

CASE 44

DOORWAY INFORMATION

Opening Scenario

Jay Keller, a 49-year-old male, comes to the ED complaining of passing out a few hours earlier.

Vital Signs

BP: 135/85 mm Hg

Temp: 98.0°F (36.7°C)

RR: 16/minute

HR: 76/minute, regular

Examinee Tasks

1. Take a focused history.
2. Perform a focused physical exam (do not perform rectal, genitourinary, or female breast exam).
3. Explain your clinical impression and workup plan to the patient.
4. Write the patient note after leaving the room.

Checklist/SP Sheet

Patient Description

Patient is a 49 yo M, married with 3 children.

Notes for the SP

None.

Challenging Questions to Ask

"Do you think I have a brain tumor?"

Sample Examinee Response

"I think it's unlikely. To make absolutely sure, however, we will do a CT scan, which is a special imaging study of the brain. That will help us see the structure of the brain and rule out any bleeding or tumor."

Examinee Checklist

Building the Doctor-Patient Relationship

Entrance

- ☐ Examinee knocked on the door before entering.
- ☐ Examinee introduced self by name.
- ☐ Examinee identified his/her role or position.
- ☐ Examinee correctly used patient's name.
- ☐ Examinee made eye contact with the SP.

意識障害

VINDICATE

Reflective Listening

- ☐ Examinee asked an open-ended question and actively listened to the response.
- ☐ Examinee asked the SP to list his/her concerns and listened to the response without interrupting.
- ☐ Examinee summarized the SP's concerns, often using the SP's own words.

Information Gathering

- ☐ Examinee elicited data efficiently and accurately.

}. Arrhythmia
}. Epilepsy

<input checked="" type="checkbox"/> Question	Patient Response
<input type="checkbox"/> Chief complaint	I passed out.
<input type="checkbox"/> Describe what happened	This morning I was taking the groceries to the car with my wife when I suddenly fell down and blacked out.
<input type="checkbox"/> Loss of consciousness before, during, or after the fall	I think I lost consciousness and then fell down on the ground.
<input type="checkbox"/> Duration of loss of consciousness	My wife told me that I did not respond to her for several minutes.
<input type="checkbox"/> Palpitations before the fall	Yes, just before I fell down, my heart started racing.
<input type="checkbox"/> Sensing something unusual before losing consciousness (sounds, lights, smells, etc.)	No.
<input type="checkbox"/> Spinning/lightheadedness	I felt lightheaded right before the fall.
<input type="checkbox"/> Shaking (seizure)	Yes, my wife told me that <u>my arms and legs started shaking after I fell down.</u>
<input type="checkbox"/> Duration of shaking	She said around 30 seconds.
<input type="checkbox"/> Bit tongue	No.
<input type="checkbox"/> Lost control of the bladder	No.
<input type="checkbox"/> Weakness/numbness	No.
<input type="checkbox"/> Speech difficulties	No.
<input type="checkbox"/> Confusion after regaining consciousness	No.
<input type="checkbox"/> Headaches	No.
<input type="checkbox"/> Chest pain, shortness of breath	No.
<input type="checkbox"/> Abdominal pain, nausea/vomiting, diarrhea/constipation	No.
<input type="checkbox"/> Head trauma	No.
<input type="checkbox"/> Similar falls, lightheadedness, or passing out before	No.
<input type="checkbox"/> Gait abnormality	No.
<input type="checkbox"/> Weight changes	No.

what kind of shaking?
}. 3発通性
}. 陣攣性 tonic
}. 陣攣性 clonic
}. 陣攣性 tonic

J195 - 帰宅時の様子? 運転免許の取得は?

Torsades de pointes
C-65

QT interval?
 短縮性
 Romano Ward Syndrome
 常染色体優性
 β -blocker

Brugada.

genetical?
 A

shaking?
 \uparrow

<input checked="" type="checkbox"/> Question	Patient Response
<input type="checkbox"/> Appetite changes	No. 硫酸Mg.
<input type="checkbox"/> Current medications	Hydrochlorothiazide, captopril, aspirin, atenolol. \rightarrow VF.
<input type="checkbox"/> Past medical history	High blood pressure for the past 15 years; heart attack 1 year ago.
<input type="checkbox"/> Past surgical history	Appendectomy.
<input type="checkbox"/> Family history	My father died from a heart attack at age 55, and my mother died in good health. \rightarrow arrhythmia
<input type="checkbox"/> Occupation	Clerk in a video store.
<input type="checkbox"/> Alcohol use	Yes, I drink 3-4 beers a week.
<input type="checkbox"/> CAGE questions	No (to all 4).
<input type="checkbox"/> Illicit drug use	No.
<input type="checkbox"/> Tobacco	No, I stopped a year ago. I had smoked a pack a day for the previous 25 years.
<input type="checkbox"/> Sexual activity	Yes, with my wife.
<input type="checkbox"/> Drug allergies	No.

Connecting with the Patient

- ☐ Examinee recognized the SP's emotions and responded with PEARLS.

Physical Examination

- ☐ Examinee washed his/her hands.
☐ Examinee asked permission to start the exam.
☐ Examinee used respectful draping.
☐ Examinee did not repeat painful maneuvers.

<input checked="" type="checkbox"/> Exam Component	Maneuver
<input type="checkbox"/> Head and neck exam	Inspection (head, mouth), carotid auscultation and palpation, thyroid exam
<input type="checkbox"/> CV exam	Palpation, auscultation, orthostatic vital signs
<input type="checkbox"/> Pulmonary exam	Auscultation
<input type="checkbox"/> Extremities	Palpated peripheral pulses
<input type="checkbox"/> Neurologic exam	Mental status, cranial nerves (including funduscopic exam), motor exam, DTRs, cerebellar, Romberg test, gait, sensory exam

Closure

- ☐ Examinee discussed initial diagnostic impressions.
- ☐ Examinee discussed initial management plans:
 - ☐ Follow-up tests.
- ☐ Examinee asked if the SP had any other questions or concerns.

Sample Closure

Mr. Keller, I need to run some tests to determine the reason you passed out this morning, so I am going to get a CT scan of your head to look for bleeding or masses, and I will then order some blood tests to look for infections or electrolyte abnormalities. You mentioned that your heart was racing just before you passed out, so I will also ask you to wear a heart monitor for 24 hours. Doing so is just like having a constant ECG, and it will allow us to detect any abnormal heartbeats you might have. We will start with these tests and then go from there. Do you have any questions for me?

Brain tumor : symptoms ?

脳腫瘍
16-7-20-01

挿入型 7-20-9
37 (16-7-21心電計)

Brugada C-66

20~30% 突然死症候型

成人の1%に Brugada型症候型

ICD 挿入基準

↓
突然死症候型
0.5%/year
(日本)