

OSCE 2

Information for candidate

You are a paediatric resident working in ED; you are asked to see Tom, 3 months, with their parent Ashley because she is concerned about his 'bad possetting'. Please take a history (4 mins) and then explain your management to Ashley.

Information for the patient/parent

You are Ashley, parent of Tom, 3 months.

History

- Normal pregnancy
- Normal birth without complications
- Growth and development
 - o Remained about on 75th centile for all measurements
 - o Relevant developmental milestones all reached
- Tom regurgitates after every meal (relatively gentle spit-up i.e. not projectile, wouldn't classify as a vomit)
- No haematemesis
- Irritable after feeds
- Still making same amount of wet nappies and taking same amount of fluids but Ashley is concerned this may decrease
- No cough, no wheeze

Concerns/questions to ask if given time/appropriate

- What is going on with my baby, doc?
- Is it something serious?
- What can I do to help him?
- Will he ever grow out of it?

Marking criteria for examiners

Criteria	Marks
Introduction - name, role, purpose	1
<p>History</p> <p>Growth and development (3 marks total)</p> <ul style="list-style-type: none"> - Normal pregnancy (1 mark) - Normal birth without complications (2) <ul style="list-style-type: none"> o 75th centile o Relevant developmental milestones all reached <p>HOPC (4 marks total)</p> <ul style="list-style-type: none"> - Tom regurgitates after every meal (relatively gentle spit-up i.e. not projectile, wouldn't classify as a vomit) (1) - No haematemesis (1) - Irritable after feeds (1) - Still making same amount of wet nappies and taking same amount of fluids but Ashley is concerned this may decrease (1) - No cough, no wheeze (0.5 each) 	7
<p>Clinical reasoning/management</p> <ul style="list-style-type: none"> - Education about the condition provided to mother (4 marks): what the condition is, aetiology, symptoms/signs, prognosis (1 mark each) - Mild case of reflux – no apparent signs of significant oesophagitis, aspiration or growth failure, so non-drug therapy appropriate <ul style="list-style-type: none"> o Reassurance (1) <ul style="list-style-type: none"> ▪ Avoid numerous dietary changes, unnecessary Ix, multiple drug therapies o Smaller more frequent feeds (1) o Positioning (1) <ul style="list-style-type: none"> ▪ Upright after feeds (not horizontal) or prone (only when awake) ▪ Lay child on their L side following a meal significantly reduces regurg and frequency of TLOSRS (when awake) ▪ Not prone when sleeping, should still be supine and flat (reduce risk of SIDS) o Thickened feeds (1) <ul style="list-style-type: none"> ▪ Reduces height by which refluxate comes up the oesophagus ▪ Now commercially available formulas that contain thickening compounds or can use thickening agent ▪ Risk is that attenuation of overt symptoms may mask Cx 	8
Professional behaviour/manner- appropriate language, not using jargon etc.	4
Total	20