Medical History

The medical history forms a part of the secondary survey. It does not need to make a formal diagnosis, but should guide decision making as to the severity of the condition, and appropriate further management.

There are two aspects to the medical history, firstly gaining information on the current problem, and secondly obtaining useful background information on the patient.

For the current problem, start by asking open questions ("How do you feel? What happened?") to get an overview. Then obtain more information about each problem by using OPQRST-A:

- Onset – when, how fast?
- Provokes/palliates – what makes it better or worse?
- Quality – what type of pain is it?
- Radiation – where is the pain, does it go anywhere else?
- Severity – scale of 0-10, 0 is no pain, 10 is worst imaginable
- Time – is it getting better or worse? Does it come and go?
- Associated symptoms – does it cause anything else, such as nausea or dizziness?

This is designed specifically for use with pain, but many of the questions also apply to other symptoms.

It is important to avoid leading the patient by suggesting preferred answers. Sometimes a suggestion is necessary (e.g. with quality of pain) – try to give several options, don't make them sound like an exclusive list, and don't give any weight to any one.

Background information is well covered using AMPLE:

- Allergies
- Medication – prescribed, over the counter, recreational
- Past medical history – relevant previous problems
- Last food and drink – when, how much
- Events leading up to incident – health in last few hours/days

Sources of information:

- Patient
    - Directly – having them answer questions
    - Indirectly – how do they react?
    - Possessions – are they wearing a medic alert bracelet or carrying any medication?
- Scene
    - Any information as to what was happening, how abruptly the problem started?
- Bystanders
    - Friends and family can give useful background
    - Bystanders can give an account of what went on

Michael Stewart
michael.stewart@physics.org
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