

Instruction to Candidates – Aim for 8 minutes

You are a Foundation doctor in your GP placement.

Sarah Ahmed has been feeling unwell.

**You have 6 minute to take a history and do a focused examination.
At 6 minutes the examiner will ask questions.**

Name: Sarah Ahmed

Age: 66 years

PC/HPC

Started developing Developed progressively worsening stomach pain over the last 3 days. Pain cramping in nature, when it first started it would come and go, but since this morning it has been constant.

After eating you feel that the cramping pain slightly worsens but the nausea certainly does worsen with food. You have had one episode of vomiting yesterday, you vomited up what you last ate; no coffee-ground or fresh blood in the vomit.

Pain does not spread to anywhere other than the stomach.

Experiencing some intermittent diarrhoea. Passing flatus. Last opened bowels yesterday afternoon.

No recent travel history.

You have not consumed water or swam in any fresh water.

No change in diet, has not eaten anything different to usual diet. Usually cooks for herself and her partner.

No dysuria or flank pain.

PMH

HTN

T2DM

MH

Multivitamin tablets

Ramipril

Metformin

NKDA

If specifically asked about new medication:

You were newly diagnosed with T2DM and started on Metformin 5 days ago.

Surgical history: Open appendicectomy 25 years ago, caesarean section 30 years ago

FH: both parents had HTN and T2DM.

ICE

I – “It may be that the chicken I cooked several days ago was undercooked”

C – “I think it is food poisoning but it feels its getting worse, do I need antibiotics?”

E – “CT scan to see what’s wrong if antibiotics don’t work.”

SH:

Lives with partner.

No alcohol consumption or recreational drug use.

Never smoker.

O/E

Abdomen soft, mild discomfort throughout. No guarding or peritonitis.

Bowel sounds present and normal in all quadrants.

No pain elicited on blotting kidneys.

Questions

What do you think is the likely cause of Sarah’s symptoms?

1. Side effect to Metformin
2. Gastroenteritis
3. Gastritis

What will you do next?

1. Reassure the patient that antibiotics and a CT scan are not needed while explaining the likely cause being side effect to the new medication.
2. Change Metformin to modified-release
3. Check blood sugars
4. Safety net to return or visit A&E if symptoms worsen.