

# *Pediatric History Taking*

## Biodata:

Name of the child  
Age of the child  
Sex of the child  
Residence of the child  
Name of the informant  
Relationship of the informant to the child  
Date of admission

## Presenting Complaint/ Chief Complaint

Main complaint(s)  
Duration of the main complaint(s)  
From oldest to most recent  
*Example: ... presenting with a (duration) history of (major complaint) OR ...presenting with (major complaint) for (duration)*

## History of Presenting Illness

\*Explain the symptoms  
Any chronic illnesses or major illness in the past eg sickle cell anemia or cancer or HIV especially if important to the presenting complaint eg *A known sickler presenting with sickle cell crisis*  
When was the patient last well? (duration not date)  
If admitted to other institutions for the same condition,  
Mention the hospital  
How they were managed eg drugs  
If they were compliant in the case of drugs  
If the condition improved with treatment  
Note: it should be in chronological order!!  
Describe the symptoms as they appeared i.e.  
Site  
Onset  
Character  
Radiation  
Associated symptoms  
Timing  
Exacerbating and Relieving Factors  
Severity (effect on sleep, feeding, playing or school)  
*FAST - change in Feeding, Activity, Sleep, Temperament*  
If there was associated weight loss  
Mention what treatment they have received currently and if it is improving the condition or the condition is deteriorating e.g.  
Drugs given  
Any oxygen supplementation etc  
Risk factors e.g. family history of disease

## Past Medical History

Chronic illnesses/ conditions  
Past surgeries  
Past admissions  
Past trauma eg fractures  
Past blood transfusions  
Food or Drug allergies  
Drugs taken for chronic illnesses

## Pre-natal/ Ante-natal history

Which clinic?  
When mother first went to prenatal clinic?  
How frequently did they go?  
Any supplements taken?  
Any vaccines given?eg tetanus toxoid  
Any screening of diseases eg HIV/ Syphilis was done?  
HIV status of the mother  
Any complications/illnesses/ infections during pregnancy?  
    If any, what drugs given if any  
Any drugs taken(including alcohol/tobacco/narcotics) during pregnancy?

## Birth history

Place of birth (home, hospital, clinic)  
    If hospital or clinic, the name of the institution  
Age of the mother when giving birth  
Term/Pre-term/Post-term - gestational age  
Labour (Prolonged)  
Type of birth (Vaginal or C-Section)  
    If C-Section is it elective or emergency  
    Anaesthesia used  
    If emergency reason why  
    If vaginally, breached?, normal?, suction required?, induced?  
Birth weight  
First cry (immediate/delayed)  
Complications either mother/child  
How long in hospital?

## Nutritional history

First breast feeding (should be within 30 minutes of birth)  
Duration of exclusive breast feeding  
Age of weaning  
Type of food weaned on, How the food was being prepared?  
If the child is older, what do they eat now (ask what the informant eats if they are the parent)  
24hour dietary record ie what the patient has eaten in the last 24 hours  
Ask about appetite

# Immunization history

Which immunizations given?

When the immunizations were given

If up to date

If not given the reason for not receiving the immunizations

## VACCINATION SCHEDULE IN KENYA

Age of administration	Vaccine
Birth	BCG Oral Polio Vaccine (OPV)
6 weeks	OPV Pneumococcal vaccine (PCV-10) DPT-HepB-Hib Rota
10 weeks	OPV Pneumococcal vaccine (PCV-10) DPT-HepB-Hib Rota
14 weeks	OPV Pneumococcal vaccine (PCV-10) DPT-HepB-Hib
6 months	Vitamin A*
9 months	Measles Yellow Fever
12 months	Vitamin A*
18 months	Measles Vitamin A*

# Growth and Development history

*\*Ask for mother and child booklet that contains most of the information required for this section*

Growth:

Current height

Current weight

Comment (retarded or normal)

Development:

6 weeks: smiles

4 months: holds up head alone

7 months: sits unsupported, babbling

10 months: crawling, standing, says one word

13 months: walks unsupported

- Gross motor skills (when they started walking)
- Fine motor skills (if they can hold objects, if they follow objects with their eyes)
- Language skills (when they started talking)
- Social skills

*Note: mental retardation, all 4 skills lacking while cerebral palsy, one skill is intact*

**EXAMPLE:**

Gross motor skills :

- Hold head unsupported - 4 months
- Sit unsupported- 7 months
- Crawl/ get to sitting position unaided - 10 months
- Walks - 13 months

Fine motor skills/Vision:

- Tries to grasp objects/ Follows moving objects - 4 months
- Take off shoes - 15 months
- Scribbling - 13-18 months

Language/Hearing:

- turns head to sounds, laughs - 4 months
- babbling - 7 months
- one word - 10 months

Social skills:

- smiles-6 wks
- recognize mother - 4 months
- tried to feed himself - 7months
- For younger children if they play with other children
- For older children ask school performance and physical activities eg sports

*Comment : i.e. adequate, delayed, good, regressed*

## Family and Social history

Birth order of the child

Any chronic illnesses/conditions in the family?(siblings, parents, grandparents, aunts and uncles)

Any sudden deaths in the family, or other deaths of known cause

Sex, Age and Health of other siblings

How old are the parents ?

Are the parents living together, marital status

Occupation of the parents

If where they live is rented or bought?

Size of house

If living with other persons ? (sexual abuse)

Who takes care of the child? (Physical abuse)

Potential of toxins in the house e.g. gas cookers, charcoal jikos

Water source/ storage

If the child goes to school , do they play with other children?

If any of the children interacted with had similar illness ?

## Review of Systems

CAGED SUN

Cardio

Airway  
Gastro  
ENT  
Dermatological  
Skeletomuscular  
Urinary  
Neurological

## General Examination(25)

General condition -2

Nutritional status (hair, mid upper arm circumference, weight) ie malnourished, obese, well nourished - 1

Vital signs:- 3

Pulse (also mention strength of pulse)

Respiratory Rate

Body temperature

Blood pressure

Age	RR	HR
Newborn	40-60	140-160
1 year	30-50	110
3 years	20-30	100
8 years	15-25	90
11 years	15-20	80

Anthropometry:-3

Mid upper arm circumference (in cm)

Weight

Height

Jaundice-2

Anemia/ Pallor-2

Cyanosis-2

Clubbing-2

Lymphadenopathy- 4

Neck lymph nodes

Axilla lymph nodes

Oedema(pedal) - 2

Dehydration/ Hydration status -2

## ***PEDIATRICS ASSESSMENT MARKING SCHEME***

### HISTORY TAKING

<b>Domain</b>	<b>Marks</b>
<b>Presenting complaint and History of presenting complaint</b>	20
<b>Past medical history</b>	6
<b>Antenatal/ Perinatal history</b>	8
<b>Nutrition/Diet</b>	8
<b>Immunisation</b>	8
<b>Growth</b>	4
<b>Developmental milestones</b>	6
<b>Family and Social</b>	15
<b>General Examination</b>	25
<b>Total</b>	100

### GENERAL EXAMINATION

<b>Domain</b>	<b>Marks</b>
<b>General condition</b>	2
<b>Jaundice</b>	2
<b>Anaemia/Pallor</b>	2
<b>Cyanosis</b>	2
<b>Finger Clubbing</b>	2
<b>Neck LN</b>	2
<b>Axilla LN</b>	2
<b>Oedema (Pedal)</b>	2
<b>Dehydration/Hydration status</b>	2
<b>Anthropometry (Weight, Height, MUAC)</b>	3
<b>Vital signs (RR, HR, Temp)</b>	3
<b>Total</b>	25