

History Taking 101: Who Wants to Know and Why

**Satellite Conference and Live Webcast
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Faculty

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History-Taking 101

- **Why do we need this?**
- **We have all taken medical histories before**
- **Want to make sure we are all on the same page**
- **Want to develop some standardization**

History-Taking 101

- **Some of you are new to the ADPH system and some of you have been utilizing our history form for some time**
- **Knowing the “why” of what we are doing will help us perform more effectively and efficiently**

History-Taking 101

- **How to start the interview**
 - **Begin in a private, comfortable place**
- **First open - ended questions could be:**
 - **What can I do for you today?**
 - **What brings you here today?**
 - **Are you having any problems today?**

History-Taking 101

- **Verify age**
- **Are you allergic to any medicines?**
- **Are you taking any medicines or supplements?**

History

- Reason for visit / complaints
 - Be very clear about reason for visit
 - Family planning annual
 - C/o Right Breast Mass x 2 weeks
 - C/o vaginal discharge with odor x 3 days

Pap Smear Status*

- Pap smear history
 - Note the last three pap smears, if available / applicable
- Have you ever had an abnormal pap smear?

Pap Smear Status*

- Want to know about abnormal results and if a colpo was done
- Many of our patients will not go for a colposcopy due to lack of resources
- Need to know if abnormal pap was followed-up
- If possible, obtain colpo results

Pap Smear Status*

- Try to obtain results of “procedure,” like a LEEP or cryosurgery

Pap Smear Status

- Pap Smear = cytology = cells
 - Screening
- Cervical Biopsy = histology = tissue
 - Diagnostic

Pap Smear Status

- Indicate if high risk factors exist
 - HIV positive
 - Immunosuppressed
 - DES exposure
 - Diagnosed with cervical cancer per colposcopy / pathology
- High risk = Need annual pap screening

Pap Smear Status

- **Known diagnosis:**
 - Women previously treated for:
 - **CIN 2 or CIN 3**
(per biopsy / pathology)
- **Verbal history of ablative treatment** (laser, cryotherapy) or LEEP whose records are not obtainable

Pap Smear Status

- **Co - test at 12 and 24 months**
- **If ALL results are negative (both cytology AND HPV), go to age based screening every 3 years**

Pap Smear Status

- **Pap deferred today:**
 - Yes or No
 - If yes, get reason
- **Next smear due**

Ob-Gyn History*

- **Menarche**
 - About how old were you when you started having periods?
- **When was your last menstrual period?**
 - Starting with the first day

Ob-Gyn History*

- **How many times have you been pregnant?**
 - Including miscarriages and / or abortions

Ob/Gyn History

- **Gravida ___ Para ___ T P A L**
- **Gravida:**
 - Total number of pregnancies including current pregnancy

Ob/Gyn History

- Para:
 - T = Term deliveries
 - > = 37 weeks EGA
 - P = Pre-term deliveries
 - 20 - 37 weeks EGA
 - A = Deliveries / abortions under 20 weeks
 - L = Total living children

Ob/Gyn History

- Gravida / Para examples:
 - G6 P4024

Ob/Gyn History

- Gravida / Para examples:
 - G6 P4024
 - 4 term deliveries, 2 abortions, 4 living

Ob/Gyn History

- Gravida / Para examples:
 - G6 P4024
 - 4 term deliveries, 2 abortions, 4 living
 - G3 P1112

Ob/Gyn History

- Gravida / Para examples:
 - G6 P4024
 - 4 term deliveries, 2 abortions, 4 living
 - G3 P1112
 - 1 term, 1 pre-term, 1 abortion, 2 living

Ob/Gyn History

- Gravida / Para examples:
 - G4 P0030

Ob/Gyn History

- Gravida / Para examples:
 - G4 P0030
 - Currently pregnant,
3 previous abortions

Ob/Gyn History

- Gravida / Para examples:
 - G4 P0030
 - Currently pregnant,
3 previous abortions
 - G1 P0102

Ob/Gyn History

- Gravida / Para examples:
 - G4 P0030
 - Currently pregnant,
3 previous abortions
 - G1 P0102
 - 1 pre-term delivery of twins

Ob/Gyn History

- Spontaneous abortion / miscarriage (SAB)
- Elective abortion (EAB)
- Therapeutic abortion (TAB)
 - Fetus has a condition incompatible with life
 - Pregnancy puts the mother's life at risk

Ob/Gyn History

- Last delivery date:
 - When did your last baby deliver?
- Did you have complications with any of your pregnancies?
- How long did you stay in the hospital after delivery?

Ob/Gyn History

- If patient had a C / S, ask why
 - Can sometimes indicate problems
 - Was there fetal distress,
placenta previa?
 - Was the patient's BP elevated?
 - Gestational diabetes?

Ob/Gyn History

- Early miscarriages (or SABs) may indicate a congenital anomaly
- Second trimester losses may indicate an incompetent cervix
- Pregnancy complications
 - Important to know about, since early intervention may be possible
 - Spina bifida

Contraceptive History - Previous

- List methods previously used
- Did pregnancy occur while using method?
 - Yes
 - No
- If yes, which method and why did it fail?

Contraceptive History - Current

- Breastfeeding
 - Yes
 - No
- Method
- Problems
- Date method last used
- Method desired

Sexual / Partner History

- Why get a sexual history?

Sexual / Partner History

- Pregnant
 - Yes or No
- STD symptoms
 - Yes or No
- Prior STDs
 - Dates treated

Sexual / Partner History

- Partner
 - Males or Females or Both
- Partner drug history
 - Yes or No
- Partner STD history
 - Yes or No

Sexual / Partner History

- **Multiple partners**
 - Past 90 days
- **New partner**
 - Last 90 days
- **Number of lifetime partners**
- **Last sexual exposure**
 - How many days ago

Sexual / Partner History

- **Exposure sites**
 - Genital
 - Anal
 - Oral
- **Condom use**
 - Yes or No

General Medical History

- **Pretty straight forward**
- **Do you have any health problems?**
- **Have you been hospitalized or to see a doctor for any serious illness since your last visit?**
- **Have you been treated in the ER for any reason?**

General Medical History

- **If available, look back at previous years history**
- **Is there any change in your medical history since last year?**
- **Ask about any change in medications**

General Medical History

- **Be sure to bring forward any history items from past years**
 - Sometimes pertinent items can be left off
- **Use of problem list**

General Medical History

- **Ask questions in a way that patients can understand**
- **Adopted**
- **Anemia / low iron or low blood**
- **Asthma**
- **Auto-immune disease**
 - RA, lupus

General Medical History

- **Blood disorder / hemophilia**
- **Blood transfusion**
- **Cancer**
- **Diabetes**
- **Domestic violence**
 - Refer to safety screening questions on CHR 12B

General Medical History

- **Drug use**
- **Alcohol use**
- **Tobacco use**
- **Fibroid tumors**
- **GI disorder**

General Medical History

- **Headaches**
 - What do you think is causing your headaches?
 - What do you do to relieve it?
 - Have you been diagnosed as having a migraine?
- **Be careful what you call a migraine**
 - It limits our birth control options

General Medical History

- **How to determine whether a head ache is a migraine**
 - Look at Family Planning Protocol starting on page 51
- **What is aura?**

General Medical History

- **Heart attack / stroke / blood clots**
- **Hypertension**
- **IMM up to date**
- **Kidney disease**
- **Liver disease / hepatitis**
- **Mammogram / ultrasound**

General Medical History

- **Mental health disorder**
- **Other illnesses**
- **Seizure disorder**
- **Surgery / hospitalization**
- **Thyroid disease**
- **Comments**

Family History

- Are your parents alive and well?
- What health problems do / did they have?

Family History

- Cancer - important to ask age first degree relative was diagnosed with breast, ovarian, uterine or colon cancer
 - Strong family history component for these conditions

Family History

- Do not need history of cousins or distant relatives
- May want to emphasize “blood relatives” or “close relatives”

Family History

- Do not need to document everything patient says “word for word”
- If more space is needed, you can use “Additional Comments if Applicable” space on CHR 12A or turn to CHR 12B “Continuation Notes From Health Assessment”
- Use progress notes

Counseling

- CHR 12B
- Title X requirement to cover these counseling points
- Give yourself credit for all the education you provide

Safety Screening

- Do you feel safe in your home?
- Are you or a loved one being hurt, threatened or emotionally abused in any way?
- You may be the only person who has asked the patient about domestic violence

Safety Screening

- Opportunity to guide patient to resources
- If child is involved, notify DHR

PT+3

- Sum up counseling and leave patient with 3 “take - home” messages
- Often we tell patients more than they can absorb in one setting
- Pamphlets are helpful, but sometimes we go “overboard” with those as well

Reproductive Life Plan

- It lets us gauge appropriate birth control method
- Example:
 - If a patient is planning a pregnancy in a year, an implant or IUD would not be good choice

In General

- Findings from QA audits
- Do not write in margins
- Do not cross out another provider’s notes

In General

- For example:
 - If the RN writes “2015” in the pap history section, and the NP makes the determination that the pap is due 2014, make an asterisk and note correction in “Additional Comments if Applicable” section

In General

- When following up on a “deferred physical” there is no need to re-write the history
- Add f / u info in “Additional Comments” section, like current LMP
 - If needed, go to the CHR 12B

In General

- **Either print CHR 12A page 2 (the PE form) with exam date or place exam date label in the space provided**
- **Suggestion:**
 - **Have someone (clinic supervisor, designated staff) review records for completeness at end of clinic day or next morning**