

PEDIATRIC HISTORY & PHYSICAL EXAM

Outline of the Pediatric History:

Patient profile: name, age, sex, address, referral source, date of admission, the source of the information (e.g. mother, grandma, father... etc.)

I. Chief Complaint

A. Brief statement of primary problem (including duration) that caused family to seek medical attention

II. History of Present Illness

Mention if the patient was doing well prior current illness and if he/she is a known case of chronic disease as well. Concise chronological account of the illness, including any previous treatment with full description of symptoms (pertinent positives) and pertinent negatives. It belongs here if it is related to the differential diagnosis for the chief complaint.

III. Review of Systems: (usually very abbreviated for infants and younger children)

A. HEENT - headaches, concussions, unusual head shape, strabismus, conjunctivitis, visual problems, hearing, ear infections, draining ears, cold and sore throats, tonsillitis, mouth breathing, snoring, apnea, oral thrush, epistaxis, caries

B. Cardiac - cyanosis and dyspnea, heart murmurs, exercise tolerance, squatting, chest pain, palpitations

C. Respiratory - pneumonia, bronchiolitis, wheezing, chronic cough, sputum, hemoptysis, TB

D. GI - stool color and character, diarrhea, constipation, vomiting, hematemesis, jaundice, abdominal pain, colic, appetite

E. GU - frequency, dysuria, hematuria, discharge, abdominal pains, quality of urinary stream, polyuria, previous infections, facial edema

F. Musculoskeletal - joint pains or swelling, fevers, scoliosis, myalgia or weakness, injuries, gait changes

G. Skin and Lymph - rashes, adenopathy, lumps, bruising and bleeding, pigmentation changes

IV. Past Medical and surgical History

A. Major medical illnesses

- B. Major surgical illnesses-list operations and dates
- C. Trauma-fractures, lacerations
- D. Previous hospital admissions with dates and diagnoses
- E. Chronic medications
- F. Known allergies (not just drugs)

V. Pregnancy and Birth History

- A. Maternal health during pregnancy: bleeding, trauma, hypertension, fevers, infectious illnesses, medications, drugs, alcohol, smoking, rupture of membranes
- B. Gestational age at delivery
- C. Labor and delivery - length of labor, fetal distress, type of delivery (vaginal, cesarean section), use of forceps, anesthesia, breech delivery
- D. Neonatal period - Apgar scores, breathing problems, use of oxygen, need for intensive care, hyperbilirubinemia, birth injuries, feeding problems, length of stay, birth weight

VI. Developmental History

- A. Ages at which milestones were achieved and current developmental abilities, smiling, rolling, sitting alone, crawling, walking, running, 1st word, toilet training, riding tricycle, etc (see developmental charts)
- B. School-present grade, specific problems, interaction with peers

VII. Feeding History

- A. Breast or bottle fed, types of formula, frequency and amount, reasons for any changes in formula
- B. Solids - when introduced, problems created by specific types

VIII. Vaccination history

- Which vaccination schedule
- Any missed vaccine
- Last vaccine
- Complications
- Any extra-vaccines

VIII. Family History

- A. Illnesses - cardiac disease, hypertension, stroke, diabetes, cancer, abnormal bleeding, allergy and asthma, epilepsy, congenital anomalies, chromosomal problems, growth problems,
- B. consanguinity of parents. Health conditions of the siblings

IX. Social

- A. Living situation and conditions - daycare, safety issues
- B. Composition of family
- C. Occupation of parents
- D. medical insurance

-PHYSICAL EXAMINATION

I. General Look

Well or ill (toxic) looking, level of consciousness, alert, oriented, In pain, cyanosed, distressed, jaundiced, Nutritional status, cooperation, hydration, etc.

Striking dysmorphic features, Position of the patient.

Mention any attached or nearby medical devices

II. Vital signs

**Normals differ from adults, and vary according to age

1. Temperature
2. Heart rate (Auscultate or palpate apical pulse or palpate femoral pulse in infant. Palpate antecubital or radial pulse in older child)
3. Blood pressure (Appropriate size cuff - 2/3 width of upper arm)
- E. respiratory rate (Observe for a minute. Infants normally have periodic breathing so that observing for only 15 seconds will result in a skewed number)
- F. O₂ saturation

III. Growth parameters - **must** plot on appropriate growth curve

1. Weight
2. Height/length
3. OFC: Across frontal-occipital prominence so greatest diameter
(Occipital Frontal Circumference)

IV. Head

- A. Size and shape
- B. Fontanelle(s)
 1. Size
 2. Tension - calm and in the sitting up position
- C. Sutures - overriding
- D. Scalp and hair

V. Eyes

- A. General
 1. Strabismus
 2. Slant of palpebral fissures
 3. Hypertelorism or telecanthus
- B. EOM
- C. Pupils
- D. Conjunctiva, sclera, cornea
- E. Plugging of nasolacrimal ducts
- F. Red reflex
- G. Visual fields - gross exam

VI. Ears

- A. Position of ears
 1. Observe from front and draw line from inner canthi to occiput
- B. Tympanic membranes

C. Hearing - Gross assessment only usually

V. Nose

A. Nasal septum

B. Mucosa (color, polyps)

C. Sinus tenderness

D. Discharge

VI. Mouth and Throat

A. Lips (colors, fissures)

B. Buccal mucosa (color, vesicles, moist or dry)

C. Tongue (color, papillae, position, tremors)

D. Teeth and gums (number, condition)

E. Palate (intact, arch)

F. Tonsils (size, color, exudates)

G. Posterior pharyngeal wall (color, lymph hyperplasia, bulging)

H. Gag reflex

V. Neck

A. Thyroid

B. Trachea position

C. Masses (cysts, nodes)

D. Presence or absence of nuchal rigidity

VI. Lungs/Thorax

A. Inspection

1. Pattern of breathing

a. Abdominal breathing is normal in infants

b. Period breathing is normal in infants (pause < 15 seconds)

2. Respiratory rate

3. Use of accessory muscles: retraction location, degree/flaring

4. Chest wall configuration

B. Auscultation

1. Equality of breath sounds
2. Rales, wheezes, rhochi
3. Upper airway noise
- C. Percussion and palpation often not possible and rarely helpful

VII. Cardiovascular

A. Auscultation

1. Rhythm
2. Murmurs
3. Quality of heart sounds

B. Pulses

1. Quality in upper and lower extremities

VIII. Abdomen

A. Inspection

1. Shape

- a. Infants usually have protuberant abdomens
- b. Becomes more scaphoid as child matures

2. Umbilicus (infection, hernias)

3. Muscular integrity (diasthesis recti)

B. Auscultation

C. Palpation

1. Tenderness - avoid tender area until end of exam

2. Liver, spleen, kidneys

- a. May be palpable in normal newborn

3. Rebound, guarding

- a. Have child blow up belly to touch your hand

IX. Musculoskeletal

A. Back

1. Sacral dimple
2. Kyphosis, lordosis or scoliosis

B. Joints (motion, stability, swelling, tenderness)

C. Muscles

D. Extremities

1. Deformity

2. Symmetry

3. Edema

4. Clubbing

E. Gait

1. In-toeing, out-toeing

2. Bow legs, knock knee

a. "Physiologic" bowing is frequently seen under 2 years of age
and will spontaneously resolve

3. Limp

F. Hips

1. Ortolani's and Barlow's signs

X. Neurologic - most accomplished through observation alone

A. Cranial nerves

B. Sensation

C. Cerebellum

D. Muscle tone and strength

E. Reflexes

1. DTR

2. Superficial (abdominal and cremasteric)

3. Neonatal primitive

XI. GU

A. External genitalia

B. Hernias and Hydrocoeles

1. Almost all hernias are indirect

2. Can gently palpate; do not poke finger into the inguinal canal

C. Cryptorchidism

1. Distinguish from hyper-retractile testis
 2. Most will spontaneously descend by several months of life
- D. Tanner staging in adolescents - See Tanner Staging handouts
- E. Rectal and pelvic exam not done routinely - special indications may exist

TABLE B.1 Developmental Milestones

AGE	GROSS MOTOR	FINE MOTOR-ADAPTIVE	PERSONAL-SOCIAL	LANGUAGE	OTHER COGNITIVE
2 wk	Moves head side to side	—	Regards face	Alerts to bell	—
2 mo	Lifts shoulder while prone	Tracks past midline	Smiles responsively	Cooing Searches for sound with eyes	—
4 mo	Lifts up on hands Rolls front to back If pulled to sit from supine, no head lag	Reaches for object Raking grasp	Looks at hand Begins to work toward toy	Laughs and squeals	—
6 mo	Sits alone	Transfers object hand to hand	Feeds self Holds bottle	Babbles	—
9 mo	Pulls to stand Gets into sitting position	Starting to pincer grasp Brings two blocks together	Waves bye-bye Plays pat-a-cake	Says <i>Dada</i> and <i>Mama</i> , but nonspecific Two-syllable sounds	—
12 mo	Walks Stoops and stands	Puts block in cup	Drinks from a cup Imitates others	Says <i>Mama</i> and <i>Dada</i> , specific Says one to two other words	—
15 mo	Walks backward	Scribbles Stacks two blocks	Uses spoon and fork Helps in housework	Says three to six words Follows commands	—
18 mo	Runs	Stacks four blocks Kicks a ball	Removes garment "Feeds" doll	Says at least six words	—
2 yr	Walks up and down stairs Throws overhand	Stacks six blocks Copies line	Washes and dries hands Brushes teeth Puts on clothes	Puts two words together Points to pictures Knows body parts	Understands concept of today
3 yr	Walks steps alternating feet Broad jump	Stacks eight blocks Wiggles thumb	Uses spoon well, spilling little Puts on T-shirt	Names pictures Speech understandable to stranger 75% Says three-word sentences	Understands concepts of tomorrow and yesterday
4 yr	Balances well on each foot Hops on one foot	Copies O, maybe + Draws person with three parts	Brushes teeth without help Dresses without help	Names colors Understands adjectives	—
5 yr	Slips Heel-to-toe walks	Copies □	—	Counts Understands opposites	—
6 yr	Balances on each foot 6 sec	Copies Δ Draws person with six parts	—	Defines words	Begins to understand right and left

Mo, Month; sec, second; wk, week; yr, year.

برنامج التطعيم للأطفال/الأردن

العمر / المطعم	أقرب وقت بعد الولادة (أقل ٤٤ يوم)	شهرين (٦٦ يوم)	٣ أشهر (٩١ يوم)	٤ أشهر (١٢١ يوم)	٩ أشهر (٢٧١ يوم)	١٢ شهر (١ سنة)	١٨ شهر (١.٥ سنة)
التدرن - BCG	جرعة I						
السداسي - Hexa	جرعة I	جرعة II	جرعة III				
الروتافيروس - Rota	جرعة I	جرعة II	جرعة III				
شلل الأطفال الفموي - OPV		جرعة I	جرعة II	جرعة III		جرعة مدعمة	
الحصبة - Measles		جرعة I					
فيتامين أ - Vitamin A		جرعة I					جرعة II
الثلاثي البكتيري - DPT							جرعة مدعمة
الثلاثي الفيروسي - MMR							جرعة I جرعة II

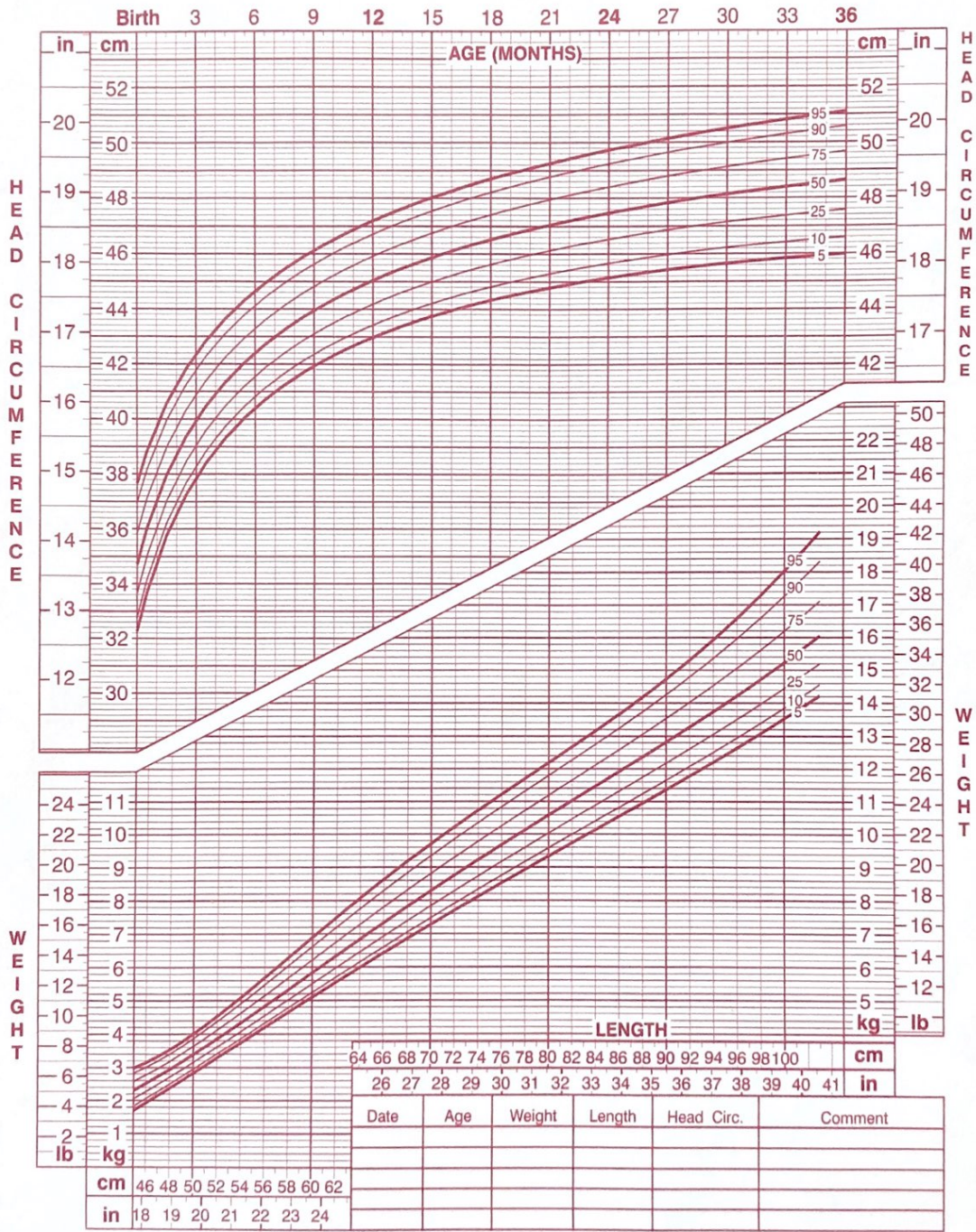
تعليمات هامة: (عزيزتي الأم)

- المطاعيم ضمن البرنامج الوطني للتطعيم تعطى مجاناً بغض النظر عن الجنسية.
 - ضرورة الالتزام بالمواعيد المحددة وكذلك عدد الجرعات المقررة.
 - بعض الأطفال يمكن أن يصابوا بأعراض جانبية خفيفة مثل الألم الموضعي أو الحمى البسيطة لساعات قليلة بينما الإصابة بالمرض نفسه خطيرة جداً وتسبب إعاقة مدى الحياة.
 - عند حدوث أية أعراض خفيفة في أول يوم بعد التطعيم مثل الارتفاع الخفيف في درجة الحرارة واحمرار وألم بسيط مكان إعطاء الإبرة، يمكن إعطاء خافض الحرارة ووضع الكمادات الدافئة على موضع الألم.
 - راجعى المركز الصحي عند حدوث أي من الأعراض الجانبية غير الخفيفة.
 - بمناقشة التطعيم (كثرت التطعيم) وثيقة رسمية مهمة فإمتدخلي بصحاح للطفل متى الحياة.
- (الرجاء الالتزام بمواعيد الجرعات حفاظاً على صحة وسلامة الطفل)

Birth to 36 months: Girls
Head circumference-for-age and
Weight-for-length percentiles

NAME _____

RECORD # _____



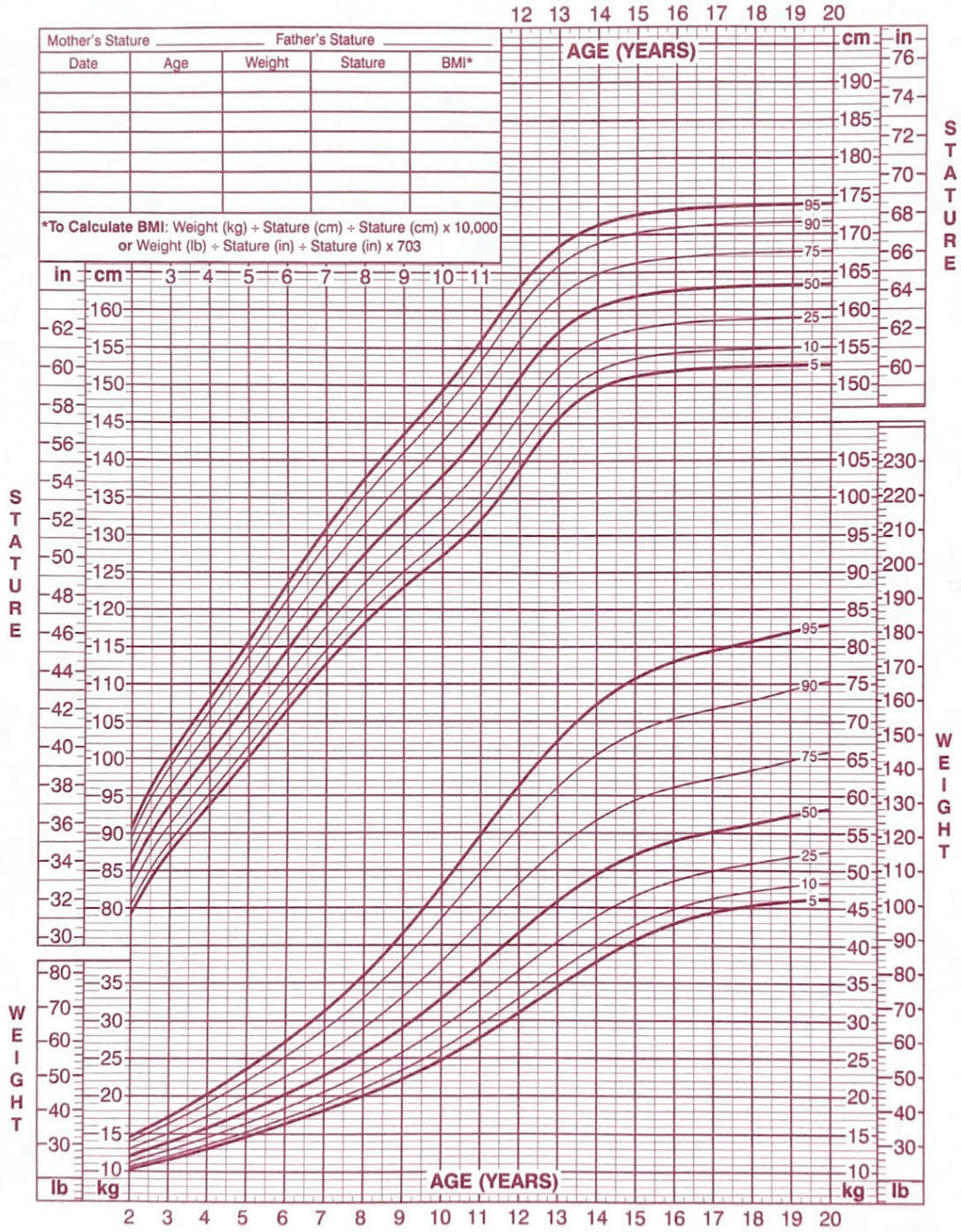
Published May 30, 2000 (modified 10/16/00).
 SOURCE: Developed by the National Center for Health Statistics in collaboration with
 the National Center for Chronic Disease Prevention and Health Promotion (2000).
<http://www.cdc.gov/growthcharts>



2 to 20 years: Girls
Stature-for-age and Weight-for-age percentiles

NAME _____

RECORD # _____



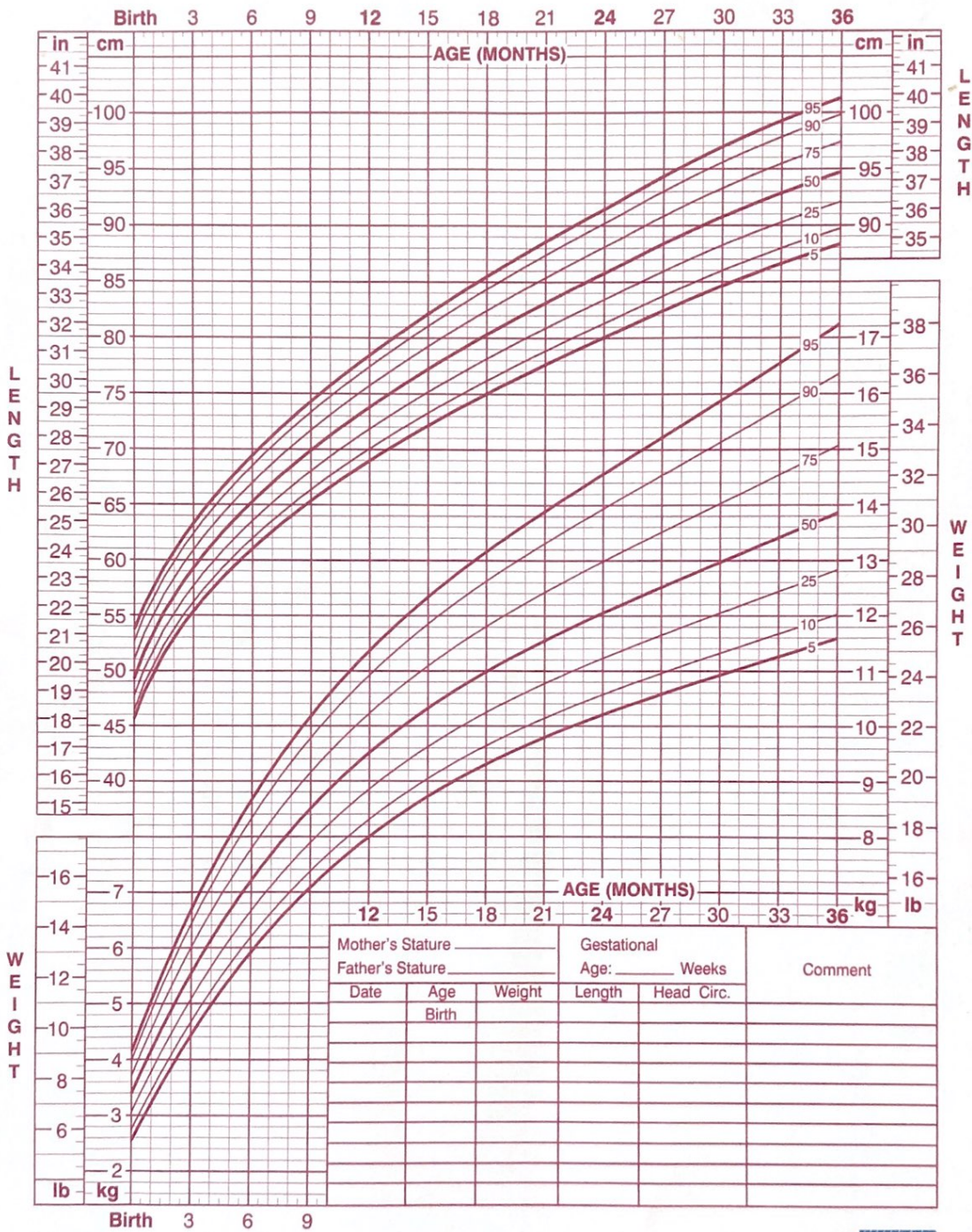
Published May 30, 2000 (modified 11/21/00).
 SOURCE: Developed by the National Center for Health Statistics in collaboration with
 the National Center for Chronic Disease Prevention and Health Promotion (2000).
<http://www.cdc.gov/growthcharts>



Birth to 36 months: Girls
Length-for-age and Weight-for-age percentiles

NAME _____

RECORD # _____



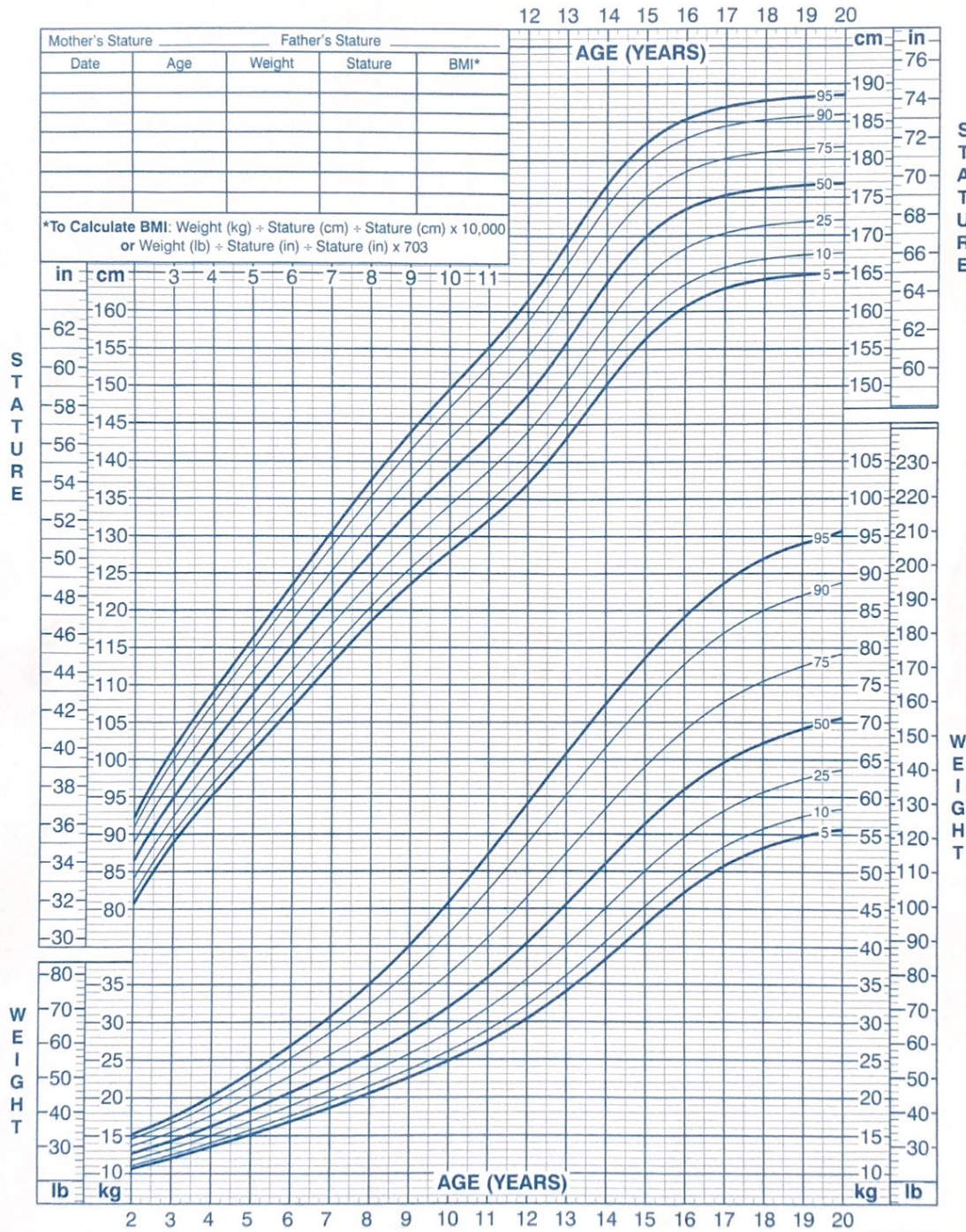
Published May 30, 2000 (modified 4/20/01).
 SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
<http://www.cdc.gov/growthcharts>



2 to 20 years: Boys
Stature-for-age and Weight-for-age percentiles

NAME _____

RECORD # _____



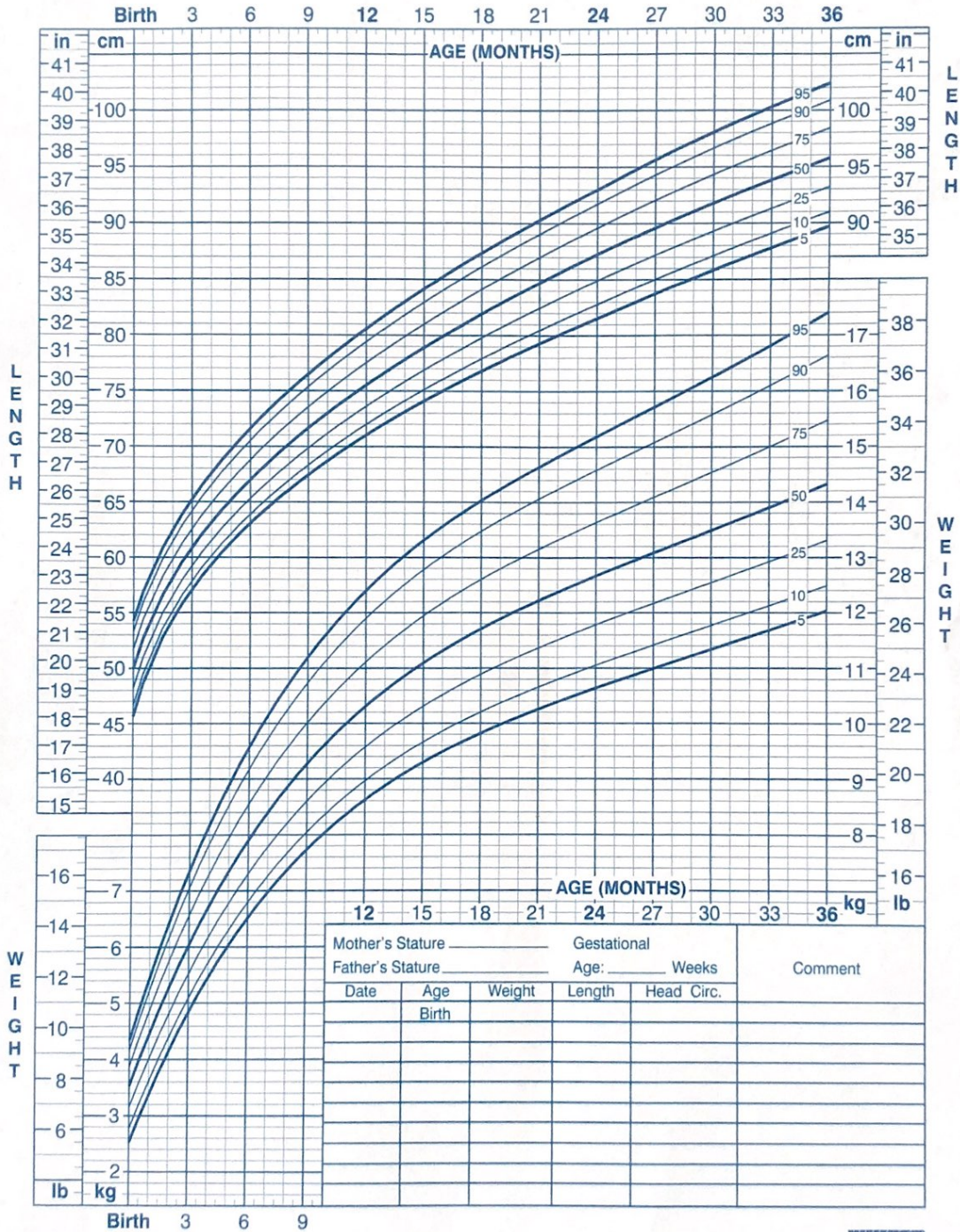
Published May 30, 2000 (modified 11/21/00).
 SOURCE: Developed by the National Center for Health Statistics in collaboration with
 the National Center for Chronic Disease Prevention and Health Promotion (2000).
<http://www.cdc.gov/growthcharts>



Birth to 36 months: Boys
Length-for-age and Weight-for-age percentiles

NAME _____

RECORD # _____



Published May 30, 2000 (modified 4/20/01).
 SOURCE: Developed by the National Center for Health Statistics in collaboration with
 the National Center for Chronic Disease Prevention and Health Promotion (2000).
<http://www.cdc.gov/growthcharts>

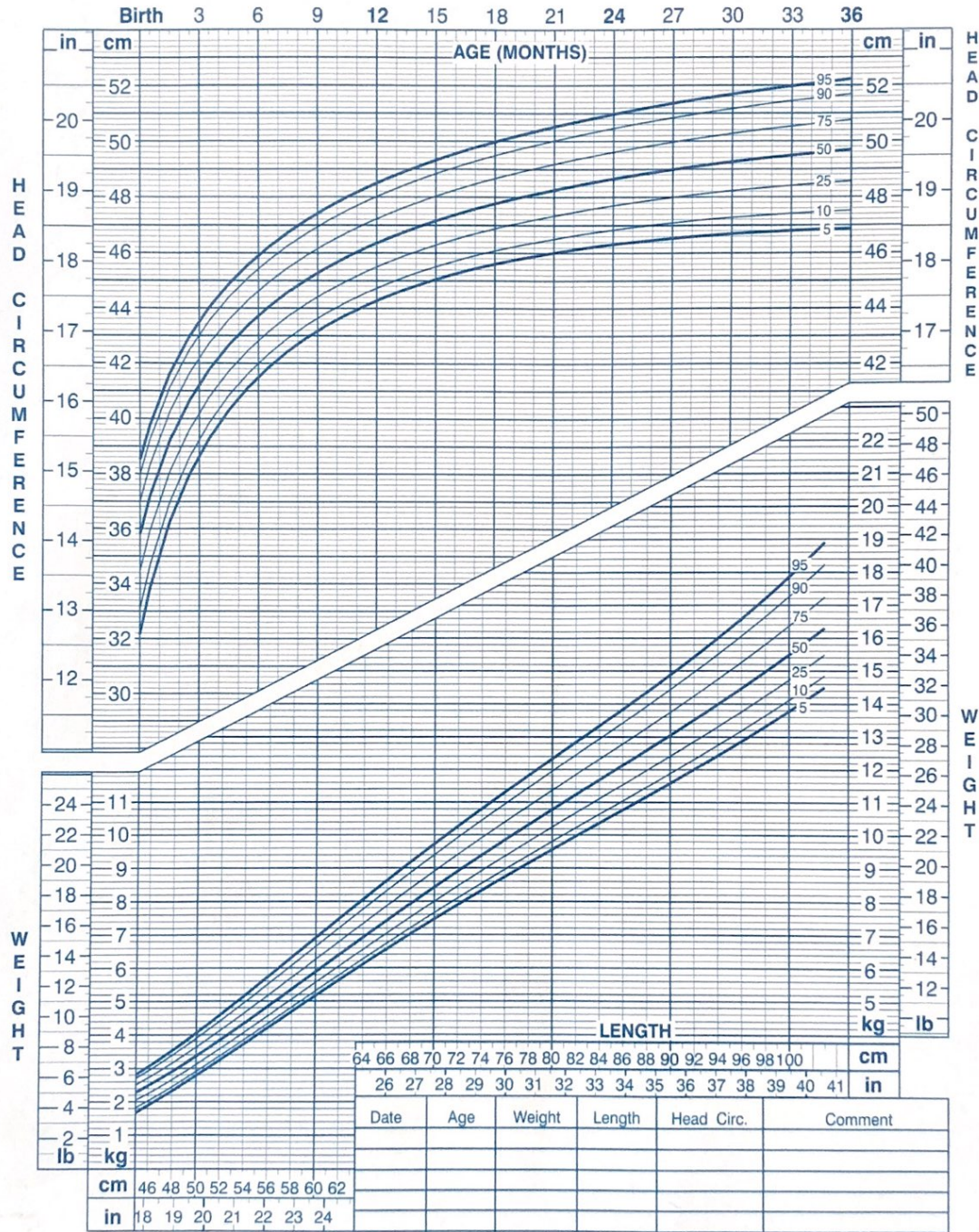


SAFER • HEALTHIER • PEOPLE™

Birth to 36 months: Boys
Head circumference-for-age and
Weight-for-length percentiles

NAME _____

RECORD # _____



Published May 30, 2000 (modified 10/16/00).
 SOURCE: Developed by the National Center for Health Statistics in collaboration with
 the National Center for Chronic Disease Prevention and Health Promotion (2000).
<http://www.cdc.gov/growthcharts>

