

COMLEX Level 2 PE Exam

**A 32 years old man with worst
headache of his life.**



Patient Data Sheet

- You are the intern on call in the Medical ICU on a Friday night. You get a call from the Emergency Department at 1 am with the following information:
 - **Patient Name** : Mr. James Daugherty
 - **Clinical Settings** : Emergency Room
 - **CC** : 32 y.o. male, brought in by friends 10 mins ago, with “the worst headache”.
- **Vital Signs:**
- **Blood Pressure** : 220/170 mm Hg
 - **Respirations** : 14per minute
 - **Temperature** : 98.8 °F

Patient Data Sheet (Contd...)

- **Pulse** : 90 bpm, regular
- **Height** : 70 inches
- **Weight** : 175 lbs.
- **BMI** : 25.1 kg/m²
- Pt wishes to see a doctor immediately and wants a pain killer as "this thing is killing him".

Differential Diagnosis :

- Subarachnoid hemorrhage
- Intracranial bleed
- TIA
- Migraine
- Cluster headache

Key points to remember: before you enter the room

- Worst headache of life in an otherwise healthy young man is a typical give away for SAH-hence that's the first in DD. However, we must not close our minds to other possibilities before obtaining a complete history and doing a thorough physical.
- PT may be photophobic and or phonophobic ,esp. in case of migraine: HANDLE WITH CARE!

Opening scenario

- Typically: Healthy-looking young guy, lying down in pain, lights dimmed out. He may ask for medication as soon as you enter, and complain that no one has given him anything yet!
- REASSURE!!
- BE Quick, confident and focused.
- Do try to help the patient, always.

Subjective

- **Headache :**
 - When and how did it start ? Any precipitating factors ?
 - Location
 - Intensity
 - Radiation
 - Medications: have you taken any meds on your way here?
- **Associated Symptoms :**
 - Nausea, vomiting: Have you thrown up /puked /felt sick ? or felt like throwing up since the headache started ?
 - Any focal neuro deficit : do you feel like your arm or leg or face is weak on one side ? did you lose balance or fall ?
 - Vision : can you see clearly ? any trouble seeing?

PAM HUGS FOSS: Focused

- **PMH** : Any past history of similar headaches ? History of migraines / one-sided headaches/ other types of headache ? Any trauma recently ? Any bleeding disorder (do you bruise or bleed easily? have you in past?)?
- **Medications** : Taking any medications currently,esp. blood thinners/ Coumadin/ Warfarin ? Have you taken any medications for headache in past ? Any OTC products or herbal stuff ? Recent use of Sildenafil (Viagra)?
- **Social hx** : Smoking and illicit drug history are important. Pt was "out partying"--may have used cocaine &/or marijuana which may lead to SAH / headache from other causes.
- **Family hx** : migraines in family ? Stroke in family ? SAH or intracranial bleed in family ? (aneurysm) Bleeding diathesis in family (does anyone in your family bruise or bleed easily?)?

Objective :Quick general, focused Neuro

- Quick General :Do a quick general exam as you are talking to the patient. Note the position/ decubitus. Note for presence of pallor, icterus, clubbing, edema etc.
- Make the pt. comfortable.
- Neuro : Alert? Oriented?
- Motor--strength, any weakness or asymmetry ?
- Sensory-- any asymmetry or losses? DTR: intact ? lost? or exaggerated ?
- Nuchal rigidity
- Fundoscopy

Closure: Assessment and Plan discussion

- Thanks for your cooperation, Mr. Daugherty. I am done seeing you. My greatest concern, at this point , is that you may have bled inside your head. I know its concerning for you, but we will make sure we find out what exactly is going on, as soon as we can.“
- You'll definitely need to have a scan of your head, so we can see if you've bled in there. We'll also run some basic blood tests. We'll give you something to take care of your headache, meanwhile. Also, your blood pressure is high at this point, we will give you some medication to bring that down as well."

Contd...

Contd...

- Once you feel a bit more comfortable and we have the results of these tests, we will meet again and I will personally go over the results and further plan with you. I would also like to admit you to ICU for close monitoring of your condition and also consult neurology and neurosurgery team.
- Is there any question or concern that you have at this point ?; usually they'll have none. Say "Take care, I will see you soon" and exit.

SOAP Note:

- A 32 yrs old, non-hypertensive White male who was in his usual state of health earlier this evening, was brought in by friends from a party, within minutes of complaining of the "worst headache of his life". He denies any similar episode in past, doesn't report any significant medical or family history. He has not been on any medications. On examination, he is tachycardic (110/min) and hypertensive (220/170 mm Hg) and photophobic.
- Neuro: Pt is awake, in pain but responsive, oriented x3.
- CN II-XII grossly intact bilaterally. A focused neuro. exam is essentially non-focal at this time though he has some nuchal rigidity. Fundi clear bilaterally. DTR--preserved bilaterally.

Assessment and Plan

➤ **Assessment:**

1. Subarachnoid hemorrhage
2. Intracranial Hemorrhage
3. TIA (evolving)
4. Migraine
5. Cluster headache

➤ **Plan:**

1. Admit to ICU.
2. Nimodipine 60 mg every 4 hours.
3. CBC with differential, CMP, PT-INR, aPTT, Head CT without contrast, MRI of brain, CT and MR angiography .
4. Lumbar Puncture.
5. Consult neurology and neurosurgery team.

Happy Reading