

Child Health - Student Instructions

Child Health Station (20 minutes)

Patient:

Roy Goode

93 Adderley Road, Leicester, LE21WB

DOB: 2/2/17

S number: S2795073

You are a foundation doctor working in the children's emergency department.

Roy Good has been brought in by the paramedics, accompanied by his father Charlie Goode with a Fever.

The child will not be present in the station. You will be consulting with Charlie.

You will be expected to:

0-10 minutes:

1. Make an assessment of the child (8 minutes) by:

- a) Reviewing any clinical assessment data present in the station.
- b) Writing Roy's paediatric early warning score on the PEWS chart
- c) Taking a history from Charlie Goode (father). You should spend most of the 8 minutes doing this.

2. Answer the examiner's questions about the case (2 minutes).

10-20 minutes:

The examiner will show you some test results and give you some further information.

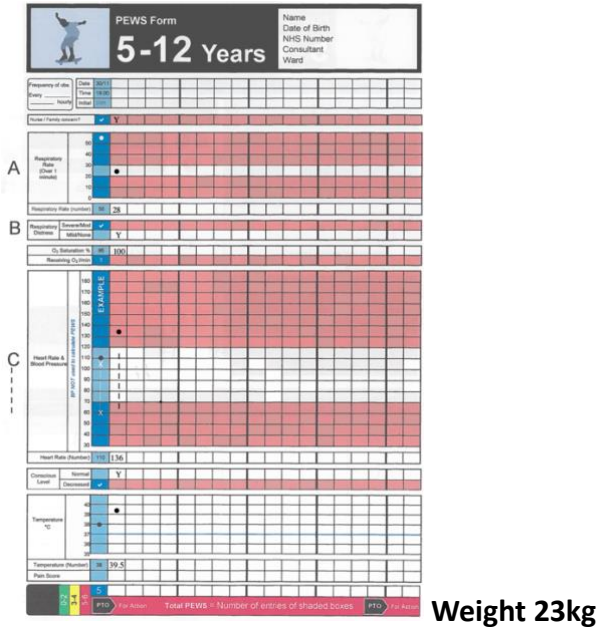
Manage the case by:

- a) Writing a prescription for Roy
- b) Having a discussion with Charlie Goode

If you have not completed your prescription by 15 minutes, the examiner will move you on to the discussion with the father.

Child Health - Patient Instructions

- Diagnosis: *Kawasaki disease*



- Patient history:

- *PC: Fever*
- *HPC:*
 - *6 day history of high fever to the touch*
 - *No relief from Paracetamol*
 - *5 day history of bilateral red eyes, no change in vision or discharge*
- *Other symptoms*
 - *5 day history of red rash on distal Hands & Feet- some peeling but put down to eczema*
 - *6 day history of small neck lumps that aren't painful*
 - *5 day history of lips looking redder than usual and a bit cracked- put down to cold weather*
- *Systems review*
 - *No Headache, Weight loss, Pain, Vomiting*
 - *No change to Bowel/ Bladder, Behaviour*
 - *Eating normally, but reduced fluid intake*
- *PMHx*
 - *Eczema*
 - *Immunisations upto date*
 - *No complications at birth or during pregnancy*
 - *Reached all milestones on schedule*
- *DHx + Allergies*
 - *Allergic to Amoxicillin*
 - *Emollients for Eczema*
- *FHx: Uncle has Rheumatoid Arthritis*
- *SHx*
 - *Lives with father, no siblings*
 - *No one ill at home*

- *No alcohol or smoking in house, No pets*
- *Hasn't been to school this week*
- *No visits from child services*
- *ICE*
 - *Ideas: Some form of eye infection?*
 - *Concerns: Worried about permanent effects*
 - *Expectations: Permanent symptom relief*
- Patient questions:
 - What does Roy have?
 - Is this treatable?
 - I've read that aspirin should be avoided in under 16s, is this safe?
 - Can he get this 'Kawasaki' again?

Child Health - Examiner Marksheet

Marking Criteria	Tick ()
1. Correct plotting and interpretation of PEWS Chart (Score of 2)	
2. Introduction	
3. Professional attitude and patient friendly manner maintained throughout the history	
4. PC	
5. HPC - Open questions, Structured questioning - Asks if patient has tried anything else so far	
6. Other relevant symptoms + appropriate systems review	
7. PMHx - Asks about Birth & Pregnancy history - Asks about Milestones & Immunisations	
8. DHx + Allergies - Asks what medications are for	
9. FHx	
10. SHx - Asks about school - Asks about safeguarding	
11. ICE	
12. Examiner questions correctly answered	
13. Appropriate medication correctly prescribed. - Patient details correctly recorded, allergies , correct medication in capitals, correct dose, correct route, written in the correct place, signed and dated. Move them on after 5 minutes.	
See below	
14. Answers patient questions with correct information in a sensitive way. Chunks and checks information. Signposting and safety-netting. - Explains what Kawasaki is - Explains treatment, adequately addressing concerns over aspirin use - Explains that recurrence is very rare (<1%), but more common to have hand + feet peeling again amidst other illnesses	

**UHL CHILDREN'S SERVICES
PRESCRIPTION CHART**

NHS
University Hospitals of Leicester
NHS Trust

Chart: of Chart: of Chart: of

'S' No. _____ Ward _____

Date _____ Patient's name _____

Signature _____ No known allergies

Additional Charts: Other

Chemotherapy Heparin

Dose adjustment Insulin

Dietetic Products TPN

Frequent dosing Vancomycin

Gentamicin Warfarin

Date of birth _____ Consultant _____

Weight _____ Sig _____ Reweight _____ Sig _____

Date _____ Date _____

Surface Area (m²) _____ Date _____

Sign. _____

	DATE	TIME	ONCE ONLY & PREMEDICATION DRUGS	ROUTE	DOSE	SIGNATURE	PRINT NAME	TIME GIVEN	GIVEN BY
1	1/1/24	09:00	Normal Immunoglobulin	IV	46g				

MEDICINE (approved name)	INDICATION	PRESCRIBER'S SIGNATURE	NAME	BLEEP No.
Aspirin	Kawasaki	-----	---	
START DATE	DOSE	FREQ.	ROUTE	COURSE LENGTH
1/1/24	230mg	QDS	PO	14 days
Administration Time				
02	:	:	:	:
06	:	:	:	:
10	:	:	:	:
14	:	:	:	:
18	:	:	:	:
22	:	:	:	:

Question 1: What is the most likely diagnosis?

Kawasaki's disease

Question 2: What are two Differentials?

Scarlet Fever, Juvenile Idiopathic Arthritis, Stevens-Johnson Syndrome

Question 3: What is your management?

IVIG & Aspirin

Question 4: Which imaging investigation must be done and why?

Echocardiography to screen for Coronary Artery Aneurysms

Global Impression:

Patient Impression/comments:

- Excellent
- Good
- Pass
- Borderline
- Fail