

# **HISTORY TAKING AND FAMILY ASSESSMENT**

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# HISTORY TAKING



# Introduction

- History taking is an art as well as science that requires a thorough knowledge of medicine along with patience and good command on the language of the patient.
- The history is the written record of all the facts about the patient's present and past illnesses.



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# Performing a health history

- The format used for history taking may be
  - (1) **direct**, in which the nurse asks for information **via direct interview** with the informant, or
  - (2) **indirect**, in which the informant supplies the information by completing some type of **questionnaire**.

# Identifying Information

- Much of the identifying information may already be available from other recorded sources. However, if the parent and child seem anxious use this opportunity to ask about such information to help them feel more comfortable.
- **Informant.** The person(s) who furnishes the information. Record (1) who the person is (child, parent, or other). (2) an impression of reliability and willingness to communicate, and (3) any special circumstances such as the use of an interpreter or conflicting answers by more than one person.

# Chief Complaint

- The chief complaint is the specific reason for the child's visit to the clinic, office, or hospital. It may be the theme, with the present illness viewed as the description of the problem. Elicit the chief complaint by asking open ended, neutral questions And Avoid labelling type questions.
- Occasionally, it is difficult to isolate one symptom or problem as the chief complaint because the parent may identify many. In this situation, be as specific as possible when asking questions.

# Present Illness

- The history of the present illness is a narrative of the chief complaint from its earliest onset through its progression to the present.
- Its **four major components** are
  - the details of onset,
  - a complete interval history,
  - the present status, and
  - the reason for seeking help now



## Analyzing a Symptom

- **Analyzing a Symptom.** Because pain is often the most characteristic symptom denoting the onset of a physical problem, it is used as an example for analysis of a symptom.
- Assessment includes type, location, severity, duration, and influencing factors.

# History

- The history contains information relating to all previous aspects of the child's health status and concentrates on several areas that are ordinarily passed over in the history of an adult, such as birth history, detailed feeding history, immunizations, and growth and development.

# Conti...

## Birth History

The birth history includes all data concerning

- the mother's health during pregnancy,
- the labor and delivery, and
- the infant's condition immediately after birth.

# Conti.

## *Dietary History*

- Parental concerns are common and nursing interventions are important in ensuring optimum nutrition.



# Conti...

## *Previous illnesses, Injuries, and Surgeries*

When inquiring about past illnesses, begin with a general question. In addition to illnesses, ask about injuries that required medical intervention, surgeries, procedures, and hospitalizations, including the dates of each incident. Focus on injuries because these may be potential areas for parental guidance

# Conti..

## Allergies

Ask about commonly known allergic disorders, such as hay fever and asthma; unusual reactions to drugs, food, or latex products; and reactions to other contact agents, such as poisonous plants, animals, household products, or fabrics. If asked appropriate questions, most people can give reliable information about drug reactions

## Conti...

### **Current Medications**

- Inquire about current medications.
- Often parents are unaware of a medication's actual name.
- Whenever possible, ask the parents to bring the containers with them to the next visit, or ask for the name of the pharmacy and call for a list of all the child's recent prescription medications

# Conti..

## Immunizations

- A record of all immunizations is essential.
- As many parents are unaware of the exact name and date of each immunization, sources of information include the child's health care provider, school record, and the state's centralized immunization registry.
- Children should be screened for contraindications and precautions before every vaccine is administered.



# Conti..

## Growth and Development

- Measurements of weight, length, and head circumference at birth
- Patterns of growth on the growth chart and any significant deviations from previous percentiles
- Concerns about growth from the family or child
- Use specific and detailed questions when inquiring about each developmental milestone.

# Conti..

## Habits

- Habits are an important area to explore. Parents frequently express concerns during this part of the history. Encourage their input by saying, "Please tell me any concerns you have about your child's habits, activities, or development." Investigate further any concerns that parents express.
- One of the most common concerns relates to sleep, use of chemicals.

# Conti..

## Reproductive Health History

- The reproductive health history is an essential component of adolescents' health assessment.
- One approach to initiating a conversation about reproductive health concerns is to begin with a history of peer interactions.
- Ask Open-ended statements and questions.
- Phrase questions to reflect concern rather than judgment or criticism of sexual practices.

# Family Health History

- The family health history is used primarily to discover any genetic or chronic diseases affecting the child's family members.
- Assess for the presence or absence of consanguinity.
- Family health history is generally confined to first-degree relatives
- Confirm the accuracy of the reported disorders by inquiring about the symptoms, course, treatment, and sequelae of each diagnosis.

# Family Structure

- Assessment of the family, both its structure and function, is an important component of the history-taking process.
- Because the quality of the functional relationship between the child and family members is a major factor in emotional and physical health, family assessment is discussed separately and in greater detail apart from the more traditional health history.

# Psychosocial History

- Observe the parent-child relationship for the types of messages sent to children about their coping skills and self-worth.
- Do the parents treat the child with respect, focusing on strengths, or is the interaction one of constant reprimands with emphasis on weaknesses and faults?
- Do the parents help the child learn new coping strategies or support the ones the child uses?

# Review of Systems

- The review of systems is a specific review of each body system, following an order similar to that of the physical examination.
- Often the history of the present illness provides a complete review of the system involved in the chief complaint.
- Because asking questions about other body systems may appear irrelevant to the parents or child, precede the questioning with an explanation of why the data are necessary and reassure the parents that the child's main problem has not been forgotten.

# FAMILY ASSESSMENT

Family assessment means a process of gaining a greater understanding of how a family's strengths, needs and resources affect a child's safety, permanency, and well-being.





# PURPOSE OF FAMILY ASSESSMENT

- Gather important information about a child and family's health.
- Understand the child's needs
- Decide whether the child is in need or is suffering, or likely to suffer from significant harm.
- Provide support to address those needs to improve the child's outcomes to make them safe.
- Identify help to prevent a child's needs becoming more serious.
- Offer target support from universal services, family and parenting programmes

## Conti..

- Identify the needs of family with multiple problems, methods of preventing them and promoting their health e.g. help for substance abuse, domestic violence and/or mental health problems
- Assess whether child's needs are being met by the family or by any other services
- Analyse the nature and level of any risks facing the child
- Support the family to build on strengths
- Address problems to assure the child's safety
- Improve outcomes of child.

## General Guidelines

- Schedule the interview with the family at a time that is most convenient for all the parties, include as many family members as possible; clearly state the purpose of the interview
- Begin the interview by asking each person's name and their relationships to one another.
- Identify major concerns and reflect these back to the family to be certain that all parties receive the same message.
- Terminate the interview with a summary of what was discussed and a plan for additional sessions if needed

# Assessment Areas

**Structural Assessment Areas**

**Functional Assessment Areas**

# Structural Assessment Areas

Family  
composition

Home and  
community  
environment

Occupation and  
education of  
family members

Cultural and  
religious  
traditions

# Functional Assessment Areas

**Family interactions and roles**

**Power, decision making and problem solving**

**communication**

**1.Expression of Feelings and Individuality**

## ROLE OF NURSE IN FAMILY ASSESSMENT

Role of nurse is to gather information relating to:

- The child's developmental needs.
- Parents or carers capacity to respond to those needs.
- The impact of wider family and environmental factors on both the child's development and parenting capacity.
- Seeing and interviewing the children.
- Interviewing parents and/or carers individually; whole family assessments and observations of parent- child interaction in a number of settings and at different times of the day.

## Conti..

- Nurse notes down, how the family interacts with her and with each other.
- She becomes vigilant to find out signs of family disunity, poor communication, inflexibility, and animosity between the adults. As these features of family functioning are strong indicators of a number of different types of child maltreatment.
- Nurse has to coordinate the involvement of other professionals in the process like speech and language therapists, child psychologists and drug and alcohol counsellors etc



# Research article

## Family history in primary care pediatrics

Beth A Tarini 1, Joseph D McInerney

The family history has been called the first genetic test; it was a core element of primary care long before the current wave of genetics technologies and services became clinically relevant. Risk assessment based on family history allows providers to personalize and prioritize health messages, shifts the focus of health care from treatment to prevention, and can empower individuals and families to be stewards of their own health. In a world of rising health care costs, the family history is an important tool, with its primary cost being the clinician's time.

## Conti..

However, a recent National Institutes of Health conference highlighted the lack of substantive evidence to support the clinical utility of family histories. Annual collection of a comprehensive 3-generation family history has been held up as the gold standard for practice. However, interval family histories targeted to symptoms and family histories tailored to a child's life stage (i.e., age-based health) may be important and underappreciated methods of collecting family history that yield clinically actionable data and supplement existing family history information. In this article, we review the various applications, as well as capabilities and limitations, of the family history for primary care providers.

# Summary

- Today we have discussed about history taking and different aspects of health system, family assessment, its purpose and role of nurse in family assessment.



## Conclusion

Appropriate and sensitive assessment is important as the information collected by nurse serves as the foundation for the development of client specific plans. Every step of working with family requires a thoughtful, deliberate clinical reasoning process. Family assessment is more than simple medical care for the child with health issues. When the nurse meets the family, it is important to investigate how all members of family are affected by child's health issue

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**THANK YOU**