# History Taking in Paediatrics

**Introduction**
- Consent and Confidentiality
- Name
- Date of Birth (age)
- ♂ or ♀
- Race
- School

**Presenting Complaint**
- Symptoms + duration / progression

**History of Presenting Complaint**
- When did it start?
- How did it develop?
- When was the child last well?
- Precise order + progression of symptoms
- Relieving/precipitating factors
- Treatment already given
- Is this the first time?
- Feeding/Appetite
- Activity/Apathy
- Excretion – urine and faecal
- Growth – weight/height
- Sleeping

## Past Medical History
- **Pregnancy**
  - Maternal illness
  - Drug ingestion
- **Birth history**
  - Place of birth
  - Duration of labour + mode of delivery
  - Complications - e.g. resuscitation required, birth injury, malformations
  - Gestation + birth weight
  - Neonatal problems: e.g. jaundice, fits, fevers, bleeding, feeding problems
- **Diet & feeding**
  - Breast/Bottle fed, how long? Time weaned onto solids? Any problems?
- **Previous illness, accidents, surgery**
  - Previous hospital/A&E visits
  - Any screening tests? results
  - Growth
  - Contact with infectious disease

## Developmental History
- Gross motor
- Fine motor and vision
- Hearing and speech
- Social and behavioural
- Assess current level of development
- Ask about school progress & attendance
- Sleeping or continence problems
- Behaviour & mood problems

## Family History
- List health problems in the family
- Stillbirths, miscarriages, childhood deaths
- Genetic conditions
- Diabetes, epilepsy, hypertension…etc
<table>
<thead>
<tr>
<th>Drug History</th>
<th>Social History</th>
<th>Systemic review</th>
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</table>
| • Current medication, including dose, route, compliance | • Family unit: Family tree with ages of parents + siblings | • Cardiorespiratory  
  ○ Neonate: tachypnoea, grunts, wheeze, cyanosis, cold sweats (heart failure)  
  ○ Toddler: cough, exertional dyspnoea  
  ○ Older child: cough, wheeze sputum, chest pain, exercise tolerance |  |
| • Relevant recent medication e.g. course of steroids for asthma | • Who does the child live with? | • Gastrointestinal  
  ○ Neonate: appetite, D&V, feeding problems, stool frequency, jaundice, constipation  
  ○ Toddler: appetite, D&V, stool frequency, constipation  
  ○ Older child: appetite, D&V, abdominal pain, stool frequency, constipation |  |
| • Immunisations | • What is their relationship? | • Genitourinary  
  ○ Neonate: wet nappies (how often?)  
  ○ Toddler: wet nappies (how often?)  
  ○ Older child: haematurina, dysuria, frequency, sexual development, haematuria |  |
| • Allergies – drug or other | • Who else looks after the child or helps the mother? | • Neuromuscular  
  ○ Neonate: seizures, attacks, jitters  
  ○ Toddler: fits, drowsiness, hyperactivity, hearing, vision, gait  
  ○ Older child: headaches, fits, odd sensations, drowsiness, academic ability, vision, hearing, co-ordination |  |
| • Non-prescribed treatment: Over the counter, Alternative medicines | • Anyone smokes in the family? (inside or outside) | • ENT, teeth  
  ○ Neonate: noisy breathing  
  ○ Toddler: ear discharge  
  ○ Older child: earache, discharge, sore-throat |  |
| • Recreational drugs (depending age) | • Housing situation:  
  ○ House, flat, bungalow  
  ○ Number of bedrooms, condition of housing | • Skin  
  ○ Rashes |  |

<table>
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<tr>
<th>Ideas, Concerns &amp; Expectations</th>
<th>Ending Consultation</th>
<th>General mnemonic</th>
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| • How has the illness affected the family? | • Ask if they have any questions? | Weight  
  Appetite  
  Fevers  
  Fatigue  
  Lumps  
  Everything ok? |
| • Have the symptoms kept the child from attending nursery/school? | Thank the patient. |  |
| • What are the parents concerns, beliefs, hopes etc. about the child and their illness? |  |  |
| • What are the child’s concerns, beliefs, hopes etc. |  |  |