Format of medical case-sheet

(by Dr.Vashisth Das)

Chief complaints and their interrogation:

```
1.general:
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a)fever – duration

- -- onset sudden/insidious
- -- chills/rigors
- -- severity of fever
- -- diurnal variation
- -- sweating
- -- type of fever
- -- any other assosciated symptom

b)oedema/swelling – duration

- --- onset
- --- unilateral/bilateral
- --- where did it appear first
- --- progress
- --- painful/painless
- --- diurnal variation
- --- any other(urine output)

(note – bedridden patients may not complain of pedal oedema)

c)pain --- duration

- --- onset
- --- site
- --- type
- --- radiation
- --- aggravating factors
- --- relieving factors
- --- assosciated symptoms
- --- any other

2. symptoms suggestive of cardio-respiratory disease:

a)cough --- duration

- --- onset sudden/insidious
- --- diurnal variation
- --- postural variation
- --- seasonal variation
- --- any special character(eg. Whooping, bovine, brassy etc.)
- --- prolonged/short/paroxysmal
- --- assosciated symptoms syncope, vomiting
- --- with/without expectoration

sputum --- quantity/24 hrs

- --- quality
- --- colour
- --- odour
- --- any h/o haemoptysis duration

- -- frequency
- -- character(rusty/streaky/ frothy/frank blood)
- -- assosciated symptoms
- --- any other (for eg. Salty taste s/o alveolar cell Ca)

b)breathlesness --- duration

- --- onset sudden/insidious
- --- severity at its height
- --- progress
- --- aggravating and relieving factors
- --- type exertional/not exertional
- --- if exertional, then grade the breathlessness
- --- h/o wheeze
- --- h/o orthopnea
- --- h/o PND
- --- h/o bluish discoloration of fingers/toes/nails
- --- other unusual types eg. Platypnea/trepopnea
- --- assosciated symptoms

c)palpitations --- duration

- --- onset
- --- intermittent/sustained
- --- regular/irregular
- --- progress
- --- how does it subside
- --- assosciated symptoms
- --- any other

d)chest pain - as in 1-c

(note – pleuritic chest pain is superficial, well localized and worsens on deep breathing/coughing/sneezing. Anginal chest pain is deep seated and poorly localized and worsens on exertion)

e)fainting attacks(syncope) --- duration

- --- frequency
- --- position at onset
- --- premonitory symptoms

3.symptoms suggestive of G.I.T. disease

a)vomiting --- duration

- --- frequency/24 hrs
- --- assosciated nausea
- --- abdominal pain(proceed with h/o pain as in1-c)
- --- contents of vomitus
- --- colour of vomitus
- --- projectile/non-projectile
- --- blood in vomitus fresh/altered
- --- assosciated symptoms
- --- any other

```
b)loose motions --- duration
                         --- frequency/24hrs
                        --- type of stool – watery/rice water/semi solid
                        --- contents – worms/undigested food particles
                        --- colour
                        --- presence of blood or mucous
                        --- assosciated symptoms
                         --- any other
c)abdominal pain --- as in 1-c
d)loss of appetite --- duration
                          --- is it for any particular type of food
                          --- assosciated symptoms
                          --- any other
                          --- loss of weight
e)bleeding per rectum – duration
                                  -- amount
                                  -- colour-altered/frank blood/streaky
                                  -- relation to defecation
                                  -- malaena/haematochezia
f)jaundice --- duration
               --- how was it noticed
               --- h/o high coloured urine
               --- h/o clay coloured stools
               --- h/o pruritus
               --- h/o drug intake
               --- assosciated symptoms
4.symptoms suggestive of urinary tract disease:
a)frequency of micturition
b)pyuria
c)haematuria
d)burning micturition
e)flank or renal angle pain
( for all the above symptoms enquire about the duration, onset, assosciated symptoms,
any other)
5.symptoms suggestive of C.N.S. disease:
```

-- h/o thinning of the affected limbs(wasting)

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a)loss of power – duration

-- onset

-- progress -- h/o stiffness

-- which are the limbs affected

-- details of events

-- which muscle groups affected(proximal/distal)

- -- h/o fasciculations/flexor spasms
- -- any other

b)sensory complaints – tingling/numbness/pins and needles

sensation/burning sensation of palms and soles etc.

- -- duration
- -- onset
- -- progress where it began and how it progressed to other parts
- -- appreciation of hot/cold(eg. Bathing)
- -- appreciation of touch(clothes on body etc.)
- -- assosciated symptoms
- -- any other

c)involuntary movements(tremor/chorea/athetosis/hemiballismus etc.) – duration

- -- onset
- -- parts of body involved
- -- aggravating factors
- -- relieving factors
- -- assosciated symptoms
- -- any other

d)bladder – retention of urine

- -- precipitancy
- -- hesitancy
- -- incontinence
- -- automatic micturition
- -- autonomous micturition

(enquire about the duration, onset, assosciated symptoms)

f)bowel continence

- g) h/o cranial nerve dysfunction visual disturbances/diplopia/dysphagia/dysphoria/deviation of the angle of the mouth etc.)
- h)h/o loss of consciousness details
- g) h/o seizures or fits duration
- -- frequency
- -- what was the pt. doing at the time of onset
- -- focal/general
- -- tonic/clonic
- -- h/o tongue bite
- -- h/o uprolling of eyes
- -- h/o frothing
- -- h/o incontinence
- -- h/o any other injury
- -- h/o sensory disturbances(tingling etc)
- -- h/o premonitory symptoms

- -- h/o precipitating factors(alcohol/tv/ menses etc.)
- -- h/o post ictal palsy/neurological deficits

h)h/o difficulty in speaking/reading

i)h/o raised ICP - headache(as in 1-c)/blurring of vision/vomiting

j)tinnitus/vertigo/giddiness/blackouts/syncope/drop attacks

- -- duration
- -- frequency
- -- assosciated symptoms
- -- any other

k)h/o trauma

I)h/o fever

m)h/o ear discharge

- n)h/o bleeding tendencies
- o)h/o exposure to environmental toxins
- p)h/o recent vaccination

6.consumption of poison

- -- time and date
- -- name/nature/quantity of poison consumed
- -- symptoms developed after consumption of poison
- -- time elapsed between consumption of poison and reaching
- -- was stomach wash given
- -- purpose of consumption
- -- any other

7.joint pains

- -- duration
- -- onset
- -- joints involved in chronological order
- -- h/o morning stiffness
- -- h/o swelling of joints
- -- h/o restricted movements
- -- h/o joint deformity
- -- assosciated symptoms(fever etc.)

Past history

- -- any h/o similar complaints in the past
- any other major illness like diabetes/TB/hypertension/jaundice etc.
- -- h/o previous hospitalization details
- -- h/o major operations/accidents
- -- h/o blood transfusion
- -- anv other

if answer is yes to any of the above, give details

Personal history

```
Diet –
Appetite –
Sleep –
Micturition –
Bowels –
Habits – smoking – duration/frequency/quantity/brand
-- alcohol – duration /frequency/quantity/brand
```

Family history

- -- married/single
- -- if married duration
 - -- no. of issues/no. alive/abortions/pedigree chart
- -- if unmarried no. of brothers/sisters/their health and health of parents
- -- h/o hereditary/familial disease
- -- h/o similar complaints/tb/hypertension/diabetes/infections

Sexual history

- -- pre/extramarital sexual contact
- -- h/o multiple partners
- -- h/o visiting commercial sex workers
- -- whether homosexual/heterosexual/bisexual
- -- h/o penile ulcer
- -- h/o inguinal swelling/urethral discharge etc.

Socioeconomic history

-- social background and annual income

Examination

General physical examination

- 1.Build/nourishment/consciousness/co-operation/orientation to time, place and person
- 2.vital signs:

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pulse – rate/rhythm/volume/force/tension/character of
vessel wall/any special character of pulse/radio-radial
or radio-femoral delay/peripheral pulsations
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blood pressure – upper limb/lower limb
-- supine and standing
respiration – rate/type/rhythm
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3.height -

temperature

- 4.weight -
- 5. a)body mass index weight(kg)/height(m)²

b)body surface area --

6.scalp -

7.eyes - palpebral conjunctiva

upper part of sclera

sclera on either side of the cornea

cornea pupils any other

8.nose -

9.oral cavity - lips

angular stomatitis teeth and gums tongue oropharynx any other

10.ears – external pinna external acoustic canal

11.facies

12.neck - thyroid

lymph nodes

jugular venous pressure

any other

13.upper limbs – nails – clubbing/cyanosis/pallor

oedema pigmentations

axillary lymphadenopathy

any other

14.chest and abdomen

15.lower limbs – nails

oedema pigmentations

popliteal and inguinal lymphadenopathy

whenever there is pigmentation, it is to be described in terms of distribution/type/any other

whenever there is lymphadenopathy it is to be described in terms of group/number/size/consistency/tenderness/fixity(to each other and surrounding structures)/catchment area

- 16.markers of congenital heart disease high arched palate/cleft lip/cleft palate/polydactyly etc.
- 17.neurocutaneous markers short neck/low hairline/vascular naevi/neurofibromata
- 18. signs of liver cell failure foetor hepaticus/spider naevi etc.
- 19.joints swelling / erythema / deformity / effusion / tenderness grade1- pt says joint is tender; grade 2 winces on touch; grade 3 withdrawal of limb; grade 4 does not allow to touch
- 20. sternal tenderness

systemic examination: (affected system to be examined first)

respiratory system

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upper respiratory tract:
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a)nose and nasal cavity

b)sinus points - frontal(right and left)

ethmoidal(right and left) maxillary(right and left)

c)oropharynx

lower respiratory tract:

a)inspection:

shape – lie of ribs

- -- shoulder drooping
- -- intercostals spaces
- -- subcostal angle
- distance between iliac crest and costal margin
- -- spine
- -- supraclavicular fossae
- -- spinoscapular distance
- -- flattening / hollowing / fullness

conclusion regarding the shape and symmetry of the chest

movements with respiration – type of respiration

-- respiratory rate

position of mediastinum – traile's sign(present/absent)

-- apical impulse

b)palpation:

confirmation of respiratory movements

position of mediastinum - trachea

-- apical impulse

conclusion regarding position of mediastinum

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tenderness – intercostals spaces
-- ribs
```

measurements:

- anteroposterior diameter(cm)
- transverse diameter(cm)
- AP diameter: Transverse diameter ratio
- chest circumference(cm)
 during deep inspiration –
 during I expiration –
 expansion =
- right hemithorax circumference deep inspiration – expiration – expansion =
- left hemithorax circumference deep inspiration – expiration – expansion =
- spinoscapular distance –
- spinoacromion distance -

tactile vocal fremitus

friction fremitus

c)percussion

identical areas on both sides – supraclavicular, clavicular, infraclavicular, mammary, axillary, infraaxillary, suprascapular, upper interscapular, lower interscapular, infrascapular

upper border of liver dullness

tidal percussion

kronig's isthmus

traube's space

superficial cardiac dullness(present/obliterated)

note: whenever lower part of the chest wall is dull to percuss:

- -- upper border of liver dullness type of line
- -- shifting dullness
- -- percussion note above the level of dullness

d)auscultation

intensity of breath sounds

type of breath sounds – vesicular

- -- vesicular with prolonged expiration
- -- bronchial tubular/cavernous/amphoric

adventitious sounds - wheeze

- -- crepitations
- -- rub

vocal resonance -

```
e)special tests
```

for cavity – post tussive crepitations

- -- post tussive suction
- -- whispering pectirologuy
- -- egophony/bronchophony

for hydropneumothorax - succussion splash

-- coin test(over pneumothorax part)

cardiovascular system

```
peripheral CVS
```

pulse - rate

- -- rhythm
- -- volume
- -- force
- -- tension
- -- character of vessel wall
- -- any special character of pulse
- -- radial-radial comparison
- -- radial-femoral comparison
- -- other peripheral arterial pulsations right left

dorsalis pedis

posterior tibial

popliteal

femoral

brachial

carotid

signs of CCF – jugular venous pressure-height of column

- -- waveforms and character
- -- liver
- -- dependent oedema
- -- hepato-jugular reflux

blood pressure - upper limb

- -- lower limb
- -- supine and standing

others - clubbing

- -- cyanosis
- markers of congenital heart disease(arachnodactyly/ hyperteleorism/high arched palate/radial deformity of forearm/low hair line etc)
- -- signs of infective endocarditis
- -- s/o ischaemia I)asymptomatic II)intermittent claudication III)pain at rest IV)tissue loss
- -- peripheral signs of AR

- -- s/o of thromboembolism
- -- s/o hyperlipidemia xanthelasma / xanthoma
- -- features of acute rheumatic fever
- -- optic fundi

central CVS

inspection:

- shape of chest pectus excavatum / kyphoscoliosis
- precordial bulge
- location of apical impulse
- pulsations other than apical impulse
 - -epigastric
 - -left parasternal
 - -pulmonary area
 - -suprasternal
 - -supraclavicular
 - -scars / sinuses

palpation:

- location of apical impulse and character
- left parasternal heave
- epigastric pulsations
- diastolic shock
- supraclavicular pulsations
- thrills
- any other pulsations
- tracheal tug

percussion:

- left border
- right border
- left 2nd space
- right 2nd space
- upper part of sternum
- lower part of sternum

auscultation:

heart sounds

- 1st heart sound
- 2nd heart sound
- splitting of heart sounds
- added sounds

murmurs

- site where best heard
- timing
- character
- grade
- pitch

- conduction
- which body position best heard
- relation to phase of respiration
- better heard with bell or diaphragm
- special manoeuvres to alter the murmur(dynamic auscultation)

pericardial rub -

note: auscultation should proceed in the following manner, mitral area>tricuspid area>neoaortic area>pulmonary area>aortic area note:never comment on the 2nd heart sound in the mitral and tricuspid areas, never comment on the 1st heart sound in the pulmonary and aortic areas

per-abdominal examination

inspection

- shape
- visible peristalsis
- movements with respiration(quadrants of the abdomen)
- engorged veins(which part of abdominal wall/direction of flow)
- umbilicus
- hernial orifices (epigastric/umbilical/incisional/inguinal/femoral)
- divarication of recti
- skin of abdominal wall (operation scars/branding marks/pigmentations etc)
- scrotum
- signs of chronic hepatocellular failure

palpation

superficial – tenderness

--- rigidity

deep – liver (size/surface/margin/consistency/tenderness)

- -- spleen (size/surface/margin/consistency/tenderness)
- -- kidneys (size/surface/margin/consistency/tenderness)

Percussion

For free fluid in the abdomen

- fluid thrill (grade 4)
- horse-shoe shaped dullness (grade 3)
- shifting dullness (grade 2)
- percussion around umbilicus with patient in knee-elbow position (grade 1)
- puddle's sign (minimal fluid)

organ percussion

- liver
- spleen
- other lumps

auscultation

- peristaltic sounds
- arterial bruits
- paraxiphoid venous hum
- rubs hepatic/splenic
- foetal heart sounds and uterine souffle

per rectal / per vaginal examination -

central nervous system

higher mental functions

- consciousness if impaired document using Glasgow-coma scale
- memory
- intelligence
- mood/emotion
- concentration and calculation
- intelligence / logical thought
- apraxias
- hallucinations and delusions
- orientation to time/place/person
- speech
 - spontaneous speech comprehension
 - fluency
 - word output
 - neologisms
 - rending
 - writing
 - repetition
 - naming objects
 - phonation
 - aphasia
 - dysarthria

conclusion:

cranial nerves

1st nerve(olfactory) – sense of smell

2nd nerve(optic)

- visual acuity (finger counting)
- field of vision (confrontation method)
- colour vision
- optic fundi

3rd , 4th, 6th nerves(oculomotor,trochlear,abducens) inspection

- diplopia
- squint
- nystagmus
- ptosis

left

left

pupils - size/symmetry

examination proper

- conjugate ocular movements
- individual eyeball movements right left
- light reflex direct
- indirect
- accomodation

conclusion:

5th nerve(trigeminal)

motor:

- lateral pterygoids right
- temporalis
- masseter

sensory:

- ophthalmic division
- maxillary division
- mandibular division
- corneal reflex
- conjunctival reflex

7th nerve(facial)

inspection:

- forehead wrinkles
- inability to close the eye
- bells sign
- epiphora
- exposure conjunctivitis and keratitis
- food sticking in the vestibule of the mouth
- flattening of the nasolabial fold

examination proper:

- frontal belly of occipitofrontalis
- procerus
- orbicularis oculi
- zygomaticus major, minor and levator anguli oris
- orbicularis oris
- buccinator
- platysma

conclusion:

8th nerve(vestibulocochlear)

- acuity of hearing(watch test) right
- rinne's test
- weber's test
- absolute bone conduction

conclusion:

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right

left

9th and 10th nerves(glossopharyngeal and vagus) palate

- nasal twang of voice
- nasal regurgitation of food
- position of uvula
- 'aah' test
- palatal reflex

pharynx

- secretions pentup in oropharynx
- dysphagia
- pharyngeal reflex

larynx

- hoarseness of voice
- indirect laryngoscopy

tongue

- taste sensation from the posterior 1/3 of tongue

11th nerve(accessory)

- sternocleidomastoid
- trapezius

12th nerve(hypoglossal)

- appearance of tongue in oral cavity (wasting etc)
- deviation of tongue on protruding it
- power in muscles of tongue
- tone of tongue
- fasciculations

motor system

nutrition right left

- small muscles of the hand
- forearm(above styloid process)
- upper arm(above medial epicondyle)
- leg(above medial malleolus)
- thigh(above adductor tubercles)

conclusion:

tone (spasticity/rigidity – cogwheel,leadpipe)

right

left

- wrist
- elbow
- knee
- ankle
- any other focal dystonia etc.

power (MRC grade) shoulder – flexors

- -- extensors
- -- abductors
- -- adductors

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right

left

```
elbow
          -- flexors
           -- extensors
          -- flexors
wrist
           -- extensors
hand grip -
small muscles of hand -
hip
          -- flexors
           -- extensors
           -- abductors
           -- adductors
           -- flexors
knee
           -- extensors
ankle
          -- dorsiflexion
           -- plantar flexion
           -- inversion
           -- eversion
ext. hallucis longus -
trunk -
neck -
conclusion:
co-ordination
upper limb
                                                                 right
                                                                                      left
   - finger-nose test
       finger-nose-finger test
lower limb
       heel-knee test
       tandem walking
conclusion:
involuntary/abnormal movements (fasciculations/tremors/chorea/athetosis etc.)
reflexes
                                                                right
                                                                                    left
superficial - plantar
           -- anal
           -- bulbocavernosus
           -- cremasteric
           -- abdominal - upper
                         -- middle
                         -- lower
           -- corneal
           -- conjunctival
deep - biceps
     -- triceps
     -- supinator
     -- knee
     -- ankle
     -- patellar clonus
     -- ankle clonus
     -- jaw jerk
     -- hoffman's reflex
```

-- wartenberg's sign primitive / release reflexes -

sensory system

touch

- crude touch
- pressure

pain

- superficial
- deep

temperature

- hot
- cold

posterior column sensations

- vibration sense (128 hz)
- muscle and joint sense
- fine touch(discriminative)
- rhomberg's sign

cortical sensations

- tactile localization
- stereognosis
- cerebral extinction/inattention
- dermatography
- sensory inattention

cerebellar signs

- nystagmus
- staccato/scanning speech/dysarthria
- hypotonia
- dysmetria
- rebound phenomenon
- intentional tremor
- pendular knee jerk
- attitude
- gait
- ataxia
- titubation
- any other

stance / gait / attitude

miscellaneous

- skull and spine –
- signs of meningeal irritation neck rigidity
 - -- head Brudzinski's sign
 - -- leg Brudzinski's sign
 - -- Kernig's sign
 - -- straight leg raising sign of Lasegue

- neurocutaneous markers :-
- vascular naevineurofibromatalow hairline
- short neck
- peripheral nerves and A.N.S.
- sphincters
- carotid artery pulsations/auscultation

PROVISIONAL DIAGNOSIS

(should contain ANATOMICAL, PATHOLOGICAL and AETIOLOGICAL considerations, and whenever applicable – COMPLICATIONS)