

An interval history (including an update of complaints, reason for visit, review of systems and past family and/or social history) should be done. **Usually family health histories are completed across three generations looking specifically for patterns in genetic issues that negatively impact quality of life.**

The health history gives picture of the patient's current health and behavior risk status. Additional information than what is on a form may be required depending on the specialized service(s) to be provided or if the person presents with special needs or conditions. So a health history maybe may be problem focused, expanded problem focused, detailed, or comprehensive. **Regardless, documentation must be completed for each visit and/or assessment.**

Mental status evaluation may be done while doing health history (see neuro review).

Physical Examination

A comprehensive physical examination should be performed according to age specific preventive health guidelines. American Medical Association clinical practice guidelines recognize the following body areas and organ systems for purpose of the examination:

- **Body Areas:** Head (including the face); Neck; Chest (including breasts and axillae); Abdomen; genitalia, groin, buttocks; Back (including spine); and each extremity.
- **Organ Systems:** Constitutional (vital signs, general appearance); Eyes, Ear, Nose, Throat; Cardiovascular; Gastrointestinal; Genitourinary; Musculoskeletal; Dermatological; Neurological; Psychiatric; Hematologic/lymphatic/immunological
- **Integumentary:** Both overall body and organ systems should have skin assessments integrated into them. Integument includes skin, hair and nails.

Normal and abnormal findings should be recorded on a health history and physical examination form.

Measurements

Body measurements include length or height, weight, and head circumference for children from birth to 36 months of age. Thereafter, body measurements include height and weight. The assessment of hearing, speech and vision are also measurements of an individual's function in these areas. The Denver Development Screening Test measures an infant's and young child's gross motor, language, fine motor-adaptive and personal-social development milestones. If developmental delay is suspected based on an assessment of a parent's development/behavior concern or if delays are suspected after a screening of development benchmarks, a written referral to a physician or pediatric nurse practitioner is imperative.

A patient's measurements can be compared with a standard, expected, or predictable measurement for age and gender. Deviation from standards helps identify significant conditions requiring close monitoring or referral to a physician or pediatric nurse practitioner.

The significance of measurements and actions to take when they deviate from normal expectations are age-specific.

Nln Health Physical Assessment Study Guide

Rosina Ehmann



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