

OSCE History Taking – Notes for Actor

Patient demographics:

You Amanda Gates, an 18-year-old Female, presenting to A&E with a Headache.

Presenting Complaint: Headache

History of Presenting Complaint:

- Site: All over head
- Quality:
- Intensity: 8/10
- Timing: Began 2 days ago
- Aggravating Factors: None
- Relieving Factors: None

Other symptoms + Negative History (ONLY IF ASKED)

- Neck stiffness, Hurts to look at Bright lights. Both began since Headache
- Friend pointed out a Red Rash on her Lower Back this morning
- No Vomiting, No Seizures, No Personality change, No Vision loss, No Bleeding

ICE

I: You think it's because of working too hard and getting stressed

C: None

E: For pain to stop

PMH + Surgical History:

- None, but not upto date with Vaccines (only mention if asked)

Drug History

- Paracetamol + Ibuprofen not helping
- No Allergies

Family History

- Younger sister had Measles a few months ago

Social History

- Doesn't smoke, Drinks quite a lot across the week when going out with friends
- Lives with University flatmates who are well, No Illicit drug use, No Travel history, No Sexual history in past 12 months

Diagnosis: Bacterial Meningitis

OSCE History Taking – Notes for Candidate

Role: GP Trainee

Presenting complaint: Headache

This is Amanda Gates, an 18-year-old Female who has presented to A&E with a Headache.

Please take a history in 8 minutes

There will be 2-minute further questions from examiner at the end

OSCE History Taking- Examiner Marksheet

Opening:

- Introduces themselves
- Confirms Patient demographics
- Explains and gains consent from patient about consultation
- ***Demonstrates relevant and spontaneous empathy at APPROPRIATE times***

Presenting complaint and History of presenting complaint:

- Open questioning to begin
- Structured approach
- Red flags: Weight loss (Cancer), Visual disturbance, Neck stiffness, Rash
- Asks about Pain, Fever
- ICE
- Uses clear language and avoids jargon

Systemic enquiry: Screens for relevant symptoms in other body systems

PMH/Surgical history: Asks about any Medical Conditions or Surgical Procedures, Vaccinations

Drug History, Social and Family History:

- Asks about both prescribed and over the counter medication
- Allergies and what happens during allergy
- Substance misuse, Alcohol and Smoking history
- Occupation, Relevant Family History, Travel History

Ending consultation:

- Summarises and clarifies any points
- Thanks Patient
- Signposting

FOLLOW UP QUESTIONS:

Q1: What is your top differential diagnosis and why?

Bacterial Meningitis: Meningism triad, Petechiae, Missing Vaccines, No Travel history, No personality change (Encephalitis)

Q2: What initial investigations would you order for this patient?

FBC, CRP, U&Es, LFTs, Blood Cultures, Clotting screen, CT Head then Lumbar Puncture

Q3: How would you manage this patient?

**Analgesia, IV Ceftriaxone 2g BDS, Dexamethasone to prevent Cranial Swelling
Advise to inform flatmates/ friends that they need one-off Ciprofloxacin prophylaxis**

Global Impression:

- **Excellent**
- **Good**
- **Pass**
- **Borderline**
- **Fail**

Patient Impression/comments: