

University of California, Irvine  
School of Medicine

Inpatient Medicine Clerkship  
Academic Year 2010-2011

## **Clinical Vignettes Handbook**



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Dear Students,

Please find attached the 16 chief complaints for the junior medical students vignettes. Please read each chief complaint and think about the workup prior to the vignette sessions.

1. What further history would you want regarding this patient and how do you plan to elicit this history?
2. What physical exam findings would you focus on and how would you perform them on this patient?
3. What is your top 5 differentials in priority and why?
4. How would you plan to work this patient up and why?

**You are required to read on the particular chief complaint prior to the vignettes.  
You are required to attend every vignette.**

Your vignettes will occur every Tuesday for students at LBVA from 1:00 – 3:30 and every Thursday for students at UCIMC from 1:00pm to 3:30pm during your inpatient medicine clerkship. I hope you enjoy this experience and get a lot of valuable learning from this process.

Alpesh Amin, MD  
Medicine Clerkship Director  
University of California, Irvine

## Chief Complaints for UCI Junior Medicine Clerkship Vignettes

1. A 55 year old white male presents to the emergency room, with 1 hour of crushing, substernal chest discomfort, nausea, and shortness of breath.
2. A 65 year old gentleman presents to your office complaining of shortness of breath after walking 2 blocks that has progressively gotten worse over the past 4-5 days. He also complains of bilateral leg swelling and difficult breathing when he tries to lie flat at night requiring him to sit up most of the night.
3. A 48 year old male, smoker, presents to emergency room complaining of cough productive of yellowish-greenish phlegm, shortness of breath, fever, and wheezing. He also complains of some pain in the chest when he coughs.
4. A 62 year old white male with long smoking history complains of shortness of breath, cough with dark red sputum, weight loss, night sweats, decreased appetite. He claims that his cough and shortness of breath gets better with antibiotics and he needs to come into the emergency room every 2-3 months to get antibiotics. He takes his antibiotics and he is back to normal. He tells you he wants a prescription for antibiotics and then you can take care of your other patients while he goes home.
5. A 56 year old male presents for routine physical to your office. You notice his weight to be about 10 pounds less than the last time you saw him. He tells you he has been controlling his diet and has been trying to lose weight based on your discussion with him. He also complains of some mid-epigastric pain and his fecal occult blood cards are positive. He has been taking Naprosyn for the last 3 months for an intermittent knee discomfort. He also noticed after having a bowel movement he notices blood in the toilet.
6. A 40 year old heroin drug user presents to the emergency room complaining of fullness in the stomach, weight gain, swelling of legs, and everyone telling him his skin is turning yellow.
7. A 35 year old female presents with left flank pain, high fevers, nausea, vomiting, and painful bloody urine.

8. A 47 year old male with a history of long-standing, severe, untreated hypertension presents with a blood pressure of 220/140, complaining of nausea, mild weakness, and mild shortness of breath. He is a bit disorientated and his wife tells you he has not been urinating much.
9. A 19 year old male is brought to the emergency room lethargic, hyperventilating, sweating, and has a temperature of 99.8. He complains of being very thirsty and needing to urinate.
10. A 24 year old female complains of feeling her heart is racing and irregular. She also complains of fever and loose bowel movements.
11. A 62 year old male presents to your office looking pale, complaining of shortness of breath, fatigue, lightheadedness, and intermittent constipation and diarrhea.
12. A 33 year old female presents with high fevers at 39.9 C, malaise, fatigue, and generalized weakness.
13. An IVDA presents to ED with malaise, fever, weight loss, and fatigue. He noticed he had similar symptoms 3 months ago that resolved after 2-03 weeks.
14. An 80 year nursing home alcoholic presents to the emergency room with acute mental status changes.
15. A 29 year old male presents with an acutely painful and swollen right knee.
16. A 33 year old female complains that she has been tired for years. She also tells you that her hands often ache in the mornings when it is cold. Most recently she has been complaining of painful, red colored urine and right leg swelling.

Week	Day	Vignette	Content Area	Chief Complaint	10-15 minute Learning Topic
1	Tues./Thurs.	1	Cardiology	Chest Pain	EKG
1	Tues./Thurs.	2	Cardiology	Dyspnea	EKG
2	Tues./Thurs.	3	Pulmonary	Dyspnea	PFT, CXR
2	Tues./Thurs.	4	Pulmonary	Hemopytsis	Thoracentesis analysis
3	Tues./Thurs.	5	GI/Hepatology	Rectal Bleeding	AAS
3	Tues./Thurs.	6	GI/Hepatology	Jaundice and Ascitis	Paracentesis analysis
4	Tues./Thurs.	7	Nephrology	Dysuria	Urine analysis
4	Tues./Thurs.	8	Nephrology	New Onset Uremia	Acid-Base
5	Tues./Thurs.	9	Endocrinology	Polyuria/Polydipsia	ADA Guidelines
5	Tues./Thurs.	10	Endocrinology	Palpitations and irregular heart beat	TFT
6	Tues./Thurs.	11	Heme/Onc	Anemia	Blood Smears
6	Tues./Thurs.	12	Heme/Onc	Neutropenic patient with fever	Bone Marrow Smears
7	Tues./Thurs.	13	ID/HIV	Drug addict with chronic fatigue	Spinal Fluid Analysis
7	Tues./Thurs.	14	ID/HIV	Acute mental status change	Spinal Fluid Analysis
8	Tues./Thurs.	15	MSK/Rheumatology	Hot Swollen Joints	Joint aspiration analysis
8	Tues./Thurs.	16	MSK/Rheumatology	Hematuria, unilateral leg swelling	Different Rheumatologic Serologies, RA & SLE criteria