

**Instruction to the examiner**

Main Objective – This station requires the candidate to take a history from a young primagravida lady who has come to the Emergency Department because of a headache. She is 30 weeks pregnant. The nurse asks the candidate to assess her because of a BP of 140/90 and 2+ proteins on her urine dip.

**Examiner Prompt**

Please take a focussed history from this patient. After 6 minutes you will be asked to give the most likely diagnosis, investigations and possible initial Emergency Department management.

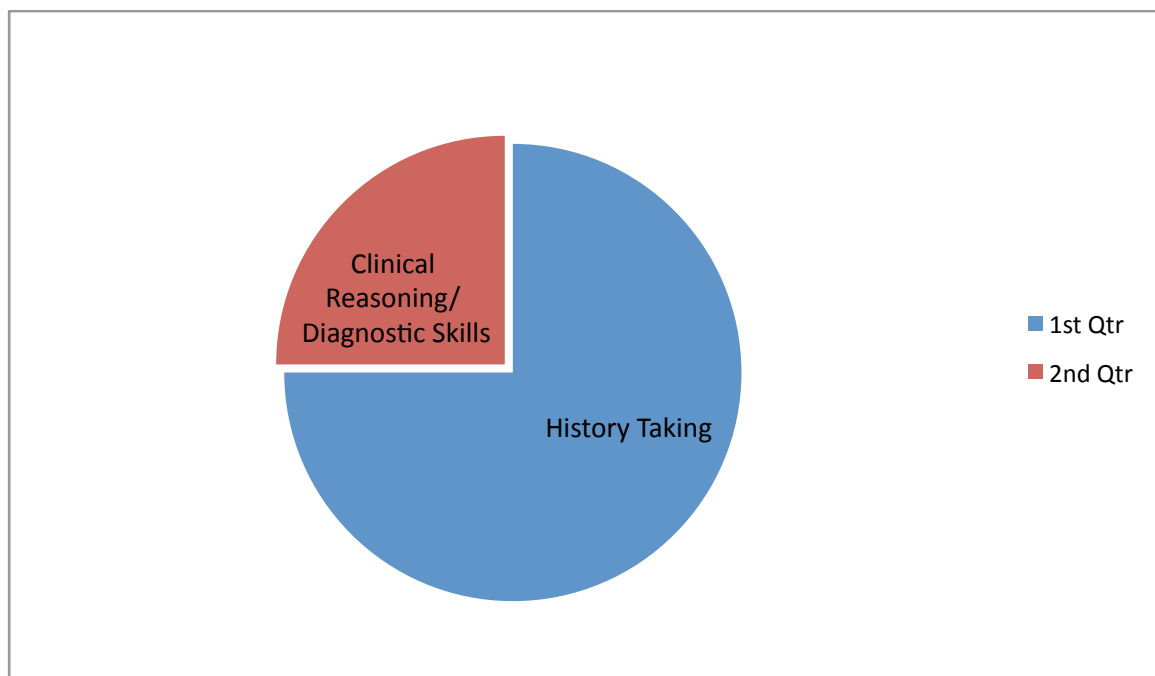
### Instruction for the candidate

A 19 year old patient has come into the emergency department complaining of a headache. She is 30 weeks pregnant. The nurse asks you to see her because her BP is 140/90 and she has 2+ proteins in her urine on the dipstick testing.

### Task

Take a ***focussed*** history from this patient. After 6 minutes, explain to the patient what you think is the most likely diagnosis, what investigations should be done and what initial treatment may be needed in the Emergency Department.

### Examiner role – observation only



### Information to the role player (Female)

You are a 19 year old lady who is 30 weeks pregnant with your first child. You have had a reasonably uncomplicated pregnancy with only a little morning sickness. That lasted a couple of weeks and there have been no problems since.

You have kept all your prenatal appointments and there have been no concerns. However, during the past week or so you have noticed that you seemed to be putting on weight faster than before. Your shoes are becoming very tight and your hands seem to be puffy. You thought that was normal but today you have had a headache which has not been relieved with paracetamol.

The doctor may ask you several questions

You have noticed puffiness of your hands and feet recently and have had trouble getting your shoes on.

At your last prenatal visit, you think you BP was 100/70

Your headache. Although you have had occasional headaches, they usually go away. You don't like taking tablets particularly when you are pregnant and have not really needed to up until today except for a couple of times last week. The headaches settled very quickly with Paracetamol. This headache seems different to the other headaches, much more severe and has not been relieved by Paracetamol.

You don't have any problems with your vision, now or ever, you don't wear glasses.

You do not have any shortness of breath now or ever.

You have had some niggling pain in the upper middle of your stomach but it is not severe, you thought it was normal in pregnancy.

You have noticed that you have not been urinating as much as usual in the past few days but thought it was just because it was very warm weather and you were not drinking enough.

This is your first pregnancy

You do not have diabetes, kidney problems or rheumatological disease. You have never had increased blood pressure. Your mother never mentioned any problem with her pregnancies.

**Pre-Eclampsia** is a medical condition where hypertension arises in pregnancy (pregnancy-induced hypertension) in association with significant amounts of protein in the urine. Because pre-eclampsia refers to a set of symptoms rather than any causative factor, it is established that there can be many different causes for the syndrome. It also appears likely that there is a substance or substances from the placenta that may cause endothelial dysfunction in the maternal blood vessels of susceptible woman. While blood pressure elevation is the most visible sign of the disease, it involves generalized damage to the maternal endothelium and kidneys and liver, with the release of vasoconstrictive factors only secondary to the original damage.

Pre-eclampsia may develop at varying times within pregnancy and its progress differs among patients; most cases are diagnosed pre-term. Apart from abortion, caesarean section, or induction of labour, there is no known cure. It may also occur up to six weeks post-partum. It is the most common of the dangerous pregnancy complications; it may affect both the mother and the fetus.

When the doctor tells you the blood pressure is high and may be related to the pregnancy, do not be too concerned, but question exactly what will happen next and what you need to do to be treated.

### MARK SHEET

Please ensure that each action is clearly observed before marking down that it was adequate.

Adequate = seen clearly to perform the action in a correct way

Inadequate / not attempted = the action was not performed, or the technique was not correct.

If the actions were not performed in the correct order, this may be reflected in the global score. This global score gives you an opportunity to reflect the general attitude, poise and competence of the candidate regardless of the individual criteria.

Candidate Name \_\_\_\_\_ Candidate Number \_\_\_\_\_

	Adequate (1)	Inadequate (0)
Ask about headache – nature and severity	2, 1, 0	
Asks if has frequent / significant headaches when not pregnant and how bad		
Confirms dates of pregnancy		
Asks if patient has been pregnant before		
Asks if has had regular prenatal care including scans		
Asks how the pregnancy has been up until this point		
Asks if noticed puffiness of face, hands, feet recently		
Asks if remembers last BP reading – says 100 / 70		
Explains it is a change in blood pressure that is of concern		
Any visual disturbances		
Any significant shortness of breath		
Asks about abdominal pain, specifically RUQ pain		
Has she noticed any unusual bruising		
Asks if has decreased urine output		
Ask about risk factors: family history, DM, CT Disease, renal disease, chronic hypertension – must get at least three for 2 marks	2, 1, 0	
Summary: Differential diagnosis: must include either hypertension of pregnancy or Pre-eclampsia	2, 1, 0	
Recommends work up in ED – FBC (platelets), EUC (creatinine) LFTs (HELLP Syndrome), coags	2, 1, 0	
Treatment: Consider MgSO <sub>4</sub> to prevent seizure, hydralazine / labetalol for hypertension	2	
Urgent referral to O & G unit		
Reassures patient		
Gives clear information to patient		
Deals with patient questions / anxieties		
Global score 1 – 5		
Global score from role player 1 – 5		
<i>Where appropriate</i>		