

WEEK 1 CASE 1!!!

Grading Rubric

1. 40% = History questions
2. 30% = physical exam
3. 10% = differential diagnosis list
4. 10% = ranking the differential diagnosis
5. 10% = lab test
6. 0% = science exercises
7. 0% = management plan – faculty scores this.

Case Help

HISTORY:

- Patient interview reminder sheet- document in key findings
- “Good Question” means you asked a required question

Step 1: Start by asking 2 open ended patient centric questions:

1. How can I help you today?
2. Any other symptoms or concerns?

Step 2: Obtain an HPI using “OLDCARTS”

- = Onset, circumstances surrounding start of symptom
- L = Location, radiation
- D = Duration
- C = Characteristics (sharp, dull, cramping)
- A = Aggravating
- R = Relieving
- T = Treatments
- S = Severity

Step 3: PMH

- No patient record – Obtain history
- Have patient record – Update allergies, medications, OTC drugs

Step 4: FH

- No patient record – Obtain history

Step 5: SH

- No patient record- obtain history
- Have patient record- Update if major changes in living situation, death of partner, loss of job etc.