SAMPLE
Patient History

• Signs & Symptoms
• Allergies
• Medications, prescription, OTC, recreational, alcohol
• Prior medical history
• Last oral intake
• Events leading to being here
Signs & Symptoms
- S/S

• Signs we observe
• Symptoms the patient tells us
• Keep probing

Allergies?

• Interested in allergies to drugs, foods, insects, etc.
• Do they have meds, inhaler?
• Did they take meds?
• Have they had dangerous reactions?

http://pelagicsailingclub.org
Medications?

• Prescription drugs? What for? Have it with you?
• OTC meds. How much and when?
• Recreational drugs. Have to get past denial
• Alcohol. How much? When? Abuser?

Prior Relevant Medical History?

• Do you see a doctor regularly?
• When saw doctor last? What for?
• Do you have major medical problems?
• Diabetes, Asthma, Heart, Epilepsy?
• Are you or could you be pregnant?
Last Oral Intake?

• You are after hypoglycemia, diabetic info, dehydration, alcohol abuse
• What was the last thing you ate? When?
• What was the last liquid you had? When?
• Have you been eating and drinking normally?

Events Leading Up To Being Here

• This is the mental status question
If symptoms indicate pain,
Then OPQRST is helpful

Pain Questions
• Onset
• Provokes
• Quality
• Radiates
• Strength
• Time related questions - better, worse, same?
Onset
When did it first start to bother you?

Provokes
• What makes the discomfort worse?

Quality
• Describe the feeling to me?
  What is it like? Try not to suggest

Radiates
• Does pain shoot or move around?
Strength
• If ten is worst pain you have ever felt, what is this pain right now?

Time
• Is the pain constant or periodic?
• Getting better, worse or same?

Pain Questions
• Onset
• Provokes
• Quality
• Radiates
• Strength
• Time related questions - better, worse, same?