



PRINCIPLES OF HISTORY TAKING & PHYSICAL EXAMINATION

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Important

Further explanation

[Editing link](#)

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History taking Sequence



❖ Before starting history:

- Welcome the patient and Introduce yourself + your role
- Take the permission.
- Make sure that the patient is comfortable and Ensure privacy
- Avoid using medical terms.
- Document the date & time.
- Always Start with open-ended questions (tell me more about your pain) and end with close-ended questions (where is it exactly)
- Avoid asking suggesting questions like: does your pain radiate to the right? does your pain increase with walking?

1-Patient Profile (PP)

Name: What is your full name?

Age: How old are you?

Gender: “Don’t ask the patient about the gender”

Residency: Where do you live?

Marital Status: Are you married?

Children: Do you have children?

Occupation: What do you work?

Remember : A good history is the Biggest step towards correct diagnosis

2-Chief complaint (CC)

First ask open question: what brought you in?

“Then ask the below questions if it wasn’t mentioned in patient's story”

Time of admission: When did you come to the hospital? Which day & what time?

Route of admission: Were you admitted through ER, Electively¹ through OPC², or referral?

The duration : (since when? for how long?) of each symptom alone.

Complaining of : What are you complaining of? What did you feel, for each symptom alone (record the answer in the patient’s own words)

“ Make sure that you write it in patient’s own words”

3-History of the presenting illness (HPI)

“ Ask close question to narrow the list of possible diagnosis ”

When did it start?

What was the first thing noticed?

Ever had it before?

SOCRATES Questions:

- ✓ **Site**
- ✓ **Onsset:** Rapid? Gradual? Continuous? Intermittent?
- ✓ **Character:** Stabbing? Burning? Cramp?amount? color?
- ✓ **Radiation** (if the symptom is pain or discomfort)
- ✓ **Alleviating factors:** Movement? Eating? Coughing?
- ✓ **Timing:** Noticed when? Better or worse in night or day?
- ✓ **Exacerbating factors:** Movement? Eating?Coughing?
- ✓ **Severity:** Interfere with normal activity?

Associated symptoms related to the same system as the CC

Constitutional symptoms: fever, cough, night sweats, loss of appetite, weight loss

1. An **Elective Admission** is one that has been arranged in advance. It is NOT an emergency admission
2. outpatient clinic

Note: In HPI you should come up with the system involved, pathology , and the severity.

4-Past Medical history (PMHx)

1. serious illnesses

General: JADE > Jaundice, Anemia, Diabetes, Epilepsy

Respiratory: TAB > TB, Asthma, Bronchitis

CVS: MARCH> MI, Angina, Rheumatic fever, Cholesterol, Hypertension

“ You should specifically ask the above questions ”

1. **Past surgical or interventional procedures:** What? Why? When? Complications?
2. **hospital admissions:** When? Why? What was done? ICU admission?
3. **childhood illnesses:** Did you have any childhood problems?
4. **blood transfusion:** When?Why?How many units?Were there any complications?
5. **chronic diseases:** Do you have any chronic illnesses?
6. **Physiotherapy:** Did you had any physiotherapy or rehabilitation?
7. **Menstrual history and pregnancies.**
8. **Anaesthetic problems.**

2. Medication history

Drug , Route , Dose , Frequency , Duration

- **Adverse effects:** Did you have any complications?
- **Herbal therapies :** Do you use any herbal medications?
- **Allergies:** Do you have any allergies?

If yes: How do the symptoms begin? What is the pattern? What is the response to treatment? What are the inducing factors? What is the change over time? How severe are the symptoms?

You should ask about: I DARE U: Insect stings, Drug or food allergy, Asthma and Anaphylaxis, Rhinitis, Eczema, Urticaria.

If no, write: "No Known Allergies"

Note: It's preferable if ask about the factors that correlate with his symptoms during HPI, even if it's listed below SHx , FHx , PMHx, or MEDHx.
(Like when taking a Hx of breast cancer, ask about the FHx during taking HPI)

5. Family & Social History

- **Parents and other family members:** are they alive, if not: what did they die of?
- **Chronic illnesses:** DM? Hypertension?
- **First or second degree relative with the same symptoms:** Is there anyone in the family who has the same symptoms?
- **Congenital abnormalities & Inherited diseases:** Do you or any of your family have any congenital abnormality? Are there any inherited diseases in the family?

CHAPTER Questions:

- ✓ **C**ompain > **M**arital status: Are you married?
- ✓ **H**ousing > **L**iving condition: Where do you live?
- ✓ **A**ctivity > **O**ccupation & **D**aily Activity: what is your work? What is your level of education? Do you do any activities or exercise?
- ✓ **P**leasure > **S**moking (number of cigarettes per day) & **A**lcohol: Do you smoke? Drink alcohol? Use any drug?
- ✓ **T**ravel: Did he travel to an endemic area? when?
- ✓ **E**conomic
- ✓ **R**esidency

+Sexual history

+Mood

Remember : A good history is the Biggest step towards correct diagnosis

6. Systems Review

General: Appetite, Weight change, Energy, Sleep, Mood, Fever.

CVS: Chest pain (on exertion), Breathlessness, (Rest/Exercise/Orthopnea), Palpitation, Pain in legs (on walking), Varicose veins, Ankle swelling.

Respiratory: Breathlessness, Cough, Wheeze, Sputum (Color + amount), Blood in sputum, Chest pain (due to inspiration or coughing).

CNS: Headaches, Dizziness, Faints, Fits, Altered sensation, Weakness, Visual disturbance, Hearing problems, Memory or concentration changes.

Musculoskeletal: Joint pain, Stiffness, swellings, Falls.

Endocrine: Heat or cold intolerance, Change in sweating, Excessive thirst.

Genito-Urinary: Loin pain, Pain passing urine, Nocturia, Frequency passing urine, Blood in the urine, Incontinence, Urethral discharge, Libido, Unprotected sex and sexual partners, Vaginal discharge, Vaginal bleeding

GIT: Mouth (oral ulcers, dental problems), Difficulty in swallowing, Pain in swallowing, Nausea/Vomiting, Vomiting blood, Indigestion, Heartburn, Abdominal pain, Flatulence, Change in bowel habits, Change in color of stool, PR bleeding, Piles, Jaundice

Others: Bleeding anywhere or Bruising, Skin rash

Concluding the interview:

Is there anything else you would like to talk about?

Remember : A good history is the Biggest step towards correct diagnosis

Clinical Examination Sequence

WIPE

General appearance

Vital signs

Hand & nails

Head & neck

Lymph nodes

Lower limbs

The back

❖ IMP. NOTES:

- Always examine the patient from the right side of the bed.
- Ask the patient if there is any tenderness before touching him/her.
- Don't start from the same side of the pain, it's better to start the other side then go to the side of pain; better for the patient's comfort.

1. WIPE

Before starting the examination do WIPE

- ✓ **W**ash your hands
- ✓ **I**ntroduce yourself
- ✓ **A**sk for **P**ermission \ensure **P**rivacy \ **P**osition the patient
- ✓ **E**xpose the patient as needed

2. General appearance

ABCD:

- ✓ **A**pppearance: young, old, and how sick the patient seems to be?
- ✓ **B**ody built: normal, thin, or obese.
- ✓ **C**onnections: nasogastric tube, oxygen Mask, IV line etc.. + **C**olor: jaundiced, pale, or cyanosed.
- ✓ **D**istress: in pain, respiratory (using accessory muscles), or neurological (abnormal movements)

3. Vital signs

- **Heart rate:** normal rate and rhythm
- **Blood pressure:** systolic < 140 + diastolic < 90
- **Respiratory rate:** 16-25 per min
- **Temperature**
- **O₂ saturation:** normal 90-100%, <70% is life threatening

4. Hands and nails

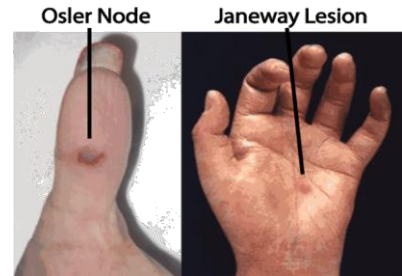
- It's better to shake the patient's hands at first, to check for neurological diseases or myopathies e.g. **dystrophia myotonica**, a rare muscle disease + patient may be unable to let go after hand shake.
- Take a **good look** at the patient's hands and nails, what to **look for**?



Muscle wasting



Pigmentations



Palmar xanthomata



Clubbing



splinter hemorrhage

also:

- ✓ Change in nails color
- ✓ Koilonychia (spoon-shaped nails)
- ✓ Leukonychia
- ✓ Dupuytren's contracture
- ✓ Flapping tremor
- And others...

5. Head & neck

-Hair distribution: hair lose?

-Abnormal facies: Jaundiced? Pale? Acromegaly? Cushing? Down syndrome?
Agitated? Cyanotic?

-Eyes:

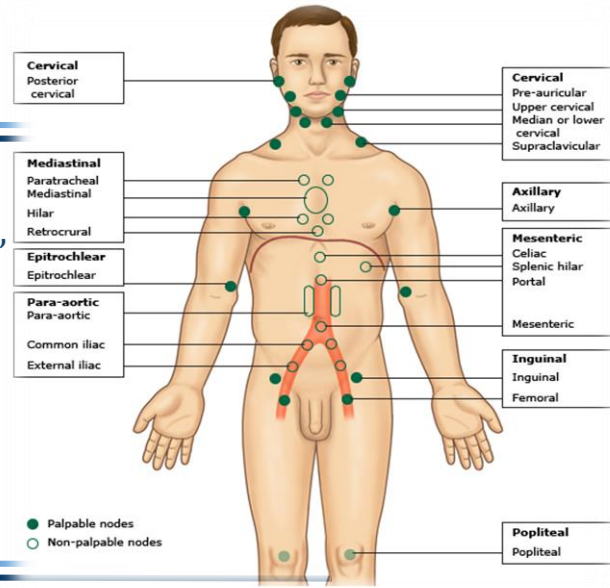
-mouth: oral ulcers. Hygiene and smell? Smoker?

-Neck:

- ✓ Appearance: e.g.Lymph nodes, thyroid, Salivary glands.
- ✓ Movement: Normal?
- ✓ Examine Lymph nodes
- ✓ Auscultate carotid artery: bruit?
- ✓ Thyroid examination

6. Lymph nodes

Inspect lymph node groups, what to look for?
Lymphedema, surgical scars from cancer excision, obvious masses.



7. Lower limbs

Expose the lower limb as much as possible
Appearance: look for changes, deformities? Edema? Muscle wasting?
Peripheral Pulses: popliteal, posterior tibial, and dorsalis pedis

8. The back

Deformities? Sacral edema?



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