



Patient Case Review

Janet S. Lloyd, MD, FAAP

16 March, 2010



USAID SUSTAIN
FROM THE AMERICAN PEOPLE



INTRODUCTION

- Instructional case study
- **Patient case review**
- Problem-based learning
- Case discussion
- Project-based learning

Defining a Patient Case Review

- Review of a recent or current clinical case
- Tells “story” as accurately as possible with careful attention paid to chronology of events and decision making
- Focus on decision making by clinician

Content

History & presentation	Laboratory data	Management
Past medical history For neonates: mother's pregnancy history	Radiologic studies (other studies)	Patient outcome

Format often used in when there is a concern for ...

- ✓ Delay in diagnosis
- ✓ Conflicts regarding management
- ✓ Reveals clinical decision making by primary clinician
- ✓ Hospital based system processes

Strengths of Format

- Responds to identified concern
- Allows for details to be revealed
- Used if case needs immediate analysis
- If deficiency found, sets safer path
- Sets “local best practice”

Weakness of Format

- Unique to specific clinical situation
- Analysis often relevant to specific hospital, ward functioning, people involved

Patient case review: example

- You are the on-duty neonatologist
- You learn there is concern about the management of a baby overnight
- You speak to the overnight medical and nursing staff; the facts of the case differ significantly



You suggest
the resident to prepare a
patient case review
for the next day

Typical setting

- Closed door meeting
- Meeting attended by other residents, medical students
- Attending physician

Patient case review

Resident presents case:

- History:
 - 39 week infant male born at 2200 hrs by C/S for FTP
 - BB “A”, 3.45 kg,
 - Pediatric resident in attendance

Patient case review

Maternal History:

- Healthy 26 y.o. G₁P₀₋₁ uncomplicated pregnancy, excellent prenatal care with normal 16 week ultrasound
- Mother measuring larger than dates in 3rd trimester, 2nd ultrasound showed polyhydramnios, no other abnormalities noted



Maternal history

- Only medications during pregnancy: prenatal vitamins
- Mother denies tobacco, alcohol or illicit drug use

Patient case review

DR management:

- Infant handed to pediatrics vigorous and crying
- Routine care: infant dried, nares & mouth-bulb suctioned

Delivery room management

- Physical exam: entirely within normal limits
- Infant bulb suctioned several more times for copious secretions at 2, 4 minutes
- Infant centrally pink at 5 minutes, Apgar scores 9,9 at 1, 5 minutes
- Team congratulates parents and leaves DR 7-8 min after delivery



Patient Case Review

History and physical completed.

Resident pauses...

“Any questions pertaining to history, physical and initial presentation at this point ?”



Questions from class ?

Patient case review-continues

Clinical presentation:

- 15 min of age: vigorous but cyanotic, copious secretions noted
- L&D nurse deep suction baby
- L&D nurse gives infant BBO2 and calls resident back to delivery room

Patient Case Review

Clinical management:

- Resident returns to DR
- Infant examined: centrally pink, receiving blow-by O₂, mildly tachypneic
- No other findings noted, resident reassures parents and leaves room



Situation repeats itself

at

20 minutes

30 minutes

Patient Case Review

- After 3rd visit to the DR, the L&D RN asks for the baby to be transferred to the NICU
- Resident explains to the nurse and the parents that the baby is simply “transitioning and that he has a lot of secretions because he was born by C/S”

Patient case review

- Resident called back to the DR at 40 minutes
- Infant is admitted to the NICU for persistent cyanosis, copious secretions
- A simple diagnostic test is performed
- The infant is placed NPO, IVF are started and a replegle suction catheter is placed

Patient case review

- Surgery is consulted
- Parents are updated



Presentation by resident ends



Educational environment

Safe

Informative

Open



Make this a teaching case

Make this a teaching case

- What are some reasons the infant would have copious secretions?
- Are secretions that requires frequent suctioning and blow by oxygen typical
- If not, what is the differential diagnosis ?

As Faculty

Review lessons learned:

- ✓ Importance of history/maternal history in neonates
- ✓ Importance of developing and re-working a “working diagnosis”
- ✓ Persistent abnormal symptoms must be explored

Specific lessons from this case:

- ✓ Pass a deep suction catheter in the DR in any infant with persistent copious secretions
- ✓ If symptoms reappear/persist, admit infant to NICU and obtain chest X-ray with catheter in place
- ✓ Not acceptable to only be a “pattern recognizer” as a doctor

Graduating medical students

Will soon be:

- Lead physician, with little experience
- Working within a team of nurses, patients, other doctors
- Provide them the tools to “navigate” medically, intellectually, personally



As the attending, you conclude
the meeting...

Baby has an unusual diagnosis!
Request the resident
prepare a grand rounds presentation
for next week
(project based learning)



Questions ?