

CLINICAL SKILLS LAB 5

SHEET



SUBJECT: CNS
HISTORY
TAKING

NOTE TO THE EXAM :

1) Plz read the paper on the door very very very carefully >> because the time is not enough to ask all what you learn in the lecture and the marks will be only on what is written on the paper >> **ONLY ASK WHAT IS WRITTEN**

2) **FOCUS ON HOW TO ASK THE QUESTION** not only on memorize the question

3) **FOCUS ON THE SKILLS** and on how to show the examiner that you are a human not just a robot the is memorize questions and he is reading them

4) When the pt. tell you his illness don't be happy and smile because you know what to ask >> BUT **SHOW SOME EMPATHY** to the pt. and try say something from your mind to make the pt. feel better .

هذه الأسئلة تتضمن الأسئلة الرئيسة للامتحان العملي التي يجب ان تؤدبها و باقي الشيت يتضم ملخص المحاضرة الذي يشمل لماذا نسال هذه الاسئلة وكيف نحدد التشخيص بناء على أجوبة تلك الاسئلة .

1)Introduction:

1) hand hygiene

2) **Privacy** (close the door and tell the pt. that every information he tell you will be confidential and no one will Know about it 'when you explain the procedure') and **Chaperone** (ask for one of your health care assistant to be a chaperone)

3) **Introduce yourself and Take FULL patient's name** (your name and pt. name)

4) **Explanation** (today I will ask some questions about your disease , it will help us to find your problem and resolve it and every information you will say to me will be confidential and no one will Know about it ?!) and **take the Consent** (IT IS OK FOR YOU?!)

2) Patient's Profile:

1) **Name**: “what's your name? ”.

2) **Age**: “how old are you?”.

3) **Marital status**: “are you married?”.

4) **Occupation**: What do you do for living ?”.

5) **Address**, “where do you live? >> In a single house or a flat?”.

6) **Way of presentation**, “how did you come to the clinic today?”.

3) Chief Complaint:

1) **Reason for coming**, “what is the reason that make you come to the clinic today ?”.

2) **Duration**, “since when have you been complaining from this ?! >> and for how long?”.

3) **Screening**, “Is there anything else?”.

4) History of Presenting Illness:

- According to each Complaint there are a group of questions that you should ask the pt about them:

1st : headache:

I) ask **SOCRATES** to differentiate between the types of the primary headache:

- a) **Site**, “where is the pain?”.
- b) **Onset**, “when did it happen? >> Did it happen suddenly or gradually?”
- c) **Character**, “Can you describe the pain ?”. (squeezing, burning or stabbing, Throbbing)
- d) **Radiation**, “does the pain move anywhere else ?”.
- e) **Associated Symptoms**, “are there any associated symptoms with it ?”.
- f) **Time (duration) , pattern**: How long does the pain last for?! >> “does it follow any pattern?”
- g) **Exacerbating and relieving factors**: “what does make the better or worse?”.
- h) **Severity**: “on a scale from I-10 how bad is the pain?”.

2) you should ask the pt. about the **RED FLAGS OF HEADACHE** >> To exclude an emergency case(that may cause death) that will cause a secondary headache as a alarm to save the pt life :

I. **SUBARACHNOID HAEMORRHAGE** >> Is it the worst headache have you ever had ?!

II. **EPIDURAL HEAMORRHAGE:**

- Did you have a head injury ?!
- Did you have any loss of consciousness ?!
- Did you fell any confusion ?!

III. **INTRACRANIAL HAEMORRHAGE** >> as about onset of focal neurological deficit:

- Do you have any difficulty while you are speaking ?!
- Do you have any abnormality in your vision ?!
- Do you feel any tinnitus (ringing or buzzing in the ear)
- Do you feel a weakness in your muscles ?!
- Do you feel any numbness (loss of sensation) ?!

IV. **MENINGITIS** >>> Do you have any Fever ?!

- Do you feel a stiffness in your neck ?!
- Do you have any vomiting ?!
- Do you feel intolerance to any light ?!

V. ASK ABOUT HIS **IMMUNITY** >>

- Do you take any immunosuppressant drugs (cortisol, chemotherapy)?!
- Do you have any illnesses(like HIV) ?!

VI. **MALIGNANCY** >>he will have neurological deficit according to the site of the tumor >> SAME questions as the questions for intracranial heamorrhage

VII. **TEMPORAL ARTERITIS** >> Do you have any tenderness in the this region (temporal region) ?!
OR Do you have any pain in the jaw associated with chewing{ jaw claudication }

VIII. **ACUTE ANGLE CLOSURE GLAUCOMA:**

Do feel a severe eye pain ?!

Do you have a blurred vision ?!

Do you have a redness in your eye ?!

IX. **INCREASE INTRACRANIAL PRESSURE:**

Do you vomit without any preceded nausea ?! OR Do you vomit before you reach the basket ?!

2nd : CVA (can be stroke or TIA) both have the same pathophysiology BUT differ in the duration

NOTE: Neurological signs and symptoms are dependent the site of the cerebrum where the injury is occur.

BUT there are a general symptoms complain from it most of the pt. which is grouped in a word (FAST) :

F >> Facial dropping

A >> arm weakness

S >> Slurred speech >> لسانه ثقيل

T >> Time to call emergency

1) Questions about the (**NEUROLOGICAL SIGNS AND SYMPTOMS**):

Do you have any difficulty while you are speaking ?!

Do you have any abnormality in your vision ?!

Do you feel any tinnitus (ringing or buzzing in the ear)

Do you feel a weakness in your arm ?!

Do you feel any numbness (loss of sensation) ?!

2) **ONSET**: “when did it happen?

3) **TIME** (duration): How long does it last for?!

4) **EXACERBATING AND RELIEVING FACTORS**: “what does make the better or worse ?!”

5) Is it your first time ?!

6) In the **MEDICAL HISTORY** >> *you should ask him about the risk factors:*

Do you have any chronic illnesses >> Such as 1) Diabetes mellitus 2) Hyper tension 3) Hyperlipidemia

7) In the **FAMILY HISTORY** >> *you should ask him about if there is a FHx of stroke:*

Did anyone of your family have the same symptoms you have ?!

3rd : Convulsion:

1) Is there any **EYE WITNESS** >> it may be associated with a loss of consciousness

2) Is it your **FIRST ATTACK** ?!

3) History about the convulsion : which is divide into:

A) **PRE ICTAL**:

- **TRIGGER FACTORS** >> were there any triggers before it happened

- **AURA** >> Do you feel something isn't exist ?! (do you see or smell or fell something but isn't exist)

B) **ICTAL**:

- **CHARACTER**: "Can you describe it ?" (tonic clonic, Myoclonic, absence)

- Is there any **LOSS OF CONSCIOUSNESS** ?! >> if the answer is YES >>

>>When did it occur (at the begin of the convulsion or at the end of it) ?!

- Is there any **TRAUMA** during the convulsion?!

- Do you bite your tongue , roll up your eye, have urinary incontinence, mouth discharge (saliva) ?!

C) **POST ICTAL** :

- If there is any loss of consciousness:

When did it end ?!

For how long does it remain ?!

When you become alert ?! >>because the pt. after he loss of his consciousness he will be confused

Do you have a loss of memory ?!

4) you should check if it is **secondary** related to **NEUROLOGICAL PROBLEM**:

Do you have any difficulty while you are speaking ?!

Do you have any abnormality in your vision ?!

Do you feel any tinnitus (ringing or buzzing in the ear)

Do you feel a weakness in your muscles ?!

Do you feel any numbness (loss of sensation) ?!

5) Anything that may **TRIGGER** the brain:

Do you forget to take your medication ?!

Do you sleep well?!

Do eat well ?!

4th : Loss of consciousness:(can be syncope or due to seizure)

** NOTE: it must be an eye witness and he will answer me for most of the questions

1) Do you feel to **FALL** before it occur ?!

2) Is it **ASSOCIATE** with a convulsion (a sudden, violent, irregular movement of a limb or of the body) ?!

3) **DURATION** >> How long does it last for?!

4) For how long do you feel in **CONFUSION** after the end of the loss of consciousness ?!

5) Are there any **ASSOCIATED SYMPTOMS** with it ?!

6) What was his **SKIN COLOR** at that time ?!

7) I will ask him some questions to know the **CAUSE OF THE DISEASE** after I determine the type of the loss of consciousness from the answers of the questions above:

- If it is **SYNCOPE** >> Ask the pt. if he has any **cardiac causes** OR he has a very very severe pain

- If it is **SEIZURE** >> Ask the pt. if it is the first time he had this symptoms ?!

If it is not ... it is a **primary seizure** (epilepsy)

If it is you should ask him if he **Complain from any neurological signs and symptoms**

Do you have any difficulty while you are speaking ?!

Do you have any abnormality in your vision ?!

Do you feel any tinnitus (ringing or buzzing in the ear)

Do you feel a weakness in your muscles ?!

Do you feel any numbness (loss of sensation) ?!

5) Summary

6) **Patient's Perspective:** >> (FIFE) <<

- His concerns/worries: "are you worried about anything?" (**FEELING**).

- His thinking "what do you think is the cause of your problems?" (**IDEAS**).

- Affection on his life "how is this affecting your life?" (**FUNCTION**).

- Expectations "what do you expect me to do?" (**EXPECTATION**).

7) Past Medical and Surgical History:

- **FIRST TIME:** "Is it your first time to have these complaints?">> If not, ask him when

- **OPERATIONS:** "Have you ever had any operations before?".

- **CHRONIC ILLNESSES:** "Do you have any chronic illnesses? Diabetes? Hypertension?".

8) Drug History and Allergy:

- "Do you take any kind of medications?".

- "Do you have allergies to any kind of medicine? Food? Pets ?!

NOTE: Do not forget to do sign posting while you talking your history

Now I will ask you some questions about your family and about your personal information, Is it ok?!

9) Family History:

- Are your parents well ?!
- Do you have any chronic illnesses at your family?! Diabetes? Hypertension?
- Does there any one in your family have these symptoms before ?!

****Note:** You may take consent from the patient before asking him about his personal information.

10) Social History:

- Smoking. >> “Do you smoke?” >>“How many cigarettes do you smoke?”&“For how many years?”
- Drinking alcohol. >> “Do you drink alcohol?”.
- Travel. >> “Have you travelled recently?”.
- Pets >> Do you have any pets at your home ?!

Q What we mean by Systemic review ?!

It is the questions on the body system that is NOT related to the (Chief Complaint) that the pt. has
 -For examples: if the pt. has a cough and you asked about CVS (about chest pain) >> it is related so it is not a systemic review
 -BUT if the pt. has a cough and you asked him about his GIS (about diarrhea) >> it is not related SO it is a systemic review

Q what is the difference between Exacerbating factors VS triggering factors ?!

** Both are different terms :

- **Exacerbating factors:** increase the intensity of the disease
- **Triggering factors:** initiate the disease

Ist : THE HEADACHE :

- Primary headache : (without underlying cause)

- 1) Tension headache
- 2) Migraine headache : (الشقيقة)
- 3) Cluster headache (صداع عنقودي)

** We use **SOCRATES** to differentiate them :

	TENSION	MIGRAINE	CLUSTER
SITE	Frontal/Occipital (<u>lower back of the head</u>)	Bilateral (Most common), <u>BUT can be unilateral</u>	Unilateral and mostly around the eye
ONSET	Gradually	Suddenly	Suddenly
CHARACTER	Tight band sensation (Squeezing)	Throbbing <u>like a hummer knock repeatedly</u>	Burning , stabbing
RADIATION	To neck and shoulders	Non	Non
DURATION (TIME)	When the stress ends (sleeping, talking analgesic). - No specific time if <u>there is a stress , there is headache.</u>	3h -72 h (3days) - Recurrent even without triggering factors .	50 – 80 minutes - very very specific time: in a specific month , week , hour in the year .

EXACERBATING AND RELIVING FACTORS

E : stress OR any physical activity which can raise the pain .

R : sleep , Relax .

E : Light , Noising , any activity .

Triggering : irregular meals, irregular caffeine, chocolate, irregular sleep, stress

****maybe occur without triggering .**

Non

ASSOCIATED SYMPTOMS

Non

Nausea , vomiting and in 1/3 of pt. they have **Aura** (it is a perception without any stimulation) e.g. like to smell sth. doesn't exist

- 1) Nasal congestion
 - 2) Eye swelling
 - 3) Rainy Nose
 - 4) Laceration
- All of these are **on the same side to the headache .**

SEVERITY (related to the character)

Mild





Moderate

Most Sever



Cluster headaches may involve pain around one eye, along with drooping of the lid, tearing and congestion on the same side as the pain

Headaches

Sinus: pain is usually behind the forehead and/or cheekbones	Cluster: pain is in and around one eye	Tension: pain is like a band squeezing the head	Migraine: pain, nausea and visual changes are typical of classic form
			

- Secondary Headache : with underlying cause >> due to:

- 1) Meningitis
- 2) Encephalitis
- 3) Hemorrhage >> can be caused by a vascular disease or by trauma
- 4) Tumor
- 5) Temporal arteritis
- 6) Sinusitis
- 7) Increase in the ICP

Allah make this headache as an alarm to notify us that there is a dangerous disease that can cause death and you SHOULD ask about them to save a life >> Which is call **Red flags**:

1) temporal arteritis (giant cell arteritis) :

is a vasculitis in the area of the temporal >> most common the temporal artery

The most common sign that come with this disease and not with another disease is: **Jaw claudication**>> pain in the jaw associated with chewing >> because the artery supply the muscles of mastication

- If it is **not treated** it will end in most serious complication >> **Irreversible blindness** >> will damage the ophthalmic artery (a branch of the temporal artery)

>> It is occur in old ages <50 years

2) **Meningitis** >>> Headache associated with :
Fever, stiffness in the neck, vomiting , intolerance to the light (photophobia)

3) **Heamorrhage** (epidural, subdural, subarachnoid, Intracerebral)

- Epidural heamorrhage: with trauma and have a lucid interval

(فترة بعد اي ضربة على الراس يشعر المريض انه لا يوجد شيء و لكن تكون فترة مخادعة الى ان يتطور المرض و تظهر الاعراض فيضعونه 24 ساعة تحت المراقبة)

- subdural : with trauma BUT don't have a lucid interval

- subarachnoid : the worst headache in his life >> **العلامة المميزة**

- Intracerebral : The pt. has a neurological signs and symptoms according to the area that is affected from the cortex

4) **Malignancy**: The pt. has a neurological signs and symptoms according to the area that is affected from the cortex

5) Ask about his **IMMUNITY** (any immunosuppressant drugs or HIV infection) >> which can lead to a dangerous complication >> meningitis

6) **Closed angle Glaucoma**: >> it will present as a headache with (pain and redness in the eye)

7) **Increase ICP**: >> it will present as a headache with (Projectile vomiting)

- (Projectile vomiting)>> vomit before he reach the basket OR vomiting which isn't pressed by a nausea

*** Symptoms on the physical examination associated with increase ICP :

1) Brady cardia

2) papilledema >> Swelling around the optic nerve

2nd:CVA (can be stroke or TIA) both have the same pathophysiology BUT differ in the duration:

- Stroke: >24h

- Transient ischemic attack: >24h

NOTE: Neurological signs and symptoms are dependent the site of the cerebrum where the injury is occur.

BUT there are a general symptoms complain from it most of the pt. which is grouped in a word (FAST) :

F >> Facial drooping

A >> arm weakness

S >> Slurred speech >> لسانه ثقيل

T >> Time to call emergency

3rd: **CONVULSION:**

NOTE:

- Convulsion: isn't a disease BUT it is a symptom
- epilepsy = recurrent convulsion = is a disease

** The types of the epilepsy >> according to character of the Ictal phase:

1) **Simple Partial** >> localized

sensory, motor, or autonomic disturbances. with unaltered consciousness

2) **Tonic-clonic**

Tonic followed by clonic convulsions involving the whole body with loss of consciousness

3) **Absence**

Loss of consciousness, abruptly for a few seconds with staring or blinking (in children).

4) **Myoclonic**

Sudden brief single or repetitive jerks; consciousness is unaffected.

** The history is divided to 3 phases according to the prognosis of the disease:(is discussed above)

1) Pre-ictal

2) Ictal

3) Post-ictal

NOTE: Aura precedes the migraine and the epilepsy episodes

Aura : it is a perception without any stimulation) e.g. like to smell or see or listen or feel in sth. doesn't exist

4th : **LOSS OF CONSCIOUSNESS:** we are talk about temporary loss of consciousness and for a short period >> because it is NOT a coma (long loss of consciousness)

** Can be caused by:

1) **Syncope:** temporary loss of consciousness caused by a fall in blood pressure

Which could be caused by:

A) **Vso-vagal attack** BY:

- Carotid massage

- very very severe pain >> a lot of impulses >> activate the vso-vagal pathway e.g. open fracture

B) **Cardiac causes** >> e.g. arrhythmia

2) **Seizure:**

3) **psychological:** in the **panic attack** (palpitation and hyperventilation) >> which will cause a loss of consciousness

>> We will only take the type I+2

Q How I can differentiate between two types?!

	SYNCOPE	SEIZURE
Feel to fall	Presence	None
Loss of consciousness due to the seizure	None	presence
Duration	Only a seconds	Up to 2 min.
Duration of confusion after the end of loss of consciousness	When the loss of consciousness disappear the confusion is end	Up to 30 min.
Associated symptoms	The underlying causes	Only with seizure and it's associated symptoms (e.g. tongue biting)
Color of the skin	Pale	Blue

لا يؤمن أحدكم حتى يحب لأخيه ما يحب لنفسه
دعاؤكم لنا...