

Learner Instructions

Patient's Name: Kimberly Mayfield

Age: 45 year-old female

Setting: ED

Primary vs. Sign-Out Patient: Sign-out

Initial Chief Complaint on arrival to the ED:

Headache

Patient Information on signout:

45 year-old-female with PMH significant for HTN, who presents to the ED for a 7-day history of a gradual-onset headache. She takes lisinopril daily. Patient arrived to the ED with normal vital signs, without fever, and with reproducible occipital and frontal tenderness on palpation. Her comprehensive neurologic, HEENT, Eyes (including visual acuity, fundoscopy, afferent pupillary defect) were unremarkable. She had no meningismus, Kernig or Brudzinski signs. The remainder of her exam was unremarkable. She was given Tylenol and 1 liter of normal saline. This improved her pain: 5 out of 10 → 3 out of 10.

ED Course

Initial vitals: HR 85 bpm; BP 130/74 mmHg; RR 16; 100% RA; 98.8 F (oral).

Current vitals: HR 80 bpm; BP 135/77 mmHg; RR 17; 100% RA; 98.8 F (oral).

Exam (abnormal findings bolded):

General: Well-developed, well-nourished female resting comfortably. No acute distress.

HEENT: Normocephalic, atraumatic, no conjunctival injection or pallor, sclera non-icteric, PERRLA, nasal mucosa pink, moist mucous membranes, oropharynx without evidence of erythema, tonsillar enlargement or exudates.

Eyes: Visual acuity 20/20 (both eyes), normal visual field, normal fundoscopic exam, no afferent pupillary defect

Neck: No cervical lymphadenopathy, no thyromegaly, or mass. No meningismus

Cardiovascular: No jugular venous distension, regular rhythm, normal S1 and S2, no murmurs, rubs, or gallops. Radial and DP pulses 2+ bilaterally. No edema.

Pulmonary: Thorax is symmetric without increase in anteroposterior diameter. Lungs clear to auscultation, no rales, wheezes, rhonchi, or rubs.

Abdomen: Flat, no hepatosplenomegaly, soft, non-tender to palpation in all quadrants.

Musculoskeletal: Full range of motion in all joints, no evidence of swelling or deformity.

Neuro: Alert and oriented x 3. CNs II – XII symmetric, sensation to light touch grossly intact, 5/5 strength in all extremities. Gait steady without evidence of ataxia. **Patient still has persistent but improved headache. Pain 3 out of 10 (5 initially).**

Psych: Affect full range. Speech is fluent, no SI or HI.

CBC			CHEMISTRY		
WBC	7.4	(3.5-10.5)	SODIUM	139	(135-148)
RBC	5.01	(4.2-5.8)	POTASSIUM	3.4	(3.5-5)
HEMOGLOBIN	13.4	(13.0-17.5)	CHLORIDE	108	(95-108)
HCT	40.2	(38.0-50)	BICARB	24	(24-32)
MCV	88	(80-99)	BUN	18	(0-20)
MCH	30	(27-34)	CREATININE	0.8	(0-1.7)
MCHC	34.2	(33-35.5)	GLUCOSE	89	(65-110)
RDW	14.8	(11-15)	CALCIUM	9.2	(8.5-10.5)
PLATELET	192	(140-390)	TSH	1.5	(0.5-5.0)
Beta-HCG (pregnancy) negative					

The CT of the brain has resulted and was unremarkable. See attached page for details

The sign-out plan from the initial team was to review the results of the brain CT scan and discharge the patient if there were no significant abnormalities.

The patient reported improved headache after her treatment and is waiting for an update.

Your Task:

1. Reassess and the update
2. Discharge the patient from the Emergency Department.
3. This simulation is focused on communication. This case is not an assessment of your medical decision making. You do not need to order additional emergency department tests or admit this patient.
4. * When you are finished, you can tell her that the nurse will be in shortly to give her paperwork and take out her IV

CT Brain w/o contrast:

Name of Patient: Kimberly Mayfield

Age: 45

Physician: Dr. Smith

Type of exam: Computed tomography (CT) of the brain without IV contrast.

Clinical history: 45-year-old female with prolonged headache. Concern for brain mass.

Comparison: No previous imaging for comparison.

Results: No mass, hemorrhage or hydrocephalus. Basal ganglia and posterior fossa structures are normal. No established major vessel vascular territory infarct. No intra or extra axial collection. The basal cisterns and foramen magnum are patent. The air cells of the petrous temporal bone are non-opacified. No fracture demonstrated.

Impression: Normal study