



# Clinical Skills

Lecture no: 2

**Title:** History taking and general physical examination

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# CLINICAL SKILLS

## 2 Patient's profile

### 1 Introduction

Doctor's name  
Patient's name  
privacy  
Hand hygiene  
Chaperone

Age  
Gender (obvious)  
Marital state  
Occupation  
Transport  
Insurance ] not always

### 3 Chief complaint, or presenting complaints

• Screening (do you have any other problems?)  
• Active listening (no interruptions)  
• Setting the agenda (figuring out what to focus on)

### 4 HPI or HPC (history of present illness or complaint)

Site (where)

Onset (how long)

Character (describe pain)

Radiation (does the pain come and go)

Associated symptoms

Timing (when does it hurt more in the day or at night)

Exacerbating / relieving (what makes the pain better or worse)

Severity (1 to 10)

You can use open ended questions

### 5 social history

• Traveling  
• Smoking  
• Alcohol  
• addiction

### 6 drug history and allergies

• supplements  
• Prescriptions

• Over-the-counter (يعني أدوية بدون وصفة طبية)

• Allergies

Most important is drugs

(أهم اشي حساسية الأدوية)

Food

Weather

Clothing

### 7 family history

Chronic illnesses in the family  
Parents health

### 8 Medical or surgical history

• chronic illnesses  
• Hospitalization  
• Surgeries  
• Medical problems

### 9 Patient's perspective

Fears or Ideas  
Ideas or concerns  
Functionality expectations  
Expectations

You can now summarize everything the patient said now

## Medical consultation History Taking

# Physical examination

## General examination steps:-

1. Inspection (look)
2. Palpation (feel or touch)
3. Percussion (tap)
4. Auscultation (listen)

## First impression:-

1 **Clothing** (clean , suitable for the weather)

2 **Walk and posture**

3 **Breathing Pattern** (quick , shallow , etc.)

4 **Color**

- PALLOR
- CYANOSIS -> حول الفم / الأطراف
- JAUNDICE

5 **Odors** (روائح)

- ACETONE – DIABETIC KETOACIDOSIS
- FISHY ODOR – UREMIA
- MOUSY SMELL – HEPATIC FAILURE
- FOUL SMELL – GASTRIC OUTLET OBSTRUCTION

## Then you start examining certain body parts like :-

1 **Tongue** (color, size, movement, and the mucous membrane)

2 **Hands and nails** (color, skin changes, muscle wasting, clubbing, temperature, tremor رجفة )

3 **Hair**

### Hair loss (alopecia)

- Alopecia totalis (شعر الرأس فقط)
- Alopecia universalis (شعر الجسد كاملاً)
- Alopecia areata (في بقع محددة زي الثعلبة)

### Excess hair

- Hirsutism
- Hypertrichosis

# We also examine the consciousness of the patient and his hydration status

## Consciousness

( according to this table)

### GLASGOW COMA SCORE

#### Eye(s) Opening

Spontaneous	4
To speech	3
To pain	2
No response	1

#### Verbal Response

Oriented to time, place, person	5
Confused/disorientated	4
Inappropriate words	3
Incomprehensible sounds	2
No response	1

#### Best Motor Response

Obeys commands	6
Moves to localised pain	5
Flexion withdraws from pain	4
Abnormal flexion	3
Abnormal extension	2
No response	1

Best response 15

Comatose patient 8 or less

Totally unresponsive 3

متيقظ (واعي)

•Alert

•Lethargic

•Obtunded

•Stuporous

غيبوبة

•Comatose

## Hydration status

### How to determine **Dehydration**

- weight loss (1kg =1Liter)
- skin elasticity (skin turgor , it has to go back to place in less than two seconds )
- low blood pressure
- high pulse rates

### How to determine **overhydration**

- weight gain
- edema (swollen legs because of water retention)
- Jugular venous pressure