History Taking: 1

UNIT TERMINAL OBJECTIVE

3-1 At the completion of this unit, the EMT-Critical Care Technician 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-Critical Care Technician student will be able to:

- 3-1.1 Describe the factors that influence the EMT-Critical Care Technician'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-Critical Care Technician 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.

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DECLARATIVE

I. Overview

C.

- 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
 - 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

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- e. Diet
- f. Screening tests
- g. Immunizations
- h. Sleep patterns
- i. Exercise and leisure activities
- j. Environmental hazards
- k. Use of safety measures
- I. 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. Type
 - 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

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thought

- (3) Clarification
 - (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

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- 1. SAMPLE
- 2. OPQRST
- E. Taking a history on sensitive topics
 - Alcohol and drugs 1.
 - 2. Physical abuse or violence
 - Sexual history 3.
- IV. Special challenges
 - Silent patient Α.
 - 1. Silence is often uncomfortable
 - 2. Silence has meaning and many uses
 - Patients may use this to collect their thoughts, remember details, or decide a. whether or not they trust you
 - Be alert for nonverbal clues of distress b.
 - 3. Silence may be a result of the interviewer's lack of sensitivity
 - B. Overly talkative patient
 - Faced with a limited amount of time, interviewers may become impatient 1.
 - Although there are no perfect solutions, several techniques may be helpful 2.
 - Lower your goals, accept a less comprehensive history a.
 - Give the patient free reign for the first several minutes b.
 - Summarize frequently c.
 - C. Patient with multiple symptoms
 - Anxious patient D.
 - Anxiety is natural 1.
 - 2. Be sensitive to nonverbal clues
 - E. Reassurance
 - 1. It is tempting to be overly reassuring
 - Premature reassurance blocks communication 2.
 - F. Angry and hostile patient
 - Understand that anger and hostility are natural 1.
 - 2. Often the anger is displaced toward the clinician
 - Do not get angry in return 3.
 - Intoxicated patient G.
 - 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
 - Η. Crying patient 1.
 - Crying, like anger and hostility, may provide valuable insight
 - 2. Be sympathetic
 - I. Depressed patient
 - Be alert for signs of depression 1.
 - Be sure you know how bad it is 2.
 - 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

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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
- 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-Critical Care Technician-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