

M.B.B.S
PREP



COMPLETE MEDICAL EXAMINATIONS PREP

An Internal Handbook (preview edition)

Paediatric History

Source of Information	<ul style="list-style-type: none"> • Name • Relation • Telephone number
Chief Complaint	Symptoms and duration
History of Present illness	<ul style="list-style-type: none"> • Age? • Symptom • Intensity and severity • Duration • Aggravating factors • Relieving factors • Associated symptoms • Review of systems
Birth History	<ul style="list-style-type: none"> • Place • Duration of pregnancy • complications • Method of delivery
Past Medical History	<ul style="list-style-type: none"> • Admissions • Infections • Serious injuries
Past Surgical History	<ul style="list-style-type: none"> • Previous surgeries minor and major
Development History	<ul style="list-style-type: none"> • Fine Motor Skills • Gross Motor Skills • Social Skills
Immunization History	<ul style="list-style-type: none"> • Last vaccine • Review immunization record
Drug History	<ul style="list-style-type: none"> • Past medications • Current medications
Allergies	<ul style="list-style-type: none"> • Previous allergic reactions • Suspected allergic reactions
Family History	<ul style="list-style-type: none"> • Diseases in parents • Diseases in cousins • Diseases in aunts and uncles • Diseases in maternal and paternal grandparents
Social History	<ul style="list-style-type: none"> • Living conditions • Running water • Sick contacts at home • Pets at home • Other possible contributing factors to the current symptoms

Respiratory Examination

Equipment	Stethoscope, torch, tape measure
Introduction	<ul style="list-style-type: none"> • Knock on the door. • Introduce yourself to patient and ask permission to expose and examine. • Wash or sanitize hands • Ask patient to properly expose self for examination.
Inspection	<ul style="list-style-type: none"> • Assess if patient in respiratory or painful distressed • Posture • Nutritional status • Mouth for central cyanosis, hydration and pallor • Any obvious chest wall deformities • Chest wall expansion • Palm for clubbing • Palms for nicotine stains • Palms for peripheral cyanosis • Feet for clubbing • Feet for peripheral cyanosis • Stoop and assess chest expansion asking patient to take a deep breath — inhale and exhale
Palpation	<ul style="list-style-type: none"> • Radial pulse - Check for symmetry of radial pulse since asymmetry may be present in Pancoast tumour, check for flapping tremor • Epitrochlear Nodes - While supporting patient's right wrist with your right hand, use the fingers of your left hand to examine patient's right partially flexed elbow. While supporting patient's left wrist with your left hand, use the fingers of your right hand to examine patient's left arm. • Axillary Nodes - Use you left hand on right side to check apex, medial, anterior and posterior walls and your right hand for lateral wall while supporting patient's arm with left hand. On left side, use your left hand to check, lateral, anterior and posterior walls and your right hand for medial wall. • Jugular Venous Pulses - Tumours causing SVC obstruction cause distended Jugular veins • Tracheal Position from thyroid cartilage to suprasternal notch. Palpate space on either side at suprasternal notch. • Use both hands for chest wall expansion with thumbs meeting at midline and look for symmetrical movement of thumbs apart • Check peripheral pulses — Dorsalis Pedis, posterior tibialis. Proceed to popliteal and femoral if none felt distally. • Apex Beat - Position. Chest Expansion: Grasp sides of chest with fingers with thumbs meeting at midline. Ask patient to inhale deeply and look for symmetrical movement of thumbs apart. • Tactile Vocal Fremitus (TVF) - Medial edge of palm along space between ribs at least on clavicle and in mid and basal chest. Also check laterally.

Percussion	<ul style="list-style-type: none">• Percuss clavicle down to base - across and down, across and down. Also check for vocal resonance.• Check for supraclavicular, cervical, scalene and retroauricular nodes - Sit Patient Up From behind and percuss• Check chest expansion• Tactile vocal fremitus from supraclavicular fossa down
Auscultation	<ul style="list-style-type: none">• Auscultate from supraclavicular fosse down
Presentation	<ul style="list-style-type: none">• Sex• Age• Positive findings• Defend conclusive statements and findings with phrase: "As evidenced by..."

Urinary Catheter Placement

Materials and Equipment

- Lidocaine Gel 2%
- Sterile Gauze/ Sterile Cotton Balls
- Water Based Lubricant
- Sterile Gloves
- Sterile Drapes
- 10 Ml Syringe
- Sterile Water
- Betadine

Picture



Procedure

- Obtain informed consent explaining the indication and complications, procedure, risks, benefits and alternatives
- Position the patient supine
- Uncover genitals
- Go sterile
- Sterilize glans
- Place lubricant on catheter
- Hold penis at 90 degrees
- Advance catheter
- Inject sterile water into bulb

Hemovac Drain

Classification	The Hemovac Drain Is an active closed drain.
Description	It has 2 ports and a reservoir bag with gradients to measure volume. One port is to drain the fluid and the other is to deflate the bag. It has a clear, collapsible drum-type reservoir therefore there is the advantage that the fluid collection can be directly observed. There are gradations on the side so that volume can easily be measured. It is closed so it reduces the risks of infection and the suction mechanism helps in its prophylactic uses in preventing excessive fluid collection post-surgery.
Indications	<ul style="list-style-type: none">• Used for drainage of abdominal abscess cavities, breast abscess cavities, pelvic and others.• Post Thyroidectomy• Post Neck surgery• Post Breast surgery to drain lymphatic fluid (seroma)• Post Lymphatic surgery• Post Groin surgery
Contraindications	<ul style="list-style-type: none">• Its reservoir bag limits its use in draining massive secretions.

Picture

