin rash,no history of headache .No hx of known drug ingestion but his grandmother who is diabetic lives with us in our home.

Perinatal history is unremarkable

Past history:No known medical problems

Developmental history: normal

Vaccination:up to age

Family history: His older brother has seizures and is on medications



The University of Jordan /Pediatric Final OSCE 2013 TIME: 7 minutes Examiner copy



### Time: 7 minutes

### **Station: History taking**

A mother of a <u>three year</u> old child brought him to the emergency room with <u>fever</u> and <u>seizures</u> of a few minutes duration.

Please take a focused history, and answer the examiner's questions.







/24

#### Student Name:

Mark

A mother of a three year old child presents to the emergency room with fever and seizures. Observe the student asking the mother about the following:

Analyzing the fever				
Onset, duration	(	0		1
Amplitude, documented or not?	(	0		1
Relieving factors (antipyretics, cold compressors)		D		1
Analyzing seizures				
Duration		0		1
Type ( Tonic /Clonic )	(	0		1
Focality symptoms	(	0		1
Loss of consciousness	(	0		1
Asking questions to determine focus of fever				
Headache /Photophobia	(	0		1
Vomiting, nausea/Diarrhea	ĺ	0		1
Skin rash	(	0		1
Cough /runny nose /sore throat	(	0		1
Urinary symptoms: dysuria	(	0		1
Other important questions				
Activity, appetite, level of consciousness	(	0		1
Contact with sick individuals	(	0		1
Vaccination history	(	0		1
Past history of similar conditions, hospital admissions	(	0		1
Medication history (received antibiotics?)	0		1	
Travelling history (people returning from Hajj or Omra)	0			1
<b>After 6 minutes Stop the student to ask the following;</b> If CSF analysis showed cell count of <b>900</b> ,neutrophils 90 %,Glucose of . Glucose 75 mg/dl.what is your treatment plan	30 mg/c	ll,se	rum	1
Antibiotics ( should say Vancomycin & Cefotaxime )	0	1		2
Steroids ( Dexamethazone )	0	1		
Overall (organization, systematic, polite, good communications	0	1	2	

Examiners' name and signature:



The University of Jordan /Pediatric Final OSCE 2013 TIME: 7 minutes Examiner copy



## SP copy

My child is a 7 year old girl who is not known to have any previous illness, started to have fever last night. It measured 39 degrees axillary. I gave her Revanin and the fever improved. She also complains of headache all night, she had difficulty in sleeping last night until I gave her the Paracetamol when headache improved she was able to sleep. She says her headache is worse when she leans forward, and it is throbbing in nature. This morning she was crying with headache, mainly frontal. She vomited once this morning. She does complain that her throat hurts. No photophobia, skin rash, or abnormal movements or chills. She had poor appetite this morning and less active than usual.





Vaccination complete. No previous hospitalizations. No trauma. No medication

### *Time: 7 minutes* <u>Student Copy</u>

You are a fifth year medical student in the emergency room. You are about to interview a mother who brought her 2 year old daughter who was unconscious.

Please take a focused history.



**Student Name:** 

Final Mark:

Examiner's Copy

History taking of 2.5 year old found unconscious. Observe that the student performed the following:

		-
Ask about duration of LOC	0	1
Ask about Seizure-like activity	0	1
Ask about color during LOC	0	1
Ask about post-ictal state	0	1
Ask about Trauma or fall	0	1
Ask about breathing pattern	0	1
Ask about Fever	0	1
Ask about recent illness	0	1
Ask about medication history	0	1
Ask about vomiting	0	1
Ask about intoxication (drugs, organophosphate, or pesticides)	0	1
Ask about diabetes symptoms (polyurea, polydepsia)	0	1
3) Asks about developmental history	0	1
4) Past history		
Ask about past history of LOC	0	1
Ask about past history of seizures	0	1
Ask about vaccinations	0	1
5) Family History		
Ask about similar condition in the family	0	1
Ask about family history of febrile seizure	0	1
Ask about family history of epilepsy	0	1
6) Please ask the student to think for a few moments and provide the <b>I</b>		•
five diagnoses based on the history, he/she gets a score for each of the		ving
Febrile seizure	0	1
Epilepsy	0	1
Meningitis or CNS infection	0	1
7) Overall performance		
Organization	0	1
Communication/ coherence	0	1

You are a mother of a 2.5 year old female, previously healthy, and her name is Sara. Your son (Ibrahim) who is 10 year old called you to see her at 3pm today afternoon. He told you that she was lying on the floor in the back yard for sometime. You rushed out to see her and found her on the floor, breathing normally, with her eyes closed. She didn't answer you when you called her name, and didn't wake up when you moved her. Her color was normal, she was floppy. You carried her immediately and came to the hospital by a taxi. You live about 10 minutes from the hospital. She woke up while you were in the car, she cried a little, but was very sleepy. At that time you noticed that she felt very hot. You arrived to the hospital 30 minutes before the interview with the medical student. During these thirty minutes she was given a dose of Rivanin because her temperature was 39 C and her temperature came down, she became more alert, and was asking you to go home. Now she is asleep. You are still concerned about what happened to her.

You remember that in the past 2 days she had runny nose, her brother has runny nose too, She had no vomiting, and was acting normally otherwise. You didn't notice the fever before coming to the hospital. Today she had her lunch normally at around 2:30 pm, and she asked if she can go out to play in the backyard, she went out around 2:45p. You were in the kitchen when her brother came in and told you that she was lying on the floor.

She is not taking any medications for her cold or any other reason. There were no bruises on her body when you saw her but you are not sure if she fell down. There was no urinary incontinence, and there was nothing in her mouth when you saw her. Her father is hypertensive and takes medications but they are kept away in the parents' bedroom so children can't reach them, but you didn't check if any medication is missing. In the backyard, you have not used any pesticides or insecticides for the past six months.

Sara has no past history of any significant illness, and no hospitalization, she never lost her consciousness, and never had seizures. Her vaccinations are up to date, last one was about a year ago. She had normal delivery and normal development. She walked at age 14 months and she is talking very well. She can use a pencil to mimic a circle, and she plays well with Lego and cubes.

There is no family history of seizure disorder, or loss of consciousness. Her father works at the university library and he has HTN for which he takes two medications that you don't know their names his age is 45yrs, and your age is 38. Parents are cousins. Sara doesn't go to day care. And mom is a housewife. You have a son (Ibrahim) and a daughter (Sara).

After you daughter woke up, and her fever came down with rivanin you felt a little relieved, but you still are concerned about her, and want to know what she had.



*The University of Jordan /Pediatric Final OSCE* 2014 *TIME: 7 minutes* 



# <u>Time: 7 minutes</u> Station: History taking

A mother brings her five year old boy to the clinic because he has frequent falls while walking which is worsening for the last 6 months.

Please take a focused history, and answer the examiner's questions.

Frequent Falls



#### The University of Jordan /Pediatric Final OSCE 2014 TIME: 7 minutes



#### **Student Name:**

Mark /25

A mother brings her five year old boy to the clinic because he has frequent falls while walking which is worsening for the last 6 months. Observe the student asking the mother about the following.

Analysis of problem			
History of abnormal movement, change in tone	0		1
History of loss of consciousness	0		1
History of fever	0		1
History of joint pain, swelling	0		1
History of trauma	0		1
Ask mother to describe gait	0		1
Age of walking	0		1
Was the child walking normal, then he regressed	0		1
Asking symptoms of myasthenia gravis(ptosis,squint,tired at end of day)	0		1
History of weakness in upper limbs, choking	0		1
Developmental history			
Gross motor:,example if he goes upstairs and downstairs	0		1
Fine motor: example if he draws a triangle	0		1
Social:example if he plays with peers	0		1
Language: example if he tells stories, knows colors	0		1
Other important questions			
Antenatal history:medical problems in mother (HTN,drugs,infection)	0		1
Birth history (GA,Birth weight,NICU admission,mode of	0	1	2
delivery,jaundice)			
Family history of consanguintiy	0		1
Family history of similar cases	0		1
Vaccination history	0		1
After 6 minutes Stop the student to ask the following If the child had calf hypertrophy, decreased tone and DTR.mention two tests to help you reach the correct diagnosis CPK, muscle biopsy, dystrophin gene	0	1	2
Overall (organization, systematic, polite, good communications skills	0	1	2 3

Examiners' name and signature:





# SP copy

My son started walking at the age of 18 months and recently he started to have frequent falls for the last one year that became more remarkable for the last few months .

He also has difficulty of standing from sitting position .He goes upstairs and downstairs while holding the rails .Gait is like a duck

He has no problems with his hands and upper limbs, no chocking or swallowing problems, no squint and no ptosis, no tremor in hands, no nystagmus and he is not ataxic and his tone is normal ( if the student asks about spasticity ). No history of trauma,jont swelling,fever

He was born at term by normal vaginal delivery, BW 3 kg and no NICU admission .Me and my husband are not consanguineous and there is no similar history in the family .Antenatal history was unremarkable

Regarding his development he sat alone at 10 months, developed 2 word sentences at 2 years and currently knows 4 colors and draws a traingle. His social development is normal and he plays with children.

# Frequent Falls

#### Station : history delayed walking and frequent falls

#### Examiner copy (time 10 minutes)

Student Name -----

Mark -----/28

This station examines the ability of student to take a history to differentiate if the weakness is related to upper motor or lower motor neuron disorder in addition to his ability to understand the causes of lower motor neurone disorders

A mother brought her 3 years boy to your clinic because he has frequent falls while walking which is worsening for the last 6 months. He had no trauma, no joint swelling and no fever

- 1- Take a focused history from his mother
- 2- the examiner will stop you after 7 minutes to ask you about the differential diagnosis

Ask about antenatal history : medical problems in mother (DM, hypertension , drugs , fetal activity , infections , fever )	0	1	2
Ask about birth history :GA , mode of delivery , BW , jaundice ,NICU,cried at birth	0	1	2
Ask about vaccine history	0	1	
Ask about developmental history			
<i>Gross motor</i> : when did he start walking , and if he goes upstairs and downstairs now	0	1	2
Fine motor : if he draws a circle	0	1	
Social : if h plays with peers	0	1	
<i>Language</i> : if he forms 3 word sentences and knows 1-2 colors	0	1	
Ask about regression or not and when did it start	0	1	2
Any other weaknesses elsewhere			
Upper limbs	0	1	
Chocking	0	1	
Ptosis	0	1	
Squint ( opthalmoplegia )	0	1	
Tired more at the end of day	0	1	
Family history of			
Consanguinity	0	1	

Similar cases in the family ( or early deaths )	0		1	
What is your differential diagnosis				
Muscle disease : Progressive muscle dystrophy ( +/- mostly	0		2	
duchenne )				
Anterior horn cell :Polio	0		1	
<i>Neuromuscular junction or nerve</i> : Myasthenia gravis or neuropathy	0		1	
Tell the student that upon physical examination the child was				
noticed to have decrease tone and Deep tendon reflexes in				
addition <u>to calf hypertrophy</u>				
Mention 2 tests to help in reaching towards the correct				
diagnosis ( <u>any 2</u> )				
CPK, muscle biopsy, dystrophin gene	0		1	2
Communication Skill :				
Intoduce him /herself. Explain purpose of	1	2		3
interview,organization,type of questioning open versus close				
end question, appropriate body language (eye contact.etc)				

#### **INVESTIGATION SUMMARY**

#### Fever

CSF work up Basic work up labs [CBC, Blood Culture, Urine Analysis, Urine Culture]

#### Vomiting

LP CBC (WBC, Hb), Blood Culture, Urine Analysis Electrolytes Platelet Count, PT/ PTT

#### **Vomiting of Blood**

CBC (Hb), Cross Match Electrolytes KFT

#### **Vomiting & Decreased Activity**

Stool Analysis & Culture Abdominal Ultrasound/ Barium or Pneumatic Enema

#### **Decreased Feeding**

<u>CSF</u> work up Basic work up labs [CBC, <u>Blood Culture</u>, Urine Analysis, <u>Urine Culture</u>] CRP

#### **Fast Breathing**

Chest X-Ray

#### Cough

Chest X-Ray Sweat Chloride Test

#### **Periorbital Swelling**

Urine Analysis Electrolytes KFT (Urea, Creatinine) Albumin

Joint Swelling [Due to Rheumatic Fever]

Echo. ECG ASO Titer CRP, ESR

#### **Fever & Joint Pain**

Echo. ECG ASO Titer CRP, ESR Chest X-Ray CBC what is underlined: culture -> diagnostic

#### Skin Rash

Urine Analysis Stool Analysis CBC, CRP, KFT

#### **Fever & Abdominal Pain**

CBC, Blood Culture, Urine Analysis, Urine Culture CRP, ESR KFT (Creatinine, Urea)

Ultrasound MCUG DMSA

#### **Vomiting & Diarrhea**

Stool Analysis & Culture CBC, Blood Gas, Urine Analysis, Urine Culture Electrolytes (Na, K, Cl) KFT (Creatinine, Urea)

#### **Yellow Skin**

Total Serum Bilirubin

#### **Red Urine**

CBC, Blood Film, Urine Analysis Electrolytes KFT Albumin ASO Titer Complement (C3, C4 and/ or ANA)

#### Seizure

EEG Imaging Studies

#### **Frequent Falls**

CPK Muscle Biopsy Dystrophin Gene

#### Fever

Ask: Antipyretic, Antibiotics

#### Headache

Ask: Analgesia

#### Vomiting

Ask: Antipyretic, Antiemetic, Herbal

```
GERD Baby = No Medications
Lethargic Baby + Dehydration = IV Normal Saline 0.9% 20 ml/ kg
Bacterial Meningitis = Rocephen/ Claforan + Vancomycin
Peptic Ulcer Disease (with blood) = Antacids
```

#### **Nose Bleed**

Ask: Anticoagulants

#### **Abnormal Breathing Sound**

Ask: Nebuliser/ Inhaler

Oxygen, Hydration, Nebulised Adrenaline, Steroids

#### Cough

Ask: Nebuliser/ Inhaler (Ventolin) Oxygen, Hydration, Nebulised Adrenaline/ Salbutamol

#### **Joint Pain**

Ask: Pain Medications

Skin Rash

Hydration, Antihistamine, Salbutamol, Steroids

#### **Abdominal Pain**

Ask: NSAIDs, PPI

If gram negative bacilli = Cephalosporin 3rd (Aminoglycoside, Carbapenems) 7-14 days

#### Diarrhea

Ask: Antibiotics

#### **Fever & Seizure**

Bacterial Meningitis = Antibiotics (Cefotaxime & Vancomycin) + Steroids (Dexamethasone)

#### Loss of Consciousness

Ask: Organophosphate, Pesticides