

Diagnostic Test Case Scenarios

1. You are seeing patients in your continuity clinic in the heart of winter. Every patient you've seen today has some sort of upper respiratory infection, even those who've come in for a well check. You are starting to wonder if any of these patients have "the flu" and ask your attending if it is possible to test any of these patients for the flu. She tells you that they don't routinely do the nasal swabs in clinic because it takes too long for the viral cultures to come back...by the time you've got your result, the patient is better. You ask if the rapid influenza test is available, and as a matter of fact, the General Peds Division is contemplating performing those in the offices. Your attending has been tasked with a literature search to see if the test is as accurate as a viral culture, and since you've asked...now it's your literature search.

*Poehling KA et al. Accuracy and Impact of a Point-of-Care Rapid Influenza Test in Young Children with Respiratory Illnesses
Arch Ped Adol Med/ Vol 160, July 2006*

2. You are on call in the Pediatric Emergency Department. You are examining an 10 month old Hispanic girl who has had fever for 2 days. She is otherwise healthy and her review of systems is significant only for mild nasal congestion. Her physical examination is normal. You are suspecting she has a UTI, but are trying to decide if you want to put her through the trauma of a bladder catheterization to get the urine specimen for culture. You are wondering if there is any way to figure out the probability that she has a UTI before you put her through the procedure.

Gorelick MH et al. Clinical Decision Rule to Identify Febrile Young Girls at Risk for Urinary Tract Infections. Arch Ped Adol Med/Vol 154, April 2000.

3. You are on call on 11N when a nurse calls you to assess a 4 year old boy (admitted for an asthma exacerbation) who has just fallen out of his bed after a neb treatment because his bed rail was left down. He is complaining that his knee is bothering him after the fall. The nurse "suggests" that you order an x-ray of the patient's knee, in order to avoid any liability for the hospital. The child looks fine, has no obvious deformity on physical exam, and runs to the bathroom to hide from you when you arrive at the bedside. You wonder...is an x-ray really necessary, or can your clinical impression suffice?

Moore BR et al. Performance of a Decision Rule for Radiographs of Pediatric Knee Injuries. J Emer Med/Vol 28, 2005