

## Pediatric H&P Dictation Template

*As you begin, state that you want the transcriptionist to use the Pediatric H&P Template for the dictation*

### General Tips...

- Include the name of the attending physician for whom you are dictating
- CC a copy to the PCP and any subspecialists who care for the patient
- Go back and review your dictations – complete any holes where the transcriptionist couldn't understand you and correct any errors (especially medication dosages)
- Spell all names and any words that may be difficult for the transcriptionist to spell
- If a category does not apply to your patient then you will have to state to remove it (e.g., head circumference then state "remove head circumference from this H&P template.") If you do not ask for it to be removed, it will be there and remain blank!

**CHIEF COMPLAINT:** Use the patient's or their parent's own words.

**HPI:** A chronological presentation of the course of events seems to be the easiest format to understand. If the patient was seen in the ER or a physician's office prior to admission, please remember to include what happened (ex. The patient was taken for evaluation at the Starke ER 2days PTA or 12 hours PTA, etc. In the ER, the patient was noted to be febrile with a temperature of 39.4 and tachypneic with a respiratory rate of 35. He was also noted to have left sided crackles on his lung exam. A CXR was performed which showed a left lower lobe consolidation. Blood cultures were collected and the patient was given ceftriaxone. The patient was then transferred to AGH for further management.)

**PAST MEDICAL HISTORY:** Include birth history, illnesses, hospitalizations, ED visits. Don't say non-contributory or none.

**PAST SURGICAL HISTORY:**

**MEDICATIONS:** Remember to include dosages and timing, and over-the-counter medications

**ALLERGIES:** Food and drug, include what type of reaction they had

**IMMUNIZATIONS:**

**PRIMARY CARE PROVIDER:** include phone number if the parents have it (most do)

**FAMILY HISTORY:** don't just say noncontributory

**SOCIAL HISTORY:** Where the patient lives, who lives in the home, where do they go to school, what grade are they in and how is there school performance, do they go to daycare, tobacco exposure, pets, city/well water. Parents' occupation if pertinent. For adolescents- tobacco/drug/alcohol use, sexual activity history.

**DEVELOPMENTAL HISTORY:** Milestones, grades, sexual maturity (whichever is applicable.) Also include menstrual history for appropriate females.

**REVIEW OF SYSTEMS:** List pertinent positives and negatives and then can state "all other systems are negative" (if you actually reviewed them.)

**PHYSICAL EXAM:**

**General appearance:**

**Vital signs:**    Temperature \_\_\_\_\_    Heart rate \_\_\_\_\_    Respiratory rate \_\_\_\_\_  
                         Blood pressure \_\_\_\_\_    Oxygen saturation \_\_\_\_% \_\_\_\_\_ FiO2  
                         Weight \_\_\_\_\_ kg    \_\_\_\_\_ percentile  
                         Length/height \_\_\_\_\_ cm    \_\_\_\_\_ percentile  
                         BMI \_\_\_\_\_ kg/m2    \_\_\_\_\_ percentile  
                         Head circumference \_\_\_\_cm    \_\_\_\_\_ percentile (2 years and younger)

**Head, Ears, Nose, Throat:**

**Eyes:**

**Neck:**

**Respiratory:**

**Cardiovascular:**

**Abdominal:**

**Genitourinary:**

**Musculoskeletal:**

**Lymphatic/hematologic:**

**Skin:**

**Neurological:**

**Other:**

**LABS:**

**RADIOLOGY OR OTHER STUDIES:**

**ASSESSMENT:** The first line should be a summary of your patient, their problems and their condition. Remember to include your differential diagnosis and most likely or confirmed diagnosis(es).

**PLAN:** Remember to include your plan (both diagnostic and therapeutic for each problem)! Some attendings feel very strongly that this section of the note should be problem-based, others think system-based – whichever one you use, make sure to include your diagnosis and plan.

**CC:** Ask for a copy to be sent to the primary care provider at the end of the dictation, including the PCP's fax, address and/or phone number expedites the process