A. Patient Information

I. Demographic information

1. Name, address, phone number
2. Age
3. Gender
4. Weight, height, BMI
5. Pregnancy
6. Breast Feeding

II: Social History

1. Living arrangements
2. Occupation

III: Family History

I. Demographic Information

1. Patient's Name and Current Address

- Full name is essential for patient Identification.

- Current address, phone number are essential for future contact and follow-up evaluation.

2. Age

The risk of diseases changes with age.

The risk of exposure to various drugs is different among patients of different ages.

Dosage requirements vary with age.

Absorption, metabolism, and elimination of most drugs changes with age.

Patients within different age groups have different medical problems and often have different goals of therapy .

Infants: birth to 1 Year

Children: 1-12 yrs.

Adolescents: 11–19 yrs
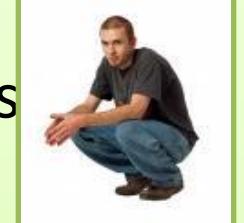
Adults: 20-64 yrs.

Elderly: Over 65 yrs.

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3. Gender

Hypothyroidism, anemia, depression, and osteoporosis requiring drug therapy are more common in females.


anemia

depression

osteoporosis

Cardiovascular disorders as stroke develop more often in adult males.

stroke
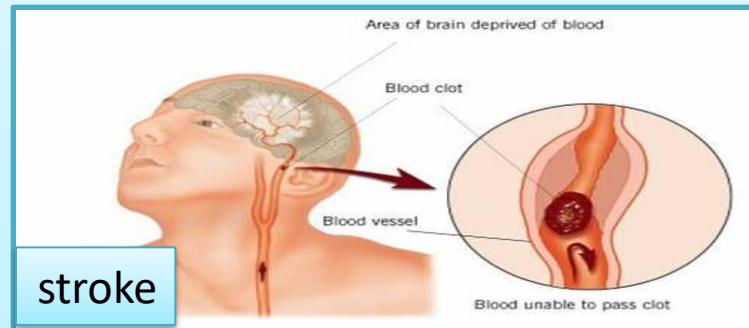
There are specific gender diseases as pregnancy problems, BPH and prostatitis

BPH
Normal Prostate   Enlarged Prostate
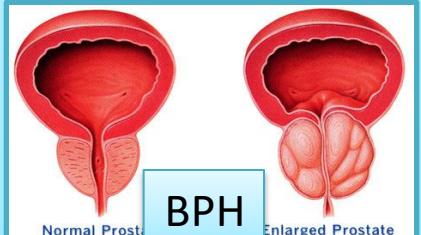
4. Weight, Height and Body Mass Index

This requires the measurement of body weight in Kg and height in meters .

Guidelines for measurement of body weight

a. Remove shoes and heavy outer clothing

b. Use standardized balance.

c. Not after heavy meal

d. Not with drugs which may cause weight gain as corticosteroids, antidepressant and certain antihistaminics

e. Not with drugs which increase or decrease the appetite as SSRRI, antidepressants, NSAIDs, decongestants, colchicine, furosemide, digitalis, and tamoxifen.

BMI (body Mass Index)

$$= weight\ Kg/Height\ 2\ (m).$$

Your homework ☺

Under weight.	????????
Healthy	?????????
Overweight	?????????
Obesity class I	?????????
Obesity class II	?????????
Obesity class III	?????????

5. Pregnancy

- Many drug therapies are known to be harmful to the fetus if taken by the mother during pregnancy.
- These drugs are teratogenic and their use is considered to be contraindicated during pregnancy.
- Pregnancy can also create additional needs for vitamins and other supplements.
- Diabetes, hypertension, and other medical conditions requiring drug therapy management can develop during pregnancy.
- Most medications taken by nursing mothers can be transferred to the infant via breast milk. Infant safety must be considered before adding any medication to a nursing mother's regimen.
- Postpartum depression can require short-term management with medications.
- Many drug therapies are known to be harmful to the infant if taken by the mother during breast feeding.

Approach

Are you pregnant or planning for pregnancy?

Are you feeding you baby by breast?

6. Breast Feeding

Most medications taken by nursing mothers can be transferred to the infant via breast milk.

Infant safety must be considered before adding any medication to a nursing mother's regimen.

Many drug therapies are known to be harmful to the infant if taken by the mother during breast feeding.

| Drug	Recommendation during Breast Feeding
Abatacept	avoid breast-feeding during treatment and for 14 weeks after last dose
Abciximab	Manufacturer advises avoid
Acamprosate	Manufacturer advises avoid
ACE inhibitors	Manufacturer advises avoid
Acipimox	Manufacturer advises avoid
Adalimumab	Avoid; manufacturer advises avoid for at least 5 months after last dose
Adapalene	Manufacturer advises avoid
Agalsidase	Use with caution
Alcohol	Large amounts may affect infant and reduce milk consumption
Alemtuzumab	Avoid; manufacturer advises avoid breast-feeding for at least 4 weeks after administration
Alglucosidase alfa	Manufacturer advises avoid

II. Social History

- *Alcohol* consumption must include amount, pattern, and duration.

- *Tobacco* smoking information must include type, number per day, per year.

- Drugs: causing addiction.

- *Exercise:* type and duration.

- *Nutrition*: must include type and quantity of food.

- *Educational level* is a must to assess non-adherence, economical status etc.

- *Marital status* must identify if the patient is single, married, widow or divorce.

Occupation

dermatitis

1. Exposure to chemicals may cause dermatitis.
2. Exposure to sunlight may be the cause of sun stroke, skin cancer.
3. Exposure to insects may cause malaria, diarrhea, and cholera.
4. Exposure to animals may cause abortion.
5. Difficulty of compliance may be due night shift. Infection of health care providers may be due to nosocomial infection. Stress usually occurs with business men.
6. Economical status may cause non-compliance for poor patients

sun stroke

skin cancer

malaria

animals may cause abortion.
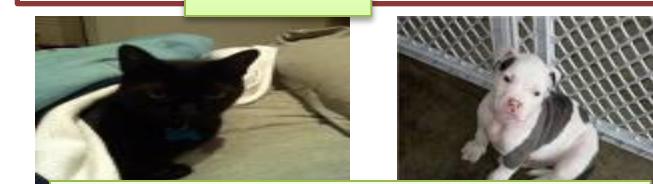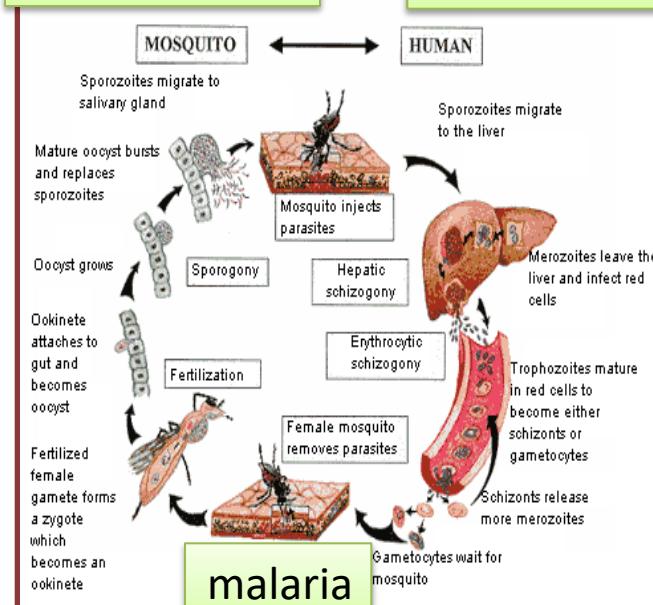
III. Family history:

Examples of diseases which have genetic correlation are coronary artery disease, depression, and allergies, hypertension, hypercholesteremia, diabetes, cancer, mental diseases, osteoporosis etc.

Symbols used are Father (F), Mother (M), Sister (S), and Brother (B) with either Living ⬆ or Dead ⬇
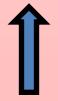
Approach: Do other family members have a history of certain disease or illnesses.

B. Drug Information

1. Allergies
2. Side effects
3. Current prescription medications
4. Current nonprescription medications
5. Past prescription and nonprescription medications

1. Allergies

- Allergy is an immune –mediated reaction to a drug or any other material.

- Registration of allergies precludes future use of medication.

Difficulty breathing due to airway constriction

Lowered blood pressure

Cardiac malfunction

Image Credit: Ambulance Technician Study

Anaphylaxis

A severe type of allergic reaction that involves two or more body systems (e.g., hives and difficulty breathing).

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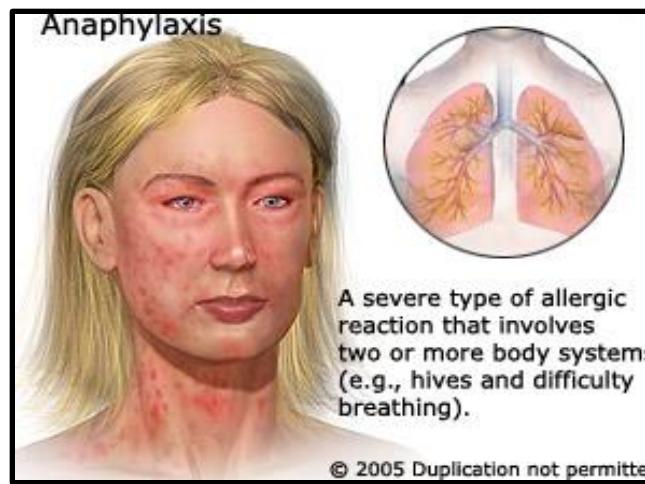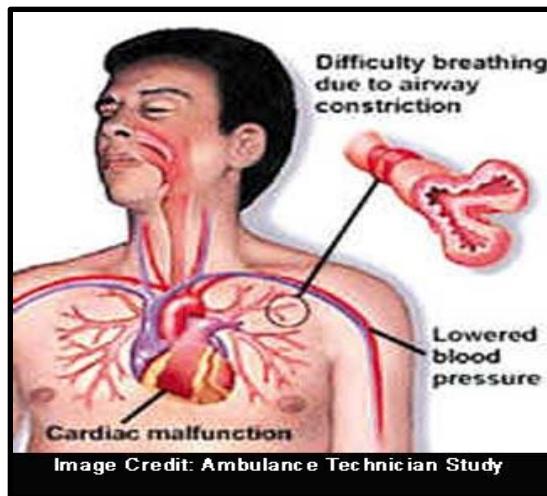
2. Side Effects

- Side effects must be documented as one of drug therapy problems.
- Some side effects are self-limiting or could be solved by dose adjustment.
- Drug causing GIT upset may be managed by taking with meals.
- Drug causing drowsiness could be managed by taking at bedtime.
- Drugs causing ADR must be avoided.
- Expression is very important PTO.

3. Current prescription medications

- Each medicament must be tabulated to include :
- Indication for use
- Name of drug
- Strength
- Regimen needed
- Regimen the patient is actually taken
- The difference between needed and actual regimen
- Start date of use
- Stop date
- The cause of stopping the use to assess the cause on Nonadherence

5. Past prescription and nonprescription medications

- Drugs used during the last few months and possible adverse effects must be documented.

- Non-prescription used during the last few months and possible adverse effects must be documented.

- Adherence or compliance to prescription & non-prescription drugs must be assessed.

3. Disease information

1. Past medical history
2. Current medical problems
3. History of present illness in details
4. Vital signs
5. Kidney Impairment
6. Liver Impairment
7. Lab results
8. Diagnostics
9. Physical Assessment
10. Medical Diagnosis

1 Past Medical History

- Diseases happened before must be documented.
- This is very helpful for pathogenesis of present diseases

2. Current Medical Problem(s)

This may be:

1. Pain

2. Spasm

3. Headache

4. Diarrhea

5. Constipation
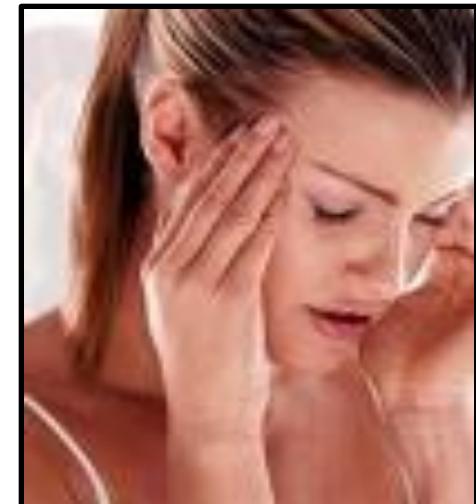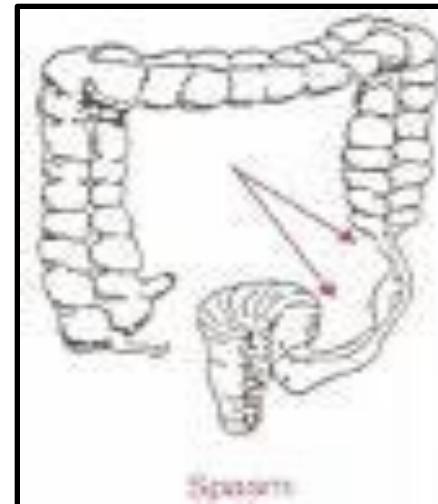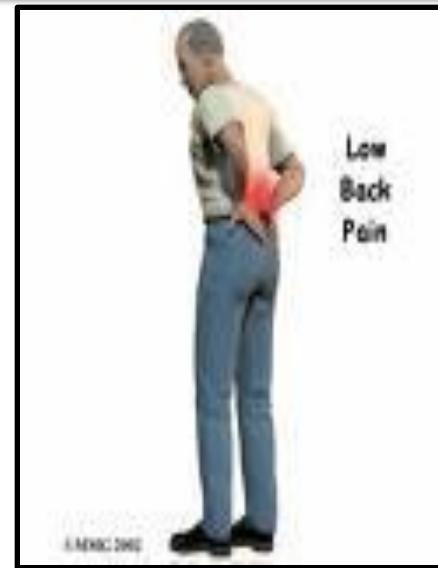
Current Medical Problem

1. Timing: This requires assessment of onset, duration and frequency of the compliant/day or per month.

2. Location: precise area of headache can help in diagnosis.

3. Character: if pain is it sharp or slow? For stool, Is it green or yellow? yellow, this points for viral infection, whereas green color points for bacterial infection.

4. Severity: For back pain, there is a need to know if it is mild, moderate or severe .

5. Setting: what the patient was doing when the symptom occurred? e.g. chest pain accompanying angina.

6. Aggravating and relieving factors: e.g. sudden getting up, eating, coughing …etc.

7. Associated Symptoms: e.g. headache & vomiting

3. History of Present Illness

- This is very helpful for assessment of present medical problem.

4. Vital Signs: a. Body Temperature

Normal range for body temperature is 36.4 – 37.2C.

At ovulation, progesterone secretion increases by thermometers through the following routes:

1. **Oral route** is convenient and accurate for measuring body temperature of alert patient but improper use may be a cause for nosocomial infection. Each patient must use his/her own thermometer.

2. **Rectal route** is preferred for confused, comatose or patient who is unable to close his/her mouth due to intubations, facial surgery or wired mandible.

It is usually 0.5 C more than oral.

It is preferred for babies and children.

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b. Pulse

1. Find the radial pulse in the patient's right arm with your first two fingertips of your right hand.

2. Look at your watch and count the pulses over 15 seconds and then multiply by 4.

3. Note the quality of the pulse. Is it bounding or thready, weak or prominent, regular or irregular, slow or rapid?.

4. Once you are finished with the pulse measurement, keep your fingers on the pulse and secretly look at the patient's chest and count respirations for 15 seconds and also multiply this number by 4.

5. Keeping your hand on the patient's pulse prevents the patient from becoming conscious of you watching them breathe, preventing a likely adjustment in their respiratory rate.

Interpretation of Pulse
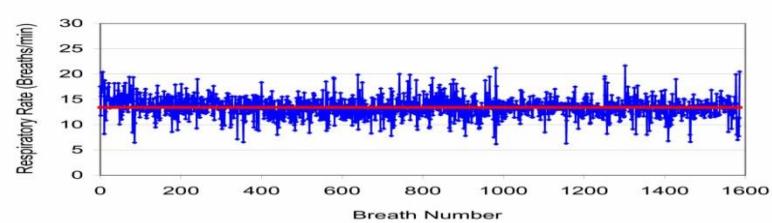
- If the heart rate is less than 60 bpm is called bradycardia.
- More than 100 bpm is called tachycardia
- .Irregular beats is called arrhythmia.

- Force of heart contraction is evaluated by palpating the pulse. Normal pulse is easily palpated i.e., not fade in or out.

Type	Example	Symbol
Absent	Death	0
Weak	CHF	+1
Normal	Adult	+2
Full	Young	+3

c. Blood Pressure

- The most accurate method for **measuring blood pressure** is by using a device called a sphygmomanometer.

- This is an inflatable cuff, attached to a scale measured by a column of mercury.

1. The cuff is placed around your arm, usually about the same level as your heart, and inflated until the artery in your arm is squeezed shut

Blood pressure

2. The observer then places a stethoscope over your arm below the cuff, over the artery, and begins to slowly release the pressure in the cuff.

3. The column of mercury is observed, and the point at which the blood begins moving through the artery again is noted. This number is systolic blood pressure.

4. Pressure continues to be slowly released, until the observer can no longer hear the sound of the blood moving through the artery because of its return to full volume. This reading is diastolic blood pressure.

5. The most definitive sign of high blood pressure is a systolic reading at or above 140, and a diastolic reading at or above 90.

Factors affecting blood pressure

a. Age: B P is increased by age.

b. Diurnal: BP is decreased at afternoon or early evening .

c. Weight: BP is increased by excess body weight.

d. Exercise: BP is increased by increased activity .

e. Emotions: BP is increased with pain, fear, anxiety, and anger .

f. Medications: BP is increased by certain drugs e.g. cyclosporine, decongestants, corticosteroids...etc.

d. Lung Capacity

- These are measures for monitoring problems of COPD (asthma) as:

- Peak expiratory flow rate (PFER) is a measure of the force with which a breath is expelled from the longs.

- Forced vital capacity (FVC) is a measure of the maximal volume for air forcibly exhaled from the point of maximal inhalation

- Forced expiratory volume (FEV1 is the volume of air exhaled during the first second of the FVC, which when redact indicates an airflow abstraction.

- Peak Flow Meters are useful for

- Monitoring the success of treatment of cup.

- Detecting problems of lung function.

- Ensure compliance.