

Post Operative Management – Notes for Actor

Patient demographics:

You are David Ball 35-year-old male who has been feeling very tired and lethargic for last couple of hours following an appendectomy.

Presenting Complaint: Lethargy

History of Presenting Complaint:

- **Site:** Some pain around wound site
- **Quality:** dull pain
- **Intensity:** 4/10
- **Timing:** since operation 1 day ago
- **Aggravating:** movement
- **Relieving:** Nothing

Additional symptoms (if asked):

- Has had a fever and says arms look a bit pale and feel cold.

Negative history:

Deny the following if asked: palpitations, breathlessness.

ICE

C: did something go wrong with the operation

PMH + Surgical History

- Appendicitis
- No coagulopathies or connective tissue disorders
- Recent laparoscopic appendectomy

Drug History

- Analgesics for pain

Family History

- Nothing of note

Diagnosis: Sepsis

Post Operative Management – Notes for Candidate

Role: Foundation Year 1 doctor on the post-operative

ward Presenting complaint: Lethargic

This is David a 35-year-old male presenting with lethargy after a recent appendectomy.

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

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

“Please briefly state what examination you would do and what you would look for”

- Observations to check for haemodynamic instability – tell pt BP is 90/60, HR 120, temperature – 38.2 and RR 28
 - Examination of the surgical wound site to check for dehiscence and infection • Gastrointestinal examination: inspecting the wound, palpating for potential peritonism, percussing for free fluid (blood) accumulated in the abdomen.
- Resp and cardio exams normal

Interpret investigations:

All normal apart from high WCC and CRP

Follow-up questions:

1. DD
Sepsis of unknown origin, abscess?
2. SEPSIS 6
3. management PLAN

RESUSCITATE, CT scan, urine dip?

Global Impression: Patient Impression/comments: • Excellent

- Good
- Pass
- Borderline
- Fail