



Tutorial 10: Counseling , history taking

OSCE

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Case 1

A 40-year-old male, visits you for his annual check-up and complains of dyspnoea upon exertion and dry cough for 2 months.

He shows you his chest X-ray. He is worried about his illness. **Take a detailed focused history and give him appropriate advice/counselling.**

X-Ray report

- Linear opacities and reticulo-nodular opacities at the bases more prominent on the left, obscuring the cardiac borders and diaphragm.
- **Diagnosis:** Lung fibrosis (Interstitial lung disease)¹
- O_2 saturation is a very important vital sign



Ground glass appearance

What is the next step in dealing with this patient?

1

History

- **Social:** Job, Marital state, **Smoking**
- **Occupational details:** (type, exposure, duration,)
- **Presenting complain:** How long, aggravating factors of dyspnoea, any other associated symptoms,
- **Brief past medical history:** Any chronic illness, Drugs,
- **Family history:** Chronic diseases, similar illness, ...
- **ICE**

2

Offer him appropriate Advice/Counselling

- **Adequate information regarding cause of his illness:** (Simple explanation for him)²
- **Preventive measures:** reduce exposure, Face masks, ...
- **General occupational measures:** Place, ventilation, ..
- **Referral for investigations and assessment:** respiratory functions, CT lung, Referral to specialist, ...
- **Follow up**

1: Diagnosis is asbestosis (on x-ray: ground glass appearance). Asbestos inhalation→**asbestosis**→interstitial lung disease (fibrolytic changes).
Asbestosis complication: mesothelioma of the pleura.

DDx of a person with dyspnea and works in a factory (cement, silica, gold or coal): Asbestosis, silicosis.

Silicosis on x-ray: snow storm appearance.

Silicosis most common complication: TB (they may present to you with TB, or develop TB)→ take a detailed Hx to exclude it.

2: What's the most common cause of sarcoidosis? TB

Cass 2

Abdullah is a 56-year-old man known case of diabetes on insulin and oral medication. He came asking for advice as he planned to go to hajj
How are you going to counsel him regarding travel to Hajj?

What is the next step in dealing with this patient?

History

- **Social:** Job, Marital status, **Smoking**, Lifestyle
- **Regarding his Diabetes:** for how long, symptoms of hyper or hypoglycemia, medication, **complications** (visual, **peripheral neuropathy**)
- **Any other chronic diseases** like HTN, **ischemic heart disease**

Which measures/advices are you going to discuss with him?

- **Measures regarding Diabetes**
- **Medication¹:** Oral or Insulin or both (**ask about compliance**)
- **Personal identifiers:** like medical card or band to identify that he is diabetic patient and taking such medications.
- **Education:** (regular and emergency medication
 - feet protection **Inspect daily and don't walk barefoot**
 - checking glucose levels (Glucometer) **must have it with him**
 - **alarming symptoms especially hypoglycaemia² and what to do**, **Don't skip meals** if you take insulin, and any sweets should be with the patient in his **pocket** for hypoglycemia symptoms

What are other Protection measures?

- **From infection:** to visit medical center
- **Vaccination:** like Influenza, meningococcal and recently for COVID-19
- **Fluids:** avoid dehydration especially in summer
- **Heat stroke:** How to avoid? Avoid direct exposure, Umbrella (better white to reflect sun)

1: Educate about the storage.

2: Dizziness, sweating, palpitation, tremor, feel of hunger, etc..