

Paed OSCE

LYNCH Jeremy: 11.50am 12.00am

7 stations, 1h

1. Communication – advice a parent measles?
2. Hx (c 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

<p><u>Gross motor</u></p> <ul style="list-style-type: none"> • Can hold head supine and lift higher when prone: 6w • Sitting up: 6m • Primitive reflexes: go by 4-6m • Crawling: 8m • First steps: 1y 	<p><u>Speech, language, hearing</u></p> <ul style="list-style-type: none"> • Coos + babbles: 6m • Appropriate “mama”: 13m • Joining 2 words @2y. 3w @ 3y • Know age and few colours: 3y
<p><u>Fine motor and vision</u></p> <ul style="list-style-type: none"> • Newborns will fix+follow • Turn head to follow: 6w • Reach + grasp: 6m • Pincer grasp: 10m • Transferring objects btw hands: 6m • <u>No hand dominance below 1y</u> • Pencil scribbling: 14m 	<p><u>Social, emotional, behaviour</u></p> <ul style="list-style-type: none"> • Smiling 6m • Solid food: 6m • Drink from cup: 1y • Solid food: 6m • Bladder+bowel: approx 18m • Play c others: 3y

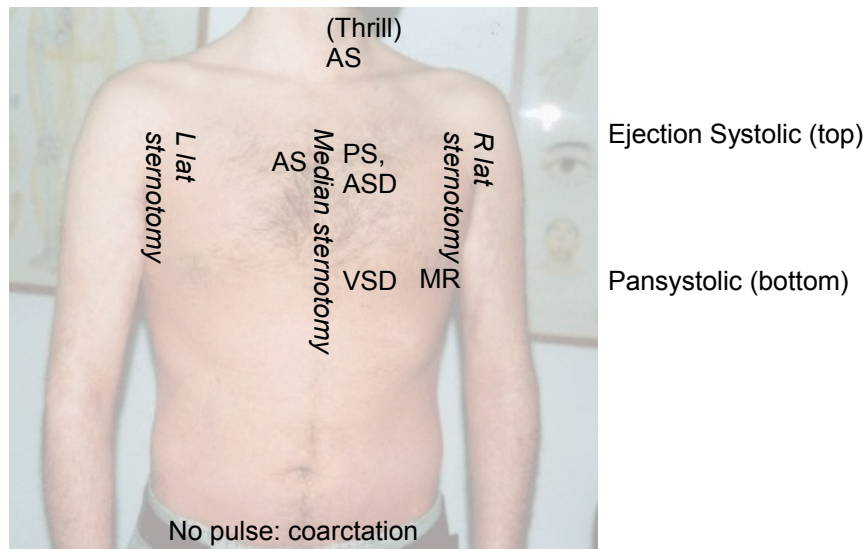
Exams

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 c previous measurements. (know how to do these).
- Say when finished. Stand c hands behind back. Give important +ve and -ves succinctly. Look confident.

CVS

- Setup: > 6y lying on bed c pillows @ 45 degrees. Younger than 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.



Respiratory

- Setup: 45 degrees
- General inspection: Look ill, signs 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 exam to the end”
- Praecordium:
 - Inspection:
 - Scars, asymmetry, AP diameter, Harrison's 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. /4./6. Eye movements:
 - Nystagmus + ask about double vision
 - Light reflexes, accommodation
 - Strabismus
 5. Trigeminal:
 - Motor → feel jaw muscles
 - Sensory → light touch to 3 facial divisions
 7. Facial: muscles of facial expression
 8. Auditory: difficult in young children. Can progressively whisper louder by occluding the other ear
 9. /10. Glossopharyngeal and Vagus: "Ahhh"
 11. Accessory: shoulder shrugging (trapezius), head turning (SCM)
 12. 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 c hammer, or c 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