Exploding Symptoms



For every symptom you elicit in a history (whether it's the presenting complaint or not), you must ask a series of further, symptom-specific questions relating to that symptom - this is called 'exploding' the symptom. After you explode symptoms present, you must also ask relevant system review questions to determine presence/ absence of any possible associated symptoms (see OSCEstop notes on systems review).

For all symptoms also include time-frame

- Time-frame
 - When it started
 - Acute/gradual onset
 - o Duration
 - Progression
 - o Intermittent or continuous

Pain

- Pain (SOCRATES)
 - Site
 - o Onset
 - o Character
 - Radiation
 - Associated symptoms (<u>systems review</u>)
 - Timing
 - Exacerbating/relieving factors
 - Severity

Generalised symptoms

- Tiredness
 - o What they mean by tiredness
 - o Their sleep pattern
 - o How it affects patient
 - Anaemia Sx: breathlessness on exertion
 - O Hypothyroidism Sx: constipation, weight gain, cold intolerance etc
 - Depression Sx: mood
 - Diabetes Sx: polydipsia, polyuria
 - Associated symptoms (<u>systems review</u>)

Cerebral symptoms

- Headache
 - Explode as pain
 - Meningismus symptoms: rash, fever, neck stiffness
 - o Temporal arteritis symptoms: visual problems, jaw claudication, scalp tenderness
 - o Glaucoma symptoms: visual problems, red eyes, halos around lights
 - Associated neurological symptoms (<u>neurological systems review</u>)

Red flags: meningismus (rash, fever, neck stiffness), temporal arteritis symptoms (visual problems, jaw claudication, scalp tenderness), glaucoma symptoms (visual problems, red eyes, halos around lights), focal neurology is covered in systems review

- Weakness
 - o Pattern of weakness
 - O Characterise weakness (e.g. fatigable?)
 - Associated neurological symptoms (<u>neurological systems review</u>)
- Fit/fall/syncope
 - o Before: warning, circumstance
 - During: duration, LOC, movements (floppy/stiff/jerking), incontinence/bite tongue, complexion (GET CORROBORATION)
 - o After: amnesia, muscle pain, confusion/sleepiness, injuries from fall
 - Background to attacks: had before, frequency, impact on life
 - Associated cardiorespiratory/neurological symptoms (<u>systems review</u>)

Chest symptoms

- SOB
 - o Exertion tolerance, what makes them stop
 - Orthopnoea
 - o Paroxysmal nocturnal dyspnoea
 - Diurnal/seasonal variation
 - Associated cardiorespiratory symptoms (cardiorespiratory systems review)
- Cough
 - o Productive or non-productive
 - o Triggers, nocturnal
 - Associated cardiorespiratory symptoms (<u>cardiorespiratory systems review</u>)
- Sputum
 - o How much, how often
 - Colour, consistency
 - Any blood
- Haemoptysis
 - Volume
 - Fresh or altered blood
 - Frequency
 - Nature of associated sputum if any? Mixed in?
- Palpitations
 - Fast or slow
 - o Regular or irregular (get patient to tap out palpitation on table)
 - o Any dizziness, LOC, nausea, sweating/clamminess, dyspnoea
 - Associated cardiorespiratory symptoms (<u>cardiorespiratory systems review</u>)

Abdomen symptoms

- Diarrhoea/constipation/vomiting
 - o How much, how often, consistency
 - o Colour & contents (mucus, blood, bile if vomiting)
 - Anorexia, weight loss, anaemia, diet
 - Associated gastrointestinal symptoms (<u>gastrointestinal systems review</u>)
- Dysphagia
 - o Fluids/liquids/both, which came first
 - o Constant/intermittent, progressive/non-progressive
 - Odynophagia
 - o Weight loss, neurological deficits
 - Associated gastrointestinal symptoms (gastrointestinal systems review)
- Dyspepsia
 - Explode as pain
 - Associated gastrointestinal symptoms (gastrointestinal systems review)

Red flags (ALARMS): Anaemia, Loss of weight, Anorexia, Recent onset progressive symptoms, Melaena, Swallowing difficulty

- Heartburn
 - Explode as pain
 - Associated gastrointestinal symptoms (<u>gastrointestinal systems review</u>)

Red flags: weight loss, vomiting/haematemesis/melaena, dysphagia, >55years old, >4 weeks of/relapsing symptoms

Gynaecological symptoms

- Vaginal discharge
 - o Amount
 - o Colour (inc blood), odour, itching
 - Associated gynaecological symptoms (gynaecological systems review)
- Abnormal PV bleeding
 - o Pattern: regular/irregular
 - Amount of loss: number of sanitary towels/tampons, passage of clots/flooding
 - Pain with blood loss, vaginal dryness and itching if post-menopausal
 - o Anaemia symptoms: tiredness, breathlessness on exertion
 - o Thyroid symptoms
 - o Associated gynaecological symptoms (gynaecological systems review)
- Secondary amenorrhoea (work down the body)
 - o General: weight loss, stress, exercise, diet
 - Head: visual problems, headaches
 - Thyroid: symptoms
 - o Torso: galactorrhoea, hirsutism, acne

Orthopaedic & rheumatological symptoms

- Back pain
 - o Explode as pain
 - Stiffness, deformity
 - o Sciatica, incontinence
 - Associated neurological symptoms (<u>neurological systems review</u>)

Red flags: age <20 or >55, acute onset in elderly, constant/progressive, nocturnal pain/morning stiffness, fever/night sweats/weight loss, cancer Hx, thoracic, bilateral/alternating, neurological/sphincter disturbance, leg claudication, recent infection, immunosupression, abdominal mass

- Joint pain/stiffness/swelling
 - Worse in morning?, how long for (30mins=inflammatory, 5mins=osteoarthritis)
 - o Better or worse after exercise
 - Sleep disturbance
 - Loss of function
 - Associated rheumatological symptoms (<u>rheumatological systems review</u>)
- Bone/tissue/joint injury
 - o Explode as pain
 - o Stiffness/swelling
 - Movement restriction/ability to weight bear
 - Mechanical symptoms: locking, giving way
 - o Neurological symptoms: weakness, numbness, paresthesia

Psychiatric symptoms

NB. You must ask RISK in every psychiatric history

- Depression
 - o Core: mood, anhedonia
 - o Biological: sleep, energy
 - Future (inc risk): hopelessness, suicidal thoughts
 - Others: Hx of mania/hypomania
- Anxiety
 - Timing: onset & duration, episodic/constant, triggers, effect on life, frequency, avoidance
 - o Somatic symptoms: palpitations, breathlessness & tight chest, sweating, dizziness
 - o Associated psychological symptoms: depression screen, stress, worry, avoidance
 - Psychiatric differential questions: obsessions, compulsions, PTSD Sx (psychological trauma, flashbacks, nightmares, hyperarousal)
 - o Organic differential questions: e.g. hyperthyroidism, ACS
- Auditory hallucinations
 - O Voice detail: male/female, recognise, always same, when etc
 - Real/pseudo: in/out of head
 - 1st/2nd/3rd person: to you/about you, comments
 - o What they say (inc. commands)
 - o Risk to self/others
 - Associated psychiatric symptoms (<u>psychiatric systems review</u>)
- Delusions
 - o Challenge the delusion
 - Risk to self/others
 - Associated psychiatric symptoms (<u>psychiatric systems review</u>)
- Memory loss
 - Short/long term
 - Insight and concerns
 - Functional levels (washing, dressing etc)
 - o Forgotten things that may put people at risk (e.g. gas stove)
 - o Perform a MMSE
- Eating disorder
 - BMI: Weight & height
 - Symptoms: avoidance of weight gain/need to lose weight/look in mirror a lot, efforts to lose weight (vomiting, laxatives, exercise), binge eating/fasting
 - Food diary: what they eat each day
 - o Results: menstrual cycle disturbance
 - o Self harm & depression Sx

Paediatric symptoms

NB. most symptoms are exploded as you normally would for adults but some are specific...

- Diarrhoea and vomiting
 - As normal, but include hydration questions (wet nappies, drinking)
- Soiling/enuresis
 - Primary or secondary
 - o Full account of toilet training
 - School toilet behaviour
 - Protest behaviour: stressful/chaotic life
 - o If soiling, faeces consistency & any painful anal conditions
 - If secondary: urinary/GI infection symptoms, spinal cord compression symptoms (neuro sys review)
- Failure to thrive/ weight loss
 - Ask to see growth chart
 - Input: detailed dietary history, feeding history, hunger
 - Use: energy, activity level, exercise, anorexic?
 - Output: wet nappies, stools & GI symptoms
 - Others: behaviour, general health, happiness, parents health
- Weight gain
 - As failure to thrive plus...
 - Hypothyroidism symptoms: tiredness/lethargy, constipation, cold intolerance, low mood
- Walking/sitting delay
 - o Ages of milestones
 - o How mobile?
 - o Hand dominance
 - o Balance problems
 - o Behavioural problems
 - Associated neurological symptoms (<u>neurological systems review</u>)
- · Speech delay
 - o Ages of milestones
 - Senses: vocals, hearing, vision
 - Communication: comprehension (follows commands, responds to voice), non-verbal communication (pointing, gestures, facies), socially responses (how acts in new situations, tantrums, playing, gestures)
- Early puberty/late puberty/primary amenorrhoea/short stature
 - Pubertal development review (testes, breasts/menarche, pubic/axillary hair, height, acne, mood changes)
 - o Intracranial pressure symptoms (visual problems, headaches)
 - Family pubertal/stature history
 - Symptoms of other systemic diseases (CF, thyroid, anorexia, Crohns)
- Behavioural disorder
 - o ADHD symptoms: poor concentration, hyperactivity
 - o Conduct disorder symptoms: hostile, aggressive, cruel
 - $\circ \qquad \text{Autism symptoms: poor social interaction, emotionless, routines} \\$

Other symptoms

- Rash
 - Duration, progression, frequency
 - Where and what
 - o Size and shape
 - Itchy/painful
 - Exacerbating/relieving factors e.g. heat, sunlight, cold, treatment
 - Associated rheumatological symptoms (<u>rheumatological systems review</u>)