

Pediatric checklists

Vomiting & diarrhea:

1. Vomiting

- Onset/duration
- Frequency/number Amount estimation.
- Character/nature
- Forceful/projectile
- Content of vomitus
- Bile/blood
- Course (static?).
- Relation to meals (tolerance)/ cough.

2. Diarrhea

- Onset
- Frequency/number + Amount/consistency of stool (large stool, watery,bulky)
- Consistency: Stool is soft/hard.
- Content: Blood/mucous
- Odor of stool
- Past History of diarrhea?

3. Constitutional symptoms

- Fever/chills/rigors
- Amplitude/Onset/duration/progression/course/relieving factors
- weight loss/not gaining weight/ growing?
- Appetite/feeding/activity/irritability
- Excessive crying, irritability

4. Associated symptoms

- Jaundice
- Abdominal distension

5. Respiratory symptoms

- runny nose
- Cough
- SOB/difficulty of breathing
- Recent history of Respiratory infection

6. CNS

- Seizures / Abnormal movements ? *-*
- LOC?

7. Urinary

- Change in urine color/smell/amount
- Dysuria
- Frequency
- Incontinence/enuresis.
- Urgency
- Poor stream.

8. Endocrine

- Thirst

9. Rheumatological

- Oral ulcers.
- Skin rash.
- Joint swelling.

10. Feeding history

- Type of milk
- Amount & frequency of feeding
- Preparation technique (filtered water? To prepare milk)
- Demand on feeds (thirst)

11. Past medical/surgical history

- any chronic illnesses
- Previous history of diarrhea/vomiting
- Any previous surgeries

12. Drug history / allergies immunization

- Antibiotics

13. Social

- sick contact
- Daycare
- Exposure to contaminated water/food.
- Did he/she eat from outside the house.

Abdominal pain

1. Analyze abdominal pain

SOCRATES

- Site/location
- Onset+duration
- Character/nature of pain
- Radiation
- Timing: pain frequency/duration/course/progression.
- Exacerbating factors
 - Food/anxiety/drugs
- Relieving factors
 - Posture/bowel movements/drugs.
- Severity
 - Crying from pain
 - Awakening from sleep
 - Score out of 10

2. Associated symptoms

- Jaundice
- Dysphagia/odynophagia
- Heartburn
- Nausea
- Vomiting
- Bloating
- Bowel movements
- Stool character
 - Consistency
 - Color change
 - Blood?

3. Constitutional symptoms

- Fever/ chills/ rigor/weight loss
 - Amplitude/Onset/duration/progression/course/relieving factors
- Appetite/feeding/activity

4. Urinary symptoms

- Urine Color/odor/amount

- Dysuria.
- Urinary frequency
- Urgency
- Poor stream
- Incontinence

5. Respiratory

- Difficulty breathing
- Cough
- Sore throat
- Recurrent respiratory infection.

6. Rheumatological symptoms

- Oral ulcers
- Joint swelling, skin rash.

7. Medical/surgical histories

- Any chronic illnesses
- Past history of (UTI/constipation/abdominal pain)
- Blood transfusions
- Past history of similar complaints.
- Recent history of infection.
- Possibility of food poisoning.
- Past surgeries

8. Drug history/ allergies

- NSAIDS/PPI

9. Social history

- Sick contact
- School (makes you anxious)
- Social changes at home/school
- Travel

10. Family history of diseases

- Celiac
- IBD
- CF
- FMF

Cough

1. History of timing

- Onset.
- Duration.
- Progression.
- Course: episodic/intermittent.
- Diurnal variation.
- Previous similar complaints.

2. Character of cough

- Whooping/barking/recurrent?
- Dry/wet? Hemoptysis.
- History of hoarseness بحة
- stridor, wheezing, noisy breathing, inspiratory, expiratory, snoring?

3. Aggravating & relieving factors

- Dusts/ fumes/ smoking/ pet contact/ exercise/ cold air.
- Relieving: nebulizers/medications/bronchodilator's/ cold air (humidity).

4. Severity

- Post-tussive vomiting/ awakens them at night/ can't talk.

5. Recent URTI? History of choking? Witnessed FB aspiration? Post feeding cough?

6. Constitutional symptoms

- Fever, chills, rigors.
 - Amplitude/Onset/duration/progression/course/relieving factors
- Weight loss, night sweats.
 - Does he add up on some weights?
- Appetite/feeding/activity

7. Associated symptoms

- Cyanosis
- Drooling
- Nasal congestion/ Rhinorrhea.
- Red eyes.
- Ear pulling

- Dysphagia
- Rapid breathing/difficulty breathing/apnea/sweating after sucking
- Diarrhea
- Vomiting
- Rash/eczema
- Bowel movements
- Urination

8. Others

- Recent sick contact.
- Hospital admission
- Recent travel.
- Immunization
- Allergy & drugs.
- Allergy manifests as?
- Drugs/ nebulizers used improved cough?
- Medical history
- Neonatal history
- NVD?
- Weight/height?
- Normally growing?
- NICU/ventilators?
- Family history of similar complaints.

Heart failure

1. Analysis of tachypnea

- Onset of tachypnea
- Duration of tachypnea
- Progressive (countable?)
- Episodic (when)
- Day/night
- Predisposing factors / relieving factors
- Feeding, sleeping, positioning.
- Severity: is it present at rest? After feeding/

2. Constitutional symptoms

- Fever, chills, rigors
- Weight loss? Is he gaining weight?
- Activity, appetite, feeding.
- Irritability, excessive crying.

3. Associated symptoms

- Edema
- Excessive sweating
- When?
- Pallor
- Cold extremities

4. Respiratory

- Choking or aspiration history
- Cough
- Cyanosis
- Noisy breathing/(wheezing)/grunting.
- When?

5. GI

- Vomiting, diarrhea

6. Renal

- Urination (amount/frequency/color/odor)

7. Perinatal history

- Pregnancy? Full term? NVD? GA?
- Birth weight?
- NICU admission

8. Past history

- Past history of infections (previous URTI)
- Past history of hospitalizations
- Perinatal complications.

9. Family history:

- Ask about family history of cardiac disease/tachypnea/wheezing.

10. Social history

- Smoking
- Occupations

Unconsciousness

1. History of timing

- Onset
- Duration
- Past history of LOC/abnormal movements.
- Frequency

2. Unconsciousness analysis

- Pre-ictal
 - Trauma/fall (bruises)
 - Recent sickness (medication history)
 - Polyuria/polydipsia
- Ictal
 - Eyes?
 - Responsive?
 - Breathing
 - Cyanosis
 - Convulsions
- Post Ictal
 - Weakness/lethargic/sleepy

3. Associated symptoms

- Vomiting
- Intoxication
- Fever

4. Antenatal

5. Birth

6. Developmental

7. Vaccination/medication

8. Chronic illnesses

9. Family

- Similar condition
- Febrile Seizure
- Epilepsy

Abnormal Movements

1. History of timing

- Onset
- Duration
- Frequency
- History of similar complaints.

2. Analysis of abnormal movements

- Site: limbs? unilateral/bilateral?
- Character/Nature of movements (tonic/clonic)
- Focal/generalized
- Associated with
- Eye rolling up
- Cyanosis
- Peed on his pants.
- LOC? responsive during & after the attack?
- Postictal sleeping lethargy weakness?
- Relieving factors: spontaneous/meds
- Severity: wakes him up from sleep?.

3. ROS:

- Headache
- Vomiting
- Drug ingestion
- Fever
- Weight loss
- Activity? Appetite? Irritability?
- Skin rash?
- Trauma?
- Environmental toxin

4. Antenatal

5. Birth

6. Developmental

7. Vaccination+medications

8. Chronic illnesses

9. Family history

Frequent Falls

1. History of timing:

- Onset
- Duration
- Progression

2. Weakness analysis

- History of abnormal movements, change in tone
- History of LOC
- Ptosis, squint, tired at end of day
- History of choking
- History of weakness in upper limbs
- History of Fever
- History of joint pain, swelling
- History of trauma

3. Developmental history

Gross motor

- when did he start to walk
- Gait?
- Was the child walking normal, then he regressed.
- Does he go upstairs and downstairs?
- Does he face any difficulties of standing from sitting from position

Fine motor

- does he draw a triangle

Social

- Plays with peers

Language

- tells stories? Knows colors?

4. Antenatal:

DM, HTN, drugs, infection.

5. Birth history:

GA, birth Weight, NICU, NVD, jaundice

6. Vaccination history

7. Family history of consanguinity, similar cases.

Fever & Headache

1. Analysis of fever

2. Analysis of headache

3. Constitutional

- weight loss/failure to gain weight

- Appetite/activity/feeding/irritability.

- Trauma

4. Associated symptoms

- Abnormal movements
- LOC (normal?)
- Focal neurological deficits / (weakness)?
- Ear pain
- Photophobia
- Runny nose
- Sore throat
- skin rash
- vomiting
- back pain

5. Recent contact with sick individuals

6. Recent travel

7. Immunization

8. Past history of similar conditions

9. Chronic illnesses/hospital admissions

10. Medication history

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