

Special history & DDX

**PRESENTED BY
DR AFRAZ HAIDER**

History

DR AFRAZ SHERAZI

Synopsis of a history

Names; age and date of birth; sex; marital status; occupation; ethnic group; hospital or practice record number

Present complaints or problems (PC, CO) Preferably in the patient's own words.

History of present complaint (HPC) Include the answers to the direct questions concerning the system of the presenting complaint.

Systematic direct questions

(a) Alimentary system and abdomen (AS)

Appetite. Diet. Weight. Nausea. Dysphagia. Regurgitation. Flatulence. Heartburn. Vomiting. Haematemesis. Indigestion pain. Abdominal pain. Abdominal distension. Bowel habit. Nature of stool. Rectal bleeding. Mucus. Slime. Prolapse. Incontinence. Tenesmus. Jaundice.

(b) Respiratory system (RS)

Cough. Sputum. Haemoptysis. Dyspnoea. Hoarseness. Wheezing. Chest pain. Exercise tolerance.

(c) Cardiovascular system (CVS)

Dyspnoea. Paroxysmal nocturnal dyspnoea. Orthopnoea. Chest pain. Palpitations. Dizziness. Ankle swelling. Limb pain. Walking distance. Colour changes in hands and feet.

(d) Urogenital system (UGS)

Loin pain. Frequency of micturition including nocturnal frequency. Poor stream. Dribbling. Hesitancy. Dysuria. Urgency. Precipitancy. Painful micturition. Polyuria. Thirst. Haematuria. Incontinence.

In men Problems with sexual intercourse and impotence.

In women Date of menarche or menopause. Frequency. Quantity and duration of menstruation. Vaginal discharge. Dysmenorrhoea. Dyspareunia. Previous pregnancies and their complications. Prolapse. Urinary incontinence. Breast pain. Nipple discharge. Lumps. Skin changes.

(e) Nervous system (NS, CNS)

Changes of behaviour or psyche Depression. Memory loss. Delusions. Anxiety. Tremor. Syncopal attacks. Loss of consciousness. Fits. Muscle weakness. Paralysis. Sensory disturbances. Paraesthesiae. Dizziness. Changes of smell, vision or hearing. Tinnitus. Headaches.

(f) Musculoskeletal system (MSKS)

Aches or pains in muscles, bones or joints. Swelling joints. Limitation of joint movements. Locking. Weakness. Disturbances of gait.

Previous history (PH) Previous illnesses. Operations or accidents. Diabetes. Rheumatic fever. Diphtheria. Bleeding tendencies. Asthma. Hay fever. Allergies. Tuberculosis. Syphilis. Gonorrhoea. Tropical diseases.

Drug history Insulin. Steroids. Anti-depressants and the contraceptive pill. Drug abuse.

Immunizations BCG. Diphtheria. Tetanus. Typhoid. Whooping cough. Measles.

Family history (FH) Causes of death of close relatives. Familial illnesses in siblings and offspring.

Social history (SH) Marital status. Sexual habits. Living accommodation. Occupation. Exposure to industrial hazards. Travel abroad. Leisure activities.

Habits Smoking. Drinking. Number of cigarettes smoked per day. Units of alcohol drunk per week.

Drug History

Drug History and Its Impact on Surgical Patients

Drugs That Interfere with Anesthesia:

Aminoglycosides:

- **Effect:** These drugs impair neuromuscular transmission, leading to muscle weakness and an **increased risk of neuromuscular blockade during surgery**
- **Clinical Action:** Monitor for signs of muscle weakness, and avoid their use close to surgery unless absolutely necessary.

Beta-Blockers (β -Blockers):

- **Effect:** Can cause **bradycardia, exacerbate COPD, or worsen asthma** by inducing bronchoconstriction. However, discontinuation can increase perioperative cardiovascular risks.

Corticosteroids:

- **Effect:** Long-term corticosteroid use **suppresses** the hypothalamic-pituitary-adrenal (HPA) axis, potentially leading to **adrenal insufficiency** in response to surgical stress.
- **Clinical Action:** Administer a stress dose of corticosteroids preoperatively to prevent adrenal crisis, especially for patients on chronic corticosteroid therapy.

Other Drugs and Their Surgical Implications:

Aspirin (and Other NSAIDs):

- **Effect:** Increases the risk of **bleeding** by inhibiting platelet aggregation and predisposes patients to **peptic ulcers or stress ulcers**.
- **Clinical Action:** **Discontinue aspirin 5–7 days before elective surgery** unless needed for cardiovascular protection. Consider proton pump inhibitors for patients at risk of ulcers.

Contraceptive Pills:

- **Effect:** Associated with an **increased risk of deep vein thrombosis (DVT)**, especially in immobile patients post-surgery.
- **Clinical Action:**
 - **For elective surgery:** Stop contraceptive pills **4–6 weeks prior**.
 - **For emergency surgery:** Administer **anticoagulants** (e.g., low-molecular-weight heparin) to prevent thrombosis.

Anticoagulants:

- **Effect:** Increase the risk of **perioperative bleeding**. Oral anticoagulants like warfarin and injectable agents like heparin require specific perioperative management.
- **Clinical Action:**
 - **Stop warfarin 5 days before surgery** and use bridging therapy with heparin if necessary.
 - Resume anticoagulation therapy postoperatively as soon as it is safe.

Hypoglycemic Drugs:

- **Effect:** Risk of hypoglycemia due to fasting and altered metabolism during surgery.
- **Clinical Action:** Adjust doses of oral hypoglycemic agents or switch to short-acting insulin during the perioperative period. Monitor blood glucose levels closely.

Serotonin-Modulating Drugs (e.g., SSRIs):

- **Effect:** Can cause vasodilation, leading to hypotension during anesthesia.
- **Clinical Action:** Evaluate the need for continuation or adjustment of these medications preoperatively.

DR AFRAZ SHERAZI

Hematuria

Introduction: Greet the patient, introduce yourself, explain what you plan to do, & take Patient ID	
Focused Hx	
Onset, duration, timing	<ul style="list-style-type: none"> When did it start? Suddenly or gradually? How long did it last? Constant or intermittent? (How many times if intermittent/timing)? Progressive?
Character	<ul style="list-style-type: none"> At The Beginning → Lesion from the urethra or distal to the bladder neck. At The End → Lesion from the bladder neck, bladder trigone or posterior urethra. Throughout → Hemorrhagic cystitis (in Bladder, Kidney or Ureter), renal or ureteral source. Pain: <ul style="list-style-type: none"> Painless (Malignancy, Bleeding Disorder, Drugs Related) Painful (Renal Stone, UTI, Trauma) Quality: <ul style="list-style-type: none"> Does the urine have clots? → Non-Glomerular source. If there are clots, What is the shape? Pipe like (bleeding from the ureter) Balls (bleeding from the bladder). Color: <ul style="list-style-type: none"> Light red blood (glomerular source) or dark red (non-glomerular source).
Alleviating & Exacerbating F	<ul style="list-style-type: none"> Is there anything that relieves it or makes it worse?
Severity	<p>FUN WISE</p> <ul style="list-style-type: none"> <u>F</u>requency & <u>U</u>rgency: How many times do you go to the toilet? Are you urinating a larger amount than often? (Before and after?) <u>N</u>octuria: Do you wake up from sleep to urinate? <u>W</u>weak stream & <u>I</u>ntermittency: How is the flow? Is it weaker than normal? Is it continuous? <u>S</u>training: Do you need to strain to urinate? <u>E</u>emptying Incompletely: Do you have a sense of incomplete urination?
Associated symptoms & Risk factors	<ul style="list-style-type: none"> Did you exercise vigorously before it? Suprapubic pain → (Cystitis) Flank pain (Pyelonephritis, Papillary Necrosis, Renal Calculi And Renal Infarction) Are you taking Rifampin? Cyclophosphamide? Anticoagulants, antiplatelets? Aspirin or ibuprofen any other NSAIDs? Smoking (transitional) Swelling of your eyelids or feet? Coughing blood? Trouble hearing? (Vasculitis) Joint pain or skin rashes? Easy bruising? Hypertension? sickle cell? Have you ever had kidney stones? Gout? Endocarditis?

**Constitutional
Symptoms**

- Nausea? Vomiting? Night sweats? Weight loss? Loss of Appetite? Fever? Fatigue?

Finishing & Thank the patient

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Jaundice

Introduction: Greet the patient, introduce yourself, explain what you plan to do, & take Patient ID	
Focused Hx	
Onset, duration, timing	<ul style="list-style-type: none">• When did it start?• Did it start suddenly or gradually?• Is it constant or intermittent? (How many times if intermittent)?
Character	<ul style="list-style-type: none">• Does it change with time? Stress? Fasting? (Menstruation? Only females)• Are there any changes in your urine or stool in terms of colour, pain, or frequency?
Risk Factors	<ul style="list-style-type: none">• Trauma• Did you use any medications recently?• Alcohol? (how many glasses do you drink per week?)• Recent travel? (when, to where?)• Unprotected sexual intercourse? (when?)• IVDU?• Liver disease?• anemia?• Gallstones?• Pancreatic cancer?• IBD?• Personal or family hx of Malignancies?
Related System Questions	<ul style="list-style-type: none">• Do you have any abdominal pain?• Abdominal distension?• Vomiting blood?• dark urine? pale stool? itching?• Do you bruise easily?

**Constitutional
Symptoms**

- Night Sweats? Nausea? Weight loss? Loss of Appetite? **Fever?** Fatigue?

Finishing & Thank the patient

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Bloody diarrhea

Introduction: Greet the patient, introduce yourself, explain what you plan to do, & take Patient ID	
Focused Hx	
Onset, duration, timing	<ul style="list-style-type: none"> When did it start? Did it start suddenly or gradually?
Character	<ul style="list-style-type: none"> How many times do you pass stool? Volume of the diarrhea? How many times have you passed blood in your stool? What is the colour? Bright red or dark? Volume? Is it a fresh cup of blood or small clots? Mucous? Greasy?
Alleviating & Exacerbating F	<ul style="list-style-type: none"> does defecation relieve the symptoms?
Severity	<ul style="list-style-type: none"> Do you have dizziness? Palpitations? SOB?
Risk Factors	<ul style="list-style-type: none"> What did you eat? When did you eat it Have you had contact with a sick patient? Have you done any procedures recently? endoscopy/ colonoscopy? Do you take Aspirin, Ibuprofen or other painkillers? H.pylori? PUD? Do you have a family history of UGI cancer? Hemorrhoids? Do you have liver disease?
Related System Questions	<ul style="list-style-type: none"> Difficulty or pain when swallowing? Heartburn? Abdominal pain? Bloating/distension? Yellowish discolouration of your eyes/skin? Changes in your urine? The colour? Rash, mouth ulcers, joint pain? Any pain in defecation or sense of incomplete emptying?

**Constitutional
Symptoms**

- Night Sweats? Nausea? Weight loss? Loss of Appetite? **Fever?** Fatigue?

Finishing & Thank the patient

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Dysuria (UTI)

Introduction: Greet the patient, introduce yourself, explain what you plan to do, & take Patient ID	
Focused Hx	
Onset, duration, timing	<ul style="list-style-type: none">• Suddenly or gradually?• Constant or intermittent?• Progressive?• How long did it last?
Character	<ul style="list-style-type: none">• Describe the pain, is it burning for example?• When do you feel the pain? Following intercourse or beginning or end or throughout urination?• Discharge? (urethritis) (Consistency and color?)• Have you noticed blood?
Alleviating & Exacerbating F	<ul style="list-style-type: none">• Are there any relieving or aggravating factors?
Severity	<ul style="list-style-type: none">• How many times do you go to the toilet?• Are you urinating a larger amount than often? (Before and after?)• Do you wake up from sleep to urinate?• Do you have a sense of urgency or incomplete urination?• How is the flow?• Is it weaker than normal?
Associated symptoms	<ul style="list-style-type: none">• Do you have flank pain? (pyelonephritis)• Suprapubic pain? (cystitis)• Scrotal pain?• Swelling of your eyelids or feet?
Risk Factors	<ul style="list-style-type: none">• Have you had a urinary catheter placed or urinary procedure or urinary tract infection? Have you had stones?• Were you recently married?• Unprotected sexual intercourse?• Are you pregnant/bph? Do you have DM?

**Constitutional
Symptoms**

- Nausea? Vomiting? Night sweats? Weight loss? Loss of Appetite? Fever? Fatigue?

Finishing & Thank the patient

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Flank pain

Introduction: Greet the patient, introduce yourself, explain what you plan to do, & take Patient ID	
Focused Hx	
Site	<ul style="list-style-type: none"> Where is the pain?
Onset, duration, timing	<ul style="list-style-type: none"> When did it start? Did it start suddenly or gradually? Is it constant or intermittent? (How many times if intermittent) Has the pain changed over time? When is the pain worse?
Character	<ul style="list-style-type: none"> Describe the pain: is it sharp, colicky, dull?
Radiation	<ul style="list-style-type: none"> Does it radiate anywhere? To the back or shoulder for example?
Alleviating & Exacerbating F	<ul style="list-style-type: none"> Is there anything that relieves the pain? Like changing your posture, vomiting? anything that makes it more painful like movement, eating or drinking?
Severity	<ul style="list-style-type: none"> Does it wake you up from sleep? Rate the pain out of 10? How has this affected your daily life?
Risk Factors	<ul style="list-style-type: none"> Gout? Kidney stones? Dehydration? Recurrent UTI? Hx of sickle cell disease?
Related System Questions	<ul style="list-style-type: none"> Blood in urine? Nausea? Vomiting? (when? How many times? color? content/ blood/ amount?) Do you have diarrhea? Blood with stool? FUNWISE FAMILY HISTORY: of homocystinuria
Constitutional Symptoms	<ul style="list-style-type: none"> Night Sweats? Nausea? Weight loss? Loss of Appetite? Fever? Fatigue?

Finishing & Thank the patient

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Differential diagnoses

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Abdominal pain + bloody diarrhea:

- ulcerative colitis
- Colon cancer
- Colitis
- Crohn's disease
- Bacterial and viral gastritis

Neck lump:

- enlarged lymph nodes
- Thyroid disease
- Thyroglossal cyst
- Salivary gland swelling
- Branchial cyst

Breast lumps

- Fibroadenomas
- Simple cyst
- Breast cancer
- Breast abscess
- Fat necrosis

Lump in the groin and scrotum

- Indirect inguinal hernia
- Hydrocele
- Femoral hernia
- Testicular swelling
- Lymphadenopathy
- Epididymal cyst

Ulcer

- venous ulcer
- Arterial ulcer
- Diabetic foot
- Neuropathic ulcer
- Neoplastic ulcer
- Trauma

Dysphasia

- Carcinoma of the esophagus
- Reflux esophagitis
- Esophageal web
- Foreign body
- Hiatal hernia
- Esophageal spasm

Hematemesis:

- Peptic ulcer
- Gastro-esophageal Varices
- Mallory-Weiss Tear
- Malignancy
- Acute gastritis

Dyspnea

- COPD
- Asthma
- Pleural effusion
- Pulmonary embolism
- Lung abscess
- Lung cancer
- Lower respiratory tract infections
- Pulmonary edema

Hemoptysis

- TB
- Lung cancer
- Lung abscess
- Pneumonia
- Peptic ulcer
- Bronchitis

Vomiting, abdominal distension and constipation

- Small bowel obstruction.
- Large bowel obstruction.
- Intestinal pseudo obstruction.
- Inflammatory bowel disease (UC, Crohn's).
- Irritable bowel syndrome

Jaundice

- hepatitis
- Cirrhosis
- Gallstone
- Chronic pancreatitis
- Polyps

Rectal bleeding

- colon cancer
- Rectal cancer
- Haemorrhoids
- Colitis
- Diverticular disease

Abdominal wall hernia

- groin hernia (femoral and inguinal)
- Lymphadenopathy
- Ectopic testis
- Undescending testis
- Femoral aneurysm

Headache

- stroke
- Abscess
- Aneurysm
- Meningitis
- Meningioma
- Glioblastoma
- Arteriovenous malformation
- Stress
- trauma

Numbness in the hand

- Acute compartment syndrome
- Diabetic neuropathy
- Cervical disc disease
- Ulnar neuropathy

Limb weakness

- stroke
- TIA
- Multiple sclerosis
- Disc herniation
- Diabetes
- Neoplasm
- Myasthenia gravis
- HIV

Back pain

- spinal stenosis
- Disc herniation
- Tumor
- Abscess
- Pancreatitis
- Aortic dissection
- Pyelonephritis

Hematuria:

- pyelonephritis
- Renal infarction
- Renal stone
- Trauma
- Glomerulonephritis
- Pre renal : SLE, bleeding disorders
- Post renal : cystitis, urethritis, bladder cancer, BPH, prostate cancer

Flank pain

- renal stone
- Pyelonephritis
- Papillary necrosis
- Muscle strains
- Psoas abscess

Dysuria

- UTI
- urethritis
- Cystitis
- Urethral stenosis
- BPH
- Bladder cancer
- Urethral cancer

Hand infection

- paronychia
- Felon
- Flexor tenosynovitis
- Animal or human bites
- Collar abscess
- Herpes infection
- Hand abscess
- Necrotizing fasciitis

Intermittent claudication

- atherosclerosis
- Osteoarthritis
- Spinal stenosis
- Vasculitis
- Buerger's disease
- Prolapsed intervertebral disc

- cholecystitis
- appendicitis
- perforation peptic ulcer
- acute pancreatitis
- pneumonia of Rt lower lobe of lung

Checklists

Station's Name : History of Abdominal Pain

Candidate's name :	A=complete answer=2
Date of examination:	B=Partial answer=1
Time of the station : 6 minit	C=Not attempted =0
Introduction	A B C mark
1 Greeting the patient , Self-introduction and Permission	A B C mark
Pain history	A B C mark
2 Site	
3 Onset	
4 Character & severity	
5 Radiation	
6 Aggravating factors	
7 Duration	
8 Relieving factors	
9 Similar previous attacks of pain	
Associated symptoms	A B C mark
10 General/ fever, Rigor, Nausea & vomiting)	
11 GIT& (Appetite, Changed bowel habits, Blood in stool or Weight loss	
12 Hepatobiliary(Jaundice, pale stool, dark urine, skin itching)	
13 Urinary symptoms (Dysuria, frequency, color changes)	
14 Genital symptom (if the patient is female) →Vaginal discharge LMP and Missed periods	
Related history	A B C mark
15 Past medical history (Any Systemic illness?)	
16 History of medications	
17 Past surgical history	
18 Social history (alcoholism, Smoking)	
19 Family history (similar illness or conditions)	
Finishing	A B C mark
20 Thanking the patient	

Station's Name : History of Jaundice

Candidate's name :	A=complete answer=2
Date of examination:	B=Partial answer=1
Time of the station : 6 minit	C=Not attempted =0
Introduction	A B C Mark
1 Greeting the patient	
2 Self-introduction & permission	
Chief complain	A B C Mark
3 Onset of Jaundice	
4 Duration	
5 Progression	
6 Fluctuation in Jaundice	
Associated General symptoms	A B C Mark
7 Pain (determine its nature)	
8 Fever, Rigor, Chills	
9 Pruritus	
Associated GIT symptoms	A B C Mark
10 Anorexia , Nausea, Vomiting (food related??)	
11 Hematemesis	
12 Change in bowel habits	
13 Change in Stool color	
14 Weight loss	
Associated U.T Symptoms	A B C Mark
15 Change in urine color	
Past history	A B C Mark
16 Medical history (systemic or infectious illness)	
17 Surgical / trauma history	
18 History of blood transfusion	
19 Drug history (injectable drugs)	
20 Social history (Alcoholism/ Smoking)	
21 Family history (similar or related conditions)	
Finishing	A B C Mark
22 Thank patient	

Station's Name : Thyroid history

Candidate's name :	A=complete answer=2
Date of examination:	B=Partial answer=1
Time of the station : 6 minit	C=Not attempted =0
Introduction	A B C Mark
1 Greeting the patient	
2 Self-introduction & permission	
Chief complain	A B C Mark
3 Onset of Lump & duration	
4 Progression (change in size)	
5 Pain	
Associated Respiratory symptoms	A B C Mark
6 Stridor	
7 Hoarseness of voice	
Associated GIT symptoms	A B C Mark
8 Appetite (↑ or ↓)	
9 Dysphagia	
10 Change in bowel habits (constipation/diarrhea)	
11 Weight change (loss/gain)	
Associated NS Symptoms	A B C Mark
12 Anxious	
13 Sleep disturbance	
14 Eye symptomst double vision, eye closure difficulty)	
Other Symptoms	A B C Mark
15 Speed of speech & action	
16 Heat/ Cold intolerance	
17 Palpitation	
18 Tremor	
19 Sweating	
20 Menstruation changes	
Past history	A B C Mark
21 Medical history (systemic or infectious illness)	
22 Surgical history/ Radiation exposure	
23 Drug history	
24 Family history (similar or related conditions)	
Finishing	A B C Mark
25 Thank the patient	

Station's Name : Digital Rectal Examination

Candidate's name :	A= complete answer/ satisfactory = 2 marks
Date of examination:	B = partial answer / unsatisfactory = 1 mark
Time of the station : 6 minit	C = not attempted / wrong
Introduction	A B C Mark
1 Greeting the patient	
2 Self-introduction & permission	
3 Positioning & Exposure of patient	
4 Put a pair of gloves & prepare lubricant	
Inspection (gently separate the buttocks)	A B C Mark
5 Skin tone / redness	
6 Discharge	
7 Ulceration / fissure	
8 Protruded hemorrhoids / mucus	
Palpation	A B C Mark
9 Lubricate index finger of your right hand	
10 palpate anus for tenderness (superficial)	
11 Gently insert the finger to anus	
12 Test the anal tone (ask patient to squeeze)	
13 Rotate the finger to assess any abnormality (circumferential)	
14 Palpate rectum for intraluminal/intramural/extramural abnormality	
15 Ask the patient to bear down	
16 In male : assess the prostate & fixity to overlying muscles	
17 Remove the finger & inspect it for feces, blood or discharge	
18 Wipe the anus with gauze	
Finishing	A B C Mark
19 Cover the patient & thank him	

Station's Name : Abdominal Examination

Candidate's name :	A=complete answer/satisfactory(2)
Date of examination:	B=Partial answer/unsatisfactory(1)
Time of the station : 6 minit	C=Not attempted /wrong(0)
Introduction	A B C Mark
1 Greeting the patient	
2 Self-introduction	
3 Permission & establishing the plan for visit	
4 Positioning & Exposure of patient	
Inspection	A B C Mark
5 Symmetry of the abdomen (from the foot end of bed)	
6 Movement with respiration, type of respiration (thoracic, Abdominothoracic) (from the foot end of bed)	
7 Umbilicus (position),presence of Stomach type(skin around it)	
8 Skin changes(discolor, scar, dilated veins, striae)	
9 Cough impulse to check hernial orifices/groins, umbilicus, scars	
Palpation	A B C Mark
9 Ask the patient about any painful area .Start away from it	
10 superficial : tenderness, guarding, rigidity & rebound tenderness	
11 Deep :organomegaly , masses	
Percussion	A B C Mark
12 Shifting dullness (for Ascites)	
13 Transmitted thrills (for Ascites)	
14 Enlarged organ /mass (Liver, spleen)	
Auscultation: by diaphragm)	A B C Mark
15 Bowel sounds for one min.	
16 Vascular Bruits (Renal artery, Femoral artery)	
Extra sites (only mentioned by the candidate)	A B C Mark
17 The back & Groin	
18 Genitalia & DRE	
19 Left supraclavicular L.N	
Finishing	A B C Mark
20 Cover the patient & thank him	

Station's Name : Abdominal Wall Hernia Examination

Candidate's name :	A=complete answer/satisfactory(2)
Date of examination:	B=Partial answer/unsatisfactory(1)
Time of the station : 6 minit	C=Not attempted /wrong(0)
Introduction	A B C Mark
1 Greeting the patient& Self-introduction	
2 Permission & establishing the plan for visit	
3 Wash hands	
4 Positioning & Exposure of patient	
5 Ask the patient about any pain	
Inspection	A B C Mark
6 symmetry of the abdomen (from the foot end of bed)	
7 Movement with respiration, type of respiration (thoracic, Abdominothoracic) (from the foot end of bed)	
8 Umbilicus (position & relation to swelling)	
9 Skin changes(discolor, scar, dilated veins, striae & changes over swelling)	
10 Size	
11 Site & shape of swelling	
12 Visible Cough impulse to check hernial orifices/groins, umbilicus, scars)	
13 Lift head of the bed (tense rectus M) to check mobility	
Palpation	A B C Mark
14 Ask the patient to cough (palpable cough impulse)	
15 Surface (regular / irregular)	
16 Margins or Edges (regular / irregular)	
17 Tenderness	
18 Temperature over the swelling in relation to the adjacent skin	
19 Consistency	
20 compressibility& Reducibility(if reducible type content)	
21 Fluctuant test, Thrill/palpation,	
22 Transillumination test	
percussion	A B C Mark
23 Over the swelling	
Auscultation: by diaphragm)	A B C Mark
24 Over the swelling	
Finishing	A B C Mark
25 Cover the patient & thank him	

Station's Name : Cervical L.N

Candidate's name :	A=complete answer=2
Date of examination:	B=Partial answer=1
Time of the station : 6 minit	C=Not attempted =0
Introduction	A B C mark
1 Greeting the patient , Self introduction and Permission	
2 Hand washing	
3 Asking the patient if there is any pain	
4 Positioning and exposure	
Inspection	A B C mark
5 Swelling (site, size, shape, color)	
6 Discharge	
7 scars ,dilated veins	
8 Asking the patient to swallow/ protrude tongue	
9 Mouth examination tongue/ Floor of the mouth/ Tonsils	
Palpation	A B C mark
10 Tenderness/ Temp	
11 Surface margins	
12 Consistency/ fluctuation	
13 Mobile/ fixed	
14 Solitary or multiple (matted ?)	
15 Thyroid gland anteriorly	
Palpation for Cervical L.N groups (from behind)	A B C mark
16 Exam from behind with head flexion & fixation	
17 Submental & submandibular L.N	
18 Pre & post Auricular L.N	
19 Occipital L.N	
20 Jugular chain	
21 Supraclavicular	
Other lymphoid tissues(mentioned only by candidate)	A B C mark
22 Axilla	
23 Abdomen for HSM	
24 Groin	
Finishing	A B C mark
25 Thanking the patient	

Station's Name : Thyroid Examination

Candidate's name :	A=complete answer=2
Date of examination:	B=Partial answer = 1
Time of the station : 6 minit	C=Not attempted = 0
Introduction	A B C mark
1 Greeting the patient , Self introduction and Permission	
2 Hand washing	
3 Asking the patient if there is any pain	
4 Positioning and exposure	
Inspection	A B C mark
5 Lid retraction	
6 Exophthalmos	
7 Swelling , scars ,dilated veins	
8 Asking the patient to swallow	
9 Asking the patient to protrude the tongue	
10 Outstretching the patient hands and finger for tremor	
Palpation	A B C mark
11 patients hand for temp and sweating	
12 Radial pulse	
13 Trachea position (anteriorly)	
14 Thyroid gland anteriorly (confirming the visual swelling and tenderness)	
15 Thyroid gland posteriorly	
16 Cervical lymph nodes	
17 Carotid pulse	
Percussion	A B C mark
18 Clavicle (medial end)& manubrium for retrosternal goiter	
Auscultation	A B C mark
19 Over the upper pole of thyroid gland for bruit	
Special tests	A B C mark
20 Lid lag	
21 Ophthalmoplegia	
22 Arm raising test for retrosternal goiter	
23 Prethibial myxoedema	
24 Reflexes (ankle reflex delayed in hypothyroidism)	
Finishing	A B C mark
25 Thanking the patient	

Station's Name : Arterial Exam of Lower Limbs

Candidate's name :	A=complete answer=2
Date of examination:	B=Partial answer=1
Time of the station : 6 minit	C=Not attempted =0
Introduction	A B C Mark
1 Greeting the patient	
2 Self-introduction & permission	
3 positioning & Exposure of patient	
4 Ask about any pain	
Inspection	A B C Mark
5 Skin changes (discolored area, ulcer, Hair loss, glistening)	
6 Digital Abnormality(clawtoenopathy, ulceration& Nail changes (brittle,)	
7 Muscle wasting	
8 Limb edema	
9 Venous pitting	
Palpation	A B C Mark
10 Temperature	
11 Pitting edema	
12 Capillary refilling time	
13 Femoral pulse	
14 Popliteal pulse	
15 Posterior Tibial artery pulse	
16 Dorsalis pedis artery pulse	
Auscultation for bruit	A B C Mark
17 Abdominal Aorta, common femoral artery, Popliteal artery	
Special tests	A B C Mark
18 Test sensation for peripheral neuropathy	
19 Burger test	
Finishing	A B C Mark
20 Cover the patient & thank him	

Station's Name : Post-operative Exam

Candidate's name :	A=complete answer=2
Date of examination:	B=Partial answer=1
Time of the station : 6 minit	C=Not attempted =0
Introduction	A B C Mark
1 Greeting the patient , Self introduction , Permission	
2 Hand washing	
3 Asking the patient if there is any pain	
General look	A B C Mark
4 General appearance (conscious or not , well or ill)	
5 Checking for color changes (pallor, jaundice, cyanosis)	
6 Hydration state	
Vital signs	A B C Mark
7 Pulse rate	
8 Blood pressure	
9 Respiratory rate	
10 Temperature	
Systemic Examination	A B C Mark
11 Auscultation of the chest anteriorly	
12 Auscultation of the chest posteriorly (lung bases)	
13 Inspection of the abdomen	
14 Removal of dressing and wound inspection (mentioned by the candidate)	
15 Auscultation for bowel sound	
16 Examination of the lower limbs for DVT(pitting oedema)	
Tale checking	A B C mark
17 Intravenous access examination	
18 Drains	
19 Urine output (foley's catheter or asking the patient)	
Finishing	A B C mark
20 Thinking and covering the patient	

Station's Name : Inguinal Hernia Examination

Candidate's name :	A=complete answer/satisfactory(2)
Date of examination:	B=Partial answer/satisfactory(1)
Time of the station : 6 minit	C=Not attempted =wrong(0)
Introduction	A B C mark
1 Greeting the patient , Self introduction and Permission	
2 Hand washing	
3 Asking the patient if there is any pain	
Inspection (in standing position)	A B C mark
4 Describe the lump (site, size, shape, color of skin)	
5 Scar , adjacent or over the swelling (recurrent ?)	
6 Cough 1 (the affected side)	
7 Cough 2 (the contralateral side)	
Palpation (in standing position)	A B C mark
8 Can it go above the swelling	
9 Cough 3 : expiratory palpate cough impulse)	
10 Lump surface & margins (regular/ irregular)	
11 Lump Temperature & tenderness	
12 Lump Consistency : Thrill or pulsation	
13 Lump fluctuation / Transillumination	
14 Lump compressibility : Reducibility	
15 Try to reduce swelling & notice the direction (direct/indirect)	
16 Cough 4 (dominant pulse : observe site to differentiate inguinal/femoral hernia)	
17 Cough 5 : deep ring occlusion test - direct - indirect)	
18 Contralateral side exam (if any finding)	
Auscultation (in standing position)	
19 Bowel sound over the lump	
Further considerations (Mention only by candidate)	
20 Genitalia exam	
21 Regional L.N exam	
22 Abdominal exam (supine)	
23 DRE	
Finishing	A B C mark
24 Thanking and covering the patient	

Station's Name : Breast Examination

Candidate's name :	A=complete answer=2
Date of examination:	B=Partial answer=1
Time of the station : 6 minit	C=Not attempted =0
Introduction	A B C Mark
1 Greeting the patient	
2 Self-introduction & permission	
3 positioning & Exposure of patient(both breasts &pt Reclined 45°	
4 ask for any pain	
5 Hand washing	
Inspection	A B C Mark
6 Both breasts shape, size & symmetry	
7 Nipple & areola complex, changes	
8 Breast's skin changes(pale/orange, tethering, dimpling)	
9 ask the patient to elevate her hands above head for tethering or dimple	
10 Axilla for swelling, scar, inflammation	
Palpation	A B C Mark
11 Normal breast (put an idea about normal texture)	
12 The diseased breast to identify the affected quadrant	
13 The Nipple areola complex	
Palpate the breast Mass	A B C Mark
14 size & shape	
15 surface & borders	
16 Consistency	
17 Tenderness & Temperature of overlying skin	
18 Mobility	
19 Test for superficial fixation	
20 Test for deep fixation (hands on hip)	
21 Axillary L.N palpation	
22 supraclavicular L.N palpation	
Further considerations (mentioned only by candidate)	A B C Mark
23 Long examination	
24 Abdominal examination	
Finishing	A B C Mark
25 Cover the patient & thank him	

Station's Name : Ulcer Exam

Candidate's name :	A=complete answer=2
Date of examination:	B=Partial answer=1
Time of the station : 6 minit	C=Not attempted =0
Introduction	A B C mark
1 Greeting the patient , Self introduction , Permission	
2 Hand washing	
3 Asking the patient if there is any pain	
4 Positioning and exposure	
Inspection	A B C mark
5 The site of the foot as a half (bone deformity or amputation)	
6 site	
7 shape	
8 size	
9 The surrounding skin color	
10 Edge (slough , punched out , undermined ,rolled, everted)	
11 Floor (slough, granulation, tendon, muscle)	
12 Discharge (serous, serosanguinous, purulent) from wound or on dressing	
13 The lower limb hair distribution, scabies, dyestess, glistening	
Palpation	A B C mark
14 Base of the ulcer (induration and fixity to deep structures)	
15 Temperature of skin at edges in contrast to normal skin	
16 Tenderness of surrounding region	
17 Palpate for regional pulses	
18 Palpate for regional lymph nodes	
19 Test sensation for peripheral Neuropathy	
Finishing	A B C mark
20 Thanking the patient	