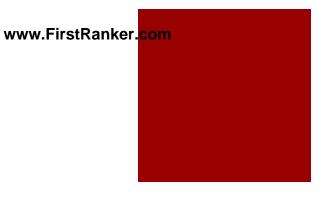


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HISTORY TAKING & EXAMINATION





KEYPOINTS

- It should be in paragraph like a story
- Complaints should be in chronological order
- It should be in patient's words
- It should guide clinician

to form a provisional diagnosis

to plan examination

to plan investigations



IDENTIFICATION DATA

- Name Age Residence Occupation Education
- Religion sex married
- Booked/ unbooked/ registered/referred ??
- Time date & place of admission
- With chief complaints of
- Can give obstetric history- optional



CHIEF COMPLAINTS

- Period of amenorrhea with complaints of –
- Apparently asymptomatic asked to get admitted on account of
- No history of / negative history



H/O Present Pregnancy

- How she conceived spontaneous/ took treatment
- Diagnosed pregnancy
- First trimester first visit to health center
 h/o fever, emesis, exposure to teratogen
- 2nd trimester anc visits, treatment taken, T.T., quickening,etc
- 3rd trimester –
- Comment about investigations done & treatment taken



Obstetric History

- G Gravida
- P Parity
- formula GP T-P-A-L
- Describe each pregnancy antepartum, intrapartum, postpartum with its outcome with emphasis on any complications
- Contraceptive history



Menstrual History

- Age of menarche
- LMP EDD by Naegele's formula
- Regularity, duration of cycle,

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- Past history
- Personal history
- Family history
- Dietary history



GPE

- Patient is lying comfortable, well oriented
- Built &nourishment
- Height, weight, BMI
- Vitals PR, BP, RR, Temp
- GPE PROPER
- Systemic cardio- respiratory system
- Breast examination



P/A Examination

Pre- requisites – stand on right

ask her to empty bladder

thighs semiflexed with abdomen exposed ideally up to mid thigh

- Inspection
- Palpation
- Percussion
- Auscultation



Inspection

- Abdomen is distended with gravid uterus longitudinal, transverse, oblique
- Umbilicus normal/inverted/everted
- Skin- stria, linia nigra, scar marks, visible veins
- Hernial sites



Palpation

- Correct dextrorotation
- Fundal height by ulnar border of hand
- Measure SFH and abdominal girth
- 4 grips fundal grip

lateral grip

first pelvic grip

second pelvic grip



Auscultation

- FHS -Location, rate
- Cephalic spino-umblical line
- Breech around umbilicus
- In occipito-posterior-in flanks
- Transverse lie- above umbilicus