

ACUTE MEDICINE

OSCE

AKI

1.1

HISTORY X MANAGEMENT

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TOPIC - HISTORY TAKING



MEDIC



PATIENT



MARKER

PLEASE REFER TO YOUR SCRIPTS

PROMPT

63-year-old male patient, known case of type 2 diabetes and hypertension, presented to the emergency department with severe lethargy, decreased urine output and generalized weakness for the past 2 days.

COUNSELLING X PHARMACY



LET'S DISCUSS

INTRODUCTION AND RAPPORT BUILDING

- Confirm patient's identity and consent
- Assess the onset, duration, and progression of symptoms
- Explore the patient's understanding of their condition

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- Ask about any recent symptoms such as fatigue, reduced urine output, shortness of breath, and confusion.
- Ask about recent illnesses or infections, any history of kidney disease or conditions such as diabetes or hypertension.

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- "Hello [Patient's Name], I am Dr. [Doctor's Name], and I will be looking after you today. I understand that you have been experiencing some discomfort. Can you please explain what has been happening?"
- "Let's start from the beginning. When did you first notice these symptoms? Do you remember feeling unwell before this started? Have you ever had any issues with your kidneys in the past? I also need to know about any chronic diseases you might have, such as diabetes or high blood pressure."

FURTHER EXPLORATION...

- Assess for oliguria (urine output <400 mL/day) or anuria (<100 mL/day).
- Ask about edema, nausea, vomiting, fatigue, and shortness of breath.
- **Detailed History of Presenting Complaint & Collateral History (3 points):**
- Ask about the onset and progression of symptoms. Did they start suddenly or gradually?
- Use collateral history to determine whether there might be unrecognized symptoms or changes in behavior.

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- "It sounds like you've been quite uncomfortable. Have you noticed a change in how often you urinate? Or the amount? Have you been feeling more tired than usual or experiencing nausea or vomiting? Any swelling around your ankles or puffiness around your eyes?"
- "Could you give me more details about when and how these symptoms started? Were there any specific triggers you noticed? Also, has anyone close to you noticed any changes in your behavior or health that you might not be aware of?"

RED FLAGS/COMPLICATIONS

- **Red Flags**

- Reduced or absent urine output
- Rapidly rising serum creatinine

- **Common Complications:**

- Increased risk of chronic kidney disease and cardiovascular disease
- Electrolyte imbalances leading to arrhythmias

- **RISK FACTORS:**

- Recent use of nephrotoxic medications, severe illness, sepsis, recent surgery, or conditions causing low blood flow to the kidneys.

OTHER KEY PHRASES

- "It's important that you let us know immediately if your urine output stops entirely or if you find that your symptoms are rapidly getting worse."
- "If left untreated, AKI can lead to chronic kidney disease and increased risk for heart disease. It can also lead to imbalances in your body's electrolytes, which can cause heart rhythm problems."
- "It's also important for us to understand if you've recently taken any medications, specifically painkillers like NSAIDs, ACE inhibitors or ARBs, or antibiotics like aminoglycosides? Have you been hospitalized recently, or have you been diagnosed with a serious illness like sepsis?"

PAST MEDICAL HISTORY

- Check for pre-existing conditions like diabetes, hypertension, heart disease, or previous kidney disease

DRUG HISTORY

- Ask about prescription drugs, over-the-counter medications, and herbal remedies. In particular, check for recent use of NSAIDs, ACE inhibitors, ARBs, or aminoglycosides.

FAMILY HISTORY

- Any family history of kidney disease?

SOCIAL HISTORY:

- Alcohol, tobacco use, or use of illicit substances, occupational hazards?

PAST MEDICAL HISTORY

- "We'll need to take a thorough medical history to ensure we don't miss anything that could contribute to your current condition. Have you been diagnosed with any other medical conditions in the past, particularly those involving your heart, kidneys or blood vessels?"
- "Can we discuss your current and recent medications? This includes any over-the-counter drugs or herbal remedies you may be taking. Are you allergic to any medications?"
- "Do any of your close family members have kidney disease or any other medical conditions?"
- "Your lifestyle can also impact your health. Do you smoke, drink alcohol, or use any illicit substances? What do you do for a living?"

IDEAS, CONCERNS AND EXPECTATIONS

- ICE
 - "I'd like to take a moment to understand your perspective on your illness. It's important for me to know your ideas, concerns, and expectations regarding your condition and this consultation. Please feel free to express any fears, worries, or questions you may have. We're here to address them together."

EXAMINATION

- **Examination Findings:**

- General: Signs of volume overload (e.g., pitting edema, pulmonary crepitations)
- Cardiovascular: Hypertension, signs of fluid overload
- Abdominal: Flank pain, enlarged kidneys
- Neurological: Signs of uremic encephalopathy (e.g., confusion, twitching)

EXAMINATION

- "We'll perform a physical exam to check for any signs of fluid overload, such as swelling around your ankles or puffiness around your eyes. We'll also be checking your blood pressure and listen to your heart and lungs. Can you please lift up your shirt so I can examine your abdomen?"

EXAMINATION

DIFFERENTIAL DIAGNOSIS

- Chronic kidney disease (CKD): Differentiated by a gradual and steady decline in renal function over months or years, rather than the sudden change seen in AKI.
- Prerenal azotemia: Low blood flow to the kidneys can cause AKI, but if the cause is quickly corrected, renal function often returns to normal.

HISTORY

DIFFERENTIAL DIAGNOSIS

- "While your symptoms and history suggest acute kidney injury, it's also important for us to consider other possible causes for your symptoms. These can include chronic kidney disease, which tends to develop over time rather than suddenly."

HISTORY

INVESTIGATION

- Blood tests: Rising serum creatinine, hyperkalemia, metabolic acidosis
- Urinalysis: Hematuria, proteinuria, or casts
- Imaging: Ultrasound to rule out obstruction as the cause of AKI

INVESTIGATION

"We'll also need to run some tests, including blood tests to check your kidney function, electrolyte levels, and acid-base balance. We may also need to perform a urinalysis, which involves testing a sample of your urine."

MANAGEMENT PLAN

- First Line: Treat underlying cause, ensure adequate hydration, avoid nephrotoxic drugs.
 - Second Line: May require treatment for hyperkalemia or acidosis.
 - Third Line: Dialysis may be needed in severe cases or if there is a life-threatening complication such as hyperkalemia.
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- **COMMUNITY MANAGEMENT**
 - Education about hydration and avoiding nephrotoxic medications
 - Arrange follow-up to monitor renal function

MANAGEMENT PLAN

- "Our primary focus will be to treat the underlying cause of your kidney injury, ensure you are adequately hydrated, and avoid any medications that might be harmful to your kidneys."
- "It's very important to maintain adequate hydration at home, and to avoid any medications that might harm your kidneys. We'll arrange for regular monitoring of your kidney function and electrolyte levels."

ADVICE TO GUARDIANS/RELATIVES

- Importance of staying hydrated
- Recognizing symptoms of worsening kidney function

ADVICE TO GUARDIANS/RELATIVES

- "It's very important that [Patient's Name] stays well hydrated and avoids medications that can harm the kidneys. If you notice any worsening of symptoms, please seek medical attention promptly."

COMPLICATIONS OF TREATMENT

Complications of Medication and Surgical Therapy:

1. Dialysis complications: Infection, low blood pressure, muscle cramps
2. Nephrotoxic medications: Worsening kidney function

COMPLICATIONS OF TREATMENT

- "In severe cases, we may need to consider dialysis, which is a procedure that removes waste products and excess fluid from the blood."
- "Although dialysis can be life-saving, it can also cause complications such as low blood pressure, muscle cramps, and infections."

FOLLOW UP

- Patients should have regular monitoring of kidney function and electrolytes. Frequency depends on severity.

FOLLOW UP

- "We will need to monitor [Patient's Name] regularly to ensure that the treatment is working and that kidney function is being restored. Can we arrange a follow-up appointment for [Patient's Name]?"

SEVERITY SYSTEMS

AKI is classified into three stages based on changes in serum creatinine or urine output.

NEVER MISS

- AKI is a medical emergency and requires immediate investigation and management.
- AKI can cause serious complications, including CKD and increased risk of death.
- Careful history and examination are essential to identify the cause of AKI.
- Management of AKI involves treating the underlying cause, maintaining adequate hydration, and avoiding nephrotoxic drugs.
- Patients with AKI require close monitoring of renal function and electrolytes during treatment and in the long term.

TOP 1% QUESTIONS

1. Explain the pathophysiology of acute kidney injury in the context of sepsis.
2. What are the mechanisms of drug-induced nephrotoxicity?
3. How do different types of dialysis work and when might each type be used?
4. Discuss the long-term consequences of an episode of AKI.
5. How does the management of AKI change in special populations such as the elderly or those with pre-existing renal disease?

SOFT SKILLS

- Demonstrating empathy and effective communication throughout the consultation.
- "Thank you for sharing all this information with me, it's been really helpful in understanding your situation. Do you have any questions or concerns about anything we've discussed today?"

KEY LEARNING POINTS

- TO BE DONE TOGETHER

DATA

MANAGEMENT

- What went well?
- What went poorly?
- What will you do next time?





LET'S DISCUSS

WHY DON'T YOU TRY?

- Test your history taking skills?
- Try examination/investigation/dx formulation?
- Try a Mock exam?



QUESTIONS?



MDT

UROLOGY

BLADDER CANCER

HISTORY X MANAGEMENT

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MEDIC



PATIENT



MARKER

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PROMPT

A 68-year-old male presents to the urology clinic with a history of recurrent episodes of painless hematuria, urinary frequency, and urgency over the past six months. He also complains of occasional abdominal pain and weight loss.



LET'S DISCUSS

INTRODUCTION AND RAPPORT BUILDING

- Confirm patient's identity and consent
- Assess the onset, duration, and progression of symptoms
- Explore the patient's understanding of their condition

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- Chief complaint: Hematuria, urinary frequency, urgency or dysuria.
 - Duration and progression of symptoms.
 - Pain: Flank pain or pain during urination.
 - Presence of systemic symptoms like weight loss or fatigue.
 - Any similar episodes in the past
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- Onset and progression of symptoms.
 - Previous treatments and their outcomes.
 - Information from family or friends if available and appropriate.

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

"Good morning. I understand that you've been experiencing some issues with drinking. Could you please tell me about this?" "Can you help me understand the duration and pattern of your alcohol consumption? How often and how much do you usually drink?" "Have you ever experienced withdrawal symptoms when you haven't been able to drink, such as shaking, sweating, or feeling anxious or agitated? Have you ever experienced a severe form of withdrawal known as delirium tremens, which includes confusion and hallucinations?" "Have you ever tried to quit or reduce your drinking? Could you tell me about those experiences?"

"Could you tell me a bit about when you first started drinking and how your drinking habits have progressed over time?" "Have you ever sought treatment for your drinking before? If so, could you tell me about the treatments you tried and how they worked for you?" "If it's okay with you, I might find it helpful to talk with some of your family or friends to get their perspective on your situation. Would that be something you'd be comfortable with?"

FURTHER EXPLORATION...

- Investigate severity of symptoms: onset, progression, exacerbating or relieving factors.
- Ask about the color, frequency and volume of hematuria.
- Ask about lower urinary tract symptoms: frequency, urgency, nocturia.
- Assess the presence of flank pain, pelvic pain or bone pain.

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

"I'd like to understand more about your experience with drinking. Do you ever have times when you drink so much that you blackout, or can't remember what happened? Do you ever find yourself needing a drink first thing in the morning?" "Do you ever feel guilty or regretful about your drinking? How does your drinking affect your daily activities, relationships, or work?" "Do you ever experience any feelings of anxiety or depression? Have you ever had thoughts of suicide or self-harm?"

RED FLAGS/COMPLICATIONS

- **Red Flags**

- Persistent painless gross hematuria.
- Unintentional significant weight loss.
- Systemic symptoms like fever, night sweats, malaise.

- **Common Complications:**

- Metastatic disease (bone, liver, lungs).
- Ureteral obstruction causing renal failure.
- Blood clot formation in urine.
- Anaemia due to chronic bleeding

- **Risk factors**

- Smoking.
- Occupational exposure to certain chemicals (rubber, dyes, textiles, paint).
- Chronic bladder inflammation (recurrent UTIs, bladder stones, long-term catheter use).

OTHER KEY PHRASES

"Sometimes people who are struggling with alcohol use might think about suicide or harm themselves. Have you ever had thoughts like this?" "Do you ever experience severe withdrawal symptoms, like seizures or hallucinations, when you stop drinking?" "Do you have any symptoms like yellowing of your skin or eyes, swelling in your abdomen, or confusion that could suggest a problem with your liver?"

"Excessive drinking can lead to a number of medical problems like liver disease, pancreatitis, high blood pressure, and malnutrition. Have you ever experienced any of these issues?" "Alcohol can also affect your mood and mental health, leading to depression or anxiety, or causing episodes of confusion or hallucinations. Have you ever experienced any of these symptoms?" "Alcohol can also have a big impact on your life, leading to problems with your job, relationships, or even homelessness. Has your drinking affected these aspects of your life?"

PAST MEDICAL HISTORY

- History of bladder cancer or other urologic malignancies.
- History of recurrent urinary tract infections or bladder stones.
- History of exposure to risk factors like smoking, certain chemicals or parasitic infections.

DRUG HISTORY

- Use of any immunosuppressive drugs or chemotherapy.
- Compliance with any prescribed medications.
- Any known drug allergies and the nature of the reaction.

FAMILY HISTORY

- Family history of bladder cancer or other urologic malignancies.

SOCIAL HISTORY:

- Smoking history.
- Occupational history with potential exposure to carcinogens.
- Lifestyle and support system.

PAST MEDICAL HISTORY

- "Have you ever been diagnosed with any other medical conditions, or have you received any psychiatric diagnoses or treatments in the past?" "Are there any medical conditions in your history that could be linked to your alcohol use, or that could complicate your management?"
- "Are you currently taking any prescribed medication, over-the-counter medicines, or recreational drugs? How regularly do you take these medications, and how compliant are you with your prescribed medications?" "Do you have any allergies to medications? If so, could you tell me about the reactions you've had?"
- "Do you have any personal or family history of alcohol or other substance misuse?" "Do you currently have any major stresses in your life, such as unemployment or problems in your relationships? Have you ever been through any traumatic events like a death in the family?" "Do you have any other psychiatric disorders that might be co-occurring with your alcohol misuse?"

IDEAS, CONCERNS AND EXPECTATIONS

- ICE
 - "I'd like to take a moment to understand your perspective on your illness. It's important for me to know your ideas, concerns, and expectations regarding your condition and this consultation. Please feel free to express any fears, worries, or questions you may have. We're here to address them together."

EXAMINATION

- **Examination Findings:**

- Vital signs: Evidence of weight loss, fever.
- General appearance: Pallor, fatigue, signs of cachexia.
- Abdominal examination: palpable mass, tenderness.
- Pelvic examination in women, digital rectal exam in men.
- Peripheral examination: lymphadenopathy, signs of metastasis (bone pain, hepatomegaly).
- Neurological findings: cranial nerves intact, motor and sensory exam, reflexes.

- **Risk Assessment (5 points)**

- Assess severity of symptoms and potential for metastatic disease.
- Evaluate risk of complications, such as renal failure or blood clots.

EXAMINATION

- Upon examination, note any signs that may suggest heavy alcohol use: an elevated heart rate, high blood pressure, or fever could suggest withdrawal; smell of alcohol, signs of self-neglect, nicotine stains, or track marks could suggest substance misuse; hepatomegaly, spider naevi, ascites, palmar erythema, or jaundice could suggest liver disease; ataxia, peripheral neuropathy, nystagmus, ophthalmoplegia, or confusion could suggest Wernicke-Korsakoff syndrome.
- Upon mental state examination, assess the patient's mood, thought form/content, perception, cognition, and insight. A Mini-Mental State Examination can be used to assess cognitive function.
- "Based on our discussion, it's important to assess any risks to your safety. Do you ever feel a risk to yourself or others? Do you feel able to take care of yourself properly?"

EXAMINATION

DIFFERENTIAL DIAGNOSIS

- UTI or cystitis: More likely to present with painful urination and positive urine culture.
- Kidney stones: Typically present with sudden onset flank pain, hematuria, history of stones.
- Benign prostatic hyperplasia (in men): More likely to have a gradual onset of urinary symptoms, prostate enlargement on rectal exam.

HISTORY

DIFFERENTIAL DIAGNOSIS

- "Based on what we've discussed, the main concern is alcohol dependence, but we should also consider other possibilities. Other substance misuse, depression, generalized anxiety disorder, and psychotic disorders can sometimes present similarly."

HISTORY

INVESTIGATION

- Urinalysis and urine cytology: Hematuria, malignant cells.
- Blood tests: CBC (anemia, high white count), creatinine and eGFR for renal function.
- Imaging: Ultrasound, CT urogram for tumor identification, staging.

INVESTIGATION

"If appropriate, we may run some tests, including blood tests or imaging studies, to check for any physical health issues related to your alcohol use."

MANAGEMENT PLAN

- First line: Cystoscopy and biopsy for definitive diagnosis.
- Second line: Surgery (transurethral resection, radical cystectomy), chemotherapy, radiation.
- Third line: Follow-up surveillance, symptom management.

Management in the Community & Key Principles Before Discharge (2 points)

- Smoking cessation.
- Timely follow-up for surveillance.
- Importance of reporting new symptoms promptly.

MANAGEMENT PLAN

- "Based on our discussion, the first step in managing your alcohol dependence would likely be to refer you to a community alcohol detox program and start you on some psychological treatments such as cognitive-behavioral therapy or motivational interviewing. Depending on how those interventions go, we might also consider pharmacotherapies such as acamprosate, naltrexone, or disulfiram. In some cases, we might need to refer you for more specialist addiction services or an inpatient detox program."
- "Outside of our formal treatment plan, there are some things you can do to help manage your alcohol dependence. Joining a self-help group like Alcoholics Anonymous can provide you with a supportive community. Regular follow-up with your healthcare provider will be important so we can monitor your progress and adjust your treatment as needed. Also, it's important that you seek immediate help if you notice signs of severe withdrawal or liver disease."

ADVICE TO GUARDIANS/RELATIVES

- Communicate about bladder cancer, its potential outcomes, and steps of management.
- Importance of smoking cessation and minimizing exposure to risk factors.
- Importance of prompt hospital follow-up if symptoms recur or worsen.

Useful Resources (2 points)

- Cancer research and support resources.
- Smoking cessation resources.

ADVICE TO GUARDIANS/RELATIVES

- "Family and friends can play an important role in recovery. It can be helpful for them to educate themselves about the nature of alcohol dependence and how they can best support you. We can provide resources and guidance for them as well."
- "There are many resources available to help manage alcohol dependence. Organizations like Alcohol Change UK and Drinkaware offer a variety of resources and support options."

COMPLICATIONS OF TREATMENT

MOA of Therapies

- Chemotherapy works by killing rapidly dividing cells, including cancer cells.
- Immunotherapy boosts the body's natural defenses to fight cancer.

Basic Overview of Surgical Therapies:

- Transurethral resection removes cancer from the bladder wall.
- Radical cystectomy removes the entire bladder and nearby lymph nodes.

Complications of Medication and Surgical Therapy: Adverse reactions to medications.

- Side effects of chemotherapy (nausea, hair loss, fatigue).
- Risks associated with surgery (infection, bleeding, changes in urination or sexual function).

COMPLICATIONS OF TREATMENT

"Acamprosate works by normalizing the balance between excitatory and inhibitory neurotransmitters, which can help reduce cravings for alcohol. Disulfiram works by causing unpleasant reactions when you drink alcohol."

"It's important to know that all medications can have side effects. For instance, acamprosate can sometimes cause diarrhea, and disulfiram can sometimes harm the liver. We will need to monitor these potential side effects closely."

FOLLOW UP

- Regular surveillance cystoscopies.
- Regular imaging for detection of local recurrence or distant metastasis.

FOLLOW UP

- "We'll want to schedule regular follow-up appointments to check on your progress, address any relapses, and adjust your treatment plan as necessary."

SEVERITY SYSTEMS

- Use of tumor grade, stage, presence of CIS, lymphovascular invasion, and patient's functional status to assess severity.
- Patients should be classified as low, intermediate, or high risk for recurrence and progression.

NEVER MISS

- Recognizing the chief complaint and associated symptoms.
- Identifying risk factors and ordering appropriate investigations.
- Correctly identifying bladder cancer as the most likely diagnosis.
- Establishing a comprehensive management plan.
- Patient education and safety netting advice.

TOP 1% QUESTIONS

1. What is the role of urinary biomarkers in bladder cancer?
2. How does immunotherapy work in bladder cancer?
3. What is the relevance of lymphovascular invasion in bladder cancer?
4. What is the role of bladder-sparing protocols in bladder cancer management?
5. What is the impact of bladder cancer on the patient's quality of life?

SOFT SKILLS

- Demonstrating empathy and effective communication throughout the consultation.
- "Thank you for sharing all this information with me, it's been really helpful in understanding your situation. Do you have any questions or concerns about anything we've discussed today?"
- Closing the consultation: "Thank you for your time today. I know this can be a lot to take in, but it's important to remember that we're here to support you every step of the way. If you have any further questions or concerns, please don't hesitate to ask."

KEY LEARNING POINTS

- TO BE DONE TOGETHER

DATA

MANAGEMENT

- What went well?
- What went poorly?
- What will you do next time?





LET'S DISCUSS

WHY DON'T YOU TRY?

- Test your history taking skills?
- Try examination/investigation/dx formulation?
- Try a Mock exam?



QUESTIONS?



MDT

INFECTIOUS DISEASES

DIABETIC NEPHROPATHY

HISTORY X MANAGEMENT

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TOPIC - HISTORY TAKING



MEDIC



PATIENT



MARKER

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PROMPT

- 64-year-old male patient presented with persistent frothy urine, leg swelling, and increased fatigue.



LET'S DISCUSS

INTRODUCTION AND RAPPORT BUILDING

- Introduces Self and Purpose: Introduction of the medical professional, confirms patient identity, explains the purpose of the conversation, and ensures patient comfort. [1 point]
- Obtains Consent: Asks for consent to proceed with the questions and possibly a physical examination later on. [1 point]

INTRODUCTION AND RAPPORT BUILDING

"Hello [patient's name], thank you for taking the time to meet with me today. I'd like to discuss your symptoms and health in detail to best understand how we can help. If you have any questions or concerns at any point, please feel free to stop me."

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- Frequency, urgency, nocturia, foamy urine, edema.
- Weight gain, fatigue, loss of appetite.

COLLATERAL

- Family or friends' observations, other comorbid conditions.

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- "Could you describe the symptoms you've been experiencing lately? Are you experiencing any frequent urination, urgency, or swelling?"
- "Have you noticed any weight gain, fatigue, or loss of appetite?"

FURTHER EXPLORATION...

- **Exploration of Symptoms of Presenting Complaint:**
 - Onset, progression, duration of symptoms.
 - Association with blood sugar control.

FURTHER EXPLORATION

- "When did these symptoms first begin? How have they progressed? Can you tell me about any changes in your blood sugar control?"

COLLATERAL

- "Is there anyone else, like family or friends, who might have noticed anything? Are there any other health conditions I should know about?"

RED FLAGS/COMPLICATIONS

- **Red Flags**

- Sudden swelling, blood in urine, acute pain.

- **Common Complications:**

- Chronic kidney disease, end-stage renal failure, cardiovascular complications.

- **Risk factors**

- Poorly controlled diabetes, obesity, hypertension, family history of kidney disease.

RED FLAGS...

- "Have you noticed any sudden swelling, blood in your urine, or acute pain? These could be important warning signs."

COMPLICATIONS

- "With your symptoms and history, we need to consider chronic kidney disease and related complications. We'll explore that further."

RISK FACTORS

- "Your history suggests some risk factors such as poorly controlled diabetes, obesity, and hypertension. Is there any family history of kidney disease?"

HISTORY

PAST MEDICAL HISTORY

- Diabetes management, hypertension, other kidney diseases.

DRUG HISTORY

- Medications affecting kidneys (e.g., NSAIDs), diabetes medications.
- Allergies, nature of the reaction.

FAMILY HISTORY & SOCIAL

- Family history of diabetes, kidney diseases.
- Lifestyle factors like smoking, diet, exercise.

PAST MEDICAL HISTORY

- "Can you tell me about your diabetes management, any history of high blood pressure, or other kidney issues?"

DH

- "What medications are you currently taking? Any known allergies and the nature of those reactions?"

FH & SH

- "Can you share some details about your family's medical history, especially related to diabetes or kidney diseases? And how about your lifestyle, including diet, exercise, and smoking habits?"

IDEAS, CONCERNS AND EXPECTATIONS

- ICE
 - "I'd like to take a moment to understand your perspective on your illness. It's important for me to know your ideas, concerns, and expectations regarding your condition and this consultation. Please feel free to express any fears, worries, or questions you may have. We're here to address them together."

EXAMINATION

- **Examination Findings: - CHAPERONE**

- Vital Signs Including Weight (1 Point): Blood pressure, pulse, temperature, weight.
- Airway, Breathing, Cardiovascular Findings (3 Points): Respiratory rate, heart sounds, peripheral pulses.
- Examination Findings - Respiratory and Abdominal (3 Points):
 - Lung auscultation, palpation of kidneys, detection of ascites.
- Neurological Findings Including Cranial Nerves (2 Points):
 - Examination of cranial nerves, reflexes, motor/sensory function.
- Peripheral Examination (2 Points):
 - Edema, skin changes related to diabetes.
- Psychiatric Findings and MMSE (2 Points):
 - Assessment of cognitive function, mood, orientation.
- Urological Examination (3 Points):
 - Bladder palpation, prostate examination if applicable, genital examination.
- Risk Assessment (2 Points):
 - Risk of progression to end-stage renal failure, risk factors for cardiovascular disease.
- Specific Examination Relevant to Urology (2 Points):
 - Urinalysis, bladder scan.

EXAMINATION

- Vital Signs Including Weight (1 Point)
 - "I'm going to check your blood pressure, pulse, temperature, and weight now. This helps us understand your overall health."
- Airway, Breathing, Cardiovascular Findings (3 Points)
 - "I'll listen to your heart and check your breathing. This helps identify any underlying cardiovascular or respiratory issues."
- Examination Findings – Respiratory and Abdominal (3 Points)
 - "I'll also examine your lungs and abdomen, including feeling for any kidney abnormalities or ascites."
- Peripheral Examination (2 Points)
 - "I'm checking for any swelling or skin changes related to diabetes, like edema or ulcers."
- Urological Examination (3 Points)
 - "Now, I'll examine your bladder and prostate/genital area as applicable. This is essential in understanding any underlying urological issues."
- Risk Assessment (2 Points)
 - "Based on your history and examination, we need to assess your risk for progressing to more serious kidney problems."
- Specific Examination Relevant to Urology (2 Points)
 - "A urine test and bladder scan may be needed to get a complete picture of your urological health."

EXAMINATION

DIFFERENTIAL DIAGNOSIS

- Glomerulonephritis, renal stones, UTI, hypertensive nephropathy.
- Explanation as to why others are incorrect based on symptoms, tests, history.

HISTORY

DIFFERENTIAL DIAGNOSIS

- "Considering your symptoms and findings, we can rule out glomerulonephritis, renal stones, and UTI. It seems like diabetic nephropathy is the most likely diagnosis, but hypertensive nephropathy is also a possibility."

HISTORY

INVESTIGATION

- Laboratory Values: Blood Urea Nitrogen (BUN): 30 mg/dL, Serum Creatinine: 2.0 mg/dL, GFR: 50 mL/min, HbA1c: 9%.
- Imaging: Ultrasound of kidneys, possible changes in size and texture.
- Other Tests: Urine albumin-to-creatinine ratio.

INVESTIGATION

- "Your blood and urine tests show some changes, like increased Blood Urea Nitrogen (BUN) and Serum Creatinine. Your GFR is 50 mL/min, and HbA1c is 9%. An ultrasound has also revealed changes in your kidneys."

MANAGEMENT PLAN

- Immediate Management (1 Point):
 - Blood pressure control, glycemic control.
- First Line (1 Point):
 - ACE inhibitors or ARBs, lifestyle changes.
- Second Line (1 Point):
 - Referral to nephrologist, potential dialysis.
- Third Line (1 Point):
 - Consideration for kidney transplant.

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LIFESTYLE CHANGES

- Control of diabetes, weight loss, low protein/salt diet.

COMMUNITY MANAGEMENT

- Regular monitoring by GP, diabetic educator, dietitian support.

MANAGEMENT PLAN

- Immediate Management (1 Point)
 - "We need to take immediate steps to control your blood pressure and blood sugar levels."
- First Line (1 Point)
 - "Starting ACE inhibitors or ARBs along with lifestyle changes can help manage your condition."
- Second Line (1 Point)
 - "If needed, we may refer you to a nephrologist and consider dialysis."
- Third Line (1 Point)
 - "Further down the line, we might explore the option of a kidney transplant."
- Prevention, Lifestyle Changes (1 Point)
 - "It's essential to control your diabetes, maintain a healthy weight, and follow a low protein/salt diet."
- Management in the Community (1 point)
 - "Regular monitoring by your GP, diabetic educator, and dietitian support will be crucial in managing your condition."

KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (5 POINTS)

- Understanding medications, diet, blood sugar monitoring, follow-up schedule.
- **SAFETYNETTING (1 Point):** Recognizing symptoms of worsening kidney function, who to contact in emergencies.

KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (3 POINTS)

- Understanding of Diagnosis and Treatment: "You have been diagnosed with Diabetic Nephropathy, a condition affecting your kidneys due to high blood sugar levels. Our priority is to manage your diabetes, control your blood pressure, and protect your kidneys."
- Medication Compliance: "It's crucial to take your medications, including ACE inhibitors or ARBs, as prescribed. This will help protect your kidneys."
- Lifestyle Changes: "Adhering to a healthy diet and exercise routine will be essential. Avoiding smoking, excessive salt, and keeping a regular check on your blood sugar levels will make a significant difference."
- Emergency Signs: "If you notice any sudden swelling, difficulty in breathing, or other alarming symptoms, please seek medical help immediately."

ADVICE TO GUARDIANS/RELATIVES

- **Explanation of Condition to Patient and Relatives (2 points):**

- Explanation of Diabetic Nephropathy, treatment options, risk factors, prognosis to patient and family (2 Points).

- **Advice to Guardians, Useful Resources (2 points):**

- Useful Resources: National Kidney Foundation, local support groups, educational materials specific to Diabetic Nephropathy.

ADVICE TO GUARDIANS/RELATIVES

- **Basic Overview and Connection to Diabetes (1 Point):**

- "Diabetic Nephropathy is a type of kidney disease that occurs in some people with diabetes. Since you have diabetes, your body's high blood sugar levels have affected your kidneys. The kidneys are essential for filtering waste from your blood, and this disease can damage that filtering system."

- **Symptoms and Progression (1 Point):**

- "You might have noticed symptoms like frequent urination, foamy urine, swelling in your legs, and maybe fatigue or a loss of appetite. These symptoms can start slowly but can worsen if not treated. This is why it's important to manage your blood sugar and follow our treatment plan."

- **Treatment Options and Prognosis (1 Point):**

- "The good news is that with proper care, we can slow down the progression of this disease. By controlling your blood sugar, managing your blood pressure, making lifestyle changes, and possibly taking specific medications, we can protect your kidneys and help you feel better. It's a condition we'll manage together over time."

ADVICE TO GUARDIANS/RELATIVES

- "We've established a safety plan for you. If you have any sudden changes or concerns, don't hesitate to contact your healthcare provider or our clinic. In emergencies, go to the nearest hospital."
- "Family support is essential in managing this condition. Help ensure that the patient follows their diet, takes medications, and attends all follow-up appointments. Monitor for signs of sudden changes and encourage a healthy lifestyle."

COMPLICATIONS OF TREATMENT

- MOA
 - ACE inhibitors/ARBs: Reduce blood pressure in the glomeruli, reducing further damage.
 - Insulin/Oral Hypoglycemics: Control blood glucose levels, slowing progression.
 - Dialysis: Hemodialysis or Peritoneal, purification of blood.
 - Transplantation: Replacement of the damaged kidney with a healthy donor kidney.
- COMPLICATIONS
 - **COMPLICATIONS OF MEDICATION:**
 - ACE inhibitors: Hyperkalemia, elevated serum creatinine, cough.
 - Insulin: Hypoglycemia, weight gain.
 - **COMPLICATIONS OF SURGICAL THERAPY:**
 - Dialysis: Infection, clotting, access issues.
 - Transplant: Rejection, infection, malignancy, cardiovascular disease.

COMPLICATIONS OF TREATMENT

- **MOA**

- ACE Inhibitors/ARBs: "These medications reduce pressure in the blood vessels of your kidneys, protecting them from further damage."
- Lifestyle Changes: "Healthy diet and exercise will help control your blood sugar and blood pressure, essential for kidney health."
- Potential Dialysis/Transplant: "These are more advanced treatments that remove waste from your blood or replace the kidney function if necessary."

- **CX OF THERAPIES**

- ACE Inhibitors/ARBs: "These can sometimes cause elevated blood potassium levels or reduced kidney function. Regular monitoring will help us catch any issues early."
- Dialysis: "Long-term dialysis may lead to vascular access problems, anemia, or other complications. Careful monitoring is essential."
- Transplant: "A kidney transplant involves risks like rejection, infection, or other surgical complications. You would have a specialized team to manage these risks."

FOLLOW UP

- Review in one week with primary care for blood pressure and renal function.
- Nephrologist referral within two weeks.
- Regular three-month follow-up with a nephrologist for those with advanced disease.
- Six-month eye examination for retinopathy check.

SEVERITY SCORING

- Grade 1: Microalbuminuria, GFR > 90 mL/min.
- Grade 2: Macroalbuminuria, GFR 60–89 mL/min.
- Grade 3: GFR 30–59 mL/min.
- Grade 4: GFR 15–29 mL/min.
- Grade 5: GFR < 15 mL/min or on dialysis (End-stage renal failure).

FOLLOW UP

- Short-term Follow-up: "We'll see you back in 2 weeks to check on your progress, adjust medications if needed, and answer any questions."
- Long-term Follow-up: "Regular appointments with your GP, nephrologist, diabetic educator, and dietitian will be arranged. Expect to have regular blood and urine tests to monitor your kidney function and overall health."

NEVER MISS

1. Control of blood pressure and blood sugar.
2. Recognizing symptoms of acute renal failure.
3. Importance of medication adherence.
4. Educating on lifestyle modifications.
5. Ensuring proper follow-up.

TOP 1% QUESTIONS

1. How does diabetic nephropathy differ from other forms of CKD?
2. What are the specific pathophysiological changes in the kidney due to diabetes?
3. How to manage a patient with both diabetic nephropathy and retinopathy?
4. What are the long-term implications of uncontrolled diabetic nephropathy?
5. How to educate a patient who is non-compliant with medications and lifestyle changes?

SOFT SKILLS

- Demonstrating empathy and effective communication throughout the consultation.
- "Thank you for sharing all this information with me, it's been really helpful in understanding your situation. Do you have any questions or concerns about anything we've discussed today?"
- Closing the consultation: "Thank you for your time today. I know this can be a lot to take in, but it's important to remember that we're here to support you every step of the way. If you have any further questions or concerns, please don't hesitate to ask."

KEY LEARNING POINTS

- TO BE DONE TOGETHER

DATA

MANAGEMENT

- What went well?
- What went poorly?
- What will you do next time?





LET'S DISCUSS

WHY DON'T YOU TRY?

- Test your history taking skills?
- Try examination/investigation/dx formulation?
- Try a Mock exam?



QUESTIONS?



MDT

UROLOGY

ORCHITIS

HISTORY X MANAGEMENT

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TOPIC - HISTORY TAKING



MEDIC



PATIENT



MARKER

PLEASE REFER TO YOUR SCRIPTS

PROMPT

A 45-year-old male presents with severe pain and swelling in the left testicle for the past 3 days. He also complains of fever, chills, and discomfort while urinating.

COUNSELLING X PHARMACY



LET'S DISCUSS

INTRODUCTION AND RAPPORT BUILDING

- Introduces Self and Purpose: Introduction of the medical professional, confirms patient identity, explains the purpose of the conversation, and ensures patient comfort. [1 point]
- Obtains Consent: Asks for consent to proceed with the questions and possibly a physical examination later on. [1 point]
- Chief complaint and duration.

INTRODUCTION AND RAPPORT BUILDING

"Hello [patient's name], thank you for taking the time to meet with me today. I'd like to discuss your symptoms and health in detail to best understand how we can help. If you have any questions or concerns at any point, please feel free to stop me."

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- Age at onset of symptoms.
 - Initial presenting complaint – unilateral or bilateral testicular pain?
 - Duration of pain.
 - Any preceding viral illness or mumps infection?
 - Presence of other symptoms: fever, discharge, dysuria, urethral discharge?
-
- Onset of pain – sudden or gradual?
 - Radiation of pain.
 - Previous episodes of similar pain.
 - Any preceding trauma.

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- Age at onset of symptoms:
 - "Could you please tell me when you first noticed these symptoms?"
- Initial presenting complaint - unilateral or bilateral testicular pain?:
 - "I understand you're experiencing testicular pain. Can you tell me if it's affecting one or both testicles?"
- Duration of pain:
 - "How long have you been experiencing this pain?"
- Any preceding viral illness or mumps infection?:
 - "Have you had any recent viral illnesses, like mumps?"
- Presence of other symptoms: fever, discharge, dysuria, urethral discharge?:
 - "Apart from the pain, have you noticed any fever, discharge, or discomfort while passing urine?"

FURTHER EXPLORATION...

- Swelling of the scrotum.
- Warmth or erythema over the affected testis.
- Groin pain.

COLLATERAL

- Partner's sexual health, any recent STDs or symptoms?

FURTHER EXPLORATION

- "I'm going to ask you about some specific symptoms related to your testicular pain to get a clearer picture. Are you also experiencing any swelling of the scrotum, warmth, or redness over the affected area, or any pain in the groin?"
- "Now, let's delve deeper into your testicular pain. Can you describe if the pain started suddenly or gradually? Does it radiate anywhere else? Have you experienced similar pain episodes before? Did anything traumatic happen before this pain began?"
- "To better understand your situation, it would be helpful to know about your partner's sexual health. Have they experienced any recent sexually transmitted infections or similar symptoms?"

RED FLAGS/COMPLICATIONS

- **Red Flags**

- Excruciating pain.
- Nausea or vomiting.
- High fever.

- **Common Complications:**

- Abscess formation.
- Infertility.
- Testicular atrophy.

- **Risk factors**

- Recent sexual intercourse with a new partner without protection.
- Catheterization.
- Prostate biopsy.
-

RED FLAGS...

- "Some symptoms might raise concern. Are you experiencing excruciating pain, nausea, vomiting, or a high fever alongside your current symptoms?"

RISK FACTORS

- "I'd like to explore potential risk factors. Have you engaged in sexual activity with a new partner without protection recently, had catheterization, or undergone a prostate biopsy?"

HISTORY

PAST MEDICAL HISTORY

- History of STIs.
- Urinary tract infections.
- Recent catheterization or urologic procedures.
- Immunosuppression.

DRUG HISTORY

- Current medications.
- Allergies and specific nature of allergic reactions.

FAMILY HISTORY

- Hereditary conditions or known genetic issues related to testes.

Social History:

- Sexual activity – number of partners, protection used.
- Substance use.
- Travel history.

PAST MEDICAL HISTORY

- "Let's discuss your medical history. Have you ever had sexually transmitted infections, urinary tract infections, or any recent urological procedures? Are you currently on any medications, and do you have any known allergies?"

DH

- "Could you please provide me with a list of your current medications? It's also important to know if you have any allergies and the specific nature of any allergic reactions."

FAMILY AND SOCIAL HISTORY:

- "Is there any family history of conditions related to the testes or known genetic issues that you're aware of?"
- "To better understand your overall health, I'd like to know more about your lifestyle. Could you tell me about your sexual activity, substance use, any recent travel, or your occupation?"

IDEAS, CONCERNS AND EXPECTATIONS

- ICE
 - "I'd like to take a moment to understand your perspective on your illness. It's important for me to know your ideas, concerns, and expectations regarding your condition and this consultation. Please feel free to express any fears, worries, or questions you may have. We're here to address them together."

EXAMINATION

- **Examination Findings: - CHAPERONE**
 - **General Observations and Vital Signs:**
 - Fever.
 - Blood pressure, heart rate.
 - **Abdominal Examination:**
 - Tenderness.
 - Referred pain.
 - **Urological Examination:**
 - Testicular tenderness, swelling, warmth, erythema.
 - Transillumination test.
 - Examination of the groin and epididymis.
 - **Peripheral Examination:** Checking for any lymphadenopathy.
 - **Risk Assessment:**
 - Risk of testicular torsion, which requires emergency intervention.
 - Risk of infertility.
 - **Urology Specific Examinations:**
 - Scrotal ultrasound.

EXAMINATION

- **"I'd like to conduct a few physical examinations to get a clearer picture. Is that alright?"**
 - "I'll start by checking your vital signs, including your temperature, blood pressure, and heart rate, to get a baseline understanding of your condition."
 - "I'll gently examine your abdomen for any tenderness or signs of referred pain."
 - "Let's focus on your urological symptoms. I'll carefully examine your testicles for tenderness, swelling, warmth, or redness. I'll also perform the transillumination test and assess your groin and epididymis."
 - "I'll check for any signs of lymphadenopathy in your peripheral areas."
 - "Based on our findings, we may recommend a scrotal ultrasound to provide further insights into your condition."

DIFFERENTIAL DIAGNOSIS

1. Testicular torsion – sudden onset, negative Prehn's sign, surgical emergency.
2. Epididymitis – pain more localized to epididymis.
3. Hernia – may feel a lump in the inguinal canal on examination.
4. Trauma.

HISTORY

DIFFERENTIAL DIAGNOSIS

- **Testicular torsion**

- "Testicular torsion is a condition that requires immediate surgical intervention. It usually presents with sudden pain and a negative Prehn's sign. However, in your case, we will consider other factors as well."

- **Epididymitis -**

- "Epididymitis tends to cause pain that's more localized to the epididymis, and it can be related to infections or trauma."

- **Hernia -**

- "A hernia might present as a lump in the inguinal canal, which we'll also assess during our examination."

- **Trauma -**

- "We'll explore the possibility of trauma as well, especially if there was any recent injury to the testicular area."

HISTORY

INVESTIGATION

1. Bloods:

- a. White blood cell count (raise suggests infection).
- b. CRP, ESR.

2. Swabs:

- a. Urethral swab for STI testing.

3. Imaging:

- a. Scrotal ultrasound to differentiate between torsion and orchitis.

INVESTIGATION

1. Bloods:

- "We'll perform some blood tests, including a white blood cell count and inflammatory markers like CRP and ESR, to better understand the nature of the infection."

2. Swabs:

- "A urethral swab will help us rule out any sexually transmitted infections."

3. Imaging:

- "We may also schedule a scrotal ultrasound to distinguish between different possible causes of your symptoms."

MANAGEMENT PLAN

- **Immediate Management:**
 - Pain relief with NSAIDs or paracetamol.
- **First Line Management:**
 - Antibiotics if bacterial cause suspected (e.g., Ciprofloxacin).
- **Second Line Management:**
 - Scrotal support.
 - Rest and elevation.
- **Third Line Management:**
 - Surgical drainage if abscess is suspected.
- **Prevention:**
 - Safe sexual practices.
- **Lifestyle Changes:**
 - Avoidance of substances that might exacerbate the condition.
- **Management in the Community:**
 - Pain management.
 - Follow-up after antibiotic course.

MANAGEMENT PLAN

- Immediate Management:
 - "Our initial focus will be on relieving your pain. We may recommend over-the-counter pain relievers like NSAIDs or paracetamol."
- First Line Management:
 - "If we suspect a bacterial infection, we'll prescribe antibiotics like Ciprofloxacin. Additionally, we might advise scrotal support and recommend rest with elevation."
- Second Line Management:
 - "If an abscess is suspected, surgical drainage may be necessary."
- Prevention:
 - "To prevent future occurrences, we'll discuss safe sexual practices and avoiding substances that might exacerbate the condition."
- Lifestyle Changes:
 - "We'll talk about lifestyle adjustments, including steps to minimize factors that could contribute to orchitis."
- Management in the Community:
 - "After your initial treatment, you'll continue to manage any residual symptoms and follow up with us after the antibiotic course."

KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (5 POINTS)

- Pain is controlled.
- Clear instructions on antibiotic course.
- Importance of follow-up highlighted.
- **SAFETY NETTING: Return if:**
 - Immediate return if worsening pain or swelling.
 - Fever, discharge, or other new symptoms.
 - Failure to improve on antibiotics after 48 hours.

KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (3 POINTS)

- **Key Principles/Criteria Before Discharge:**

- "Before you leave, we want to ensure that your pain is under control, you have clear instructions on completing your antibiotic course, and that you understand the importance of follow-up appointments."

- **Safety Netting:**

- "It's crucial that you return immediately if you experience worsening pain or swelling, develop a fever, notice any discharge, or have any other new symptoms. Your health and well-being are our priority."

ADVICE TO GUARDIANS/RELATIVES

- **EXPLANATION TO PATIENTS/RELATIVES:** ""Orchitis is an inflammation of the testicle. It can be due to infections, like mumps or sexually transmitted infections. Symptoms include testicular pain, swelling, and redness. Treatment often includes antibiotics and pain relief. It's important to follow up and ensure the condition is improving."
- "Ensure that the patient completes their course of antibiotics and returns immediately if symptoms worsen or don't improve."
- **Useful Resources:**
 - British Association of Urological Surgeons (BAUS) guidelines.

ADVICE TO GUARDIANS/RELATIVES

- **Explanation to Patients and Relatives:**

- "Orchitis is an inflammation of the testicle that can be caused by various factors, including infections. Symptoms can include testicular pain, swelling, and redness. Treatment often involves antibiotics and pain relief. It's essential to stay in touch and ensure that your condition is improving."

- **Advice to Guardians:**

- "Please make sure the patient completes their full course of antibiotics and returns to us immediately if their symptoms worsen or don't improve. Your support is essential in their recovery."

COMPLICATIONS OF TREATMENT

1. **Complications of Medication and Surgical Therapy:**

- a. Antibiotics: Allergic reactions, GI symptoms.
- b. Surgery: Bleeding, infection, damage to surrounding structures.

Mechanism of Action of Medication Therapies:

- 1. **Antibiotics:** Kill or inhibit the growth of bacteria causing the infection.

Overview of Surgical Therapies:

- 1. **Abscess drainage:** Done to remove the collection of pus.

COMPLICATIONS OF TREATMENT

- **Complications of Medication and Surgical Therapy:**

- Antibiotics:

- "While antibiotics are generally safe, they can occasionally lead to allergic reactions or mild gastrointestinal symptoms. Please let us know if you experience any unusual side effects."

- Surgery:

- "In the case of surgical drainage, there are potential risks such as bleeding, infection, or damage to surrounding structures. Rest assured, our team is skilled in minimizing these risks."

- **Mechanism of Action of Medication Therapies:**

- "Antibiotics work by either killing or inhibiting the growth of bacteria causing the infection. They are tailored to target the specific type of bacteria causing the orchitis."

- **Overview of Surgical Therapies:**

- "Surgical drainage involves removing any collected pus, if an abscess is suspected. This procedure aims to alleviate pain and aid in your recovery."

FOLLOW UP

- Review in 1 week post antibiotics.
- Scrotal ultrasound in 6 weeks to ensure resolution.

SEVERITY SYSTEM

- Orchitis Severity Score (OSS):
 - a. Pain (0-3): No pain (0), mild (1), moderate (2), severe (3).
 - b. Swelling (0-3): None (0), mild (1), moderate (2), severe (3).
 - c. Erythema (0-2): None (0), present (1), severe (2).

FOLLOW UP

- "We'll schedule a follow-up appointment in about a week to assess your progress post-antibiotics. Additionally, we may recommend a scrotal ultrasound in approximately six weeks to ensure complete resolution."

NEVER MISS

1. Rule out testicular torsion.
2. Assess for STIs.
3. Antibiotic treatment when bacterial infection is suspected.
4. Ultrasound to differentiate from other conditions.
5. Ensure patient understands the importance of follow-up.

TOP 1% QUESTIONS

1. What is Prehn's sign and its significance in orchitis?
2. How does mumps orchitis differ in presentation and management from bacterial orchitis?
3. Describe the long-term implications of bilateral orchitis on fertility.
4. How do NSAIDs help in the management of orchitis?
5. Explain the importance of differentiating orchitis from epididymitis.

SOFT SKILLS

- Demonstrating empathy and effective communication throughout the consultation.
- "Thank you for sharing all this information with me, it's been really helpful in understanding your situation. Do you have any questions or concerns about anything we've discussed today?"
- Closing the consultation: "Thank you for your time today. I know this can be a lot to take in, but it's important to remember that we're here to support you every step of the way. If you have any further questions or concerns, please don't hesitate to ask."

KEY LEARNING POINTS

- TO BE DONE TOGETHER

DATA

MANAGEMENT

- What went well?
- What went poorly?
- What will you do next time?





LET'S DISCUSS

WHY DON'T YOU TRY?

- Test your history taking skills?
- Try examination/investigation/dx formulation?
- Try a Mock exam?



QUESTIONS?



MDT

UROLOGY

OSOT 15

NEPHROTIC SYNDROME

HISTORY X MANAGEMENT

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TOPIC - HISTORY TAKING



MEDIC



PATIENT



MARKER

PLEASE REFER TO YOUR SCRIPTS

PROMPT

A 40-year-old male patient presents with edema, particularly noticeable in the lower extremities. He reports puffiness around the eyes and abdominal swelling

COUNSELLING X PHARMACY



LET'S DISCUSS

INTRODUCTION AND RAPPORT BUILDING

- Introduce self and verify patient's identity.
- Obtain consent.
- Open-ended question about presenting complaint.

INTRODUCTION AND RAPPORT BUILDING

1. Good morning, my name is Dr. [Your Name], and I'll be your physician today. May I kindly confirm your name and date of birth?"
2. "Before we proceed, I'd like to ask for your consent to discuss your medical history and perform an examination."
3. "Could you please start by telling me about the reason for your visit today? Is there anything specific that's been bothering you?"

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- Ask about the onset, duration, and nature of the presenting complaint (swelling, foamy urine).
- Explore associated symptoms (edema in different body parts, abdominal swelling, fatigue).
- Elicit any recent upper respiratory tract infections or contact with ill individuals.

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

"I understand you've been having some health issues lately. Could you tell me a bit about when you first noticed these changes, specifically any swelling or changes in your urine?"

FURTHER EXPLORATION...

- Note the exact timeline of symptom development and progression.
 - Assess the severity and impact on the patient's daily activities.
 - Inquire about previous episodes or recurring symptoms of similar nature.
 - Explore impact on quality of life and potential triggers.
-
- **COLLATERAL HISTORY:**
 - Gather relevant information from family or caregivers, particularly if the patient is a child or has disabilities.

FURTHER EXPLORATION

- "Let's talk more about the swelling you mentioned. How has it progressed over time? Have you noticed any change in the color or the amount of foam in your urine? Also, have you experienced any recent weight gain or changes in your appetite?"

"If it's alright with you, I'd like to ask a family member or caregiver about your symptoms, especially if you find it difficult to explain them yourself."

RED FLAGS/COMPLICATIONS

- **Red Flags**

- Identify concerning symptoms: severe pain in the abdomen, significant weight gain, marked shortness of breath, or reduced urine output.

- **Common Complications:**

- Recognize common complications such as infections, thromboembolism, and acute kidney injury.

- **Risk factors**

- Assess for exposure to nephrotoxic drugs, infectious agents, or specific occupational hazards.

RED FLAGS/COMPLICATIONS

- "I also want to ensure we address any urgent symptoms. Have you experienced any severe shortness of breath, noticeable reduction in the amount of urine you're passing, or intense abdominal pain?"

PAST MEDICAL HISTORY

- Document prior conditions: hypertension, diabetes, autoimmune diseases, or previous kidney issues.

DRUG HISTORY

- Record current medications, specifically ACE inhibitors, and inquire about drug allergies or reactions.

FAMILY HISTORY

- Evaluate any family history of renal diseases or genetic conditions.

SH

- Assess lifestyle factors: smoking, alcohol, illicit drug use, occupation, living conditions, and relevant travel history.

PAST MEDICAL HISTORY

- "Moving on to your medical history, have you had any previous kidney issues, high blood pressure, or diabetes? It's important to consider how these might impact your current situation. Additionally, can you tell me about the medications you're taking, including any over-the-counter drugs? Have you had any allergic reactions to medications in the past?"

Family and Social History

- "Does anyone in your family have a history of kidney disease, diabetes, high blood pressure, or autoimmune conditions?"
- "I'd like to understand a bit more about your day-to-day life. Can you describe your occupation and any hobbies you enjoy? Do you smoke, or consume alcohol or any recreational drugs?"

IDEAS, CONCERNS AND EXPECTATIONS

- ICE
 - "I'd like to take a moment to understand your perspective on your illness. It's important for me to know your ideas, concerns, and expectations regarding your condition and this consultation. Please feel free to express any fears, worries, or questions you may have. We're here to address them together."

EXAMINATION

- **Vital Signs:** Check blood pressure, temperature, and weight.
- **Respiratory and Cardiovascular Examination:** Assess for signs of fluid overload or heart failure.
- **Abdominal and Peripheral Examination:** Look for edema, hepatomegaly, and ascites.
- **Neurological Examination:** Evaluate cranial nerve functions.
- **Psychiatric Findings and MMSE:**
 - If suspected, conduct mental health assessment or cognitive screening.
- **Risk Assessment:**
 - Assess for immediate risks of complications like renal failure or sudden cardiac events.

EXAMINATION

"Next, with your consent, I would like to perform a physical examination. This will involve checking your blood pressure, heart rate, and also looking for any signs of fluid retention. Are you comfortable with this?"

"As part of the exam, I will gently press on your abdomen to check for any swelling or discomfort. I'll also be examining the areas around your kidneys for any enlargement or signs of hernias."

"I'll listen to your heart and lungs to ensure there's no extra fluid that we need to be concerned about."

"Now, I'd like to discuss your fluid balance to ensure you're neither dehydrated nor retaining too much fluid, and assess your risk for blood clots, which can be a concern in conditions like yours."

DIFFERENTIAL DIAGNOSIS

1. Distinguish between primary and secondary causes of Nephrotic Syndrome: Diabetes Mellitus, SLE, Amyloidosis, etc. (1 point)
2. Rationale for Incorrect Differentials: Explain why other conditions such as Nephritic Syndrome or Acute Kidney Injury do not fit. (2 points)

HISTORY

DIFFERENTIAL DIAGNOSIS

"We'll need to consider different possible causes for your symptoms, which could range from primary kidney issues to conditions like diabetes or autoimmune diseases."

HISTORY

INVESTIGATION

1. Laboratory Values: Document proteinuria, hypoalbuminemia, hyperlipidemia, and renal function tests. (2 points)
2. Imaging: Ultrasound to assess kidney size and structure. (1 point)
3. Other Tests: Include 24-hour urine protein, lipid profile, and coagulation studies if VTE risk is high. (2 points)

INVESTIGATION

1. "I recommend some tests to better understand your kidney function, including checking your urine for protein, a blood test for protein and cholesterol levels, and an ultrasound of your kidneys."

MANAGEMENT PLAN

- Immediate Management: Address fluid status, blood pressure, and VTE prophylaxis. (1 point)
- First Line: Corticosteroids for primary causes, control of BP, and edema management with diuretics. (1 point)
- Second Line: Immunosuppressants if steroids fail or in specific secondary causes. (1 point)
- Third Line: Consideration of biopsy and subsequent specific treatments based on histology. (1 point)

Community Management: Diet, fluid management, and community monitoring of BP and proteinuria. (1 point)

Prevention and Lifestyle Changes (2 points):

- Lifestyle Advice: Low salt diet, fluid restriction, and regular monitoring of weight and urine protein at home. (1 point)
- Preventative Measures: Smoking cessation, alcohol moderation, and avoidance of nephrotoxic drugs. (1 point)

MANAGEMENT PLAN

"Our initial steps in management will include addressing your fluid balance and blood pressure, and we may consider medications such as steroids to reduce inflammation in your kidneys."

"To help manage your condition, I'll advise a diet low in salt, monitoring your fluid intake, and regular checks on your weight and urine protein levels at home."

KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (5 POINTS)

- Stabilization: Ensure edema and BP are controlled, and the patient understands medication regimens. (1 point)
- Education: Clear understanding of disease, medication side effects, and when to seek urgent care. (1 point)
- Safety Netting:
 - Warning Signs: Educate on symptoms of acute kidney injury, VTE, and infections. (1 point)

KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (5 POINTS)

- "Before you leave the hospital, we'll make sure that your swelling is controlled, you understand how to take your medications, and you know what symptoms to watch out for that would require immediate medical attention."

ADVICE TO GUARDIANS/RELATIVES

- **Explanation to Patients and Relatives:**

- Provide a clear explanation of Nephrotic Syndrome, its implications, and potential treatments.

Advice to Guardians:

- Educate guardians about medication administration and recognizing worsening symptoms in pediatric patients.

- **Resources:**

- Provide leaflets or links to trustworthy medical websites for further information.

ADVICE TO GUARDIANS/RELATIVES

"When caring for someone with nephrotic syndrome, it's important to monitor their daily health. Keep an eye out for any increase in swelling, changes in urine output, or any new symptoms that may develop. Ensuring that the patient adheres to the medication schedule is crucial, as is maintaining the recommended diet and fluid restrictions. It's also vital to attend all follow-up appointments and to be aware of the signs that indicate the need for immediate medical attention, such as severe swelling, shortness of breath, or decreased urine production. Your support in managing their condition is invaluable."

COMPLICATIONS OF TREATMENT

1. Complications of Medication and Surgical Therapy:

- Discuss potential side effects of medications and possible complications post-surgery.

2. Mechanism of Action of Medication Therapies:

- Explain how the prescribed drugs, like diuretics or immunosuppressants, work to manage the condition

COMPLICATIONS OF TREATMENT

- Corticosteroids (such as prednisolone) – These reduce inflammation in the kidneys by suppressing the immune response that's causing the damage. They also increase the reabsorption of sodium and water in the renal tubules, which can help to reduce proteinuria.
- Immunosuppressants (like cyclophosphamide or calcineurin inhibitors) – These drugs dampen the immune system more selectively, targeting the specific cells or pathways involved in the pathological process within the kidneys.
- Diuretics (such as furosemide) – They help the kidneys remove excess fluid from the body, reducing swelling and blood pressure. They work by blocking the reabsorption of sodium and water in the nephrons, promoting diuresis.
- Angiotensin-Converting Enzyme (ACE) Inhibitors or Angiotensin II Receptor Blockers (ARBs) – These medications help to reduce blood pressure and can decrease the amount of protein lost in urine. They do this by relaxing blood vessels and reducing the workload on the heart.
- Statins (like atorvastatin) – They are used to control hyperlipidemia by inhibiting HMG-CoA reductase, an enzyme involved in the production of cholesterol in the liver.

COMPLICATIONS OF TREATMENT

- Corticosteroids: Potential complications include increased risk of infection, high blood pressure, high blood sugar, and bone demineralization.
- Immunosuppressants: These can lead to a suppressed immune response, making patients more susceptible to infections and possibly leading to certain cancers in the long term.
- Diuretics: Overuse can lead to dehydration and electrolyte imbalances, particularly of potassium, which can affect heart rhythms.
- ACE Inhibitors/ARBs: They can cause an increased serum potassium level, which can be dangerous, and in some cases, can worsen kidney function.
- Statins: They have the potential to cause muscle pain, digestive problems, and in rare cases, liver and muscle damage.

FOLLOW UP

Arrange for follow-up appointments and blood tests, per UK guidelines.

FOLLOW UP

"I'll provide you with information on warning signs for complications like acute kidney injury and blood clots, and we'll arrange for follow-up appointments to monitor your condition."

SEVERITY SYSTEM

Create or use an existing scoring system to objectively measure disease activity, like the Proteinuria, Edema, Hypertension, and Hypoalbuminemia (PEHH) score.

NEVER MISS

1. Edema Assessment: Document the degree and progression. (1 point)
2. Blood Pressure Control: Essential for preventing complications. (1 point)
3. Proteinuria Quantification: As a marker of disease severity and response to treatment. (1 point)
4. VTE Prophylaxis: Due to increased risk in Nephrotic Syndrome. (1 point)
5. Education on Medication Side Effects: Specifically for steroids and immunosuppressants. (1 point)

TOP 1% QUESTIONS

1. What is the relationship between Nephrotic Syndrome and hypercoagulability?
2. How does the selectivity of proteinuria affect prognosis in Nephrotic Syndrome?
3. Explain the rationale for using ACE inhibitors in Nephrotic Syndrome.
4. What is the mechanism by which steroids reduce proteinuria in Nephrotic Syndrome?
5. Why is vaccination against pneumococcus and other encapsulated organisms important in Nephrotic Syndrome?

SOFT SKILLS

- "Before we conclude, I want to make sure that all your concerns and questions have been addressed. Is there anything else you'd like to discuss?"
- Demonstrating empathy and effective communication throughout the consultation.
- "Thank you for sharing all this information with me, it's been really helpful in understanding your situation. Do you have any questions or concerns about anything we've discussed today?"
- Closing the consultation: "Thank you for your time today. I know this can be a lot to take in, but it's important to remember that we're here to support you every step of the way. If you have any further questions or concerns, please don't hesitate to ask."

KEY LEARNING POINTS

- TO BE DONE TOGETHER

DATA

MANAGEMENT

- What went well?
- What went poorly?
- What will you do next time?





LET'S DISCUSS

WHY DON'T YOU TRY?

- Test your history taking skills?
- Try examination/investigation/dx formulation?
- Try a Mock exam?



QUESTIONS?



MDT