The Pediatric Neurological History

1. Establishing rapport

- Parents and guardians are often very worried about the seriousness of their child's illness.
- It is important to put the child and caregiver at ease and present an empathetic demeanor.
- Establish expectations, understanding and fears regarding the child's presentation.

2. General Pointers

- History is crucial for evaluation of a child with a suspected neurologic problem.
- Children 3 or older should be encouraged to participate in providing the history.
- History in children is always a composite of the parent/guardian and the child's input.
- Be sure to confirm and clarify symptoms ie. dizziness could be lightheadedness, confusion, vertigo, weakness, etc.

Chief complaint

- Elicit a succinct reason that prompted the parents and child to seek medical attention

History of presenting illness • detail the onset, duration, frequency, character, palliating and provoking factors, and associated symptoms • Focused review of systems relevant to chief complaint o Hypotonia ▪ Infection: fever, nuchal rigidity, rash, seizures ▪ Family history of muscular disorders, consanguinity ▪ Progressive hypotonia? ▪ Limbs affected ▪ Developmental milestones o Seizures ▪ Duration, frequency ▪ Infection: **Fever**, rash, diarrhea, vomiting, sore throat, nasal discharge, cough ▪ Changes in consciousness, focal vs generalized ▪ Underlying medical conditions ▪ Timing of seizure relative to fever (if present) ▪ Presence of a postictal phase? • Paralysis • Breathing difficulties • Cyanosis • Aspiration o Headache ▪ Infection: fever, nuchal rigidity, rash, nausea, vomiting, diarrhea ▪ Severity and impact on function (absence from school?) ▪ Worst headache ever experienced? ▪ Migraine symptoms • Presence of an aura • Triggers ▪ Changes in consciousness ▪ Personality changes, visual disturbances,	o If seizure lasts > 30 minutes without child regaining consciousness = status epilepticus and should be managed accordingly o Benign febrile seizures < 15 minutes o try to obtain history of headache (especially pain) directly from child o progressively worse headache may suggest increasing intracranial pressure/space-occupying mass
General review of systems • The review must include all of the organ systems because neurological function is adversely affected by dysfunction of many systems, including the liver, kidney, gastrointestinal tract, heart, and blood vessels • Include sleep habits, diet, bowel and bladder habits, activity level, personality, and mood	Alarm symptoms o Failure to thrive o Altered/decreased level of consciousness o Seizures o Weight loss o Persistent vomiting o Severe headache o Muscular weakness o Any focal neurological deficit
Past medical history • General medical conditions • Past surgeries, emergency visits, hospitalizations	

TABLE Screening Scheme for Developmental Delay: Upper Range

AGE (month)	GROSS MOTOR	FINE MOTOR	SOCIAL SKILLS	LANGUAGE
3	Supports weight on forearms	Opens hands spontaneously	Smiles appropriately	Coos, laughs
6	Sits momentarily	Transfers objects	Shows likes and dislikes	Babbles
9	Pulls to stand	Pincer grasp	Plays pat-a-cake, peek-a-boo	Imitates sounds
12	Walks with one hand held	Releases an object on command	Comes when called	1–2 meaningful words
18	Walks upstairs with assistance	Feeds from a spoon	Mimics actions of others	At least 6 words
24	Runs	Builds a tower of 6 blocks	Plays with others	2–3 word sentences

References:

1. Berstein D, Shelov SP, editors. Pediatrics. Baltimore: Williams and Wilkins;1996.
2. Behrman RE, Jenson HB, Kliegman RM, Stanton BF. Nelson Textbook of Pediatrics. 18th ed. Elsevier; 2007.
3. Bradley WG, Daroff RB, Fenichel G, Jankovic J. Neurology in Clinical Practice. 5th ed. Butterworth-Heinemann; 2008.

Acknowledgements

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