

# POCKET MANUAL TO CASE TAKING

**3rd Edition**

**Ravinder Nath Bansal**



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# Obstetrics Case Proforma

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Name ..... Age ..... Address .....

W/o .....

Occupation .....

Socioeconomic status .....

Obstetric score: G..... P..... L..... A.....

LMP ..... EDC .....

Gestational age ..... weeks

## PRESENTING COMPLAINT

.....  
.....

## HISTORY

### History of Present Illness

- First visit to doctor
- Frequency of visits
- TT injections

### *1st Trimester*

- Morning sickness
- Bleeding/discharge PV
- Abdominal pain
- UTI (burning micturition/dysuria)
- Tiredness/fatigue
- Excessive salivation
- Iron and folic acid intake
- Drug intake, X-ray, fever (rubella, TORCH)
- Weight gain per week.

### *II<sup>nd</sup> Trimester*

- Bleeding/discharge per vaginal (PV)
- UTI (burning micturition/dysuria)
- Edema—relieved by rest/not
- Quickening—which week
- Abdominal pain
- Hypertension (headache)
- Sudden increase/decrease in weight
- Iron and folic acid intake
- Drug intake, X-ray, fever, rubella
- Ultrasound.

### ***IIIrd Trimester***

- Bleeding/discharge PV
- UTI (burning micturition/dysuria)
- Edema—relieved by rest/not
- Fetal movements Y/N
- Hypertension (headache)
- Sudden increase/decrease in weight
- Iron and folic acid intake
- Drug intake, X-ray, fever, rubella.

### ***Menstrual History***

- Menarche, periodicity (e.g.—4/28)
- Menorrhagia/dysmenorrhea
- LMP.

### ***Marital and Obstetric History***

- Age at marriage
- Consanguineous Y/N
- Any period of infertility (any trt.)
- Any contraceptive use
- Previous children
  - Age at present
  - Weight at birth
  - Term/preterm
  - Associated complications (DM, PIH)
  - Any congenital anomalies.

### **Past History**

- Polio, rickets
- Diabetes, hypertension, rheumatic fever
- Jaundice
- Surgery.

### **Personal History**

- Sleep, appetite, addiction
- Bowel, bladder.

### **Family History**

- Congenital anomalies, diabetes
- Hypertension, multiple pregnancy.

### **GENERAL EXAMINATION**

- Ht....., Wt.....
- Gait, breast, thyroid
- Built and nourishment
- Pallor
- Cyanosis, clubbing, jaundice
- Edema: Site \_\_\_\_\_ leg/medial malleolus
- Lymphadenopathy
- Jugular venous pressure (JVP)

- Vital signs:
  - Pulse—rate, rhythm, volume, character, peripheral pulses
  - BP in right upper arm in supine position
  - Respiratory rate
  - Temperature (98.4°F).

## **OBSTETRIC EXAMINATION**

### **Inspection**

- Abdomen transversely/longitudinally distended
- Flanks full Y/N
- Any undue distention
- Striae gravidarum
- Linea nigra
- Umbilicus everted/not.

### **Palpation**

- Quantity of liquor
- Fundal height—do not mention in cm—say FH corresponds to ..... weeks of gestation with flanks full/not
- Fundal grip
- Umbilical grip
- 1st pelvic grip
- 2nd pelvic grip
- Ballotment.



**Percussion** (do not mention, only few teachers may ask)

- Adequacy of amniotic fluid.

### **Auscultation**

- Fetal heart:
  - Site
  - Rate
  - Rhythm.

### **DIAGNOSIS**

Age, gravid, gestational age, coming with:.....  
presentation in.....position. Head engaged/not  
and.....complicating pregnancy.

## Pediatric Case Proforma

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Name ....., Age ....., Sex .....

Address .....

Informant .....

### PRESENTING COMPLAINT

.....  
.....

### HISTORY

#### History of Present Illness

Onset, progress, present status

#### History of Past Illness

- Similar illness
- Measles, mumps, whooping cough, TB, jaundice and hepatitis
- Surgeries.

## **Antenatal History**

### ***Ist Trimester***

- Drugs
- Infection (TORCH)
- Radiation
- Trauma
- Checks ups (yes/no/regularity).

### ***IInd Trimester***

- APH, PIH, DM, HT, IUGR
- Jaundice
- Fetal movements
- Immunization
- Nutrition.

### ***IIIrd Trimester***

- APH, PIH, PPH, DM, HT, IUGR
- Jaundice
- Fetal movements
- Immunization
- Nutrition.

## **Natal History**

- Term/preterm
- Hospital/home
- Vaginal/instrumental/cesarean
- Prolonged/normal labor
- Intranatal complications (if any)
- Baby cried immediately after birth/not
- Birth weight.

## **Neonatal History**

- Umbilical sepsis
- Meconium: When passed
- Jaundice
- Dyspnea
- Feeding problem
- Seizures →
  - Day 1 → Trauma
  - Day 2 → Metabolic disorder
  - Day 3 → Infection (e.g. meningitis).

## **Developmental History**

### ***Gross Motor (It is Cephalocaudal)***

#### **Months**

04	Neck steadiness
05	Turning over
06	Sit with support
09	Sit without support
10	Stand with support
11	Stand without support
12	Walk with support
16	Walk without support

### ***Fine Motor/Adaptive***

#### **Months**

1.5	Eye fixation
05	Mouthing
07	Single hand approach
09	Pincer grasp
12	Stops mouthing

### ***Personal /Social***

#### **Months**

03	Social smile
04	Anxiety to strangers
15	Dry by day
2-2.5 years	Dry by night
3 years	Playing with children

### **Language**

02 months	Alert to sounds
10 months	Monosyllables (mama)
1 year	3 meaning-full words
2 years	Few sentences

### **Dietetic History**

- Breastfeeding (Y/N), how long
- Weaning
  - When started?
  - With what?
  - Any problems?
- Normal food, when given?
- Calculate calorie-protein intake.

### **Immunization History**

- |              |                                  |
|--------------|----------------------------------|
| • Birth      | OPV (0), BCG, HepB               |
| • 1 ½ months | OPV (1), DPT (1), HepB, Hib      |
| • 2 ½ months | OPV (2), DPT (2), HepB, Hib      |
| • 3 ½ months | OPV (3), DPT (3), HepB, Hib      |
| • 9 months   | Measles, JE                      |
| • 15 months  | MMR (Measles, mumps and rubella) |

- 1½ years OPV, DPT, JE, measles
- 5 years DPT
- 10 years TT
- 16 years TT

**Note:** Pentavalent = DPT + HepB + Hib

\* JE and pentavalent — in select states only.

### **Family History**

- Consanguineous marriage
- Any illness running in family
- History of tuberculosis
- Age of mother and father at marriage
- Age of mother at childbirth
- Congenital abnormalities
- Miscarriage, stillbirths, childhood death(s).

### **Socioeconomic Status**

- Status: Poor/middle/high
- Working/not
- Whether mother separated from child.

### **Treatment History**

## **GENERAL EXAMINATION**

### • ***General Survey***

- Attitude
- Built and nourishment
- Height/weight
- General examination
- Vital signs.

### • ***Head-to-foot Examination***

- Head—size/shape, sutures, fontanelle, hair
- Facies—eyes, nose, ears, mouth and lips
- Teeth, palate, tonsil
- Neck
- Chest
- Abdomen
- Limbs
- Spine.

## **Anthropometry**

- Height
- Weight
- Head circumference
- Chest circumference
- Mid arm circumference
- Upper segment/lower segment ratio.



## SYSTEMIC EXAMINATION

- Respiratory system
- Cardiovascular system
- Gastrointestinal system
- Nervous system.

## DIAGNOSIS

## Nutritional values

Item	Quantity	Cals	Protein (g)
Cooked rice 1 cup	200 g	175	4
Cooked daal	1 tsp	8	0.5
Sambhar	15 mL	45	0.75
Coffee milk 1 cup	150 mL	45	1
Cow's milk 1 glass	200 mL	130	7
Idli 1	40 g	100	3
Dosa 1	30 g	80	2
Chapati 1	40 g	100	3
Green leafy vegetable	100 g	--	4
EEG	50 g	80	6
Bread 1 slice	25 g	50	2
Vada 1	25 g	75	2.5
Bonda 1		50	1
Uppma 1 cup		250	6
Pappadam 1		20	0.5
Biscuit galaxo 1		20	0.5
Fish 4" x 5"	30 g	80	6
Groundnut	50 nos	100	5
.			
.			
.			
.			

Note: Add to list as per your need

## RDA of vitamins (Approximate values)

<i>Vitamin</i>	<i>Infant</i>	<i>Child</i>	<i>Adult</i>
A	400 IU	400 IU	750 IU
C		20 mg	40 mg
D	200 IU	400 IU	400 IU
B <sub>1</sub> thiamin		0.5 mg	1 mg
B <sub>2</sub> riboflavin		1 mg	2 mg
Nicotinic acid	10 mg	10 mg	20 mg
Pyridoxine	1 mg	2 mg	2 mg
Folic acid	0.1 mg	0.1 mg	0.2 mg
B <sub>12</sub>	0.001 mg	0.001 mg	0.002 mg

**Calorie Requirement per Day**

Up to 6 months	120 kcal/kg/day
7–12 months	100 kcal/kg/day
1 year	1000 kcal/day
>1 year	1000 + (small age–1) × 100 kcal/day

**Protein Requirement per Day**

<3 months	2.25 g/kg
3–12 months	1.75 g/kg
1–6 years	1.5 g/kg

# Respiratory System Case Proforma

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Name ....., Age ....., Sex .....

Address .....

Occupation .....

Socioeconomic status .....

Date of admission .....

## PRESENTING COMPLAINT

.....  
.....

## HISTORY

### History of Present Illness

- *Cough*
  - Onset, duration, progress
  - Episodes
  - Expectoration
  - Aggravating factors—seasonal, diurnal, postural
  - Relieving factors—rest, drugs.

- *Expectoration*
  - Onset, duration, progress
  - Quantity—scanty/copious
  - Amount \_\_\_\_ mL/day, \_\_\_\_\_ cups/day
  - Variation → diurnal, seasonal, postural
  - Color
  - Consistency
  - Foul smelling
  - Blood stained.
- *Hemoptysis*
  - Onset
  - Duration
  - Progress
  - Quantity, frequency of episodes
  - Fresh/altered.
- *Breathlessness*
  - Onset, duration, progress
  - Dyspnea — Grade....(1–4)
  - Orthopnea
  - Paroxysmal nocturnal dyspnea (PND)
  - Aggravating factors, relieving factors.

- *Chest pain*
  - Onset
  - Duration
  - Progress, episodes
  - Site, type, lasting
  - Radiation
  - Aggravating factor....respiration
  - Relieving factor
  - Associated night sweats.
- *Wheezing*
  - Onset, duration
  - Progress—constant/intermittent
  - Inspiratory/expiratory
  - Aggravating factors—seasonal, diurnal, postural
  - Relieving factors—rest, drugs
  - Associated skin rashes
  - Dust, food allergy.
- *Fever*
  - Onset
  - Duration
  - Type
  - Associated chills and rigors
  - Diurnal variation
  - Night sweats.

- *Rule out sinusitis*
  - History of nasal discharge
  - History of headache
  - History of recurrent cold
  - History of allergy to dust, pollen, etc
  - History of ear pain/discharge.
- *Rule out tuberculosis*
  - Cough with expectoration
  - Anorexia (duration)
  - Weakness
  - Weight loss (how much)
  - Low-grade fever with evening rise of temperature
  - Hemoptysis.
- *Rule out mechanical compression*
  - Dysphagia
  - Hoarseness of voice
  - Breathlessness
  - Puffiness of face
- *Rule out CNS involvement*
  - Seizures
  - Facial asymmetry
  - Peripheral neuropathy
  - Cerebellar signs

- *Rule out CVS involvement*
  - Edema
  - Palpitation
  - Syncope.
- *Rule out renal causes*
  - Swelling of face
  - Oliguria
  - Color of urine.
- *Rule out abdominal causes*
  - Abdominal pain
  - Jaundice
  - Dysphagia
  - Diarrhea
  - Vomiting
  - Hiccups
  - Abdominal distension.

### **Past History**

- Similar illness
- TB, DM, IHD, asthma, jaundice
- Childhood illness—whooping cough, measles, influenza.



**Family History**

- Similar History of DM, TB, HT, IHD
- Parents marriage consanguineous
- Asthma, eczema.

**Personal History**

- Appetite
- Veg/Non-veg
- Bowel
- Bladder
- Alcohol—amount, duration
- Smoking—no(s), duration
- Sleep.

**Menstrual History**

- Menarche, LMP
- Regular, amount [no(s) of pads used]
- Associated pain.

**Treatment History**

From where, duration.

**GENERAL EXAMINATION**

- Built and nourishment
- Conscious and cooperative
- Pallor, cyanosis, clubbing, jaundice
- Edema
  - Site—leg/medial malleolus
  - Pitting/nonpitting
  - Unilateral/bilateral
  - Sacral, facial.
- Lymphadenopathy
  - Site
  - Temperature, tenderness
  - Size, no(s), shape, surface
  - Consistency
  - Mobility/fixity, matted
  - Discharge.
- JVP
- Vital signs
  - Pulse—rate, rhythm, volume, character, vessel wall, R-F delay, peripheral pulses
  - BP in right upper arm in supine position
  - Respiration—rate, type (thoracoabdominal)
  - Temperature (98.4°F).

## **RESPIRATORY SYSTEM EXAMINATION**

Respiratory rate = ...../ min

### **Upper Respiratory Tract**

- Flaring of nose
- DNS
- Throat
- Tonsils
- Sinus tenderness.

### **Lower Respiratory Tract**

#### *Inspection*

- Shape: Normal/barrel/flattened
- Bilateral movement (equal/not)
- Subcoastal angle: Normal (70°)/widened
- Dyspnea (intercostal withdrawing)
- Accessory muscles (involved/not)
- Trachea: Position
- Trail's sign
- Apex beat visible in .....

- Suprascapular hollowing
- Infraclavicular flattening
- Suprascapular wasting
- Shoulder drooping
- Spine: Kyphosis/scoliosis/lordosis
- Visible scars/dilated veins/sinuses
- Chest expansion ...cm (normal = 3–6 cm)
- Hemithorax .....(cm)
- Movements: Normal and equal/ decreased in ..... area.

### ***Palpation***

- Temperature (equal/unequal) on both sides
- Local rise of temperature (if any)
- Trachea central
- Apex position
- Rib crowding (+/-)
- No...bony tenderness
- Vocal fremitis (compare all areas of both sides)
- No palpable rub, rhonchi, rales.

### **Percussion**

- Resonant/impaired/dull in right/left.
  - Supraclavicular/clavicular/infraclavicular area
  - Mammary area
  - Axillary/infra-axillary area
  - Suprascapular/interscapular/infrascapular area.
- Upper border of liver
- Tidal percussion
- Shifting dullness
- Traube's area (normally resonant).

### **Auscultation**

- Compare bilaterally and over all areas separately
  - Intensity of breath sounds ( $\uparrow$ ,  $\pm$ ,  $\downarrow$ )
  - Character of breath sounds
  - Vesicular/bronchial (Tubular/amphoric cavernous)
  - Adventitious sounds—crepitations/rhonchi (area)
  - Vocal resonance  $\uparrow$ ,  $\pm$ ,  $\downarrow$  (areas)
  - Coin test—hydropneumothorax
  - Succussion splash.

## ABDOMEN

- Hepatomegaly
- Splenomegaly
- Ascites.

## CARDIOVASCULAR SYSTEM

- Apex beat ..... displaced/not
- S1, S2 normally heard.

## CENTRAL NERVOUS SYSTEM

- No facial abnormality
- All reflexes are normal.

## DIAGNOSIS

- Bilateral/unilateral
- Rachi/wheeze/creps
- Bronchial breathing (area)
- Pleural effusion
- Hydropneumothorax
- Probably due to TB/post TB/infection/pneumonia.

# Cardiovascular System Case Proforma

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Name ....., Age ....., Sex .....  
Address ....., Occupation .....  
Socioeconomic status .....  
Date of admission .....

## PRESENTING COMPLAINT

.....  
.....

## HISTORY

### History of Present Illness

- *Chest pain*
  - Onset
  - Duration
  - Progress, episodes
  - Site, type, lasting
  - Radiation

- Associated sweating, syncope, discomfort
- Aggravating factor (respiration/exertion)
- Relieving factor (drugs/rest).
- *Palpitation*
  - At rest/exertional
  - Onset
  - Progress
  - Duration
  - Paroxysmal (+/-)
  - Relieving factors (rest/drugs)
  - Aggravating factors (exertion/straining).
- *Breathlessness*
  - Onset
  - Duration
  - Progress
  - Grade (1–4)
  - Orthopnea/PND
  - Aggravating/relieving factors.
- *Cough*
  - Onset, duration, progress
  - Episodes
  - Expectoration
  - Aggravating factors (seasonal, diurnal, postural)
  - Relieving factors (rest drugs).



- *Expectoration*
  - Onset, duration, progress
  - Quantity—scanty/copious
  - Amount ..... mL/day (or) ..... cups/day
  - Color
  - Consistency
  - Foul smelling (+/-)
  - Blood stained (+/-)
  - Aggravating factors—seasonal, postural, diurnal
  - Relieving factors—rest/drug.
- *Blood in sputum*
  - Onset
  - Duration
  - Progress
  - Episodes [No(s). and amount]
  - Fresh/altered
  - Aggravating factors
  - Relieving factors.
- *Syncopal attacks*
  - Onset
  - Duration
  - Progress
  - Episodes, lasting

- Aggravating factors
- Relieving factors.
- *Convulsions*
  - Onset, duration, progress
  - Episodes
  - Aggravating factors and relieving factors
  - Associated fever
  - Any froth/tongue biting
  - Whole body/one part
  - Loss of consciousness and for how long.
- *Rule out CCF*
  - Anorexia, nausea, vomiting
  - Right hypochondrial pain
  - Pedal edema
  - Breathlessness.
- *History suggestive of thromboembolism*
  - History of hemiplegia
  - Limb weakness, muscle cramps/pain
  - Any major surgery in recent past
  - Prolonged immobilization
- *Rule out rheumatic heart disease*
  - Fever with sore throat
  - Fleeting joint pains
  - History of 3 weekly injections
  - Valvular disease.

- *Rule out infective endocarditis*
  - Fever high grade
  - Progressive pallor
  - Hemiplegia
  - Complications of infective endocarditis.
- *Rule out congenital heart disease*
  - Cyanotic/acyanotic
  - Failure to cry immediately after birth
  - Failure to thrive
  - Squatting episodes
  - Cyanotic spells
  - Recurrent RTI.
- *Rule out pressure symptoms*
  - Dysphagia (esophagus)
  - Hoarseness of voice (recurrent laryngeal nerve)
  - Dyspnea (trachea).

### **Past History**

- Similar illness
- HT, TB, DM and asthma
- IHD, CAD, MI (thrombolysis +/-).

### **Family History**

- Similar h/o

- DM, TB, HT, IHD
- Parents marriage consanguineous.

### **Personal History**

- Appetite
- Veg/Non-veg
- Bowel and bladder
- Alcohol ....amount.....duration
- Smoking.....nos.....duration...
- Sleep.

### **Menstrual History**

- Menarche.....LMP.....
- Regular.....amount....no(s) of pads used
- Associated pain.

### **Treatment History**

Any history of penicillin prophylaxis.

### **GENERAL EXAMINATION**

- Built and nourishment
- Conscious and cooperative
- Pallor, clubbing, edema,
- Cyanosis (Central/peripheral)
- Jaundice, lymphadenopathy

- Vital signs
  - Pulse—rate, rhythm
  - BP in right upper arm in supine position
  - Respiratory rate, type (thoracoabdominal)
  - Temperature (98.4°F).

### **CVS EXAMINATION**

- Pulse: Rate, rhythm, volume, pulse deficit character, vessel wall, R-F delay, peripheral pulses
- BP in right upper arm in supine position
- JVP (Jugular venous pressure—is what we measure).

### **Inspection of Precordium**

- Bony abnormality/spine
- Chest shape
- Trachea central
- Visible precordial bulge
- Visible pulsations
  - Apex (position)
  - Visible left sternal
  - Epigastric
  - Suprasternal.
- Scars, dilated veins, sinuses.

## Palpation

- Apex—site, character
- Parasternal heave
- Palpable pulsation—epigastric, suprasternal, p2
- Other palpable sounds/thrills/pulsations in any other area of precordium
- Venous hum at base of neck.

## Percussion

- Upper border liver (5th RICS in MCL)
- Liver span
- Right border of heart corresponds to right border of sternum
- Left border of heart corresponds to apex
- Percussion over 2nd left intercostal space.

## Auscultation

- Mitral area
  - 2 sounds heard S1 and S2 (loud, normal, absent)
  - Murmurs
  - Other sounds.
- Tricuspid area
  - S1 and S2 normal
  - Murmurs
  - Other sounds.

- Aortic area
  - S1 and S2 normal ( $A_2$  and  $P_2$ )
  - Murmurs
  - Other sounds.
- Pulmonary area
  - S1 and S2 normal ( $A_2$  and  $P_2$ )
  - Murmurs
  - Other sounds.
- Splitting of  $S_2$  (split paradoxical/normal)
- Carotid/femoral/renal bruit.

### ***Murmur***

- Grade, type, character—low/high pitch
- Radiation
- Best heard in which site/position
- With bell/diaphragm of stethoscope
- Breath held in expiration/inspiration
- Any presystolic accentuation
- Other sounds—opening snap, ejection click (if, any).

### **ABDOMEN EXAMINATION**

- Hepatosplenomegaly, ascites
- Renal bruit.

## RESPIRATORY EXAMINATION

- Normal vesicular breath sounds
- Adventitious sounds.

## NERVOUS SYSTEM EXAMINATION

- Facial symmetry, reflexes
- Any neurological deficit.

## DIAGNOSIS

- Sinus rhythm/irregular pulse
- Rheumatic/congenital heart disease
- Valvular lesion—MR, MS, AR, AS, PS, PR, TR, TS
- Pulmonary hypertension (2nd intercostal pulsation, palpable P2)
- Cardiac failure ( $\uparrow$  JVP, edema+, tender hepatomegaly)
- Infective endocarditis (fever, pallor, hematuria, splenomegaly).

## Example

RHD with MS with pulmonary HT with no evidence of cardiac failure, in sinus rhythm and no evidence of infective endocarditis.



# Gastrointestinal System Case Proforma

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Name ....., Age ....., Sex .....  
Address ....., Occupation .....  
Socioeconomic status .....  
Date of admission.....

## PRESENTING COMPLAINT

.....  
.....

## HISTORY

### History of Present Illness

- *Abdomen pain*
  - Onset, duration, progress, intensity
  - Site, type, radiation
  - Lasting, timing
  - Aggravating factors—food/vomiting
  - Relieving factors—drugs/food/flatus/posture/vomiting/defecation.

- *Abdomen distension*
  - Onset, duration, progress
  - Aggravating factors
  - Relieving factors—drugs/others.
- *Dysphagia*
  - Onset, duration, progress
  - Relating to solid/liquids
  - Aggravating factors
  - Relieving factors—drugs/others.
- *Vomiting*
  - Onset, duration, progress
  - Episodes, projectile, timing
  - Nausea
  - Aggravating factors
  - Relieving factors—drugs/food.
- *Vomitus*
  - Amount
  - Recent food
  - Color (bilious/blood stained)
  - Foul smelling.
- *Hematemesis*
  - Onset, duration, progress
  - Amount
  - Number of episodes

- Color—bright red (fresh)/dark red (altered)
- Mixed with food particles
- Aggravating factors
- Relieving factors.
- *Motion*
  - Amount, color, solid/watery
  - Blood stained/mucoid
  - Tenesmus
  - Foul smelling.
- *Melena (tarry black stools)*
  - Onset, duration, progress
  - Associated straining
  - Loose/semisolid
  - History of drugs, e.g. iron tablets.
- *Diarrhea/constipation*
  - Onset, duration, progress
  - Episodes, timing
  - Aggravating factors—pain/food
  - Relieving factors—drugs.
- *Edema*
  - Onset, duration, progress
  - Site, pitting/non-pitting
  - Aggravating factors (oliguria)
  - Relieving factors (drugs—diuretic).

- ***Jaundice***
  - Onset, duration, progress
  - Urine/stool color
  - History of injections, drug abuse, blood transfusion
  - Aggravating factors/relieving factors
  - History of itching.
- ***Bleeding per rectum***
  - Onset, duration, progress
  - Aggravating factors—constipation
  - Associated pain.
- ***Fever***
  - Onset, duration, progress
  - Grade, chills/rigor
  - Diurnal variation, periodicity.
- ***Oliguria***
  - Onset, duration, progress
  - Daily amount, urine color
  - Dysuria
  - Hematuria.
- ***Burning sensation while micturation***
  - Onset, duration, progress
  - Aggravating factors,
  - Relieving factors.

- *Anorexia*
    - Duration, associated weight loss
    - Weight loss—how much
    - Bone tenderness
    - Bleeding—manifestations
    - Fatigue/weakness.
- } Malignancy

## **Nutritional History**

### **Past History**

- Similar illness
- History of TB, DM, HT, IHD, asthma, jaundice
- History of blood transfusion/any surgery
- History of malaria, kala azar, drug intake
- Leukemia, hemolytic crisis.

### **Family History**

- Similar history
- History of DM, TB, HT, IHD
- History of malaria, syphilis, jaundice, asthma
- Consanguineous marriage of parents.

### **Personal History**

- Appetite
- Veg/Non-veg

- Bowel and bladder
- Alcohol—amount, duration
- Smoking—no(s)/day, duration
- Sleep.

### **Menstrual History**

- Menarche—LMP
- Regular/not, amount—no(s) of pads used
- Associated pain.

### **Treatment History**

(Hospitalization, drugs, duration)

### **Allergic History**

### **GENERAL EXAMINATION**

- Built and nourishment
- Conscious and cooperative
- Pallor, clubbing, edema
- Cyanosis (central/peripheral)
- Jaundice, lymphadenopathy
- Signs of liver failure
  - Icterus
  - Parotid gland enlargement
  - Alopecia → axillary/pubic/chest
  - Spider nevi

- Gynecomastia
- Palmar erythema
- Dupuytren's contracture
- White nails
- Flapping tremor
- Testicular atrophy
- Ascites
- Rule out TB
  - Low grade fever
  - Lymphadenopathy
- Rule out bleeding diathesis
  - Purpuric spots/petechiae
  - Bruising
  - Gum bleeding
  - Any tenderness.

### **Vital Signs**

- Pulse—rate, rhythm, volume, character, vessel wall, R-F delay, peripheral pulses
- BP in right upper arm in supine position
- Respiration—rate, type (thoracoabdominal)
- Temperature (98.4°F)
- JVP.

## **EXAMINATION OF GASTROINTESTINAL SYSTEM**

### **Mouth and Throat**

- Oral cavity (hygiene)
- Gums, teeth
- Tongue:
  - Size—hypertrophy/atrophy
  - Surface—smooth/bald
  - Color—pale/normal
  - Ulcer(s)—describe.
- Tonsils.

### **Abdomen Proper**

#### ***Inspection***

- Shape
- Flanks
- All quadrant move equally with respiration
- Umbilicus—central and inverted/everted
- Visible scars, masses, dilated veins
- Visible pulsations
- Visible peristalsis.



## *Palpation*

- Local rise of temperature, tenderness
  - Guarding
  - Rigidity
  - Palpable bruit
  - Rebound tenderness
  - **Liver** — \_\_\_\_ cm below the costal margin in right midclavicular line
    - Tenderness +/-
    - Edges, surface, consistency
    - Moves with respiration
    - Inability to insinuate finger between mass and costal margin.
  - Abdominal girth
  - Symphysiombilical height
  - Xphiombilical height
  - **Spleen** — \_\_\_\_ cm below the costal margin along its long axis
    - Tenderness +/-
    - Edges (notched), surface, consistency
    - Moves with respiration
    - Inability to insinuate fingers between mass and costal margin
    - Renal angles.
- } in case of ascites

### ***Percussion***

- Liver dullness in 5th RICS in midclavicular line
- Liver span
- Fluid thrill ++
- Shifting dullness
- Cardiac dullness preserved
- Knee elbow position—minimal fluid (Puddle's sign).

### ***Auscultation***

- Bowel sounds (heard/normal/not)
- Venous hum—portal flow obstruction
- Arterial bruit—aneurysm/atherosclerosis
- Spleen bruit—hemangioma
- Liver bruit—hepatoma
- Renal bruit—renal artery stenosis.

### **Inguinal Region**

#### ***Inspection***

- Swellings, scars, hernia(s).

#### ***Palpation***

- Inguinal nodes
- Swelling(s)—describe
- Hernia(s)—describe.

**PR Examination**

**CVS Examination**

**Respiratory Examination**

**Nervous System Examination**

## **DIAGNOSIS**

- Alcoholic/chronic liver disease
- Probably cirrhosis
- Evidence of portal hypertension (splenomegaly, dilated veins, hematuria)
- Evidence of ascites (fluid thrills, shifting dullness)
- Evidence of hepatic-encephalopathy (altered sensorium, flapping tremor, sleep rhythm disturbances, constructional apraxia).

## Nervous System Case Proforma

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Name ....., Age ....., Sex .....

Address....., Occupation .....

Socioeconomic status .....

Date of admission .....

Patient is ..... left/right handed

Informant .....

(In unconscious/patient with altered sensorium)

### PRESENTING COMPLAINT

.....  
.....

### HISTORY

#### History of Present Illness

- **Weakness**—onset, duration, progress
  - Upper limb—lifting arm, buttoning
  - Lower limb—climbing stairs, getting up
  - Total paralysis
  - Tone—history of stiffness of limbs.

- **Wasting of muscles**—proximal/distal
- **Incoordination of movements**
  - History of unsteadiness of gait
  - History of falling to one side (cerebellar)
  - History of incoordination in dark (sensory)
  - History of involuntary movements (rest/intentional).
- **Sensory system**
  - History of tingling, numbness, root pain
  - History of diminished/absent hot and cold sensation during bathing.
- **Sphincter disturbances**
  - Difficulty in micturition
  - Hesitancy
  - Incontinence (dribbling)
  - Bowel—constipation/incontinence
  - Difficulty in swallowing
  - Ejaculation.
- **Cranial nerves**
  - I                    Sensation of smell
  - II                    Vision—distant, near, color
  - III, IV, VI        Double vision
  - V                    Face—tingling/numbness/difficulty chewing

VII Facial—asymmetry, dribbling of saliva, difficulty drinking water

VIII Vertigo, deafness, tinnitus

IX Hoarseness of voice, dysphagia

X Nasal twang

XI Shrugging of shoulders, tilting of head

XII Difficulty—swallowing/talking/nasal regurgitation

- **Higher functions**

- Restlessness, dysarthria, dysphasia
- Altered sensorium.

- **Raised intracranial tension**

- Headache
  - Onset, duration, progress
  - Site, severity, quality, timing
  - Aggravating factors
  - Relieving factors
  - Associated migraine.
- Vomiting
  - Onset, duration, progress
  - Episodes, projectile, timing, nausea
  - Amount, recent food
  - Color (bilious/blood stained)
  - Foul smelling.

- Blurring of vision
- History of ear discharge
- History of root pain.
- **Convulsions**
  - Onset and end, focal/generalized (associated fall)
  - Biting of tongue
  - Incontinence of bladder/bowel (during fit)
  - After symptoms—sleep, automatism, headache, paralysis
  - Subsequent mental paralysis
  - History of birth complications (injuries), ear discharge, similar attack in infancy, fever
  - Recent/remote head injury.
- **Unconsciousness**
  - Onset, duration, progress
  - Age at first attack and second attack
  - Shortest/longest interval
  - Aura.
- **Fever**
  - Onset, duration, progress
  - Grade, chills/rigor
  - Diurnal variation
  - Type intermittent/continuous
  - Night sweats.

- ***Chest pain (associated with myocardial infarction)***
  - Onset, duration, progress
  - Site, type, radiation.
- ***Stroke/paralysis***
  - Premonitory symptoms before onset
  - How did it come on?
  - Progress—recovery/worsening
  - Associated vomiting (hemorrhage)
  - Blurring vision (hypertension)
  - Symptoms of heart disease (embolic)
  - Symptoms of DVT (embolic).
- ***Dizziness***
  - Onset, duration, progress
  - Intermittent/continuous
  - Any worsening by change in position
  - History of trauma/deafness.

### **Past History**

- Similar, TB, DM, asthma, IHD/infective endocarditis, atrial fibrillation, vaccination.

### **Family History**

- Similar history
- History of DM, TB, HT, IHD.



## Personal History

- Appetite
- Veg/Non-veg
- Bowel/bladder
- Alcohol—amount, duration
- Smoking—no(s)/day, duration
- Sleep.

## Menstrual History

- Menarche.....LMP.....
- Regular, amount....no(s) of pads used
- Associated pain.

## Treatment History

### GENERAL EXAMINATION

- Built and nourishment, conscious and cooperative
- Pallor
- Cyanosis
- Clubbing
- Edema
- Jaundice
- Lymphadenopathy
- JVP

- Vital signs
  - Pulse—rate, rhythm, volume
  - BP in right upper arm in supine position
  - Respiration—rate, type (thoracoabdominal)
  - Temperature (98.4°F).
- Neurocutaneous markers (hypo/hyperpigmented areas, café-au-lait spots)
- Thickened nerves (if any).

## **NERVOUS SYSTEM EXAMINATION**

### **Higher Functions (Dominant Hand)**

- **C**—Consciousness (fully conscious, responds to verbal command/pain)
- **C**—Cooperative
- **O**—Orientation in—time, place, person
- **M**—Memory—recent/past
- **I**—Intelligence (some mathematical problems)
- **H**—Hallucinations
- **D**—Delusions
- **S**—Speech: Aphasia/dysarthria, articulation, fluency, comprehension, naming, reading, writing.

### **Cranial Nerves (Right and Left Separately)**

- I. Sensation of smell (right and left)
  - Smell of various substance like peppermint, asafetida.

## II. Vision (right and left)

- Acuity—distant and near vision
- Color vision
- Visual field.

## III, IV and VI (right and left)

- Palpaberal fissure—bilaterally equal/not
- Ptosis, squint, nystagmus
- Diplopia (near/distant)
- Size and shape of pupil
- Direct and consensual reflexes (cataract beware)
- Pupillary—constriction, symmetry
- Cardinal movements
- Accommodation reflex
- Cilio-spinal reflex—Horner's syndrome.

## IV. Trigeminal (right and left)

- *Sensory*—sensation over face—touch/pain/temperature
- *Motor*—muscles of mastication—clench the teeth, open the mouth, deviation of jaw
- *Reflexes*
  - Corneal reflex
  - Conjunctival reflex(look up and away from you )
- Jaw jerk.

**VII. Facial (right and left)**

- Sensation of taste—anterior 2/3 of tongue (pull out tongue with gauge)
- Eyebrow raising, wrinkling of forehead
- Eye closure (against and without resistance)
- Teeth showing (ask to smile)
- Whistling
- Blowing of cheek
- Nasolabial folds
- Platysma.

**VIII. Vestibulocochlear (right and left)**

- Vertigo, vomiting, tinnitus
- Hearing tests—wrist watch, Rinne's, Weber's
- Nystagmus—caloric test.

**IX and X. (right and left)**

- H/o aspiration, regurgitation, dysphagia  
Dysphagia → Liquids (central cause)  
Dysphagia → Solids (peripheral cause)
- Nasal twang
- Taste posterior 1/3 of tongue
- Movements of palate and uvula
- Gag reflex.

### XI. Accessory (right and left)

- Trapezius and sternocleidomastoid
- Shrugging of shoulders against resistance
- Tilting of head against resistance.

### XII. Hypoglossal

- Deviation of tongue
  - Size of tongue
  - Movements/wasting
  - Fasciculations ← With tongue inside the mouth.
- } After protruding tongue

### Motor System

- Movements and strength
- Bulk of muscles
- Tone
- Gait
- Reflexes—superficial, deep and visceral
- Coordination of movements
- Involuntary movements.

- *Upper limb*

- Abductor pollicis brevis
- Opponens pollicis, 1st dorsal interossei
- Interossei and lumbricals and flexors, fingers
- Flexors, extensors of wrist
- Brachioradialis, biceps, triceps
- Supraspinatus, deltoid, infraspinatus
- Pectoralis, serratus anterior, latissimus dorsi.

- *Trunk and abdomen*

- Babinski's rising up sign
- Beevor's sign — T-10
- Erector spinae and muscles of back
- Diaphragm
- Trapezius lower part (approx. shoulder blades).

- *Lower limb*

- Intrinsic muscles of foot—claw foot
- Flexors of toes and foot
- Flexors and extensors of knee
- Flexors and extensors of thigh
- Adduction and abduction of thigh, rotation of thigh.

## Reflexes

- *Superficial reflexes*
  - Corneal, conjunctival, palatal, pharyngeal
  - Abdominal
  - Cremasteric
  - Anal
  - Bulbocavernous
  - Plantar.
- *Deep reflexes*

- Jaw jerk	V.—pons—V.
- Biceps	C—5,6
- Supinator	C—5,6 radial N.
- Inverted supinator	C—5
- Triceps	C—6,7 radial N.
- Knee	L—2,3 femoral N.
- Ankle	S—1,2 tibial N.
- Clonus	
- *Visceral reflexes*
  - Swallowing reflex
  - Defecation reflex, micturition, sexual function.

## Involuntary Movements

- Chorea, athetosis, hemiballism, tremor, fasciculations

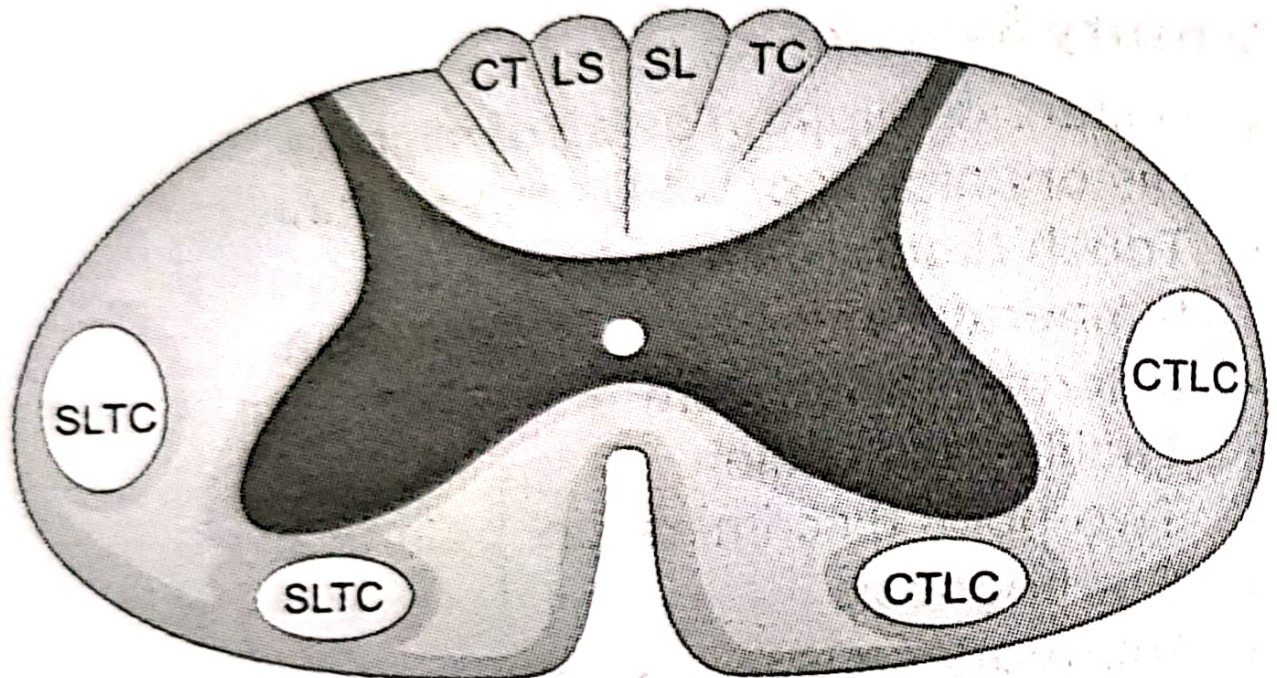
## Sensory System

- History of slipping away of slippers
- History of feel of walking over wool
- Touch (light), pain, temperature
- anterolateral system } Superficial
- Tactile localization
- Two-point discrimination } Cortical
- Stereognosis
- Vibratory sense
- Sense of position } Deep (posterior column)
- Joint sense

## Cerebellar Signs

- Dysmetria—finger-nose, finger-finger, heel-knee
- Walking in straight line
- Drunken gait
- Nystagmus—horizontal
- Dysarthria—scanning speech
- Hypotonia
- Dysdiadokinesia
- Rebound phenomenon
- Pendular knee jerk.





### Signs of Meningeal Irritation

- Neck stiffness
- Kernig's sign
- Brudzinski sign.

### Skull and Spine

- Shape, tenderness
- SLR—straight leg raising test
- Neck pain—cervical spondylitis.

### Any Carotid Bruit

### Any Thickening of Peripheral Nerves

**CARDIOVASCULAR SYSTEM EXAMINATION**

HT, AF, IHD, cardiomegaly, murmurs.

**ABDOMEN EXAMINATION**

Bladder.

**DIAGNOSIS**

(Disability + site + nature + etiology)

- Example 1:

Known hypertensive now coming with CVA, left hemiplegia, right/left facial nerve palsy having right/left-sided internal capsule lesion due to HT leading to hemorrhagic episode.

- Example 2:

Quadriplegia, C-5, compressive, disc prolapse.

## Soft Skills

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### PROFESSIONAL ETIQUETTE AND ETIQUETTE TOWARD PATIENTS

- Look professional and be formal—patient will take you seriously
- Introduce yourself
- Take them into confidence
- Feel like being examined and respected, like we would expect from them if we were patient
- Be thankful to patient, they are doing a favor to us by being our subjects.

### TIPS FOR CLINICAL EXAMINATIONS

- Wash your hands at beginning and end
- Introduce yourself to the patient
- Be polite
- Be thankful.

- Be gentle during an examination (remember the patient may have been examined 10 or 20 times before you). If the patient is in pain; cooperation will decrease.
- Remember patient rights:
  - Right to know everything
  - Right to comfort
  - Right to privacy
  - Right to know what's being done to them
  - Right to consent/refuse examination.

## **RESPIRATORY EXAMINATION, CARDIOVASCULAR (CVS) EXAMINATION, NEUROLOGICAL EXAMINATION**

- Look professional
- Introduce yourself
- Be Polite, thankful and gentle
- Explain what the examination will entail—gain consent
- Wash hand
- Chaperone—respect the patient's dignity and privacy at all times
- Expose adequately
- Position patient.

- Post examination:
  - Thank the patient
  - Allow the patient to dress
  - Wash hands.

## **ABDOMINAL (GI) EXAMINATION**

- Look professional
- Introduce yourself
- Be polite, thankful and gentle
- Explain what the examination will entail—gain consent
- Wash hand
- Chaperone
- Expose adequately
- Tender area to be examined last
- Ask examiner for examination of external genitalia and rectal examination—examiner may tell to skip
- Post examination
  - Allow the patient to dress
  - Say thanks
  - Wash hands.

## **BREAST EXAMINATION**

As this is an intimate examination, it is pertinent to gain a good rapport with your patient, maintain good communication and ensure the patient's dignity at all times.

- Look professional
- Introduce yourself
- Be polite, thankful and gentle
- Explain what the examination will entail—gain consent
- Wash hand
- Chaperone—respect the patient's dignity and privacy at all times
- Expose adequately
- Position patient—initially sat on the edge of the bed
- Post examination:
  - Thank the patient
  - Allow the patient to dress
  - Wash hands.

## THYROID EXAMINATION

- Look professional
- Introduce yourself
- Be polite, thankful and gentle
- Explain what the examination will entail—gain consent
- While doing above observe for:
  - Do they seem abnormally hyper- or hypo-active?
  - Do they appear sweaty?
  - What condition is their skin and hair?
  - Does their voice sound normal?
- Wash hand
- Expose adequately
- Post examination:
  - Thank the patient
  - Allow the patient to dress
  - Wash hands.

## **PREGNANT ABDOMEN EXAMINATION**

This skill demonstrates two areas; your communication skills with the mother and your examination technique.

A few simple but friendly questions to help her gain your trust includes: “How are you feeling?”, “Is this your first pregnancy?”

- Look professional
- Introduce yourself
- Be polite, thankful and gentle
- Explain what the examination will entail—gain consent
- Wash hand
- Expose adequately—ideally be exposed from the pubic bone to below her breasts
- Be gentle as your patient may have been examined many times before your turn
- Position patient: Patient should be lying on the bed, as flat as possible as per her comfort
- Post examination:
  - Thank the patient
  - Allow the patient to dress
  - Wash hands.



## TESTICULAR EXAMINATION

- Look professional
- Introduce yourself
- Be polite, thankful and gentle
- Explain what the examination will entail—gain consent
- Wash hand
- Chaperone—respect the patient's dignity and privacy at all times
- Expose adequately—from the waist down, and with his shirt pulled up
- Patient position—standing
- Examiner should kneel down in front of and to the side of the patient, NOT directly in front of the patient
- Tender area to be examined last.
- Post examination:
  - Allow the patient to dress
  - Say thanks
  - Dispose of your gloves in applicable waste bin
  - Wash hands.

## **RECTAL (PR) EXAMINATION**

- Look professional, introduce yourself
- Be polite, thankful and gentle
- Explain what the examination will entail—gain consent
- Wash hand
- Chaperone—respect the patient's dignity and privacy at all times
- Expose adequately—from the waist down, and with shirt pulled up
- Position patient
  - Lie on their left hand side
  - With their knees drawn up towards their chest
  - Their feet pushed forwards.
- Post examination:
  - Clean off any lubricant left around the anus
  - Allow the patient to dress
  - Thank the patient
  - Remove and dispose of your gloves in the clinical waste bin
  - Dispose of your gloves in applicable waste bin
  - Wash hands.