

## Mini-Clinical Evaluation Exercise (CEX)-generalised swelling of body

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1<sup>1/2</sup>yr old child presents with generalized swelling of body since 10 days

Focus: O Data Gathering O Diagnosis O Therapy O Counseling

- **Medical Interviewing Skills (O Not Observed):** Facilitates patient's telling of story; effectively uses questions/directions to obtain accurate, adequate information needed; responds appropriately to affect, non-verbal cues

### h/o present illness

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- Mother noticed puffiness of eye lids one day morning . they consulted a doctor. The swelling gradually increased to involve the lower limbs. Mother noted impression of under garments on abdomen . there was no oliguria,red colored urine,or frothing of urine. There was no breathlessness.child could still play around
- There was no h/o jaundice,pale stools, high colored urine, or bleeding
- No h/o diarrhoea, foulsmelling stools,blood in stools,exanthematous fevers
- No h/o failure gain weight ,lack of breast feeding, dilute weaning/ formula feeds
- No h/o recurrent respiratory infections,suck cry suck cycle,prolonged feeding time,feeding difficulty
- No h/o drug intake, no h/o constipation,delayed milestone,change in voice

### h/o previous illness

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- No h/o similar illness
- No h/o recent infections
- h/o uti/renal failure

### antenatal

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- 1<sup>st</sup> trimester- booked, folate started early not,minimum check ups,fever with rash, swelling occipital region,drugs, irradiation,alcohol exposure,bleeding ,vomiting,bleeding,usg
- 2<sup>nd</sup> trimester ,wt gain,bp,no headache,swelling of feet,blurring of vision,no polyuria poly,dipsia (diabetes)liquor,usg(no oligohydramnios),foetal movements,blood transfusion,iron ,calcium
- 3<sup>rd</sup> trimester fever, uti,bleeding(aph,placentaprevia,htn,foulsmelling liquor(chorioamnionitis)

## Natal

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- Fullterm normal vaginal delivery,in hospital, 1st stage 2<sup>nd</sup> stage was normal
- Placenta normally extracted no bleeding, resuscitation required or not, breastfed within 30 minutes, drugs given to mother, post partum period, any obvious birth injury

## post natal

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- Birth wt, term/preterm, resuscitation requirement, Breast feeding began at half an hour after birth, wt 3 kg, cried soon after birth. Given to mother in half an hour. Voided urine and passed stool in 24 hours. Sent home on 3<sup>rd</sup> day
- no h/o jaundice, hypoglycemia, rds, newborn screening sent. Spo2 screening, ddh, femorals checked. Jssk registered. O dose hbv, opv given

## Development

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- Child can walk with help, he picks up small objects from floor, he says 4 words, he responds to talk consistently expresses a few words

## Nutrition

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- He is getting the same diet as family. He eats rice based diet, tastes vegetables. Fruit is directly given and sometimes as juice. Fish or meat is given once a week. Sugary food, fat rich food are occasionally used. He gets a reasonably balanced diet

## Immunization

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- Child has received all vaccine in national immunization schedule until now. She received pulse polio vaccine. Vitamin A two doses so far
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## Family

- 2 elder siblings and parents. No family h/o renal illness. No significant health problem for other siblings or parents. Overcrowding present. They have a pucca house. Water source is well. Sanitary latrine present. No abortions, stillbirths No h/o tb, hiv, obesity, asthma, diabetes, hypertension, sudden deaths.

### socioeconomic status

- Father is a painter. Father earns 20,000/month mother home maker. Parents have studied upto 10 th std.
- Overcrowding present. They have a pucca house. Water source is well. Sanitary latrine present. no pets. avid tv viewers

**SUMMARY:** 11/2 YR old previously healthy child is presenting puffiness of followed by swelling of leg without h/o oliguria, red colored urine. The swelling is more prominent in the morning hours. There is no h/o suggestive of cardiac liver disease, malnutrition, malabsorption or clues to an endocrine illness. She is not on drugs and the swelling is non pruritic. So this generalized swelling could be due to renal illness. Of all renal causes of generalized body swelling, nephrotic syndrome is the commonest in children

- **physical Examination Skills** (O Not Observed) Follows efficient, logical sequence; balances screening/diagnostic steps for problem; informs patient; sensitive to patient's comfort, modesty.

## General examination

Well child

Puffy face

Not dyspneic

b/l pitting pedal edema

sacrum normal

no pallor, rash, jaundice, clubbing, lymphadenopathy, cyanosis

**vitals-**temperature normal, rr normal, bp normal, pulse tachycardia

**head to foot** –face puffy

oral cavity normal

neck normal

upper limbs- mantoux 5 mm

chest normal

abdomen- distended, no wall edema

genitalia- swollen edematous

lower limbs- edematous,pulsation present

#### **auxology**

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weight

ht

mac

hc

wt/ht

surface area  $\sqrt{\text{wt in kg} \times \text{ht in centimeter} \div 3600}$

#### **system**

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abdomen- wall edema,freefluid,genitalia,tenderness(spontaneous bacterial peritonitis),hepatosplenomegaly(secondary nephrotic syndrome),palpable renal mass

chest- fluid collection , evidence of infection

cvs- evidence of volume overload,peripheral pulses

cns- hyperactivity, focal deficits

skin – evidence of infection,

- **Humanistic Qualities/Professionalism** Shows respect, compassion, empathy, establishes trust;attends to patient's needs of comfort, modesty, confidentiality, information.

- **Clinical Judgment** (O Not Observed) Selectively orders/performs appropriate diagnostic studies, considers risks,benefits.

- **Counseling Skills** (O Not Observed) Explains rationale for test/treatment, obtains patient's consent, educates/counsels regarding management.

▪ **Organization/Efficiency** (O Not Observed)

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▪ **Overall Clinical Competence** (O Not Observed)

Evaluator Satisfaction with Mini-CEX

LOW 1 2 3 4 5 6 7 8 9 HIGH

Resident Satisfaction with Mini-CEX

LOW 1 2 3 4 5 6 7 8 9 HIGH

**Comments:** \_\_\_\_\_

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Resident Signature Evaluator Signature

#### **DESCRIPTORS OF COMPETENCIES DEMONSTRATED DURING THE MINI-CEX**

**Medical Interviewing Skills:** Facilitates patient's telling of story; effectively uses questions/directions to obtain accurate, adequate information needed; responds appropriately to affect, non-verbal cues.

**Physical Examination Skills:** Follows efficient, logical sequence; balances screening/diagnostic steps for problem; informs patient; sensitive to patient's comfort, modesty.

**Humanistic Qualities/Professionalism:** Shows respect, compassion, empathy, establishes trust; attends to patient's needs of comfort, modesty, confidentiality, information.

**Clinical Judgment:** Selectively orders/performs appropriate diagnostic studies, considers risks, benefits.

**Counseling Skills:** Explains rationale for test/treatment, obtains patient's consent, educates/counsels regarding management.

**Organization/Efficiency:** Prioritizes; is timely; succinct.

**Overall Clinical Competence:** Demonstrates judgment, synthesis, caring, effectiveness, efficiency.

*Note 1:* Reprinted with permission from the American Board of Internal Medicine, [www.abim.org](http://www.abim.org).

*Note 2:* Discussed in: Norcini JJ, Blank LL, Arnold GK, Kimball HR. The mini-CEX (Clinical Evaluation Exercise): a preliminary investigation. *Ann Intern Med* 1995;123:795-9.