

Pediatric Inpatient History and Physical Requirement

Requirements

- ❑ 2 H&Ps from your inpatient rotation must be turned into your attending.
 - ❑ Turn them in **as soon as you do them** so you can obtain and incorporate feedback.
 - ❑ Do NOT use any EPIC templates that allow you to simply click and fill in the blank.
 - It's fine to make your own "skeleton" templates with headings such as CC, HPI, ROS, etc.
 - ❑ Just make sure to include all elements listed on the Case Checker Forms and free-text the rest of your H&P.
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Overview

- History
 - Physical Exam
 - Problem List
 - Assessment
 - Differential Diagnosis
 - Plan
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History

□ Chief Complaint

- Include age, pertinent identifiers (e.g. any past medical illnesses key to the current problems), primary concern (in the patient/parent's own words)
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History

HPI

- Use sentences and paragraphs.
 - Avoid nonstandard abbreviations.
 - When in doubt, write it out.
 - Paraphrase the history as told to you so that it is coherent and succinct.
 - Include all pertinent positives and negatives.
 - If any interventions have been performed at home/ER/outside clinic or hospital, include it here.
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History

HPI (cont.)

- Specific questions important to most pediatric histories:
 - Intake: usual vs current (try to quantify)
 - Output: urine, emesis, diarrhea (try to quantify)
 - Any sick contacts?

PPI

- Patient's/Parent's perspective as to the cause of the illness, fears about illness and expectations.
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History

Birth History

- Term or preterm (age of gestation)
 - Method of delivery
 - NSVD
 - C/S – why?
 - Complications of pregnancy, delivery and newborn period
 - Meds, EtOH, illicit drugs, smoking, infections, serologies, etc.
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History

- Past Medical History
 - Past Surgical History
 - Diet
 - Elimination
 - Meds
 - OTC, herbals and prescriptions
 - Allergies (meds and foods)
 - Include what happens
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History

Development

- Use Harriet Lane or Bright Futures to help
- What you include depends on the age of the child
 - Gross Motor
 - Fine Motor
 - Cognitive
 - Social
 - Adaptive

Immunizations

- Get the records whenever possible
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History

□ Family History

- In addition to your typical FH, include any congenital disorders, learning disorders, sudden death/SIDS (if relevant)

□ Social History

- Who lives with the patient, including ages
 - Marital status of parents
 - Primary caregiver
 - Daycare?
 - Pets/smokers?
 - School performance
 - For adolescents – EtOH, drugs, smoking, sexual activity
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Physical Exam

- ❑ Vital signs
 - ❑ Growth parameters (with percentiles and growth chart)
 - For children under 2, include head circumference
 - For children 2 and above, include BMI.
 - EPIC automatically plots growth charts, so print out and include with your H&P.
 - For paper charts (St. Alexius): If no growth charts available, download from www.cdc.gov.
 - ❑ Complete physical exam
 - The areas pertinent to the chief complaint should be the most thorough.
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Physical Exam

- General
 - Head
 - Eyes
 - Ears
 - Nose
 - Throat
 - Neck
 - Lungs
 - Heart (including pulses and capillary refill)
 - Abdomen
 - GU (including Tanner stage)
 - Extremities
 - Neuro
 - Lymph nodes
 - Skin
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Other Evaluation

- Labs
 - Imaging

 - If pending, list it as such.
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- Now that you have all the data, we want to see how you synthesize it. The remainder of the H&P is where you should spend most of your time/thought. Read about what you are discussing so you can impress your team.
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Problem List

- Simply, a list of all the problems you can identify from the history, physical, labs and imaging.
 - Including this step can help you see patterns and associations that you may not have appreciated before. This will help you to expand your differential diagnosis discussion.
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Assessment

- 1-2 sentence summary of the complaints, physical findings and assessment of the clinical status of the child
 - This is **NOT** just a regurgitation of your chief complaint.
 - Example: Our patient is a 22 month old boy with febrile gastroenteritis and moderate dehydration who is clinically stable after volume resuscitation.
 - Example: This is a 8 year girl previously in good health who presents with her first episode of wheezing, which has improved after several albuterol treatments and one dose of oral steroids.
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Differential Diagnosis

- ❑ Synthesize the problem list and rank order diagnoses beginning with what you feel is most likely.
 - ❑ Discuss the findings that support or do not support each item on your differential.
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Plan

- ❑ Should be either problem-based or system-based.
 - ❑ Organize your plan
 - For each problem/system, include what Diagnostics, Therapeutics or Education would be appropriate.
 - ❑ Support each item in your plan, (which is where reading is especially helpful).
 - Example: Do not just list the antibiotics you're using for treatment. Discuss what organisms you're worried about and why the antibiotics of choice are appropriate.
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The Finishing Touches

- ❑ Label your H&P and daily notes. (MS3 H&P or MS3 Gen Peds Progress Note)
 - ❑ Always date and time the H&P.
 - ❑ Always sign each page, including your pager number.
 - ❑ GET FEEDBACK from the residents before you turn it in.
 - ❑ Turn it in as soon as you do it so you can get timely feedback from the attending and improve your subsequent H&Ps.
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