History Taking in Minor Illness Consultations

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Why take a History

- Legal Document
- Identify Red Flags
- Appropriate investigations and tests

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What about the client/patient

- IDEAS
- CONCERNS
- EXPECTATIONS

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Fundamentals of History taking

Why is this the most important part of your interaction with the patient?

Listen attentively	Question in a structured manner	Check and clarify information	Communicate effectively

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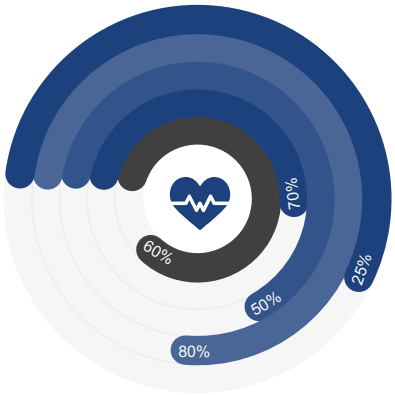
COMMUNICATION

Effective communication is essential to build a rapport with the patient/client as this will likely improve concordance..

LISTENING

OPEN QUESTIONS

QUESTIONS WITH OPTIONS



LEADING QUESTIONS

SUMMARISING

SHARE UNDERSTANDING

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What is the Process?

01 PC PRESENTING COMPLAINT

02 HPC History of Presenting Complaint

03 PAST MEDICAL HISTORY ALLERGIES MEDICATION IMMUNISATIONS

04 SOCIAL HISTORY AND FAMILY HISTORY

05 SYSTEMS OVERVIEW

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Taking the History

PC
Clarify why the client has come to the practice.

HPC
Use of SOCRATES/OPQRSTU.

PMH/MEDS/ALLERGIES
This is detailed as listed in your respiratory workbook

SOCIAL HISTORY
Employment, Travel, Carer or cared for, smoking, alcohol, diet, exercise

Family History
Genogram
Risk Factors

System Overview
Consider all systems that may have impacted illness.

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HISTORY TAKING

Communication is integral. Ensure, you introduce yourself, take consent before taking the history and before the examination. Consider use of language line or any other language
aids available. Keep language simple and clear for patient to understand.
Gain patient consent at the outset. Enquires about source of referral.

PC - Clarifies presenting complain (PC) and uses patients own words when possible.
Be succinct e.g. Cough

HPC - Uses a recognised pseudonym to obtain a structured history of presenting complaint. PQRST/SOCRATES. Any first aid. Relief / aggravation /radiation. Associated symptoms

PMH: HOSPITALISATIONS AND ACCIDENTS
MEDICAL: Checks past medical history using JAMTHREADSCA
SURGICAL HISTORY AND/OR HOSPITALISATIONS

GYNAECOLOGY: Checks gynecological history in females included LMP, parity, gravida and gynae conditions
Gravida – No of pregnancies over 24weeks
Parity – How many live births.

MEDICATION: Checks medication history including prescribed, over the counter, street, herbal and 'other drugs'. Checks immunization history.

ALLERGIES: Obtains a history of allergies including medication, food intolerances, animal or other e.g. latex or plasters.

SOCIAL HISTORY: Take a thorough social history including home environment, marital status, hobbies, occupation, travel, smoking and alcohol including diet and exercise

FAMILY HISTORY: Takes a family history and able to complete a genogram

SYSTEMS OVERVIEW – Take a structured history relevant to each system including cardiac, respiratory, skin, endocrine, abdomen, HEENT

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PC	It's important to use open questioning to elicit the patient's presenting complaint. "So what's brought you in today?" or "Tell me about your symptoms" Allow the patient time to answer, trying not to interrupt or direct the conversation. Facilitate the patient to expand on their presenting complaint if required. "Ok, so tell me more about that" "Can you explain what that pain was like?
HISTORY OF PRESENTING COMPLAINT SYMPTOMS	SOCRATES SITE – Which area affected ONSET – When did symptoms start CHARACTER e.g. cough Productive (bronchiectasis / COPD if older / CF if younger) Dry (asthma if younger / ILD if older)Wheeze (expiratory) – asthma / COPD / bronchiectasis Barking, continuos, dry. If pain, is it burning, dull ache or cramping RADIATION ALLEVIATION TIMING EXACERBATION SEVERITY
PAST MEDICAL HISTORY	MEDICAL –JAM THREADS CA SURGICAL/GYNAE HOSPITALISATIONS OR ACCIDENTS

ALLERGIES	Allergies to medication, food, plasters or nickel. Is there atophy
MEDICATION	Prescribed meds, over the counter, street, alternate therapies
IMMUNISATIONS	Always worth checking immunization history. In respiratory you want to check flu vaccine and pneumococcal
FAMILY HISTORY	Consider doing a genogram Respiratory disease? – asthma / atopy / lung cancer / cystic fibrosis Recent contact with others who were unwell? – viral infections / pneumonia / TB

SOCIAL HISTORY

Job, Smoking, Alcohol
Recreational drug use – e.g. Cannabis (increased risk of lung cancer)
Living situation:

House / Flat – stairs / adaptations / home oxygen

Who lives with the patient? – important when considering discharge from hospital
Any carer input? – what level of care do they receive?

Activities of daily living:

Is the patient independent / able to fully care for themselves? Can they manage self-hygiene/housework/food shopping?

Occupation:

Shipyard / Construction / Plumber – Asbestos

Miners – Pneumoconiosis

Farmer – Allergic extrinsic alveolitis

Hobbies – Bird fancier – Allergic extrinsic alveolitis

SYSTEMIC ENQUIRY

Systemic enquiry involves performing a brief screen for symptoms in other body systems.

This may pick up on symptoms the patient failed to mention in the presenting complaint.

Some of these symptoms may be relevant to the diagnosis (e.g. calf pain in pulmonary embolism).

Choosing which symptoms to ask about depends on the presenting complaint and your level of experience.

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SYSTEMS OVERVIEW

Cardiovascular – *Chest pain/ Palpitations / Dyspnoea / Syncope / Orthopnoea / Peripheral oedema*

Respiratory – *Dyspnoea / Cough / Sputum / Wheeze/Haemoptysis / Chest pain*

GI – *Appetite / Nausea / Vomiting / Indigestion / Dysphagia / Weight loss / Abdominal pain / Bowel habit*

Urinary – *Volume of urine passed / Frequency / Dysuria / Urgency / Incontinence*

CNS – *Vision / Headache / Motor or sensory disturbance/ Loss of consciousness / Confusion*

Musculoskeletal – *Bone and joint pain / Muscular pain*

Dermatology – *Rashes / Skin breaks / Ulcers / Lesions*

Endocrine

Psychiatric

SUMMARISING

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CONCLUDING THE HISTORY TAKING

CLARIFY

SUMMARISE

TELL PATIENT WHAT YOU ARE GOING TO DO NEXT

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RECOMMENDED READING

Bickley, L.S. (2016) Bates Guide to history taking and physical examination. 12th Ed. Maryland: Lippincott Williams ISBN-10: 1496350294 ISBN-13: 978-1496350299

Hopcroft, K. (2014) Symptom Sorter. 5th Ed. CRC Press; ISBN-10: 1910227188 ISBN- 13: 978-1910227183

McCollum, D. (2017) The easy guide to focused history taking for OSCE's 2nd Ed. CRC Press ISBN-10: 1138196525 ISBN-13: 978-1138196520

Ruthven, K. B.A (2015) Essential Examination, third edition: Step-by-step guides to clinical examination scenarios with practical tips and key facts for OSCEs. 3rd Edition, Scion Publishing Ltd. ISBN-10: 1907904107 ISBN-13: 978-1907904103

Rawles, Z., Griffiths, B. and Alexander (2015) Physical Examination Procedures for Advanced Practitioners and Non-Medical Prescribers: Evidence and rationale. 2nd Ed. Routledge Routledge; ISBN-10: 1482231808 ISBN-13: 978-1482231809

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