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**A-Z of Prescribing for children**

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**H – History taking**

History taking regarding children and young people needs a different approach to taking a history from an adult. It is important to consider the approach to consultation: children clearly vary in their age, developmental stage, and capacity, so often a parent or carer is present ARORA 2016. It has been shown that children should be involved in the consultation and decision making process (Coyne 2006), and communication models involving putting the child or young person first have been implemented (Martin, Morton et al. 2019).

It is important to gain the trust of the child / young person and their family, in order to develop an optimum therapeutic relationship, and age appropriate language, and direct any questions to both the child and their parent / carer. A structured approach taking a history is advised, as seen in Box 1:

- Presenting complaint

- History of the presenting complaint

- Past medical history

- Birth history

- Immunisations

- Any illnesses

- Contact with childhood diseases (eg: chicken pox)

- Any hospitalisations

- Allergies

- Current medications

- Child development history eg age when first walked

- Family history

- Social history – nursery / school

B.

Box 1: A structured history approach (adapted from (Glasper, Coad et al. 2015))

Past medical history is important to note, especially considering immunisations, with the potential of missed or delayed completion of the schedule (Cochrane, O'Connor et al. 2014). Allergies need to focus on not just medications, but also animal dander and food: peanuts, seafood and eggs are known common allergies in childhood, for example (Moen, Opheim et al. 2019).

Prescribers need to explore what medications the child may be taking: as well as prescribed medications, an appreciation of other types of substances needs to be considered. This can include over the counter (OTC) medications, Chinese, herbal or homeopathic remedies, vitamins and supplements, anything that might have been sourced online, and any recreational drugs. Whilst recreational drugs may not seem relevant, there is the potential for the child to have access, if the parents / carers are users. Exposure to smoking / vaping in the home may also be relevant.

Child developmental stages also need to be considered, including language, motor skills (fine and gross), social skills, and vision and hearing. Such questioning is particularly of importance in younger children. Focus also needs to be given to the child’s height and weight, and to ascertain if they are following the appropriate centile lines. Asking the parents for the child’s ‘red book’ – the child’s personal child health record - is of value.



Figure 1 – Personal child health record

<https://www.nhs.uk/conditions/baby/babys-development/height-weight-and-reviews/baby-reviews/> accessed April 2023.

A family history does not just focus on parents or grandparents, but a consideration of the child’s sibling’s health status is also important: as well as if they have had a similar presenting complaint recently, there may be access to other medications in the home too. A final consideration regarding the social history is also needed, asking not just if the child is in nursery or school, but how they are doing, do they have friends, or if there is any bullying. The prescriber needs to also consider other members of the multidisciplinary team who might be involved, such as a health visitor or social worker, especially if there are any safeguarding concerns.

As well as the detailed history structure, other typical questions should be asked, including diet. Consider the age of the child: if they are an infant, are they breastfed or bottlefed – and if so, which milk? Are they weaned / weaning – is there a particular diet they are on, such as vegetarian / vegan, Halal or Kosher? What is the appetite like? Following on from this, find out about bowel habits, and frequency of passing urine – does the child wear nappies? Finally, asking about recent travel is also relevant.

Older children do need to be asked different questions, and the SSHADESS (Ginsburg 2014) psychosocial assessment tool can be useful in assessing young people for risk and well being (see Box 2)

|  |  |  |
| --- | --- | --- |
| S | Strengths | What do you like doing?  What are you most proud of?  How would your friends describe you? |
| S | School | Favourite / least favourite subjects?  Missed any days?  What do you want to do when you leave school? |
| H | Home | Who do you live with?  Who do you speak to about any problems? |
| A | Activities | What do you do for fun?  Do you have fun with your friends? |
| D | Drugs and substance use | Do you smoke / vape / drink / take drugs?  Do any of your friends?  Is there any pressure to partake? |
| E | Emotions, eating and depression | Are you stressed?  Are you bored?  Do you get nervous / anxious?  Do you feel sad / depressed?  Do you ever think about hurting yourself? |
| S | Sexuality | Do you have a boy / girlfriend?  Are you sexually active?  How do you identify?  Might you be pregnant?  Do you have / have you had a sexually transmitted infection (STI) |
| S | Safety | Are there fights at school? Do you feel safe there?  Do you feel safe at home? |

Box 2: SSHADESS screening (adapted from (Ginsburg 2014))

There is particular concern if young people have unrestricted access to their own or other family members’ medications in the home (Ross-Durow, McCabe et al. 2013), so re-iterations of correct storage and disposal of unused medications have to be emphasised , especially if concerns were raised on incorrect usage during the history taking.

Emphasis on social history is just as important as a medical history during a child’s consultation, as this plays an integral part in optimizing not just the physical but the child’s emotional well being (Foley, Hannon et al. 2020). Biomedical factors alone should not be focused on (Tessier, Brehaut et al. 2019), and the prescriber taking the history should feel confident in their communication skills with families, whether with older children or younger children.

Next in the series: I – Immunisations.

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