

Presentations

This is a guide to a Pediatric Presentation. This can be adapted to other settings.

First sentence: Identifying data & chief complaint

Purpose is to "set the stage". Give audience a frame of reference

- This is a 3 y.o. white (Irish...) male who presents with a chief complaint of fever and vomiting.
- [If this was a child presenting with a cough and he also had a history of asthma you would say, "this is a 3 year old white child with asthma who presents with..."]

HPI (Includes 7 cardinal manifestations)

Overview

- He was well until 3 days ago when he developed fever, vomiting and diarrhea.

Many ways to organize. One example is to trace each symptom from start to finish.

- The fever continued throughout the illness with a Tmax of 104.
- He vomited 2-3 times per day for the first 2 days and none today. There was no blood or bile.
- His diarrhea began once 3 days ago and progressed to 5 times today. Most were small amounts. It was not bloody or mucousy.

Pertinent positives and negatives

This information should help rule in or rule out any particular diagnoses in the differential. If there are items in the PMH, FH, SH, etc., that help order our differential diagnosis, they should go here.

Example:

- He recently visited a farm where he milked some cows.
- He denies rash, joint pain, and mouth sores. There have been no sick contacts or significant travel history.

Example:

If child presents with a cough, a social history positive for having a contact with an ex-prisoner (TB risk) should go here as a pertinent positive.

Make sure you paint a picture of this child (exactly what goes in here depends on the presenting symptoms). This information should help me answer questions regarding the most likely complications of the illness. How sick is this person?

- How sick is he? Is he playing or lethargic, or something in between? (This goes for all presentations)
- How is he eating and drinking? Is he hydrated? (This represents the most likely complication of vomiting and diarrhea).

Example 1: Our case of vomiting and diarrhea.

- Billy's eating is way down but he is drinking at least 24 oz per day and urinating 3-4 times per day. He has tears and his mouth is moist. [Interestingly, if he is well hydrated this is a pertinent negative, and if he is dehydrated it is a pertinent positive]

- He is more fussy than usual but he is playing in spurts.

Example 2: If this was a case about a child with seizures:

- Developmentally, Billy had been normal till 24 months of age. Since that time he has been losing motor milestones.

PMH

- Past medical history is *significant for...*

Meds

- All meds are always presented.

Allergies

- List all medication allergies and the reaction the patient had.

Development

- Always present when pertinent. If child has a presenting illness that is neurologic, development would be presented in detail.
- Some would argue that development is always pertinent so should always be presented. It could be detailed when complaint is neurologic, failure to thrive, etc, but more brief when it's not so tied to chief complaint. For example, if child has vomiting but is developmentally normal you might be able to rehydrate orally at home. If child has vomiting but is mentally retarded, autistic, etc, it may be much harder to handle this at home and may be more likely to require hospitalization.
- Thus, if child has vomiting and development is normal you might say merely, "Development is normal".

FH

- Present *pertinent* positives and negatives.

SH

- Present *pertinent* positives and negatives.

Immunizations

- Up to date.

PE

Always begin with general description

- Child was quiet and clingy with Mom but alert and grabbed my finger puppet. He smiled and appeared well hydrated.

Always give vital signs and be specific

- P 120; BP 100/60; RR 24; Temp 101.8 rectally.

Always give Ht, Wt, HC (child under 3 y.o.); and give percentiles

Pertinent positives and negatives

Assessment

Summary (should be one or two sentences, bringing together the major points)

- In summary, this is a 3 y.o. boy with an acute history of fever, vomiting and diarrhea without signs of dehydration.

Problem List:

Differential diagnosis by Problem

- The differential diagnosis includes:
 1. "A": This is most likely because....
 2. "B": This is likely because..... But, against this diagnosis is....
 3. "C": This is possible because.... But unlikely because.....
 4. "D": This is not common and is not likely, but must be considered because it is so serious that it cannot be missed.
 5. Etc....

Plan by problem

- Fever: Treat with....
- Vomiting and diarrhea: Treat with....
- Monitor for complications (dehydration): Will check...

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