

Tips to Master the Art of Performing a Pediatric Physical Examination

From infants to adolescents, here's age-specific advice on performing a thorough cutaneous examination.

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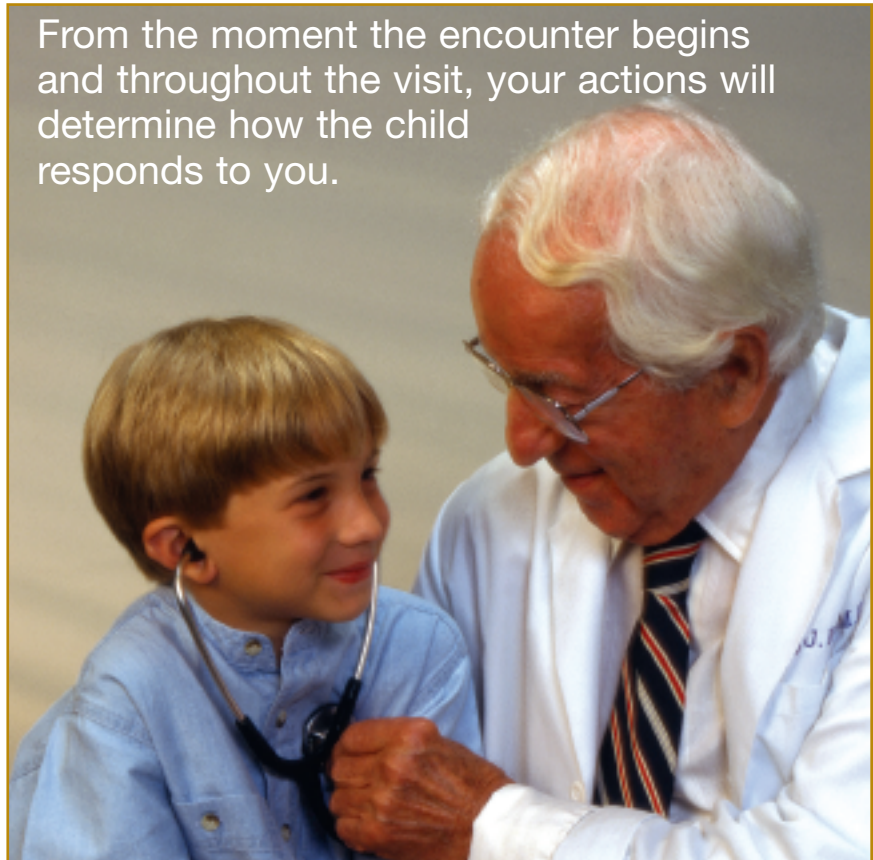
The examination of a pediatric patient is intimidating to many dermatologists. The thought of approaching a tiny infant or a screaming child, especially under the watchful eye of the parents, is enough to make some wish they could run from the clinic. A few simple techniques based on the patient's age and stage of development can be very helpful and lead to enjoyable interactions that allow the clinician to perform a thorough and appropriate examination.

Tips for Infants

When faced with examining a newborn infant, first observe the baby in the parent's arms. This will give you a general sense of the infant. It is important to completely undress an infant and to perform a complete cutaneous examination. This is best done on or over the examination table with special attention to supporting the head. Unless it is close to feeding time, most newborn infants are cooperative during the examination. After examining the infant, return him or her gently to their parents. The infant can be swaddled in a blanket to keep them comfortable while you review your findings and recommendations with the parents.

Distraction is a great trick with older infants. The use of a moving light or object will distract the infant, as will any sort of noise like singing, whistling, or clacking of the tongue. The majority of the examination can be performed on the lap of the parents. For larger infants,

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you can put your knees up to the knees of the parent and make a flat area that serves as the "examination table." Older infants usually like to be undressed, so this is typically not an issue. If it is an issue, allow the parents to undress the child themselves. Remember to keep the diaper in place throughout the examination and only remove it to observe the genitalia and buttocks, or you may need a change of clothing for everyone involved.

Tips for Children Who Fear Strangers

The biggest challenges come with the examination of the young child who has developed a fear of strangers. They can be apprehensive from the minute you walk in the room. Therefore, from the moment the encounter begins and throughout the visit, your actions will determine how the child responds to you. During the interview, the child should remain dressed. You should gain

eye contact with the child at his/her level while you sit and talk with the parents initially. This allows the patient to “size you up” before you begin speaking to him or her.

Once they have warmed up to your presence in the room, include them in the conversation. Telling them a silly story is often a good way to start the dialogue with the child. Sparking their interest is also good, and the child’s shirt or shoes may give you a clue to a favorite character or activity. Never use a loud or sharp voice when speaking with the child and avoid touching them until they feel comfortable. You can perform the examination in a variety of places depending on the comfort level of the child. Some do not mind the examination table, where you can invite the parents to stand nearby, but most like to be examined standing next to the parents or on a parent’s lap. Distraction in this age group can also be helpful, and silly tricks or promises of treats after the visit are often helpful. Move pleasantly and decidedly while you speak in a soft but firm voice with unequivocal instructions. Allow the child to sit upright if possible, as this is often preferable, and lay both hands gently on the patient, as this has a soothing effect. If the patient remains resistant despite your best efforts, then the child’s comfort must be sacrificed briefly so that you can fully examine him/her. Sometimes an assistant is necessary to help hold the child’s arms or legs briefly so that you can complete your exam. Be as brief as possible and remain composed if this is the case. The child will quickly calm in the security of the parent’s arms when the examination is finished.

Tips for School-aged Children

The school-aged child is usually not very difficult to examine. Involving them in conversation about a pet or school activities puts them at ease during the examination, which can easily be performed

on the examination table. Older children may be developing a sense of modesty, so providing a gown and leaving the underwear on is important until you need to examine that area. The child may even request siblings or parents to leave the room for the examination.

Tips for Adolescents

At times, the interactions with the adolescent can be as challenging as those with the toddler or young child. It is important to address the adolescent directly throughout the interaction and to include the parents secondarily. Remain relaxed as you speak with the adolescent, for this will create a comfortable and open dialogue with adolescents and gain their trust as they see that you respect their opinions. It is important to leave the room or to turn your back when an adolescent disrobes and puts on a gown for the examination, as they are often shy regarding their recent development. Older adolescents may prefer to be examined alone, while younger adolescents often like the presence of parents. Asking the patient’s

opinion directly is the easiest and least awkward way to obtain this information. Once the examination is completed, have the parents return to the room so that you can review the diagnosis and treatment with everyone, although the focus should remain on the adolescent when giving recommendations and instructions.

Mastering the Art

Regardless of your interactions, the quality of your examination cannot be sacrificed. A complete cutaneous examination—including the skin, hair, nails, teeth, and mucosa—is important. Do not overlook the examination of the genitalia if it is a necessary part of the exam. Understanding the stage of development of your patients, while incorporating the above tips, will greatly facilitate your interactions during the interlude before and during the examination of the patient. A pleasant interaction and a successful examination will undoubtedly lead to a greater measure of satisfaction in the “art” of pediatric physical examination. 📖

New In Your Practice

A Top Choice. A non-steroidal prescription cream, Atopiclair from Chester Valley Pharmaceuticals earned FDA approval for management of chronic symptoms of mild to moderate atopic dermatitis. Shown to improve eczema severity index scores and reduce TEWL, Atopiclair helps calm, restore, and protect, Chester Valley says.

Big Moment. As many as 38 percent of girls say developing a pimple on their nose before the prom is more distressing than a stain or rip on their prom dress or bad hair, according to American Counseling Association’s “Big Moment” survey of 738 teen girls sponsored by Dermik. Although 42 percent of girls said they would visit their doctor/dermatologist if they broke out a week before a “big moment,” only seven percent of moms would take daughters for treatment. Instead, mothers tend to purchase OTC acne products or blame the acne on poor facial cleansing.

Two of a Kind. Atopic dermatitis patients treated with corticosteroids and pimecrolimus (Elidel, Novartis) may use less corticosteroids, be less likely to switch therapy, and have fewer office visits than patients treated with corticosteroids and tacrolimus (Protopic, Fujisawa), says a study recently presented at the Academy of Managed Care Pharmacy’s annual meeting. The study based this conclusion on three years’ worth of data from a health-benefits claims database representing 3.5 million members.

Roundtable Wisdom. Consider Cloderm (clocortolone pivalate 0.1%, Coria Lab) Cream when patients present with any corticosteroid-responsive dermatosis, a roundtable of experts recommends. The experts, Coria reports, noted Cloderm’s versatility, high efficacy rates, rapid action, and excellent safety profile.

