Complication in a Surgical Patient 2– Notes for Candidate

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

Presenting complaint: Confusion

This is Mary, a 59-year-old female who is on the post-operative ward with confusion

Please take a brief 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

Complication in a Surgical Patient 2– Notes for Actor

Patient demographics:

You are Mary McTaggart, a 59-year-old female on the post-operative ward with acute confusion. When asked questions you will reply to the ones listed below but for all other answers, you will give non-sensical answers to the student's questions.

Presenting Complaint: CONFUSION

History of Presenting Complaint:

- **Initial statement:** Where am I, what's going on?
- You are not in any pain
- You have been passing urine and drinking some water
- You had an operation to remove an infected diverticulum yesterday
- Duration: answer with confusing responses
- Other symptoms: answer with confusing responses
- Keep looking around the room and breaking eye contact, as if there is someone else in the room

Negative history:

- Answer other symptom queries with nonsensical replies

ICE

N/A

PMH + Surgical History

- You can't remember if you have any medical problems

Drug History

- You can't remember what medications you take but you know that you have no allergies

Family History

- Nothing of note

Diagnosis: DELERIUM

Complication in a Surgical Patient 2– Examiner marksheet

HISTORY:

"Please take a brief history from the patient"

- Student takes a brief and focussed history, asking about onset of confusion, and assessing the patient's orientation to date, time and place.
- Asks about relevant symptoms such as fever, LUTS, passing urine, dehydration, pain, constipation, etc.
- Quick scan of relevant PMHx, DHx (including allergies) and FHx
- Asks about what surgery the patient had
- Persists despite the difficult and nonsensical responses of the patient

Examination:

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

- Patient seems confused therefore must keep the differentials list open
- Observations to check for haemodynamic instability or potential sepsis
- Examination of the surgical wound site to check for dehiscence
- Neurological examination assessing for any deficits
- Gastrointestinal examination: feeling for peritonism and constipation, listening to bowel sounds to check for obstruction or ileus +/- digital rectal examination if suspecting constipation
- Respiratory examination: checking for wheeze, crackles, dull percussion as indicators of an infective precipitant of delirium
- Hydration assessment for dehydration

"On examination, the patient has dry mucus membranes and a capillary refill time of 3 seconds, surgical site is unremarkable, there is tenderness on palpation of the suprapubic area.

1. What are your top two differentials

   Delirium secondary to urinary tract infection – acute confusional state with investigation findings supportive of a UTI

   Delirium secondary to dehydration – signs and dehydration on examination

Investigation interpretation:

"Please interpret the following investigations" (hand them interpretation page)

- FBC: raised WCC and CRP suggest that there is an ongoing infection
- Urine dipstick: raised leucocytes and nitrites indicate this patient has developed a post-operative UTI which has most likely caused the delirium.

2. What further investigations would you order for this patient?
    MMSE/MOCA/AMT10 – quantify cognitive impairment
    U&Es for electrolyte disturbances which are more likely given dehydration
    Urine sample for microscopy and culture
    Glucose
    Bone profile (hypercalcaemia)

3. What is your initial management plan?
    Treat the underlying UTI with Nitrofurantoin or Trimethoprim
    Fluid and dietary optimisation, temporarily halt the furosemide
    Encourage family visits and making the patient's environment as familiar as possible
    Haloperidol if the patient becomes extremely agitated or violent

Global Impression:

- Excellent
- Good
- Pass
- Borderline
- Fail

Patient Impression/comments:

Complication in a Surgical Patient 2– Investigations for Interpretation

FBC - Hb (135 – 180 g/L)	176
MCV (82 – 100 fl)	89
Platelets (150 – 400 * 10^9/L)	342
WCC (4 – 11 * 10^9/L)	12.8
Neutrophils (2 – 7 * 10^9/L)	3.1
Lymphocytes (1 – 3 * 10^9/L)	1.6
CRP (<10 mg/L)	58

Urine Dipstick - Leucocytes	Elevated
Nitrites	Elevated
Blood	Trace
Glucose	Trace
Ketones	None
pH	7.7 (overly alkaline)

Drug chart: no allergies, on furosemide OD