## History and Physical Examination

Taking an accurate health history is an important first step in assessing an infant or child for possible heart disease. Parents may have specific concerns, such as an infant with poor feeding or fast breathing, or a 7-year-old who can no longer keep up with friends on the soccer field. Others may not realize that their child has a medical problem because their baby has always been pale and fussy.

Asking details about the mother's health history, pregnancy, and birth history is important in assessing infants. Mothers with chronic health conditions, such as diabetes or lupus, are more likely to have infants with heart disease. Some medications, such as phenytoin (Dilantin), are teratogenic to fetuses. Maternal alcohol use or illicit drug use increases the risk of congenital heart defects. Exposures to infections, such as rubella, early in pregnancy may result in congenital anomalies. Infants with low birth weight resulting from intrauterine growth restriction are more likely to have congenital anomalies. High-birth-weight infants have an increased incidence of heart disease.

A detailed family history is also important. There is an increased incidence of congenital cardiac defects if either parent or a sibling has a heart defect. Some diseases, such as Marfan syndrome, and some cardiomyopathies are hereditary. A family history of frequent fetal loss, sudden infant death, and sudden death in adults may indicate heart disease. Congenital heart defects are seen in many syndromes such as Down and Turner syndromes.

The physical assessment of suspected cardiac disease begins with observation of general appearance and then proceeds with more specific observations. The following lists are supplementary to the general assessment techniques described for physical examination of the chest and heart in Chapter 4.

### Inspection

**Nutritional state:** Failure to thrive or poor weight gain is associated with heart disease.

**Color:** Cyanosis is a common feature of CHD, and pallor is associated with poor perfusion.