



## GPRA ONLINE EXAM RESOURCES CLINICAL CASES

**CASE TYPE:**

Short Case – 8 minutes

**NAME:**

Nicky Rogers

**AUTHOR:**

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## SECTION A: This information is given to the candidate

### *INSTRUCTIONS TO CANDIDATES*

#### STANDARD INSTRUCTIONS

- This is an 8 minute station.
- Read the following scenario.
- If investigations are requested, this consultation may be conducted as if it were more than one session.

#### ADDITIONAL INSTRUCTIONS

- Take an appropriate history from the patient.
- When you are ready, request the details of an appropriate physical examination from the observing examiner.
- Outline your diagnostic impressions to the patient and advise on the need for further investigations if any.
- Request the results of any investigations from the observing examiner.
- Outline your conclusions and proposed management plan to the patient.
- Outline your initial management plan with the patient.

## **SECTION A: This information is given to the candidate**

### **SCENARIO:**

*Nicky, a 36 yo woman whom you see irregularly, presents to your clinic again. You last saw her a month ago.*

***A copy of the patient record summary sheet is attached.***

### **FULL SUMMARY**

#### **Patient Details**

Name: Nicky Rogers  
D.O.B.: 6/8/1969 (36 yo)  
Allergies: Nil Known

#### **Social History**

Lives with partner and son  
Works in vegetable processing plant

#### **Family History**

Nil relevant

#### **Current Medications**

Epilim 1g bd  
Mirena IUD  
Seretide 500/50 2 bd  
Ventolin 2 puffs qid prn

#### **Immunisations**

Up to Date

#### **Past Medical History**

1975 Asthma  
1980 Epilepsy  
1990 Bipolar Disorder G2P1

## SECTION B: This information is given to the patient role player/examiner

### DEMOGRAPHICS

NAME                                      Nicky Rogers

AGE                                         36 yo

OCCUPATION                             *Cabbage Trimmer*

### PRESENTING COMPLAINT

*(To be stated exactly as written)*

***'I've got these boils again and I'm sick of them. What can you do about them?'***

### THE STORY IN DETAIL

***Examiners are reminded that this background information is given to enable you to respond appropriately to candidate's history taking questions. The information is not to be given without appropriate enquiry from the candidate. It is vital to stick with the facts as given to ensure consistency across Australia.***

Nicky has presented several times in the last year with infected boils in her axilla and around her labia. Each time they are red, painful and obviously infected, and respond partially to antibiotics, although Nicky usually doesn't attend for follow up appointments. The current infection in both her axillae has been present for 2 weeks and hasn't responded to Tea-Tree oil, which she has been applying liberally. She is starting to feel a bit warm and unwell, although she is not having sweats or rigors. Movement of her arms is painful.

She does not get other infections frequently, only these boils

## NOTES TO EXAMINERS

This case is intended to demonstrate the candidates' knowledge of management of recurrent staphylococcal infections, so it is important to stress that you wish the problem to be fixed for good, not just temporarily.

## SUGGESTED CUES

"If I have more antibiotics, they'll only work for a couple of weeks and the boils will be back. Can't you fix them for good?"

## Additional HISTORY

### **Past Medical History**

1975 Asthma

1980 Epilepsy

1990 Bipolar Disorder

G2P1

### **Family History**

Nil relevant

### **Cigarettes**

25/day

### **Alcohol**

Seldom

### **Other Drugs**

Daily uses about 1/2g of cannabis

### **Medications**

Epilim 1g bd

Mirena IUD

Seretide 500/50 2 bd

Ventolin 2 puffs qid prn

**Allergies**

Nil Known

**Immunisations**

Up to Date

**SYSTEMS REVIEW****Energy**

Good – was down a while ago, but now feels stable

**Appetite**

Normal

**Weight Change**

Gaining slowly

**Sleep Pattern**

Good if she smokes dope, otherwise insomniac

**Respiratory**

Uses Ventolin and gets by OK.

## SECTION B: This information is given to the patient role player/examiner

### PHYSICAL EXAMINATION

All other physical findings are normal.

<b>General Appearance</b>	Obese 36 year old woman well presented. Strong body odour		
<b>Weight 85kg</b>	<b>Height 1.60m</b>	<b>BMI 31.25</b>	<b>Temp 37.8°C</b>
<b>BP 140/80</b>	<b>Pulse 70</b>	<b>RespRate 12/min</b>	
<b>Skin</b>	Several large, tender, red lumps in each axilla. Largest is 3cm in diameter Some are raised, red and indurated; some are fluctuant and appear to be 'pointing.' The 3cm lesion is discharging a small amount of creamy coloured pus. No lesions in labia this time.		
<b>Thyroid</b>			
<b>Lymph Nodes</b>	Tender lymphadenopathy in axillae		

### INVESTIGATIONS

Candidates are to ask for specific investigations.

#### Surgery Tests

Urinalysis: normal  
Random Blood Glucose: 6.1  
Urine Pregnancy Test: negative

### OTHER INVESTIGATIONS

#### **Pathology**

Wound swab – Staphylococcus aureus. Sensitive to flucloxacillin, cephalexin.  
Fasting glucose – 4.8

## SECTION C: This information is given to the examiner/facilitator

Listed below are the key issues to be covered in this case. *(The facilitator/examiner can "tick" these as covered during the consult)*

### DIAGNOSIS

Recurrent Staphylococcal skin infection

### Key Issues to be Covered

Check for diabetes with fasting BSL

Orders wound swab to check organism and sensitivity

Recognises this is recurrent infection and enquires about prior treatment and treatment so far

Enquires about antibiotic allergies and other medications which antibiotics may interact with

Appropriate examination of skin, lymph nodes, temperature. Exclude sepsis

Recognise excess weight as a contributing factor. Ask for BMI

Exclude possibly immunodeficiency (absence of other infections)

### MANAGEMENT

1. Current episode: flucloxacillin/dicloxacillin 500mg qid or cephalexin 500mg qid for 7 days
2. Incision and Drainage of larger, fluctuant boils +/- alginate- based dressing
3. Long term treatment:
  - a. Mupirocin nasal ointment bd for 7 days
  - b. Daily wash with antiseptic skin wash for 4 weeks
  - c. Wash towels and sheets in hot water
  - d. If persists, use flucloxacillin/dicloxacillin and rifampicin together for 7 days
  - e. Consider treating family members too
  - f. Weight loss

This checklist below is a guide to Key Features used by Examiners to assist in clinical case ratings. The lists are not intended to be prescriptive or exhaustive and do not form part of the marking.

**On completion of the case, the candidate/examiner/group may wish to score themselves as part of a feedback process.**

Place a cross (X) along each line according to the candidate's performance on that item.

## CLINICAL CASE RATINGS KEY FEATURES CHECKLIST

	Inadequately Covered <b>1</b>	Covered Well <b>10</b>
• Communication and Rapport	-----	-----
• History and Physical Examination	-----	-----
• Investigations	-----	-----
• Diagnosis	-----	-----
• Medical Knowledge	-----	-----
• Management	-----	-----
Frequently <span style="float: right;">Not at all</span>		
• Prompting Required	-----	-----

# Key Features Clinical Case Rating Descriptions

## 1. Communication and Rapport

Rate the candidate on their ability to establish rapport and to communicate effectively with the patient in a pleasant, clear and logical manner using appropriate communication skills and language.

## 2. History and Physical Examination

Rate the candidate on their ability to take a relevant and organised history; following appropriate cues and eliciting details important to the assessment and management of the patient. Also rate the candidate on their ability to perform an appropriate and systematic examination which is focussed and not overly inclusive.

## 3. Investigations

Rate the candidate on their ability to select relevant, cost-effective investigations in an appropriate sequence, displaying consideration for the safety and comfort of the patient.

## 4. Diagnosis

Rate the candidate's ability to make an accurate diagnosis based on interpretation of the history, physical examination and investigations.

## 5. Medical Knowledge

Rate the candidate's medical knowledge of the physical, psychological and social issues involved in this question.

## 6. Management

Rate the candidate on their ability to manage the issues raised in this case, both now and in the future. Candidates should offer effective explanations, education and choices to patients, and involve the patient, family and relevant community resources in their immediate and on going management plans. Candidates should demonstrate responsibility for the immediate and ongoing management of the patient.

## 7. Prompting

To what extent was prompting/probing necessary to assist the candidate?

## References and Study Notes

Therapeutic Guidelines Limited; Antibiotic Guidelines <http://www.tg.com.au>

Recurrent Staphylococcal Skin Infection [revised 2004 July]. In: miniTG [PDA]. Melbourne: Therapeutic Guidelines Limited; 2006 Jan.