

Instruction to candidates – Aim for 8 minutes

You are a Foundation doctor in A&E.

Hillary McNeal has attended due to a strange sensations in her limbs.

You have 6 minutes to take a history, after 6 minutes the examiner will stop you to ask some questions.

Patient name: Hillary McNeal

Age: 31yrs

PC: I have been experiencing a strange sensation in both my legs. It's been going on for the last few days and getting worse, but this morning I couldn't even walk

HPC:

- It felt like a pins-and-needles sensation in my legs, I suddenly noticed it 3 days ago in the morning as soon as I woke up.
- On the first day I noticed it lasted a few hours. I didn't feel any pain in my legs and I had no problems walking. The feeling faded away by itself.
- The next day I felt the same pins-and-needles sensation when I woke up except it felt stronger if that makes sense and lasted a few hours longer. Again, no pain and no problems with walking.
- Yesterday though I felt pins-and needles in my legs all day, it never got better. I felt so scared but thought it'll get better by itself. Although I could walk my legs felt weak so it made it difficult for me to go to work.
- This morning I couldn't walk, I couldn't even move my legs.
- I only had this problem with my legs, nowhere else. Other than the pins-and-needles sensation I didn't have any other symptoms. This is the first time something like this has happened.
- Nothing specific comes to mind that may have made this better or worse.
- I have not recently been ill.

ICE (Ideas, Concerns, Expectations)

- The night before this started I was out with some friends, I remember drinking a little too much. I may have fallen and thought that's what's caused this problem.
- I'm really scared that I won't be able to walk again.
- I'm hoping you can do some sort of scan or test to find what's wrong and fix this.

PMH

- Anaemia.

MH

- Taking Iron supplements for the last 2 months to help with period-related anaemia.

Surgical History

- None.

FH

- Grandmother has Alzheimer's.

SH

- I work as a school teacher.
- Lives with partner who brought her to A&E.
- Non-smoker.

- No recreational drug use
- Up to 20 units of alcohol a week, rarely go out but when I do I drink more.

Differentials

1. Multiple Sclerosis
2. Guillain Barre syndrome
3. Spinal Cord Compression

Next steps

- Perform a full neurological exam
- Contact neurology registrar for advice (if needed)
- Organise for appropriate brain and spinal cord MRI scan
- Organise lumbar puncture
- Admit patient to stay and prescribe IV methylprednisolone

Area	Clear Fail	Fail	Satisfactory	Good	Excellent
PC & HPC: Good range of open and closed questions asked.					
PMH & DH					
SH					
FH					
ICE					
Differential dx					
Investigations					
Rapport/communication skill					
Overall					

Feedback

Multiple sclerosis (MS) is an inflammatory demyelinating condition characterised by the presence of periodic/episodic neurological dysfunction of the central nervous system. Typically individuals between 20-40 years are affected, the condition affects individuals of either age, any ethnicity or age group with variable neurological symptoms.

Treatment of MS is typically divided into three parts: treating the acute attack; preventing future attacks (typically by reducing or preventing exposure to triggers and using disease-modifying treatment); and symptomatic treatment of neurological symptoms (e.g. bladder dysfunction, pain, fatigue).

For acute attacks first-line treatment includes IV methylprednisolone with plasma exchange used as an adjunct.

First order investigations: MRI – brain (and spinal cord), plasma thyroid-stimulating hormone, vitamin B12, full-blood count.