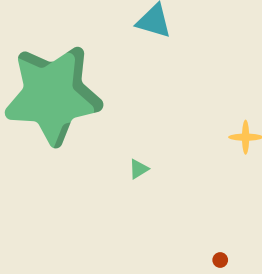

History Taking in Pediatrics

objectives:

- To Have an Introduction to specific aspects of History Taking in Pediatrics
- To Highlight the Special Items in the Pediatric History as Compared to Adult

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Special thanks to team 437 & Faisal alsaif

Notes

Important

Book

Introductory information

- Introduce yourself
- Establish rapport, Establishing rapport with an infant is different than toddlers or adolescents so it depends on the age For infants you will just look at the baby's face For toddlers you can give him some freedom to move around the clinic so they can have more trust when examining them.In adolescents, they like to have their own privacy
- Name, age, gender (Patient ID)
- Person giving the history (parent, etc)
  - Reliability, Does the historian or caregiver know about the child for example how much the baby has vomited
- Origin, For genetic diseases

the child's age – a key feature in the history and
examination as it determines:
• the nature and presentation of illnesses, developmental or behaviour problems
• the way in which the history-taking and examination are conducted
• the way in which any subsequent management is organised

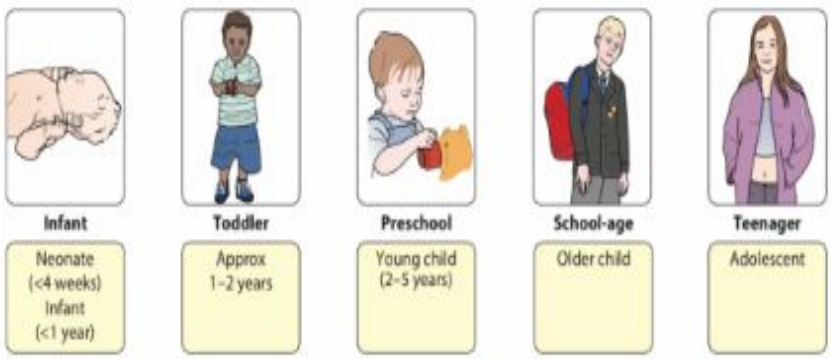


Figure 2.1 The illnesses and problems children encounter are highly age-dependent. The child's age will determine the questions you ask on history-taking; how you conduct the examination; the diagnosis or differential diagnosis and your management plan.

Paediatrics stretches from newborn infants to adolescents. Whenever you consider a paediatric problem, whether medical, developmental or behavioural, first ask, 'What is the child's age?'

What is different than adults when taking pediatrics hx?
-developmental hx + prenatal history
-feeding hx
-neonatal hx
-growth chart
-source of hx (you rely on someone else (parents) in taking the hx
-immunization (vaccination hx)
-the symptoms are a bit different (non specific

Presenting Complaint

- Description of the presenting complaint, in chronological order.
- Including whether came in through Emergency Dept or admitted from OPD.

History of Presenting Complaint

- *SOCRATES:*
- Site: where, local/ diffuse, "Show me where it is worst".
- Onset: rapid/ gradual, pattern, worse/ better, what did when symptom began.
- Character: vertigo/ lightheaded, pain: sharp/ dull/ stab/ burn/ cramp/ crushing.
- Radiation [usually just if pain].
- Alleviating factors, "What do you do after it comes on?"
- Time course: when last felt well, chronic: why came now.
- Exacerbating factors, "What are you doing when it comes on?".
- Severity: scale of 1-10.
- Associated symptoms.
- Impact of symptoms on life: "Does it interrupt your life".

- Time course: seasonal or diurnal fluctuation.
- Exacerbating factors: foods.
- Referral by clinic vs. came in through casualty.
- Relevant negatives.
- If using unusual words, ask for clarification.

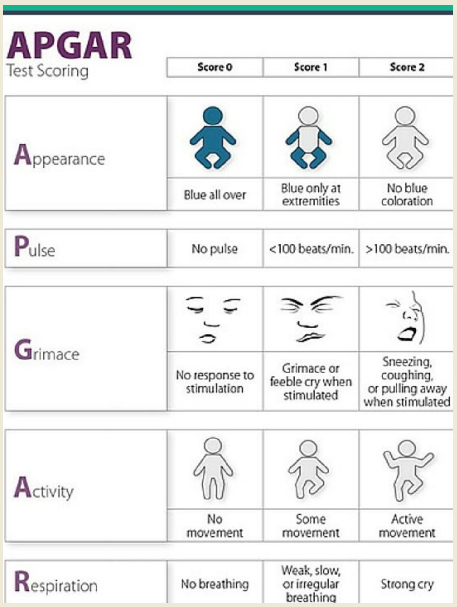
Past Medical, Surgical History

- Past illnesses, operations.
- Childhood illness, obs/gyn.
  - Tests and treatment prescribed for these.
  - Problems with the anesthetic in surgery.
- Previous Blood Products transfusion?

Birth History

Obgyn have obstetric hx
But here we have birth hx which we call it gestational hx, we focus on the fetus or the gestation itself

- Length of gestation. Preterm, full tem or post-term.
- Age and parity of mother at delivery.
- Any maternal insults [alcohol, smoking] or illnesses during gestation.
- Where born: city, hospital.
- Birth weight, mode of delivery, difficulties in delivery.
- Resuscitation, intensive care requirement at birth.
- Cyanosis, pallor, jaundice, convulsions, birthmarks, malformations, feeding or respiratory difficulties.
- **Apgar score at birth if known.**
- How baby was fed in first few days.
- Whether child went home with mother.



prenatal/birth history is mostly important for babies up to 2 months old. for kids 12 y/o with convulsion and cerebral palsy; it's crucial to ask about birth history (perinatal hypoxia). if another 12 y/o came for MVA birth history is not significant however go through it as a screening point (ask about: how is the birth? uneventful? full term? birth weight? discharge?)

When to focus on the birth history?
Depends on the case for example if the patient came with cerebral palsy I want to know if the pt had hypoxia to look for the reason of cerebral palsy.. Example: 8 years old asthmatic, I wouldn't focus much here.. i will just ask normal delivery, child went home with mother and no ICU admission. Traditionally we put the birth weight.
If the pt is in first few months of life I would ask all of these because it may be relevant. And here you can start your present history with the birth hx (ex: a full term 2 months old...)

Nutritional History

- ☐ **Breast-fed vs. bottle-fed**
  - **When breast started, stopped: Why?**
  - **If formula: type, amount, pre-mixed vs concentrate [and dilution used].**
- ☐ **Vitamin/Iron supplements.** If he's on exclusively breastfeeding, was he offered any vitamins or oral supplementations?
- ☐ **Age when other diet was started.**
- ☐ **Appetite and growth.**
- ☐ **Current diet: Quality of Diet?**

Immunization History

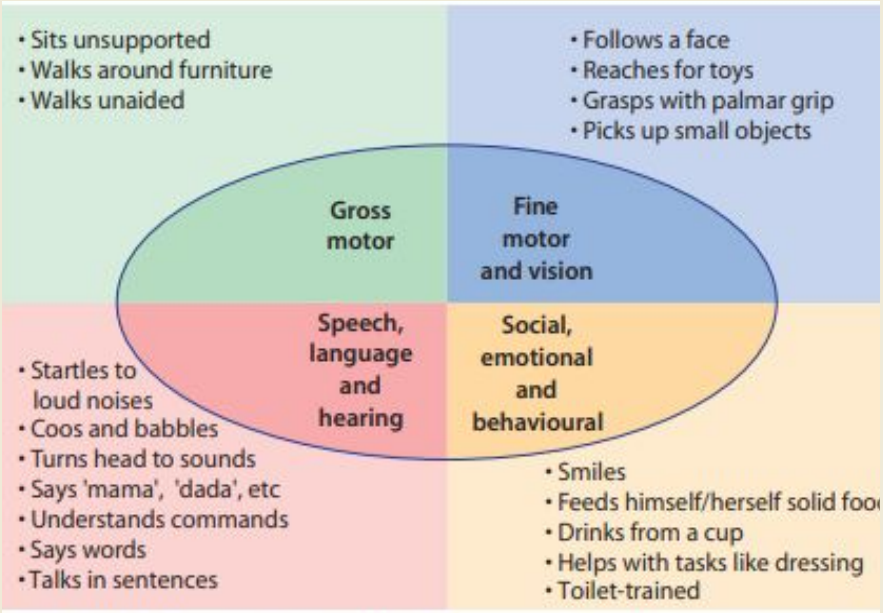
See the Most Recent National Vaccine Card
► Get dates of each.
► Any complication post previous vaccines? And if there was a problem i have to ask how was it dealt with and explore it more (urticaria, anaphylaxis, fever?)

Developmental History

This is especially for < 5 years of age. And once they go older you can do DDST (denver developmental screening test)

- ☐ Gross motor:
  - e.g. sitting and walking
- ☐ Fine motor & Vision:
  - e.g. Pincer grasp and scribble
- ☐ Speech, hearing:
  - e.g. say "Mama" "Baba" and two words sentence
- ☐ Social:
  - e.g. smiling, playing with others

If you're not worried about any developmental delay just ask about the latest milestone:
- for a 6 months old ask about sitting w/o support.
- for a one year old ask about standing w/o support, and cruising around the furniture. if the patient presented with a history of developmental delay you need to go into more details.



Education History

- Start of school attendance.
- School level and grades
- Relationship with Friends
- Special needs requirements.
- Impact of symptoms: absent school days. How is the impact of the disease? Especially for chronic diseases like diabetes,sickle cell disease. It will affect them with many absent school days.

Family History

Any similar diseases in the family
Any genetic predisposition
Any unexplained deaths

- The current complaint in parents/ siblings: health, age of onset, ?cause of death.
- Parents/siblings: age, health, where living.
- Height and weight of parents.
- Hereditary & Consanguinity: do a family tree. get familiar with family pedigree it may come in the exam (MCQ or OSCE) to determine the inheritance pattern

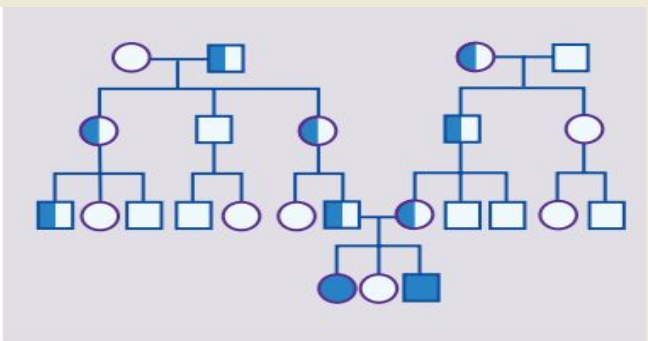


Figure 9.10b Pedigree to show autosomal recessive inheritance.

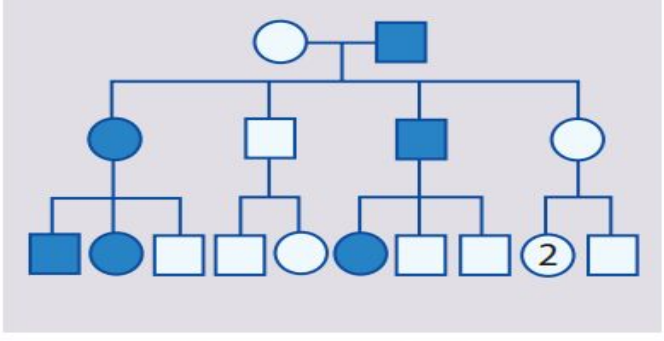


Figure 9.8b Typical pedigree of an autosomal dominant disorder.

Social History

- [ ] Age, occupation of parents.
- [ ] Race and migration of parents [if relevant].
- [ ] Any others at daycare/ school with same complaint.
- [ ] Travel: where, how lived when there, immunization/ prophylactic status when went.
- [ ] Does the child live at home, and with whom [include siblings].
- [ ] Smokers in the home.
- [ ] Pets in the home.
- [ ] "Is there some things that worry you about the symptoms your child is having?"

Drug History

- [ ] Prescriptions currently on: dose, when started, what for.
- [ ] Compliance.
- [ ] OTCs. Please remember over the counter medications and in our society; herbal medications اليانسون والثوم
- [ ] Alternative / Herbal medications.

Allergy History

- [ ] Allergies, and reaction of each:
  - Eczema, asthma, hay fever, hives.
  - Drugs, foods, dyes.

Systems Review

- Screening as relates to the current : if any abnormality => Explore the details

one year old presented with severe diarrhea and vomiting for 2 days what are you going to ask about?
This is easy-difficult. Easy because it's systematic review
And difficult because you need to know how to do it right depending on the pts signs and symptoms. For example a pt with severe gastroenteritis came to you dehydrated and was admitted. What will you ask in systems review
CNS: LOC, lethargy, irritability, abnormal movements, seizure if the pt has severe electrolytes abnormalities
Respiratory: SOB, tachypnea as compensation of metabolic acidosis
or maybe tachypnea bc the pt was triggered by a viral infection
renal: quantity of the output...

History tips

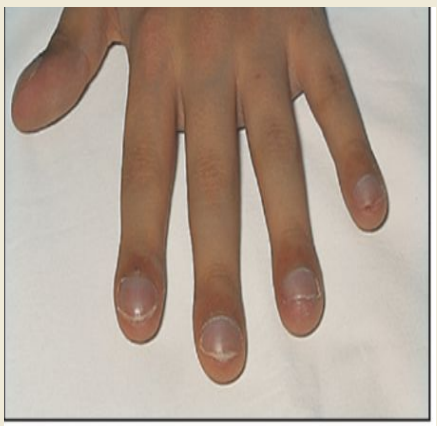
- Ask if the temperature was actually measured, and if so, what it was.
- Some parents may exaggerate or mislead you so ask specific questions
- Avoid leading questions!
- Show appreciation and empathy with parents anxiety and worry
- Be aware of the sensitivity of some issues in the family life
- Take note of the parents behavior

Questions

1- Ritha, aged 2 months, is admitted to hospital with a 2-day history of mild coryza and tachypnoea without significant intercostal recession. She has been feeding poorly for the last 3 weeks. Which clinical feature most supports her having congenital heart disease rather than respiratory disease?
Select one answer only.
A. Sibling with congenital heart disease
B. Poor feeding
C. Generalized wheeze on auscultation
D. Hepatomegaly
E. Ejection systolic murmur, grade II/VI, at the left sternal edge

2- Nazma, aged 4 years, presents with a 1-week history of episodic central abdominal pain. She is of Indian ethnicity, but the family live in Kenya and are visiting relatives in the UK. She is otherwise well. Her relative's general practitioner thinks she may be slightly pale and that her spleen is enlarged, as it is 3 cm below the costal margin. There are no other abnormalities on examination.
Which of the following is the most likely cause for her enlarged spleen?
Select one answer only.
A. Acute lymphoblastic leukaemia
B. Malaria
C. Hookworm infestation
D. Wilms tumour
E. Sickle cell disease

3- Ishmael, a 15-year-old boy from Pakistan, is seen in the outpatient department. He has a long history of chest infections needing recurrent courses of antibiotics. He has a productive cough. He opens his bowels once a day. On examination, he has a normal temperature, his skin and mucous membranes are pink and his heart sounds are normal. His hands look unusual
On auscultation, there are some scattered crepitations at both bases. In view of his recurrent chest infections, you had ordered a sweat test, which is negative.



Answers

1- **D.** Hepatomegaly
Correct. In infants, hepatomegaly is an important sign of heart failure, usually secondary to congenital heart disease. Heart failure can result from inadequate cardiac output (forwards failure) or failure to pump enough blood away from the system feeding it (backwards heart failure). In adults, left ventricular failure predominates, but in children either ventricle can fail.

2- **B.** Malaria
Correct. High prevalence in Kenya and may cause chronic anaemia and splenomegaly.

3- **C.** Primary ciliary dyskinesia
Correct. This child has marked clubbing of the fingers due to bronchiectasis. Although cystic fibrosis is the commonest cause of clubbing due to respiratory disease, it may also be caused by other respiratory conditions including primary ciliary dyskinesia.