

**Instructions to candidate** – Aim for 8 minutes

**You are a foundation doctor working in A&E.**

**Dorothy Beckett is waiting to be seen. The triage nurse tells you that she seems very anxious.**

**Take a history and at 6 minutes, the examiner will ask you questions.**

## **SP script**

**Name:** Dorothy Beckett

**Age:** 72

**HPC:** You appear very anxious to be here. You're not normally one to come to hospital however you have been very scared these past few days and also a little embarrassed. You have noticed blood in your waterworks.

On further questioning you say that when you go to the toilet, the urine looks bright red with some small black bits in it. You have noticed some bright red blood on wiping too. You have also been having a burning sensation whenever you need to go to the toilet and have found that you're needing to go a lot more frequently. You have not had a problem actually going to the toilet, though you have noticed that your urine has been smelling particularly strong recently.

You have been feeling a little run-down recently though deny having a fever. You do not have any pain in your back or groin, only pain on passing urine.

You have not had any problems with opening your bowels. Last opened bowels this morning. Stool was normal.

You have not noticed any post-menopausal bleeding. You have also not been sexually active for many years and it was only with your husband.

You have not noticed any unintentional weight loss and you were feeling fine in yourself until recently.

**PMH:** Total hysterectomy 20 years ago. Diabetes, hypertension

**DH:** Allergy to penicillin. On metformin and amlodipine. You're not on any blood thinners.

**FH:** Father died of heart attack. Primary carer for elderly mother

**SH:** You used to work in a factory making dyes when you were a young lady. You have smoked 20 a day since you were 14 but rarely drink alcohol. Your husband died of cancer last year and you have been struggling to cope since his passing.

**ICE:**

You had to go through watching your husband suffer with terminal prostate cancer. He eventually died last year and it's hit you very hard. You are just very concerned that you may have cancer now too and this frightens you.

Questions:

1. What would be your top differential diagnosis and why?
2. What other differentials can you think of?
3. How would you manage this initially?

Answers:

1. **Diagnosis:** UTI
2. **Differentials:**
  - TCC (Transitional cell carcinoma of bladder)
  - RCC (Renal cell carcinoma)
  - Kidney/ureteric stone

Management:

1. **Full examination:** Observations looking for signs of sepsis, abdominal exam including renal angles, PV exam
2. **Blood tests:** FBC, CRP, U&Es, clotting – candidate to justify these tests (Hb and inflammatory markers, renal function and bleeding risk)
3. **Urine dip and MCS:** Looking for blood, leukocytes, nitrites and culture + sensitivity
4. Start on antibiotics according to local guidelines
5. Refer to Urology

**Bonus management options (likely done by urology)**

6. Insert 3-way catheter to monitor urine output, observe whether passing clots +/- bladder washout and irrigation (continue irrigation until urine is clear)
7. 2 week-wait haematuria clinic for flexible cystoscopy

**Feedback**

Built rapport	Y/N
Took a competent history clarifying symptoms and checking for red flags	
History was organised	
Communication with the patient during examination was clear	
Correct diagnosis and/or differential	
Correct management	