

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

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

**Agnis Burnett has been brought to A&E by her carer as she has not been herself.**

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

**Patient name:** Agnis Burnett

**Age:** 82 years old

**Note:** Brought in by care worker, who will be talking on her behalf

**Name of care worker:** Hilary Dunett

**PC:** Found on floor upon visiting Agnis's flat this morning (5 hours ago). She seemed fine at first but now appears more out of it.

#### **HPC**

- Once I opened her front door I could hear her calling out my name. I rushed over and found her on the floor of the living room.
- I visit her four times a day for the last 3 months to help her take care of herself and to help with house work such as cleaning.
- On the floor I noticed she wet herself, she wasn't sure how long she was on the floor but that it must have been for at least a 'few hours'.
- She mentioned hitting her head on the floor but that she felt fine at the time.
- Just before the fall she mentioned walking towards her chair from her bedroom.
- She doesn't remember how she fell but I think she may have tripped on the rug because the corner area was inverted.
- Once I helped her up, I helped her into the shower, changed her cloths and sat her on her chair.
- She was well for the first few hours but since about 2hrs ago what she was saying wasn't making sense, at first she was asking about having seen her sister last week but her sister is in Australia and Agnis hasn't travelled for years. Then she started mumbling and falling asleep. Every time I would wake her up for tea or something she would just seem drowsy and fall asleep.

#### **PMH**

- No previous known falls.
- Type 2 Diabetes Mellitus
- Previous stroke (blood clot – 10 years ago)
- Angina pain
- Previous heart attack (5 years ago)

#### **MH**

- Metformin 500mg in the morning with breakfast
- GTN (when needed)
- Aspirin 75mg once per day
- Simvastatin 40mg at night
- No allergies

#### **Surgical history**

- Knee replacement in both knees (3/4 years ago)

**ICE**

- Idea & concern – I have no idea what’s going on, maybe an infection? What do you think?
- Expectation – I just want her to get better soon

**FH**

Unknown.

**SH**

- Lives in a alone in a flat
- Retired, previously secondary school teacher
- Non-smoker
- No known alcohol consumption
- No known use of recreational drugs

**What are your differentials?**

- Subdural haemorrhage
- Infection/SEPSIS
- Malnutrition

<b>Area</b>	<b>Clear Fail</b>	<b>Fail</b>	<b>Satisfactory</b>	<b>Good</b>	<b>Excellent</b>
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**

A subdural haematoma is a build-up of blood between the dural and arachnoid mater of the brain. As the volume of blood increases it can compress the brain parenchyma and, if the intracranial pressure becomes high enough, can cause herniation. Some key diagnostic factors include:

- Evidence of trauma
- Headache
- Nausea/vomiting
- Diminished eye response, verbal response and/or motor response
- New onset confusion
- Risk factors: advanced age (typically >65 years), coagulopathy, anticoagulant medication use, recent trauma.