

CHILD ASSESSMENT & PEDIATRIC HISTORY TAKING

Remember to check the following on every pediatric patient:

- WEIGHT AT EACH VISIT!!

FIRST YEAR OF LIFE – AT EACH VISIT

- **Physical Assessment**
 - Weight
 - Height
 - Head Circumference
- **History**
 - Ask about feeding (breastfeeding / formula and what type / solid foods)
 - Number of wet diapers per day
 - Numbers of soiled diapers per day
 - Position of sleeping
 - Any Colic?

UNWELL CHILD

- **Physical Assessment**
 - Weight
 - Temperature
- **History**
 - **O (Other)**
 - **P (Provocative / Palliative)**
 - **Q (Quality and Quantity)**
 - **R (Region / Radiation)**
 - **S (Symptoms in addition)**
 - **T (Time / self-Treatment)**

FEVERISH CHILD (*only complaint*)

- Urine bag (ask parent/guardian to place) then dipstick sample when urine produced
- Leave for Dr. to see child (**NO QUESTION ASKED BY MOA**)

RESPORATORY SYMPTOMS/HISTORY CHILD

CHILDREN WITH RESPIRATORY SYMPTOMS CAN ONLY BE ASSESSED BY DAWID OR MARITZA BECAUSE THEY MAY HAVE EPIGLOTTITIS AND YOU MAY NOT KNOW IT. CHILDREN WITH EPIGLOTTITIS ARE AT IMMEDIATE RISK OF DEATH AND SHOULD NOT BE TOUCHED FOR ABSOLUTELY ANY REASON WHATSOEVER. ONLY NURSES AND DOCTORS SHOULD DEAL WITH RESPIRATORY CHILDREN!!!

- **Physical Assessment**
 - Weight (ONLY IF NO EPIGLOTTITIS)
 - Temperature
 - Saturation (ONLY IF NO EPIGLOTTITIS)
- **History**
 - **O** (Other)
 - **P** (Provocative / Palliative)
 - **Q** (Quality and Quantity)
 - **R** (Region / Radiation)
 - **S** (Symptoms in addition)
 - **T** (Time / self-Treatment)

ADHD CHILDREN

Please, hand over the ADHD questionnaire to the parent and leave them to the Dr. to see.