



Mini- OSCE / Nabed

1st group / Summer course of 2023

1) Dx

Meconium aspiration

2) Treatment (which was a case of non-vigorous meconium aspiration):

- Use direct laryngoscopy, intubate, and suction the trachea immediately after delivery.
- Suction for no longer than 5 seconds.
- Suction before his first breath

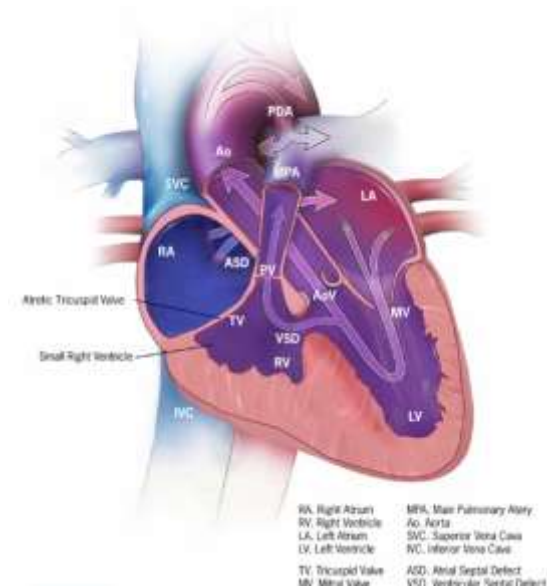
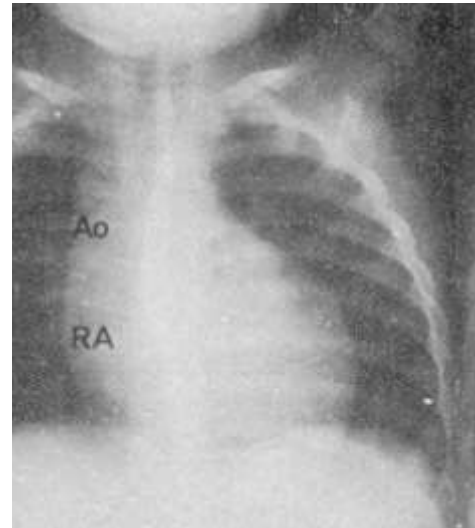
3) 2 Complications:

- Persistent pulmonary HTN
- Pneumothorax



1) Findings on X- Ray:
Cardiomegaly

2) 1st drug to give is?
PGE1



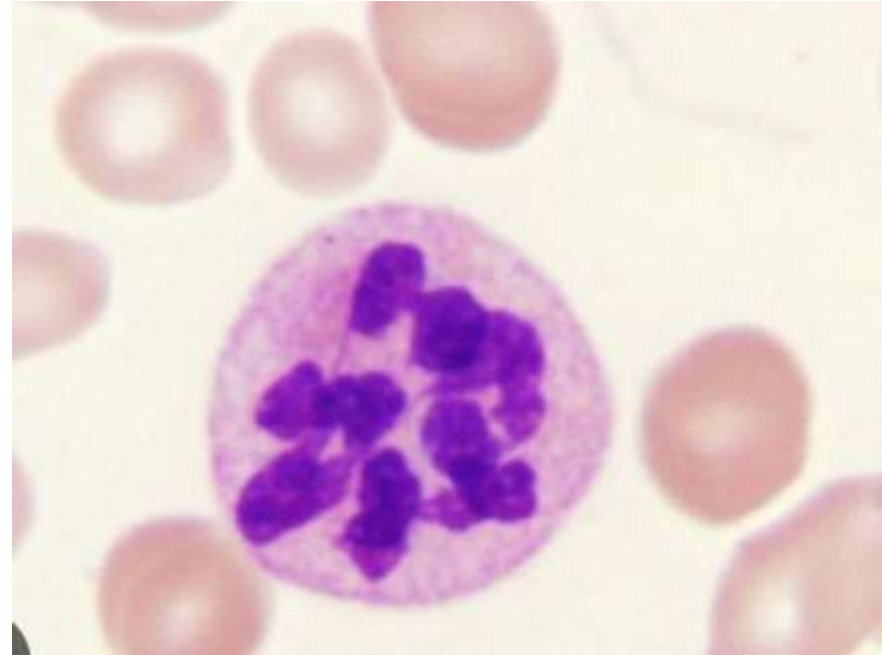
1) This blood film shows?

Hyper segmented neutrophil

2) Give 2 DDx

Vit. B12 deficiency

Folate deficiency



1) Describe what you see in the picture

Swelling in the left knee

2) Give 3 DDx

Hemophilia A, B

Septic arthritis

Trauma



1) Developmental age?

10 months

2) Mention 2 other skills?

Waves 'bye bye'

Mature pincer grip

3) Write vaccines given at this age.

OPV

Measels

Vit. A 100



1) The most prominent feature

Inverted V upper lip

Facial wasting

2) Diagnosis

Myotonic muscular dystrophy

3) Inheritance

Autosomal dominant

4) Incidence

1 in 30000



1) Name the test

Tuberculin test

2) When to read?

After 48-72 h

3) When is it considered positive?

>15 mm in healthy individuals

>10 mm in pt. with chronic illness/ less than 4 years...

>5 mm in HIV pt and immunocompromised



**Nephrotic child, come with this presentation
after 4 months of treatment:**

1) Describe the face

Moon face

2) What is the cause?

Corticosteroids



****Two children with malnutrition:**



1) Dx: Kwashiorkor

2) Main problem: low calorie and protein intake



1) Dx: Marasmus

2) Main problem: low calorie intake

****A picture of two draw man test:**

Calculate the age of each child → by using $3 + (n/4)$

OSCE

Line A:

Case discussion: 10 hours old baby born after membrane ruptured for 24 hours, presented with tachypnea, lethargy, pale.

- 1) Mention 4 tests you would order
- 2) Microorganism?
- 3) Treatment
- 4) Risk factors

Examination: Full RS+ general examination related to RS system

OSCE

Line B:

Case discussion: baby with pharyngitis presented after 2 weeks with hematuria, electrolytes: Na=135/ k= 6.7/ others are normal, glucose=96.

- 1) Your Mx of hyperkalemia
- 2) Investigations to confirm PSGN
- 3) Acute complication
- 4) Other investigation you would order if the hematuria is persistent

Examination: Full GI exam

Mini- OSCE / Nabed

2nd group / 2023

الامتحان 15 سؤال بواقع علامتين لكل
سؤال مهما كانت عدد الافرع موزعة بين
0.5 للفرع او علامة للفرع
الوقت 40 دقيقة

**A 28 weeks child with flaring and retractions
answer the following**

- 1.ABG readings?** Hypoxemia, hypercapnia, metabolic and respiratory acidosis etc
- 2. Functional residual capacity?** Decreased
- 3.Lung compliance?** Decreased
- 4. Best treatment?** Oxygen (intubation), Surfactant, Infection control



1. What is this called? Normal saline
0.9% - Isotonic crystalloid -

2. 2 indications for use?

Bolus in severe dehydration
Burns
Bleeding



A 3 year old female weight is 10 kgs
height is 85 cm

1. Plot the readings and mention their centile? Height lower than the 3rd centile. Weight lower than the 3rd centile

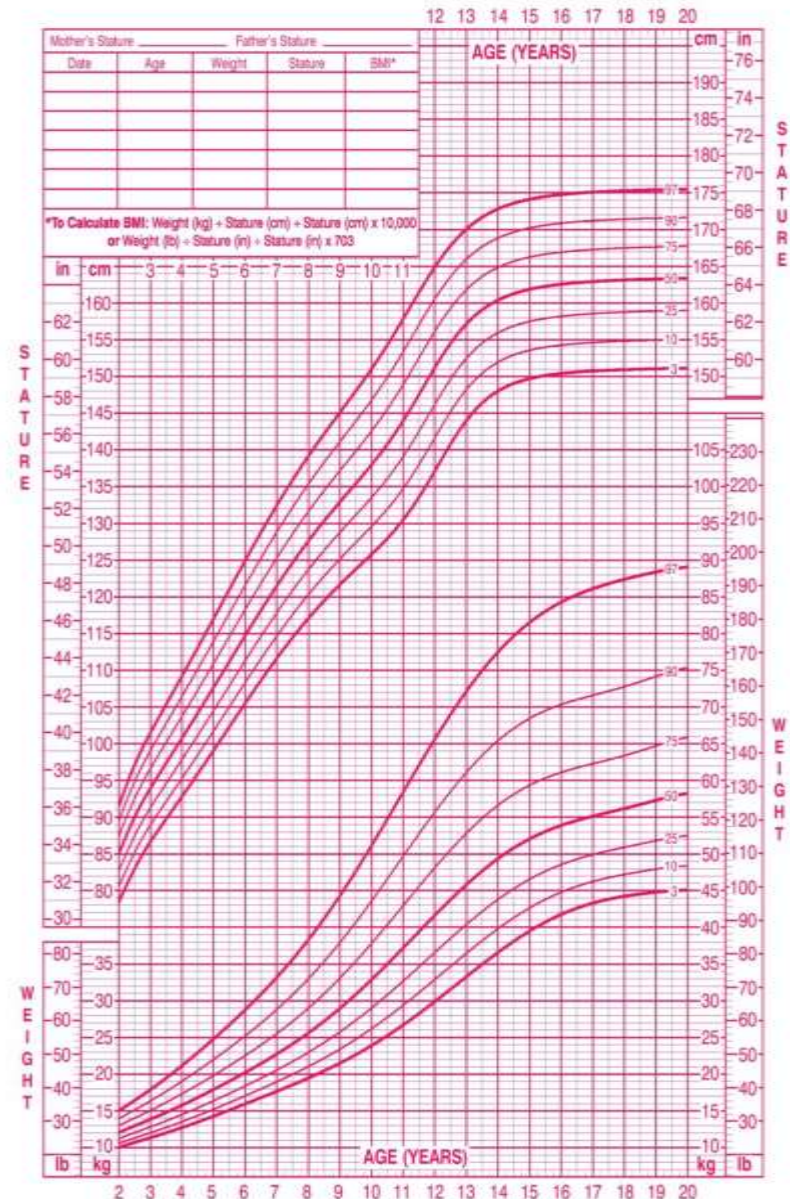
2. How will the patient present clinically:

Short stature, underweight > stunted.
FFT type 2

2 to 20 years: Girls
Stature-for-age and Weight-for-age percentiles

NAME _____

RECORD # _____



1. What is the microorganism causing this image?

Varicella zoster virus

2. what is the treatment?

Cool baths, Calamine, Topical antipyretic,

If immune compromised antiviral, Varicella zoster immunoglobulins

3. Describe the rash?

Polymorphous rash with lesions at different stages of healing and newly formed



A girl came with cough and epistaxis and her cbc shows the following:

Hb: 13.5

platelets : 4000

1.Describe the lesions? Purpuric rash

2.What is the dx? Immune thrombocytopenic purpura

3.What is the treatment?

* Therapy for moderate and severe clinical bleeding, with severe thrombocytopenia (platelet count $<10,000/\text{mm}^3$):

- > Prednisone , 2 to 4 mg/kg/24 hours for 2 weeks.
- > IVIG, 1 g/kg/24 hours for 1 to 2 days.
- > Splenectomy is indicated in acute ITP only for life-threatening bleeding.



A child with respiratory distress symptoms

1. What is the dx?

Diaphragmatic hernia

2. What is the first step in treatment?

Intubation and decompression



A 3 days old child with this clinical picture

1. Give 2 possible causes?

sepsis, cyanotic heart disease (truncus arteriosus, tricuspid atresia, etc)

((RDS is not a cause because RDS presents immediately after birth not after 3 days)))

2. What 2 investigations are possible?

ABGs, Hyperoxia test, Chest x-ray, Echocardiogram



**A 3 year old with constipation
for 2 years. The x-ray is shown**

1.What is the cause?

hirschsprung's disease

2. What is the treatment?

Surgery (Resection and
reanastomosis)



The transition zone is in the mid-descending colon.

Complete the vaccines for a 12 month old

1.MMR 1st dose

2.Hepatitis a 1st dose

The Jordanian National Immunization Program			
Recommended Vaccines			Age
		BCG	First Month
	IPV	DaPT-HBV-Hib-Rota	61 Days
OPV	IPV	DaPT-HBV-Hib-Rota	91 Days
OPV	IPV	DaPT-HBV-Hib-Rota	121 Days
	OPV	Measles	9 Months
			12 Months
Hepatitis A MMR	OPV (booster)	DaPT (booster)	18 Months
	OPV	Td	6 Years (First Grade)
		Td	15 Years (10 th Grade)

Age for these

The spoon one is 18 months
The fork one is 24 months (2 years)



A child with fever and these are the pictures

1. What are these signs shown?

Erythema marginatum

Subcutaneous nodules

2. What is the dx?

Rheumatic fever



This child came with polyuria and dysphagia

1. Write the criteria for diagnosing dm?

Symptoms of DM + random casual plasma glucose ≥ 200 mg/dL
o Fasting plasma glucose ≥ 126 mg/dL

o 2hr plasma glucose during the OGTT ≥ 200 mg/dL

o HbA1c ≥ 6.5

2. 2 acute complications?

Hypoglycemia, DKA



A girl was eating peanuts then sudden cough and difficulty breathing and this is her xray

1.What do you see on her x-ray? Hyperinflation due to air trapping in the right lung, Flat diaphragm, Mediastinal shift to the other side

2.What are auscultation findings? On auscultation We might hear stridor if the peanut is obstructing an upper airway, A wheeze if it's obstructing a lower airway, Decreased air entry

3.What is the dx? foreign body aspiration

4.What is the treatment? bronchoscopy and removal of the foreign body



Malabsorption and diarrhea

1.What is the dx? Acrodermatitis enteropathica

2.What is the treatment? zinc



A child with seizures

- 1. What is the dx?** Sturge weber syndrome
- 2. What do you see on the ct scan?**
Tram track calcifications



2 years old female came with 40 degrees fever and tonic clonic seizure :

1. What is the common diagnosis
2. What is the most serious diagnosis
3. What is the diagnosis If the LP was 750 WBC 90% PMN , glucose low and protein high ?
4. If the gram stain is positive diplococci what is the organism
5. What is the treatment and dose ?
6. What is the cause If the culture came negative ?
7. What is the most common complication ?
8. What is the most serious electrolyte disturbance ? And why did it happen ?
9. What is the type of vaccines for the organism ?
10. What is the percentage of population that have positive culture for this organism?
يعني نسبة الناس الي عندها البكتيريا كنيرومال فلورا
11. What is the percentage of having positive culture in symptomatic patients? يعني نسبة انه تطلع نتيجة الزراعة صح عند المرضى المصابين
12. Do you give the family members chemoprophylaxis?

OSCE

station 1

**الإجابات مش بنفس ترتيب الأسئلة

Febrile seizure

Meningitis

Bacterial meningitis

Dexamethasone

16 doses

3rd generation cephalosporin
and vancomycin

Partial treated

Conjugated and
polysaccharide vaccine

Hearing loss

HyponatremiaSIADH

80%

5-40%

No need for prophylaxis

20 months old male
patients comes to ER with
fever 39c with diarrhea
and bad smell urine

Ask about associated symptoms ...

What do you see on physical exam?
(Abdomen)

Investigations (labs+ imaging)?

Diagnosis

Treatment (ممکن تنسألوا عن اسم وجرعة)

2 causes for hydronephrosis?

Miniosce and Osce Nabed (3rd group)

Done by :Bara'ah Qudah

Baby with this presentation of genitalia

What is electrolyte changes in this baby ?

Hyponatremia, hyperkalemia

2-what is the lines of treatment in acute stage ?

Hydrocortisone

,fludrocortisone,spironolactone



**Baby present with hematochezia
,abdominal distension and vomiting**

What is the diagnosis?

Necrotizing enterocolitis

What is the finding in this image ?

Pneumatosis intestinalis



Suspect changes in

1-ALP :High

2-Calcium :low

3-Parathyroid hormones :High



Child presented with symptoms of UTI , his weight 7.5 kg

1-Mention 3 findings in this test

- 1-Leukocyte esterase and nitrite
- 2-wBCs more than 5 (high)
- 3-ph less acidic

2-What is the amount of maintainance fluid for this child

$100 \times 7.5 = 750\text{ml}$ or .75 litre



Disease is Biphasic And has triphasic rash

1-What is the medical name of this disease ?

Erythema infectiosum

2- What is the causative organism ?

Parvovirus B19

3- Mention 2 complications of this disease

1-Aplastic crisis

2-Hydrops fetalis



Fever for 2 days with throat pain and lymphadenopathy without rhinorrhea

1- What is the diagnosis ?

Tonsillitis

2-what is the causative organism?

Group A beta hemolytic strep pneumonia

3- Mention 2 systemic complication for this condition

1-rheumatic fever

2-post strep glomerulonephritis



1-Mention 2 dysmorphic features in this picture

1-epicanthal fold

2-Upward slant of eye

3-Low bridge nose

2_Mention 2 complication

1-AML ,ALL

2- Endocardial cushion defect



1-Write findings in this Image

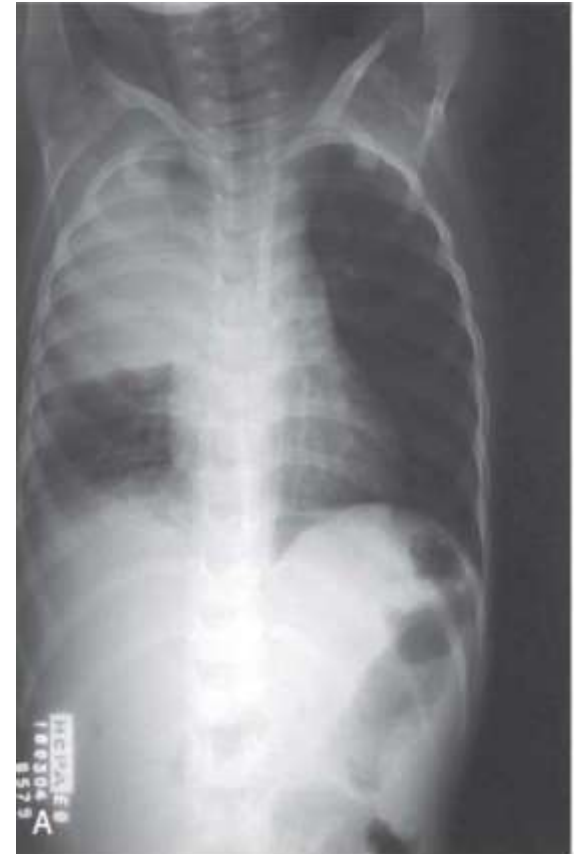
Opacification or consolidation in upper lobe of right lung

2-What can you notice in physical examination

Dullness on percussion

Decrease breath sounds

Bronchial breathing



child with recurrent respiratory infections and has finding in this picture

1-What is the diagnosis ?

Cystic fibrosis

2-Mention 2diagnostic test

1-2 reads of sweat chloride more than 60

2-Genetic study (2 mutation of cystic fibrosis)



Child with recurrent Opisthotonus position

1-What is the name of this condition ?

Sandifer Syndrome

2-Mention 3 causes for this position

1-GERD

2-kernicterus

3-Meningitis



Infant of diabetic mother ,,Gestational weight is 4.5kg pr

1- what is the diagnosis ?

Small left bowel syndrome

2-Mention 2 causes of seizure in this infant

1-Hypocalcemia

2-Hypoglycemia



1-Can copy (shape) : circle

2- Can build (cubes) : Bridge

3-How many words can he say?

200 words

4-What type of play ?

Interactive play



**Child of 6 months of age
presented with spasm of flexor
and extensor and still has head
lag**

1-What is the diagnosis ?

West syndrome

2-what is the management ?

Vigabatrine

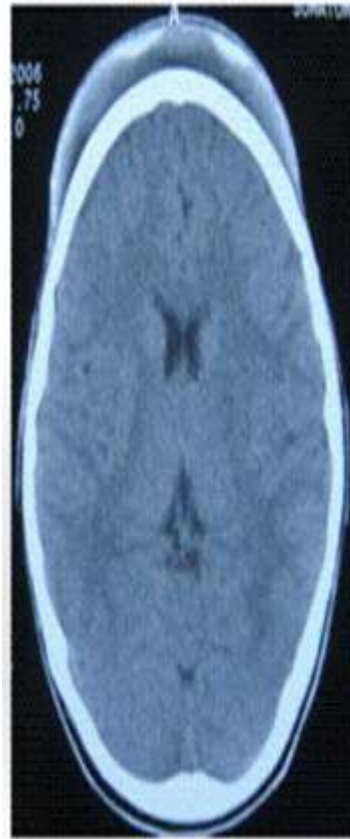


Diagnosis

Subgaleal Hematoma

Complications

Anemia, Jaundice, seizure



OSCE (2 stations)

Station 1 : Video of baby with stridor and supraclavicular retraction :

1-What is the sound ?stridor

2-Mention three causes for this

Croup ,epiglottitis is,foreign body aspiration

3-If the baby comes with this presentation after 2 days of low grade fever and symptoms of respiratory infection ,what is the diagnosis ?

Croup

4- What is causative organism ?

Parainfluenza virus

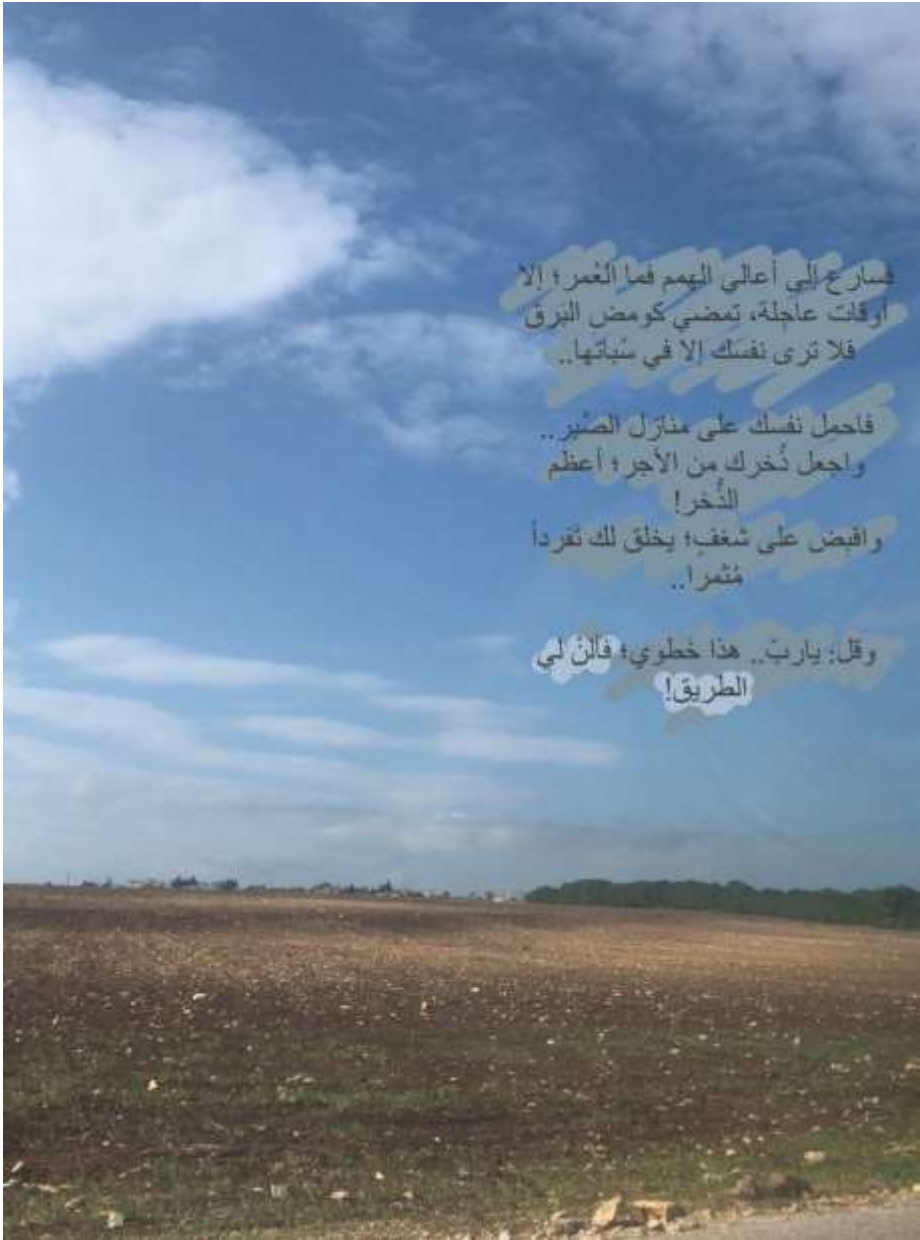
5-Management

Dexamethasone,nebulized epinephrine ,supportive

Station 2

Scenario of Chronic diarrhea and you have to ask about it (Celiac)

The examiner asked about management (gluten free diet and giving supplementation of deficient iron and vitamins)



فسارع إلي أعالي الهمم فما الغمر؛ إلا
أوقات عاجلة، تمضي كومض النورق
فلا ترى نفسك إلا في سباتها..

فاحمل نفسك على منازل الصبر..
واجعل ذخرك من الأجر؛ أعظم
الذخر!
واقبض على شغف؛ يخلق لك نقداً
مستمرا..

وقل: يارب.. هذا خطوي؛ فالن لي
الطريق!