

**PLAB 2 (OSCE): History Taking**

**History taking - Abdominal pain in female.**

Introduction: Good morning Miss. Smith I am Dr. XYZ, senior house officer in the department of obstetrics and gynaecology. I would like to have a small chat with you regarding your abdominal pain, is that all right with you?

When did the pain start? Could you point out exactly where the pain is? Type of pain? Is the pain radiating anywhere?

What makes the pain better and what makes it worse? Is the pain getting better now?

Is there any diurnal variation?

Associated feature like nausea, vomiting and distention?

Vomit colour and character? Relation to food?

Does it wake you up at night (severity)? How is your appetite? Any weight loss? Are you opening your bowels regularly? Diarrhoea and constipation?

Stool formed? Is it hard to flush? Colour?

Relation to exercise? breathlessness and sweating?

Menstrual history: when was the last period? Are you on any contraceptives? Could you be pregnant?

Burning micturition, h/o UTI and vaginal discharge?

Is the vaginal discharge foul smelling? Colour?

Have you had similar episode in the past?

Family history of bowel diseases or Carcinoma?

Smoking and alcohol? Drug history?

Medical history: h/o acid peptic disease, angina, appendicectomy, STD, PID, IUCD, ectopics.

DD: UTI, STD, PID, appendicitis, ectopic pregnancy, acid peptic disease, pancreatitis, renal and gall stones.

Refer: Per vaginal Examination.

## History taking -- Alcoholism.

Introduction:

When did you start drinking?

How much do you drink?

Have you ever tried to cut down drinking?

Did any one criticize your drinking?

Who referred you here?

Have you ever felt bad or guilty about drinking?

Have you ever had a drink first thing in the morning?

How do you feel in yourself? Any mood changes?

Have you got any phobias? Do you feel anxious about small things?

Also ask about -- memory disturbances

personality disturbances

Have ever tried to end your life?

Marital and sexual problems?

Have you got any family problems?

Have you got a job?

Do you have any financial problems?

Drink driving?

Crime and homelessness?

Health problems like Insomnia, agitation, BP, DM, Acid peptic disease, Jaundice. Recent hospital admissions, fits, falls and blackouts?

## History taking -- Anxiety.

Introduction:

Find out about: tension; agitation; trembling; impending doom; collapse; insomnia; poor concentration.

Hyperventilation; chest pains; tinnitus; tingling; tetany.

Headaches; sweating; palpitations; poor appetite; nausea; lump in the throat (globus hystericus).

Excessive concern about self and bodily functions; repetitive thoughts and activities like: thumb sucking, nail biting, bed wetting, food fads and stammering in children. Find out about phobias?

Causes of anxiety: stress,

Life events: death of spouse, losing a job.

Intrapsychic theories.

Management: symptom control: simple listening, explain that the headaches are not due to brain tumour and palpitations are harmless.

Graded exposure to anxiety provoking stimulus.

Progressive relaxation training; teach to relax and tense groups of muscles in an orderly way.

Deep breathing exercises.

Anxiolytics: Diazepam.

## History taking -- Asthma.

Introduction:

Questions to be asked in history taking.

Wheeze, dyspnoea or cough? Disturbed sleep?

Exercise (quantify distance to breathlessness).

Days per week off work or school.

Diurnal variation?

Precipitating factors: emotion, exercise, infection, allergens and drugs.

Any other atopic diseases like eczema, hay fever, allergy.

Any Family history of asthma?

Any Acid reflux? Occupational history?

Examination: widespread polyphonic, high pitched wheezes.

Chronic asthma may give a barrel chest thorax with indrawn, costal margins (Harrison's sulci). Air entry may be inadequate to generate any wheeze (the silent chest - an ominous sign).

Tests: teach to record PEFr 4hourly for a week.

Severity markers:- CXR (hyperinflation), spirometry (FEV<sub>1</sub>/FVC is reduced), residual volume (increase means marked air trapping), blood gases, FBC (eosinophils), sputum and prick test (aspergillus plugs, eosinophils).

**DD**: pulmonary oedema, COAD, large airway obstruction (producing stridor) eg. foreign body, pneumothorax, pulmonary embolism.

Natural history: most childhood asthmatics either grow out of their disease in adolescence, or suffer much less as adults.

Management: stop smoking. Avoid any relevant allergens. Education.

Drugs available: Salbutamol, side effects: tachyarrhythmias, hypokalaemia, tremor and anxiety. If more than 2 puffs are needed, add an inhaled steroid. Avoid all NSAID's and beta-blockers: they worsen asthma.

Corticosteroids: are best inhaled, beclomethasone spacer: act by decreasing bronchial mucosal inflammation. The patient should gargle after inhaled steroid to prevent oral candidiasis.

Aminophylline: decreases bronchoconstriction. It is usually given as a prophylactic agent. It has a narrow therapeutic ratio causing arrhythmias, GI upset and fits in the toxic range. Therapy should be controlled by checking blood theophylline levels and by monitoring ECG.

Anticholinergics: Ipratropium may reduce muscle spasm synergistically with beta agonists.

Cromoglycate: can only be inhaled. It is sometimes useful for prophylaxis in mild asthma, and exercise induced asthma in children.

**Refer: Asthma management.**

## History taking -- Blackouts.

(loss of consciousness, drop attack, clouding of the visual field, diplopia, or vertigo)

### Introduction

10 points in history: Timing; frequency; duration; time of the day

Is there a warning? eg. an aura preceding the attack

What are the exact circumstances in which they occur

What does the patient look like during an attack (colour, movement)?

What happens during an attack (injury, incontinence)

What is the pulse during the attack

Was the patient confused or sleepy after the attack

How much does the patient remember

Were there accompanying symptoms

Can the patient prevent the attack

H/o smoking and alcohol consumption. Is the patient on any medication for BP? H/o DM, hypoglycaemia, HTN, heart disease? H/o neck stiffness, head injury, fits migraine. Family h/o heart disease.

Epilepsy: tongue biting, occasionally residual paralysis and may be precipitated by TV.

Syncope: rare at night, cannot occur lying down, usually pale during an attack.

Refer: **Epilepsy**.

**DD**: Epilepsy, syncope (vaso-vagal), postural hypotension, carotid sinus syndrome, vertebro basilar ischaemia, micturition syncope, cough syncope, hypoglycaemia, raised ICP, anxiety and hyperventilation, alcohol/drug abuse and simulated blackout.

Examination: CVS, CNS & BP: lying and standing.

Tests: U & E, FBC, 24hr ECG & EEG, echocardiogram, CT scan and 2mins hyperventilation.

If epilepsy, advice about jobs and driving. Refer: **Epilepsy counseling**.

## History taking -- Chest pain.

Introduce yourself and make the patient comfortable in the bed.

When did the pain start? Duration of the pain? Could you point out exactly the site of the pain? Type of pain? Is this the first time?

Radiation of pain to the jaw, arm or to the back etc? Any associated features like nausea, vomiting, sweating and breathlessness?

What makes the pain come on? (anxiety, emotion and palpitations). What makes it go? (stopping exercise). Any diurnal variation?

H/o smoking and alcohol?

H/o DM, HTN, Acid peptic disease?

Family h/o heart disease?

DD: Acute Myocardial Infarction, Angina, pericarditis, myocarditis, aortic dissection, PE, Pleurisy, Pneumothorax, oesophagitis + spasm, acid peptic disease, cholecystitis and pancreatitis, shingles, nerve root lesion and chest wall pathology.

**Refer:** Acute management of MI, Drugs in MI.

## History taking - Depression.

Introduction:

Loss of interest or pleasure?

Appetite & weight loss?

Sleep patterns (early morning waking and insomnia)?

mood variations?

Thought process?

Sexual activity?

Ability to concentrate?

Worthless, guilt and self-blame?

Thoughts of death and suicide and suicide attempts?

Smoking alcohol and drug addiction?

Loss of job? Death of a loved one and Divorce

Causes of depression: Biochemical: increase in 5HT

Endocrine: cortisol suppression

Stress: new birth, job loss, divorce and illness

Vulnerability factors: illness, pain, and lack of intimate relationship.

Management: Antidepressants: Amitriptyline, Dothiepin.

Reference: Postnatal depression.

## History Taking – Diarrhoea

Introduction: Good morning Mr. Smith I am Dr. XYZ Senior House officer in the department of Medicine. I would like to have a little chat with you regarding your problem of passing loose motions, is that all right with you?

History of presenting complaint. When did it start?

p/h of similar episodes

How many times does you normally open his bowels?

frequency; tenesmus; painful

Colour of stool; any blood or slime, tarry(melaena);

stool: fully formed or not? Quantity?

difficulty in flushing the stool

abdominal pain: aggravating or relieving factors;

relation to foods like bread, cakes, oats etc.

any weight loss and fever?

diet and travel?

h/o any medication (laxatives/purgatives)?

h/o constipation before?

h/o smoking and alcohol

f/h of bowel problems?

h/o DM, IBD, bowel surgeries or any other illnesses?

Thank you, it is pleasure talking to you.

Refer: Diarrhoea and rectal bleeding.

D.D: Inflammatory bowel disease, Coeliac, Parasitic infestations like amoebiasis and tropical sprue, Malabsorption syndromes, Gastroenteritis, Carcinoma colon.

## History taking -- Ectopic pregnancy.

Introduction:

When did the bleeding start?

How much do you bleed? Colour? Consistency?

Where is the tummy pain? Duration? Type of pain?

Radiation of pain?

Which was first, pain or bleeding?

LMP? Sexually active? Use of IUCD or other contraceptives?

Medication? STD?

Any children?

Past h/o similar complaint? Pelvic surgery? past medical history.

## History taking -- Headache.

Introduction:

When did the headache start? How did it start? Was it sudden?

Where is the headache? Type?

P/h of migraine and headaches?

Is the headache getting better or worse? diurnal variation?

Any vomiting, fever, coughs and cold?

H/o visual flashes, blurring of vision?

Stiffness of the neck and rashes?

H/o ear infections? sinusitis and toothache?

H/o Trauma? H/o recent infections like meningitis?

Occupational history? Stress?

Medication? smoking? Drugs?

F/h of migraine, ICSOL and brain tumours?  
H/o HTN?

DD: - intra cerebral bleeding (subarachnoid bleeding), Migraine, tension headache, trauma, infections.

## History taking - Infertility.

Introduction:

### HER:

menstrual history: when was the last period?

Are they regular?

Knowledge about the fertility period?

Do you use any type of contraception?

Have you ever been pregnant?

Any h/o PID? H/o ectopic and tubal pregnancy?

Do you have any DM or any problems with your thyroid?

H/o pelvic surgeries?

H/o drug intake? H/o alcohol and smoking?

### HIM:

Have you fathered a child before?

Occupational history?

H/o Mumps?

H/o UTI?

H/o DM, STD?

H/o abdominal operations?

H/o drug intake, alcohol and smoking?

## History taking -- Meningitis.

Introduce yourself and calm the mother.

When did the fever start?

Is the child sick? If yes, number of times vomited?

Was there any rash?

Was the glass test performed? If so what is the result?

Is the child refusing food? Irritable and crying?

Is the child active and responding to commands or drowsy?

Past history of similar episodes?

Immunization history?

Health of the siblings and other members of the family if any?

History of meningitis at school or play area?

## History taking -- Palpitations.

### Introduction

When did the palpitations start?

Exact circumstances?

Rate and regularity?

Any associated features like vomiting, sweating, chest pain, dyspnoea, dizziness, collapse?

Tremors, weight loss, anxious, frightened and panic attacks.

What makes the palpitations worse and what makes them go?

Drug history? Alcohol and smoking?

Medical history: MI, DM and Thyroid disease.

DD: Heart disease, Thyroid, drugs, alcohol, obesity, anxiety, family history and life style.

## History taking - Rectal bleeding.

### Introduction:

Since when have you been passing blood per rectum?

Is this the first episode?

Is it frank blood or blood in the stool? Are you passing any slime?

How many times do you open your bowel?

Do you feel any thing coming down while passing bowels?

Do you have to strain to pass your motion (Tenesmus)? Pain while passing the bowels? Fever?

Abdominal pain? Do you feel well after opening the bowel?

Appetite? Weight loss? Arthritis?

Are you on any medication?

Medical history of IBD, Ca and bleeding disorders?

Alcohol, smoking and drugs?

Do any one in your family have similar complaints?

DD: diverticulitis, colorectal carcinoma, haemorrhoids, polyps, trauma, fissure in ano, angiodysplasia, arteriovenous malformation, radiation proctitis.

Reference: Diarrhoea and rectal bleeding.

## History taking: Post coital bleeding.

Introduction:

When did the bleeding start?

How much do you bleed?

Is it only after sex? Is the intercourse painful?

Menstrual history: are the periods regular?

How many days do you bleed?

When was your first period?

When did you start having sex?

Are you in a steady relationship?

How many children have you got?

Are they from the same partner?

Regular cervical smears? When was the last smear test done?

Any other discharges? Type? Smell?

UTI? Dysuria? Weight loss?

H/o bleeding disorder?

F/h of similar complaint?

Medications?

Smoking, alcohol and drugs?

Major illnesses like DM and HTN?

## History taking - Post menopausal bleeding.

Introduction:

How old are you?

When did the bleed start? For how long?

Have you noticed bleeding after sex?

Did you pass clots or have you noticed only spotting?

Have you got any abdominal pain?

Vaginal discharge? type? Weight loss?

When did you attain  
menarche?

When did you attain menopause?

When did you have the last cervical smear?

H/o hot flushes, night sweats and dry vagina.

How many children have you got?

H/o smoking and alcohol?

Are you on any other drugs or HRT?

H/o gynecological operations?

Any other medical problems?

Any f/h of genital cancer?

## History taking -- Postnatal depression.

Introduction:

Question to be asked:

Ask about the thought process, mood variations, appetite, loss of interest and leisure and sleep patterns.

Ability to concentrate?

Duration of the symptoms?

Is the pregnancy planned? Complications during antenatal period?

Labour: how did the labour go? Complication? Duration of stay in the hospital?

How is the baby doing? Is she breast-feeding?

Is there any one to share the household work? Is the partner helpful?

Are you feeling worthless, guilty?

Thoughts of death and suicide and suicide attempts.

Has she ever tried to harm the baby?

Has she got a job?

Smoking, alcohol and other addictions?

## History taking -- Primary Amenorrhoea.

Introduction:

Good morning Miss Tracy, I am Dr. XYZ Senior house officer in the department of Obstetrics and Gynaecology. I would like to have a little chat with you regarding your periods. Is that all right with you?

What is your age? Have you ever had periods?

Do you have any sisters? When did she start her periods?

When did your mother have her first period?

Have you developed axillary hair? When? Breast development?

Do you get lower tummy pain?

Is there any chance, that you could be pregnant? Do you use any contraceptives?

## History taking -- Secondary Amenorrhoea.

Introduction: Good morning Miss Tracy, I am Dr. XYZ Senior house officer in the department of Obstetrics and Gynaecology. I would like to have a little chat with you regarding your periods is that all right with you?

H/o presenting complaint: Have you had periods before? When was your last period?

Are you on any contraceptive pill? Could you be pregnant?

H/o withdrawal bleeding, H/o vaginal discharge,

Emotional states? Exams? Weight loss?

H/o renal disease, thyroid, DM.

Past h/o D & C, ovarian tumors.

**DD:** Anorexia nervosa, Hypothalamic-pituitary-ovarian failure, polycystic ovary syndrome, ovarian failure, Asherman's syndrome - uterine adhesions after D & C, post-pill amenorrhoea, tumours and necrosis - Sheehan's syndrome.

## Stridor -- history taking.

Introduction:

Questions to be asked:

When did it start? Suddenly -- foreign body;  
from birth -- tracheomalacia.

History of choking? (foreign body)

Drizzling of saliva?

Associated with cyanosis or breathlessness?

Associated with fever? (croup and epiglottitis)

Cough? Barking cough? (croup); no cough (epiglottitis)

Is it worse at night? (croup)

Immunizations (HiB)

**DD:** Croup, Epiglottitis, foreign body inhalation, tracheomalacia.

Other causes of stridor:

Tumours (papilloma or haemangioma)

External compression from mediastinal tumours.

Neurological conditions (vagal or recurrent laryngeal nerve paralysis)

Laryngeal trauma.

Laryngeal oedema (burns and smoke inhalation).

## History taking -- Vomiting.

Introduction:

How long have you been sick?

How many times do you vomit in a day?

When do you vomit? Is the vomiting worse in the mornings (raised ICP)? Is the vomiting effortless?  
Does the vomiting occur in relation to meals?

How much do you vomit? Is the vomit copious and watery? Colour of the vomit? Is the vomit blood or bile stained? Is there any food in the vomit?

Fever? Weight loss?

Do you bring up acid? Is there an associated abdominal pain? Do you feel sick before or does it just happen?

Do you feel better after vomiting?

H/o travel?

Any other members of the family are affected?

Are you on any medication (morphine, digoxin)?

Other associations: pregnancy, alcohol.

H/o acid peptic disease, pancreatitis, ICSOL, gall stones and angina?

**DD:** Gastroenteritis, acid peptic disease, pancreatitis, ICSOL, gall stones, pregnancy.

## Child with Diabetes - history taking and counseling.

### Introduction:

How old is he?  
Is he lethargic and drowsy?  
Is he having temperature and any coughs and colds?  
How much does he drink? How often does he go for a wee?  
Does he wake up at night for a drink?  
How is his appetite? Weight loss?  
H/o diarrhoea?  
Does it sting during wee?  
H/o recurrent UTI?  
Past h/o similar illness? H/o head injury, meningitis?  
H/o Immunization?  
Family history of DM.

### Points in counseling:

Due to the lack of insulin, which is produced by the pancreas, the blood sugar always remains high. The child may pass a lot of urine and he may be dehydrated. There is an increased risk of infection and boils.

It can't be cured but can be kept under control by insulin injections. The cause of this is not known.

The good news is he can grow as a normal child with insulin. It is important that he takes insulin regularly. He should not skip meals. It is advisable to always carry sugary drinks or chocolate. He will go into hypoglycaemia if he skips a meal. Hypoglycaemia presents as irritability, sweating, drowsiness, light-headedness and abdominal pain. It is important to recognise these symptoms. If he is ill he should still take insulin regularly with sugary drinks.

Diet: advice from a dietitian, high-refined food and plenty of starches. Our diabetic nurse will have a word with you.

Regular monitoring of blood glucose levels. Hyperglycaemia will cause damage to the body organs in the long run. So it is important to keep the blood sugar within the normal range.

He will have regular follow ups. His GP will be informed. Here are some leaflets to know more about his condition. If you have any doubts please don't hesitate to ask. Thank you.

## Hormone Replacement Therapy.

Introduction: (Good morning Miss Tracy, I am Dr. XYZ Senior house officer in the department of Obstetrics and Gynaecology. I would like to have a little chat with you regarding HRT, Hormone replacement therapy.)

Age? When was the last period? Menstrual irregularities?

Are you on any contraception?

Any (vasomotor disturbances like) hot flushes, sweating and palpitations? Fractures? (prone to osteoporosis)

Any (vaginal dryness) vaginal and urinary infections, dyspareunia, bleeding, stress incontinence and prolapse? (also atrophy of breast, genitalia and skin.)

Psychosocial problems like irritability & depression.

Smoking, Hysterectomy and oophorectomy?

H/o DM, Heart disease, thyroid and psychiatric problems?

There are a few contraindications to HRT.

Were you diagnosed as having breast carcinoma or undiagnosed PV bleeding? (also breast feeding) and h/o clots in the legs (DVT or PE)?

There are a few SE like weight gain, cholestasis and vomiting.

Hot flushes and vaginal dryness respond to HRT. HRT postpones menopausal bone loss and protects against cardiovascular disease and ovarian carcinoma.

Women with uterus should receive oestrogen and progesterone preparations. This pill is similar to OCP but in very very low dose. If you notice any bleeding consult your GP. (endometrial biopsy).

Types of HRT: Oral, creams, pessaries, rings, transdermal patches and oestradiol implants.

When is HRT particularly desirable: - Premenopausal bilateral oophorectomy, hysterectomy, increased risk of osteoporosis eg: inactive or smokers, Ischaemic heart disease or risk factors like DM and hypercholesterolaemia and Rheumatoid arthritis.

Rule out thyroid and psychiatric problems before starting HRT as they present similarly.

Counseling helps psychosocial problems, contraception should be continued for a year after the last period (PoP, IUCD and barrier methods are suitable.)

Refer: HRT.

## History taking and Counseling: IUCD.

Introduction:

Questions to be asked before inserting IUCD:

How old are you?

Have you completed your family? How many children have you got?

Are the deliveries normal?

Menstrual history? LMP?

H/o ectopics? H/o fibroids?

When was your last cervical smear?

Have you been treated for any genital infection?

H/o heart disease, DM and Wilson's disease?

Are you on any medication?

IUCD is a small plastic and copper device with two soft threads on the ends. It is in the shape of the letter 'T'. It stops the sperm from reaching the egg. It prevents the egg from settling in the womb. The IUCD doesn't interfere with sex. It needs to be changed once in 3-5 years.

Disadvantages of IUCD: the periods may be heavier or longer or painful. There is a small chance of infection. In the first 20 days your womb may expel the IUCD out. There is a rare chance of perforation. If you do become pregnant (1%) there is the risk of an ectopic pregnancy. The IUCD doesn't protect against STD.

Follow up: immediately after the next period and then once every 6 months. Regularly feel for the tail. Come immediately to the hospital if the tail is lost, excessive bleeding, pain and fever.