

## OSCE History Taking – Notes for Actor

### **Patient demographics:**

You are James, a 27-year-old male presenting to the emergency department feeling very sick. When asked you will tell the doctor that you have a headache and just feel extremely unwell.

### **Presenting Complaint:** Headache and feeling extremely unwell

### **History of Presenting Complaint:**

- **Site:** Headache started 2 days ago and is all over your head. The pain does not radiate anywhere else and is equally bad on both the left and right side.
- **Quality:** Achy pain
- **Intensity:** 3/10 at onset, now progressed to a 5/10
- **Timing:** the headache has been constant, and present for the last 2 days. You have never had anything like this before
- **Aggravating:** Nothing you have noticed makes the headache worse. You have no photophobia or other features of meningism.
- **Relieving:** Paracetamol has helped slightly but the pain persists despite taking the maximum OTC dose.

### **Other symptoms (ONLY IF ASKED):**

- **Fever:** You have been experiencing fevers of 38.5-39.5 degrees over the past week. **If pressed for details**, you had a high fever for 2 days followed by 2 days of chills, and now the fevers have started again.
- You also feel extremely tired and recently dizzy when you stand up. Ask the student if they think the dizziness is being caused by the headache?
- You have vomited 2-3 times per day for the last 3 days. No blood was present.

### **Negative history:**

Deny the following symptoms IF ASKED: neck stiffness, photophobia, loss of consciousness, skin changes, shortness of breath, palpitations, change in bowel habit, change in urinary habit, weight loss, night sweats, visual changes and neurological deficit.

## ICE

I: You feel that you might be having a migraine because it is something a lot of your friends suffer from

C: You are worried that if this does not go away, it will start to affect your busy job as an investment banker

E: You want some stronger pain relief, following which you will go back to work from today.

## PMH + Surgical History

- Asthma
- Tennis elbow
  
- Appendectomy 10 years ago

## Drug History

- On blue salbutamol inhaler
- No herbal remedies
- No Allergies

## Family History

- Father has high blood pressure
- Mother suffers from fibromyalgia

## Social History

- You have never smoked
- You drink 2 beers at the weekend with your friends
- You smoked cannabis once as a teenager
- Occupation: investment banker
- Living arrangements: you live with your partner
- Vaccinations: you are up to date on all vaccinations to the best of your knowledge
- Travel: **only if asked about recent travel**, reveal that you just came back from Mozambique 3 weeks ago. You had gone there for a friend's wedding. Be adamant that you couldn't have got anything from there because you only ate homecooked food and drank pre-packaged water.
- If asked about malaria prophylaxis, state that you did not use any sprays or tablets since all the beds had mosquito nets.
- You have a balanced diet, exercise regularly and get 8 hours of sleep per night.

## Diagnosis: MALARIA

## **OSCE History Taking – Notes for Candidate**

**Role: Foundation Year 1 doctor in ED**

**Presenting complaint: Headache**

**This is James, a 27-year-old white male presenting to the emergency department 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 e.g. SQITARS
- Red flags features screened for: thunderclap headache, trauma, meningism, sensory/motor deficits.
- ICE
- Uses clear language and avoids jargon
- Enquires about fever and elicits the cyclical nature
- Enquires about vomiting

### **Systemic enquiry:**

- Screens for relevant symptoms in other body systems

### **PMH/Surgical history**

- Asks about any medical conditions
- Asks about relevant surgical procedures

### **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
- Support at home/mobility
- Relevant Family History
- **Elicits travel history**

### **Ending consultation:**

- Summaries and clarifies any points
- Thanks Patient
- Signposting

### EXAMINER FOLLOW UP QUESTIONS:

1. What is your top differential diagnosis and why?  
**Malaria – cyclical fever and headache presenting within the expected malaria incubation period, after foreign travel to a country which is high risk for malaria, combined with absent malaria prophylaxis**
2. What initial investigations would you order for this patient?  
**3 separate blood films looking for malaria parasites over 72 hours  
CXR, FBC, U&Es, LFTs, Glucose, Coag**
3. In an uncomplicated patient, how would you treat them?  
**Riamet or Quinine sulphate**
4. Name a condition which is protective against the development of Malaria  
**Sickle cell trait/G6PDH deficiency**
5. 24 hours later the patient begins having uncontrollable seizures, what complication of malaria has the patient developed?  
**Cerebral malaria**

### Global Impression:

- Excellent
- Good
- Pass
- Borderline
- Fail

### Patient Impression/comments: