

**Medical
history & Pediatric
diagnosis in progress**

Medicine

- **medicine is the science of diagnosing, treating, or preventing disease and damage to the body, mind or fertility.**



Sickness

Sickness

- Patient - doctor

Medical aid

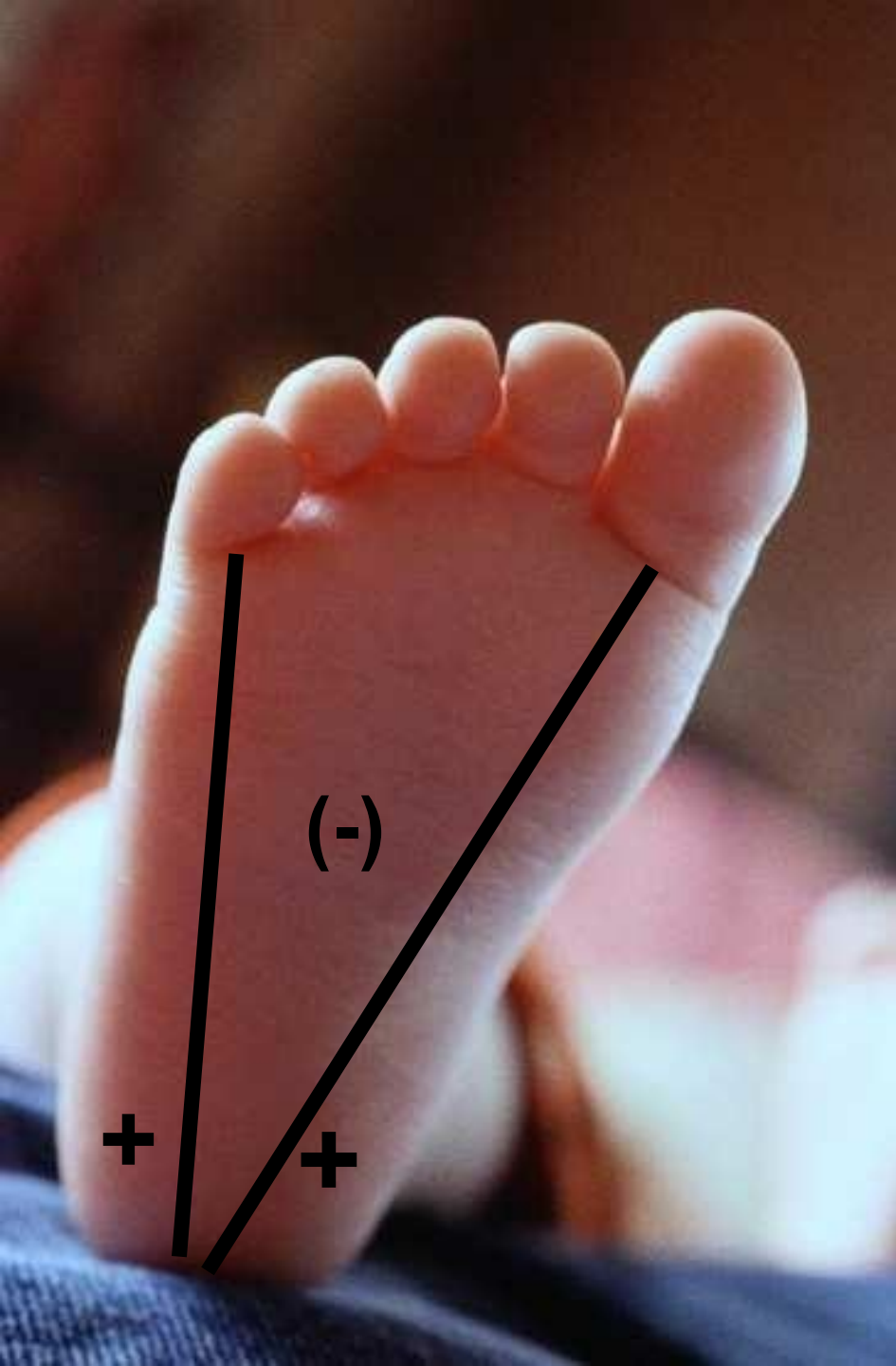
Medical aid

- **Routine prophylactic investigations (*screening*) before job offering, study, military service etc.**





The **medical neonatal screening** is one of the most efficient ways of innate and hereditary diseases evaluation in children immediately after the birth. In most countries over the world it is directed on detection of phenylketonyria (R. Guthrie test), innate hypothyroidism (TTH test) and innate deafness



There is an save area for the skin puncture taking the blood sample for neonatal laboratory investigations for hereditary diseases



Medical aid

- **Accidents**



Medical aid

- **patient`s visits**

What is the medicine?

- A. The Art
- B. The Science
- C. The Service
- D. The Source of troubles

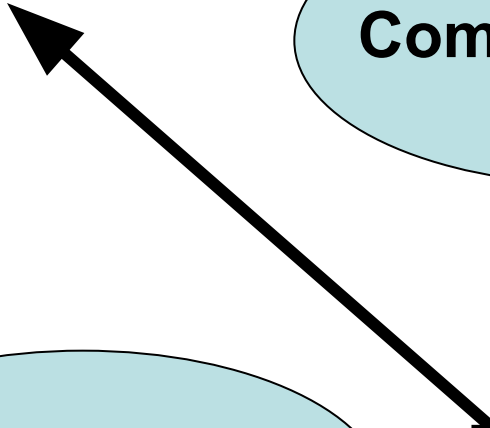
What is the medicine?

- A. The Art
- B. The Science
- C. **The Service**
- D. The Source of troubles

Medical service

- Physician
- Patient

Service



Communication

Marketing

Physician

Management

**Competency,
qualification**

Competency, qualification

- Competency (from Latin – competere, correspond to, approach) ability to use the knowledge, skills, successfully act on their base at decision of the professional problems.

The Medical textbooks, reference books, periodic journals, lectures.

Practical training

Новый календарь прививок

Министерство здравоохранения опубликовало новый календарь прививок. Его составлено согласно рекомендациям ВООЗ

▼ Дифтерии, кашлюка, столбняка
Полиомиелита
Гемофильной инфекции

▼ Дифтерии, кашлюка, столбняка
Полиомиелита
Гемофильной инфекции

▼ Дифтерии, кашлюка, столбняка
Полиомиелита

▼ Гепатита В2

▼ внутримышечно ▲ перорально

▼ Гепатита В2

▼ Туберкулеза

▼ Гепатита В2



1 день



3-7 день



1 месяц



3 месяца



4 месяца



5 месяцев



6 месяцев



▼ Кори, краснухи, паротита

▼ Дифтерии, кашлюка, столбняка
Гемофильной инфекции
Полиомиелита

▼ Дифтерии, столбняка
Кори, краснухи, паротита
Полиомиелита

▼ Туберкулеза*

▼ Дифтерии, столбняка
Полиомиелита

▼ Дифтерии, столбняка



12 месяцев



18 месяцев



6 лет



7 лет



14 лет



18 лет

ICD-10

**Zaporozhye State Medical University
Propedeutics of Pediatrics Department**

**STUDENT'S CASE HISTORY
(SCH)**

The patient's name, surname _____

Age _____

Diagnosis _____

Student _____

Group _____

Grade of education _____

Teacher _____

Date of giving the SCH for cheking up _____

Mark _____

Teacher's signature _____

Date _____

Zaporozhye - 2013

Management

- **Management or administration are skills to organize an efficient control over the social relationships (for instance, in system of doctor-patient-relatives contacts)**



A

B



C



D



Medical marketing

- **Medical marketing (MARKETING as a sale, trade on the market) is a process of the study what facilities the patient needs in accordance with waiting of shaping the adherences to diagnostics and treatment.**

In healthcare practice Compliance is a patient's and doctor's adherence to a chosen course (eg, of treatment, feeding, physical activity etc.) Medical compliance leads to mutual satisfaction of the waiting of healing



Before visit

- Knock and carefully open the door
- Greet everyone with cordial manner
- Confirm personality of the patient
- Support necessary distance
- Have a subject like a toy to interest a child
- Wash the hands at the presence of the patient

Hand`s washing



1. Терти долонею об долоню



2 Права долоня по тильній стороні лівої руки і навпаки



3. Терти внутрішні поверхні пальців руками вгору і вниз



4. Терти тильною стороною пальців по долоні іншої руки



5. Терти пальці круговими рухами



6. По черзі, круговими рухами терти долоню



Modesty & temperance



The Communication

- **The Communication (in psychology) is an exchange by information between alive organisms. In common sence it means the contacts.**



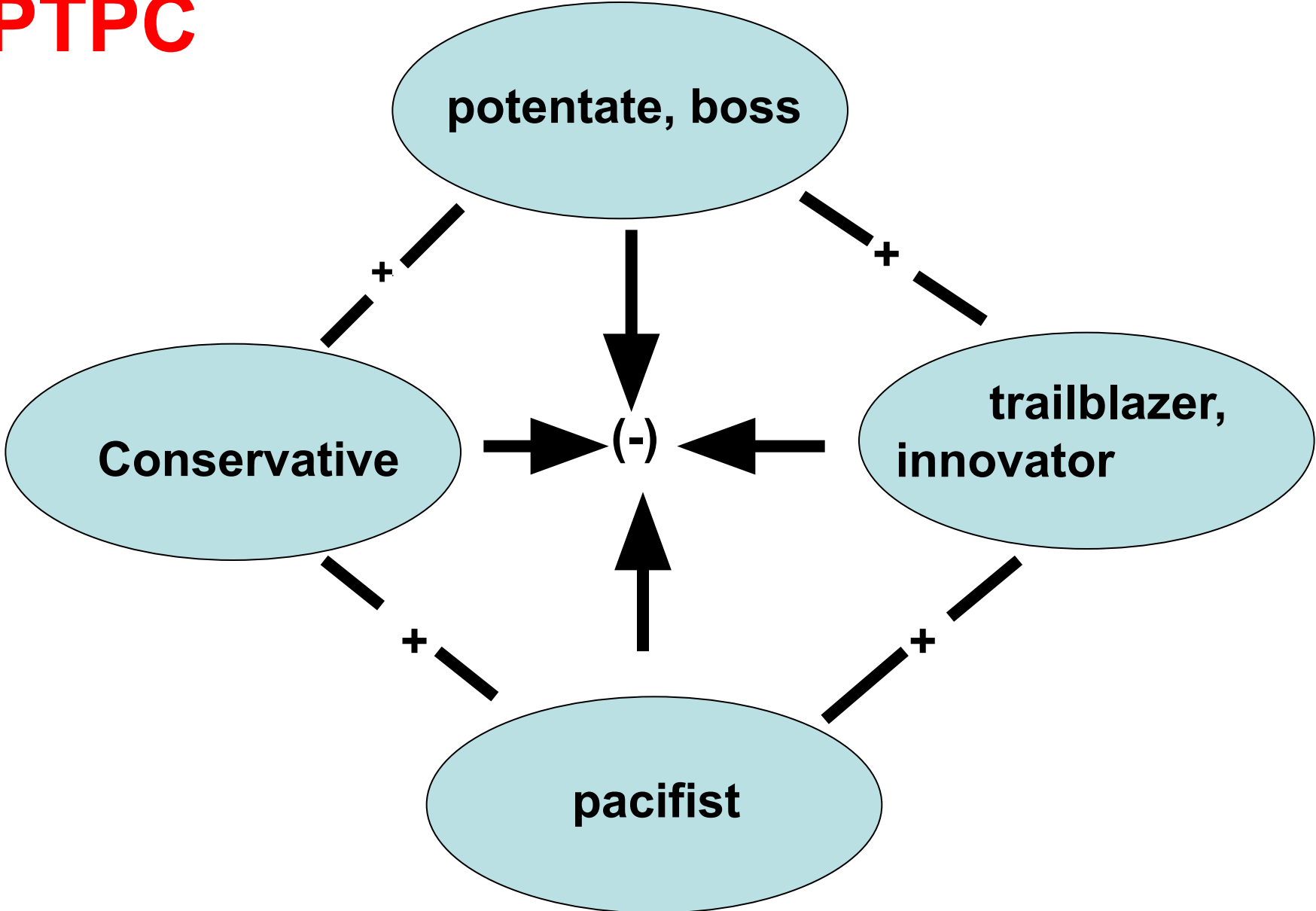
Communication with the patient`s relatives and directly with the child

(...the roses and their thorns)

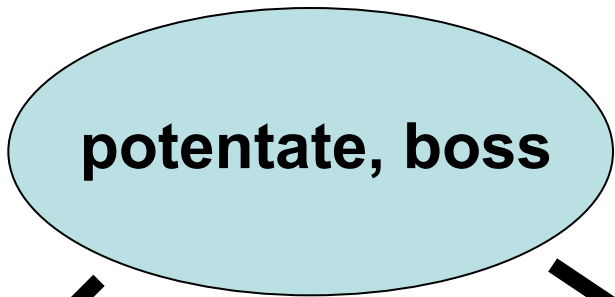
The principals of efficient communication

- During interview follow all time to look at the mother. It is very important to reach an eye contact.
- Avoid to ask close questions as which need “yes” or “no” answers. The mother has to narrate openly the state her child about. Help her with your smile or other emotional expressions.
- Express your empathy towards the mother. She should feel that you understand her problems.
- Avoid to use appreciative words like “That is right”, “enough”, “it is wrong”. She can think that a doctor blames her made mistake.

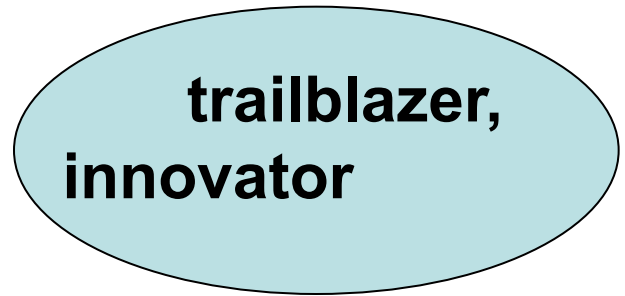
PTPC



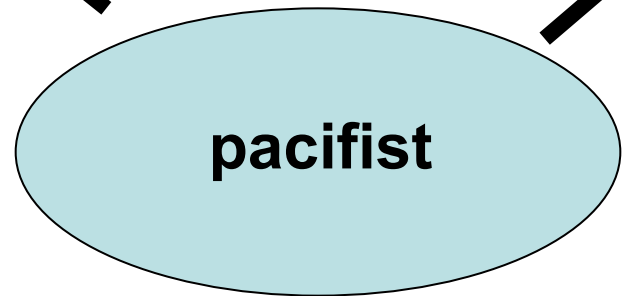
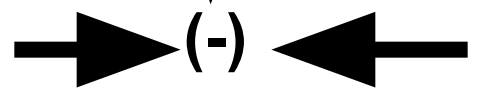
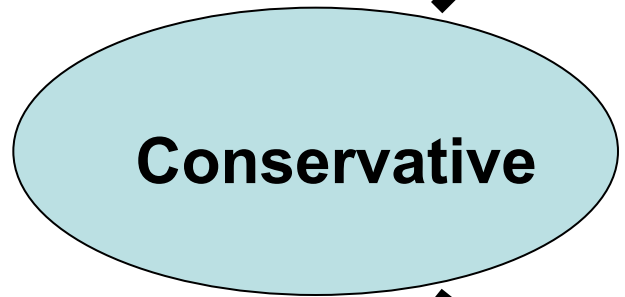
Control



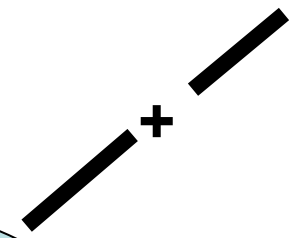
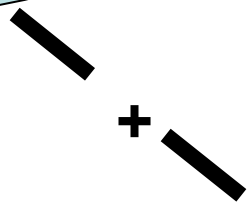
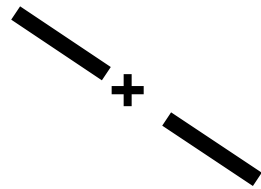
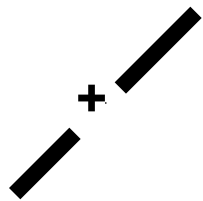
Progress



Warranties, stability



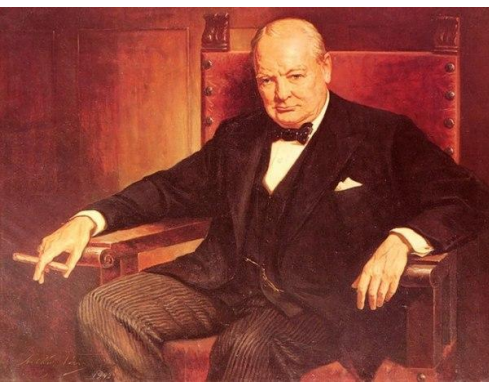
Conflictlessness



Control



potentate, boss



**Warranties,
stability**

Conservative

Progress

trailblazer,
innovator

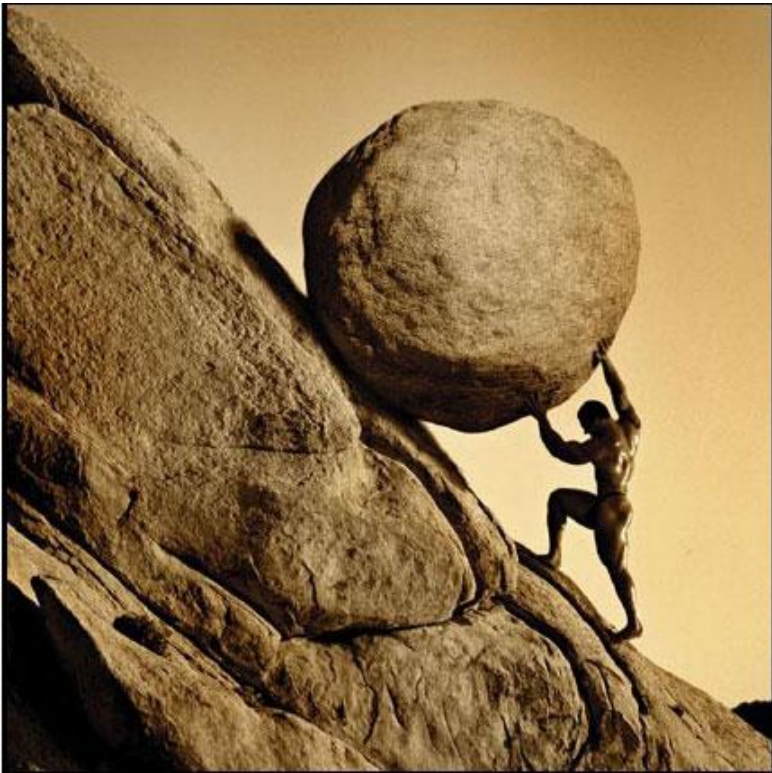
(-)

pacifist



Conflictlessness

Medical history



- The Correct medical history is only one way to reach the correct diagnosis.
- The Correct diagnosis means the correct treatment.
- The Physician must produce correct diagnoses like a liver produces the bile.

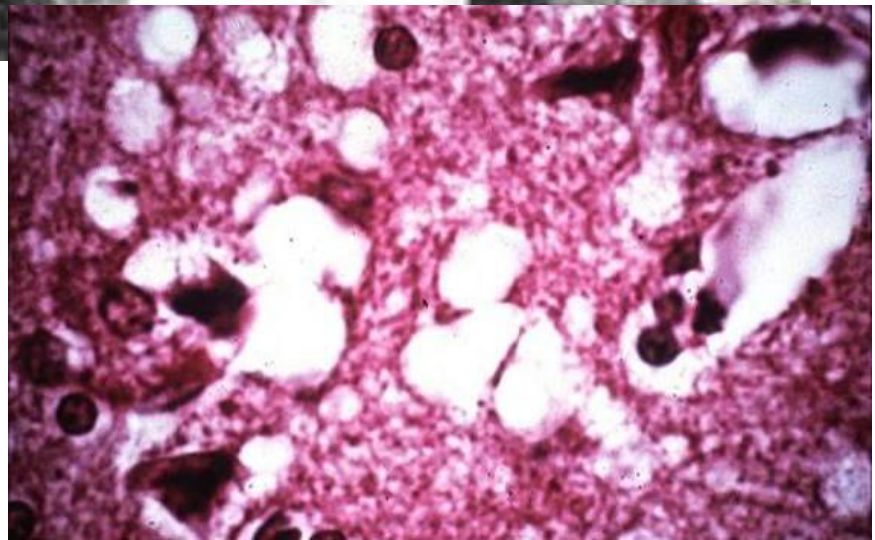
The main goal of the medical history is the gathering of symptoms

Symptom (from greece σύμπτωμα as event, coincidence, sign) is one separate sign, frequent manifestation of some disease, pathological condition or breaches of some process to vital activity, one separate concrete complaint from side of the patient.

Symptoms can be divided into unspecific ones which are accompanying variety of diseases (for instance, headache) and specific or inherent with a little amount of diseases (for instance, polyuria in diabetes). Patognomonic symptoms in consequence of high specificity point to only one disease (for instance, Koplik's enantema (spots) in measles

I. Passport data

- 1. Patient's surname, first and second name.
- 2. Age, date of birth (age in months and days for infants).
- 3. Sex (male, female).
- 4. Information about the parents: surname patronymics, first and second name, occupation, place of employment.
- 5. Patient's address: region, district, town, village, street, house, flat number, phone number.



Курь

Complaints



Ask the parents or the child about the causes of their visit. First, enumerate complaints, second – ask about the details of the complaints. Be as specific as possible and try to record accurately, without interpretation what the patient or his parents are saying.

Complaints at day of admission

1.Main

2.Additional

Complaints at the time of your contact



**It is Important to take
into account not only
complaints of
relatives, but also
complaints of a sick
child!**

III. History of the disease, Present illness (Anamnesis morbi)

- (According the mother's information)
- Development of the disease is described in chronological order since the moment of it's onset to the moment of examination. The cause of the disease. Development of symptoms: the date of the disease onset (acute or gradual); the first symptoms and signs of the disease; describe duration of remission and the patient's state in this period;
- Preliminary examination and diagnosis, results of laboratory investigation;
- Information about medical treatment: its effectiveness.
- Aim of the patient's hospitalisation and its way (planned or urgent admission).

IV. Past history, Anamnesis vitae

(for child from birth to 3 yrs old)

- The child was born from I, II,... pregnancy.
- Obstetric history: maternal age, mother's health during pregnancy; life, job, nutrition condition during pregnancy, length of gestation, and any complications (nephropathy, anaemia).
- Information about previous pregnancies: abortions, their causes, the term of pregnancy when abortion happened. Information about stillborn, child death in the family and causes of child death.
- Peculiarity of the delivery, complications, medical assists.

The newborn's condition

Specific data include

- (1) weight and length, head and chest circumferences at birth;**
- (2) loss of weight following delivery;**
- (3) time of regaining birth weight;**
- (4) condition of health immediately after birth, such as quality of cry, level of activity, and color of skin;**
- (5) Apgar score (some mothers may be aware of this);**
- (6) possible problems, such as fever, convulsions, hemorrhage, snuffles, skin eruptions, desquamation, paralysis, birth injuries, deformities, or congenital anomalies, the term of the separation of the umbilical cord and healing of the umbilical wound. The term of the newborn discharging from maternity house. Home-nursing.**

Feeding of the newborn.

When did the newborn have the first breast feeding, did the newborn have any difficulties during the first breast feeding? Feeding of the infant at first year of life (breast feeding, mixed feeding, artificial feeding). Type of feeding formula used. The term of introduction of solid food, ceasing of breast feeding. Feeding of the child at the moment of admission to the hospital.

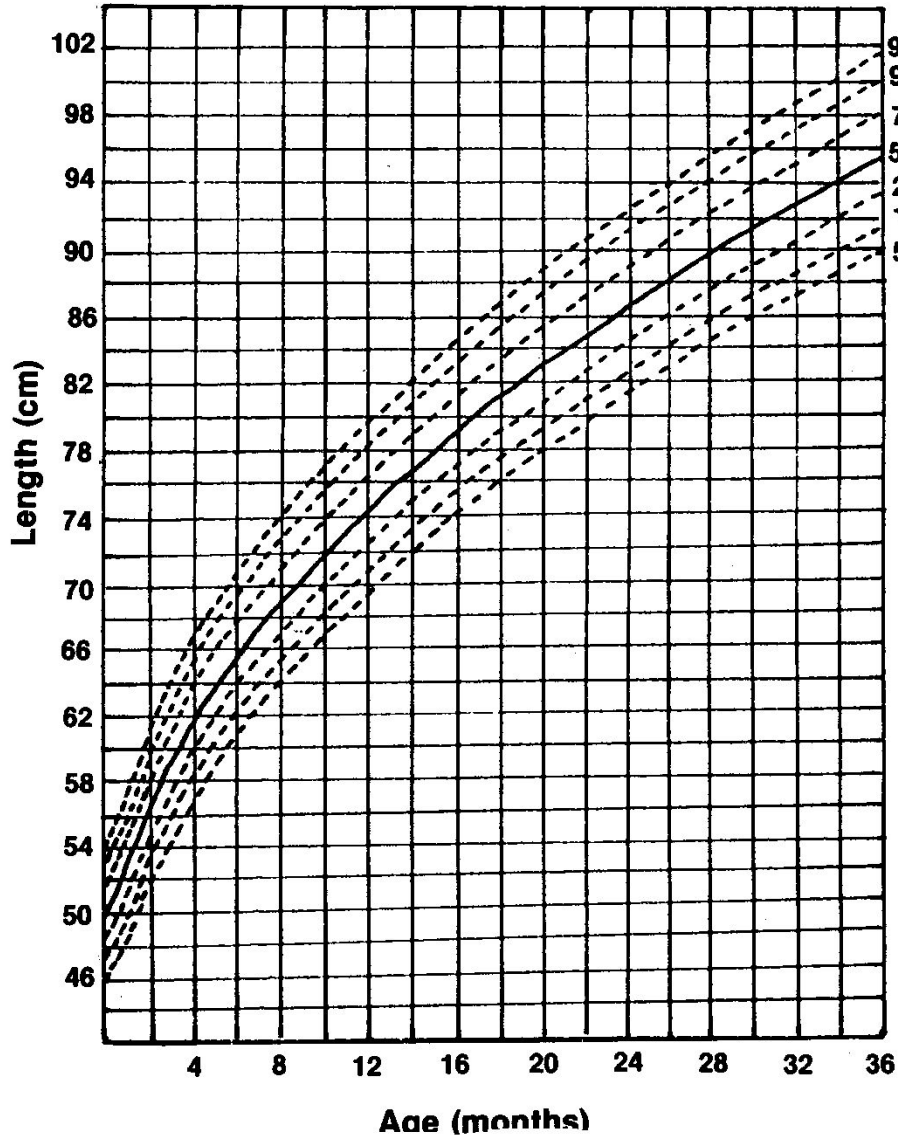
Weight loss in first few days:
5-10% of BWt (birth weight).
Return to BWt: 7 – 10 days of
age.

It is physiologic phenomenon

Characteristic of physical development

- **Weight, height, head, chest circumference gain. The most important previous growth patterns to record are (1) approximate weight at 6 months, 1 year, 2 years, and 3 years of age; (2) approximate length at 1 and 3 years; and (3) dentition, including age of onset, number of teeth, and symptoms during teething.**

Growth Curve (Length)



Percentile value

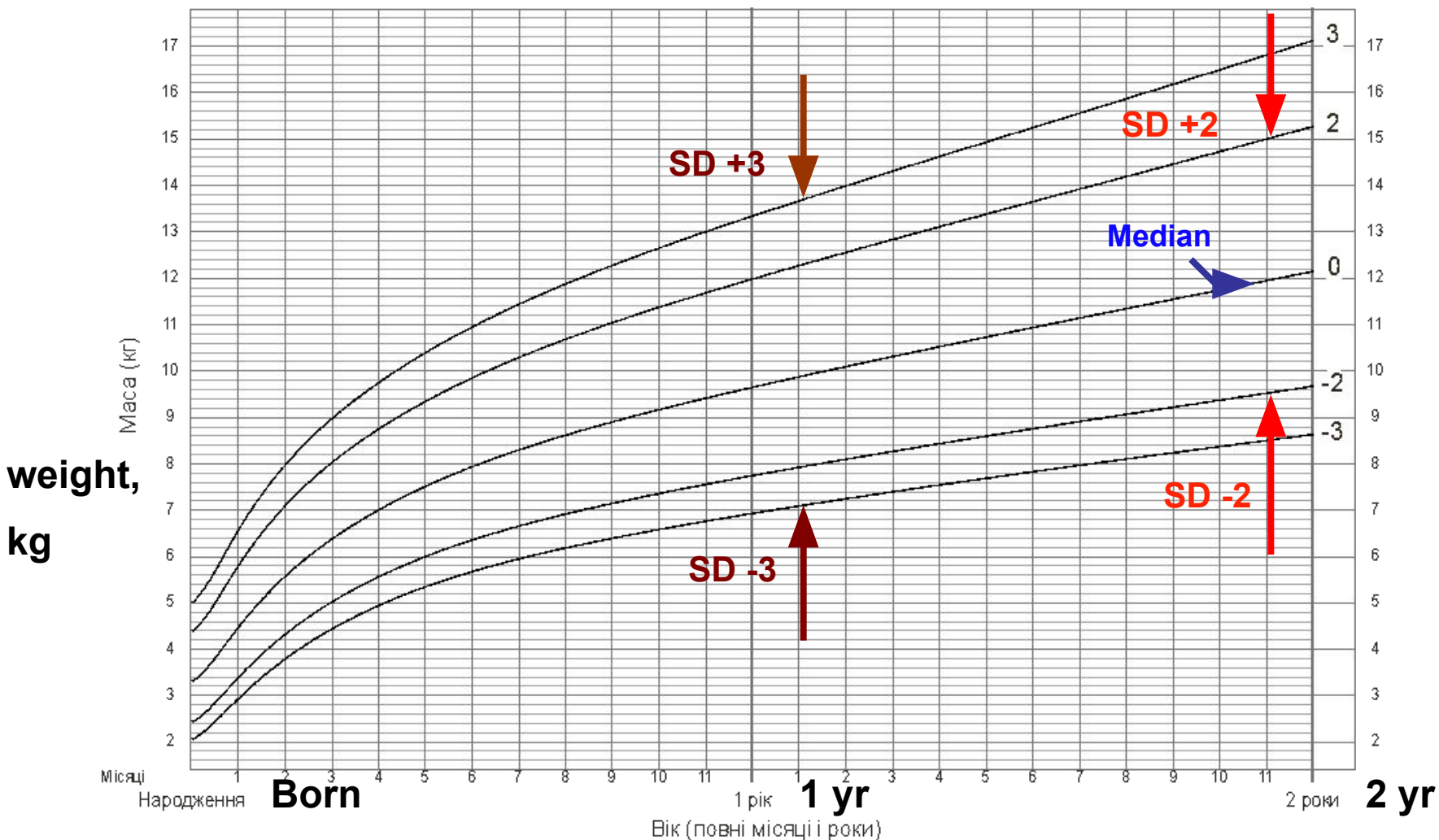
If to build a graph having the child age postponed on horizontal axis and the anthropometric value (for instance, growing) on vertical axis it is possible to point the 5-th, 10-th, 25-th, 50-th, 75-th, 90-th, 95-th percentile values for every age interval. If connect by line all the points of one percentile in different ages the percentile curves or graphs can be obtained. It is very important that this percentile graphs reflect the statistical variants of the child development. Usually the graphs elaborate for boys and girls apart because their anthropometric values differ.

Weight-for-age curves in boys aged 0 -2 yr

Маса до віку, хлопчики

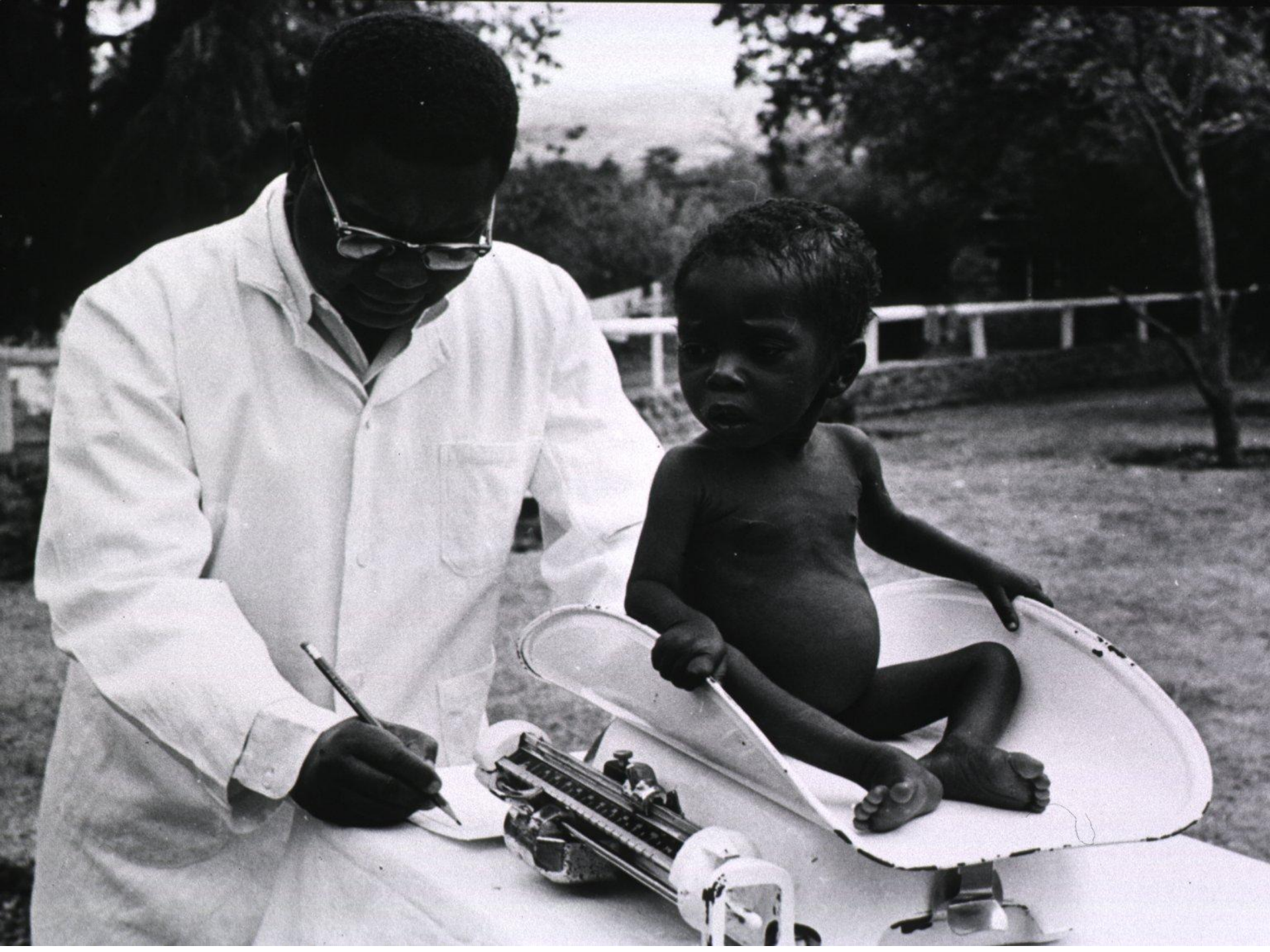


від народження до 2 років (z-scores)



What do the SD lines mean?

- The line 0 on every graph is being the median or math average.
- Other lines define statistical standard deviations (SD) showing the distance between individual anthropometrics and average estimations.
- Standard deviations (SD) can be positive (values 1, 2, 3) or negative (values -1, -2, -3).

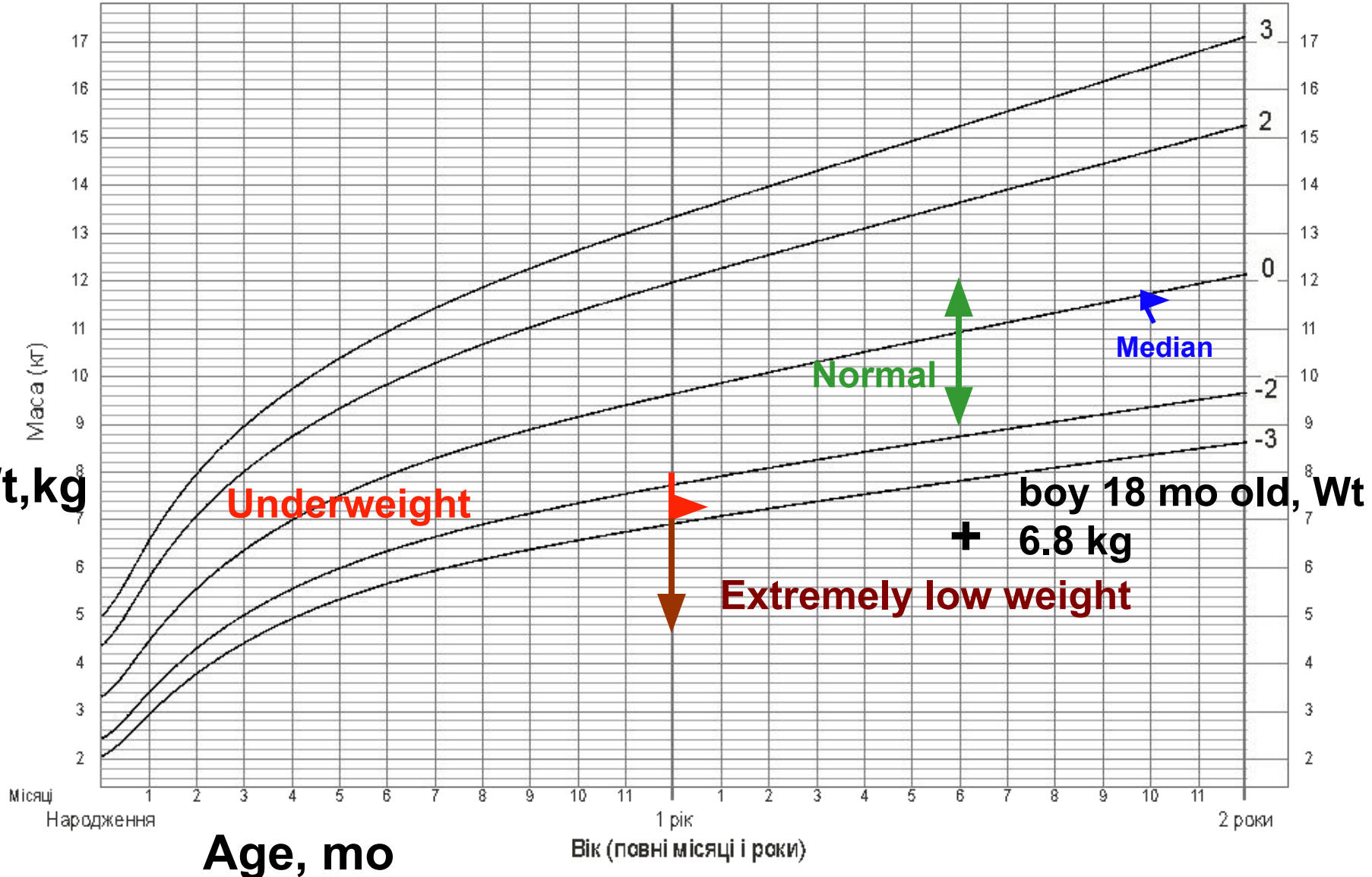


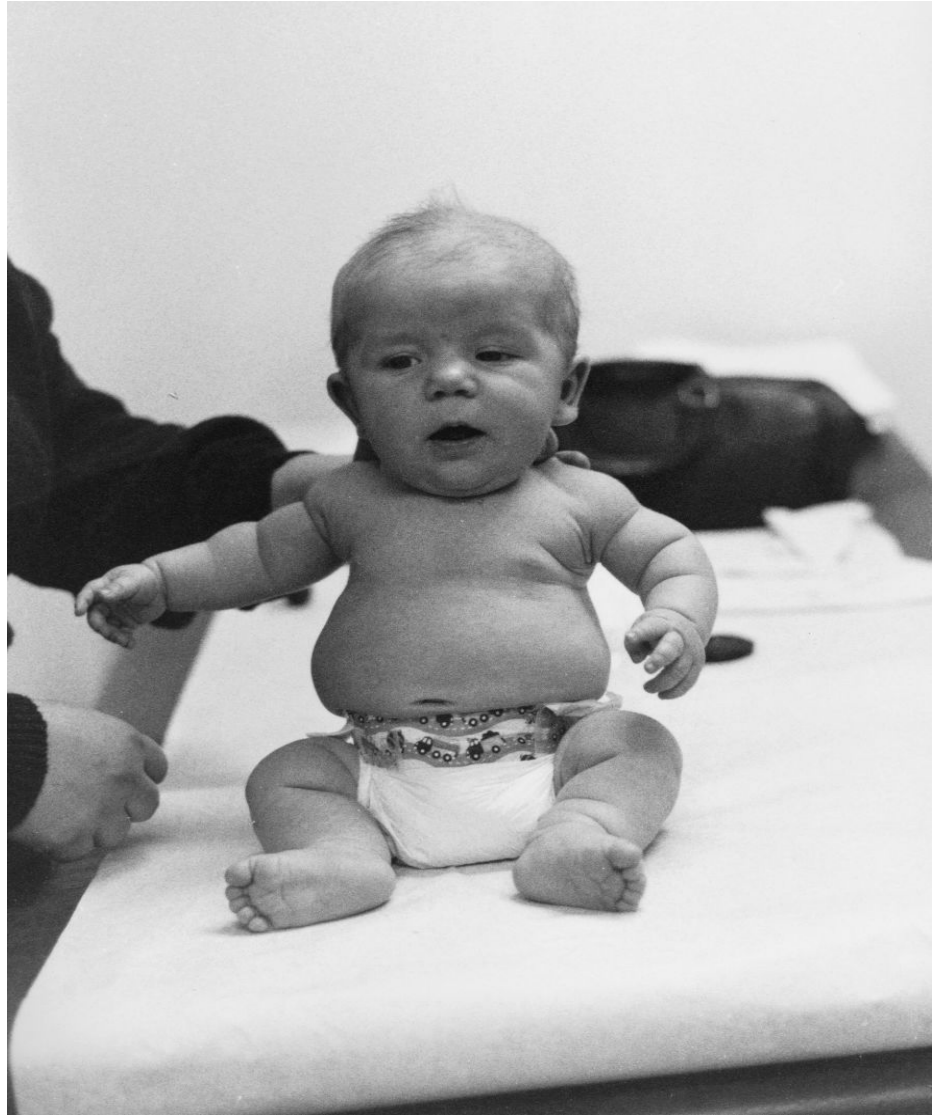
Маса до віку, хлопчики

Weight-to-age chart for boys



від народження до 2 років (z-scores)

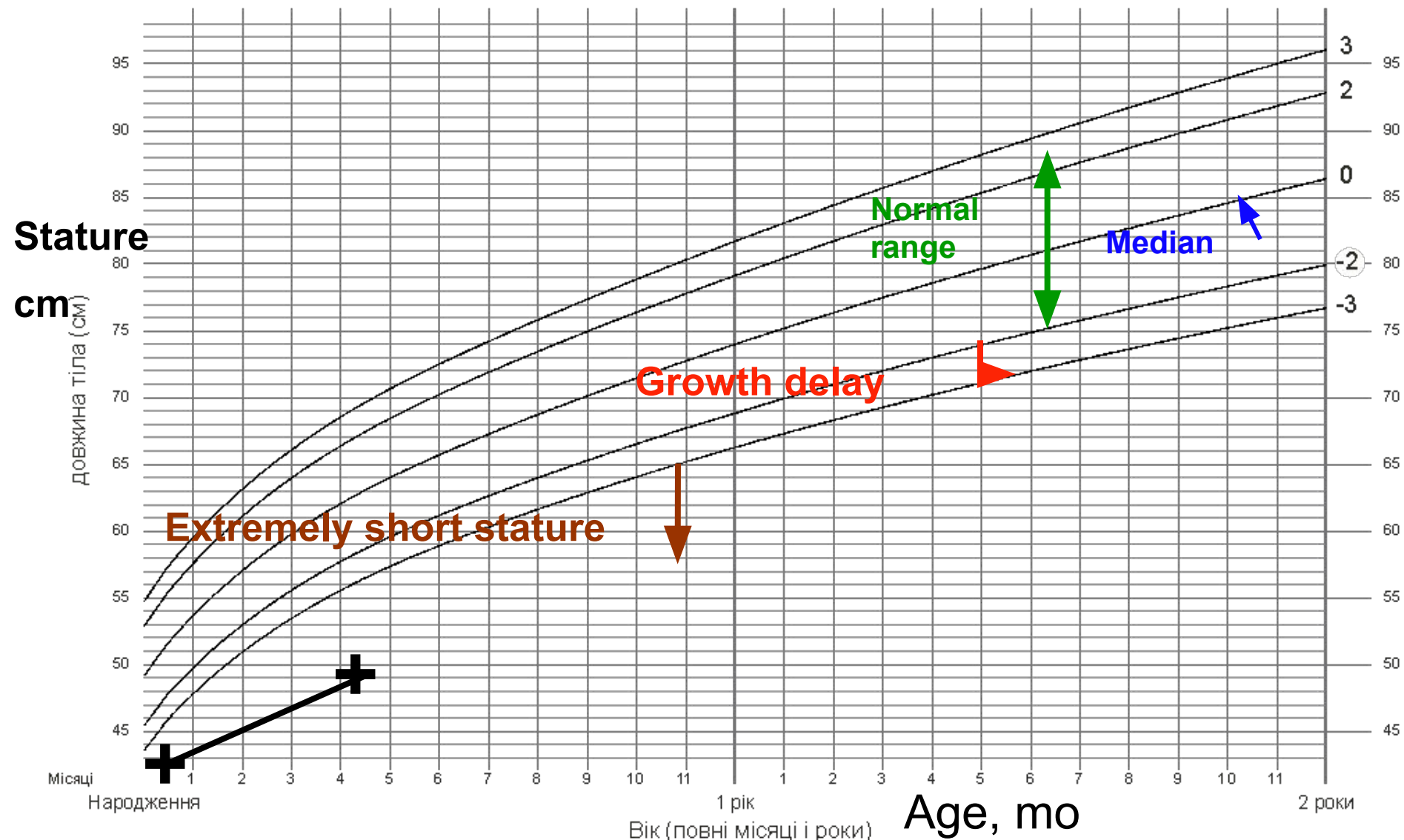




Stature-to-age chart in girls

Довжина тіла до віку, дівчатка

від народження до 2-х років (z-scores)

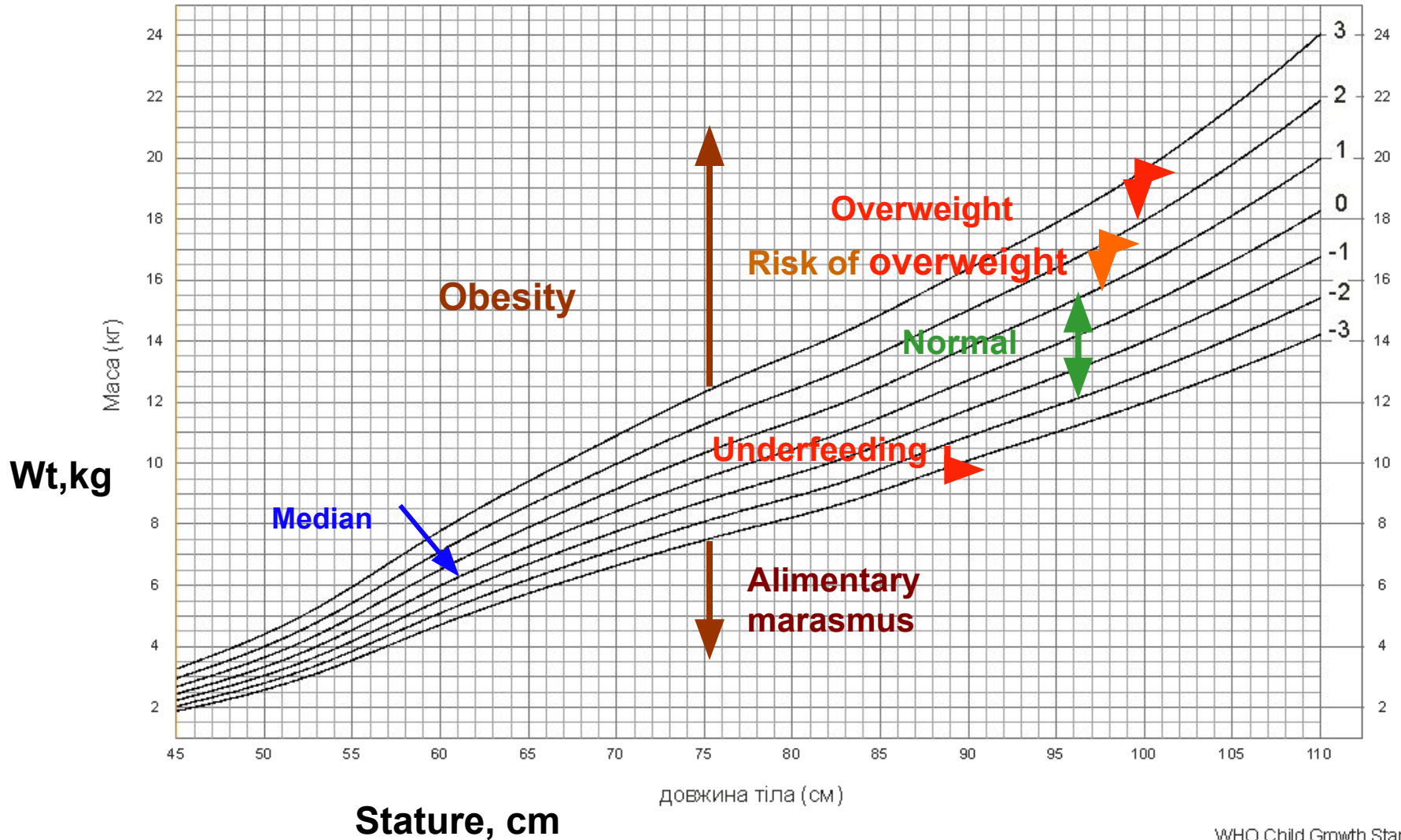




Weight-to-height correlation

Маса до довжини тіла, хлопчики

від народження до 2 років (z-scores)



Body-Weight index (BW_i or Kettle's index).

$$\text{BW}_i = \frac{\text{Body weight (kg)}}{\text{Stature (m)}^2}$$

Obesity in young children – BW_i > 20 kg/m²

Obesity in adults – BW_i > 30 kg/m²

Developmental milestones include

- **(1) age of holding up head steadily, (2) age of sitting alone without support, (3) age of walking without assistance, and (4) age of saying first words with meaning. Mark when the child started to fix the subjects by eyes, to smile.**

Examiner: _____
Date: _____

Name: _____
Birthdate: _____
ID No.: _____

MONTHS 2 4 6 9 12 15 18 24 YEARS 3 4 5 6

PERSONAL - SOCIAL

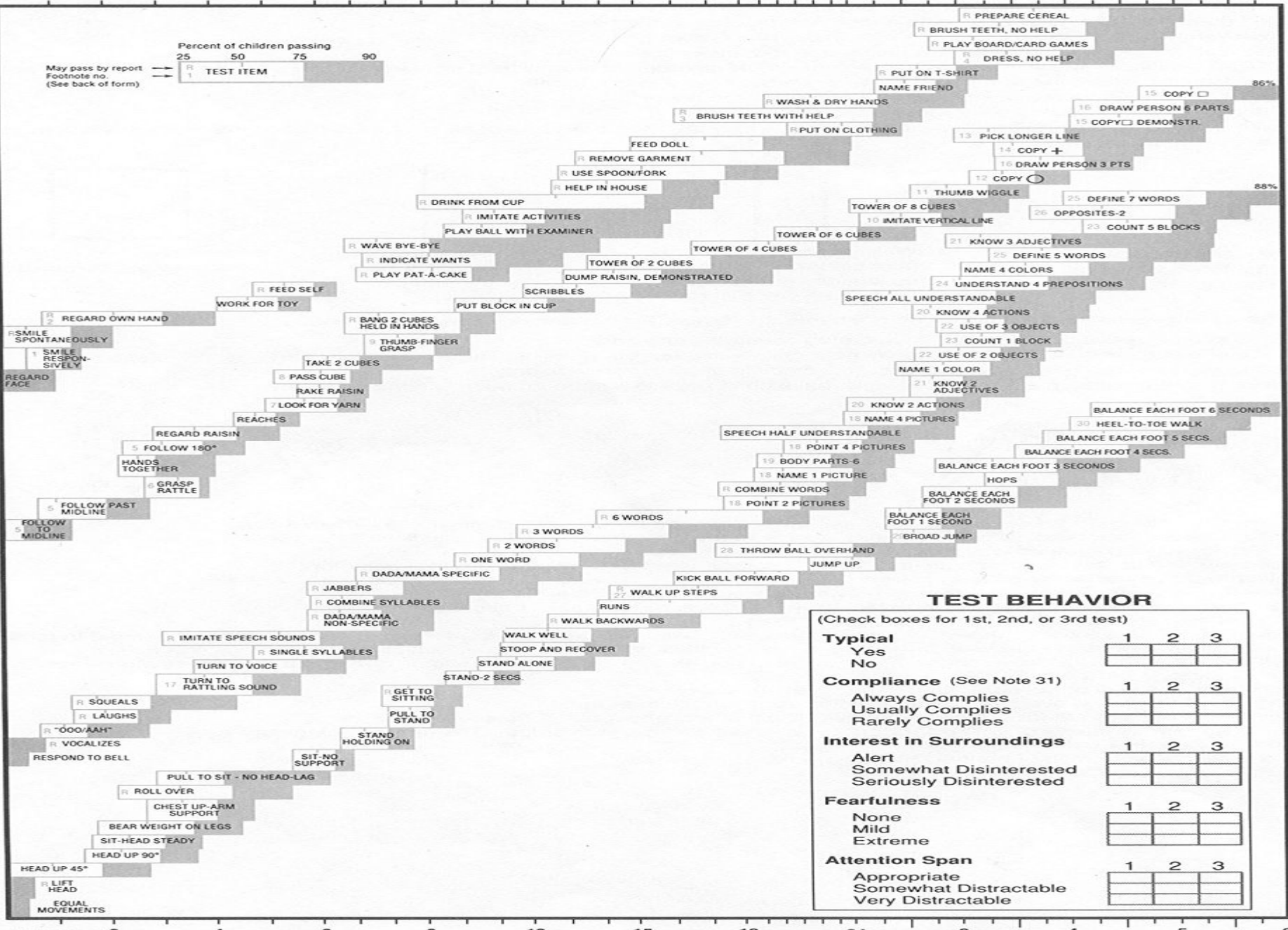
FINE MOTOR - ADAPTIVE

LANGUAGE

GROSS MOTOR

Percent of children passing
25 50 75 90
R 1 TEST ITEM

May pass by report
Footnote no.
(See back of form)



TEST BEHAVIOR

(Check boxes for 1st, 2nd, or 3rd test)

Typical	1	2	3
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compliance (See Note 31)	1	2	3
Always Complies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usually Complies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rarely Complies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest in Surroundings	1	2	3
Alert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Somewhat Disinterested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seriously Disinterested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fearfulness	1	2	3
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention Span	1	2	3
Appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Somewhat Distractable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Distractable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MONTHS 2 4 6 9 12 15 18 24 YEARS 3 4 5 6

Previous infections & and somatic diseases

- Previous infections and somatic diseases (in chronological order). Mark the character of the disease, peculiarity of the clinical characteristic, pay attention to allergic diseases, to the food and drug intolerance.**
- Information about tuberculin testing, if testing was done, the child's positive or negative intradermal Mantoux reaction should be recorded, date of testing.**

Prophylactic immunization

- **Information about prophylactic immunization, reactions to vaccination.**

НОВЫЙ КАЛЕНДАРЬ ПРИВИВОК: ЧТО И КОГДА НУЖНО ДЕЛАТЬ

Возраст	Вакцинация против		
1 день	Гепатит В		
3—5 дней	Туберкулез		
1 мес.	Гепатит В		
3 мес.	Дифтерия, столбняк, коклюш	Полиомиелит	Гемофильная инфекция
4 мес.	Дифтерия, столбняк, коклюш	Полиомиелит	Гемофильная инфекция
5 мес.	Дифтерия, столбняк, коклюш	Полиомиелит	
6 мес.	Гепатит В		
12 мес.	Корь, паротит, краснуха		
18 мес.	Дифтерия, столбняк, коклюш	Полиомиелит	Гемофильная инфекция
6 лет	Дифтерия, столбняк	Полиомиелит	Корь, паротит, краснуха
7 лет	Туберкулез		
14 лет	Дифтерия, столбняк	Полиомиелит	
18 лет	Дифтерия, столбняк		
23 года	Дифтерия		
28 лет	Дифтерия, столбняк (и далее каждые 10 лет)		

Hepatitis B

TB

**Diphtheria, tetanus,
whooping cough,
polymyelitis, Hib**

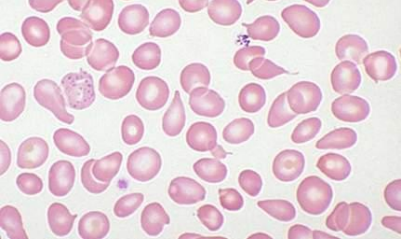
**Measles, parotitis, german
measles**

- The child's hygienic regime, who takes care for the child, the term of being out-doors, sleep condition, bathing.



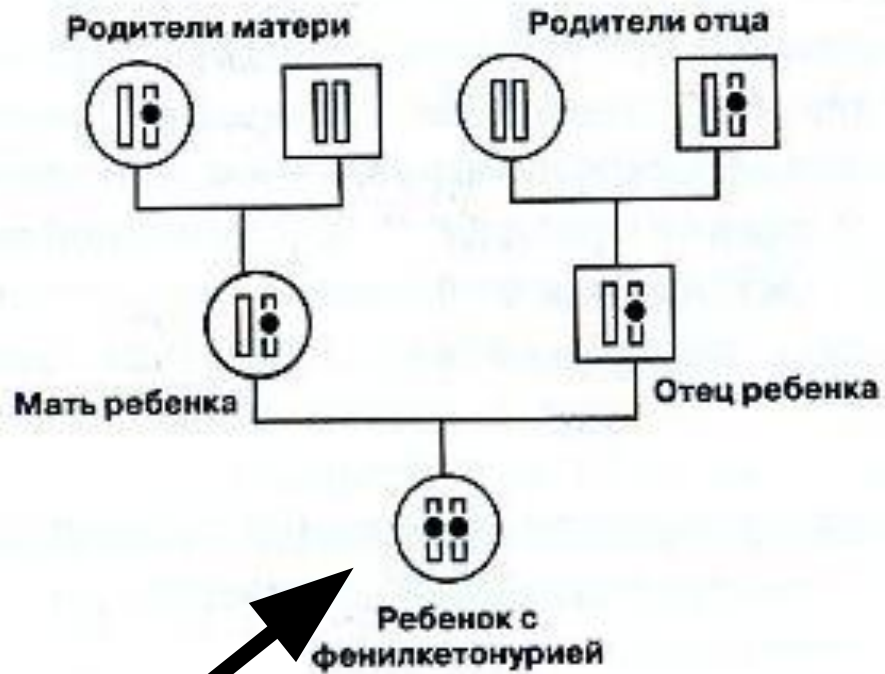
V. Family history

- (to identify the presence of genetic traits or diseases that have familial tendencies and to assess exposure to a communicable disease in a family member)
- Parents' age, health condition of other members of the family, including children (brothers and sisters) age, health condition. Is there a family history of a heart disease, hypertension, cancer, diabetes mellitus, obesity, congenital anomalies, allergy, asthma, tuberculosis, mental retardation, convulsions, syphilis or other venereal diseases, alcoholism, psychiatric diseases, hepatitis.
- Family material status and living conditions.
- Parents' working conditions. Free time activities, dietary regimen, and etc.
- Make genealogical tree.



Genealogical tree of the family affected with thalassemia





Пробанд

Status praesens objectivus



The child looks well

1. General condition of the patient

- is mild, moderate, severe , and life-threatening.
- conscious, unconscious
- Patient's position is active, passive, fixed.
- Appearance of the child (looks well or ill), behavior (appropriate, inadequate), mood (good, bad, anxiety, fear, emotional instability, apathy), interactions with parents and physician, reaction for examination, the facial expression (calm, excited, dolorosa, lifeless, Hippocratic face, masklike, etc.)
- Sleep disturbances: night crying, night feeding; have trouble going to bed, bedtime fears, wake during the night or have nightmares; sleepwalking and sleeptalking; difficult getting up in the morning.
- Appetite: loss of appetite, anorexia, bulimia.
- Temperature: degree of C.

2. Physical development and its assessment.

- Weight (P) in kg, height (L) in cm, circumference of the head (H) and the chest (T) in cm. Values for weight, length, and head circumference are plotted on growth charts, and the child's measurements in percentiles are compared to those of the general population.

	Values for measure	Percentile interval	Assessment of data
Height (length) cm			
Weight, kg			
Head circumference, cm			
Chest circumference, cm			

Conclusion: underweight (underfeeding), low weight, extremely low weight (marasmus) etc.

Objective examination is a complex medical diagnostic approach executed by physician to reveal the diagnosis. All methods referred to objective examination are realizing directly by physician by means of visual, auditory and tactile information. They are:

Observation (survey)

palpation

percussion

auscultation



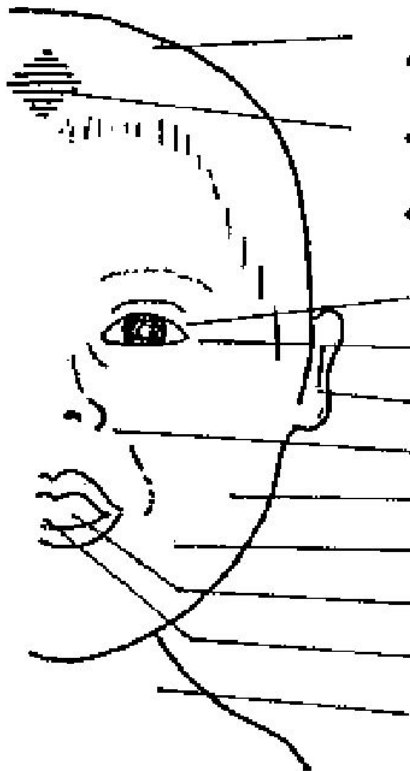
3. Nervous system

- Level of consciousness (LOC): alert and oriented to person, place and time; loss of consciousness (stupor, sopor, coma).
- State of sense organs: vision, hearing, skin sensibility (correct identification of sensation and location).
- State of the cranial nerves, skin and deep tendon reflexes, Abnormalities of gait, posture, coordination. Assess the newborn's reflexes – Moro's reflex, tonic neck reflex, stepping reflex, Babinsky's reflex, planter reflex, palmar grasp, traction, root reflex, sucking reflex, swallow and gag reflex (reflex is normal, decreased, absent). Pathologic reflexes: Brudzinski neck and leg signs, neck rigidity, Kerning's sign (positive or negative). Perform the Romberg test (steady stance with minimal weaving).

Motor Examination

Neurological Examination

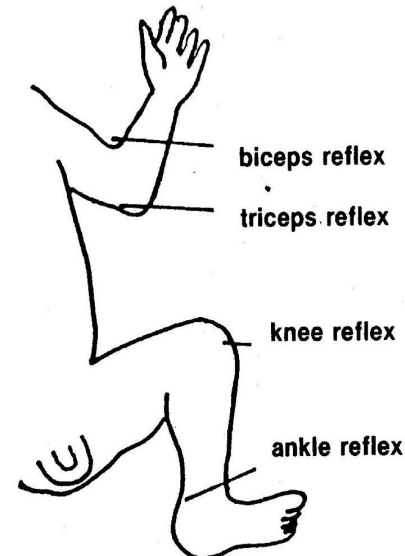
- Level of consciousness (LOC)
- Mentality
- Head examination :



- Head size
- Anterior fontanel
- Cranial nerves :
 - II (vision)
 - III, IV, VI (eye movement)
 - VIII (hearing)
 - I (smell)
 - V (facial sensations)
 - VII (facial movement)
 - IX, X (swallowing)
 - XII (tongue movement)
 - XI (neck movement)

- Posture or gait
- Movement disorders
- Muscles :
 - Muscle power
 - Muscle tone
 - Muscle bulk

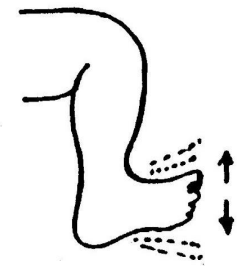
• Reflexes :



• Tendon reflexes



• + ve Babinski



• Ankle clonus

4. Skin: color (usual for proper race, pale, cyanotic, hyperemic, icteric etc.), abnormal pigmentation (depigmentation, hypopigmentation, hyperpigmentation); rashes (size, colour, persistence, distribution, position); scars (site, size, shape, colour, connection with underlying tissues, mobility etc.); striae; hemorrhagic manifestations; hemangiomas; Mongolian blue spots, cafe-au-lait spots, vitiligo, etc. Describe hair (color, thickness, pathological changes, etc.) and nails (form, color, pathological changes). Palpation: skin temperature, wetness of skin, skin elasticity and turgor.



- **5. Visible mucous membranes and conjunctivae: color, clear or not.**
- **6. Subcutaneous tissue: its development (normal, poor, excessively developed) and distribution (uniform, deposits). Edema (location and distribution).**

7. Lymph nodes:

- palpation of lymph nodes (their size in cm if enlarged, their consistence, mobility, connection with underlying tissues and skin. You should routinely attempt to palpate suboccipital, preauricular, anterior cervical, posterior cervical, sub-maxillary, sublingual, axillary, epitrochlear and inguinal lymph nodes.



8. Muscle system characteristic:

muscle mass: degree of development (well-muscled, atrophied, etc.), muscle tone, muscle strength.

9. Bone system:

Head: size, shape, symmetry, cephalohematoma, craniotables, fontanel (size, tension, number, closed abnormally late or early), suture, dilated scalp veins.

Chest: shape, symmetry, Harrison's groove, flattening of the ribs, pigeon chest, funnel chest, shoulder height.

Spine: signs of scoliosis,

Extremities: deformation, symmetry, Barlow & Ortolani signs (for infant), flatfoot.

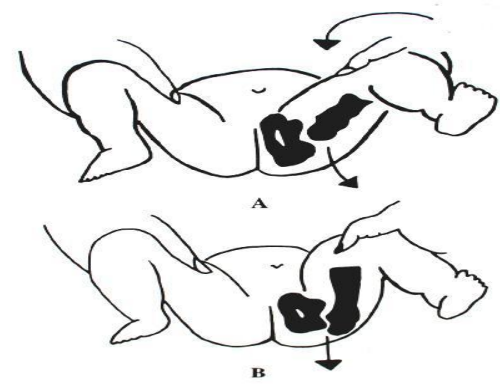
Joints: configuration, ROM (range of motion); active and passive, skin over the joints (smooth, freely movable joints with no swelling, full ROM).



Dysplastic / dislocative hip (DDH) tests

DDH evaluation

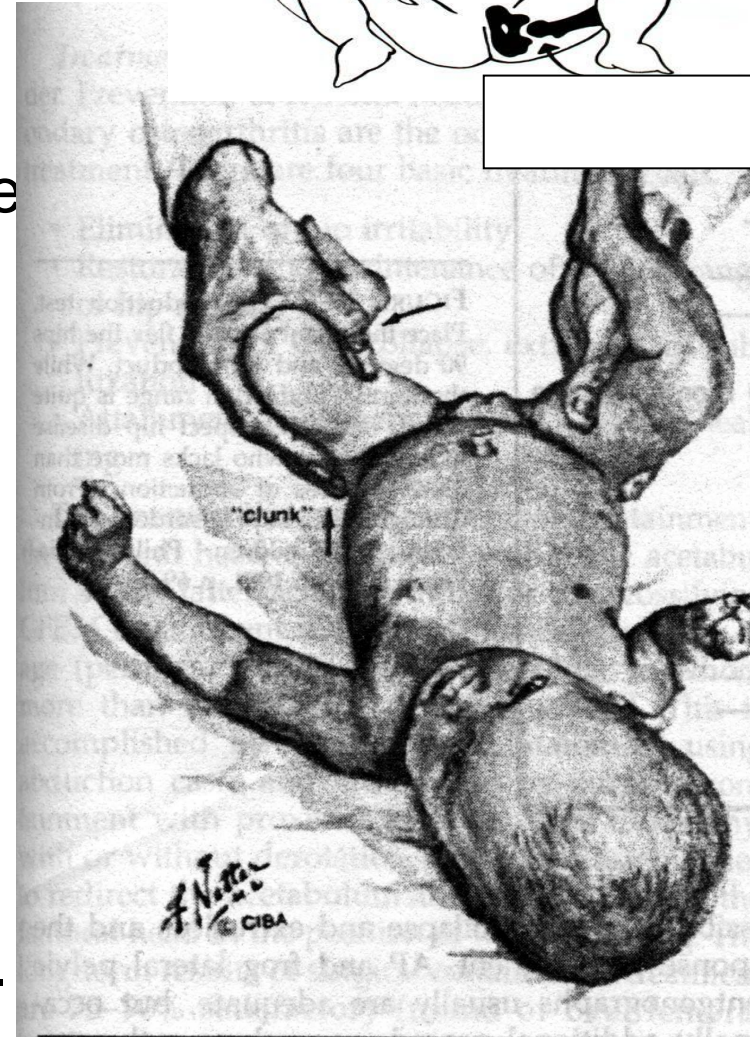
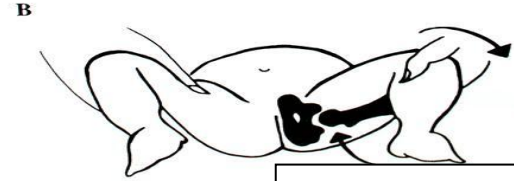
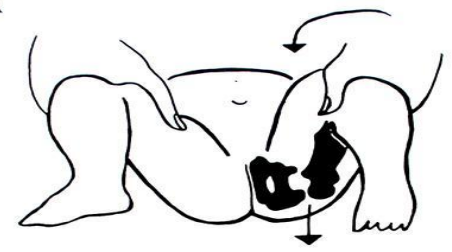
- *Barlow test* is the most important maneuver in examination of the newborn hip. This is a provocative test that attempts to dislocate the unstable hip. The examiner stabilizes the infant's pelvis with one hand and then flexes and adducts the opposite hip and applies a posterior force. If the hip is dislocatable, this usually is readily felt. After release of the posterior pressure, the hip will usually relocate spontaneously.



DDH e *Barlow test* val

The *Ortolani test* is a maneuver to reduce a recently dislocated hip. The result is most likely to be positive in infants 1-2 mo of age because adequate time must have passed for the true dislocation to have occurred.

In test, the infant's thigh is flexed and abducted and the femoral head is lifted anteriorly into the acetabulum. If reduction is possible, the relocation will be felt as a "clunk," not heard as a "click." After 2 mo of age, manual reduction of a dislocated hip is not usually possible because of the development of soft tissue contractures.



10. Respiratory system

- **Inspection:** cyanosis, finger clubbing, nasal flaring, the type of respiration (thoracic, abdominal, mixed; deep or shallow). Assess respiration rhythm ((regular, irregular, or periodic respiration). **Respiratory rate** (number per minute); type of dyspnea (inspiratory, expiratory, mixed dyspnea); the use of accessory muscles of respiration, **nasal flaring and grunting**. Assess the shape and symmetry of the thorax and **retractions** (intercostal, subcostal).
- **Palpation:** Pain in the chest wall (the chest is painless, pain of the chest wall is determined, indicate location). Vocal fremitus (equally intense vibrations of both sides of the chest; or decreased, increased on the one half of the chest, indicate location).
- **Percussion:** Comparative percussion of the lungs (clear pulmonary sound or resonance, hyperresnance, tympany, dullness, flatness). Indicate location.
- **Topographic percussion:** Assess the lower border of the lungs and describe them according to vertical topographic lines (the lower borders of the lungs are displaced downward or upward on one or on the both sides, the lower border of the lungs is in a form of Damoisean curve); identify the diaphragmatic excursion (respiratory mobility of the lower border of the lung by midaxillary line in cm).
- **Auscultation:** breath sound (vesicular, bronchial, bronchovesicular, tracheal, amphoric breathing, diminished breath sounds or low air enter). Adventitious respiration sounds (crackles fine and coarse, wheezes, rhonchi, pleural friction rubs), bronchophony. Indicate location.



11. Cardiovascular system

- **Inspection.** Presence of the chest deformity in the precordium (if the chest deformity is present, describe them, cardiac "humpback", a precordial bulge to the left of the sternum; a substernal thrust; an apical heave).
- Presence of the apex beat (the apex beat is not determined, the apex beat is determined (indicate location by attitude to the left medioclavicular line), a hyperdynamic precordium, a silent precordium with a barely detectable apical).
- Presence of the pathological signs in the precordium: the cardiac beat, the pulsation in the 3rd _ 4th interspaces to the left of the sternum, in the 2nd interspaces to the left and to the right of the sternum, in the epigastric region, in the liver region.
- Aortic pulsation, peripheral arteries or subcutaneous veins (invisible, visible, indicate location).
- **Palpation.** Assess the apical impulse:
- location (note the interspace(s) that the impulse occupies, and measure its in cm from the left midclavicular line),
- diameter (less than 1-2.5 cm and occupies only one interspace),
- amplitude (it's usually small and feels like a gentle tap, high-amplitude or hyperkinetic, low-amplitude, or hypokinetic),
- strength (middle strength, strong, weak, like a dome).
- Presence of the thrills, pulsation of the aorta or pulmonary artery (the epigastric area and the left and right 2nd interspaces), liver pulsation.

11. Cardiovascular system

- **Pulse examination.** **Pulse rate**, rhythm, symmetry, contour, strength. Comparison of the pulse rate on both hands (bilaterally equal rate and rhythm). Rhythm of the pulse waves (rhythmic, arrhythmic), pulse rate per minute, (pulse satisfactory tension, hard or soft; full or empty; middle size, the large or small, threadlike; quick and high or slow and small).
- **Percussion.** The borders of relative cardiac dullness (right, upper, left).
- **Auscultation.** Assess heart rate for child's age, note rate, rhythm, pitch, intensity, duration, timing in cardiac cycle, quality, location and radiation of S1 and S2, splits, murmurs, clicks, innocent or functional systolic murmurs.
- Rhythm (regular, irregular, extrasystolia, fibrillation, etc). The heart sounds (two, three, splitting of the second sound over). The heart rate is ___ per minute (according to the age norm, tachycardia, bradycardia), it should be the same as the radial pulse, pulse deficit.
- Character of the heart sounds (clear and distinct, or muffled). The first heart sound at the apex is increased, snapping or diminished, the 2nd sound over the aorta is increased or diminished, and the 2nd sound over the pulmonary artery is increased or diminished, or splitted.
- Murmurs are not heard, or murmurs should be described as to their intensity, pitch, timing (systolic or diastolic), variation in intensity, time to peak intensity, area of maximal intensity, and radiation to other areas.
- Examination of the blood pressure (BP): 1. Systolic (SBP); 2. Diastolic (DBP); 3. Pulse pressure (PP)

11. Digestive system and abdominal cavity characteristic

- **Inspection:** the oral cavity: mucosa, throat, tonsils (color - normal, pink, hyperemia, dry or moist, coated tongue, follicles, fissures, geographic tongue); teeth (temporary, permanent, teeth formula, caries).
- **Shape and size of the abdomen** (flat, symmetrical abdomen with no bulges, masses, distention), visible peristalsis, respiratory movement, umbilical veins, hernia.
- **Examination of the perianal area** (gaping anus, mucosal prolapse of the rectum, fissures of the anus).
- **Palpation superficial:** no masses or areas of tenderness or increased muscular resistance. Soft abdomen, abdominal distension, tense abdomen, "acute"/surgical abdomen, location of painful points.
- **Deep palpation.** Palpation of the large and small intestines. Presence or no organ enlargement (note location, size, consistency, border, tenderness).
- **Liver palpation:** non palpable liver or its edge palpable 1-2 cm or more below the right costal margin, its consistency - soft, firm, shape smooth; type of margin - rounded, sharp, tenderness.
- **Non palpable spleen.** The tip of the spleen is normally felt during inspiration. It is sometimes palpable 1 to 2 cm below the left costal margin in infants and young children.

11. Digestive system and abdominal cavity characteristic

- Percussion of the abdomen: tympany in all four quadrants, dullness over liver and spleen.
- Liver percussion by Kurlov: at the right MCL (from the 5th or 7th intercostals space to a point or just below the right costal margin); at the midsternal line, at the left costal margin (note the sizes).
- Detect ascites (fluid wave, fluctuation).
- Auscultation: intestinal peristalsis, or bowel sounds (loud sound or hyperperistalsis; absence; or normally e.g., 5 bowel sounds per minute)
- Stool, its character, color, consistence, pathological admixture, frequency of stool (orange-yellow, pale grey, dark-brown, green, bloody; homogenous, sourish stool, shaped, dryish, foul, starvation stool, dyspeptic stool - loose, watery, in form of discrete flakes, admixture of mucus and blood, bulky, grayish).



12. Urinary system

- Inspection of lumbal region, bimanual palpation of kidneys (nonpalpable kidneys or solid, firm, smooth kidneys, if palpable), edema.
- Palpation and percussion of the urinary bladder (a smooth, elongated fluctuating tumescence is palpated above the symphysis pubis, percussion produces a flat sound above it). Painful points (pain in the lower abdomen, pain in the urethra, bladder pain, low back pain), renal colic.
- Pasternacky's sign. Pain on urination, frequency, urgency, hematuria, nocturia, polyuria.

13. Endocrine system characteristic.

- Disorders of growth (gigantism, nanism), and body weight (malnutrition, obesity), allocation of subcutaneous fat. Condition of thyroid gland (lobular and isthmus size). Observation of genitals (development of genitals correlate with the age, degree of development of secondary sexual characteristic). Delay or precocious puberty.**

Preliminary (provisional) diagnosis

- In medicine In medicine a syndrome is the association of several clinically recognizable features, signs In medicine a syndrome is the association of several clinically recognizable features, signs (observed by someone other than the patient), symptoms In medicine a syndrome is the association of several clinically recognizable features, signs (observed by someone other than the patient), symptoms (reported by the patient), phenomena In medicine a

Syndrome

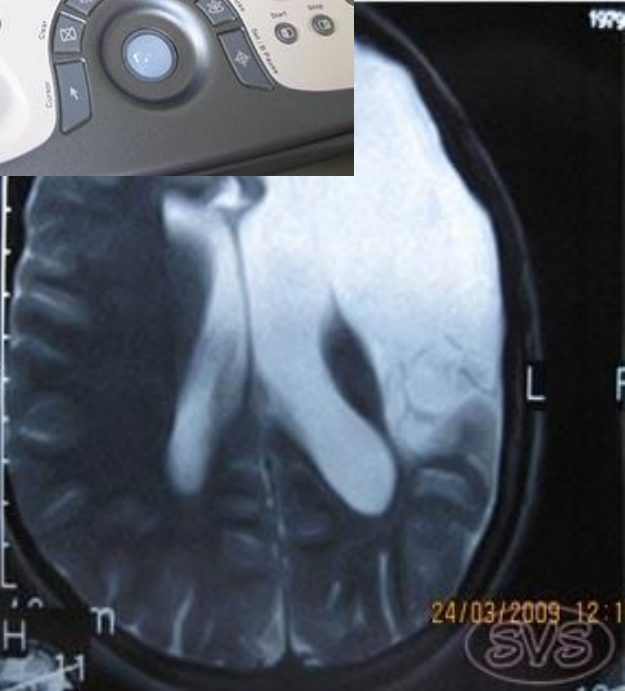
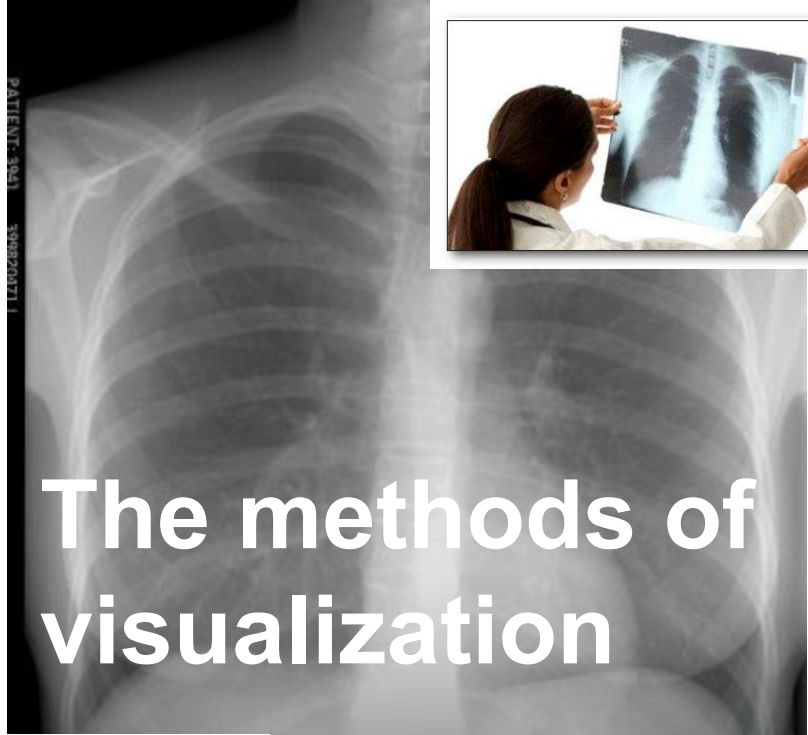
- **For instance, the headache, malaise, fever correspond to acute infectious or flu like syndrome in many infection diseases.**
- **The reliability of syndrome depends on quantity of signs associated in a patient**
- **Never ignore the symptoms but usually try to explain them from position of one cause.**
- **Never incriminate two or more rare syndromes to one patient.**

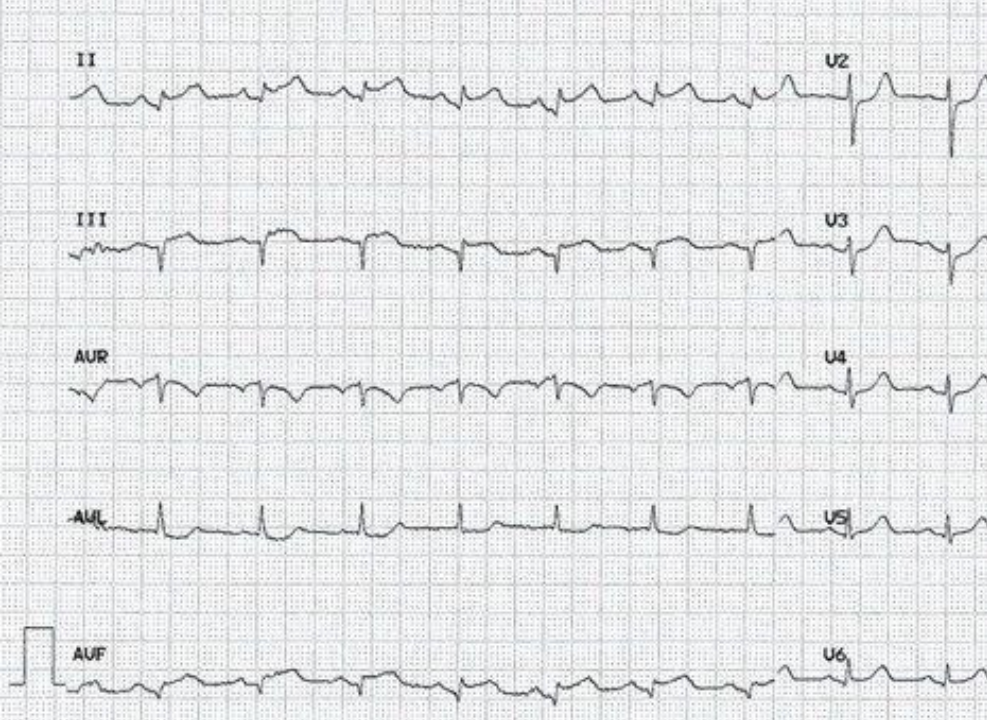
Laboratory investigations



CBC

- **RBC**
- **Plattellet cells count**
- **WBC**
- **Differential count**
- **ESR**
- **Pathological bleeding**





Instrumental methods of diagnostics



Medical diagnosis

- **Medical diagnosis** (often simply termed **diagnosis**) refers to the process of attempting to determine or identify a possible disease) refers to the process of attempting to determine or identify a possible disease or disorder. In this sense it can also be termed (medical) **diagnostic procedure**).

Diagnosis (from greece
διάγνωσις - recognition)
is conclusion about
essence of the disease in a
patient expressed in
accepted medical
terminology and founded
on all-round systematic
clinical study.

Medical abbreviation is Ds



ICD-10

- **ICD-10** is the 10th revision of the International Statistical Classification of Diseases and Related Health Problems is the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD), a medical classification is the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD), a medical classification list by the World Health Organization (WHO) It

15. **Summary diagnostic conclusion**

- **Summary diagnostic conclusion should be done** according to the patient's complaints, illness history, the findings of physical examination and additional laboratory and instrumental investigations.

Consilium (Latin - counsel, discussion) is counsel of several scientists of one or different professions. The Consilium can be required for determination of the diagnosis, forecast, further examination and treatment.



Diagnosis is right if it can be confirmed (for instance, ex juvantibus – Latin – by successful treatment).

**Потери
неизбежны!**

