



- Patient Name: Miss Kelly Smith
- Clinical Settings : Medicine Office
- CC: A 22 years old female presents with an episode of headache.
- > Vital Signs:
- Blood Pressure: 128/84 mm Hg
- Respirations: 14 per minute
- Temperature: 98.1 °F
- Pulse: 70 bpm, regular
- Height: 66 inches
- Weight: 133 lbs.
- **BMI**: 21.5 kg/m2

Differential Diagnosis

- 1. Migraine
- 2. Tension Headache
- 3. Cluster Headache
- 4. Trigeminal Neuralgia
- 5. Partial Seizure



- What to write before going inside room (spend 20-30 seconds).
- Name of patient (remember pt's. name).
- Vitals.
- Reason why patient came to clinic/ER in this case: Headache.
- Try to remember differential diagnosis- as discussed in previous slide, any mnemonics: SCRIPT FADO for pain in this case.

Opening of the case

- Position of the patient.
- If patient has any kind of pain, she wont be very cooperative, so your first job is to make her feel better and assure her that you understand how difficult situation is and try to help her ASAP by giving right pain medication.
- Offer her any thing you can do to make her feel better/comfortable.
- Room environment: patient might want the lights turned off or dimmed, so ask her preference.



How to make the patient comfortable

- Introduce your self.
- Shake hands (In a young pt. you may ask how they like to be addressed, by first name or by last).
- Explain what are you going to do in the next 14 minutes.
- Offer help if they need, e.g. Turn off light in case of SAH, Migraine, meningitis etc.
- Reassure that it will be quick and you will start treatment ASAP.

Introduction to Patient

• "Hi Ms. Smith, I am Dr. Watson. I am a physician in this hospital. Today I will take care of you. First I will ask you few questions and do brief physical examination. Meanwhile if you have any questions, please feel free to ask me. Do you go by Ms. Smith or Kelly?"

• Hi Doc. sure. Kelly is fine.



History

- > Chief complaint
- What brought you in today? Or Why do you come to the hospital today?
- Doc, I have this terrible headache since morning.

> HPI

- Is it constant or intermittent?
- Its been there since morning.
- How did it start?
- I was eating my breakfast and I suddenly felt it was coming. I felt sick and saw these bright lights in the side of my right eye and my head started hurting.

Contd...

History (Contd...)

- So its the right side of your head, Kelly?
- Yes, doc. The right side.
- Does it move anywhere else?
- No doc, its just the right side.
- How bad is the pain? on a scale of 1-10, with 10 being most severe? (or how would you grade your pain?)
- I would say, its about a 6 or 7.
- What kind of a pain is it? what is the quality throbbing, sharp or dull?
- It feels like throbbing.



- Is there anything that makes it worse?
- Yes doc, I cannot stand bright light and noises. I tried to shut myself up in the room and put the drapes on, but it just wont go away.
- I am sorry to hear that, we 'll give you something as soon as I am done seeing you.
- Thank you.
- Now Kelly, did you take any meds before coming here? Did anything else help?
- Yes, doc I popped a couple of Tylenols, that seemed to help a little, not a whole lot ,though! I threw up once and that seemed to help too.



History (Contd...)

- Did you feel any symptoms just before you get headache?
- I had nausea and I threw up twice since it started.
- Do you also have a runny nose?
- No.
- Any watering from eye?
- No.
- Have you had these kind of headaches in the past?
- Yes doc, I often have these migraine attacks. This feels like one, but worse.



- What do you do when you have these attacks?
- I try to sleep it off in a dark room, it usually works. Coffee and Tylenols also help, doc.
- Have you noticed any weakness of your limbs?
- No.
- Have you noticed any numbness?
- No.
- Have you had any speech difficulties?
- No.
- Have you noticed any problems in your vision?
- No.

History (Contd...)

- Any problems with hearing?
- No.
- Does it interfere with your daily activities?
- Usually it lasts only a couple of hrs doc. This time its not going away.
- Have you noticed any changes in your appetite?
- No.
- Have you noticed any changes in your weight?
- No.
- Do you have any stress at home or at your job?
- Yes, recently I have been working on this new project for my company and I have to work very late to meet my deadline.



- You said you've had migraines in the past. When did it start?
- A couple of years ago doc, my mom also has migraine.
- Do you have any other medical conditions?
- None that I know of, doc.
- Have you had any surgery in past?
- I had a C Section last year.

PAM HUGS FOSS

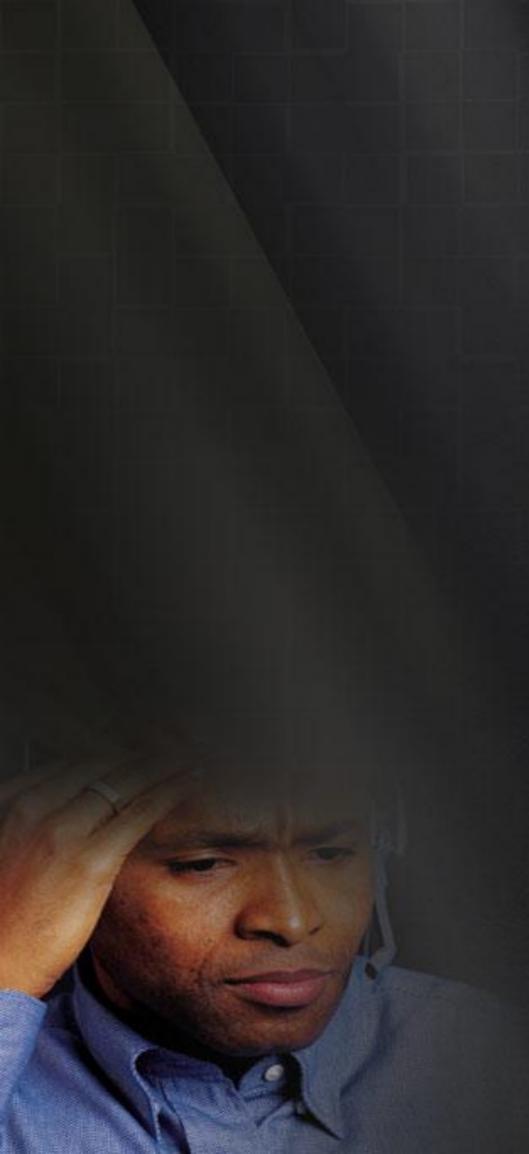
- > Medications:
- Do you take any medications other than Tylenol?
- Birth control pills.
- Do you have an allergy to any drugs or foods?
- No.





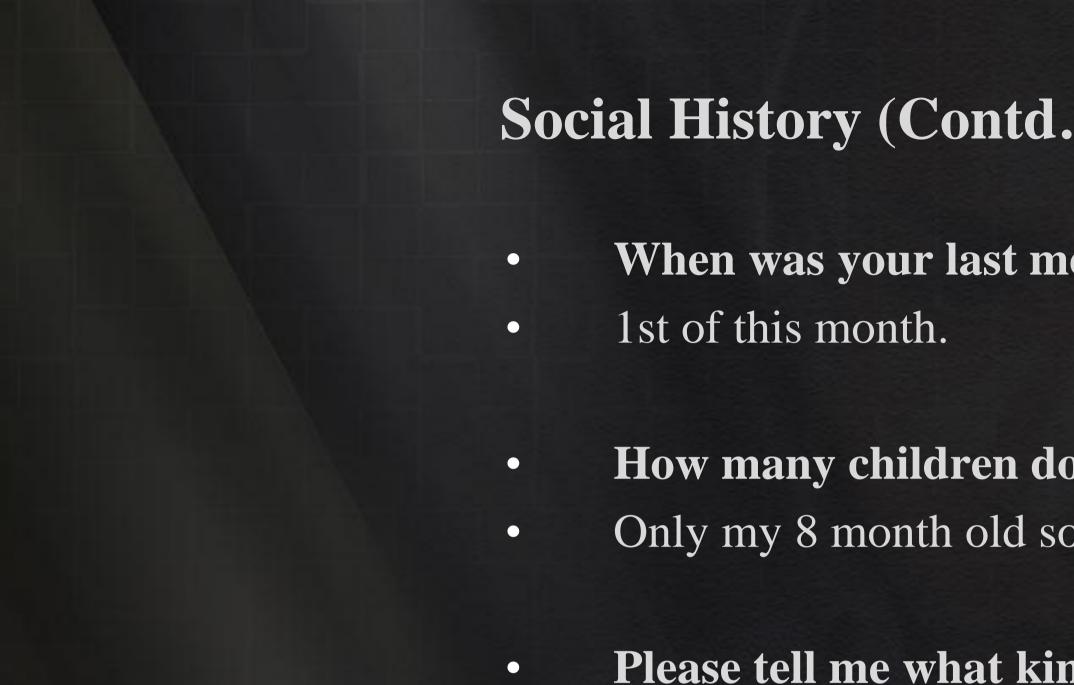
- Now, I would like to ask you few questions about your habits.
- Do you smoke?
- Not now, I quit two years ago after smoking for about 3 years.
- That is wonderful, Kelly. I know it must've been difficult to quit.
- Yes doc, but I feel so much better after quitting.
- Do you take alcohol?
- Only on weekends.

Contd...



Social History (Contd...)

- How much do you drink?
- 1 or 2 glasses.
- Do you take any recreational drugs such as cocaine or heroine?
- No doc.
- Kelly, now, I would like to ask you few personal questions. I assure you that all information will be kept confidential.
- Are you sexually active?
- Yes, with my husband only.



Social History (Contd...)

When was your last menstrual period?

- How many children do you have?
- Only my 8 month old son.
- Please tell me what kind of work you do?
- I am a teller in a bank.
- Do you use seatbelt while driving?
- Yes doc, I do.



- Now, let me ask you about the health of your family members.
- Does any body in your family have similar complaints?
- Yes, my mother has migraine since adulthood and my father died due to bleeding in his head.
- At this point, you can summarize it briefly.
- "Ok, Kelly. You have a throbbing right sided headache since morning, along with nausea. And it feels like your usual migraines, just worse".



Physical Examination

- Always make patient comfortable.
- Ask permission to examine.
- Do not repeat painful maneuvers.
- Use proper draping techniques.
- Provide help during examination.
- Explain what you are doing.
- "So Kelly, I am done with the questions. Now I will examine you. Let me wash my hands first."
- Before starting physical examination, ask for permission.
- May I start the examination?
- Yes, sure doc.

Contd...



Physical Examination (Contd...)

- Here, you should focus on CNS examination.
- Start with CNS examination.
- Cranial nerves.
- Motor, sensory and reflexes examination.
- HEENT examination.
- Quickly examine heart.
- Explains, offers and performs OMM if indicated.



Closure: Assessment and Plan discussion

- "Thank you for your co-operation, Kelly. Let me give you my impression. Based on your history and my physical examination findings, it sounds like another migraine that you are having. But it might be something else like a tension headache or cluster headache.
- I would like to run some blood tests and meanwhile we will get you some pain medication. I would like to see you after a week to see how you are doing. Does that sound right ?"
- Yes Doc
- Do you have any other questions or concerns at this point?
- No Doc, thanks.
- Thank you for your co-operation.
- Shake hands and leave the room.

SOAP Note

22 yrs old white female G1P1A0L1, who was in usual state of health until this morning, presents with 6/10 rt. sided throbbing headache, which was proceeded by a visual aura and nausea. She reports similar headaches of lesser intensity in the past and a history of migraine in her mother. She has vomited twice since the onset of this headache. Tylenol and rest in a dark noiseless room have offered partial relief.

She denies any immediate precipitating cause, but reports staying up late and working long hours to meet her deadlines at work.



• PMH: Migraine.

• **PSH:** C-section a year ago.

• Medications: Tylenol and Birth control pills.

• Allergy: None.

• **Social History:** Quit smoking 2 years ago after smoking for 3 years, take alcohol socially, sexually active with husband only, works as a teller in a bank.

• Menstrual History: LMP- 1st of this month.

• Family History: Mother has migraine. Father died due to hemorrhagic stroke.

Objective

- Vitals: WNL
- **General:** well oriented, young female, sitting on the bed, with mild distress due to headache.
- **HEENT:** PERRLA, EOMI, no pallor, icterus, no LAD, no pharyngeal erythema/exudate, no neck rigidity.
- RS: CTA, no additional sounds.
- CVS: s1/s2 rrr, no murmur, rubs and gallops.
- CNS: AAOX3, Motor: 5/5 four extremities, Sensory: bilateral symmetrical ,CN II-XII grossly intact. DTR preserved bilaterally.

Assessment and Plan

- > Assessment:
- 1. Migraine
- 2. Tension headache
- 3. Cluster headache
- 4. Refractive error
- 5. Sinusitis

> Plan:

- 1. Ibuprofen 400 mg po every 6-8 hours prn.
- 2. Sumatriptan 50 mg every 2 hours until headache resolved (max. 200 mg/24 hours), Metoclopramide 10 mg IV for nausea/vomiting.
- 3. OMM if indicated (no HVLA).
- 4. CBC with differential, BMP, ESR, CT head without contrast.
- 5. Follow up after a week.

