Pediatric Surgery Patient Presentations

Medical students will be assigned to prepare a formal patient presentation while rotating at Santa Rosa. This exercise is designed to test the student's ability to examine the surgical patient, evaluate diagnostic data, reach an appropriate differential diagnosis, and construct a reasonable treatment plan.

History

A careful and detailed clinical history is probably the most important consideration in making a surgical diagnosis. In pediatric surgery, the history will usually be obtained from the parent, but it is important to include the child if they are capable of giving a history. During your presentation, you should be concise in relating the patient's history of the present illness, emphasizing the pertinent positive findings but also stressing the important negative findings as well. Your knowledge of the various disorders in the differential diagnosis will help you to know which are “pertinent” facts to consider in taking a surgical history. In children (especially neonates) it is important to consider the maternal gestational history as well, as this may be pertinent to the child’s disorder.

Review of Systems

The review of systems is a natural extension of the history of the present illness. Particularly important things to consider include history of recent illnesses, such as upper respiratory infections and reactive airway disease. Again, you should focus on the symptoms that are germane to your patients’ clinical presentation.

Medications, Past Medical and Surgical History, Allergies

During your presentation you should note any significant findings related to these topics. When discussing medications, you should note the actual milligram dose of the drug, rather than just the volume.

Examination

Performing a physical examination on a frightened child can be difficult and frustrating. It is well worth your time to be patient, non-threatening, and friendly when examining the young child. Most physicians experienced in dealing with children have learned to examine the child without the child knowing he or she is being examined. During your presentation, you should again focus on those findings that are significant to the chief complaint at hand. If you are not sure of the significance of a particular finding, then you should include it in your discussion.

Review of Laboratory and Radiological Data

Briefly summarize the important laboratory data for your patient, as well as any radiological studies. You should always review your patient’s x-ray studies yourself, and have the radiologist show you the films so that you can learn to interpret them yourself. It is a good idea to have your patient’s films on hand during your presentation.

Differential Diagnosis

You should develop the discipline of always constructing a differential diagnosis of your patient’s disorder, no matter how obvious the real diagnosis may appear to be. When considering your differential diagnosis, you should point out those conditions that you feel are more likely to be involved in your patient, and defend your reasons for this decision. When making a differential diagnosis, you should consult various references in pediatrics and surgery to help you.

Treatment Plan

Once you have decided upon the most likely diagnosis, you should then make a reasonable treatment plan. There are always multiple methods of treating a particular surgical problem, and you should consider these various options when constructing your plan and making your treatment recommendations. Not uncommonly surgeons are asked to perform a surgical procedure without a diagnosis being made; examples include the evaluation of the acute surgical abdomen, or diagnosis and treatment of the child with an abdominal or thoracic mass. In this setting, the surgeon must be prepared to go to surgery with a variety of surgical options in mind, and you should consider this in your treatment recommendations as well.

8/18/2008