

## Student Instructions

Quinn See is a 7-year-old boy who has recently had a hospital admission via the emergency department.

Please take a history from Quinn, exploring the reason for Quinn's admission and the symptoms he was experiencing up until this time. Please perform the appropriate examination, before discussing the case with the examiner.

## Patient Instructions

You are Mr See, you are the father of Quinn See, a 7 year old boy.

Quinn was recently admitted to hospital and was found to have high sugars in his blood. It made him very unwell, shaking, clammy and short of breath. The doctors told you that he had too much acid in his blood. He has now been diagnosed with type 1 Diabetes Mellitus. Your wife is a Nurse so she has explained some of the basics of diabetes. You think you have got to grips with it all, but there is so much to take in!

HPC:

A couple of weeks ago Quinn became ill with what appeared to be a cold. He had a fever and a cough, he was lethargic and lay on the sofa for most of the day for about a week before he was admitted to hospital. He's normally a bit of a couch potato, so this was hard to notice!

Last week on the day he was admitted he started to complain of 'tummy pain,' became more and more drowsy and started to be unresponsive. It was at this point you got really worried. His mum was at work so you decided to bring him into hospital.

When you think about it for the last few weeks Quinn had been going to the toilet more, but you did not think much of this at the time, just thought it was a bad habit he had got into.

He also always seemed to be wandering into the kitchen a lot to get a drink, but you have always encouraged him to drink lots of water to be healthy so again at the time you did not really think about it.

Birth history: born at 40 weeks. No complications, no Special care needed.

Immunisations: Quinn has had all the immunisations offered to him. He never had any reactions.

Nutrition: Until the past month Quinn has always grown normally. He eats well. He sometimes get weighed at school and they have always said he was a healthy weigh. Although when you think about it Quinn has lost some weight over the last month but you did not notice until a friend you had not seen for a little while pointed it out.

Development: Quinn's development has always been normal and he has hit all his milestones

Social History:

Quinn attends full time at the local main stream primary school. He quite likes school, PE is his favourite subject as he gets to play football with his friends.

Quinn lives at home with you and his mum.

There has never been any social services involvement for Quinn but his cousin did live with you for a bit as your sisters partner was abusive. However he is now in prison and not allowed any contact with the family. The cousin is now back living with his mum (your sister).

You smoke, just a few, and only outside, you would never smoke in the house

Your wife works full time as a wife and you have your own building company.

Quinn's Grandmother on your wife's side is around and you see her about once a week.

ICE

When Quinn was first ill you thought he just had a little cold, your wife was working a set of long days so she did not really see much of him and also thought he might have the flu. Because of this, you decided that he should take a day off school. You knew something was wrong when Quinn didn't react to this – normally he would have been delighted to have the day off!

You feel very silly now and you have been angry at your wife for not recognising what was going on. However you now feel bad about this as you know she works really hard and it really did just seem like Quinn was a simply bit under the weather.

You are quite scared by Quinn's diagnosis as you just keep hearing such scary things

about what diabetes can do. You had a horrible dream last night about people losing their legs, their eyesight and having all sorts of problems. You don't want that to happen to your little boy. Your wife has explained that to help you need to get his insulin control under control. You really hope you can do that.

#### PMH

Childhood Eczema, but has had no problems for the last year

Nothing else to note

DH and Allergies

Childhood multivitamins

No known allergies

#### FH

No family history of diabetes

Both you and your wife had asthma as a child

## Examiner Instructions

Observe the student undertaking the history and examination. A thorough history would, in reality, include insight from both Quinn and his dad. Outstanding candidates will assess Quinn's dad's thought on his state on admission and pinpoint the most worrying symptoms he displayed at that time.

An example of an appropriate differential diagnosis would sound something like:

"My main differential diagnosis would be an endocrinological problem: more specifically exacerbation of type 1 diabetes, in the form of diabetic ketoacidosis. This is because of the history of polyuria, polydipsia, lethargy and reduced GCS in a young boy. It would also be important to rule out hypoglycaemia as this would mimic DKA. Other serious causes of reduced responsiveness would need to be ruled out, including an infective cause: meningitis, or neurological causes, like seizures secondary to epilepsy."

Examples of discussion questions may include:

Please tell me what investigations you would like to undertake for this patient, in the acute setting.

How would you manage this patient?

What is DKA?

What are the complications of type 1 diabetes?

How is diabetes monitored?

What barriers to adequate glycaemic control might Quinn encounter as he grows up?