

History taking and examination of **PEDIATRICS**

History

1-personal data:

Name:

Age:

Sex:

Residence:

Tribe:

Origin:

Informant:

Date of admission:

2-complain of (c/o)

.....

3-History of present illness (H.P.I)

4-systemic review:

C.P.S:

1-breathlessness (duration - at rest, at exertion, paroxysmal or orthopnea)

2-palpitation (*duration - at rest or at exertion, on & off)

3-chest pain: site * onset* duration * intensity* radiation * character * aggravating factors * relieving factors

4-fever: Onset (suddenly or gradually) - Frequency (continuous fever - intermittent fever - remittent fever) - Grade (high or low) - Time (at night or at morning) - Associated: sweating - rigors - skin rash - pruritis - convulsions

5-Cough: Type: mild or persistent (time of severity) * dry or productive * associated: vomiting * productive (sputum) cough: amount - color - smell-type (gelatinous - mucous - contains blood)

hemoptysis - * aggravating factors - relieving factors

6- Edema feet (onset- unilateral or bilateral - after waking or during day)

7- Syncope

8- Tachypnoea

9- Sounds (stridors - wheezes - hoarseness)

G.I.T

- 1- Appetite (increase, decrease or lost)
- 2- Nausea (cause)
- 3- Dysphagia
- 4- Heart burn (aggravating factors*relieving factors)
- 5- Abdominal pain: site * onset* duration * intensity* radiation * character *
aggravating factors * relieving factors
- 6- Vomiting: Frequency * amount * consistency * smell (offensive or e out smell)*color
(white - colorless - yellowish)* blood stained'' hematemesis'' * type (projectile or not) *
aggravating factors * relieving factors
- 7- Bowel habit, he past hard or loose* Constipation * flatulence (distention)
- 8- diarrhea: Duration * frequency*amount*color (colorless - black (melena) - white)
containing blood or mucous * smell (offensive or e out smell) *

GENITO URINARY SYSTEM

- 1- Loin pain
- 2- Burning in micturation
- 3- Urine (frequency? /? - Colour - smell - volume) - dysuria -hematuria * stream (good
or weak) - passage of gravel in urine

C.N.S:

- 1- Headache
- 2- Loss of consciousness (sudden or gradually)
- 3- Convulsions
- 4- Drowsiness
- 5- Weakness
- 6- Visual or hearing disturbance
- 7- Sphincter control
- 8- Loss of sensation
- 9- Numbness
- 10- Abnormal movement

Musculoskeletal system:

- 1- Muscle wasty
- 2- Muscle or joint swelling
- 3- Muscle or joint pain
- 4- Stiffness
- 5- Skin Rashes * itching

5-past history:

- 1-Similar condition
- 2- Hospitalization (what was the diagnoses)
- 3- Blood transfusion
- 3-infectious & non infectious diseases
(D.M - hypertension - asthma - chronic cough - epilepsy - bilharzias - jaundice)

6-Developmental history:

1-prenatal:

- A-antenatal care
- B-drugs (folic acid - iron)
- C-illness (D.M - HTN - skin rash - fever - infection - malaria)
- d- Radiation expulsion

2-perinatal:

- a- mode of delivery (NSVD - S/C - forceps) Where?
- b- Number of deliveries
- c- Pre term, term or post term
- D-crying (immediately or not)
- e- Breast feeding (immediately or not)
- f- Color of baby (blue, yellow, normal)
- g- Birth w.t

3- Natal:

- a- infection
- b- Nutritional disease

4- post natal:

- A-head support
- B-smiling
- C-sitting with support With out support
- D-standing with support with out support
- e- Walking
- f- Talking How many words?
- G-school class Intelligence

7- Vaccination history:

- A-fully, partially or not vaccinated
- b- Vaccinated up to date

8-nutritional history:

1- Breast feeding:

a- was it exclusive during the 1st 4 months

b- from both breasts or not? Duration in once time? How many times?

c- If the baby refused Cause?

2-supplementary feeding:

A-start at

B-Type (eggs, white meat, red meat, extra milk) - how many time? Amount?

3- Weaning:

* When.....? * Why.....? * How

9- Family tree:

Name:

Age:

Occupation:

Name:

Age:

occupation:

1- Similar condition

2- Chronic illness (D.M -hypertension - asthma - epilepsy)

3- Cause of death

10-social history:

1- Fathers occupation..... Mother occupation.....

2-Income level

3-education level

4-Home (own or rented) * services * animals

5- Child & parental habits (Alcoholic * smoking * snuffing)

11-drug history:

1- Chronic medication

2-sensitivity to penicillin or any drug Present medication

3- Now he or she is on

Examination

1-General ex:

(1) Look of patient:

- 1- Well or ill , irritable
- 2- Lying
- 3- jaundice, pale, cyanosis (eye - tongue - palm)
- 4- No dysmorphic features
- 5- Sputum container
- 6- Catheter
- 7- Cannula

(2) Vital signs :

- *BP
- *pulse: rate, volume, rhythm, character, synchronous, radial-femoral delay, peripheral pulses
- *R.R
- *temp.....

(3) Anthropometric measurements:

- Wt..... Height.....
- Head circumference:
- Chest circumference:
- Mid arm circumference:
- Loss of subcutaneous fat

(2) Head:

- 1-Scalp: anterior fontanel - swelling - deformity - hair loss -gray hair
- 2-face: Buffy face
- 3-eye: vit A deficiency
(bitto spots - xerosis - softening & dullness of cornea - corneal ulcer - blindness)
- 4-nose: size - deformity - septal deviation - obstruction - discharge-
active nasal alli
- 5-Ear: size - site - swelling - discharge
- 6-oral cavity:
 - 1- Anguloromatitis
 - 2- Tongue (smooth)

3- Teeth

(3) Neck:

Jvp:

Thyroid:

1-inspection:

Size * swelling * bilateral or unilateral * move with swallowing.

2-palpation:

Size * diffuse, nodule (single or multiple) * consistency * tenderness * temperature

L.N:

submental * submandibular * pre and postauricular * occipital * supra clavicular anterior and posterior triangle of sternomastoid * axillary * epitrochlear * groin

(4) Hand:

1-Shape: normal * tetany (carpal spasm)

2-Size: normal or not

3-Nails: koilonychias (spoon shaped nail) * clubbing (grade) * splinter hemorrhage * leukonichias

4-Palm: palmer erythema * sweating * dupuytren's contracture

2-C.V.S ex:

In short case start with BP & pulse

(1) Inspection:

- 1- Chest deformity
- 2- Bulging
- 3- Visible Pulsations
- 4- Dilated veins
- 5- Operation scars
- 6- Cuttery markets

(2) Palpation:

1-Apex beat:

Site:

Character:

Normal

Tapping (forceful but finger is not displaced)

Heaving (palpating finger is lifted)

2-Left parasternal heave:

+ve (if the hand movement with each cardiac contraction)

3-Palpable heart sounds

(if the 1st & 2nd heart sound become loud → palpable)

Tapping apex beat (1st heart sound palpable at apex)

P2: 2nd heart sound palpable at the pulmonary are (pulmonary shock)

A2: 2nd heart sound palpable at the aortic area

4-Thrill (palpable murmur)

(3) Percussion:

Not important

(4) Auscultation:

1-is it soft, loud or absent?

S1: 1st heart sound (systolic) (concentrate on S1 at apex & tricuspid area)

S2: 2nd heart sound (diastolic) (concentrate on S2 at Aortic & pulmonary area)

P2: 2nd heart sound at pulmonary area

A2: 2nd heart sound at aortic area

2-Murmur:

Systolic murmur:

1-pansystolic murmur: start with s1 & goes up to s2

2-ejection systolic murmur: start with s1 & end before s2

Diastolic murmurs:

Mid diastolic murmur: it is audible in the middle of diastole

Early diastolic murmur: after s2

Grades - maximum intensity - radiation

3- Added sound:

S3 - s4

Gallop rhythm

Pericardium rube

3- R.S ex:

(1) Inspection:

1- R.rat

2- Type of respiration

3- Chest movements

4- Shape of the chest (deformity)

5- Any pulsation

6- Dilated veins

7- Scar

8- Cuttery marks

(2) Palpation:

- 1-position of trachea (slight shift to right is normal) & apex beat
- 2- Chest expansion
- 3- Movement of the chest wall (anterior +posterior)
- 4- Tenderness (anterior +posterior)
- 5- Vocal fremitus (Arba3a WA arba3een) (anterior +posterior)
- 6-palpable added sound (anterior +posterior)

(3) Percussion:

Anterior:

- 1-supraclavicular & clavicles
- 2- 2nd to 6th intercostals space
- 3- 4th to 7th intercostals space on lateral side

Posterior:

- 1-apices
- 2- above the spine of scapula
- 3- below the spine of scapula down to 11th rib

(4) Auscultation:

All chests

1-character of breathing

Vesicular - bronchial - bronchovesicular - vesicular with prolonged expiration

2-Added sound:

Ronchi * stridor * crepitation * pleural rub

Air entry (diminished or absent)

Whispering pectoriloquy

3-Vocal resonance:

Arba3a WA arba3een

(Anterior +posterior)

4- Abdominal ex:

(1) Inspection:

- 1- Shape of abdomen
- 2- Moves with respiration
- 3- Umbilicus
- 4- Pulsation
- 5- Dilated veins
- 6- Scars
- 7- Hernial orifices

(2) Palpation:

A-superficial:

Tenderness * temperature * masses * rigidity

B- deep:

Spleen * liver * kidney

If a mass is palpable:

- 1- Site
- 2- Size
- 3- Shape
- 4- Consistency (soft, firm, hard)
- 5- Surface (smooth, irregular, modular)
- 6- Tenderness
- 7- Movement with respiration
- 8- Masses mobility
- 9- Liver span
- 10- Bimanually palpable (kidney)

(Spleen):

Mass in the left hypocondereum, moves with respiration, can not above it, not bi manual palpation, there is notch, obliquely to right iliac fossa, most likely spleen

(3) Percussion:

Liver: start from right 2nd intercostals space

Spleen: start from the left costal margin

Ascites (shifting dullness - fluid thrill)

(4) Auscultation:

- 1- Bowel sounds
- 2- Added sounds:
Veins hum - aortic bruit - hepatic bruit

5-C.N.S ex:

- 1- Higher function examination
 - *signs of meningeal irritation (if pt has symptoms)
- 2- Cranial nerves examination
- 3- Upper limbs examination
- 4- Lower limbs examination

1- Higher function ex:

1- consciousness:

Fully - semi or unconsciousness

It assists by GCS (glasgow coma scale) which depend on:

Motor + speech response + eye movement

Minimum = 3, maximum = 15

2 -speech:

Focus on speech disorder:

a - dysphasia >>>>> sensory (broka area)

Pt can not understand us so he can not replay

>>>>> Motor (weniki area)

Pt understands us but he can not replay

b - Dysarthria: difficulty in articulation of speech

c - Scanning speech: pt speaks slowly & separate word (cerebellar dysfunction)

d- Aphasia: inability to speak

e- Aphonia: inability to make any sound

3 - Orientation: for time, person and place

4 -memory: recent & remote

5 - Intelligence: 5+5, 7-2, etc ...

6 - Behavior: normal, manic or depressed

* if the pt has symptoms of meningitis look to signs of meningeal irritation :

1- neck stiffness: (1) simple guarding (2) hyperextension of the neck

2- back stiffness : inability to flex the back

3- kernig"s sign : inability to extend knee when the thigh is flexed to hip

4- brudzinski sign :

(1) neck to leg :

المريض جالس والرجلين ممدوتين (==) ثني للرجلين من الركبة وفي نفس الوقت ثني الرقبة

(2) leg to leg :

المريض جالس والرجلين ممدودتين (==) ثني رجل من الركبة يرافقها ثني الأخرى بنفس الطريقة حتى تصل الفخذة وتلاصق البطن

2- Cranial nerves ex:

1st: olfactory nerve (sensory)

Ex >>> famous foam

2nd: optic nerve (sensory)

Ex>>>

- 1- Visual acuity: count finger
- 2- Visual field
- 3- Funduscopy
- 4- Light reflex (pupil reflex), normal >>> constricted at light
- 5- color: red, blue, green

3rd: oculomotor (motor)

4th: trochlear (motor)

6th: abducent (motor)

Sup rectus:	raises & medially rotates of cornea	(3 rd)
INF rectus:	depressed & medially rotates of cornea	(3 rd)
Lat rectus:	moves corneal laterally	(6 th)
M rectus:	moves corneal medially	(3 rd)
Sup oblique:	moves corneal medially & downwards	(4 th)
INF oblique:	moves corneal medially & upwards	(3 rd)

Divergent squint: due to 3rd nerve defect

Convergent squint: due to 6th nerve defect

Any lesion in 3rd must affect in 4th

Ex: vertical, oblique, horizontal moving while the pt concentrate & follow the finger

5th: trigeminal (sensory + motor)

Ophthalmic, maxillary, mandibular

Sensory part: carries touch, pain & temperature sensation from face, anterior part of head & inside mouth

Ex: cotton or paper, pin

Motor part: for mastication muscles:

Masseter temporalis ex: put hands on pt cheeks & ask him to clench teeth

Pterygoids ex: ask pt open jaw against resistance
ask pt to move jaw laterally against resistance

Reflexes:

- 1- Corneal reflex: by cotton or paper

2- Eliciting jaw jerk: ask pt to open mouth & hang it then put your thumb over the chin & strike it with hammer

7th: facial nerve: (sensory + motor)

Sensory: ant 2/3 of tongue

Motor: facial expression

Ex:

1- Ask pt to wrinkle the forehead, there will be no wrinkling on affected side

2- Ask pt to close the eyes, affected side will remain opened then tell pt to close eyes strongly & u try to open upper eyelids

3- Ask pt to inflate cheeks & tap on both sides with finger

4- Ask pt to show teeth, the angle of mouth will be deviated to healthy side

8th: vestibulocochlear (sensory)

Balance ex: inject cold water then warm water in the ear to see nystagmus (eye movement)

Vibration ex: rinne's test, Weber's test

9th: glossopharyngeal (sensory)

Ex: gag reflex

10th: vagus nerve (motor)

Ex: by speech to examine vocal cords

11th: accessory nerve (motor)

Ex:

1- Ask pt to push by his head downwards against resistance (sternomastoid) (Left & right ex)

2- Ask pt to shrug the shoulder against resistance (trapezius)

12th: hypoglossal nerve (motor)

Ex:

1- Ask pt to open the mouth & inspect the tongue lies on floor of mouth (problem is in the opposite site of tongue lying)

2- ask pt to protrude the tongue, it will deviate to paralyzed side

3- Ask pt to push his tongue against cheek while u resist with finger from outside

3- Upper limbs ex:

1-inspection:

1-position:

- *in anatomical position or not
- *supinated or pronated
- *flexion in special joint if found (elbow, wrist)

2- wasty by compare with normal side

3- Fasciculation:

- * Spontaneous
- * induced

4- Scars

5- Deformities

6- Tremors

2- Tone:

Hypotonia, hypertonia, rigidity
(By compare to other normal side)

1- Shoulder joint:

- * Adduction
- * Abduction
- * Rotation

2- Elbow joint

- * Flexion
- * Extension

3- Wrist joint

- * palm flexion
- * Dorso flexion
- * Rotation

Rigidity is 4 types:

- 1- Clasp knife
- 2- Cog wheel
- 3- Lead pipe
- 4- Hysterical

3- power:

5: against gravity against moderate resistance

4: against gravity against mild resistance

3: against gravity just

2: movement not against gravity

1: small movement of fingers

0: no movement

(Begin with grade 3)

4- reflexes: (by hammer)

- 1- Biceps
- 2- Triceps
- 3- Brachioradialis

5- sensation:

- 1- Fine sensation (dermatomes) by cotton or pin prick
- 2- Crude sensation:
 - a- vibration sensationBy tonic force (base it on any prominent bony in limb)
 - b- Joint position sensation

6- coordination:

- 1- Dys diado cho kinesis
 - 2- Finger nose finger test
- If the pt. blind >>> finger to nose test

If the power 3 or less coordination can not be done

7- Abdominal reflexes:

Usually outside to inside

4- Lower limbs ex:

1-inspection:

1-position:

*in anatomical position or not

*flexion in special joint if found (knee, ankle)

2- wasty by compare with normal side

3- Fasciculation:

* Spontaneous

* induced

4- Scars

5- Deformities

2- tone: like UL ex:

1- Hip joint:

* Adduction

* Abduction

* Rotation

2- Knee joint

* Flexion

* Extension

3- Ankle joint

* Dorso flexion

* Dorso extension

* Dorso rotation

3- power: Like UL ex

4- reflexes:

1- Knee jerk reflex

2- Ankle tendo reflex

3 - Planter reflex

5- sensation: like UL ex

6- coordination:

Heel knee test

7- Clonus: (must be done in hyperreflexia)

1- Ankle clonus

2- Patellar clonus

8- gait: power 3 & less + none sense >>> make gait ex:

- 1- Rounded step
- 2- Festinant gait (Parkinsonism)
- 3- Gorilla gait (Parkinsonism)
- 4- Drunken gait (in cerebral ataxia)

إذا طلب فحص طفل مصاب بـ malnutrition (Short case)

Malnutrition ex:

1- Look of pt: conscious or not - well or ill - irritable - apathic - excessively cry - pale - jaundiced - cyanosed -wasting - NGT or canula

(2) Vital signs:

*BP

*pulse: rate, volume, rhythm, character, synchronous, radial-femoral delay, peripheral pulses

*R.R

*temp.....

3- Anthropometric measurements:

Wt..... Height.....H.C..... C.C..... M.A.C.....

Subcutaneous fat:

4- Head & hear changes: anterior fontale & posterior fontale (open, depressed, and plugging), sutare

Hear: sparse - atrophic - dyspigmentation - easily pick able - loss of curl
Old man face - doll like cheeks

5- eyes: sunking - bitot spots - xerosis - softening & dullness of cornea - ulceration - blindness

- 
- 6- **ear:** discharge (otitis media)
7- **nose:** nasal discharge
8- **Oral cavity:** dryness, angular stomatitis, smooths tongue, oral thrush, teething - tonsillitis - chillitis
9- **neck:** L.N
10- **chest:** inter costal depression,
11- **Abdomen:** umbilicus - skin punch - organic enlargement- ascites
12- **skin:** hyperpigmentation or hypopigmentation - loss of skin elasticity - wrinkled - hanging
13- **Muscle wasting**
14- **Edema**

إذا طلب فحص طفل newborn نتبع التالي 😊
(SHORT CASE)

1- **Look of pt:** well or ill - irritable - excessively cry -uterine position - dysmorphic feature -anterior & posterior fontale - sagital suture - cleft palate -umbilicus - hip joint dislocation(Ortonalis test)- testes - anus - pale - jaundiced - cyanosed -wasting

(2) Vital signs:

*BP

*pulse: rate, volume, rhythm, character, synchronous, radial-femoral delay, peripheral pulses

*R.R

*temp.....

2- Anthropometric measurements:

Wt..... Height.....H.C..... C.C..... M.A.C.....

Subcutaneous fat:

4-primitive reflexes:

1-moro reflex:

نخفض رأس الطفل للأسفل بضعة سنتيمترات بشكل مفاجئ (على يد الطبيب) سنلاحظ-->

Abduction & extension of upper limbs then→

Flexion & adduction of upper limbs with flexion of lower limbs

2- Placing reflex:

نرفع الطفل عموديا ونضع طرف قدمه على الطاولة (==) سيقوم الطفل برفعها ووضعها على الطاولة

3- Stepping reflex:

نرفع الطفل عموديا فوق الطاولة (==) بمجرد ما تلمس قدمه سطح الطاولة سيرفعها لأعلى ثم ينزلها مرة أخرى

In 1st 4 or 8 weeks is normal

4- Rooting reflex:

ننقر على خد الطفل أو شفاهه (==) سيقوم الطفل بتحريك وجهه إتجاه النقر

Tell 3 or 4 months

Absent → neurological disorder

5- Suckling reflex:

وضع الإصبع أو رضاعة في فم الطفل (==) سيقوم بالمص بقوة (ممكن حدوث ذلك أثناء النوم)

Absent → neurological abnormality

6- Palmer grasp reflex:

نضع إصبع بين يدي الطفل (==) سيقوم بالقبض عليها

Absent → paralysis or cerebral disorder

7- Tonic neck reflex:

ندير رأس الطفل بسرعة إلى جهة ما (==) سيحدث extension للرجل واليد في إتجاه إدارة الرأس

سيحدث flexion اليد والرجل في الإتجاه الأخر-----

المفروض والطبيعي حدوث ذلك لكن ليس في نفس اللحظة التي ادركنا بها الرأس بل بعدها بقليل

8-eye movements:

ندير الرأس (==) ستتجه العيون للجهة الأخرى

9- glabellar reflex :

ننقر على نهاية الأنف بين العينين (==) العيون هتسكر وتفتح

10-ventral suspension:

نضع الطفل على بطنه (=== flexion للأطراف والعمود الفقري
Extension للرقبة

11- Traction reflex:

نجلس الطفل ونشدّه برفق من يديه لإجلاسّه (=== سيقوم الطفل بثني الكوع أثناء ذلك

Review & printer:

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