

# IMPORTANT !!!

**White coat (clean)**

**Stethoscope**

**Shoes to change**

**Identification card**

**Missed classes?? – NO!**

**SPEAK CZECH !!!!!**



# PATIENT'S HISTORY & GENERAL EXAMINATION

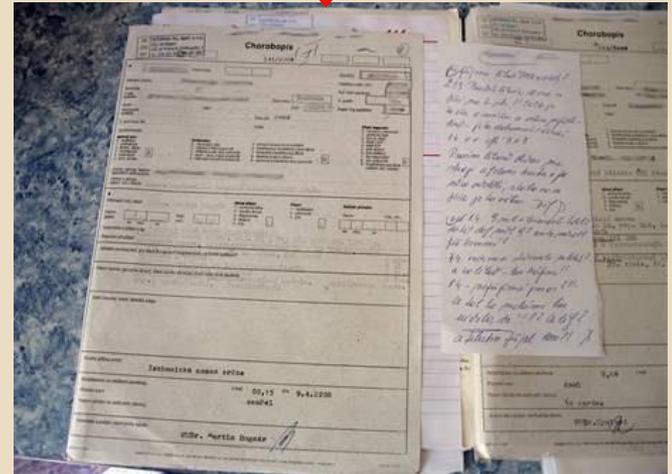
**Doc. MUDr. Lubomír Křivan, Ph.D.**

**Interní kardiologická klinika FN Brno**





Plxmac.cz 82822101

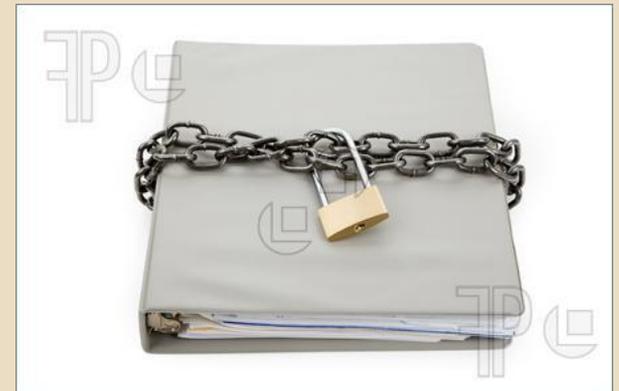


# Examination

- **Subjective information**
- **Objective information**
- **Symptoms**
  - **specific** (swollen leg in DVT, exophthalmus in Basedow's disease, extreme thirst and urination in DM..)
  - **nonspecific** (lost of weight, fatigue, elevated temperature, syncope...)

# Important !!!

- ❑ **Always introduce yourself to the patient !!!**
- ❑ **Shake his /her hand.**
- ❑ **The more the atmosphere is friendly, the more information you get**
- ❑ **Save the patient's privacy**
- ❑ **Assure the patient that he may ask you anything he needs to know**
- ❑ **Always inform the patient what you want to do with him**
- ❑ **The information is strictly confidential**



# History

- **Current disease**
- **Chronic previous diseases**
- **Pharmacological history**
- **Allergies**
- **Abuse**
- **Family history**
- **Social history**
- **Occupation**
- **Physiological functions**
- **Gynecological history**

**Use the patient's words in the report:**

**„...it hurts like a dog's bite...“**

# History – current disease

## Always start with present problems

- what are your complaints?
- is it for the first time in your life?
- don't put forceful Q : „does it hurt here?“
- guide the patient's history
- concentrate on the main problem
- try to get as detailed information as possible

# History – of chronic or previous diseases

- **which other diseases you suffer from?**
- **injuries, operations, infectious diseases?**
- **monitored diseases: DM, CAD, Stroke, TBC, Hypertension, Hepatitis?**
- **blood transfusion**
- **is your disease followed by a specialist? where, who?**
- **how long are you aware of the disease?**

# History – pharmacological

- **which drugs do you take regularly?**
- **name, amount per day**



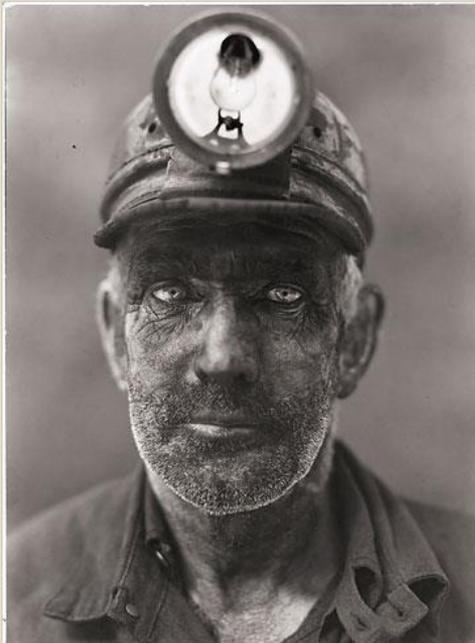
# History – abuse

- ❑ do you smoke?
- ❑ did you smoke? how many cigarettes per day? how long?
- ❑ do you drink alcohol? what kind? average daily, weekly consumption?
- ❑ any drugs?



# History – of occupation

- was the patient working manually, mentally?
- was he exposed to pollutants?



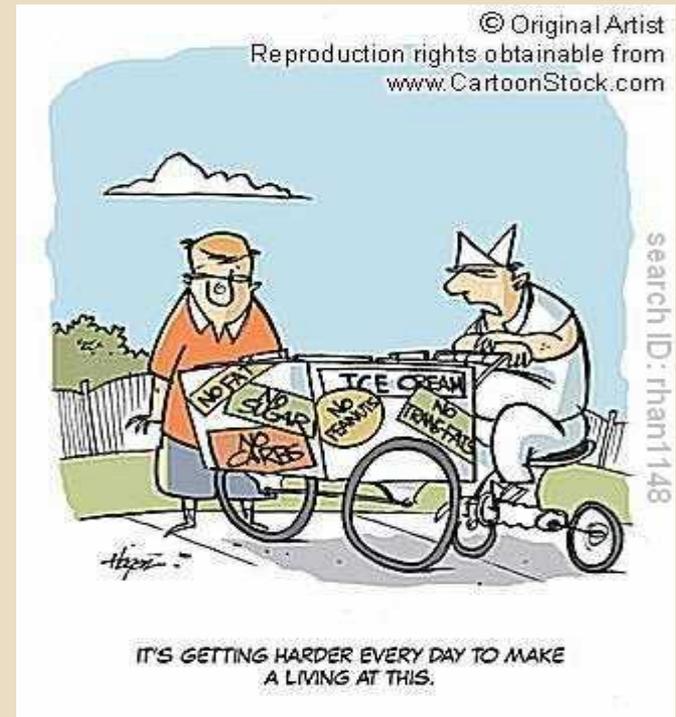
# History – social

- are you single, or married?
- do you live with your partner?
- where do you live? house, flat, homeless?



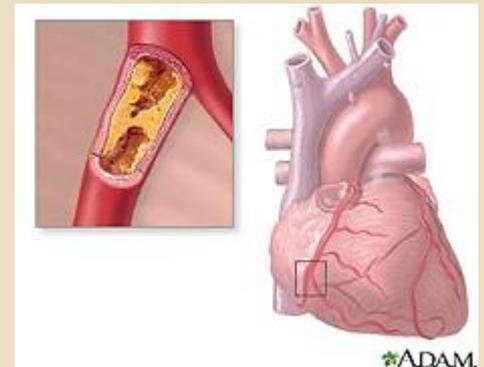
# History – allergies

- are you allergic or hypersensitive to some drugs, food, animals, pollen or plants ???
- **Never forget to ask !!! It may save the patient's life !!!**



# History – family

- do your parents live?
- if not, what was the cause of death? in what age?
- do you have siblings, are they healthy?
- **!!! don't pay attention to the husband or wife!!!**



# History – physiological functions

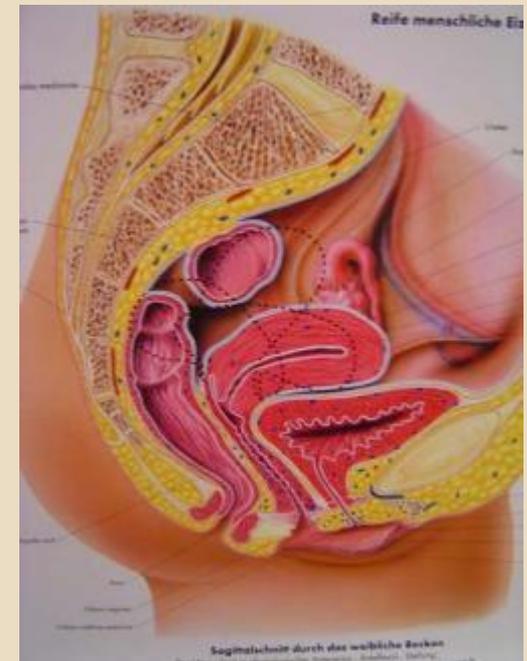
- do you see well?
- do you hear well ?
- do you have healthy appetite?
- do you have your own teeth?
- is your urinating and stool regular without problems?
- did you loose some weight?



# History – gynecological



- do you have children? how many?
- how many times you were pregnant?
- abortion? spontaneous? or medical?
- do you have a period?
- how long have you been climacteric?
- when did you see your gynecologist last time?



# Physical examination

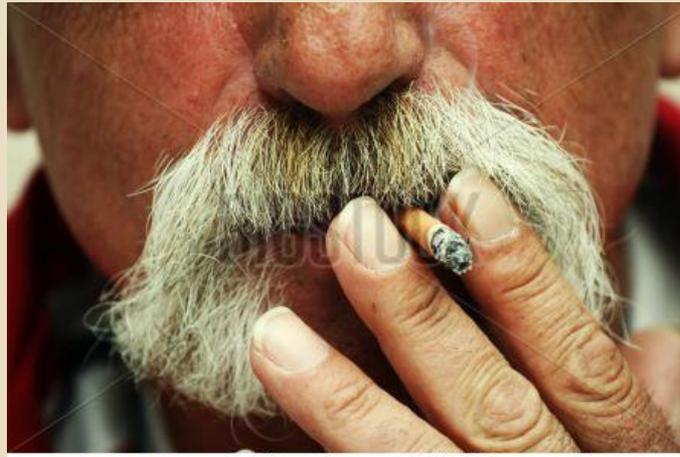
- sight
- palpation
- percussion
- auscultation
- olfactory sense
- (per rectum)



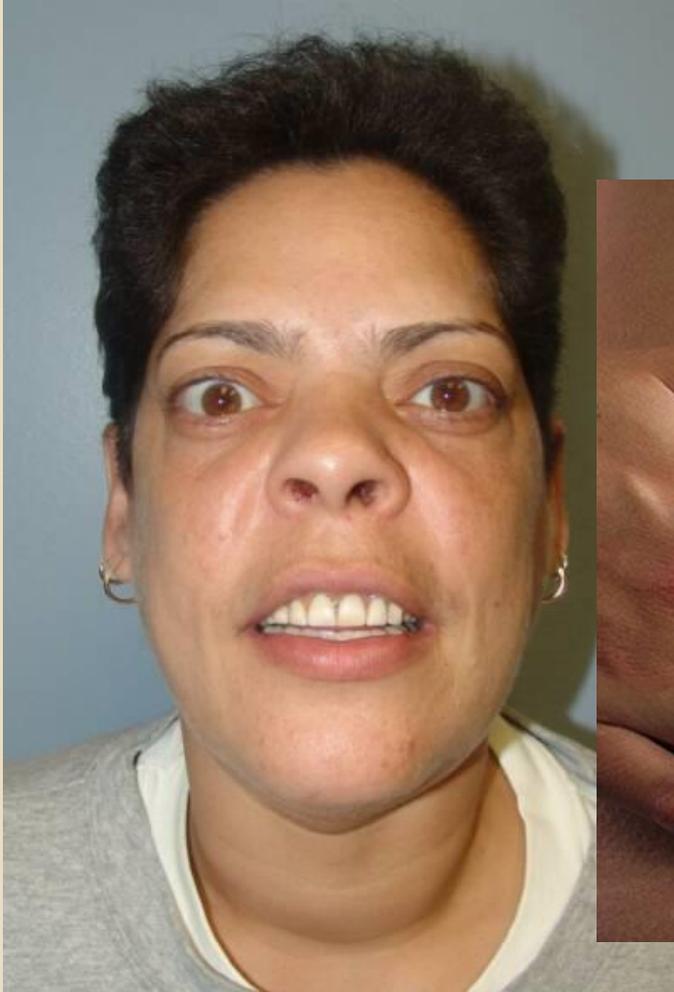
## Smells of the City

- |   |  |
|---|--|
|  Alcohol     |  Mold & Wet |
|  Body Odor |  Perfumes |
|  Chemicals |  Sewage   |
|  Feces     |  Urine    |
|  Food      |  Vomit    |

# General inspection of the patient



# General inspection of the patient



# Skin

- red – inflammation, fever, sun
- pale – anemia, prolonged sepsis
- yellow – icterus
- blue - cyanosis
- pigmentation
- scars
- naevi
- tension (turgor)



# Figure (habitus)

- ❑ normosthenic
- ❑ hypersthenic
- ❑ asthenic
- ❑ cachectic



# Position

- **active – patient is able to make any position of the body**
- **passive – immobile**
- **involuntary :**
  - ▣ **orthopnoic – during left ventr. heart failure**
  - ▣ **on the belly, knees – retroperitoneal tumours**
  - ▣ **head turned back, extremities in flexion – meningeal irritation**



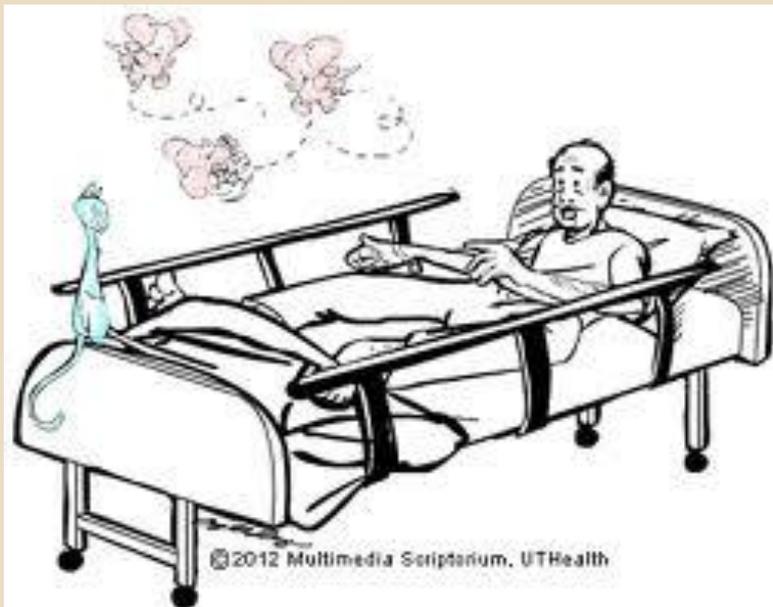
# Consciousness disorders - quantitative

- **Somnolent patient, lethargy** – patient is asleep, with delay in all activities
- **Stupor** – sleeping deeply, able to wake up by painful stimulation, but immediately slips into the sleep.
- **Coma** – impossible to wake up, no reaction to pain



# Consciousness disorders - qualitative

- **Absence** – patient is not aware of what is he doing, but motion and space orientation is OK (hypoglycaemie, epileptic seizure)
- **Delirium** - confused, disoriented, automatic movements, aggressive (alcoholics, cerebral ischaemia)



## ANAMNÉZA

## ZÁKLADNÍ ANAMNÉZA

RA: matka - léčila se s DM 2. typu, otec byl zdravý, děti: 2 dcery, zdravé

OA: Hypertenzní nemoc, snížená děloha - proto moč. inkontinence, st. p. fraktury humeri l. dx, st. p. fraktury předloktí bilat.

GA: 2 porody, menopauza od 48 let asi

SA: důchodkyně, žije s dcerou v Brně (trvalé bydliště ještě není změněno)

FA: Anopyrin 100mg 0-1-0, Enap 1-0-0, Agapurin 1-0-1 (dcera dodá gramáže)

FF: Spánek bez potíží. Chuť k jídlu nemá, váhový úbytek v posledním půlroce asi 30kg (smrt manžela + v posledním měsíci hlavně nechutenství, nausea), moč. inkontinence (snížená děloha), stolice nepravidelná, bez patolog. příměsí, spíše zácpy. Sluch i zrak přim. věku.

Abusus: nejuje

~END~

Alergie: nejuje

Cave:

## NYNĚJŠÍ ONEMOCNĚNÍ:

Pacientka přivezena RZP pro synkopu, TK 100/60mmHg, TF 91/min., bledá, dehydratovaná. Pac. udává už asi měsíc trvající nechutenství, jí a pije jen minimálně (po jídle vždy nausea). Během posledního půl roku úbytek na váze cca 30kg, melénu či enterorhagii nejuje.

Dle laboratoře: Ery 3,25, Hb 73,7, Hct 0,23, Leu 14,8, CRP 73,7, Urea 10,3, kreat. 121, hraniční Na 135.

Datum, čas: 20.08.2012 14:47 — Podpis: pavlumar —

>> Alergie pacienta.<<

F1Pomoc F2Lupa F12Ulož TabNyn.onem./Zákl.anam. EscPřeruš

## 2 reasons for an excellent medical report

1. any following doctor may understand what happened, what was done including yourslef
2. makes your defence at the court easier



**Don't judge previous treatment or doctors.**



**„The doctors of all the world bury their patients together“**

Mika Waltari – Sinuhet the Egyptian