

OSCE2-26-02

PATIENT INSTRUCTIONS

You are Bailey Rogers. You are 44 years old (choose appropriate DoB)

The student will greet and introduce themselves. They might ask an open question and **your opening statement is:**
“Thank you for seeing me today. I am a bit worried. Over the past few days, I have been feeling dizzy, and I’m not sure what I can do to make myself feel better.”

History of presenting complaint

It all started 2 days ago. You were at home, having breakfast and suddenly, a dizziness appeared, making you feel unsteady. You held on to the table and your partner helped her to lay on the sofa. You were nauseous and vomited (breakfast). Sensation was that the room was spinning. You were nauseous all day long and had two episodes of vomiting during the first day of symptoms. You never had any previous episodes of vertigo. Since then, the vertigo was constant, with gradual improvement but persistent imbalance.

Please give this when the students ask:

Site: Feeling generally unsteady, no side predominance.

Quality: As if the room is moving/spins around you. Associated imbalance and difficulty walking, standing.

Intensity: Initially severe, preventing normal activities and causing nausea and vomiting. Symptoms have gradually improved but still feels unsteady.

Timing: Sudden onset 2 days ago. Vertigo has been continuous since, with gradual improvement.

Aggravating factors: Symptoms worsen with head movements, turning in bed, standing and walking.

Relieving factors: Resting still and keeping her head still, lying in bed, with eyes closed, in quiet dimly lit room.

Previous episodes: No previous episodes of vertigo or similar symptoms.

Secondary symptoms: Nausea and vomiting initially. Left-sided reduced hearing, tinnitus and a sensation of fullness in the left ear. Recent viral upper respiratory tract infection (10 days ago) but now no ongoing symptoms. No neurological symptoms (no headache, visual changes, weakness, numbness or speech disturbance). No headache but the head feels “heavy”.

Note: the vertigo is not on an off, but continuous for 2 days (bit more than 48h); hearing is not fluctuating. You are able to eat and drink – no vomiting since yesterday (24h).

ICE

Ideas = initially she thought it was a spike in her BP, but now believes that could something affecting the ear

Concerns = might be a stroke and she will not be able to drive anymore

Expectations = treatment so she will not be dizzy anymore, will be able to drive her car and go to work

PMHx and Meds:

Recent a cold (no fever), started approx. 10 days ago, now resolved. OTC Paracetamol at that time. No antibiotics.

High blood pressure - Ramipril mg o.d., for 5 years

Incipient osteoporosis (osteopenia) - Vitamin D prophylaxis (1000UI daily)

Regular menstrual cycle. Has 2 children (natural deliveries).

Allergies: no known drug allergies

FHx: patient's mother has bilateral hearing aids for age-related hearing loss and tinnitus, started using them after she retired at 66 year old. Only if asked: **no** Hx of Meniere or other ear-issues in the family.

SHx: Lifestyle: ex-smoker (quit 3 years ago), alcohol occasionally max 10 units/ week, no illicit drugs; occupation: swimming instructor; lives with partner (he is a PE school teacher and is supportive), no pets, house with first floor – needs help to go up and down the stairs because of the vertigo; first day she slept in the living room; drives an automatic car to work.

Sy review: Please answer with “NO” if asked the following:

- facial weakness,
- taste disturbance,
- visual changes,
- ear pain/discharge,
- weakness, numbness, or tingling in your face, arms, or legs,
- neck lymph nodes,
- throat issues,
- childhood ear infections, meningitis,
- trauma to the ear/head,
- recent flying,
- use ear cotton buds,
- previous ear surgery,
- headache,
- measles.
- weight loss, night sweats, fever.

NB. This is a history station

You will not be expected to be examined and should come dressed as a 44 year old.

Your demeanour is friendly and approachable. You should answer questions as they are asked i.e. if it is an open question then answer openly, if it is a closed question then please answer with a yes/no/maybe. Only give information when it is specifically asked. Please be fairly succinct as the students only have 6 minutes for this.