Chapter 1
Case History for the Pediatric Eye Examination

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ABSTRACT

The art of taking a patient's case history is essential for a solid understanding of pertinent details before proceeding with an examination. While establishing rapport with the patient, the clinician should ask questions about birth history, developmental history, educational and social history. Active listening skills and flexibility of the provider are useful tools for an effective start to the examination. This chapter reviews categories of questions needed for optimization of case history for the pediatric patient. This includes questions focused on specific age categories, including infants and toddlers, preschoolers, elementary-aged children, and adolescents. The chapter author provides clinical pearls for a more efficient and effective exam, including a section on assisting children with special needs.

INTRODUCTION

A patient's case history plays an essential role in setting the direction of the eye examination and identifying differential diagnoses. An effective case history enables a clinician to prioritize and plan out the course of the appointment, which can require special creativity with pediatric patients. At times, obtaining a detailed history from the pediatric patient and/or caregiver can be challenging. While parents tend to be very good observers, they are not always accurate in their observations. This dichotomy is especially challenging as pediatric patients and caregivers may not be able to verbalize and express their symptoms. For example, a parent may report that there is an eye turn but when asked which eye, the parent is uncertain.

This chapter aims to describe the main areas of patient history that should be asked by eye care providers, and indicates specific questions by age group. While the list provided in this chapter is not exhaustive, it provides a framework to assist the clinician in eliciting potential areas that will need further questioning. By asking effective questions and setting the goals of the exam, a more successful visit for

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both the clinician and the patient can be achieved. A case history is also an opportunity to establish rapport with the adult caregiver(s) present and the child to facilitate the examination and communication of the exam results and treatment plan.

BACKGROUND

The case history, or medical interview, is an examination step that is universal to all healthcare professionals. While there are many technological advances and tools such as online or tablet-based case histories, the importance of interpersonal communication and connection cannot be replaced (Keifenheim et al., 2015). An effective clinician must be able to read both verbal and non-verbal cues, as well as be skilled to ask questions that can elicit quality information from the patient and caregiver (Keifenheim et al., 2015). Peterson and Holbrook (1992) studied 80 outpatients and the doctors who examined them and found that 76% of the doctors' differential diagnoses after their history-taking led to the final diagnosis. In comparison, the physical examination led to 12% of the final diagnoses, and laboratory testing led to 11% of the final diagnoses (Peterson et al., 1992).

The definition of history-taking is a "way of eliciting relevant personal, psychosocial and symptom information from a patient with the aim of obtaining information useful in formulating a diagnosis and providing medical care to the patient" (Keifenheim et al., 2015). While it may be necessary for technicians or other assistants to take a preliminary case history, the clinician should be the main interviewer to assess if further detail is necessary.

For complex medical and developmental histories, some eye care practices may prefer to have a questionnaire sent to their patients before the appointment, so that the bulk of the allotted time can be spent on examination and patient education. Alternatively, a complex case history form may be completed by the adult caregiver in the office while the clinician begins testing the child. This strategy is particularly helpful when the complexity of the child or case type is not known at the time of the appointment. The clinician may select the appropriate case history form after the chief complaint and meeting the child, if the child is able to sit independently in the exam chair.

Efficiency is key with a pediatric exam. At the same time, the clinician should maintain a positive, relaxed, and fun environment, especially for young children. Be fun and flexible! Young children typically have a short attention span and can be uncooperative with the examination. The clinician must prioritize the sequence of exams to maximize the amount of pertinent information obtained. Therefore, having a detailed history helps the clinician to formulate a differential diagnosis and a sequential list of exams to be performed. Each patient is unique and responds differently, so it is up to the clinician to strategically perform all the needed tests to formulate the correct assessment and management. Taking case history with a child differs from that of a typical adult exam due to factors such as the source of the information (caregiver versus the child), details sought by the clinician for the purpose of the examination, and how communication occurs between the clinician and the patient.

Clinical Pearl: *A successful clinician is creative and flexible. The sequence of a pediatric exam should be based on the priority of the test result since the child may not be cooperative.*