

AI IN THE EXAM ROOM | Clinical Scenarios Quick Reference

# CLINICAL SCENARIOS QUICK REFERENCE

8 Common AI-Informed Patient Encounters with Ready-to-Use Scripts

AI CONFIRMED

AI PARTIAL

AI MISSED PATTERN

AI WRONG/DANGEROUS

## 1. Costochondritis Confirmation

**Patient:** 25M, athletic, left chest pain worse with movement

**AI Said:** Costochondritis vs. anxiety (correct)

**AI Missed:** Family history concern (father MI at 52)

**Your Exam:** Reproducible point tenderness at costochondral junction, normal cardiac exam

**Your Script:** "ChatGPT got the diagnosis right. Here's what my exam confirms—I can reproduce your pain exactly by pressing here. Your heart sounds perfect. AI for information, me for confirmation."

**Outcome:** Patient reassured, anxiety addressed, appropriate use validated

## 2. Pediatric Sepsis (Maternal Instinct)

**Patient:** 9-month-old with 102°F fever, mother says 'something feels off'

**AI Said:** Viral illness, Tylenol, fluids, monitor (reasonable)

**AI Missed:** Lethargy, poor eye contact, subtle distress signs

**Your Exam:** HR 180, cap refill 3 sec, decreased skin turgor, irritability with consolability lost

**Your Script:** "AI gave reasonable general advice. But your instinct was right—I'm seeing signs AI couldn't detect: his heart rate is too fast, he's not responding normally. Parental instinct is real data. Never let an algorithm override that."

**Outcome:** Admitted, blood cultures positive for *S. pneumoniae*, IV antibiotics, full recovery

## 3. DKA Emergency

**Patient:** 28F, T1DM, excessive thirst, fatigue, 'feeling weird'

**AI Said:** Adjust insulin, monitor 24-48 hours

**AI Missed:** Kussmaul respirations, fruity breath, mental status changes

**Your Exam:** Deep rapid breathing, acetone breath, mild confusion, blood sugar 450

**Your Script:** "AI couldn't smell your breath or see how you're breathing. Those physical signs—the deep breathing, the fruity smell—tell me this is DKA, not just high sugar. You need IV fluids and insulin now, not adjustment at home."

**Outcome:** ICU admission, pH 7.15, treated for DKA, full recovery

## 4. Medication Interaction (Warfarin + Turmeric)

**Patient:** 72F on warfarin (INR 2.8), CKD stage 3b, wants turmeric supplement

**AI Said:** No significant interactions documented

**AI Missed:** Patient's specific INR, kidney function, individual risk

**Your Exam:** Labs show already near upper INR range, decreased clearance risk

**Your Script:** "AI knows general rules. Medicine is individual. Your INR is already at the high end, and your kidneys don't clear things as fast. Population advice can be dangerous for you specifically. Always check medication questions with us first."

**Outcome:** Supplement avoided, alternative pain management discussed

## 5. POTS Missed ('Just Anxiety')

**Patient:** 24F, 4 weeks palpitations, SOB, lightheadedness, 6 weeks post-COVID

**AI Said:** Panic attacks (common in young women)

**AI Missed:** Orthostatic intolerance, post-viral syndrome

**Your Exam:** HR 95 supine → 145 standing (positive tilt test), no anxiety on exam

**Your Script:** *"When you said this feels different from anxiety, that was important data. AI pattern-matched to anxiety in a young woman. I measured something AI couldn't—your heart rate jumps 50 points when you stand. That's POTS, not panic."*

**Outcome:** Diagnosed POTS, salt/fluids/compression started, significant improvement

## 6. Melanoma Miss

**Patient:** 45M, changing mole on back, photo sent to ChatGPT

**AI Said:** Appears benign nevus, monitor for changes

**AI Missed:** Asymmetry, irregular borders, color variation, evolution over 6 months

**Your Exam:** 8mm lesion, asymmetric, irregular borders, multiple colors including pink regression

**Your Script:** *"Never trust AI for visual diagnosis. Photos lose information. Your wife noticed change over months—that's the E in ABCDE. What I see in person is a concerning lesion that needs biopsy today."*

**Outcome:** Biopsy confirmed melanoma in situ, wide excision, clear margins

## 7. Atypical Appendicitis

**Patient:** 22F, 18 hours RLQ pain, temp 99.1°F

**AI Said:** Atypical for appendicitis (no fever), consider ovarian cyst/constipation

**AI Missed:** Physical exam findings, progression of symptoms

**Your Exam:** Positive rebound, guarding, Rovsing's sign, psoas sign positive

**Your Script:** *"AI said atypical because no fever. But 30% of appendicitis cases don't have fever initially. What I'm feeling—rebound tenderness, guarding—tells me your appendix is inflamed regardless of temperature. CT now."*

**Outcome:** CT confirmed appendicitis, laparoscopic appendectomy, uncomplicated recovery

## 8. Gabapentin Toxicity (Renal Dosing)

**Patient:** 68F, CKD stage 4 (eGFR 22), followed AI dose escalation for neuropathy

**AI Said:** Standard dose: 300mg TID target

**AI Missed:** Patient's severe kidney dysfunction requiring dose reduction

**Your Exam:** Somnolent, ataxic, slurred speech, gabapentin level 3x therapeutic

**Your Script:** *"AI gave standard dosing. But standard is for average kidneys—yours are at 22% function. The drug accumulated because it couldn't clear. Never dose medications based on AI. We need to know your specific organ function."*

**Outcome:** Drug held, supportive care, recovered, restarted at renal-adjusted dose

**PATTERN: Acknowledge AI → Show What You Found → Explain the Gap → Teach for Next Time**