

Pediatric History

Tips And Techniques

Children

Children who can communicate verbally should be included as historians, with additional details provided as necessary by parents or caregivers. Questions, explanations and discussions occurring with children present should take into account their level of understanding. Young children may be assisted in providing details of the history by such techniques as having them play roles or draw pictures. The interviewer should gain an

understanding of the child's terminology for various body parts.

Adolescents

Adolescents should be granted privacy and confidentiality.

- Interview the adolescent alone
- Discussions with parents or caregiver should occur separately, with the adolescent's permission. *See also chapter 19, "Adolescent Health."*

Components Of The Pediatric History

The pediatric history includes many of the same components as the adult history, but some specific elements are highlighted. The chief complaint, history of present illness, history of past illnesses, allergy and drug history, family history and review of systems are the same as for an adult. In addition, the pediatric history should include the following information:

- Pregnancy and perinatal history
- Immunization history

- Detailed dietary history for the first year of life, including history of vitamin supplements and fluoride use
- Developmental history
- Social history, including questions about any recent separations, deaths, family crises, friends, peer relationships, day-to-day care arrangements, progress in school

Pediatric Physical Examination

Clinicians should be aware of the different sizes of body parts in children relative to adults: head relatively larger, limbs relatively smaller and, in

small children, ratio of surface area to weight relatively larger.

Technique

Much information can be obtained by observing the child's spontaneous activities while the history is being conducted, without touching the child. For this purpose it is useful to have an age-appropriate toy available.

Without touching the child, observe:

- Gait
- Breathing frequency and pattern
- Responses to sound
- Grasp patterns

- Color
- Responses to parental comforting measures

For a young child, parts of the physical examination can be conducted with the child either being held by the parent or caregiver or supported on that person's lap.

Generally, the least stressful parts of the exam should come first, with more intrusive or distressing parts later (e.g. examination of the pharynx with the child restrained).

The order of the examination must be varied to suit the situation.

Care should be taken to select appropriate-sized equipment when examining a child (e.g. blood pressure cuff should be two-thirds of the length of the upper arm).

Developmental Milestones

Assessment of developmental progress should be part of each complete health assessment. Developmental milestones are achieved at different ages in different children; the approximate ages at which developmental milestones occur are presented in Table 1-2. More detailed assessments are indicated when it appears that the child is not progressing normally.

As part of each complete health assessment, attempts should also be made to assess responses to sound and ability to see.

Measurements of length and weight should be part of every health maintenance visit (along with measurement of head circumference in the first 2 years of life). These parameters should be recorded on gender-appropriate growth curves, which should form part of the child's health record.

Table 1-2: Approximate ages for milestones in the first two years of life

Milestone	Approximate age
Social smile	1 month
Sit	7 months
Vocal babble	9 months
Pull to stand	9-10 months
Pincer grasp	12 months
Walks alone	13 months
Ten words	18 months
Hand preference	18 months
Many words (two together)	24 months