COMLEX Level 2 PE Exam

A 60 years old lady came to Emergency room as the right side of her face feels funny since morning.



Patient Data Sheet

- Patient Name: Ms. Phyllis Brown
- Clinical Settings: Emergency Room
- **CC**: A 60 years old lady presents with the right side of her face feels funny since morning.

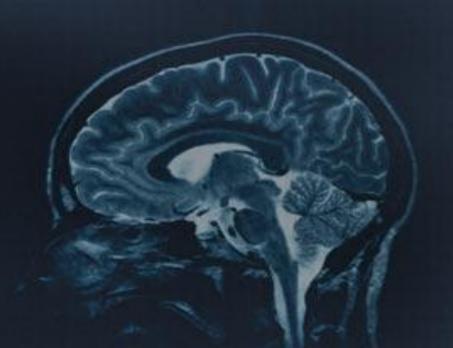
> Vital Signs:

- Blood Pressure: 170/100mm Hg
- Respirations: 14 per minute
- Temperature: 97.4 °F
- Pulse: 130 bpm, irregular
- **Height**: 65 inches
- Weight: 132 lbs.
- **BMI** : 22 kg/m2



Differential Diagnosis

- TIA
- Stroke
- New onset partial seizure
- Hypoglycemia



Key Points to Remember

- Doorway information: Pt's name, age, sex, chief complaint's, Vitals.
- Duration of symptoms (to differentiate TIA from Stroke).
- Mnemonic for Stroke/ TIA: FAST: Face, Arms (and legs), Speech, Time since onset.
- Ask for risk factors for TIA or stroke e.g. A. fib, DM, HTN (Intracranial bleed), Medications e.g. Warfarin, Heparin.
- Ask for complete past medical history and medication list.
- Do thorough CNS examination.



Opening Scenario

- An elderly white lady is lying on the bed with her right forearm supported by her left forearm. The right naso-labial fold is lost and angle of her mouth seems to be drooping compared to the left side.
- She is unable to lift her Rt upper extremity or shake hands.



Subjective

- Hello Mrs. Brown. My name is Dr. Lee. What brings you to the hospital today?
- Doc its my arm and my face. They feel off since morning.
- I see. Could you tell me more about this?
- Yes doc. My right arm just feels so heavy I can't lift it. My face looked weird this morning. I kept dropping food while eating breakfast.
- When were you completely alright Mrs. Brown?
- Last night I was fine doc. I woke up this morning with a heavy arm. Since then I don't feel good.

Contd...



- I see. How about your Rt leg, does that feel heavy too?
- Yes doc. And I feel like pins and needles pricking over both my arm and leg.
- I see. Did you notice any changes with your vision?
- No doc.
- Your speech also sounds a little off to me, Mrs. Brown. When did this start?
- Yes doc, you are right, it started this morning.



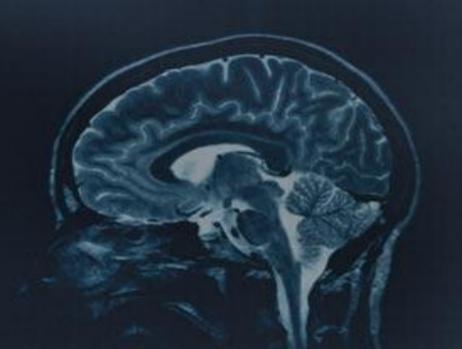
- Do you feel weak or heavy in any other part of your body?
- No doc.
- How about the left side of your body?
- It feels fine.
- Have you felt dizzy since this started?
- No doc.
- Did you lose balance or fall suddenly?
- *No.*



- Have you felt sweaty when this started?
- *No.*
- Did you feel sick or throw up?
- *No.*
- Have you thrown a fit since this started?
- No doc.
- Any other abnormal movements of your body?
- *No.*



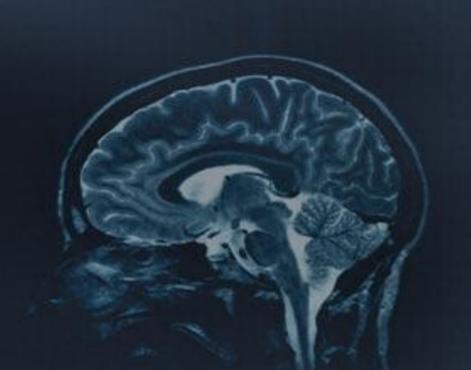
- Did you lose control of your bladder or bowel at any time?
- No doc.
- Have your eyes rolled up when this started?
- No doc.



Pam Hugs Foss

- Ok Mrs. Brown. Let me ask you a bit about your medical problems and medications now.
- Have you had such a problem in the past?
- No doc.
- Do you have any medical problems?
- Yes doc, I have high blood pressure. I am a diabetic and my heart beat is irregular.
- What medications do you take Mrs. Brown?
- I take the water pill, I take an aspirin, I take a blood thinner, then 2 meds for the diabetes and a med for the heart beat. I don't remember their names. My daughter-in-law has a list you can call her.

Contd...



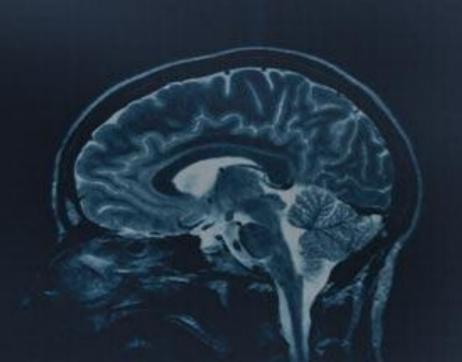
- Ok Mrs. Brown I will call her after I see you. Were the doses of any meds changed recently?
- *No.*
- Are any of these meds new?
- No I have been on them for years now.
- Are you allergic to any medication?
- *No.*
- Have you been hospitalized in the past?
- Yes doc, once for a heart attack and years back when my children were born.



- · What work do you do Mrs. Brown?
- I am retired now, I used to be a teacher in elementary school until 5 yrs ago.
- Ok. Since this weakness or heaviness started have you been able to do household chores as you normally do?
- No doc, I couldn't even lift my arm. I feel so upset.
- · Have you had any surgeries?
- *No.*



- Did anyone in your family ever have a stroke?
- Not that I know of doc.
- How about your bowel movements?
- They are fine.
- And your bladder?
- It is fine too doc.
- I understand Mrs. brown. When we are done talking and when I see you, I will explain what I think of it.
- Ok Doc.



- Can I ask you a few questions about your social habits?
- Yes.
- Do you smoke?
- No doc, I quit many years ago. I smoked in college, not a whole lot though.
- Do you drink alcohol?
- *No.*
- Do you use any drugs?
- *No.*



Physical Examination

- Ok Mrs. Brown, so your right arm feels heavier and numb since this morning. You also feel your face is a bit off, which it is and you feel pins and needles on the right side of your body. You have trouble lifting your arm and leg but your left side is just fine.
- Right doc.
- Ok now I am going to examine you and then we will go over my impressions.
- Wash your hands.
- Drape the patient.
- Do CNS examination completely.
- Examine other systems quickly.
- Explains, offers and performs OMM if indicated.



Closure: Assessment and Plan discussion

- So, Mrs. Brown. Here's what I think. You are a diabetic, hypertensive and you have irregular heart beat. And you came in with heaviness and numbness on the right side of your body since morning.
- My first impression is a stroke or a mini stroke.
- Since you are on a blood thinner, a clot from your heart is less likely, but we still don't know if there might be one.
- You might have bled into your brain or just outside it. We will need to do a CAT scan of your head to know.



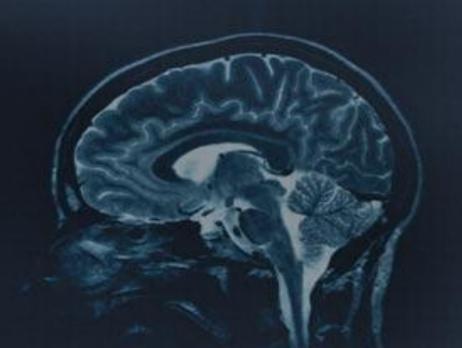
Closure: Assessment and Plan discussion (Contd...)

- Another possibility is that you had your diabetic medications but didn't eat enough.
 So your sugars dropped too low and you felt numb and weak.
- I will have some tests run on you so I can say what it is for sure.
- Ok doc.
- We will draw blood for some tests and you will have a CAT scan of your head.
- Ok doc. They did the CAT scan already.



Closure: Assessment and Plan discussion (Contd...)

- Ok great. I will go over the results of the blood tests and take a look at the CT and come back to see you. I will also admit you in the ICU for further treatment and call neurology team to see you soon.
- Ok doc.
- Do you have any other questions or concerns?
- No doc.



SOAP Note

- A 60 years old Hypertensive, diabetic Caucasian female presented with numbness and heaviness of her right arm since this morning. The right side of her face also felt numb.
- She reports being in her usual state of health until this morning when her right arm felt heavy and she couldn't lift it. Her face also felt funny and she had "pins and needles" sensation on the face and rt. Upper extremity. She kept dropping food while eating and her husband noticed her mouth was drooping. She also reports muffled speech since morning.

Contd...



SOAP Note (Contd...)

- Patient denies any seizure activity, loss of consciousness, loss of balance, fall, incontinence of urine or stools and up-rolling of eyes. She also denies weakness in any other part of her body. She denies nausea, vomiting, dizziness, changes in vision or feeling sweaty.
- Her medical history includes hypertension, DM-type 2, A.fib. There is no pmh of stroke or TIA. Denies family hx of stroke or TIA. Her meds include Diuretic, ASA, 2 oral hypoglycemics ,warfarin and a rate control agent. She is unaware of their names and dosages. No new meds have recently been added and no doses have been changed.



Objective

- Elderly white female in no acute distress. Speech slurred. Unremarkable general examination.
- CNS: A and O x 3.
- Rt side face: weak, sensory loss over cheek, angle of mouth and nose. Naso-labial fold on Rt side is lost and angle of mouth is drooping. Pt unable to close her right eye fully. Bell's sign positive.
- Sensory: Losses over rt. Arm, forearm and hand. Pt reports numbness in these areas.
- Motor: Rt arm: 3/5, rt leg: 4/5, left extremities: 5/5.
- DTR: Rt plantar extensor, Lt plantar flexor.
- No losses on Left side of the body.
- RS and CV exam unremarkable.



Assessment and Plan

- > Assessment:
- 1. TIA
- 2. Stroke
- 3. Seizure activity
- 4. Hypoglycemia
- > Plan:
- 1. Admit to ICU
- 2. CBC with Differential, CMP, CT head-Non contrast, EKG--12 lead, Echocardiography (2D-Echo), Carotid Doppler, PT-INR, PTT
- 3. ASA 325 mg daily, Continue Coumadin if infarct size is small and no ICH, Hold anti-HTs meds
- 4. Consult Neurology, Speech and Swallow and Rehabilitation therapist
- 5. Patient education and counseling



Happy Reading

