# Pediatric history and physical examination

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#### Different attitudes of visits

- Sick visit: acute disease
- Routine, preventive care

• In case of acute, emergency disease: start with history of present symptoms!

Good history taking adapts itself to the actual situation

#### Privacy, confidence

 Hospital is committed to respecting and protecting the rights of patients and families. The privacy of the child's health information is very important and it is important to make every effort to ensure that it is kept confidential.

### History

- Personal data
- Presentation symptom Main complain
- History of present disease
- Therapies , medicines
- Allergic diseases
- Vaccination history

- Neonatal history
- Pregnancy history of mother
- Family history
- Previous diseases / surgical operations
- Developmental history
- Social/ environmental history

#### Personal data

- Name\_\_\_\_
- Birth date\_\_\_\_\_
- Address
- Mother's name
- Father's name
- Child's pediatrician

Presentation symptom Main complain

- Presentation symtoms: cause of referral at doctor's office (vomiting, cough, seizure,etc.) It is not a diagnosis!
- Initial complain
- Duration
- Progress
- Referral to doctor/ hospital
- Doctor's action
- Medication, effect of medication

### History of present disease

- General condition of patient before this illness
- Trauma, accident just before ?
- Vaccination? Immunization status? Note: check in the "health- booklet" of the child!
- Fever?
- Medicines, previous administration?
- Contacts with ill individuals?
- Travels?

### Medications

- Any chronic disease which needs to be treated continuously?
- Dosage?
- Previous side effects?
- Allergy?
- Compliance?

## Allergy history

- Food allergy?
- Drug allergy?
- Inhalant allergy?
- Other?

### **Neonatal history**

- Authentic source of information: medical report of hospital where the child was born
- Full term pregnancy?
- Premature birth at \_\_\_\_\_\_ weeks
- Where was the child born?
- Type of delivery
- Birth weigth
- Birth length
- Head circumference
- Chest circumference
- Apgar score

#### **APGAR** scoring chart

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SIGN	0	1	2	1 min	5 min
Heart Rate	Absent	Less Than 100	Over 100	2	2
Respiratory Effort	Absent	Slow, Irregular	Good Cry	1	مد
Muscle Tone	Limp	Some Flexion	Active Motion	1	2
Reflex Irritability	No Response	Grimace	Cry	1	2
Color	Pale	Body Pink, Extr. Blue	All Pink	1	2
-	6	10			

#### **Neonatal history**

- Neonatal jaundice?
- Any congenital malformation?
- Any complication after delivery?
- Neonatal screening for inborn errors of metabolism – done in the hospital?

### Pregnancy history with this child

- Did the mother take hormones during pregnancy?
- Did the mother take any drugs during pregnancy?
- Did the mother smoke during pregnancy?
- Did the mother drink any alcoholic beverages during pregnancy?
- Has the child's mother had any miscarriages, still births, or abortions?

### Past illnesses

- Infectious diseases
- Asthma
- Congenital heart disease
- Respiratory tract infections
- Urinary infections
- Neurologic disorders
- Others

### Child's development

- List age of child when the following milestones were reached:
- Sat alone at \_\_\_\_\_months
- Walked at \_\_\_\_\_months
- Words at \_\_\_\_\_months
- Sentences at \_\_\_\_\_months

### Child's development

- Breast fed
- Bottle fed
- Details of feeding
- Feeding problems
- Weigth, height gain

#### Child's development

- First teeth at \_\_\_\_\_months
- Bladder trained at \_\_\_\_\_months
- Bowel trained at \_\_\_\_\_months
- Does the child have any handicap?
- Is there a bed-wetting problem?

### School performance

- Scholastic performance: academic, behavior
- Has child ever been in a special education class?
- Has the child had a learning problem?
- If yes, what type of learning problem?

#### Hospitalisations and operations

- Appendectomy
- Tonsils and adenoids
- Ear tubes
- Others

### Family history

- History has to include first degree relatives
- Similar disease(s)?
- Related disease(s)?
- Infant death/ miscarriages?
- Congenital malformations?
- Genetic diseases?
- Any sisters, brothers?

### Social/ environmental history

- Marital status of parents: Married /single
- Has there been a separation, divorce or death?
- What has been the attitude of the child to this situation?
- Type of house/ appartement
- Any pet animal?
- With whom does the patient live? (List all household members and their relationship to patient.)

### **Physical examination**

- Initial: hand washing, introduction
- Vitals, anthropometric measurements, plotted on the chart
- Examine the child on a position that suits the child
- Infant: remove all clothing
- Adolescents: due respect to privacy and sensitivities

#### RESPIRATION

#### **Normal Variations**

30 to 60 respirations per min Average - 40 respirations per min

#### **HEART RATE (APICAL)**

#### **Normal Variations**

100 to 160 beats per min 100 while sleeping 160 while crying

#### TEMPERATURE

Rectal

90.0° F to 99.5° F (35.6° C to 37.5° C)

#### Axillary

97.6° F to 98.6° F (36.5° C to 37.0° C)

#### BLOOD PRESSURE (AT BIRTH)

#### Average

75/42

#### Systolis

60 to 80 mm Hg

#### Diastolic

40 to 50 mm Hg

#### Newborn

- Apgar score
- Insertion of tube thru nose immediate diagnosis: esophageal atresia
- Note: life- threatening to feed the newborn with esophageal atresia!
- Dubowitz scoring
- "Physiologic" weigth loss: maximum 10% of birth- weigth

#### Newborn

- Observe: breathing, body proportions, movements
- Head: sutures, anterior fontanel, major and minor abnormalities of skull and face
- Microcephaly+ smooth philtrum: important sign of fetal alcohol syndrome
- Anterior (great) fontanel closes till the age of 18 months
- Eyes (red reflex, strabismus)
- Ears, nose
- Skin (turgor, color, dermatologic signs)
- Gluteal erythema, mostly caused by *Candida albicans*
- Lymph nodes
- Musculo-sceletal system, joints (hips: dyslocation?)

#### Newborn

- Heart (pulse rate: 90- 175/ min)
- Lungs (breath rate: 40- 60/min)
- Abdomen (liver is palpable)
- Genital organs (boys: undescended testes)
- Anus and rectum
- Neurology (reflexes:Moro, step,etc.)
- Step reflex is physiologic up to the age of 4 months
- Mouth (tongue, throat, bucca)

#### Pediatric Vital Signs – Normal Ranges

	Infant	Toddler	School-Age	Adolescen		
•	Heart Rate					
	80-150	70-110	60-110	60-100		
•	Respiratory Rate					
	24-38	22-30	14-22	12-22		
•	Systolic blood pressure					
	<b>65-100</b>	90-105	90-120	110-125		
•	Diastolic blood pressure					
	45 - 65	55-70	60-75	65-85		