ACKNOWLEDGEMENTS

Micah White and Jacqueline Pullos for contributing material used for this learning module
OBJECTIVES

• By the end of this module learners should be able to:
  – Understand the importance of history taking
  – Outline the components of history taking
  – Describe how to collect and document pertinent information for each component of history taking
  – Recognize and properly record specific information about common eye complaints
THE IMPORTANCE OF TAKING A GOOD HISTORY

- Helps address acute issues and manage chronic conditions
- Facilitates faster and more accurate diagnoses
- Guides physical exam and testing, reducing cost and increasing efficiency
- Helps determine best options for treatment
PARTS OF A PATIENT HISTORY

1. Chief Complaint (CC)
2. History of Presenting Illness (HPI)
3. Ocular History (Ocular Hx)
4. Past Medical History (PMH)
5. Medications and Allergies (Meds&Allergies)
6. Social History (SHx)
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CHIEF COMPLAINT (CC)

• This is the main reason for the patient visit
  – May be a symptom
    • such as Blurry vision or Pain
  – May be a known condition or diagnosis
    • such as Diabetes or Cataracts
  – May be a physician-recommended return
  – May be a general or routine exam
• Identify which eye is affected (OD, OS, OU)
• It should be in the patient’s own words, if possible
  – It is brief: usually 1-2 short phrases
CC EXAMPLES

- CC: Decreased vision
- CC: Pain OD
- CC: f/u glaucoma
- CC: Trauma OS
- CC: Itchy eyes OU
- CC: Spots in vision
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HISTORY OF PRESENTING ILLNESS (HPI)

• The who/what/why/when/where/how of the CC
  – This will give the CC more detail

• The HPI includes aspects of the following
  – Location
  – Onset
  – Duration
  – Context
  – Severity
  – Quality
  – Associated signs and symptoms
  – Modifying factors
HPI CONTINUED

• **Location**
  - Where the symptom is located
  - OD/OS/OU
  - Upper and/or lower lid(s)
  - Superior/Inferior/Nasal/Temporal visual field
  - “on the white of the eye”

• **Onset**
  - Suddenly
  - Gradually
  - Intermittently
  - What brings/brought the symptom on?

• **Duration**
  - Duration of episode and duration of problem
  - Days/weeks/months

• **Severity**
  - How strong/painful the symptom is
  - On a scale from 1-10
  - Mild/moderate/severe

• **Quality**
  - What the symptom is like
    - Dull/Sharp/Achy/Stinging
    - Superficial/Deep
    - Blurry/Cloudy/Hazy/Clear/Sharp
    - Watery/Thick
**HPI CONTINUED**

- **Context**
  - When did you notice it?
  - What were you doing when you noticed it?
  - Is it worse at night or in the morning?

- **Associated Signs and Symptoms**
  - Have you noticed anything else that seems to be related?
    - e.g. If the eye is red, maybe it is also itchy or watery

- **Modifying Factors**
  - Is there anything that makes your symptoms better or worse?
    - Standing up/lying down
    - Closing eyes/opening eyes
    - Ibuprofen/aspirin/Tylenol
    - Long periods of reading/resting your eyes
    - Cool compress/warm compress
    - Artificial tears
HPI EXAMPLE

• CC: eye pain OS
• HPI:
  – Sudden onset, while sawing wood (6 hours ago)
  – Scratchy and stabbing – “like something is in my eye”
  – Severe
  – Worse with blinking
  – Tearing a lot and vision is blurry
HPI TIPS

• Record pertinent negatives
  – CC: light sensitive OS
    • Began yesterday, getting worse
    • Red and achy today
    • No tearing or discharge
    • Vision is okay
    • No known trauma

• Make sure to document everything! (If you ask but don’t record, important information can get lost!)

• Ask if they have had this symptom before, when applicable.
EXAMPLE 1 – CC: BLURRY VISION

Questions to ask for the HPI:

• Was this sudden or has it been going on for a while?
• Is it blurry all the time or just sometimes?
• Is it staying the same or changing?
• Do you wear glasses? If so, how old are they?
• Do you have eye pain or discomfort?
• Was there recent trauma?
• Do you have medical problems such as:
  – Diabetes?
  – Autoimmune conditions?
  – High blood pressure?
EXAMPLE 2 – CC: LOSS OF VISION

Questions to ask for the HPI:

• When did it happen?
• Did your vision come back or stay gone?
  - How long did you lose vision for? (seconds, minutes, etc.)
• Are both eyes or one eye affected?
  - Which parts of the visual field are affected in each eye?
• Is there pain?
• Is there redness?
• Was there recent trauma?
• Do you have any medical problems, such as diabetes?
• Did you have any flashing lights, floaters, curtain sensations?
EXAMPLE 3 – CC: HEADACHES

Questions to ask for the HPI:

• Can you describe what the headache feels like and where you feel it?
• What brought your headache on?
• How long do the headaches last?
• When did the headaches first start?
• How severe is your headache?
• Do you have any other symptoms with your headache?
  - e.g. Have you had any vision changes with them?
• Does the headache change with position?
• Do you have a personal or family history of headaches, such as migraines?
EXAMPLE 4 – CC: RED/IRRITATED EYE

Questions to ask for the HPI:

• Is it in one eye or both eyes?
  - If in both eyes, did it happen at the same time or one eye first?
• How long has this been going on?
• Is it constant or does it come and go?
• Is there any pain or discomfort?
• Has this affected your vision?
• Have you had any discharge?
  - Is it watery/purulent?
  - How much discharge?
  - Does the discharge occur throughout the day?
• Have you had recent trauma?

- Do you wear contact lenses?
- Have you been exposed to chemicals or other irritants?
- Have you had contact with someone with red/irritated eyes?
- Have you had any recent illness?

Picture Source: [https://www.flickr.com/photos/hellyeahphotography/5317611080]
COLLECT PERTINENT HPI INFORMATION

• Keep in mind
  – You do not always have to answer all the HPI questions, just the ones that pertain to why the patient is here

Example – CC: Diabetic Exam
  – Vision fine OU with current glasses
  – No flashes or floaters
  – Possible questions to ask for the HPI:
    • When was your last diabetic eye exam?
    • How long have you had diabetes? How well-controlled is your diabetes? (ask what their most recent HbA1c was)
    • What medications do you take to control their diabetes?
    • If the patient has no acute concerns, you do not need to ask typical questions regarding HPI (onset, location, duration, etc.)
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Questions to ask for the Ocular History:

• Do you have any eye conditions?
  – e.g. cataract, glaucoma, retina problems?
• Do you use glasses or contact lenses?
  – How old is the prescription?
• When was your last dilated eye exam?
• Have you had any eye surgeries or procedures? (including lasers and injections)
• Is there any history of eye disease in your family?
  – e.g. macular degeneration, glaucoma, strabismus, amblyopia?
  – If so, who has the condition?
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PAST MEDICAL HISTORY (PMH)

Questions to ask for the Past Medical History:

• Do you have any chronic health concerns?
  – Diabetes?
  – High blood pressure?
  – Heart problems?
  – Asthma?
  – Autoimmune conditions?

• Have you had any recent surgeries or hospitalizations?

• Have you had any significant changes to your health since last visit? (if the patient has already established care)
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MEDICATIONS & ALLERGIES

Medications
• What is the medication called?
• Why do you take _____?
  – Remember to ask about medications for heart disease, diabetes, blood pressure, immune-modulating drugs (including steroids), etc.
• How much of _____ do you take?
• How often do you take _____?
• Include ocular, prescription, non-prescription medications

Allergies
• Do you have drug allergies?
• What happens when you take ____?
• Example reactions:
  – Itchy, red, or watery eyes
  – Difficulty breathing, shortness of breath, cough
  – Swelling of the throat or mouth
  – Raised, itchy, red rash
  – Sneezing, itchy, runny or blocked nose
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SOCIAL HISTORY

- Remember, social history is important and can be a sensitive conversation!
  - The relevant questions to ask will vary depending on the context
- Examples:
  - If the patient is elderly or has poor vision you may want to ask:
    - Do you live in a house or nursing facility?
    - Are there multiple flights of stairs?
    - Do you live by yourself?
    - Who lives at home with you?
  - What do you do for work?
    - Certain jobs may put patients at higher risk for damaging their eyes due to trauma, exposure, etc.
SOCIAL HISTORY

• Questions to ask for Social History:
  – Do you use any recreational drugs?
  – Which recreational drugs?
  – How long have you used _____?
  – How much do you use and how often?
  – This may help you identify risk factors for certain ocular conditions
    • Smoking and chronic excess alcohol intake may increase a patient’s risk for age-related macular degeneration
    • Excessive opioid intake may lead to retinal ischemia
    • Stimulant usage may cause retinal vascular occlusive disease
    • Snorting or smoking drugs may contaminate the nasolacrimal duct leading to epithelial defects or ulcers