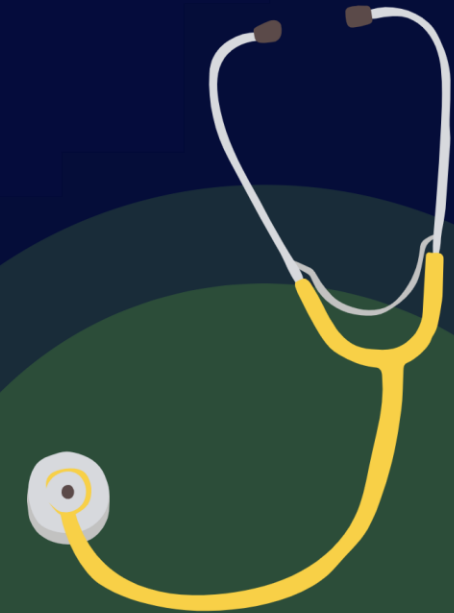




Lecture 7: Sunday 13th March 2022

Presented by: Sahil Misri

History Taking



SURGICAL SOCIETY JUNIOR ANATOMY SERIES | CPA LECTURE SERIES

Contents

1. What to expect
2. A basic structure
3. Systems review
4. Some tips and tricks



What to expect

- An actor and an examiner
- 11 min
- They may ask you to focus on certain parts of the history – do it!!



Introduction & Consent

- Name & role
- Reason
- Expected time
- Would it be okay with you?

- Name and DOB of patient!



Presenting Complaint

- Think about ways to open up the conversation
 - What brings you in today?
 - What can we help you with today?

TIP!

- Allow the patient to flow for a bit
- They'll make life easier for you



History of Presenting Complaint

- If pain: SOCRATES
- If something else: SOCRATES still useful to use as a base
- Other questions:
 - Has something like this ever happened to you before?
 - Has it been getting better or worse?



SOCRATES

- Remember – lots of the content may have already been covered during the golden minute
- Feel free to stick in brief symptom-related systems review as part of 'A'

TIP!

- This is a good place to include interim summary

- Site
- Onset
- Character
- Radiation
- Associated symptoms
- Time
- Exacerbating/alleviating factors
- Severity (/10)



Drug History

- Any medications?
- Any over-the-counter medications or herbal treatments?
- Drug allergies or other allergies

TIP!

- Links nicely in with 'E' in SOCRATES!

TIP!

- Listen carefully to the meds
- They might give you a clue as to the PMH



Past Medical History

- Do you have any other medical conditions?
- Is there anything you regularly see your GP for?
- Any previous admissions to hospital?
- Any previous surgeries?

TIP!

- Listen carefully to PMH
- They might give you indications as to what meds they may be on!



Family History

- Are there any medical conditions that run in the family?
- You may want to be more specific depending on the PC
- Find out ages at Dx, death

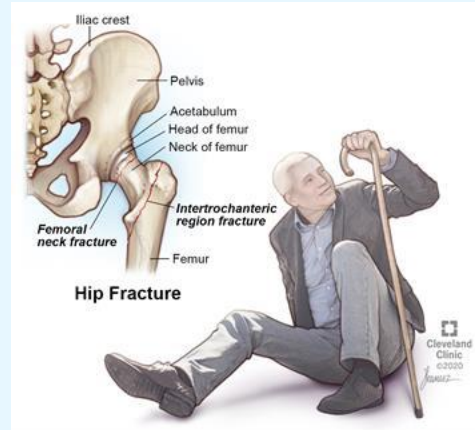
TIP!

- Good place to show the examiner how empathetic you are!



Social History

- Smoking
- Alcohol
- Recreational drugs
- Occupation \pm stress
- Living circumstances
- Exercise tolerance
- ADLs
- Diet
- Sleep
- Travel



TIP!

- Be sensitive!
- We'll go over some examples



How to ask questions in the social history

DON'T	DO
Launch straight in with 'do you do drugs'	Signpost
Make specific parts a big deal	State that you ask all these questions to everyone, during your signposting
Ask 'What's your job'/'what do you do for work'	Ask if they're working, and then follow up
Ask 'who do you live with?' or make any assumptions about living situations/partners	Ask 'is there anyone at home with you?'



ICE

- Ideas, concerns and expectations
- May dredge up something not covered in the history!

TIP!

- Doesn't have to be at the end, nice to intersperse and react to the patient!



If you have time for a full systems review...

- Neuro: headaches, weakness, sensation changes
- Cardioresp: syncope, dyspnoea, chest pain, cough
- GI: bowel movements
- Uro: urinary symptoms (LUTS, haematuria)
- Other: skin changes, joint pains, recent infections/illness



Abdominal Pain



- An example history
- Your turn to get involved!



Introduction & Consent

- Must start off with the introduction
- Who are you? What's your role? Why are you here? Will it be confidential? Is it ok with the patient?



PC & HPC

SOCRATES

- Crucial in an abdominal history to cover all elements of SOCRATES



Abdo Pain: Associated Sx and Systems Review

- CIBH including blood in stools (colour, amount etc), last BM
- Nausea \pm vomiting (colour, amount etc)
- Dysphagia/odynophagia
- FLAWS
- Don't forget! Other systems live there too!
 - Urinary symptoms
 - Gynae (ask about pregnancy, periods)
 - Chest pain & other cardioresp symptoms eg: dyspnoea



PMHx/FHx & DHx

- Previous abdominal surgeries -> adhesions -> ?SBO
- Previous abdominal surgeries rule out conditions
- Certain drugs are likely to cause constipation/pancreatitis/immunosuppression
- Certain conditions eg: IBD, cancer, nephrolithiasis are associated with FHx



Social History

- EtOH – very relevant for chronic liver disease, pancreatitis
- Smoking a risk factor for cancer
- Recent things the patient has eaten
- Ask about travel – relevant for ID



Breathlessness



- An example history
- Think about how to adapt a common history (abdo pain) to one which is less 2nd year material



TASK: Adapt SOCRATES to fit breathlessness

- When did the breathlessness start? (acute: PE/pneumothorax, chronic: COPD)
- Is it always there?
- How would you describe the SOB? Eg: deep breaths, can't get air in, hyperventilation?
- What makes the breathlessness worse/better?
 - Orthopnoea (eg: CHF)
 - Worse during the week (?occupational exposure)
 - Worse in the cold/with animals/exercise? (eg: asthma)
- How bad is the breathlessness (how far can you walk? How many stairs etc)



Associated Symptoms

Symptom	Potential Cause
Central chest pain	Stable angina/ACS
Pleuritic chest pain	PE/pleural disease
Palpitations	Tachyarrhythmia, anxiety
Syncope	Tachyarrhythmia
Wheeze	Asthma, COPD
Cough (nature?)	COPD, infection
FLAWS, haemoptysis	Cancer, infection



PMHx/FHx/DHx

- Known autoimmune disease
- Known malignancy
- Previous procedure/surgery (eg: radiotherapy, pleurodesis)

- Beta blockers may worsen asthma symptoms
- Some medications may cause pulmonary toxicity



Social History

- Smoking is so essential (pack year history to be elicited in a resp history for sure)
 - Can get a vaping history
- Travel history relevant for infectious disease - and also for PE (DVT)
- This is where the pets become interesting! -> hypersensitivity pneumonitis
- Job – occupational exposure eg: asbestos-related lung disease



In Summary

**Intro into what the CPA
may be like**

**The basic structure of a
history**

Lots of tips along the way

**Specific focus on
abdominal pain**

Specific focus on dyspnoea

**Questions and feedback
form please 😊**



Questions or comments?

Get in touch!

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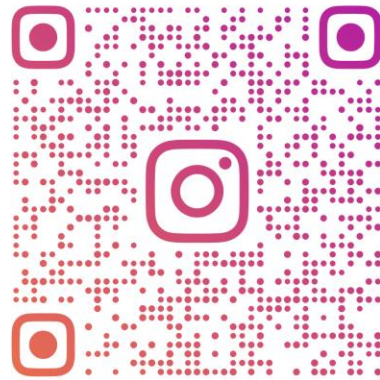
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