### HISTORY: Childhood & Familial

## **Birth (place, perinatal difficulties)**

## **Childhood illnesses (including immunizations)**

## **Family history**

## **School history**

### HISTORY: General

## **Changes since problem began**

## **Hospitalizations, operations or injuries**

## **How did problem start and when?**

## **Paramedics Report**

## **Past medical history (organ system specific)**

## **Precipitating or aggravating factors to problem**

## **Similar problem(s) occurred in the past and what was done about it (them)**

### HISTORY: Habits, Medications, Environment (including sex life, occupation, travel, etc.)

## **Alcohol Use**

## **Allergies**

## **Cathartics/laxatives - use of**

## **Daily life, how does problem affect**

## **Diet**

## **Drug Use (Recreational)**

## **Exposures: occupational, environmental, infectious, other**

## **Medications**

## **Occupation**

## **Reduced capabilities**

### HISTORY: Habits, Medications, Environment (including sex life, occupation, travel, etc.)

## **Residences and travel history**

## **Sexual history**

## **Sleep**

## **Tobacco/Smoking**

**HISTORY: Psychosocial**

## **Attitudes and feelings about problem and situation**

## **Changes in mentation (confusion, memory loss)**

## **Personality changes**

## **Psychiatric history**

## **Social history (including jobs, work situation, present family situation)**

## **Stress**

**HISTORY: Symptoms**

## **Balance or locomotion difficulties**

## **Bleeding or bruising tendency**

## **Bone, joint, or muscle abnormalities**

**HISTORY: Symptoms (continued)**

## **Chest pain**

## **Cough up blood**

## **Cough, wheezing or shortness of breath**

## **Ears, hearing changes or tinnitus**

## **Ears, pains or drainage**

## **Eyes/eyelids, problems with**

## **Eyes, vision changes or problems**

## **Fatigue or malaise**

## **Febrile convulsions**

## **Fever**

## **Hair abnormalities**

## **Headaches**

## **Hearing changes**

## **Hoarseness**

## **Leg pain, soreness, or swelling**

## **Memory loss, confusion, difficulties in mentation**

## **Muscle soreness or stiffness**

## **Muscle twitching**

## **Muscle weakness or wasting**

## **Night sweats**

## **Pain(s)**

## **Seizures or change in consciousness**

## **Sensory phenomena (sensory loss, spontaneous or altered sensation, cold/heat intolerance)**

## **Skin color (pallor, cyanosis, pigmentation of mucous membranes, etc.)**

## **Skin lesions or rashes**

## **Speech or communication difficulties**

## **Sputum, production & characteristics of**

## **Swallowing**

## **Syncope**

## **Thirst**

## **Urination or bowel habits, difficulties or change in**

## **Vertigo/Dizziness**

## **Visual phenomena**

## **Weight gain or loss**

## **PHYSICAL EXAM**

## **Abdomen**

**Physical Exam**

Why select this information?

Could you perform this examination?

Can you interpret the possible results from this examination?

How would a positive or negative result influence your hypotheses?

Do you understand the principles or facts in human biology necessary to evaluate any findings?

## **Bones, Joints, And Muscles**

## **Breast**

## **Chest**

## **Extremities**

## **Gait and Station**

## **General Appearance**

## **Genital**

## **Hair**

## **Head, Eyes, Ears, Nose, And Throat**

## **Heart**

## **Lungs**

## **Lymph Nodes**

## **Mental Status**

## **Neck**

## **Neurological**

## **Peripheral Pulses**

## **Rectal**

## **Skin**

## **Spine**

## **Vital Signs**

## **TESTS AND PROCEDURES**

## **Arterial Blood Gas**

## **Bilirubin (serum)**

## **Blood culture – aerobic**

## **Blood Culture - anaerobic**

## **BUN (Blood Urea Nitrogen)**

## **Calcium and Phosphorus**

## **Carboxyhemoglobin**

## **Complete Blood Count (CBC)**

## **Creatinine (serum)**

## **Creatinine Phosphokinase (CPK)**

## **CT Scan – abdomen w/o contrast**

## **CT Scan - abdomen w/ contrast**

## **CT Scan – head w/o contrast**

## **CT Scan – head w/ contrast**

## **Drug Screening - blood**

## **Drug Screening - hair**

## **Drug Screening - urine**

## **Electrocardiogram (ECG)**

## **Electroencephalogram (EEG)**

## **Electrolytes**

## **Electrophoresis**

## **Glucose (fasting)**

## **Gram Stain and Culture**

**Tests and Procedures**

Why select this test/procedure?

Do you understand the underlying principles or facts in human biology?

Can you interpret the findings?

What are the risks or discomforts to the patient?

How will a positive or negative result influence your hypotheses?

What is the cost?

## **Hemoglobin**

## **Hemoglobin A1c**

## **HIV Screening**

## **Liver Function Tests**

## **Magnesium**

## **Protein and Albumin (serum)**

## **Pulse Oximetry**

## **Renal Function Studies**

## **Skin Test-PPD**

## **Sputum Smear, Culture and Sensitivities**

## **Stool for Occult Blood**

## **STD Testing**

## **Thyroid Function**

## **Ultrasound - abdomen**

## **Ultrasound - bladder**

## **Ultrasound - renal**

## **Urinalysis**

## **Urine Microscopy**

## **TESTS AND PROCEDURES (continued)**

## **Urine Hemoglobin or Myoglobin**

## **Urine Sediment**

## **VDRL**

## **X-ray: Chest (PA)**

## **X-ray: chest (lateral)**

## **CONSULTANT**

## **Ambulance Paramedics**

## 

## **Anesthesiologist**

## **Cardiologist**

## **Cardiovascular Surgeon**

## **Chaplain**

## **Dermatologist**

## **Endocrinologist**

## **Gastroenterologist**

## **General Surgeon**

## **Genetics**

## **Hematologist**

## **Immunologist**

## **Nephrologist: First visit for initial consultation**

## **Nephrologist: Second visit, follow-up consultation**

## **Neurologist**

## **Nutritionist**

## **Orthopedist**

## **Pathologist: urine sediment**

## **Psychiatrist (ED or in-patient consult)**

## **Psychologist**

## **Psychometrist**

## **Radiologist**

**Consultant**

Why select this consultant?

How does it relate to your hypotheses?

What information will you communicate to the consultant?

What request will you make of the consultant?

## **Rheumatologist**

## **Social Worker**

## **Thoracic Surgeon**

## **Urologist**

## **MANAGEMENT**

## **Admit to Hospital? - no [manage as an outpatient only]**

**Management**

Why select this management plan?

How does it relate to your hypotheses?

What results do you expect?

How will the response of patient affect your

hypotheses?

## **Admit to Hospital? - yes, [Semi-private room]**

## **Admit to Hospital? - yes, [Private room]**

## **Admit to Hospital? - yes, [Intensive Care Unit]**

## **Admit to Hospital? - yes,**

## **[Hospice]**

## **Antidepressants**

## **Blood and Blood Products**

## **Family Education (re: illness, investigations, drugs, therapy, etc.)**

## **Hemodialysis, inpatient**

## **Hemodialysis, outpatient**

## **Hyperbaric Oxygen Therapy**

## **Individual Personal Counseling**

## **Intravenous Fluids and Osmotic Diuretics**

## **Medication Counseling**

## **Psychometric Testing**

## **Psychotherapy**

## 

## **Restriction of K, Na, and Water Intake**

## **Straight Catheter for Urine**