

PEDIATRICS HISTORY

Introduce yourself , take permission
Patient profile Name: Age: Sex Historian : “Mother”
Chief complaint + duration + Previous similar episodes
HOPI: Analysis of the Chief Complaint
The history of this illness and related information Always ask about Fever, Activity + sleepiness, Appetite(oral intake), Wt change, hx of contact in infection (school,nursery).
Systemic Review : = General : -Wt change - fever - sweating -activity -sleeping -general condition = Eye :-redness -discharge -diplopia . = Ear :-discharge -pain = Mouth : -ulceration -bleeding from gum = Neck :-swelling -limitation in movement = Skin : - Rash -hyperpigmentation or hypopigmentation -hemangioma mongolian spot = Respiratory : -Nasal discharge - cough - wheezes - cynosis -rapid breathing - stridor = CVS : - cynosis -rapid breathing -excessive sweating during feeding = GI : -vomiting -diarrhea - abd pain -change of color of stool -abdominal distention -sticky stool - blood in stool -melena = CNS : - abnormal movement -headache -gait -vision -hearing -change of level of consciousness -neck stiffness -diplopia- photophobia = GUS : -dysuria -urgency -enuresis -loin pain - # of wet nappies - scrotal swelling -frequency change amount color = musculoskeletal : -joint swelling -joint pain -limitation in movement -joint stiffness = infectious : -fever -chills -rigor
Perinatal History : (Until 18 year old ask about it) Mother age Maternal fever or rash in 1 st trimester (TORCH) Maternal diabetes Drug taking during pregnancy Exposure to radiation Antenatal care (planned, regular visited, complications (DM,HTN), drugs, bleeding) History of prolonged rupture of membrane more than 18-24hours Duration of pregnancy in weeks (full term is equal or more than completed 37 weeks vs premature is less than completed 37 weeks) Mode of delivery (vaginal vs cesarian section) Cried after birth Birth weight Neonatal admission (if yes reason for admission, duration, treatment received) Neonatal Jaundice
<u>Nutritional History:</u> (Wt gain, urine output, stool, sleep, activity after wake up, feel of emptiness in mother) Breast feeding (frequency, duration) Bottle feeding (frequency ,amount, reason for bottle feeding) Weight gain

Weaning (time of adding solid food) 4-6 months
Table food (type, amount)

Developmental History

Gross motor
Fine motor
Language
Social
School performance

Vaccination History:

- Type of vaccination
- Age of vaccination (When was the last vaccine + Take them on time or not??)
- According to JNP or UNRWA (extra vaccines)
- Complications: (Rash, anaphylaxis, abnormal movement without fever)

Family History: (it is better to draw a family pedigree)

Father age,
Mother age,
Consanguinity,
of children, any similar conditions in the family,
Genetics disease,
Early deaths in family

Past medical and surgical: Hx Chronic diseases , Hx of blood transfusion . Any surgeries or trauma .

Drug & Allergy Hx: what he is taking , any recent change , adherence to medications

Social Hx:

- Address.
- House (Floor, well ventilated or not, # of rooms)
- occupation of parent
- Income & Insurance
- Hx of contact with animals
- Smoking in the house