UNIT TERMINAL OBJECTIVE

3-1 At the completion of this unit, the EMT-Intermediate student will be able to use the appropriate techniques to obtain a medical history from a patient.

COGNITIVE OBJECTIVES

At the completion of this unit, the EMT-Intermediate student will be able to:

3-1.1 Describe the factors that influence the EMT-Intermediate's ability to collect medical history. (C-1)
3-1.2 Describe the techniques of history taking. (C-1)
3-1.3 Discuss the importance of using open and closed ended questions. (C-1)
3-1.4 Describe the use of facilitation, reflection, clarification, empathetic responses, confrontation, and interpretation. (C-1)
3-1.5 Differentiate between facilitation, reflection, clarification, sympathetic responses, confrontation, and interpretation. (C-3)
3-1.6 Describe the structure and purpose of a health history. (C-1)
3-1.7 Describe how to obtain a health history. (C-1)
3-1.8 List the components of a history of an adult patient. (C-1)
3-1.9 List and describe strategies to overcome situations that represent special challenges in obtaining a medical history. (C-3)

AFFECTIVE OBJECTIVES

At the completion of this unit, the EMT-Intermediate student will be able to:

3-1.10 Demonstrate the importance of empathy when obtaining a health history. (A-1)
3-1.11 Demonstrate the importance of confidentiality when obtaining a health history. (A-1)

PSYCHOMOTOR OBJECTIVES

None identified for this unit.

DECLARATIVE

I. Overview
- A. Purpose
  - 1. This information is gathered on a patient-by-patient, case-by-case basis
- B. Several parts
  - 1. Specific purpose
  - 2. Together they give structure
- C. Does not dictate sequence

II. Influences on collecting a history
- A. Source of history
  - 1. Patient
  - 2. Family
  - 3. Friends
  - 4. Police
  - 5. Others
- B. Reliability
  - 1. Variable
    - a. Memory
    - b. Trust
    - c. Motivation
  - 2. Made at the end of the evaluation, not the beginning
- C. Contents of history
  - 1. Date
    - a. Always important
    - b. Time may also be a consideration
  - 2. Identifying data
    - a. Age
    - b. Sex
    - c. Race
- D. Chief complaint
  - 1. Main part of the health history
  - 2. The one or more symptoms for which the patient is seeking medical care
- E. History of the present illness
  - 1. Detailed evaluation of the chief complaint
  - 2. Provides a full, clear, chronological account of the symptoms
- F. Past medical history
  - 1. Pertinent information to the current condition
- G. Current health status
  - 1. Focuses on present state of health
  - 2. Environmental conditions
  - 3. Individual factors
    - a. Current medications
    - b. Allergies
    - c. Tobacco use
    - d. Alcohol, drugs, and related substances
    - e. Diet

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f. Screening tests
g. Immunizations
h. Sleep patterns
i. Exercise and leisure activities
j. Environmental hazards
k. Use of safety measures
l. Family history
m. Home situation and significant other
n. Daily life
o. Important experiences
p. Religious beliefs
q. Patient's outlook

III. Techniques of history taking
- A. Setting the stage
  - 1. Environment
    - a. Proper environment enhances communication
    - b. Be cautious of power relationship
    - c. Personal space
  - 2. Your demeanor and appearance
    - a. Just as you are watching the patient, the patient will be watching you
    - b. Messages of body language
    - c. Clean, neat, professional appearance
  - 3. Note taking
    - a. Difficult to remember all details
    - b. Most patients are comfortable with note taking
      - (1) If concerns arise, explain your purpose
      - (2) Do not divert your attention from the patient to take notes
- B. Learning about the present illness
  - 1. Refer to the patient by name
  - 2. Avoid the use of unfamiliar or demeaning terms such as "Granny" or "Hon"
- C. Questioning
  - 1. Types of questions
    - a. Open-ended
    - b. Closed (direct)
  - 2. Determine chief complaint
    - a. Use a general, open-ended question
    - b. Follow the patient's lead
      - (1) Facilitation
        - (a) Posture, actions, or words should encourage the patient to say more
        - (b) Making eye contact or saying phrases such as "Go on" or "I'm listening" may help the patient to continue
      - (2) Reflection
        - (a) Repeating the patient's words encourages additional responses
        - (b) Typically does not bias the story or interrupt the patient's train of thought
      - (3) Clarification

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(a) Used to clarify ambiguous statements or words
(4) Empathetic responses
(a) Use techniques of therapeutic communication to interpret feelings and your response
(5) Confrontation
(a) Some issues or responses may require you to confront patients about their feelings
(6) Interpretation
(a) Goes beyond confrontation, requires you to make an inference

3. History of the present illness
   a. Location
      (1) Where is it
      (2) Does it radiate
   b. Quality
      (1) What is it like
   c. Quantity or severity
      (1) How bad is it
      (2) Attempt to quantify the pain
         (a) 1 - 10 scale
         (b) Other scales
   d. Duration/ timing
      (1) When did it start
      (2) How long does it last
   e. Onset/ setting
      (1) Emotional response
      (2) Environmental factors
   f. Aggravation/ alleviation
   g. Associated complaints
4. Assess past medical history
   a. Pre-existing medical problems or surgeries
   b. Medications
   c. Allergies
   d. Physician
   e. Family history
   f. Social history
      (1) Housing environment
      (2) Economic status
      (3) Occupation
      (4) High risk behavior
      (5) Travel history
5. Current health status
   a. Tobacco use
   b. Use of alcohol, drugs, and other related substances
   c. Diet

D. Standardized approach to history taking
   1. SAMPLE
   2. OPQRST

E. Taking a history on sensitive topics

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1. Alcohol and drugs
2. Physical abuse or violence
3. Sexual history

IV. Special challenges
- A. Silent patient
  1. Silence is often uncomfortable
  2. Silence has meaning and many uses
     - a. Patients may use this to collect their thoughts, remember details, or decide whether or not they trust you
     - b. Be alert for nonverbal clues of distress
  3. Silence may be a result of the interviewer's lack of sensitivity
- B. Overly talkative patient
  1. Faced with a limited amount of time, interviewers may become impatient
  2. Although there are no perfect solutions, several techniques may be helpful
     - a. Lower your goals, accept a less comprehensive history
     - b. Give the patient free reign for the first several minutes
     - c. Summarize frequently
- C. Patient with multiple symptoms
- D. Anxious patient
  1. Anxiety is natural
  2. Be sensitive to nonverbal clues
- E. Reassurance
  1. It is tempting to be overly reassuring
  2. Premature reassurance blocks communication
- F. Angry and hostile patient
  1. Understand that anger and hostility are natural
  2. Often the anger is displaced toward the clinician
  3. Do not get angry in return
- G. Intoxicated patient
  1. Be accepting, not challenging
  2. Do not attempt to have the patient lower their voice or stop cursing; this may aggravate them
  3. Avoid trapping them in small areas
- H. Crying patient
  1. Crying, like anger and hostility, may provide valuable insight
  2. Be sympathetic
- I. Depressed patient
  1. Be alert for signs of depression
  2. Be sure you know how bad it is
- J. Sexually attractive or seductive patient
  1. Clinicians and patients may be sexually attracted to each other
  2. Accept these as normal feelings, but prevent them from affecting your behavior
  3. If a patient becomes seductive or makes sexual advances, frankly but firmly make clear that your relationship is professional not personal
- K. Patient with confusing behavior or history
  1. Be prepared for the confusion and frustration of varying behaviors and histories
  2. Be alert for mental illness, delirium, or dementia

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L. Patient with limited intelligence
   1. Do not overlook the ability of these patients to provide you with adequate information
   2. Be alert for omissions
   3. Severe mental retardation may require you to get information from family or friends
M. EMT-Intermediate-patient language barrier
   1. Take every possible step to find a translator
   2. A few broken words are not an acceptable substitute
N. Patient with a hearing problem
   1. Very similar to patients with a language barrier
   2. If the patient can sign, make every effort to find a translator
O. Blind patient
   1. Be careful to announce yourself and to explain who you are and why you are there
P. Talking with family and friends
   1. Some patients may not be able to provide you with all information
   2. Try to find a third party who can help you get the whole story

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