

LEARNER HANDOUT

4-day old OSCE CASE SCENARIO

Today you will see a 4-day old infant for a follow-up visit for hyperbilirubinemia. You will need to obtain a complete history from the mother. The mother does not speak any languages that you speak so a professional medical interpreter has been provided for you.

Assume that your physical examination of the patient reveals a normal infant with mild jaundice of the skin. The details of the infant's exam is below:

Physical Examination

Temp: 37.5°C, Pulse: 116 bpm, Resp rate: 20 bpm, BP: 54/44,
Wt: 2815g (~10th percentile); Length: 50.2 cm (~50th percentile); HC: 34.3 cm (~25th percentile)
General: Well appearing 4 day old infant who is being snuggled in mother's arms. Mom kisses the infant and appears to be very adoring of the infant. There are no dysmorphic features.
HEENT: Head is atraumatic. Anterior and posterior fontanelle are open and flat and normal is size and shape. The head is normocephalic. The cranial sutures are not fused. Sclera are clear b/l. Red reflex is present b/l. Tympanic membranes are clear and translucent bilaterally. Nares are clear with no sign of discharge. Mouth is clear with moist mucous membranes.
Neck: supple, no masses or defects noted
Lungs: clear to auscultation bilaterally with excellent air entry throughout all lung fields
Heart: regular rate and rhythm, normal s1 and s2, no murmurs, rubs or gallops.
Abdomen: soft, non-tender, non-distended, normoactive bowel sounds, no hepatosplenomegaly, no masses.
Skin: warm, mildly jaundiced to abdomen, mild scattered erythema toxicum on trunk, back and extremities.
Hips: intact, no clicks or clunks.
Neuromuscular: normal muscle tone centrally and in all 4 extremities; all normal newborn reflexes (grasping, moro, sucking, rooting, etc.) are present; cranial nerves are all grossly intact.

Labs

Mom was instructed to take the baby to the lab to have a bili level drawn one hour before the appointment with you.

The infant's total bilirubin level (one hour ago): 13.9