You are the consultant in charge of the fast track area. You are asked to review a 21yo female who presents with pre-syncope. Please take a history from the patient and give advice about further investigations and management.

The patient’s ECG  is attached.

Domains being examined

• Medical expertise

• Prioritisation and decision making

• Communication

Thank you again to LITFL for this ECG!

http://cdn.lifeinthefastlane.com/wp-content/uploads/2009/12/Brugada-type-3.JPG

Information for the actor (patient)

Hx

• 21yo female

• at work stacking shelves in woolworths when you began to feel light headed and felt you might faint

• possibly had palpitations but cannot be sure

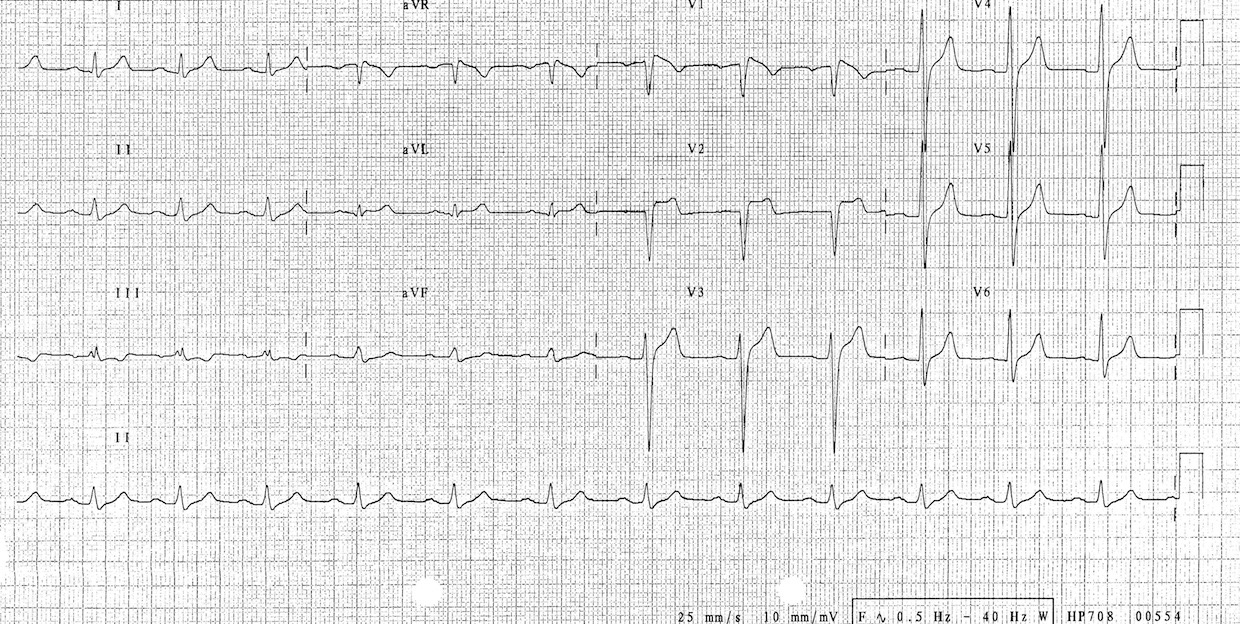
• DID HAVE CHEST PAIN, felt mildly short of breath

• pre-syncope lasted for 45 seconds but still has ongoing mild chest pain and shortness of breath

• advised by employer to present to ED for assessment

• you do feel palpitations from time to time

• has fainted once before age 18 but this was when she used to have heavy periods

• recent long haul flight from USA where she went on a 2 week holiday

• on OCP

• mild left calf swelling/pain but thought this was because of a pre-existing netball injury

B/G:

• childhood asthma but no exacerbations since age

• nil else —> has never had an ECG

• meds: ‘nothing’ (only say OCP if specifically asked)

• NKDA

• non-smoker, social etch

• Family Hx only give on specific questioning:

◦ no family Hx of sudden cardiac death,

◦ mother had a PE during pregnancy

Extra-instructions

• if the candidate has failed to reach a differential Dx by 5mins, ask ‘what do you think is wrong with me’ +/- ‘what will happen from here'

Medical expertise

•  differential diagnosis:

◦ brugada as a possible diagnosis —> based on ECG and presyncope

◦ PE based on HPI and ECG

• clear explanation about ECG changes and their implications, DDx:   
    - could be brugada   
    - could be PE   
    - could be a congenital cardiac issue   
    - could be nothing! 

• asks about high risk features of brugada syndrome :

1. family members have same ECG

2. syncope

3. family Hx of SCD

4. irregular noctural respirations

5. VT on EP study

• 2 lines of Ix

◦ PE: d-dimer, CTPA

◦ if no PE —> need to assess for brugada

◦ then discuss/justify in-patient vs outpatient assessment

Prioritisation and decision making

•  identification of potentially unwell patient who needs further Ix and likely admission

Communication

• simple explanations of pathologies and the ways in which are investigated