

Candidate

You are a member of the paediatrics team. You have been called to see Dakota, a 2 day old baby staying in maternity ward with his mother Ms Sparkle. The midwife has stated concern he may be jaundiced.

Part 1

Take a short targeted history from Dakota's mother pertinent to your diagnosis and management.

Part 2

You will then be prompted by the examiner 3 steps in investigating and managing this patient. More information will be provided by the examiner along the way. Allocate **6 minutes** to this part.

Examiner/Patient's Sheet

Information provided to candidate

You are a member of the paediatrics team. You have been called to see Dakota, a 2 day old baby staying in maternity ward with his mother Ms Sparkle. The midwife has stated concern he may be jaundiced.

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Part 2

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There are 4 parts to this station. Part 3 requires handing over the provided information sheet to the candidate when part 2 has been completed.

Part 1

The candidate will take a history from the patient's mother. 2 minutes should be allocated, **maximum time allowed is 3 minutes.**

Name: Diamond Sparkle, son's name is Dakota

HOPC

- Baby was born 2 days ago
- Normal term vaginal delivery, nil complications
- Has noticed him being yellow since birth
 - If asked where, state has been spreading down chest
- Otherwise has been behaving well, nil concerns
- Full breastfeeding at the moment
- First wet nappy and passed meconium, nil concerns
- Birth weight 3.5kg
- Otherwise has been well

Maternal History

- G1P1 – first baby, normal pregnancy
- GBS positive – given 1 dose antibiotics
- Type O+

Baby

- Doesn't know blood group
- Normal perinatal scans during pregnancy
- Nil family history of relevant genetic conditions

Marks Allocated	Criteria
/4	<ul style="list-style-type: none"> • Addressed Presenting Complaint • Established baby's behaviour, feeding and bowels/urine • Perinatal/Birth History • Maternal History – established blood group, GBS status and family history

Part 2

“State to the examiner what would be your next steps in managing this baby.”

Marks Allocated	Criteria
/4	<ul style="list-style-type: none"> • Check vital signs • Perform examination, mentioning <ul style="list-style-type: none"> - Baby's level of activity - Level of jaundice present • Blood tests – FBE, SBR, CRP, blood group, Direct Antiglobulin Test/Coombs test, G6PD • Serum bilirubin should then be checked with a graph for the treatment threshold for phototherapy

Part 3

Provide information sheet to candidate

“Based on these results, explain the likely diagnosis and its implications to Dakota's mother.”

Results

- Baby appears well, jaundice extending to umbilicus
- FBE – Hb lower limit of normal, otherwise unremarkable
- Indirect Bilirubin – elevated
- Direct Bilirubin - normal
- Direct Coombs Test Positive
- G6PD Normal

Marks Allocated	Criteria
/4	<ul style="list-style-type: none"> • Establish diagnosis is ABO incompatibility • Explanation of what blood groups are and how this relates to mother-baby interaction <ul style="list-style-type: none"> - Explain antigen-antibodies with A and B blood groups - Explain that present antibodies in mother (as she is O+) can travel to her son and cause haemolysis - (note ABO incompatibility can be present in a first normal pregnancy due to antibody sensitisation from food) • Explanation of why this results in baby's jaundice

Information Sheet to be provided to candidate

Results

- Baby appears well, jaundice extending to umbilicus
- FBE – Hb lower limit of normal, otherwise unremarkable
- Unconjugated Bilirubin – elevated
- Conjugated Bilirubin - normal
- Direct Coombs Test Positive
- CRP normal
- G6PD Normal