

## CASES FOR STUDENT 2:

### RESP

Student Prompt: You have been asked to take a history from Mrs Howard who has presented to her GP with a cough.

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| Name, DOB            | Margaret Howard, 74 years old, 8/5/1948  |
| PC                   | Cough – started one month ago, sometimes productive with blood   |
| HPC                  | <ul style="list-style-type: none"><li>- Cough started gradually and has become worse over time.</li><li>- Sometimes there is bright red blood, around a teaspoon.</li><li>- Increasing shortness of breath</li><li>- No improvement of cough despite 2 courses of antibiotics and steroids</li><li>- Lethargy worse over the last few months, appetite loss and weight loss in the last 2 months (75kg to 67kg), occasional night sweats</li><li>- No recent travel/ fevers/ previous TB/ travel/ wheeze/ chest pain/ PND/ orthopnoea/ oedema/ new medications</li></ul> |
| ICE                  | I: I think I have some kind of infection that's got worse.<br>C: Blood is worrying<br>E: I think I just need some stronger antibiotics to shake this infection   |
| Past Medical History | COPD, hypertension, type 2 diabetes  |
| Drug History         | Amlodipine, ramipril, metformin, gliclazide, salbutamol, Symbicort, No allergies   |
| Family History       | Mother had thyroid cancer  |
| Social History       | Live alone, husband passed away last year.<br>Children are close by who help, she has a once-a-day carer for meals.<br>Smoker of 30/day for 60 years<br>Doesn't drink  |

### **Top Differentials:**

- Lung cancer
- Bronchiectasis
- TB

### CARDIO

Student Prompt: You have been asked to take a history from Miss Brown who presented to A&E with chest pain.

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| Name, DOB            | Jennifer Brown, 45 years old, 26/07/1977   |
| PC                   | Central crushing chest pain after large meals  |
| HPC                  | <ul style="list-style-type: none"><li>• Pain lasts for the whole day, gradually gets better.</li><li>• Pain improves on drinking milk.</li><li>• Pain is on the left, doesn't radiate.</li><li>• Feels short of breath and nauseous.</li><li>• No vomiting, no palpitations, no headache</li></ul> |
| ICE                  | I: I think I have a heart attack, symptoms fit with what I saw on WebMD.<br>C: Same as above<br>E: Just want the pain to go away   |
| Past Medical History | - Type 2 diabetes  |

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|----------------|--|
| Drug History   | - Metformin, aspirin, no allergies   |
| Family History | - Mother diagnosed with gastric cancer at 48   |
| Social History | - Drinks at least 2 beers every day, Smokes 2 packs per day for the last 20 years<br>- Works from home at the moment at an insurance company |

**Top Differentials:**

- GORD
- MI

**ABDO**

Student prompt: You have been asked to take a history from Mr Garcia at the GP

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|----------------------|--|
| Name, DOB            | Oscar Garcia, 25, 18/04/1996   |
| PC                   | 2 weeks diarrhoea  |
| HPC                  | <ul style="list-style-type: none"> <li>- Noticed blood in diarrhoea and some mucus.</li> <li>- Severe abdominal pain, usually around the right side</li> <li>- Low grade fever</li> <li>- Lost weight but not sure how much</li> <li>- Similar episodes before of diarrhoea but not with blood</li> <li>- Abdomen feels bloated.</li> <li>- Difficulty swallowing and sore mouth.</li> <li>- No rashes, shortness of breath, palpitations, vomiting, nausea, joint or pain swelling.</li> <li>- No unprotected sex, IV drug use, foreign travel or urethral discharge</li> </ul> |
| ICE                  | <p>I: I have no idea, might be because I ate a dodgy take away the other day, but this has been going for longer than that?</p> <p>C: Really worried about the blood</p> <p>E: Want to find out what this is</p>   |
| Past Medical History | Nil  |
| Drug History         | Paracetamol, no allergies  |
| Family History       | Brother and father have diabetes, Mother died from ovarian cancer  |
| Social History       | <ul style="list-style-type: none"> <li>- Live alone, work as a web designer</li> <li>- Smoked 2 packs a day for the last 10 years.</li> <li>- Had a takeaway 2 days ago, symptoms haven't worsened since then</li> </ul>   |

**Top Differentials:**

- Crohn's – more likely than UC
- Ulcerative colitis
- Gastroenteritis

**NEURO**

Student prompt: You have been asked to take a history from Mrs Water at the GP who has been having frequent falls over the past year.

|           |                                    |
|-----------|------------------------------------|
| Name, DOB | Mary Waters, 73, 4/6/1949          |
| PC        | 1 year history of recurring faints |

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| HPC                  | <ul style="list-style-type: none"> <li>- Some of the falls have been associated with blackouts.</li> <li>- Started after a visit to the GP, the appointment was about high BP.</li> </ul> <p>Before</p> <ul style="list-style-type: none"> <li>- Happens after standing up.</li> <li>- Worse after sleeping.</li> <li>- Feels dizzy beforehand and can feel heart racing.</li> </ul> <p>During:</p> <ul style="list-style-type: none"> <li>- Last a couple seconds.</li> <li>- Able to see and hear.</li> <li>- No bladder incontinence, no headaches, no tinnitus, no head trauma or infective symptoms</li> <li>- No ataxia, swallowing or speech problems, no palpitations.</li> </ul> <p>After:</p> <ul style="list-style-type: none"> <li>- Quick recovery</li> </ul> |
| ICE                  | <p>I: No idea</p> <p>C: Worried I'm going pass out one day and hit my head and then bleed a lot because of the medication I'm on</p> <p>E: Find out what's going on</p>  |
| Past Medical History | <ul style="list-style-type: none"> <li>- Hypertension, AF</li> </ul>   |
| Drug History         | <ul style="list-style-type: none"> <li>- Bisprolol, amlodipine, ramipril, warfarin</li> </ul>  |
| Family History       | N/A  |
| Social History       | <p>Live with my husband who has alzheimer's, take care of him but worried that if I hurt myself and end up in hospital again, I won't be able to. Children sometimes help look after him.</p> <ul style="list-style-type: none"> <li>- Non smoking</li> <li>- Doesn't drink</li> </ul>   |

**Top Differentials:**

- Postural hypotension
- Vasovagal syncope
- Arrythmia