

Student Instructions

You are an FY1 in Accident and Emergency. Luke is 2 years old and has presented to the department with his mum, Ms O’Nickia. He’s been brought in by ambulance after having a “fit” at home.

Please take a history and perform the examination you feel is appropriate. Ensure you address the mother’s concerns regarding this presentation.

For the purposes of role play, you may pretend the “mother” is Luke for the examination, or you may use a doll/similar.

Patient Instructions

You are Gill O’Nickia, Luke’s mum. Luke is 2 years old and normally fit and well.

HPC:

He had a fit half an hour ago that lasted for just under 5 minutes. He was talking to you whilst sat on your lap watching TV before he went very stiff and his eyes rolled back. His limbs then started jerking, which is when you called for your partner who phoned for the ambulance.

Luke has had a bit of a temperature and has been off his food for a few days. You don’t have a thermometer at home so you don’t know the exact temperatures, but he’s felt very hot. He is drinking plenty of juice and water though. He’s been a bit clingy all morning so you kept him off playgroup, but he hasn’t had a cold or cough recently. You have an older daughter, Lucy, who is 5. She has had a sore throat and a rash on her hands and feet over a few days last week, but is better now.

PMH:

Luke was born via normal vaginal delivery with a smooth complication-free pregnancy. He was term, weighed 8lbs 2oz and didn’t need any special care. You had a slight bleed after he was born but were allowed to go home the next day.

He’s up to date with all his vaccinations and had the flu vaccination up his nose for the first time this year.

He eats well and likes his fruit. He’s never had a problem with his weight and has stayed on the same centile since birth. He was breastfed until 6 months and then weaned onto solids.

You have no concerns about his development. He’s a typical little boy.

ICE:

You are very distressed and worried about Luke, as it was a scary thing to have seen your child do. You are particularly worried that he’s still very sleepy and is being quite

grouchy/stroppy which isn't like him at all. You're worried that this means Luke has epilepsy like your cousin, who is quite disabled by it and has to wear a helmet most of the time. You just want Luke to be back to his normal giggly self.

SH:

There has never been any involvement of social services. You used to be a dinner lady but gave that up to be a stay-at-home mum when your partner (Luke's dad) moved in. He is a teacher. Neither of you smoke or drink much alcohol. You have a dog called Rover and a goldfish. Lucy is a child from a previous relationship and is Luke's half-sister.

DH:

Luke doesn't take any regular medications. He has no allergies.

FH:

You are type 1 diabetic, as is Lucy and your mother. You have a cousin with epilepsy.

Examiner Instructions

Please observe the student taking the history and performing the examination.

They should perform a general paediatric examination to look for signs of infection.

Please ask the student to summarise their findings, and then ask for their differentials.

Topics for discussion:

- How would you initially manage Luke?
- What is the difference between epilepsy and febrile convulsions?
- What advice would you give Luke's family about his condition, and how should they manage any similar problems in the future?
- How do you diagnose epilepsy?
- How would you initially manage epilepsy?
- What is the prognosis for febrile convulsions?