Nottingham University Hospitals NHS
NHS Trust

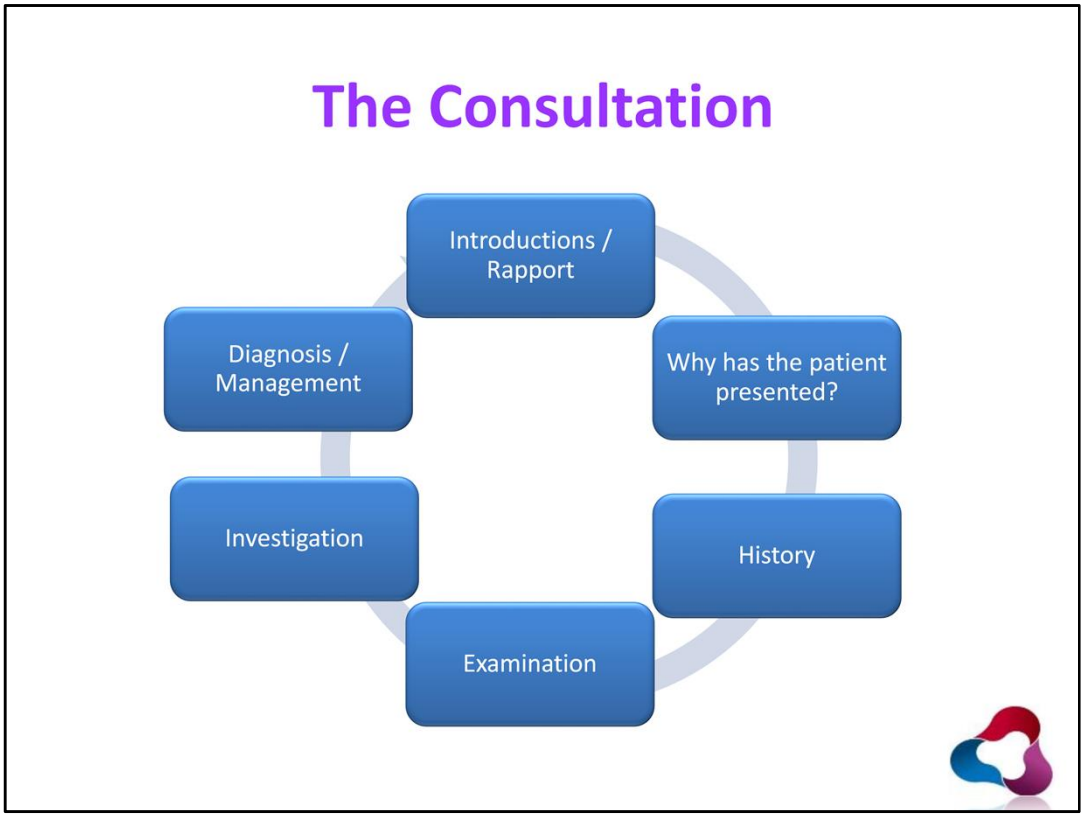
CHAMPS History Taking

Learning Outcomes

By the end of the session the student will be able to:

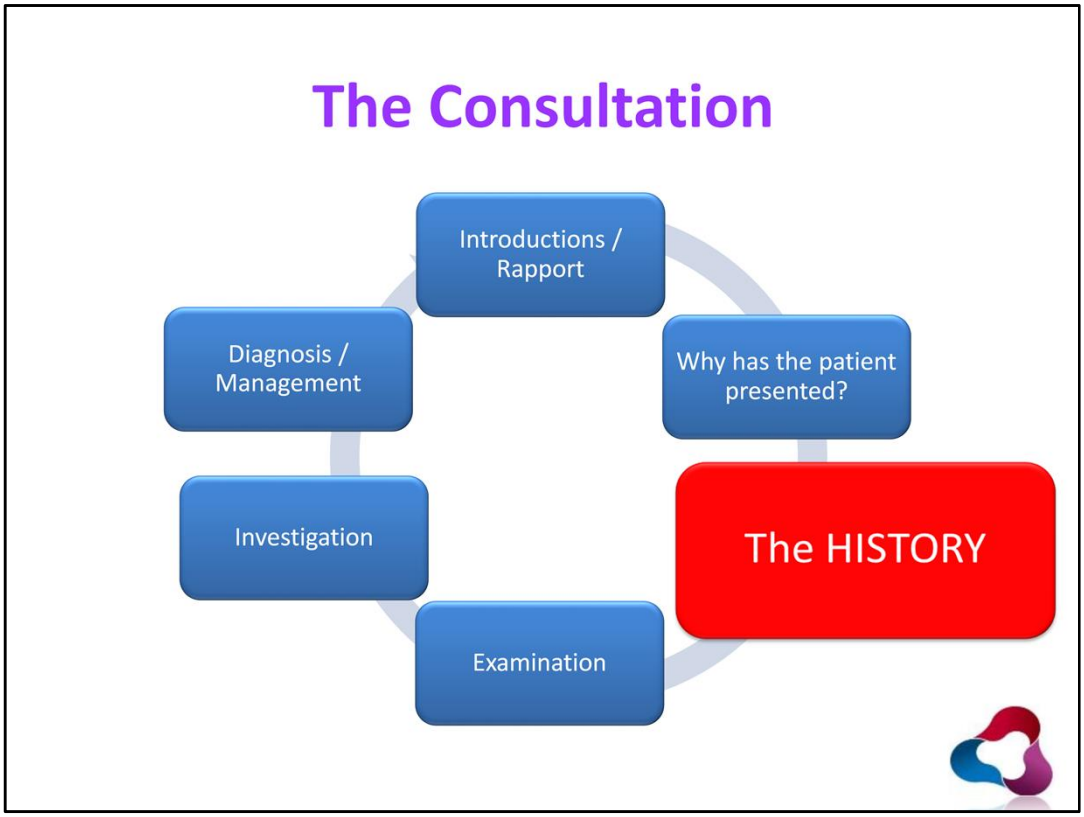
- Describe a **systematic** method of eliciting critical information
- Define what a symptom is
- Use and discuss the symptom analysis mnemonic SOCRATES and its applications
- Define the concept of cardinal symptoms
- Explain the importance of exploring patients ideas, concerns and expectations

Eliciting critical information in a time critical scenario when the patient is unwell (e.g. acutely breathless or in shock for any reason) or has the potential to become unwell very quickly (e.g. worrying chest pain – cardiac sounding or typical for aortic dissection)
Many of the concepts in time critical scenario history taking are similar to non time critical and being systematic is key.
In this talk we will focus on the elements of the history that are important in an acute situation but also spend some time talking in detail about taking a systematic history of the presenting complaint

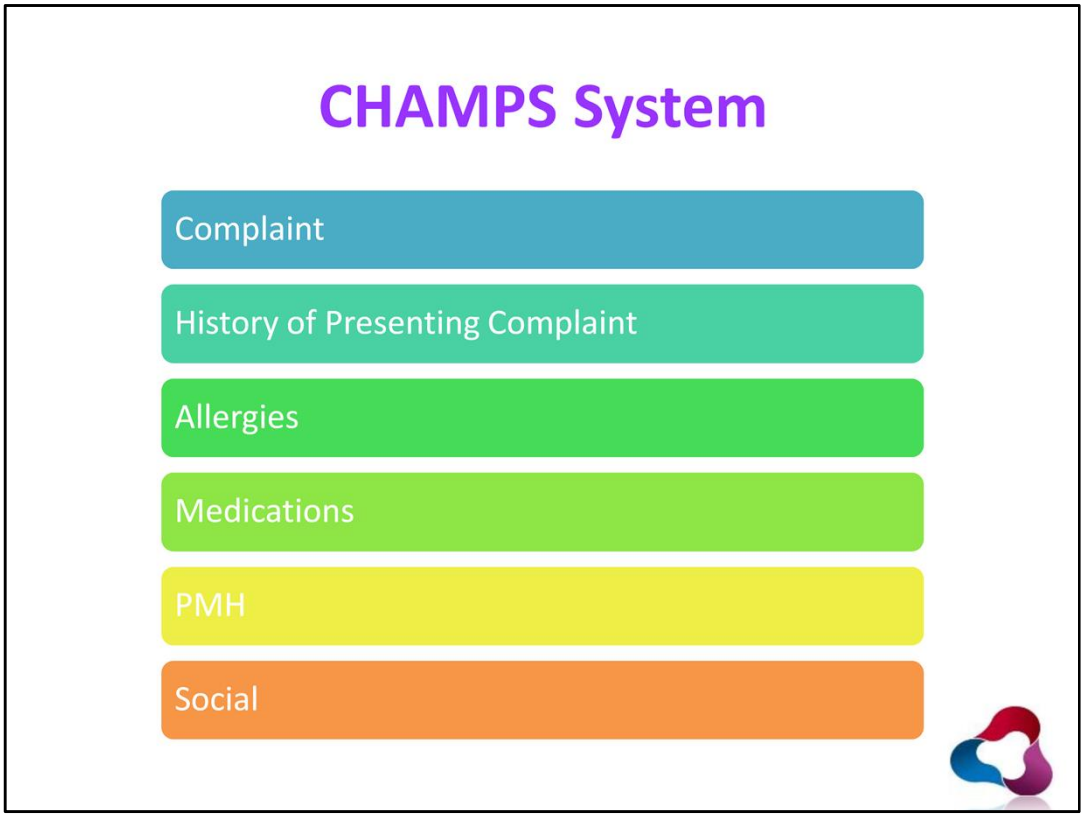


Any consultation should start with an introduction:

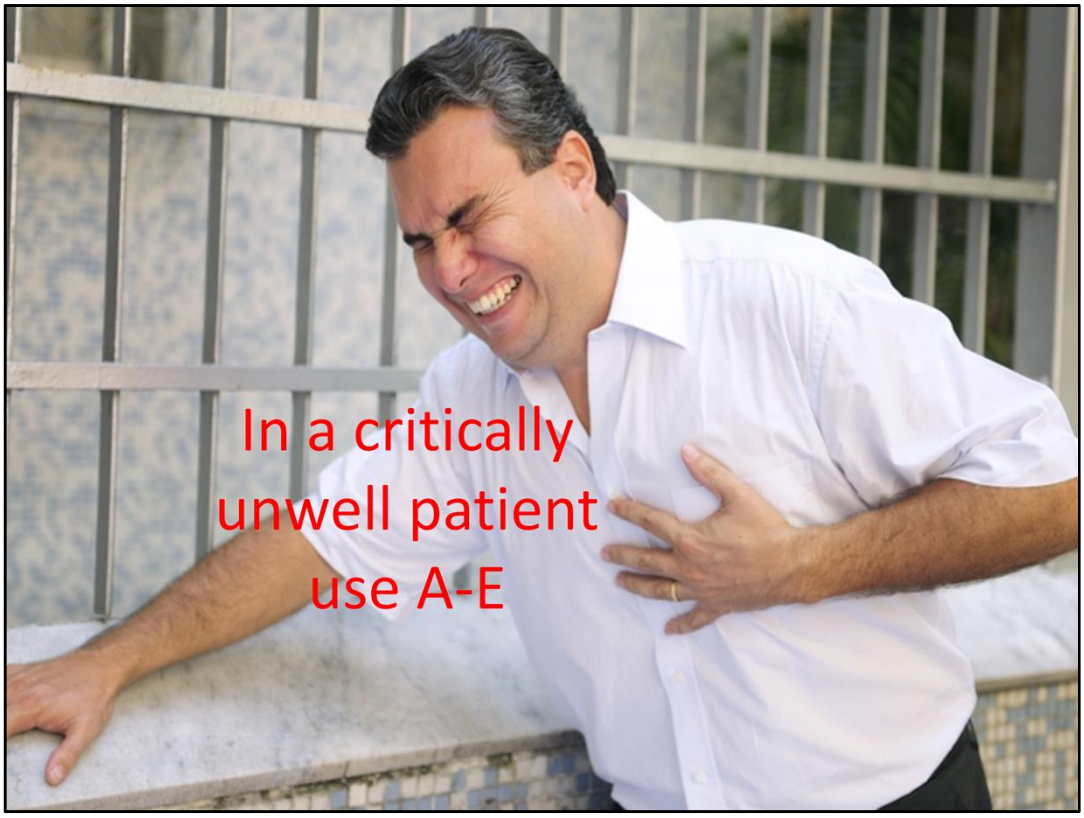
- What is your name and role?
- Check you have the right patient
- Set the agenda/time limit for the consultation and gain agreement



Your history is the most important aspect your consultation!
Examination and investigations are there to refine and reorder your working differential diagnosis



With this in mind our afternoon skills sessions build on your knowledge of history taking and refine it.
We will look at the presenting complaint and talk about exploring this systematically and comprehensively – what we call 'doing the symptom' to death'
We will then mover on to the cardinal symptoms of the disease – which are mainly the cardinal symptoms of the system the presenting symptom is in e.g. abdominal pain is in the GI and GU systems – what are the cardinal symptoms of these systems.
Chest pain is predominantly in the cardiorespiratory system with cardinal symptoms being 'breathlessness' or 'dyspnoea' (PND and orthopnoea), 'wheeze' 'cough' 'sputum' 'haemoptysis' 'palpitations' 'syncope' 'ankle swelling'
You will learn how these symptoms relate the differentials you should be starting to form and what risk factors the patient may or may not, have making those differential more or less likely.



Taking a patient history takes time.
Sometimes a patient is unwell and needs immediate intervention.
In these cases we should switch to an A-E approach and start treatment

CHAMPS

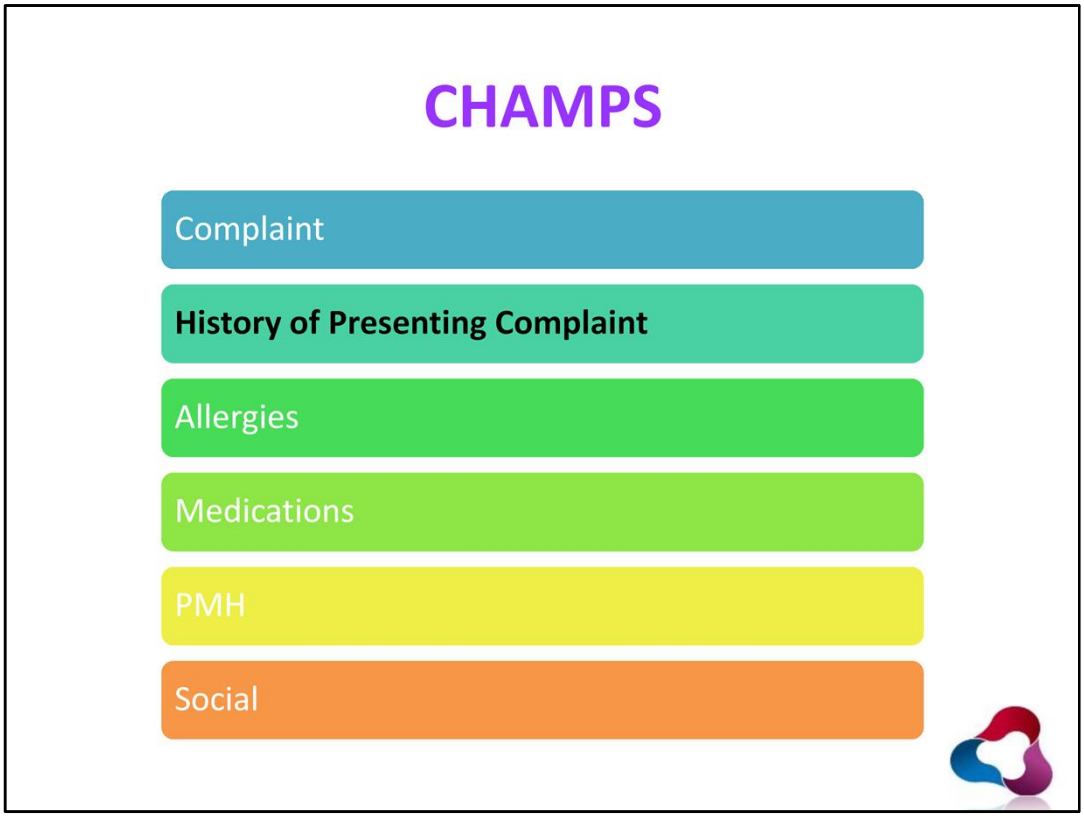
- **Complaint**
- History of Presenting Complaint
- Allergies
- Medications
- PMH
- Social

Presenting complaint = the headline symptom
This is what you base the history around

What is a symptom? describe the difference between a symptom and a sign e.g. I have leg swelling (symptom) and you find the patient has oedema (sign)

It is what the patient says e.g. chest pain not cardiac sounding chest pain – This is where clinical bias can start- Don't try to fit a round peg into a square hole

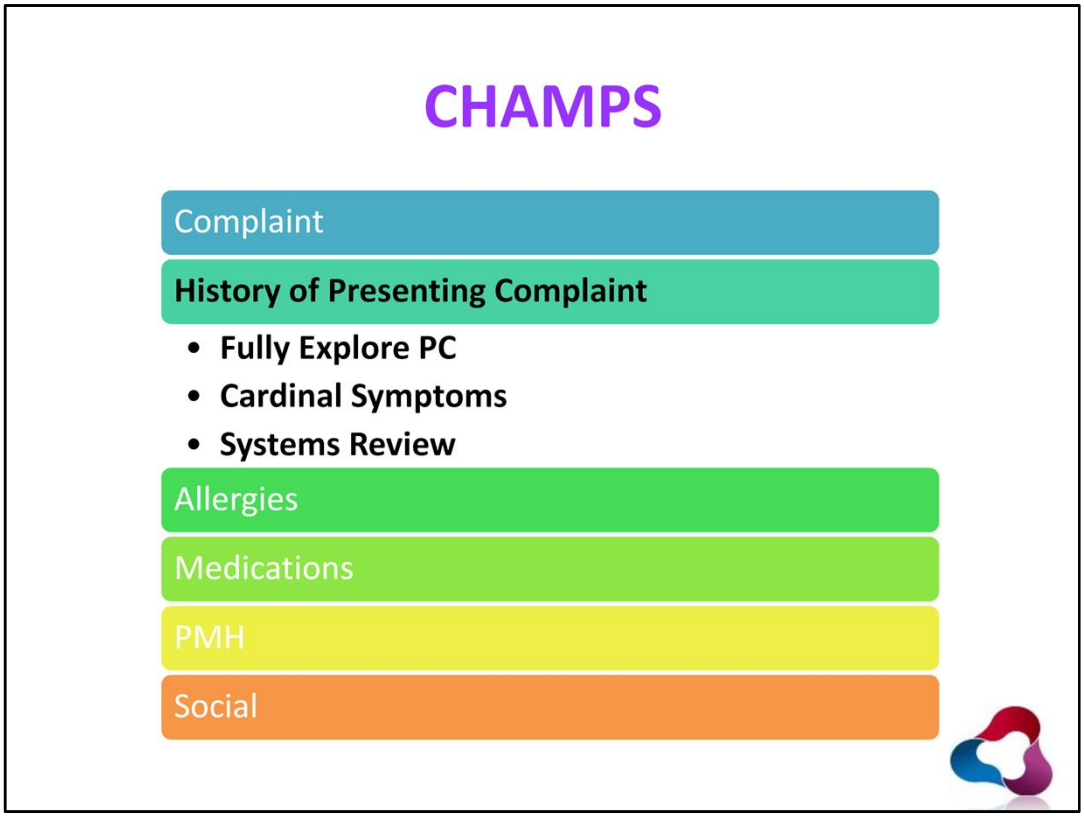
Ask the students to come up with some common symptoms patients often present with



The history of the Presenting Complaint is probably the most important aspect of the History

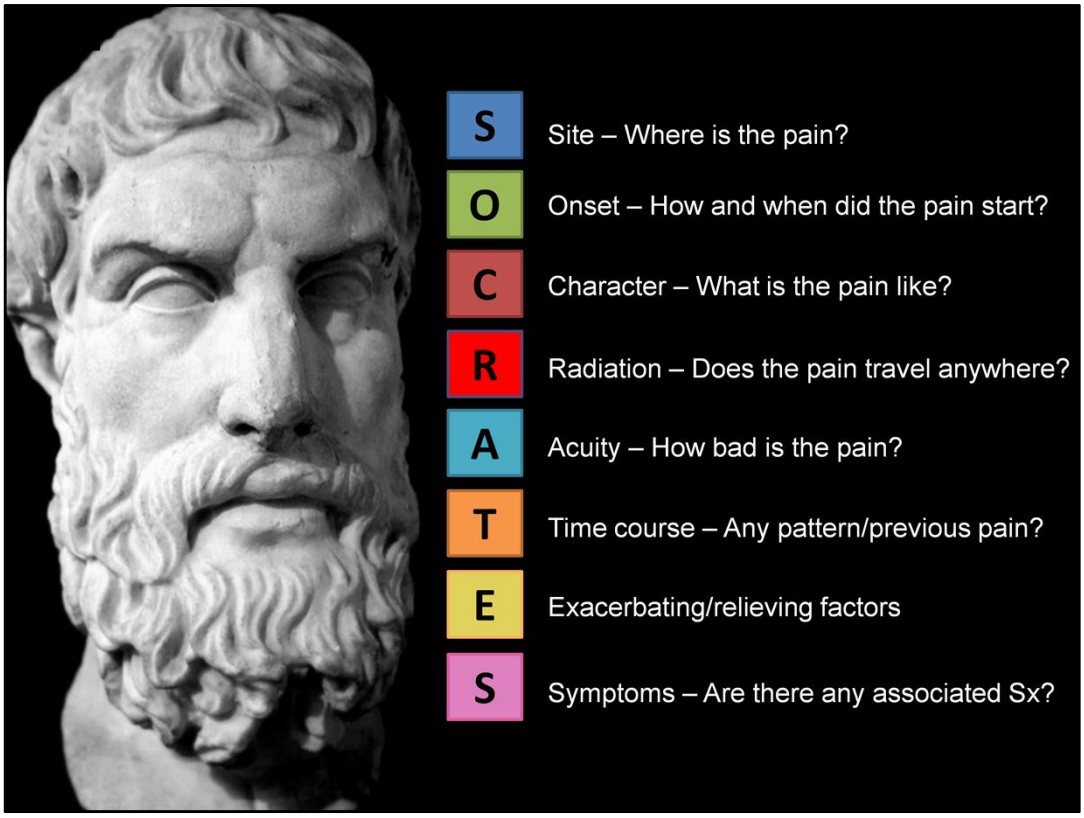
It is vital we get all the information we need, so we will divide it into 3 aspects:

- Fully exploring the PC
- Cardinal Symptoms, specific to the system
- Systems review, for any symptoms relating to differential diagnosis



How do we explore the presenting complaint?

We use the acronym SOCRATES, which fits for e.g. pain or breathlessness or a variant of it (for sputum or other symptoms that requires other elements). Ask them to note down the components of SOCRATES.
Emphasize the importance of each element of SOCRATES e.g. explaining why the onset being very sudden e.g. makes certain diagnoses more likely – PE, Pneumothorax, Dissection. Things that shear burst, r
Recall that this is essential when assessing any patient.
Spotting the signs e.g. tachycardia and low BP is easy but identifying the concerning parts of a symptom is more difficult



It is important to 'do the PC to death!'
Whenever a new additional symptoms is mentioned, mentally put a pin in it then come back later and do a complete SOCRATES all over again!

This is the SOCRATES mnemonic it can be applied to a number of different symptoms. It gives a systematic approach to symptom assessment whether it is a pain or SOB.
Some find it helpful to make the final S of SOCRATES Symptoms, this allows you to complete the questioning of one complaint before moving on to another and prevents distraction!

Ask them to come up with what a SOCRATES might look like for a patient with;

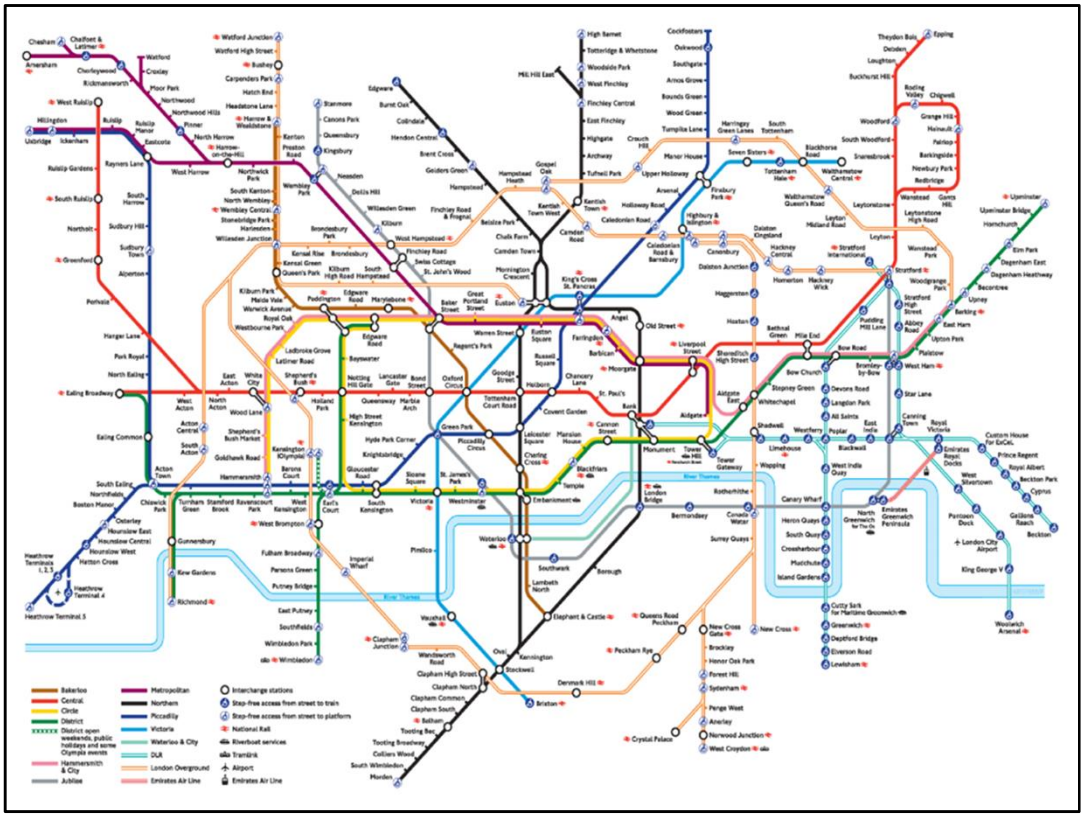
With a
Headache
Abdominal pain

Often very sick patients may not be able to give a history and the collateral history becomes very important
Ask students what patients you may need a collateral hx in and the importance of it (the answer to the diagnosis may be in the history – e.g. knowing that a fitting patient had taken an overdose of amitriptyline
Where might we gain a collateral hx from?

(This is a cardinal bird in case you didn't know)

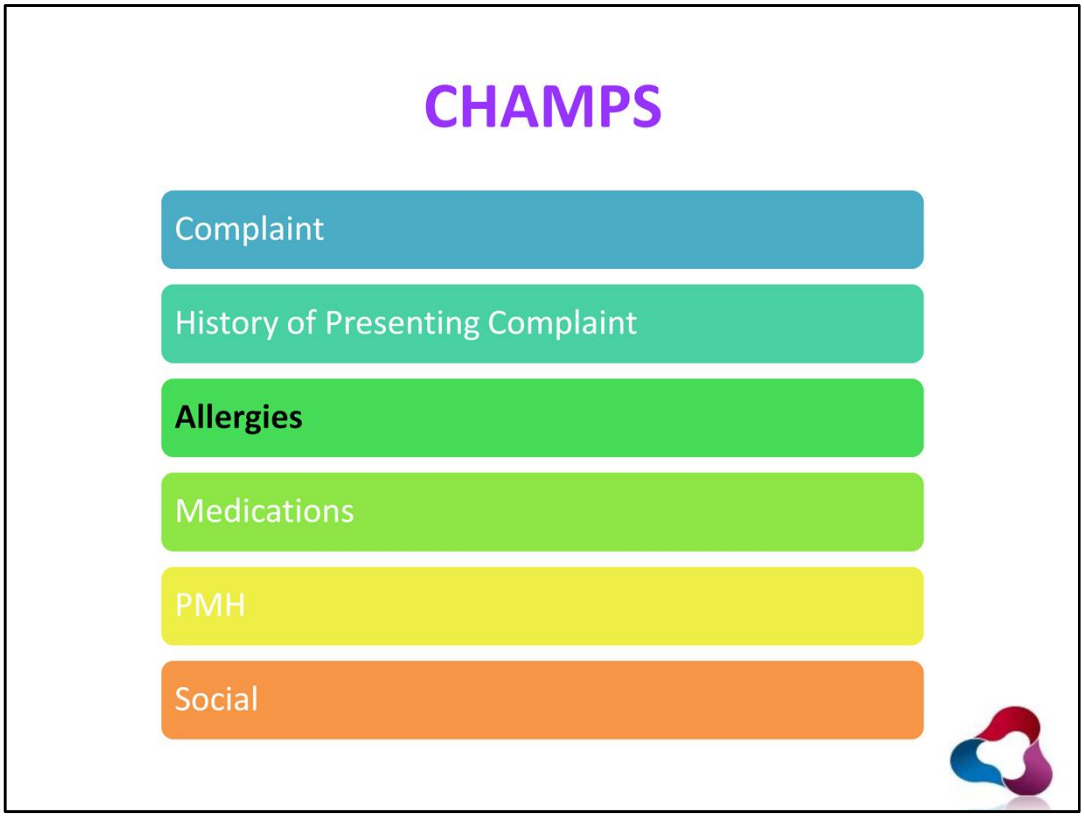
What is a cardinal symptom?
Key symptoms, often specific to the system or body region of the presenting complaint
So important it is helpful to find out if each is positive or negative to help form your differential

What are the cardinal symptoms for respiratory?
Wheeze
Cough
Fever
Sputum
Haemoptysis
Shortness of breath



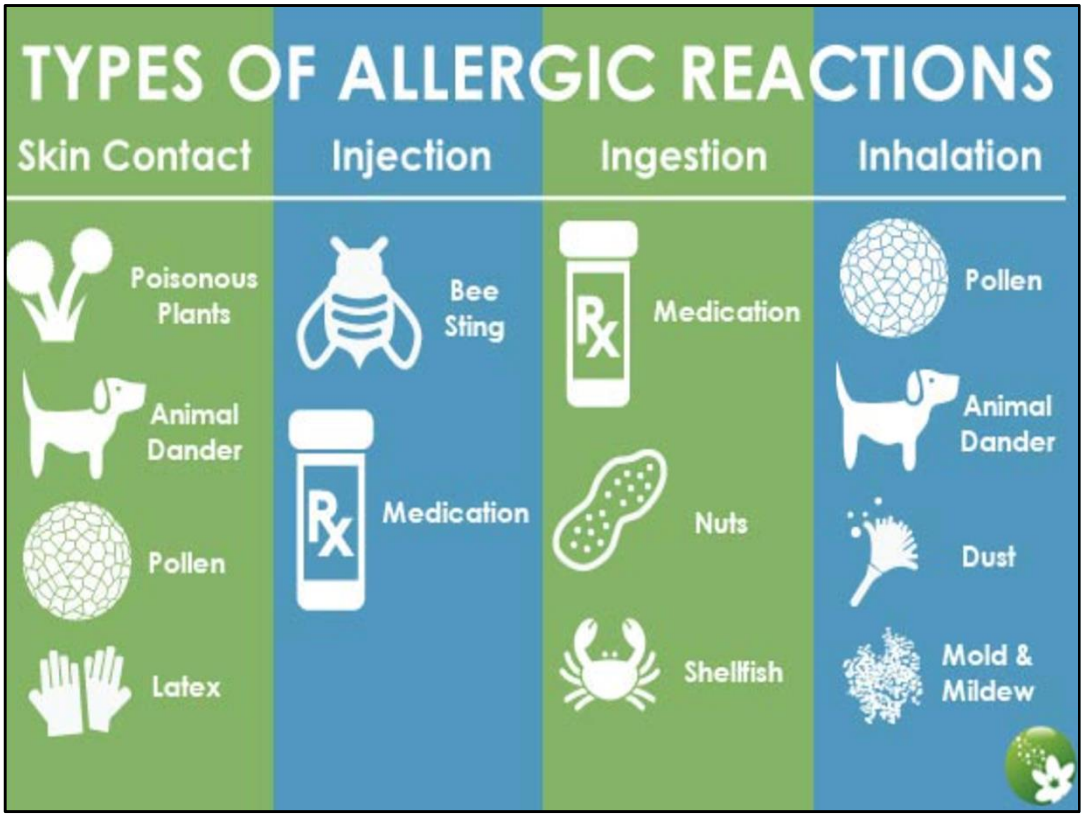
Systems Review- everything is interconnected
The systems review helps draw upon any information the patient may not have volunteered earlier that may be relevant to their current complaint e.g. Top to toe approach is an example of how to structure this- 'Have you had you any trips/ falls/ dizzy episodes? any pain or weakness to the arms? any chest pain or SOB? And so on…..

CVS/RS/GIT/GU/CNS/MSK/Endo



The remainder of the History is predominantly looking for risk factors for the working differential diagnosis, and also considering factors that impact management decisions

What are some common allergens?



Establish what allergies a patient has
How do they know they have the allergy?
What reaction do they have ? anaphylaxis Vs Non anaphylactic

CHAMPS

- Complaint
- History of Presenting Complaint
- Allergies
- **Medications**
- PMH
- Social

What aspects of a medication/drug history do we need to explore?

Prescribed medications
Recent changes
Compliance
OTC/Herbal
Vaccinations

What medications may be particularly concerning/relevant in the acute setting?

Examples of concerning medications in ED including time critical medication. Ask the nurses why these might be of some concern

CHAMPS

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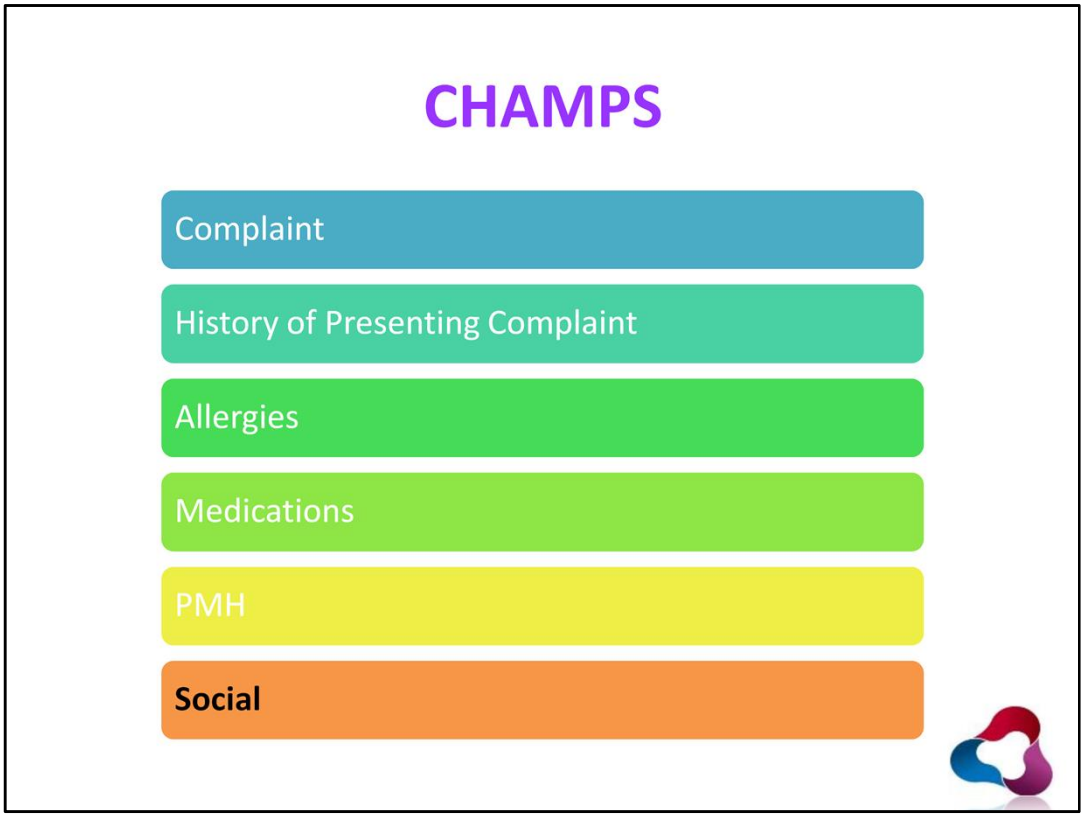
What does a full past medical history include?
Medical
Surgical
Obstetric inc LMP!
Trauma

How would you ask this?
Emphasize how important this is and can change a triage category alone e.g. the child receiving chemo who develops a fever. The heart failure patient who is dehydrated.

What conditions are particularly important to identify in the background?
Discuss what would be concerning in the medical history why
The next slide illustrates some examples

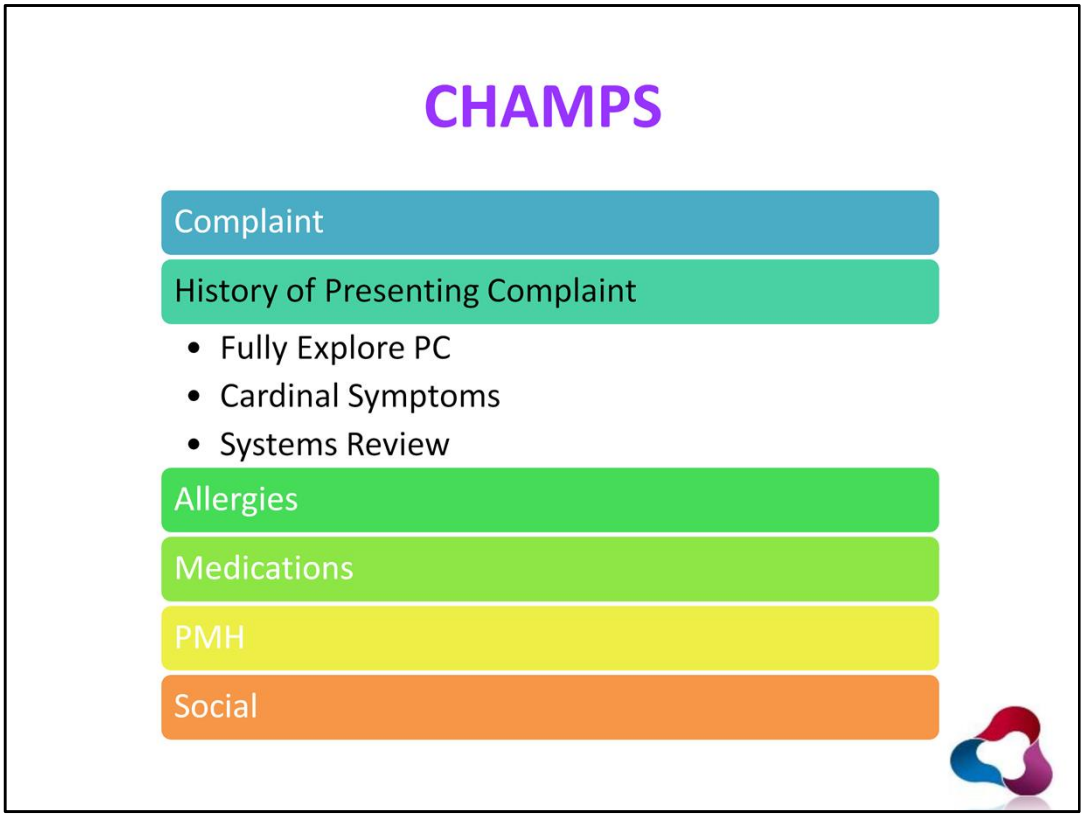
Why are these PMH concerning
Along with the preceeding PC, HPC, MEDS this starts to bring together any relevant risk factors and increased/ decreased your suspicion of differential



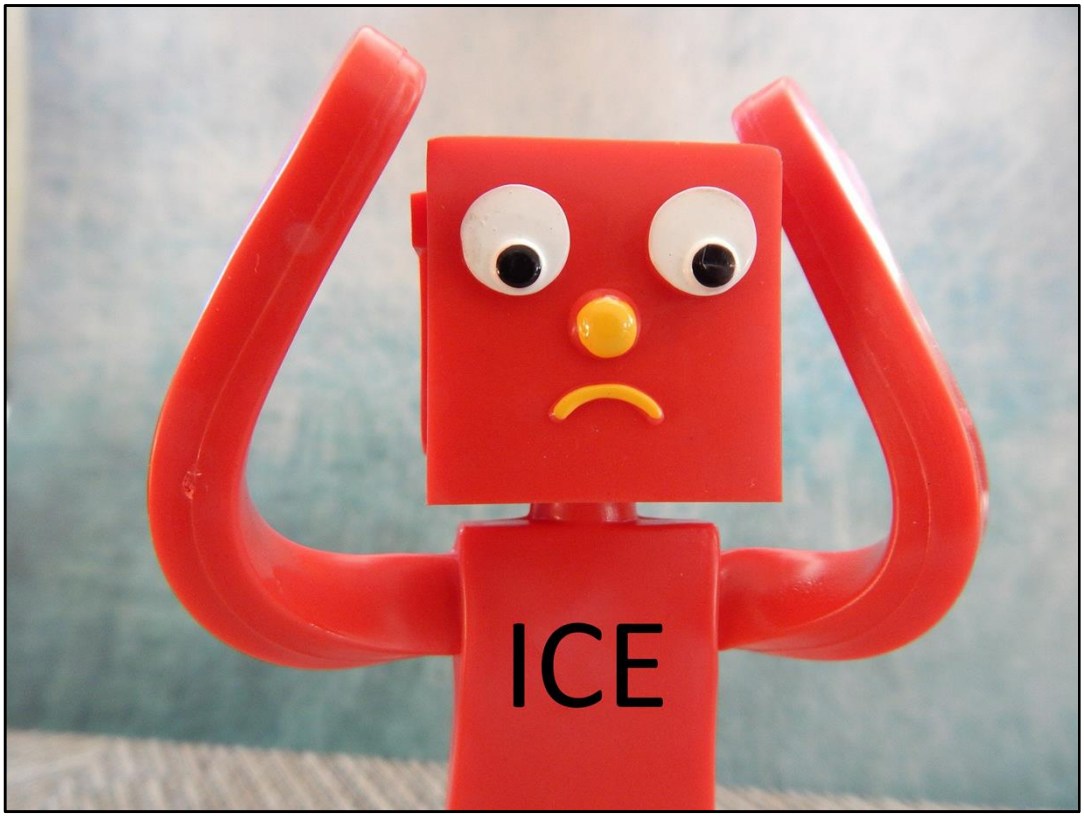
What questions would you want to ask as part of a patient's social history?

Occupation
Pets
Alcohol
Travel
Smoking
Drug use
Mobility
Exercise
Home/Living situation
Sexual activity

Family history – what would be examples of relevant family histories ?



Review of CHAMPS



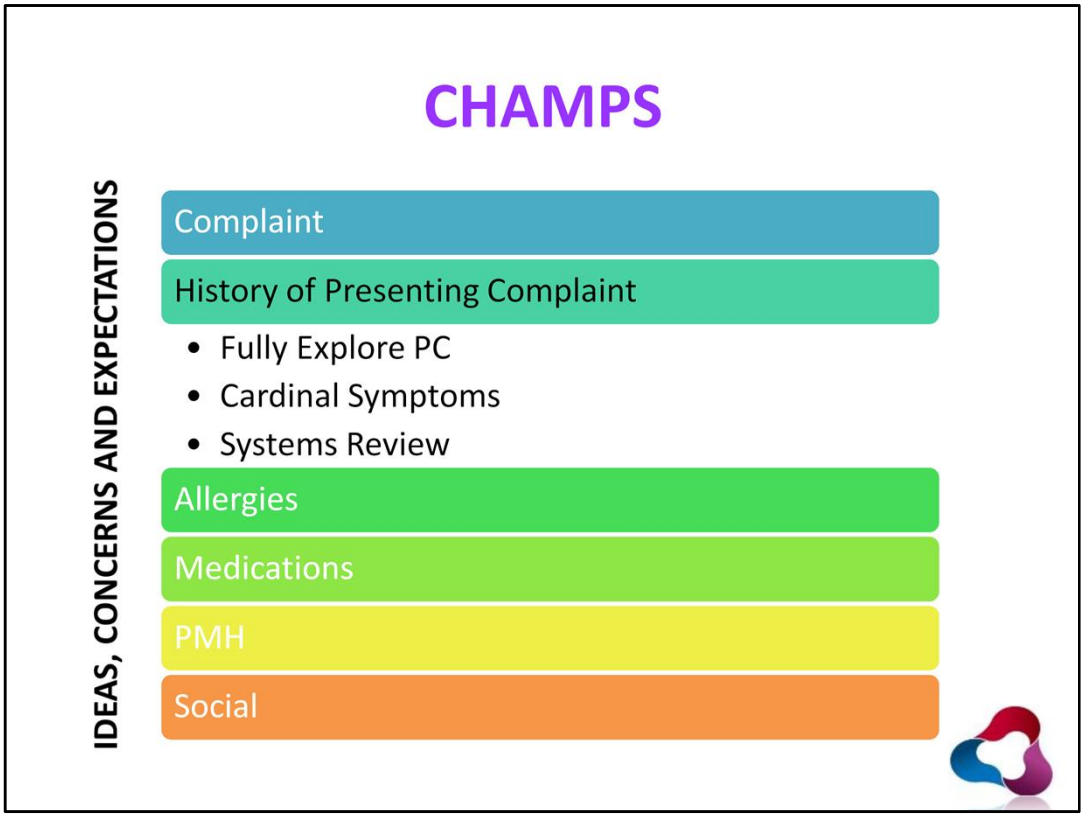
What are the patients Ideas, Concerns and Expectations?
Of the consultation
Of the condition
Of the clinician

Why are these important?
Pick up on missed information
Encourage patient involvement and autonomy
Improve satisfaction and prevent reattendance

There is a CHAMPS history proforma available in your CP1 handbook on the moodle page

Use it to practise taking histories in the ED

You will have a CHAMPS history simulation in a few days so make sure you spend time learning and using this system



Review of CHAMPS