

# Pediatric history



## Patient profile

Name \_\_\_\_\_ Age \_\_\_\_\_ Female/male \_\_\_\_\_ lives in \_\_\_\_\_  
The patient was admitted via \_\_\_\_\_ on (day) \_\_\_\_\_ at (time) \_\_\_\_\_.  
History was taken from the \_\_\_\_\_ by \_\_\_\_\_ a 5<sup>th</sup>/6<sup>th</sup> year  
medical student on (day) \_\_\_\_\_ at (time) \_\_\_\_\_.

## Chief complaint

The patient is complaining from \_\_\_\_\_ for \_\_\_\_\_  
duration.

## History of presenting illness Try to clarify as much as you can :)

The patient was doing well/relatively doing well until she/he started to complain from:

- Site.
- Onset.
- Character & pattern (Constant or progressive).
- Radiation.
- Timing (Continuous or intermittent).
- Exacerbating / relieving factors.
- Severity (affect the sleep, feeding & activity).

## Constitutional symptoms

☐ Fever:

- Documented or not & Amplitude: \_\_\_\_\_
- Rout (Oral, rectal, axillary): \_\_\_\_\_
- Pattern (Continuous or intermittent): \_\_\_\_\_
- Number of spikes (Frequency): \_\_\_\_\_
- Duration of attack: \_\_\_\_\_
- Triggers/Special times: \_\_\_\_\_
- Relieving factors (Antipyretics, cold compressors): \_\_\_\_\_

☐ Chills, rigor, night sweats: \_\_\_\_\_

☐ Convulsions: \_\_\_\_\_

☐ Sick contact: \_\_\_\_\_

- ☐ Recent weight changes: \_\_\_\_\_
- ☐ Feeding (Baseline, any changes) & Appetite: \_\_\_\_\_
- ☐ Activity (Lethargy, excessive sleep, social interaction): \_\_\_\_\_
- ☐ Excessive crying, irritability (Infants): \_\_\_\_\_

*Notes*



## Review of systems

### Head

- Injuries, headache, hair loss, scalp infections (redness, itching, scaling, ...).

### Eyes

- Vision problems, use of glasses, history of discharge, abnormal tearing, eye injuries.

### Ears

- Hearing problems, history of otitis, ear pain, ear discharge.

### Oral cavity & throat

- Sore throat, dental problems, bleeding gum, oral ulcers.

### Nose & respiratory system

- Runny nose, nasal bleeding.
- Cough (Dry or wet, day or night, continuous or intermittent, triggers, relieving factors) & hemoptysis.

- Rapid breathing, difficult breathing, noisy breathing (stridor, wheeze, grunting, snoring), laboured breathing.
- History of recent URTI.

### Cardiac system

- Chest pain, palpitation, history of murmurs, tachypnea, orthopnea.
- Exercise tolerance (Fatigue after feeding [sucking] or activity).
- Excessive sweating after feeding [sucking] or activity.
- Cyanosis, pallor, cold extremities & edema (in the face or extremities).
- History of rheumatic fever in patient & family.

### Gastrointestinal system

- Abdominal pain, abdominal distention, dysphagia, odynophagia.
- Diarrhea, constipation, stool color, stool consistency, blood in stool.
- Nausea, vomiting, hematemesis.
- Jaundice.

### Genitourinary system

- Urination baseline (Number of wet diapers per day).
- Urine color & smell.
- Frequency, polyuria, oliguria, incontinence, bed wetting, poor urine stream, hematuria, foamy urine, dysuria.
- Flank pain & periorbital swelling.
- History of UTI.
- Urethral or vaginal discharge.
- Age of menarche.

### Extremities

- Joint or muscle pain, swelling, muscle strength, any limitation of movement.

### Neurologic system

- Seizures, abnormal movements, tremor, weakness.
- Headache, altered consciousness, dizziness, syncope.

### Skin

- Rashes & bruising.

## Past medical & surgical history

- Previous history of similar complaint: \_\_\_\_\_
- Medical illnesses: \_\_\_\_\_
- Surgical history: \_\_\_\_\_
- History of trauma: \_\_\_\_\_
- Previous hospitalizations & ER visits: \_\_\_\_\_
- Medications (Name, dose, frequency, rout, how long): \_\_\_\_\_  
\_\_\_\_\_
- Vaccinations (Type & date): \_\_\_\_\_
- Allergy (if so, clarify their reaction): \_\_\_\_\_
- Blood transfusions: \_\_\_\_\_

## Antenatal history

- Mother age: \_\_\_\_\_
- Number of pregnancies: \_\_\_\_\_
- Any abortions: \_\_\_\_\_
- Maternal diseases: \_\_\_\_\_
- Maternal health during pregnancy:
  1. Complications during the pregnancy (HTN, DM, bleeding, trauma, recurrent UTI, fever, anemia): \_\_\_\_\_
  2. Drug use: \_\_\_\_\_
  3. Smoking and alcohol: \_\_\_\_\_
  4. Diet: \_\_\_\_\_
  5. Vitamin deficiencies: \_\_\_\_\_
  6. Radiation exposure: \_\_\_\_\_
  7. Abnormal antenatal scans and screening tests: \_\_\_\_\_

## Birth & neonatal history

In some cases you need to put this part & feeding in the HPI especially in infants

- Gestational age: \_\_\_\_\_
- Mode of delivery (Vaginal/cesarean): \_\_\_\_\_
- Duration of labor: \_\_\_\_\_
- Interventions (Use of induction, anesthesia, forceps): \_\_\_\_\_
- Birth weight: \_\_\_\_\_
- Head circumference & length: \_\_\_\_\_
- APGAR score (if known): \_\_\_\_\_
- Health concerns at birth (Respiratory distress, oxygen therapy, jaundice, anemia, birth injuries, feeding concerns, congenital anomalies): \_\_\_\_\_
- Length of stay: \_\_\_\_\_
- Admission to NICU (Why? & length of stay): \_\_\_\_\_

## Feeding or nutritional history

### Infant (0-1 year)

- Breast fed or bottle-fed? \_\_\_\_\_
- Formula or breast milk (Type of formula, frequency, duration, amount, reasons for any changes in the formula): \_\_\_\_\_
- Problems related to feeding (vomiting, regurgitation, baby colic, diarrhea): \_\_\_\_\_

### Children (2-12 years)

- Age at weaning and introduction of solid foods
- Supplementation with vitamins or fluoride.
- Ask the parents to describe what the child typically eats for breakfast, lunch, snacks, and dinner to assess whether the child is receiving adequate nutrition.

### Adolescents (13-17 years)

- Ask the patient to describe what they traditionally eat for breakfast, lunch, snacks, and dinner to assess whether the individual is receiving adequate nutrition.

- Eating disorders.

### Developmental history

- [Developmental milestones.](#)
- The mnemonic **SHADSS** can help structure the interview with a **school-age children**:
  - **S**chool: Grades.
  - **H**ome: Relationship with family.
  - **A**ctivities: Friends & hobbies.
  - **D**epression: Emotions, confidants, thoughts & acts.
  - **S**ubstance abuse: Exposure or use of drugs, tobacco & alcohol.
  - **S**afety: Violence (at home or school) and access to weapons :(

### Family history

- Age of parents and siblings: \_\_\_\_\_
- Family history of illnesses: \_\_\_\_\_
- Deaths in family: \_\_\_\_\_
- Family member with similar complaint: \_\_\_\_\_

### Social history

- Who lives with the child? \_\_\_\_\_
- Parent's employment \_\_\_\_\_
- Insurance \_\_\_\_\_
- Pets \_\_\_\_\_
- Smoking status of anyone living with child \_\_\_\_\_

**Done by Shahed Atiyat**