OSCE

Candidate information

Your RMO has been seeing Janet, a normally well 69 year old female who presented with a headache.

Janet had been suffering coryzal symptoms (cough, runny nose, fevers) for two days, as had her husband and grandchildren.

She was woken from sleep this morning with sudden onset of the worst headache she had ever had, associated with photophobia, vomiting, and neck pain. She has become progressively more confused over the past 4 hours in ED.

Her last obs:
BP 96/50
HR 70
Sats 92% RA
RR 24
T 38 °C

The RMO has ordered some investigations and would like some help with interpretation and management.

Domain	**%**
Medical expertise	60
Prioritisation and decision making	
Communication	
Teamwork and collaboration	
Leadership and management	
Health advocacy	
Scholarship and teaching	40
Professionalism	

Pneumocephalus

Actor (RMO) information

You have been seeing Janet, a 69 year old female who is usually well. Janet has been suffering coryzal symptoms (cough, runny nose, fevers) for two days, as have her husband and grandchildren.

She was woken from sleep this morning with sudden onset of the worst headache she has ever had, associated with photophobia, vomiting, and neck pain. She has become progressively more confused over the past 4 hours in ED.

Her last obs:
BP 96/50
HR 70
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You have ordered some tests and would like to discuss the case and results with your consultant. You are unsure of how to manage her.

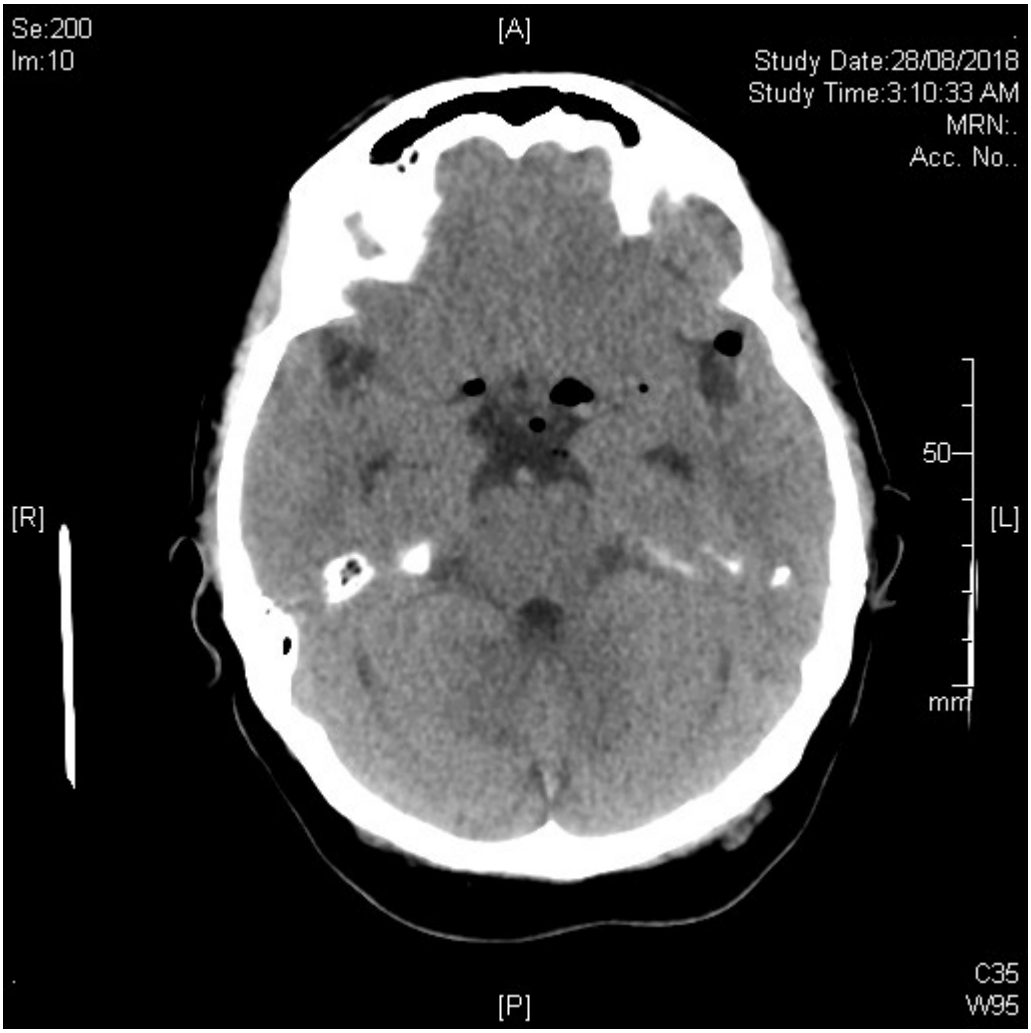
Prompts:

- What does the CT show?
- What could be the cause of this?
- Should I have done the LP?

Marking:

	Mark
Accurate interpretation of CTB	2
Accurate interpretation of LP results	2
Appropriate management – antibiotics, neurosurg, ENT	1
Causes of pneumocephalus - DDx	1
Discusses risk of LP in this patient – probably unsafe to have done it	2
Further investigations in ED – blood cultures, ENT review, etc	1
Approach to RMO	1

Sequelae: likely sinusitis cause of pneumocephalus. Given ceftriaxone, ben pen, vancomycin. Neurosurg did LP (ED felt it was unsafe). Repeat CTs showed reduction in gas. Pneumococcal grown in LP fluid. Slow improvement. ENT did sinus cleanout.



Lumbar puncture results (preliminary):

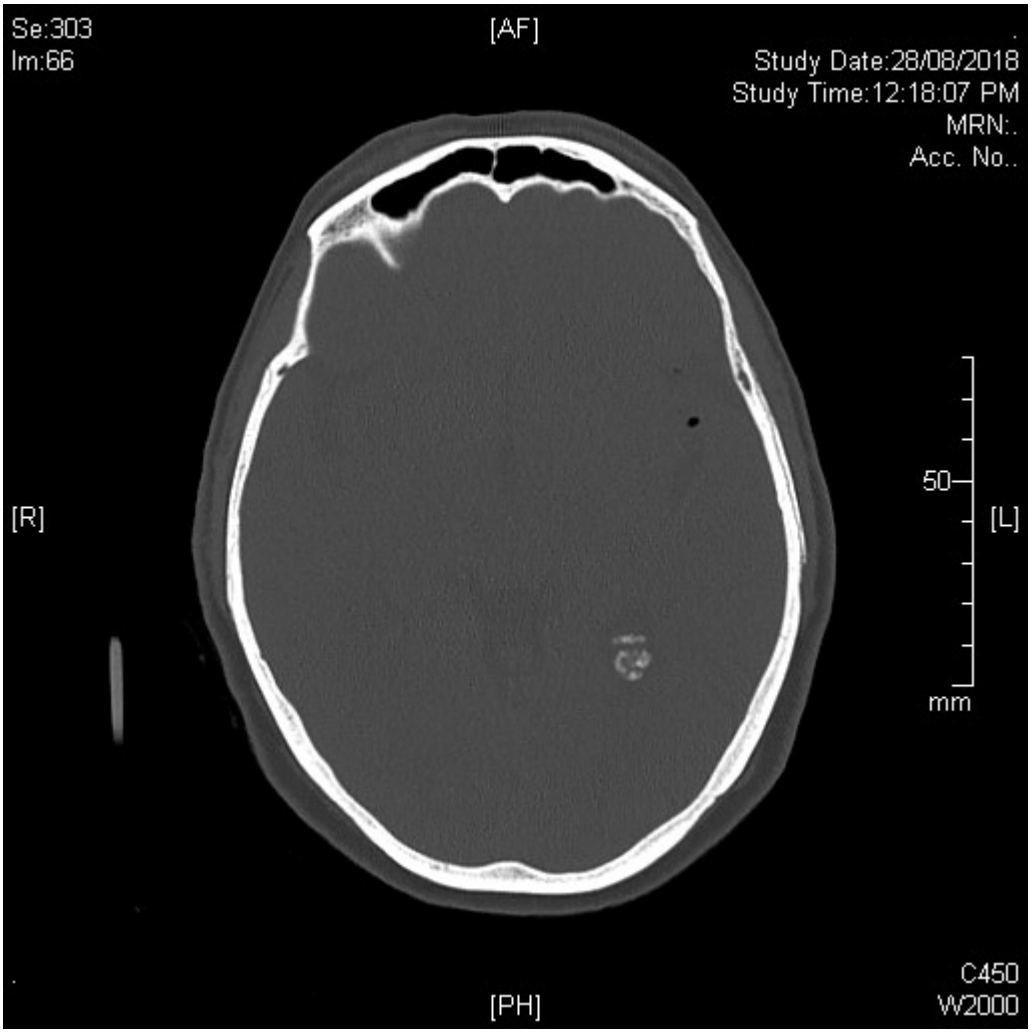
Opening pressure 25cm H_2O

RBC 1600

PMN 18400

Lymph 480

Gram + cocci ++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