<u>Instructions to candidate</u> – Aim for 8 minutes

You are a foundation doctor working in A&E.
James Norris has come in severe pain.
Take a history and at 6 minutes, the examiner will ask you questions.

SP script

Name: James Norris

Age: 43

HPC:

12 hours ago you've been in really severe pain in your right lower back. When asked, you describe the pain as coming in waves and seems to start in your back and pass into your groin area. You are visibly in discomfort and cannot sit still because of the pain. Sometimes when the pain peaks, it makes you feel sick. You have vomited once. You have been passing urine normally. No dysuria, no haematuria, no other LUTS. Opened bowels normally. Last open yesterday. Normal stool

No recent injuries to back.

Deny fever

PMH: Nil

DH; Have been taking lots of paracetamol which has not touched it. On further questioning you reveal you have taken a whole pack since the pain started (16 tablets)

FH; Nil

SH; Works as a HCA in another local hospital. Don't smoke but drink around 2/3 pints a night, sometimes more over the weekend

ICE;

I – I'm worried I've stretched my back in a bad way

C & E – I just want this to get better

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; Renal calculus
2. Differentials; Pyelonephritis, testicular torsion (unlikely in this age group), MSK back pain

Management:

1. Full examination; Observations looking for signs of sepsis, abdominal exam including renal angles, examination of external genitalia.
2. Blood tests; FBC, CRP, U&Es, paracetamol levels – candidate to justify these tests (Hb and inflammatory markers, renal function)
3. Urine dip and MCS: Looking for blood, leukocytes, nitrites and culture + sensitivity.
4. Start on antibiotics according to local guidelines.
5. Analgesia (NSAIDs), antiemetic
6. Tamsulosin
7. CT KUB – to look for stone and hydronephrosis.
8. Refer to Urology.

Bonus management options (likely done by urology)

9. Surgical management: Nephrostomy if stone obstructing with drop in renal function, ureteroscopy with laser lithotripsy, stent

Feedback

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