

## Patient profile

Name	Age	Female/male _	lives in
The patient was admit	ted via	on (day)	at (time)
-			a $5^{\text{th}}/6^{\text{th}}$ year
medical student on (da		-	
,	- /		

### **Chief complaint**

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

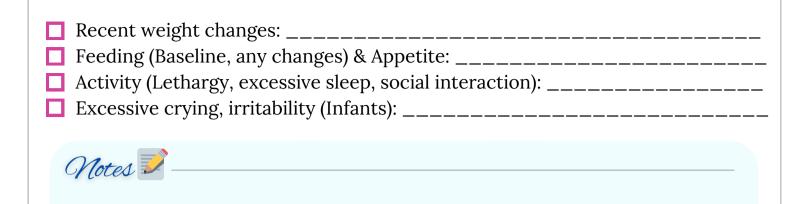
History of presenting illness Try to clarify as much as you can :)

The patient was doing well/reltively 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**

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#### **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, contionous 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

<ul> <li>Previous history of similar complaint:</li></ul>			
<ul> <li>Vaccinations (Type &amp; date):</li> </ul>			
Allergy (if so, clarify their reaction):			
Blood transfusions:			
Antenatal history   • Mother age:			
Number of pregnancies:			
Any abortions:			
Maternal diseases:			
<u>Maternal health during pregnancy:</u>			
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: \_\_\_\_\_\_
- Duration of labor: \_\_\_\_\_\_\_
- Birth weight: \_\_\_\_\_\_
- 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 soild 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

- <u>Developmental milestones.</u>
- The mnemonic <u>SHADSS</u> can help structure the interview with a <u>school-age</u> <u>children</u>:
  - School: Grades.
  - Home: Relationship with family.
  - Activities: 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**

## Social history

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

Done by Shahed Atiyat