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