Station 5: 5 Minutes

Red hot joint

Learning Objectives:

- Learn how to take a focused history
- Practise documenting management plans
- Have an understanding of how to manage a red hot swollen joint

Task 1: Patient consultation

- Spend 5 minutes taking a focussed history and vocalising your management plan to the group
    - One student to take the history and explain the management
    - One student acts as the patient
    - One student is the examiner

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Task 1: Patient consultation

Student Brief

You are a 4th Year Medical Student on placement in the A&E Minors department.

John Stone is a 42 year old man who has come in complaining of pain in his right knee.

1. Please take a focused history from this patient
2. At the end explain your plan to the examiners (as if you were documenting it in the patient notes)

Patient Brief

You are a 42 year old male named John Stone who has come in due to a red hot swollen **right** knee joint.

HPC:

- The pain started 2 days ago
- Right knee has been swollen and painful.
- This has been worsening - and now I can't walk properly.
- No injury or trauma to the joint
- No other joints are painful
- Pain is 8/10 atm but that's because I've had paracetamol
- If probed about temperature/fever - say nurse measured it at 38.6

Travelling: Flew to philippines on a work visit to a steel factory
Sexual: mention that you are married for the past 18 years

Past medical history:

- Well controlled diabetes
- Hypertension

Past surgical history:

- Left knee replacement 5 years ago
- Appendicectomy when you were a teenager

Drug history: Metformin, ramipril

Allergies: Codeine

Family history: Nil

Social history: Smokes 5 day, 2 bottles of beer over the weekend. Steel factory manager. Lives in a house with wife and son.

Examiner Brief

Fail: When a student does not meet majority of the points in the borderline marking column

Borderline	Clear Pass
Mentions parts of "DWARFS" and socrates Asks about trauma Asks about PMH Drug Hx + allergies asked Smoking and alcohol asked	+ Good dwarfs and socrates + Eludes to immunosuppression as a risk factor + Asks about past surgical history + IVDU + Traveling history + Sexual history
Plan: ● Bloods including cultures ● Joint aspiration ● Antibiotic Tx ● X-ray of joint ● Pain relief ● Refers to senior	Plan: ● Bloods: including FBC, CRP, ESR, cultures ● Aspirate and send to MC&S ● Start broad spectrum antibiotics as per local guidelines ○ Checking patient's allergy status ● X-ray of the right and left knee to compare if no previous films ● Appropriate pain relief ● Refer to ortho

Candidate essentially needs to recognise:
This is a purulent intra-articular infection, brought from another area via the blood (haematogenous seeding). If it is not treated, it can lead to destruction of the joint.

A differential could be osteomyelitis, however, given that it's a joint that is affected rather than long bones/pelvis/spine - it is less likely to be the case.