**THE PATIENT’S HISTORY**

**1.Presenting vocabulary (Введение новых лексических единиц)**

**Read and learn the following words and word combinations**

**Vocabulary** **list**

1. the medical history, case history

история болезни

1. to report

сообщать, составлять отчет

1. gain obtain

добывать, получать

1. refer

относиться

1. enable

давать возможность

1. clarify

вносить ясность

1. the impact

влияние

1. the comment

комментарий, отзыв

1. suicide attempts

попытки суицида

1. appreciate

оценивать

1. exacerbate

раздражать, обострять (боль)

1. siblings

единокровная сестра (брат)

1. the inquiry

расследование, запрос

**3.Чтение и перевод текста**

**Read and translate the text.**

**Taking a Medical History**

Admitting a patient to hospital includes two major steps: on the one hand the doctor has to take the patient`s **medical history**, where he is given the opportunity to report his complaints and to answer the doctor`s questions.

The medical history or (medical) case history of a patient is information gained by a physician by asking specific questions, either of the patient or of other people who know the person and can give suitable information with the aim of obtaining information useful in formulating a diagnosis and providing medical care to the patient. The medically relevant complaints reported by the patient or others familiar with the patient are referred to as symptoms, in contrast with clinical signs, which are ascertained by direct examination on the part of medical personnel. Medical histories vary in their depth and focus. For example, an ambulance paramedic would typically limit his history to important details, such as name, history of presenting complaint, allergies, etc. In contrast, a psychiatric history is frequently lengthy and in depth, as many details about the patient's life are relevant to formulating a management plan for a psychiatric illness.

The information obtained in this way, together with the physical examination, enables the physician and other health professionals to form a diagnosis and treatment plan. The treatment plan may then include further investigations to clarify the diagnosis.

**Post-reading activity**

**Этап проверки понимания текста**

**Exercises**

**EXERCISE 1**. ***Найдите в тексте эквиваленты следующих слов и словосочетаний***:

Поступление в больницу; информация, полученная врачом; с целью получения информации; обеспечение медицинского ухода; сообщенные пациентом; формулировка плана лечения; поставит диагноз; самолечение; предыдущее лечение; злоупотребление алкоголем; оценка сложности медицинских проблем.

**EXERCISE 2**. ***Ответьте на вопросы по тексту:***

1. What is the medical history?
2. How do medical histories vary?
3. What does the introduction include?
4. What integrate History of Presenting Complaint?
5. What is a final methodical inquiry?

**EXERCISE 3.** ***Дополните следующие предложения:***

1. The medical history of a patient is information … by a physician by asking specific questions.
2. The medically relevant complaints are referred to as symptoms, which are ascertained by direct … on the part of medical personnel.
3. … … … would typically limit his history to important details, such as name, history of presenting complaint, allergies, etc.
4. The treatment plan may then include further investigations to clarify ….
5. History of Presenting Complaint Include information on who administered …, what the treatment was, and the patient's responses to treatment.
6. Past Medical History demonstrates an understanding of … of drug therapy on psychological function and, if appropriate
7. Family History includes details of nature of the relationships between family ….
8. … provides a thorough search for further, as yet unestablished, disease processes in the patient.

**Exercise 4. Изучите истории болезни. Ответьте на вопросы.**

**Case Histories**

**Case History I: A Patient with Abdominal Pain**

The patient was a 33-year-old salesman, who came to the emergency room because of

“bellyache”. He had been in good health until the previous evening, when he went to a party.

There he had several bottles of beer. He sampled the chili and ate custard. About an hour after

the meal of chili he suddenly felt an excruciating abdominal pain, accompanied by nausea. The pain appeared to arise from the area under his belly button. He broke out in a sweat and had to lie

down. After about 5 min the pain was completely gone and he felt fine again. He even engaged in a match of volleyball later that evening. When playing in the front row close to the net he jumped and stretched for the ball. Immediately thereafter, the abdominal pain recurred. Since then he had been restless; his pain never let up completely. In the last 2h he had not had any desire for food; he had been nauseated 6 times and vomited 4 times. Each attack was accompanied by worsening of his sharp abdominal pains. The pain was now located in the left abdomen and under the umbilicus. It worsened after coughing or sneezing. The patient`s last bowel movement had been 2 days ago.

**Questions**

What diagnostic possibilities would you consider at this point and what would you do to work them up?

**Case History II: A policeman with chest pain**

A 47-year-old policeman was taken to the emergency room because of substernal chest

pains. The attack began 45 min before admission, while he was on the phone. The

pain radiated to his back and did not budge until admission. It was accompanied by

shortness of breath, dizziness, and nausea; he vomited once.

The patient`s wife reported that he had had a similar attack 2 hours before while lifting a

case of beer. Furthermore, on the morning of this day the patient had had a fainting spell, followed by palpitations and restlessness. The patient had a past medical

history of high blood pressure. Family history: his father died suddenly at 51 years of age.

**Question**

What possible diagnoses do you think of and what would you doto confirm them at this point?

**Case History III: A Dying Adolescent**

Lucy was fifteen years old and one of four children. Her mother was a registered

nurse and her father a machine operator in a local factory. She was admitted to

the hospital with a two- day history of nausea, vomiting, and persistent

abdominal pain. A gastrointestinal X-ray series and a gastroscopy confirmed an obstruction in the initial portion of the small intestine. Exploratory surgery revealed a large tumor which appeared to arise in the pancreas and had penetrated the intestine. The tumor

had also spread to regional lymph nodes, the liver, and one kidney. Pathological examination of specimens removed at surgery confirmed the diagnosis of carcinoma of the pancreas.

Within two weeks after surgery, an intensive six-week course of chemotherapy with three drugs was undertaken. After this course, there was a marked regression of the tumor in the

pancreas. All other tumor had disappeared entirely. A second six week cycle of treatment was initiated, but by the end of this course, X-ray and physical examination revealed that the tumor

was again growing rapidly and metastases were appearing. Throughout the early period of treatment, the patient was very interested in how treatment was going. She was also very cooperative through a series of difficult procedures. She often expressed to the nurses a concern about the impact of her illness on her parents and siblings. However, she was also usually very

reserved in interchanges with hospital staff members, and she never initiated discussions of her condition. In addition, the patient’s mother was very protective of the child and, as the

health professional in the family, assumed the decision-making role. At all times, the family, particularly the mother and the patient, appeared to be very close-knit and loving.

After failure of the first regimen of chemotherapy, a different anticancer drug therapy was attempted. However, two weeks later the patient was admitted to the hospital with acute

gastrointestinal bleeding. Endoscopic examination revealed bleeding in three sites in the initial portion of the small intestine, suggesting that the tumor was eroding blood vessels. Over the

next three days the gastric bleeding continued, and the patient occasionally vomited large clots of blood. The patient’s blood volume was kept stable by daily administration of red cells.

Generalized abdominal pain was controlled with a moderate dose

of intravenous morphine. The physician visited the room each day to discuss the patient’s

condition with the family. These discussions were held at the bedside and were focused on day-to-day changes in her condition.

The patient remained awake and alert during this period, but she was always very quiet. She did not ask whether she might soon die, and the issue was not raised with her. On a couple of occasions, the mother expressed a concern outside the room about conducting discussions of her daily condition in the patient’s presence. But in private conversations with the nurse

practitioner, the child said that she was aware that she might not become well enough to return home, although she would like to do so. She expressed further concern about her parents. She also said she believed God would make her well again. One week after hospitalization the patient’s prognosis was discussed privately with her mother. The mother inquired about

the availability of other chemotherapeutic agents. She was told that no other drugs with established dosages or effectiveness were available for the treatment of pancreatic cancer, although some experimental agents might be tried. It was emphasized that the

chance for regression of the tumor was slight, and at best life could be prolonged only briefly. At any rate, chemotherapy could not be administered until the bleeding abated and the physician

said that it would probably not be possible to stop the bleeding. He suggested that it might be appropriate not to send the patient to the intensive care unit should her condition worsen; doing so might subject her to needless discomfort. He also raised the possibility of discontinuing the blood transfusions. The mother was unprepared to accept either suggestion, asked that the

transfusions be continued at their present rate, and held out the hope that additional chemotherapy might be possible. Finally, the question raised about involving the patient in the decision-making process. But the mother also firmly resisted this possibility, indicating that she did not wish to intensify the anxiety and

suffering of her daughter.

**Question**

Point out the physician’s dilemma and try to evaluate the options he has.