Post Operative Management – Notes for Actor

Patient demographics:

You are Niamh Barker, 56-year-old female who has just had a hysterectomy. You have been complaining of some breathlessness for last couple of hours.

Presenting Complaint: Breathlessness

History of Presenting Complaint:

- Site: Some chest pain pain
- Quality: none
- Intensity: 3/10
- Timing: started 2 hours ago
- Aggravating: none
- Relieving: Nothing

Additional symptoms (if asked):

• Had a cough producing green sputum Has had a bit of a temperature

Negative history:

No palpitations or severe chest pain. No leg pain.

ICE

C: worried about breathing

PMH + Surgical History

- Endometrial cancer
- No coagulopathies or connective tissue disorders
- Laparoscopic hysterectomy

Drug History

COCP but not currently taking

Family History

Nothing of note

Diagnosis: Pneumonia

Post Operative Management – Notes for Candidate

Role: Foundation Year 1 doctor on the post-op ward

Presenting complaint: Breathlessness

This is Niamh baker is a 56-year-old female on post op ward complaining of breathlessness after hysterectomy.

Please take a <u>brief</u> history from this patient, you have 3 minutes to do so.

Then briefly outline to the examiner the physical exam you would do and what you would look for, you will have 2 minutes.

Then you will be asked to interpret some investigations for 3

minutes. There will be 2-minutes of further questions from examiner

at the end

Post Operative Management – Examiner marksheet

HISTORY:

"Please take a brief history from the patient"

- Student takes a brief and focused history, SQITARS for abdominal pain
 Asks about relevant symptoms such as fever and features of haemodynamic instability
- Quick scan of relevant PMHx, DHx (including allergies) and FHx
- Asks about what surgery the patient had

Examination:

"Please briefly state what examination you would do and what you would look for"

Observations to check for haemodynamic instability
Examination of the surgical wound site to check for dehiscence and infection Resp Examination – crackles heard on both bases of lungs. Equal expansion and no other abnormalities.

Please interpret following investigations: (show results)

Sputum culture shows gram positive cocci CXR show consolidation in lower zones bilaterally Bloods show elevated WCC and CRP

Follow up questions:

- 1. What is you DD? Pneumonia PE
- 2. Two risk factors Immobility Immunocompromised Recent surgery
- 3. What Is you initial plan? Antibiotics according to sensitivities.

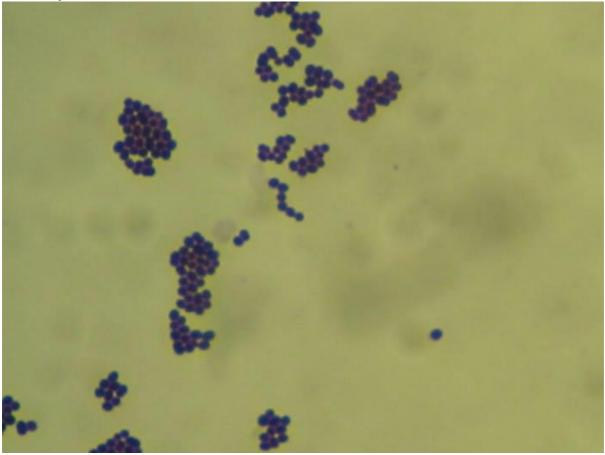
Global Impression: Patient Impression/comments: • Excellent

- Good
- Pass
- Borderline
- Fail

Post Operative Management – Investigations for Interpretation

FBC - Hb (135 – 180 g/L)	140
MCV (82 – 100 fl)	90
Platelets (150 – 400 * 10^9/L)	155
WCC (4 – 11 * 10^9/L)	13.3
Neutrophils (2 – 7 * 10^9/L)	7.5
Lymphocytes (1 – 3 * 10^9/L)	1.6
CRP (<10 mg/L)	68

Sputum culture:



MSD Veterinary Manual. (n.d.). *Image: Gram-positive cocci, poultry*. [online] Available at: https://www.msdvetmanual.com/multimedia/image/gram-positivecocci-poultry [Accessed 15 Jan. 2023].

 $\ensuremath{\textcircled{\sc c}}$ OSCEACE 2023 – Sumedh Sridhar, Hemanshu Monga, Ronit Hardasani