SUMY STATE UNIVERSITY MEDICAL INSTITUTE PEDIATRICS DEPARTMENT

The head of the department

Doctor of Medicine, Professor O.I. Smiyan

Manager of the group

MEDICAL CARD

name, su	rname of the patient	
age of the patient		
Clinical diagnosis: basic diagnosis		
Complication		
Concomitant disease		
Mark for the writing of the case history	Curator	
Mark for the defense of the case history		
	Sumy 20	

GENERAL INFORMATION ABOUT PATIENT

Name
Surname
Date of birth, age
Home address
Preschool or school institution
Date of admission to the hospital
Institution which has directed patient to the hospital
Pre-admission diagnosis
Patient's department
I. COMPLAINTS
Main:
Additional:
II. ANAMNESIS OF THE DISEASE The onset of disease acute, subacute, gradually (the necessary underline). The
duration of the diseases is What preceded the disease (cooling
defects of nutrition, viruses infection, the contact with ill person, etc
The development of disease

The result of previous additional methods of investigation (if they were presence)
The previous treatment (if it was presence):
The effect of previous treatment
The reason of hospitalization
III. ANAMNESIS VITAE For children till 3 years
The child from (behind the account) pregnancy, delivery. Age of the
mother during the given pregnancy. The pregnancy proceeded (with, without) gestosis
in trimester, on a background (without) of the extragenital pathology
, or inflectional diseases
or somatic illness
intrimester.
The mother used such medicines (to specify the trimester)
Harmful habits at the mother:,
at the father
Conditions of work of the mother during pregnancy
Conditions of life of the mother during pregnancy
Delivery at timed or premature (the necessary underline), in weeks of gestation. Labor
via vaginal way or by caesarean section, with (without) medicamental stimulation (the necessary underline). The child was mature or immature,
according Apgar's score points at first min. and points at 5 th min. Birth
weight was g, length of the body was cm, head circumference was cm,
chest circumference was cm. The umbilical stump (residual cord) has fallen off in

days. After the str	ump has fallen off,	the state of cord l	base was dry, or was	weeping
during w	eeks.			
The child discharged	from maternity depa	artment on c	lay (when it was mor	e than 5-
6 days, specify the car	ise of delay)			·
During the firs year	the child was at _		feeding. The r	eason of
artificial feeding was				·
Mother used to such _				
Formulas. The term of	of introduction of fr	uit juice	, fruit puree	, egg
yolk, cot	tage cheese	, meat	The first	addition
food was	at	mo. The secor	nd addition food was	
at	mo. The third ad	dition food was _	at	mo.
The dynamics of body	y weight			
Dynamics of body len				
Dynamics of head ci				
Dynamics of chest cir	cumference			
The psychomotor dev	elopment of the chil	ld		
For all children irres				
The child had such dis	seases (before admis	ssion)		
Housing conditions of and explain why)		•	•	underline .
Character of nutrition				eding)

Allergological history Presence of allergy symptoms ______ The intolerance of products ______

The intolerance of medicament (drug)

that accompanied with ________.

Prophylactic vaccinations _____

The nearest relatives have such chronic somatic illnesses _____

.....

Epidemiological history

The child didn't contact with patients who suffered with inflectional diseases last 3 weeks. The symptoms of diarrhea were ______ during last three days.

Genetical history

The data about siblings is collecting in everyone separately (How many children were at the family? How many children had died? What cause of death? What was physical and mental development? What diseases have had the child? How old were the parents at the moment of birth of the child?

Especial attention is deserved with the following practical moments:

- 1. Age of parents.
- 3. Nationality of parents.
- 4. Residence of the family.
- 5. Parents occupation.
- 6. Presence of chronic diseases at the relatives (beginning of disease, the clinical features of the diseases). For the relatives, who had died, indicate the cause of death and age of the person.

To make the pedigree of the patient, using common symbols:

	Healthy woman
	Healthy man
\bigcirc	
F.F.	Proband
\Diamond	Sex unknown
	Dead
	Abortion
: 📗	Medical abortion
•	Still-birth
ÓΘ	Marriage
- 0	Consanguineous marriage
	Repeated marriage
O	Unmarriage
	Sibling
	Monozygotic twins
	Dizygotic twins
О т П	No known pregnancy
Q Ţ	Sterility
	Known heterozygous person
•	Carrier female
\$	Pregnancy in progress
	Affected person

Summery:
Objective examination of the child
The patient's general condition is extremely grave, grave, moderately grave,
satisfactory, good (the necessary underline).
The state of consciousness is clear, sopor, stupor, coma (the necessary underline).
The mental state is (not) adequate or not adequate (the necessary underline).
Position of the child in bed is active, passive, forced (attitude) (the necessary underline).
The patient is asthenic, hyposthenic, hypersthenic constitution (the necessary underline).
The child is of regular, irregular body build (the necessary underline)

Anthropometrical measurements

Criterion	In	Norm	Deviation,	Deviation, %
	patient	according empirical formulas	cm	
Weight, kg				
Height (stature), cm				
Head				
circumference, cm				
Chest				
circumference, cm				
The index of				
fatness by Chulitska				-
The index by				-
Erismann				

Evaluating of physical development according percentile tabl

Criterion	Percentile	Conclusion
Weight, kg		
Height (stature), cm		
Head circumference, cm		
Chest circumference, cm		

Summery:		
	The skin and mucous membranes	
Colour of a skin		_
lip-nose triangle	. cvanoses	

Rashes (colour, characteristic lesions, localization, size, presence of warmth, itching, type of distribution)
Surface of a skin is (smooth, velvety, rough, dry, moist)
The elasticity of the skin is
Temperature of a skin
The dermographism is
Sensitivity of the skin: temperature, pain, tactile
Nails: (shape, colour, thickness, quality)
Hair: (color texture, quality, distribution, and elasticity)
Mucous membranes of a mouth (colour, moisture, presents of lesions)
Gums: (colour, presents of lesions, ability to bleeding)
Conjunctiva and sclera of eyes
The subcutaneous fat is distributed
The skin fold thickness is cm on abdomen, cm under the scapula,
cm on the shoulder, cm on thigh. The oedema
The skin turgor is kept, decreased, flabby (the necessary underline).
Lymphatic system

	of enlargement of the tonsils
they are reddened, loos	e, and tender on palpation (the necessary underline). Presence of
haemorrhages	, pus in the crypts, erosions
ulcers	, the tonsils are covered with a (colour) film
in size cm.	
	Muscular system
The development of m	uscles is satisfactory, well-developed; symmetric, asymmetric
(the necessary underline),]	presence of atrophy on
Muscular tone is	, hypotonic of,
atony of	,
hypertonic	
presence of muscular dy	ystonia
The range of motions is	
The strength of muscles	
Presence of pain during	palpation of the muscles
Presence of infiltrations	or consolidation of
groups muscles. Trousse	eau's sign is, Chvostek's symptom,
Lust's symptom	
	Bone system
Head circumference is _	cm, (normal, microcephalia, macrocepalia (the necessary
	dolichocephalic, brachycephalic, mesocephalic (the necessary
underline). form (shape).	There is hyperplasia of
	bones is flat. Anterior fontanel (presence, size, shape,

Posterior fontanel (fused, size, s	hape)
	. Sutures
The tooth formula:	
	^p - permanent * - caries ^d – deciduous O - growth disorder
	asthenic, normosthenic, hypersthenic, symmetrical,
	eeled, phthinoid, rachitic breast (the necessary underline).
	An epigastric angle degrees. Chest
circumference is cm (n	
Spine (physiological curvatures)	, scoliosis and hypnosis)
The extremities are symmet	crical, deformed with deformation
anomalies of development	·,
The feet are normal with d	leformations
change of the skin over them) _	rature, the range of motion, tenderness, swelling, the

Gluteal folds a	resymmetrical,	
Angle of hip al	oduction is degrees.	
	Cardiovascula	nr system
Inspection: Do	uring inspection of the chest bul	ging noted on left side, visible
pulsation	seen, in intercost	als space line, epigastric
pulsation	visible. Distended and puls	ated neck veins visible during
inspection of th	ne neck. Cyanosis	
		,
edema		
Palpation: The	e apical or cardiac trust (beat) (the	ne necessary underline). is located in
intercostals sp	ace line, area	cm ² , is positive or negative (the
necessary underli	ine). Systolic or diastolic vibrato	ry thrills (the necessary underline)
palpable at	Pericardial fric	tion rubs
		is rhythmic, arrhythmic; is synchronic
		all, soft, tense, thready; pulse deficit (the
necessary underli		un, sort, tonse, un one j, puise deriete (me
·		Ug of lower extremities mm Ug
bioou pressure		Hg, of lower extremities mm Hg.
Border	Border's of hearts r In patient	Normal
Right	in patient	Noma
Upper		
Left		
transversal		
size		
	Border's of hearts al	bsolute dullness
Border	In patient	Normal
Right		
Upper		
Left		
transversal size		

necessary underline). bear	ts per min. S_1 is heard loudest at the of the
	of the heart. Presence of accent
	or the heart: Tresence of accent
noiosystone, (the necessary underline	e) murmurs, place of the best auscultation
duration	, intensity, timbre
, conductan	ice
evaluation of its intensity in relati	ionship to the child's position
	·
Extracardiac murmurs	(pericardial friction rubs, pleurocardiac),
localization	During auscultations of carotic,
subclavicular, femoral arteries, ab	dominal aorta, jugular veins are heardsounds,
murmurs.	
	Respiratory system
Cyanosis of nasolabial triangle, p	per oral region, nails plates, acrocyanosis
in rest or during physical exerc	cises (the necessary underline). Nasal breathing is fee,
difficult, absent (the necessary under	erline). Voice is normal, hoarse, soundless, snuffling,
silent, aphonic (the necessary u	nderline). Cough present, dry, moist,
troublesome, brassy paroxysmal c	cough, pertussis-like, barking cough, constant, cough
of mucus, cough of pus, blood s	pitting (the necessary underline), frequent in
time of day. Dyspnoea, asphyx	xia occurs in rest, during
	underline). Chest has cylindrical, conical, asthenic,
	nnic, symmetrical, asymmetrical
, , , , , , , , , , , , , , , , , , , ,	, barrel, funnel, keeled, phthinoid, rachitic breast.
	. Daile, fulle, recent, bullion at tachin to an and

Harrison's gro	oove	Mo	ovements o	of etch parts o	of the chest are
symmetrical,	asymmet	rical	(the	necessary	underline)
Marked retract	tion of intercosta	1, supraster	nal supracla	avicular (the nec	essary underline)
muscles	noted. '	Гуре of bre	athing is th	oracic, abdomina	al, combined (the
necessary unde	erline). Dyspnea	is absent, i	nspiratory,	expiratory, mixe	ed (the necessary
underline). Th	e respiration rate	e is	per minute	(normal, tachyp	nea, bradypnea).
The breathing	is regular, irregu	lar, deep, ha	ard (difficul	lt), paradoxical, p	periodic, shallow,
interrupted, w	histling, stridul	ous, stenot	ic, Kussm	aul's breathing,	Cheyne-Stokes
respirations, B	iot's breathing (th	ne necessary u	nderline).		
Palpation: Pai	n is	in maxillar	y and front	al sinuses. Pain in	n chest
during palpatio	ons. Vocal fremit	us is normal	, decreased	l, increased, abser	nt
Pleural friction	rubs, crepitation	l			·
1					
The lowe		of the lung right	s according	g to topographic left	percussion
midclav		9			
midaxi					
vertek	orai				
The excursion	of the low margi	n of the lun	g (at midax	xillary line) is	_ cm on left,
cm on right. Th	ne location of the	apex of the	lung		
The width of C	Crenig's areas				
presence of ral	es, rhonchi and c	repitations			
T	,	·L			

Digestive system Inspection: The colour of mucous membranes of	
moist (the necessary underline), incrustation (coating)	
, colour of the	
with fur, state of papilla of tong	
moist, atrophic, smooth, enlarged, normal size (the	
is, coating	, moisture fissure and
aphtha The odour from oral cavit	
In vertical position the abdomen has normal sha symmetrical or asymmetrical (the necessary, abdominal circumf	underline) enlarged because of
move with breathing, visible peristalsis	
centrally located, is flatten, inverted, everted, displ	
In horizontal position the abdomen has	
with breathing, abdominal circumference cn	
is flatten, inverted, everted, displased upwards (the n	•
the anterior abdominal wall, "cap	
In superficial palpation there is soft, mild, m	
muscular tension of anterior abdominal wall (the	
, the divergence of straight muscles	
present in region	Blumberg' sign is positive or
negative; painless, extreme tenderness in McBurney	's point (the necessary underline).
Deep palpation according to Obraztsov-Strazhes Sigmoid colon is localized in	
size (cm), consistence	
of surface, painfulness, movable,	
Caecum is localized in	, shape,
size (cm), consistence	
of surface, painfulness, movable,	

Bronchophony is _____

Colon transverses is localized in	
shape, size (cm),	consistence,
character of surface, painfulness,	movable, murmurs.
Colon ascenders: is localized in	
shape, size (cm),	consistence,
character of surface, painfulness,	movable, murmurs.
Colon descendent is localized in	,
shape, size (cm),	consistence,
character of surface, painfulness,	movable, murmurs.
Mendel's symptom is positive or negative (the nec	essary underline).
The liver palpable, tender, is	extended cm below the costal
margin, shape of edge is sharp, rounded, smoot	h, elastic, firm (the necessary underline).
Ortner's symptom is, Ker's symptom	is, Murphy's symptom is
, Mussi-Georgievsky's symptom i	s The spleen
palpable, tender, is extended cm be	elow the costal margin, shape of edge
is sharp, rounded, smooth, elastic, firm (the necessary	ary underline).
Meyo-Robson's symptom is The pan	icreas palpable,
consistency, tender, smooth, elastic, firm	(the necessary underline).
In auscultation intestinal peristalsis is absent, slug	ggish, increased, not impaired, (the
necessary underline).	
Stool is time per day, formed, liquid, semi-	-liquid, regular, irregular (the necessary
underline), colour, with or without an a	admixing
Urinary syst	em
Inspection: oedema on legs	
part of abdomen. The colour of lumbar region is	
Examination of sacral area, lower abdominal pa	art (changing of the color of the skin
, protrude	, edema,
asymmetry).	
Examination of the external sex organs: stage of	development

Presence of excretion from urinal channel
In boys: asymmetric, symmetric development of the scrotum (the necessary underline).
Tests present in the scrotum; presence of inflammation of penis,
anomalies of penis development, phimosis, paraphimosis (the necessary underline).
In girls: colour of mucous membranes of external sex organs is,
presence an excretions from vagina
Kidneys palpable in vertical or horizontal position,shape,
consistency, movable, tender, smooth, firm (the
necessary underline). Pasternatsky's symptom is on right , on left side.
Urinary frequency per day, Daily urine flow ml, proportion between
day and night diuresis Presence of uncontrolled urinations
Endocrine system
Examination: face expression, presence of the eyes symptoms,
changes of anterior cervical surface The level of development subcutaneous fat is
Thyroid gland palpable, of stage,surface,
consistence, pain.
Sex development (according formulas F, L, Ax, P, V for boys and for girls - Ma, Ax, P,
Me)
Summery
Nervous system
The consciousness is kept, stupor, sopor, is absent (the necessary underline). The mental
development corresponds to the age of child. Reaction on environmental is does
not adequate (the necessary underline). Dream is isn't quiet (the necessary underline).
Expression of the face is There are some minor abnormalities
Nystagmus is horizontal, vertical. Pupils are (un)equal in size; presence

of mydriasis, miosis (the necessary underline). The light reflex is retained (absent). The
coordination of movement kept.
The pain sensitivity is kept, (is absent, hyperesthesia, hypoesthesia) (the necessary
underline). Tactile sensitivity is kept (is absent, pathologic) (the necessary underline).
Thermoesthesia is kept (is absent, pathologic) (the necessary underline). Vibration
sensation is kept (is absent, pathologic) (the necessary underline).
Newborn reflexes (the necessary underline): Sucking - is normal, hypoactive, hyperactive;
Rooting - is normal, hypoactive, hyperactive; Defence - is normal, hypoactive,
hyperactive; Lip or trunk reflex - is normal, hypoactive, hyperactive; Grasp - is normal,
hypoactive, hyperactive; Babinski's - is normal, hypoactive, hyperactive; Moro - is
normal, hypoactive, hyperactive; Supporting - is normal, hypoactive, hyperactive;
Dance or step - is normal, hypoactive, hyperactive; Perez - is normal, hypoactive,
hyperactive; Crawling - is normal, hypoactive, hyperactive; Bauer's - is normal,
hypoactive, hyperactive; Galant - is normal, hypoactive, hyperactive. Upper
Brudzinski's reflex - is normal, hypoactive, hyperactive; middle Brudzinski's reflex - is
normal, hypoactive, hyperactive; low Brudzinski's reflex - is normal, hypoactive,
hyperactive. Tendon reflexes brisk, (equally marked on both sides, more hyperactive on
the than on side, equally diminished, increased) (the necessary underline).
Karniga's sing positive, negative (the necessary underline). The paralyses (palsy)
The hyperkinesias
The dermographism is red, white, stria with cm in wide, appears in second,
disappears in second, arises over surface of a skin (the necessary underline).
The pilomotor reflex - pulse is increasing (is decreaseing) for minutes (the
necessary underline). Reflex by Danini-Ashner - pulse is increasing (is decreaseing) for
minutes (the necessary underline). The orthostatic reflex pulse is increasing (is
decreaseing) for minutes (the necessary underline), blood pressure decreased for
systolic mm Hg, diastolic mm Hg.

Psycho-motor development of the child

Gross motor development
Fine motor development
Sensory development
Vocalization development
Socialization development
Summery:
Substantiation of the provisional diagnosis On the establishment of the patient's complaints
Anamnesis morbi
Anamnesis vitae
Genetic anamnesis

Data of objec	etive examinations
t possible to	make provisional diagnosis :
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The plan of a	examination of the patient
	examination of the patient
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date	Amount	Specific gravity	된	einuria	Glucosuria	ketonuri	a Epithelium		Leucocyte s		Erythrocytes	+	Casts		Crystals:	Mucous
Urina: Bioch						еспер	urenco	J								
Bioch	emic	al analy	ysis o	of bloo	d	_			nine	ure	ea l	AI T		ST	Amv	lase
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Bioch date	emic protot	al analy	ysis o glucos	of blood se tot	d bilir al co	ubin onjugat	ted C		nine	ure	ea /	ALT	AS	ST	Amy	lase
Bioch date Urina Portic	emic protot	al analy otein tal	ysis o glucos	of blood se tot	d bilir al co	ubin onjugat	ted C	creatin	nine		ea /			ST 7		lase
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Others methods of examination

ECG:
USD
Endoscopies examination of
X-ray examination
Differential the diagnosis
Differential the diagnosis
Clinical diagnosis
On the establishment of the patient's complaints
Anamnesis morbi
Anaminesis morui

Anamnesis vitae	
Genetic anamnesis	
Data of objective examinations	
Data of additional methods of examination	

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Physiotherapeutic measures:	
Dhysiothereneutic measures:	

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The g	enera	l exa	mina	ntion	of urii	ne												
date	Amount	Spesific	gravity DH		Proteinuria	Glucosuria	ketonuri	נ מ	Epithelium		Leucocyte	σ	Erythrocytes		Casts		Cristals:	Mucous
Bioch	emica	al ana	alysis	s of t	ding to			urei					,					
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Urinal examination according to Zymnitzky

Portion	1	2	3	4	5	6	7	8
Quantities								
of urine								
specific								
specific gravity								

Stool test
Analysis of feces on worm ova
Test on enterobiosis
Others methods of examination
ECG:
USD
Endoscopies examination of
X-ray examination

Prescribed treatment
Dynamic of the main syndromes during treatment; the objective state of the patient at the moment of his discharge from the hospital
Recommendations: 1. Diet №
z. Regimen
3. Medical measures
4. Sanatorium treatment
Literature
The curator (signature)