

**Instruction to candidates** – Aim for 8 minutes

**You are a Foundation doctor in A&E.**

**Mike McKee has attended due to a strange sensations in her limbs.**

**You have 7 minutes to take a history, after 7 minutes the examiner will ask for your differentials.**

**Patient name:** Mike McKee

**Age:** 72 years old

**Note:** Patient was brought in by his daughter, daughter will talk up to the when the history says 'From Mike'.

**Name of daughter:** Hillary McKee

**PC:** I heard a thud noise in the living room. At the time I was in the kitchen making a cup of tea. When I got to the living room I found Mike on the floor. This happened 2 hours ago.

**HPC:**

- I helped him up, he struggled to get up, once I got him up I noticed that his left arm was floppy. In fact the entire left side of his body seemed weak and floppy.
- I noticed that he wasn't making any sense when talking. I'd say his speech was slurred.
- His face seemed fine, but I noticed he couldn't raise his left eyebrow.
- I called the ambulance and during the drive to the hospital his speech was getting better and I could understand him a lot more.
- He hasn't complained of any pain anywhere. He didn't hit his head on the floor or anywhere else as far as I'm aware.

From Mike:

- I don't know what happened, one minute I was fine then the next my left side became weak and I fell.
- I didn't hit my head anywhere.
- I don't feel any pain anywhere in my body.
- When this incident happened I couldn't move my left arm or leg but as of recently I can slightly move them again.
- My daughter mentioned I didn't make any sense at first when I tried to speak but now it seems better.

**PMH**

- Type 2 diabetes mellitus (diagnosed 7 years ago)
- High blood pressure
- Atrial fibrillation

**MH**

- Metformin 500mg in the morning with breakfast
- Lisinopril 20mg once in the morning
- Atorvastatin 20mg once in the evening before sleeping
- Warfarin 10mg once daily
- No allergies

**ICE**

Idea & concern – I'm worried that I'm having a stroke

Expectation – Can you scan my brain to see what's going on

**Surgical history**

- None

**SH**

- Lives alone in flat
- Retired, previously HGV driver
- Non-smoker
- Consumes one small glass of whiskey per week
- No recreational drug use

**What are your differentials?**

- TIA (Transient Ischaemic Attack)
- Stroke

**How would you manage this patient?**

- A-E assessment
- Blood test: FBC, Coagulation (including INR), U&Es
- Refer for Head CT

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					
<b>Overall</b>					

**Feedback**

TIA is defined as a deficit in neurological symptoms that resolve within 24 hours. In a stroke the neurological deficit typically lasts at least 24 hours. Given the patient's history of type 2 diabetes and atrial fibrillation he is at high risk of stroke. This patient will need an immediate head CT, given he has been taking Warfarin he is at risk of bleeding, therefore a haemorrhagic stroke will need to be ruled out. Once the appropriate tests are done and if you are convinced that this was as a result of a TIA then the patient will need to be referred to outpatient stroke clinic.