

education and the degree of understanding vary widely among informants and influence their reliability. The informants may be reticent, particularly if they view the disorder as something to be ashamed of or in some way threatening. Sometimes true relationships may be concealed, such as adoption or misattributed paternity.

In addition to family history, nurses caring for children and families need to collect pregnancy, labor and delivery, perinatal, medical, and developmental histories. Although it is common for genetics nurses to obtain all of these histories before or during an initial genetics consultation, not all nurses are expected to obtain all of these assessment data from each patient during a pediatric encounter. Electronic health records are making it more practical to construct a comprehensive set of histories even when many health care professionals contribute only a portion of the total history.

All nurses are taught to perform physical assessments, but they are seldom taught to recognize minor anomalies and dysmorphism that may suggest a genetic disorder. Yet nurses are keen in recognizing delays in development, behavior differences, and global appearances that raise concern that a newborn, infant, child, or adolescent needs further evaluation ([Prows, Hopkin, Barnoy, et al, 2013](#)). Although dysmorphism is beyond the scope of this chapter, readers are encouraged to review the January 2009 issue of *American Journal of Medical Genetics* ([Carey, Cohen, Curry, et al, 2009](#)). Drawings and photographs of normal and abnormal morphologic characteristics are provided for the head, face, and extremities together with accepted dysmorphism terminology. Nurses knowledgeable in dysmorphism are able to articulate specific concerns about a child's appearance rather than relying on the outdated and offensive phrase "funny looking kid." When a major anomaly is identified, nurses should raise suspicion that the child could have additional congenital anomalies. When three or more minor anomalies are identified, nurses should suspect the possibility of an underlying syndrome. However, it is important to consider the biologic parents' physical appearance, development, and behavior when considering the relevance of the child's combination of minor anomalies.

Identification and Referral