

Pediatrics History Taking

1. Introduction:

Name:

Age:

Sex:

Residency:

Next of kin:

Blood Group:

Religion:

Date of admission:

Date of Examination:

2. Chief complaint:

What is the problem? And it's duration?

- Avoid medical terms.

3. History of present illness:

* Duration, onset

The symptoms should be in chronological order.

I.e. fever, abdominal pain, vomiting, diarrhea

Should be written as a story...

*The condition started as....

1. The detail of chief complaint.
2. Associated signs and symptoms.

History of Hospitalization:

3. Did the patient receive any medication? **OR** Were any sort of investigations done for the patient?
4. How is the patient now? Is he better or worse?

4. Review of systems:

General:

Fever, appetite, sleep, activity

GIT:

Nausea, vomiting, diarrhea, constipation, abdominal pain

CVS:

Cyanosis, chest pain, palpitation, orthopnea (dyspnea in lying position)

Respiratory:

Cough; dry or productive, rhinorrhea, dyspnea, wheezing

GUT:

Urine frequency, dysuria, urgency, hematuria, color of urine, urinary incontinence

CNS:

Headache, convulsions, seizures, epilepsy, altered mental state, loss of consciousness

Locomotor:

Limitation of movement:

Joint pain and swelling:

Fever, skin rash

5. Past History:

A) Past medical: any chronic illness, and previous infection with measles mumps and chicken pox?

B) Past surgical: any operations, accidents, blood transfusions, circumcision and complications if occurred?

C) Drug history: any used drugs, known allergy to any drugs?

- **Prenatal history:** Events during pregnancy

1. US, BP, Weight

2. Any medication taken during pregnancy? E.g. folic acid...etc

3. Febrile illness

4. Smoking

5. Admission to hospital for any reason

6. Bleeding

7. DM, HT, Anemia

8. Radiation exposure

- **Natal History:** Events around delivery

Apgar score

Gravida: Number of pregnancies

Para: Number of live births

Abortion: Number of deaths before 24 weeks

Delivery mode:

CS (if CS then indication should be asked) or Normal vaginal delivery (with or without episiotomy).

Presentation:

Cephalic or Breech

Place of birth:

Home or hospital? (Mid-wife, nurse, or obstetrician)

Duration:

Prolonged labor, normal, or premature

- **Post natal history:** Events after delivery up to 28 days.

Crying, jaundice, cyanosis, convulsions, admitted to neonatal care unit or not?

6. Nutritional history:

Any problems with breast feeding? (Baby: cleft lip and cleft palate) (Mother: inverted nipple)

Order of feeding? How often?

How does the mother feed her baby? On her lap or on the ground?

*** To know adequate breast feeding:**

1. Weight gain

2. Sleep after feeding (1 to 2 hours)

3. Urination and detection of (5-6) bowel motions

*Any supplementation with breast feeding such as vitamins

***Bottle feeding:**

Type of the formula

Way of preparation: (how many scoops for how many ounces of water)

Way of giving:

Way of sterilization:

*at first the water should be added and then the milk.

*at least the baby should have three bottles.

***weaning:**

Is the baby weaned?

What type of food is given?

Any food liked or disliked by the child?

Reason for bottle feeding?

7. Immunization History:

Completed schedule or not? Why?

Check for BCG mark.

Any allergy or reaction to the vaccination?

Special vaccine:

Travelling?

Pneumococcal vaccine for patients that underwent splenectomy.

8. Developmental History:

-Gross motor

-Fine motor

-Vision, hearing, speech and language...

-Social

(Good social, when the baby started walking? head control? can sit? stand with support? saying few simple words like; dada, mama?)

You should ask these questions according to the age of the child.

9. Family history:

Father's age, job, education:

Mother's age, job, education:

No. of siblings, age and sex:

Consanguinity:

Family history of chronic and hereditary diseases

Ask about similar condition in the family as well as general health of siblings and the parents.

10. Socioeconomic status:

Own house or rent?

Poor, moderate, good

Crowd index: No. of members/No. of rooms in the house, if <3 its normal, if >3 it's over crowd.

Source of water?

Sewage disposal

Domestic animals, pets, birds?!