

COMLEX Level 2 PE Exam

A 74 years old man brought up from his nursing home after he was noted to have "passed out" at breakfast



Patient Data Sheet

- **Patient Name** : Mr. John Doe
- **Clinical Settings** : ER
- **CC** : A 74 years old man sent from his nursing home after he was noted to have "passed out" at breakfast.
- **Vital Signs** :
 - **Blood Pressure** : 130/78 mm Hg
 - **Respirations** : 12 per minute
 - **Temperature** : 96 °F
 - **Pulse** : 60 bpm, regular
 - **Height** : 70 inches
 - **Weight** : 156.2 lbs.
 - **BMI** : 22.4 kg/m²



Differential Diagnosis : With this information, what's going on in your mind as you walk down to the ED to see your patient?

- TIA / Stroke
- Seizure
- Hypoglycemia
- Cardiac arrhythmia
- Postural Hypotension (orthostatic)
- Vasovagal syncope / Micturition syncope / Cough syncope.



Key points to remember before entering the room

- Patient's name
- Chief complain
- Vitals
- DD
- Remember to elicit a detailed history of medical problems/ conditions and medications.

Contd...



Key points to remember before entering the room (Contd...)

- Always ask for any recent change in medications or their doses.
- Do a thorough CVS and CNS exam.
- Check for orthostatic hypotension.



Opening Scenario :

- A white man, lying in bed, looks older than his stated age. May look confused. May have residual facial paralysis or limb paralysis from a previous stroke.
- Look for ambulation aids like cane, walking stick, rolling walker etc., which might point to previous stroke.
- Look for dysphagia, drooling of saliva, slurred speech--all of which would suggest residual effects of a previous or current stroke.



Subjective:

- Introduce yourself.
- Make eye contact and shake hands with the patient.
- Ask them how they are feeling ?
- **" Hi Mr. Doe. My name is doc. Tran. How are you today ? "**
- " Not too bad doc. (replies in a slurred speech). But I guess something's wrong that's why I am in the hospital ".



Contd...

Subjective (Contd...) :

- **" Yes, Mr. Doe, your nurse at your NH found you unconscious, apparently you had passed out when she saw you. So they sent you here so we could find out why that happened".**
- "I see doc. I still don't remember what happened".
- **" That's ok Mr. Doe. I don't expect you to recall everything. What is the last thing you remember before coming to the hospital ?"**



Subjective (Contd...) :

- " I was waiting for breakfast and also for Rose, my nurse. She comes in every morning to help me get dressed and get my meds and stuff. I felt a little woozy and the next thing I know is I was in an ambulance, and now am in this hospital with all these wires and machines around me. "
- **" I see. It seems you did pass out Mr. Doe. I have some records from your nursing home and from the EMT's who brought you in. You had lost consciousness for about 2 or 3 minutes and then you were awake again."**
- " I see doctor. Is that concerning ?"



Subjective (Contd...) :

- **"Yes, Mr. Doe, apparently it is. We are trying to find out why you passed out, so we can treat it, fix whatever caused it. Do you remember anything in the ambulance , while you were being brought here ?"**
- " Not a whole lot, doc. I faintly remember these tall guys around me, they looked something like nurses, they were checking me every so often and writing some notes. I didn't understand what was going on doc. One of them stuck a needle and drew some blood. I don't know why, but one of them asked me some strange questions like who I was, where we were , who was the president. I couldn't understand all of that."



Subjective (Contd...) :

- **"That's ok Mr. Doe. You were probably a little confused then. I presume they were the EMT's who brought you in and they were trying to check on how you were doing"**
- **Mr. Doe do you remember anything like throwing a fit ? Your arms or legs shaking, before you passed out ?**
- No doc.
- **Did you feel weak in your arms or legs ?**
- No.



Subjective (Contd...) :

- **Did you feel any weakness in your face ?**
- Well doc its always been a little weak on the left side after I had this stroke 5 years ago. But nothing new.
- **Did you feel you couldn't see well ?**
- Not that I know of doc.
- **Did you feel like you were going to pass out ?**
- No doc. I really don't remember how I passed out.



Subjective (Contd...) :

- **Did you feel your heart racing at that time ?**
- No.
- **Did your chest hurt ?**
- No.
- **Were you short of breath ?**
- No doc.
- **Were your palms sweaty or cold this morning ?**
- I think so doc. I felt a little sick.



Subjective (Contd...) :

- **When was the last time you ate before this happened ?**
- I guess it was lunch yesterday. I didn't eat supper because I didn't feel hungry.
- **I see. Did you eat breakfast this morning ?**
- No Doc.
- **Ok. Are you a diabetic Mr. Doe ?**
- Yes doc. I am.
- **What medications do you take for your Diabetes ?**
- I take two pills, and this insulin shot at night.



Subjective (Contd...) :

- **I see. Did you take your shot last night ?**
- Yes doc, the nurse gave it to me.
- **Oh did you not tell her you hadn't eaten since lunch ?**
- No doc. She was this new girl who gave me my shot and left. I don't know her.
- **Oh I see.**
- **Mr. Doe, did you feel like you had bit your tongue when you passed out ? Did anyone at the nursing home tell you that ?**
- No.



Subjective (Contd...) :

- **Had you lost control of your bladder or bowel ?**
- Not to my knowledge, doc. Nor did anyone at the nursing home say that.
- **Did anyone mention you had your eyes rolled up during this episode?**
- No doc, no one said anything like that.



PMH :

- **Ok Mr. Doe. I would like to go over your medical problems and list of medications.**
- Sure Doc.
- **What medical problems do you have Mr. Doe ?**
- I have high blood pressure. I have diabetes. I had this stroke 5 yrs ago, and my left side still feels weaker. And as you can see my face is still drawn up and my speech slurs. That's why I live in rehab.
- I had a heart attack 4 yrs ago. I have knee problems I believe its gout. And I see this doc. for depression.

Contd...



PMH (Contd...):

- **Ok Mr. Doe. I understand your stroke is the reason why you are in rehab.**
- Yes doc. I don't have no one to care for me at home. So I live in rehab.



PAM HUGS FOSS :

- **I see. Mr. Doe, do you remember all the medications that you take ?**
- No doc. I don't remember all of them. But I carry a list here in my wallet. You can take a look at it. Rose also knows all my meds.
- **Sure that would be great. Mr. Doe.**
- **Was any of your meds recently changed or a new med added ?**
- Not to my knowledge Doc.

Contd...



PAM HUGS FOSS : (Contd...)

- **Do you know how much your sugars usually run ?**
- I don't know all the numbers doc, but my nurse says they look ok. The doc who comes to the rehab also says the numbers look ok. They stick me every few months or so for the sugars and that number also looked ok.
- **Are you allergic to any drug or substance?**
- Penicillin. My skin broke out with penicillin once.



PAM HUGS FOSS : (Contd...)

- **Ok Mr. Doe, I would like to ask you about your habits now.**
- Sure Doc.
- **Do you smoke ?**
- No doc. I quit 5 yrs. ago, after the stroke. they said that it might have brought on the stroke early. I did smoke about 2 packs a day for 35 years before that.
- **That's good that you quit. And yes, smoking does cause early strokes and heart attacks and a lot of other problems. So its good you quit, Mr. Doe.**



PAM HUGS FOSS : (Contd...)

- **Do you drink alcohol ?**
- No doc. I used to drink six pegs on weekends when I worked before the stroke. But not after the stroke happened.
- **Do you do any drugs Mr. Doe ?**
- No doc, never did 'em.
- **What kind of work did you do before this ?**
- I was a laborer before my stroke happened.
- **I see. Has anyone in your family had strokes ?**
- No.



PAM HUGS FOSS : (Contd...)

- **How about heart attacks in your family ?**
- My father died of it when he was 42.
- **Oh I am sorry.**
- **Any other medical problems in your close family ?**
- Yes doc. Both my parents are diabetics , my brother is also diabetic.



Physical Examination:

- **Ok Mr. Doe, thanks for answering all my questions. I would like to examine you now. and then I would go over what I think and what we plan to do next. does that sound right ?**
- Yes doc, that sounds ok.
- Wash your hands.
- Do CNS and CVS examination thoroughly.



Contd...

Objective: (Contd...)

- Listen to the lungs and abdomen quickly.
- Take pulse in both radial arteries, check for any delays.
- Don't miss out on a good general exam and HEENT.
- Explains, offers and performs OMM if indicated.



Closure: Assessment and Plan discussion :

- **Thank you for all the information, Mr. Doe. Let me help you get back into a comfortable position.**
- **(Help them get back to a bed or chair whatever is comfortable.)**
- **Let us go over what I think so far and what we would be doing after this.**
- **Ok Doc.**

Contd...



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

- **Mr. Doe, you passed out for 2 or 3 minutes and your nurse found you unconscious. Since you have a number of medical problems, I have some possibilities in mind. We have to find out what exactly happened, so we can treat that cause.**
- **Ok Doc.**
- **Ok so let me tell you what are the possibilities that I am considering right now.**



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

- **Number one : You told me you are a diabetic. You hadn't eaten since noon yesterday but you took your medications and insulin shot last night. I strongly suspect that your blood sugar dropped too low this morning. You also felt sweaty and dizzy before passing out. I believe this is the top possibility.**
- **Another possibility could be that you had a mini-stroke, what we call a TIA. Nothing major happened this time, only your brain didn't get enough blood and so you passed out for a bit.**



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

- **A third possibility could be that you threw a fit , what we call seizure, and passed out after that and woke up a bit dazed. Since no one saw how you passed out, nor do you remember much, its hard to tell if you actually threw a fit.**



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

- **A last possibility is something with your heart. May be your heart beat went out of sync and so it stopped beating for few seconds. During this time your brain didn't get enough blood and you passed out.**
- Oh dear. These sound concerning doc.
- How will you find out which of these happened ?
- **Yes Mr. Doe they are concerning. I plan to first review all your medications from your list. Then I would speak with someone from your nursing home or your doctor's office to find out more about your medical history.**



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

- **Meanwhile, we would be running some tests here. I believe you already had some when you were brought in, I will look at those also and order more if needed. I will then put everything together and go over the results and their meaning with you.**



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

- I see doctor. What kind of tests will you run and how long will I be in the hospital ?
- **Mr. Doe, we will check your blood sugar every few hours. We will also do an EKG to see how your heart is doing.**
- **If you didn't have one already, we will get a Cat scan of your head to make sure there's nothing going on there. Like a big stroke or a bleed or something.**
- **We will also keep a close watch and make sure you don't pass out again. You'll be hooked up to these machines that record heart beat so we don't miss anything there.**



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

- **Only after we have results of all of these, I will be in a better position to say what happened. I need to admit you in the ICU. You will be in the hospital till we find out and treat it. I will also call Neurologist to take his opinion about your condition.**
- **Do you have any other questions at this time Mr. Doe?**
- No doc.
- **Ok then Mr.. Doe. Take care. I will get started on this work now. We will meet again once I have results of these tests and we will go over it together them. Then I will tell you what is the further plan. Is that ok ?**
- Yes Doctor that sounds good.



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

- **Bye then Mr. Doe. I will see you later.**
- Ok Doctor. B'bye.
- **Shake hands and exit.**



SOAP note:

- A 74 years old hypertensive, diabetic man was sent from his nursing home after he was found unconscious at breakfast time this morning. The events were unwitnessed. Apparently he skipped dinner last night but took his oral hypoglycemic and long acting insulin per schedule. Pt reports feeling dizzy and nauseous this morning before passing out. He also reported sweaty palms. He denies weakness in his limbs or face, aside from the residual weakness of a previous stroke 5 yrs ago. He also denied chest pain, dyspnea, palpitations, loss of bladder or bowel control or visual black outs. Pt admits to being confused for some time after regaining consciousness. There has been no recent change in his medications.



Contd...

SOAP note: (Contd...)

- He also has a history of MI 4 yrs ago, stroke 5 yrs ago, gout and depression.
- His medications include : HCTZ, Lisinopril, Sublingual NTG prn, Metformin BID, Glipizide, Lantus SC, Aspirin, Motrin PRN for pain, Multivitamins, Iron, Allopurinol and prozac.
- Records indicate HgbA1c last month was 6%. His blood sugars run between 120-150 mgm./dl per NH records.
- He is allergic to penicillin.



Objective:

- Pt is co-operative, alert, oriented x3.
- **Gen exam** : Remarkable for residual Lt. sided facial paralysis. Pt's extremities on Lt. side also look paralyzed and he doesn't move them. Slurring of speech is noted.
- **HEENT**: PERRLA, EOMI, no pallor, icterus, no carotid bruit, no LAD.
- **CVS** : S1, S2. Regular rate and rhythm, no murmurs, rubs or gallops.



Contd...

Objective: (Contd...)

- **Chest:** CTAB, no additional sounds.
- **Abdomen :** Soft, non tender, non distended.
No organomegaly.
- **CNS :** CN II-XII grossly intact bilaterally.
Residual VII CN paralysis on Lt. Motor-
Strength 2/5 on Lt side, 5/5 on Rt side.
Sensory- intact bilaterally . DTR preserved on
Rt side, diminished to absent on Lt. side.
- Planters flexor bilaterally.



Assessment and Plan:

➤ **Assessment:**

1. Hypoglycemia
2. TIA
3. Stroke (evolving)
4. Cardiac arrhythmia

➤ **Plan:**

1. Admit to ICU
2. Dextrose 50 % IVP, ASA 325 mg PO daily
3. CBC with differential, CMP, EKG, Head CT- non contrast, Finger sticks and Neuro checks every 4 hours,
4. Carotid Doppler, Echocardiogram, Holter monitoring
5. Consult Neurology, Speech and swallow and rehab therapist



Happy Reading

