

Instruction to candidates – Aim for 8 minutes

You are a Foundation doctor in A&E.

Nick Connor has attended due to a bad headache.

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

Patient name: Nick Connor

Age: 36yrs

PC:

- Yesterday I experienced the worst headache I've ever had, it lasted through the night and this morning so I decided to come in. I just can't bear it anymore.
- I'm also struggling with my vision, I'm sure it's because of my headache.

HPC

- I usually have migraines every few months but this was different.
- It started as a mild headache yesterday but quickly got worse. At first it felt as though inside my head was getting tighter but then the pain became really sharp, almost like something inside was stabbing my brain.
- The pain is so bad that it feels like it's affecting my whole head, I don't feel the pain being in any one specific place.
- I feel some pain behind my eyes. Since this morning it hurts when moving my eyes, I couldn't sleep last night due to the pain but one scary thing I noticed was that half of the outer (temporal) vision in both eyes was completely black, this lasted for a few hours.
- As soon as the pain became sharp I had to leave work and isolate myself in a dark room, I thought it may be a new type of migraine but I don't think it was, everything about it felt different.
- I felt like wanting to vomit but did not vomit.
- The pain was continuous from the moment it started, it hasn't stopped since. I kept my room dark thinking it would help but the pain was just so sharp that it didn't make much difference. I was screaming in pain at one point.
- There wasn't anything that made it worse, at first maybe the light. Paracetamol initially helped but when the pain became sharp the Paracetamol couldn't even touch the pain so I had co-codamol; it didn't really help.
- The headache started yesterday afternoon, it wasn't until about 2/3 hours after it started that it became really sharp.
- No numbness in the face.
- I'd say initially the pain was 6/10, once it became sharp even 10/10 is underestimating how bad it was.

ICE (Ideas, Concerns, Expectations)

- I thought it may have been my migraine but for sure it wasn't, I have no idea what it could have been.
- I'm worried that it could be something really serious, maybe a blood-clot or even worse, maybe a tumour!
- I want a scan that can look at my brain to find out what's causing this.

PMH

- Migraine

MH

- Paracetamol (if migraine starts), otherwise no other over the counter medications

- Vitamin D supplements
- Allergic to Penicillin – causes breathing difficulties

Surgical History

- Appendix removed when 13 years old

FH

- Mother regularly experienced migraines
- Distant cousin has health issues that has caused him to become disabled, not sure what his condition is.

SH

- I work in construction doing a number of jobs such as brick laying, soldering, etc.
- I live by myself
- I smoke one pack of cigarettes a day, I've been smoking this much since I started smoking 16 years ago.
- No recreational drug use.
- Consume two bottles of wine per week

Examination

(Student should perform an eye exam)

Positive findings:

- For visual field test: patient cannot see the examining doctor's finger in their temporal vision.
- Bilateral nystagmus noted when following examining doctor's finger.

Differentials

1. Multiple Sclerosis
2. Cluster Headache
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.