



COMLEX Level 2 PE Exam

A 77 years old woman with headache

Patient Data Sheet :

- **Patient Name** : Mrs. Rosenfield
- **Clinical Settings** : Medicine Office
- **CC** : A 77 years old female presented with a right-sided headache.

➤ **Vital Signs** :

- **Blood Pressure** : 128/72 mm Hg
- **Respirations** : 14 per minute
- **Temperature** : 99.0 °F
- **Pulse** : 72 bpm, regular
- **Height** : 65 inches
- **Weight** : 133 lbs.
- **BMI** : 22.1 kg/m²

Differential Diagnosis :

- ✓ Cluster headache
- ✓ Tension headache
- ✓ Temporal Arteritis (Giant Cell Arteritis)
- ✓ Migraine
- ✓ TIA
- ✓ Ophthalmological problems eg Senile glaucoma, refractive error etc.

Key Points to Remember : Before entering the room

- ✓ Patient's name.
- ✓ Chief complaint.
- ✓ Mnemonic for headache.
- ✓ Differential diagnosis.
- ✓ Headache in an elderly white female, esp. unilateral headache should raise the suspicion of Temporal arteritis. It warrants urgent attention and treatment.
- ✓ TIA and intra-cranial malignancies (rare) may also present with headache. They must be kept in mind while working the patient up.
- ✓ Ophthalmological problems should be screened for.

Opening Scenario

A pleasant elderly White female, sitting in the examination room. Looks somewhat bothered by her headache, looks fatigued. Appears concerned.



Subjective

Good afternoon Mrs. Rosenfield. My name is Dr. Kollect.

I am a physician here. What brings you to the hospital today ?

Hello doc. Its this headache, its been bothering me. I am not a complainer, doc, but this just wont go away. I am involved in many social activities, and because of this headache I have had to stay at home for some days now.

Contd...

Subjective (Contd...)

I am sorry to hear that, Mrs. Rosenfield. I understand your concerns and would like to ask you details about your headache. I will then do a brief physical examination. After that I would get you something for your headache. We might need some labs and test to confirm the diagnosis.

Sure doc.

Headache : LIQUOR AAA

Q: So Mrs. Rosenfield, can you show me where it hurts ?

A: Here doc (points to the right temple and area in front of Rt. tragus).

Q: I see. When did it start ?

A: about 2 weeks ago, Dr.

Q: Is it always there or does the pain come and go ?

A: No doc, its been there all the time.

Contd...

Headache : SCRIPT FADO (Contd...)

Q: How would you describe the pain, Mrs. Rosenfield?

A: I can't describe it doc. Its like this dull ache that's always there.

Q: I see. How bad is it on a scale of 1 to 10, with 10 being the worst ?

A: It's about a 3 or 4 most days, sometimes it can be as bad as a 6.

Q: Does it stay at one spot or does it move ?

A: Not really doc. Sometimes my jaw hurts, especially when I eat. But otherwise its pretty much in this area.

Headache : SCRIPT FADO (Contd...)

Q: Is there anything that makes the pain worse ?

A: Yes doc, its worse when I chew. I can't lie on this side while sleeping. Sometimes when I try to brush my hair on this side, it hurts.

Q: I see. Is there anything that relieves it ?

A: Doc I try popping an occasional Tylenol and get on with my work. It works for a while, but then again it hurts. I took a couple of Motrins (Ibuprofen) over the weekend as it was particularly bad. I had a slight fever too.

Asso. Symptoms :

Q: Have you noticed any changes in your vision lately ?

A: Not really, doc.

Q: Do your eyes water a lot ?

A: No.

Q: Do you have a runny nose ?

A: No doc.

Q: You said you had a fever over the weekend. Do you have fevers since this headache started ?

A: No Dr. It was only this weekend. I think I was particularly tired as I had a lot of social events last week.

Contd...

Asso. Symptoms (Contd...) :

Q: Have you lost a lot of weight recently ?

A: I don't think so doc. I don't weigh myself regularly, but I don't think I have lost any.

Q: Have you noticed any weakness in your arms or legs or face recently ?

A: No.

**Q: Have you noticed any changes in your speech ?
May be a family member mentioned that you were slurring ?**

A: No doc, nothing of the sort.

PAM HUGS FOSS

Ok Mrs. Rosenfield. Now I need to ask you a few questions about your other medical problems, medications and habits.

Sure Dr.

Q: Have you had these kind of headaches in past ?

A: No doc. I mean I have had headaches when I am overworked or stressed. But they all get well with a Tylenol and never last more than few hrs.

Q: What other medical problems do you have Mrs. Rosenfield ?

A: I have high blood pressure, I also have osteon of both my knees. Other than that I am in good shape, I am pretty active Dr.

Contd...

PAM HUGS FOSS (Contd...)

Q: What medications do you currently take ?

A: I take a water pill and a Lisinopril for my blood pressure. I go to my nurse practitioner every month and she says its under control. I also take Tylenol and Motrin (Ibuprofen) as needed for my knees. But I usually don't need much of that as I keep myself fit and active. I also take vitamins and Calcium.

That's good to know, Mrs. Rosenfield. Your BP certainly looks fine today. You are taking good care of yourself.

Thank you Dr. I am not a whiner, but this headache was getting so bad, my husband said you better see the doc about it.

PAM HUGS FOSS (Contd...)

I understand ma'am. You did the right thing by coming in. As soon as I am done seeing you, I will get you something for your headache.

Q: Are you allergic to any medication or other substance ?

A: Not to my knowledge.

Q: Any problems with your sleep recently ?

A: Only after this headache started, doc. Its affecting my lifestyle.

Q: Did anyone in your family have such headaches ?

A: Not that I know of.



PAM HUGS FOSS (Contd...)

Q: Could I ask you a few questions about your habits and social life?

A: Yes Dr.

Q: Do you smoke ?

A: No Dr. I have never smoked. I am a church-going educated person. Stayed away from alcohol and drugs too. Never did anything like that.

That's good for you.

PAM HUGS FOSS (Contd...)

Q: What work did you do ?

A: I worked for the Mayor's office Dr. I am still very active as a volunteer and a social worker. I have had to cancel so many appointments this month because of my headache.

I am sorry to know its affecting you so badly, Mrs. Rosenfield. I would now like to do a quick physical exam and then we will go over my impressions and the further plan.

Objective

Wash your hands.

May I examine you now ?

Sure doctor.

Do a CNS exam. she is alert and oriented x 3 as she gave a very reliable history. CN II-XII must be tested. Motor, Sensory and DTR exam. Quickly listen to heart and lungs.

Contd...

Objective (Contd...)

Check radial pulses on both sides. Listen for abdominal bruits.

- ✓ Fundoscopy.
- ✓ Temporal areas: for any palpable cords or tenderness.
- ✓ Jaw claudication : Make the pt. open & close her mouth multiple times. Temporal tenderness, jaw tiredness / achiness : Positive jaw claudication.

Closure : Assessment and Plan discussion

“ Thank you Mrs. Rosenfield.”

“ As much as this headache affects you, it concerns me too.

There are some possibilities I am considering at this time.”

“ It could be as simple as a cluster headache, which is headaches you get when you are stressed out. Or something more serious.”

“Serious? Like what doc?”

Contd...

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

“My biggest concern is something we call Temporal Arteritis. It is a disease that affects your blood vessels and makes them narrower. Especially in your head and in your eyes. That’s why we are worried about the possibility of losing vision. Because of your age, ethnicity and the area where it hurts and your other symptoms, I am concerned of this disease. I would like to run some blood tests to be sure.”

“Oh dear, how soon do I have to get these blood tests?”

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

“Well Mrs. Rosenfield, I would recommend that we get these tests done right away. Since you are here today, we can have the blood drawn and I can call you with results and discuss further plans.”

“ Oh dear. Is there any other test I need to take ?”

“ For now just the blood tests, Mrs. Rosenfield. There's something we call Sed rate or ESR which I am particularly interested in seeing.”

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

“ Doctor, what do we do after the sed rate ?”

“If that number in the blood test is very high, I would strongly suspect temporal arteritis. In that case, I would need to arrange for a surgeon to take a biopsy of your arteries. That’s the only way to confirm the diagnosis. But please don’t worry, we have competent surgeons and its only a 15 minute procedure. Meanwhile, I would like to start steroid treatment immediately to prevent any further damage. I would also order blood tests.

Do you have any other concerns ?

No doc. I would get the blood tests immediately.

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

Thank you, Mrs. Rosenfield. Please be assured I am here to take care of you and it is good you came in.

We will get you something for your headache and send you for the blood tests right away. Once we get the results, I will be in a better position to tell if it really is temporal arteritis. We will talk again and I would like to see you in three days to see how you are doing and discuss further plan.

Is there any other question or concern at this time?
No doc.

Thank you. Lets get you some pain medication and then run the tests.

Shake hands and leave the room.

SOAP Note:

A 77 y.o. pleasant white female presents with a 2 wk. history of a constant, 3-4/10, dull aching, Rt. sided temporal headache. She also reports jaw claudication and temporal tenderness on touching and brushing her hair. She is unable to sleep on the affected side. The pain has been affecting her quality of life and work and occasional Tylenols do not seem to help.

Pt reports a low grade fever two days ago. She denies any visual changes or black outs, weakness of limbs or face, slurring of speech or recent weight loss. She denies any other complains at this time.

Other than medically controlled hypertension and mild osteoarthritis, she is fit and very active for her age.

Objective:

Vitals: wnl

General: Pleasant, slender white female, looks concerned.

HEENT: Rt. temporal tenderness. Cord like structure palpable over both temporal areas. Jaw claudication ++ bilaterally.

Fundoscopy : unremarkable / 1+ HTive changes of retinal vessels.

Contd...

Objective:

CNS : A & O_{x3}, CN II-XII grossly intact bilaterally.
Motor, Sensory and DTR - NAD.

CVS: S1, S2, regular rate and rhythm. No murmurs, rubs or gallops. Good peripheral pulses.

RS : Good air entry bilaterally. No wheezes, rales.

Abdo : Soft, NT,ND. no organomegaly. No CVA tenderness.

Explains, offers and performs OMM if indicated.

Assessment and Plan:

➤ **Assessment:**

1. Temporal arteritis
2. Cluster headache
3. Tension headache
4. Migraine
5. Polymyalgia Rheumatica

➤ **Plan:**

1. Prednisone 40 mg daily and tapering dose, ASA 81 mg daily and Omeprazole (PPI) 20 mg daily to prevent peptic ulcer.
2. OMM if indicated (no HVLA).
3. CBC with differential and BMP, ESR.
4. CT scan of head and Temporal Artery Biopsy.
5. Follow up after three days.

A man is shown from the chest up, holding an open book and reading. He is wearing a light-colored shirt. The entire image is overlaid with a semi-transparent green grid pattern. The text "Happy Reading" is centered in a green, serif font.

Happy Reading