Day 1 Patient list:

7M with coryzal sx, Viral URTI. Phx asthmas **(URTI/ Asthma)**

* routine to weigh paediatric patients, I guess just to have a record of their progression of growth.
* @asthma prescribed Prednisolone, treated as exacerbation of asthma. Rx for asthma URTI
* corticosteroids in children. %aggressive

31 F for vaccination

* Phx salpingo-oophorectomy, hysterectomy, bilateral mastectomy w/ reconstruction. @strong family history of breast cancer ?BRCA.
* HRT post salpingo-oophorectomy

38F AVM for bloods pre angiogram **(Migraines/ Seizures)**

* Keppra, side effects
* Still operating heavy machinery despite recurrent seizures.

70F for renewal of Fentanyl patches **(Chronic Pain/ Osteoarthritis)**

* Opioid dependent. How to assess for dependence
* How to assess for depression. SAD person score.
* 75mcg as low as can go before getting severe pain.

70M to discuss PCI with GP **(Cardiovascular/ Health prevention)**

* hypertension/ hypercholesterolaemia (olmetec, crestor)
* interventional cardiologist also at Albury.

8F with impetigo **(Common Infections/ Impetigo)**

* Staphylococcus infection
* Use location to differentiate from cold sore (relative to vermillion border. Erythema under border/ lesions under border suggests impetigo. Esp @young age ++likely to be impetigo)
* Flucloxacillin best @community Staph should be suggestive

**Points to improve on from day 1:**

* Examination: Always brief, targeted. In many cases taking the vitals is sufficient. When the patient is presenting with an undifferentiated presenting complaint, be confident in going about your examinations as you would usually, with structure. Start with hands, feel epitrochlear quickly. Need exposure.
  + Don’t need to suggest or do any sensitive examinations for now.
* Always have a couple of learning points prepared in the notebook before going in to see GP. Try to fit the learning outcomes to fit with the core presentations, talk about management etc.
* You are the boss. Direct conversation. Don’t worry about the patient, don’t be concerned that you are taking too much time. Dont be a fool.

Day 2 patient list:

Unilateral maxillary pain for 2 weeks in 38F. Recurrent, episode 6/12 previous. CT to rule out a collection. Roxithromycin prescribed.

Likely viral URTI/ mild asthma exacerbation in 8M. tonsillar enlargement but no evidence of active tonsillitis.

21F with generalised anxiety disorder, coming in for renewal of script of diazepam

68F with chronic fatigue, vertigo associated with nausea, tinnitus, positive romberg’s, failed straight line walk test. 6 year history. Flare recently. Cannot work. ?intracerebral tumor