Paed OSCE

LYNCH Jeremy: 11.50am 12.00am

7 stations, 1h

1. Communication – advice a parent measles?
2. Hx (ċ parent) – vomiting, cough, wheeze, constipation, headaches, not feeding
3. Ex – Resp, CVS, Abdo, Neuro – Cranial/peripheral
4. Ex
5. Growth Chart → plot height and weight. Target range
   • Interpret – precocious puberty, delayed puberty, target range
6. Development – video → learn milestones
7. Prescribing

Milestones

<table>
<thead>
<tr>
<th>Gross motor</th>
<th>Speech, language, hearing</th>
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<tbody>
<tr>
<td>• Can hold head supine and lift higher when prone: 6w</td>
<td>• Coos + babbles: 6m</td>
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<tr>
<td>• Sitting up: 6m</td>
<td>• Appropriate “mama”: 13m</td>
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<tr>
<td>• Primitive reflexes: go by 4-6m</td>
<td>• Joining 2 words @2y. 3w @ 3y</td>
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<tr>
<td>• Crawling: 8m</td>
<td>• Know age and few colours: 3y</td>
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<tr>
<td>• First steps: 1y</td>
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<table>
<thead>
<tr>
<th>Fine motor and vision</th>
<th>Social, emotional, behaviour</th>
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<tbody>
<tr>
<td>• Newborns will fix+follow</td>
<td>• Smiling 6m</td>
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<tr>
<td>• Turn head to follow: 6w</td>
<td>• Solid food: 6m</td>
</tr>
<tr>
<td>• Reach + grasp: 6m</td>
<td>• Drink from cup: 1y</td>
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<tr>
<td>• Pincer grasp: 10m</td>
<td>• Solid food: 6m</td>
</tr>
<tr>
<td>• Transferring objects btw hands: 6m</td>
<td>• Bladder+bowel: approx 18m</td>
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<tr>
<td>• No hand dominance below 1y</td>
<td>• Play ċ others: 3y</td>
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<tr>
<td>• Pencil scribbling: 14m</td>
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Exams

General Rules

• Wash hands. Introduce name and status to parent and child.
• Explain what will do. Ask permission.
• “Do you have any pain”
• Observe the child + environment → describe
• Give a running commentary
• Child or parent should undress. If the child does not do what you want it to do → ask the examiner
• Explain elements you will postpone to the end
• “I would like to weigh the child and plot these ideally ċ previous measurements. (know how to do these).
• Say when finished. Stand ċ hands behind back. Give important +ve and -ves succinctly. Look confident.
CVS

- Setup: > 6y lying on bed c pillows @ 45 degrees. Younger then mothers lap or flat on bed.
- Look at end of bed
- Hands: colour/cyanosis, capillary return (<2s), temp, clubbing (visible @ 6m)
- Pulses: antecubital fossa c elbows straight using thumbs (child's HR much faster than yours) → rate rhythm, character
- “I will perform BP @ end of exam”
- Head and neck:
  - Anaemia (ask pt to look up. Do not put fingers in eyes of babies cos causes crying).
  - Central cyanosis: Tongue
  - JVP (only if > 4y): head is turned towards you, so can look @ alternate side
  - Carotid thrill: thumb, proof of aortic stenosis
- Praecordium
  - Inspection: RR, midline sternotomy scars, lat thoracotomy scars, asymmetry, AP diameter
  - Palpation:
    - Apex beat (both hands)
    - Thrills (palpable murmurs) apex for LV heave, L parasternal for RV heave, upper L sternal edge
  - Auscultation: start c bell @ apex. LS edge, aortic, pulmonary. Radiation to neck, back, axilla. Report I+II and extras. Listen to lung bases.
- To finish
  - Feel liver
  - Peripheral pulses
  - Blood pressure: correct sized cuff, locate brachial pulse by palpation first.

![Diagram of CVS](image)

- Ejection Systolic (top)
- Pansystolic (bottom)
- No pulse: coarctation
- 

- AS
- PS, ASD
- MR
- VSD
- Median sternotomy
- Lat sternotomy
- R lat sternotomy
- L lat sternotomy
- (Thrill)
**Respiratory**

- Setup: 45 degrees
- General inspection: Look ill, six of resp distress (↑ RR, accessory muscles,), height+weight, FTT, cyanosis, anaemia
- Hands: colour, temp, clubbing, tremor, pulse
- Neck: Palpate cervical + axillary LNs
- “I will leave the upper airway ex to the end”
- Praecordium:
  - Inspection:
    - Scars, asymmetry, AP diameter, Harrisons sulci (look obliquely @ chest).
    - RR.
    - Expansion: Ask child to take deep breath in (normal, asymmetrical)
  - Palpate: apex (Assessing midline shift), thrills/cardiac impulse
  - Percuss: Both sides comparing inc axillae
  - Auscultate:
    - Breath sounds (normally bronchial)
    - Crackles, wheeze, stridor (inspiratory vs expiratory) → both sides
  - Upper airway
    - Look in nose
    - Mouth + throat → need tongue depressor in young children
  - Extra:
    - Feel liver
    - Peak flow

**Abdomen**

- Setup: ask to lie flat
- General: in pain, jaundiced, nutrition status, obese
- Hands: clubbing, anaemia
- “I will perform BP @ end of exam”
- Face + neck: LNs, mouth
- Abdomen:
  - Inspection: Distensions, scars, gastrostomy tube, stoma, obvious masses, distended veins
  - Palpation: “do you have any pain”.
    - Light then deeper in each quadrant
  - Palpate liver (start RIF) and spleen (start LIF)
  - Ballot kidneys
  - Feel for hernias
  - Percussion: Enlarged organs, liver, masses, ascites
  - Auscultation: bowel sounds, bruits over masses
  - Consider ex genitalia: first ask parents + child
**Cranial Nerves**

- General inspection: Distress, skeletal deformities or unusual body habits, unusual skin colour/spots/lesions/scars, inspect the back
- Appropriate Qs to mother can help establish intact CNs

1. Olfactory: ask about smell
2. Optic:
   - Fundoscopy: leave until end
   - Visual acuity: Snellen charts. Without, can ask to read or name pictures. One eye @ a time. Ask parent if visually alert (do they look @ things they can't hear)
   - Visual fields: can wriggle or count fingers
3. 1/4/6. Eye movements:
   - Nystagmus + ask about double vision
   - Light reflexes, accommodation
   - Strabismus
4. Facial:
   - Motor → feel jaw muscles
   - Sensory → light touch to 3 facial divisions
5. Trigeminal:
   - Motor → feel jaw muscles
   - Sensory → light touch to 3 facial divisions
6. Auditory: difficult in young children. Can progressively whisper louder by occluding the other ear
8. Accessory: shoulder shrugging (trapezius), head turning (SCM)
9. Hypoglossal: movement + symmetry of tongue

**The Squint Test**

- Shine a light in to eyes and observe where the pinpoint is → same place? then manifest squint. Following for latent squints.
- Child stares at target. Cover one eye, does the other move?
- Uncover eye. Does this eye move?
- Can move from eye to eye to exaggerate result
- Pseudosquint → if large bridge of nose/epicanthic folds

**Peripheral Limbs (Neuro, Musculoskeletal)**

- Examine the back for spina bifida

**Nervous:**

- General inspection: Asymmetry/wasting/abn movements
- Sensation: light touch and proprioception adequate
- Tone
- Reflexes inc planter: hard. Do it lightly ĉ hammer, or ĉ hand
- Power : v hard, needs practice
- Coordination
- Gait

**Musculoskeletal**

- Ask about pain or tenderness
- General inspection
- Pain, tenderness, deformity, wasting
- Range of movement
- Power
- Gait