

## **Comprehensive Health History and Genogram**

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Date

## **Comprehensive Health History and Genogram**

### **Introduction**

P.K. is a 59-year-old female patient admitted to the emergency department complaining of vomiting and nausea for the last two days. The patient complained of uncomfortable stomach and throat pain as the key symptom of her illness. The patient had to undergo a complete medical assessment which included determining the pain onset timeline, risk profile for food poisoning, and examining the patient's health history. The first assessment was to determine the onset timeline of throat pain and uncomfortable stomach to establish whether her condition was chronic or acute. The patient noted that her throat was hurting. The patient pointed to the outer part of the larynx and stated, "I feel like my throat is scratchy, and it is painful whenever I try to swallow even saliva." I continued asking. "What about your stomach? Do you feel any pain?" She exclaims, "Sometimes I feel like my stomach is burning up." The patient continues to explain, "Eating and drinking any fluid makes me vomit more and feel nauseous, but when I do not eat or drink a lot of water, the vomiting and nauseous feeling are relieved." She reported that the symptoms have intermittent duration, but the symptoms' onset was at around 9:00 am in the previous two days. She says taking Pepto Bismol and antacids, but their help was temporary since the symptoms would return stronger after a few hours.

### **Genograms**

Medical centers need to conduct a complete assessment of their patient's health to administer the right treatment procedure. An efficient and comprehensive evaluation depends on patients' ability to communicate their symptoms complaints, medical condition, illness duration, and expectations of the treatment procedures (Kamphuis et al., 2021). A medical evaluation may

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be conducted in emergency hospitalization on the patient's consent. The patient's health history information is obtained through a comprehensive interview. The received data is crucial for establishing effective treatment methods suitable for the patient. Medical professionals have been using Genogram as a clinical tool to help compile assessment information acquired from the patient to facilitate correct diagnosis and efficient treatment. The Genogram is a resourceful clinical tool that health professionals use to establish meaningful medical relationships between patients and family members (Butler-King, 2020). Genogram has been successfully used by specialists and modified to comprise aspects such as biopsychosocial context, cultural history, and biological history to assess medical records, diagnose genetic illnesses and establish the best retreatment procedure for the patient (Butler-King, 2020). Through basic questions and follow-up about patients' lives and those around them, the practitioner can collect sufficient information to help diagnose. The Genogram presents collected information about the patient and the family's medical history in an easily understandable pictorial display.

### **Biographic Data/ History of Present Illness**

P.K. is a 59-year-olds retired female veteran who resides in Western Virginia, where she lives with her nephew in a three-bedroom house. Before the present symptoms started to show, P.K. was actively engaging in daily house duties despite frequently complaining about Nyctalopia. P.K. is generally healthy despite her allergy to dust. The scale of the throat pain is 4/10, while she cannot have a comfortable stay due to stomachache.

### **Medical Reconciliation**

On the onset of these vomiting and stomach pain symptoms, the nephew administered Pepto Bismol, which they used for the two days, and when the symptoms persisted, she was

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rushed to the emergency department. P.K. has been on Paroxetine, Xanax, Tylenol, and Prozac. After honorably being discharged from the military, P.K. was diagnosed with Post-Traumatic Stress Disorder (PTSD). Paroxetine was prescribed to the patient as an antidepressant to help reduce depression and panic disorders and help in mood stabilization. P.K. exclaims, “The medicine worked on me, and I was able to move past depressions, anxiety, and panic disorders without much struggle.”

P.K. notes that during her PTSD illness time, anxiety was among the dominating symptom, and therefore her doctors prescribed Xanax, an anti-anxiety medicine that worked well. However, she stated that the drug caused an increased saliva production which led to discomfort, especially in public places.

Tylenol was prescribed to P.K. to help with pain-relieving. But according to her, she never liked the medicine because it never worked well with her. She changed to ibuprofen, which became a ‘nightmare’ to her. Finally, she settled on taking Aspirin for pain-relieving.

Also, her medical history shows that she has been on Prozac medication during PTSD treatment to help her sleep and avoid getting hallucinations. P.K. states, “This is a magical medicine; it helped me sleep like a baby.”

### **Past Personal Health/Family History**

The main reason for assessing a patient’s family health history is to compile information about the age and cause of death for all family members. P.K. has no children, and she lives with her nephew, who ensures that all essentials are provided. Assessing personal health history helps generate information from patients’ past medical illnesses. The information may offer insights into current complaints, recurrent symptoms, remissions, and exacerbations. P.K. was

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hospitalized at the age of 16 due to hematemesis, whose symptoms were blood vomits on that day. A colonoscopy and endoscopy examination established that she had ibuprofen over-prescription, which led to multiple diverticular and gastritis. She also reported having measles when she was a child. P.K. denies having obstetric history since she has never had a pregnancy. Still, she admits that during her military training, she was had anxiety issues, but through military therapy sessions, she was able to control them. P.K has reported that she has no know allergies to medications and that currently, she is taking Amoxicillin to help her control sinus infection.

On the other hand, family history generates information about close family members' illnesses. It also helps establish the ages and causes of death of immediate members. This information helps determine genetic diseases. Maternal grandfather died aged 65 years from liver cirrhosis due to alcoholism, while paternal grandfather died at 67 years from leukemia. Maternal grandmother passed away from breast cancer and osteoporosis, and paternal grandmother died from hypertension, and they were ages 68 years and 70 years, respectively. Her father died of alcoholism at 50 years, while her mother died aged 55 years from cardiovascular complications. After the death of her parents, she grew up in her uncle's house, who died of alcoholism at the age of 45 years. The other two uncles are alive but have heart and hypertension complicates, and they are aged 75 years and 78 years, respectively. Two of her brothers are healthy, while one has been in the rehabilitation center for ten months due to alcohol and substance abuse. P.K. admits that she drinks alcohol regularly but not in excess quantities.

### **Review of Systems**

The general assessment collects the patient's medical history, previous diagnostic tests, and physical examination (Jarvis, 2019). This information is combined with current inspections

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and laboratory tests to diagnose patients efficiently. The clinical examination requires health practitioners to be skilled with percussion, inspection, auscultation, and palpation (Jarvis, 2019).

All body organs are inspected comprehensively to gather more valuable information.

Generally, P.K. has explained that she is a healthy person. She has noted that excessive hunger has been a problem for her in recent days, but she tries not to act on it since she is concerned about weight gain. Although P.K. notes that she has been experiencing fatigue, she denies experiencing sweats, weakness, fever, and chills. A comprehensive respiratory and cardiovascular system showed no signs of lung diseases like asthma, pneumonia, or hemoptysis. Also, she denies a history of a heart murmur, chest pain, orthopnea, pulse, or heart failure. P.K. denies having skin disease since she has never been diagnosed with one, but she also complains of her skin drying and that it changes color when exposed to the sun. She is never out for prolonged times to control these effects, and she also applies facial moisturizer.

P.K. accepts that she has difficulty vision due to her eyes becoming excessively dry. However, she denies experiencing eye pain, wearing glasses, or having any history of cataracts or glaucoma. She also noted an ear complication in the previous month and was administered antibiotics to clear the infection. Nevertheless, she states that she has not experienced hearing loss, tinnitus, earaches, vertigo, or using hearing aids.

Her allergy to dust has been making her nose feel dry, but she denies sinus pain, nose bleeding, and change in the sense of smell or frequent colds. Her throat and mouth have been running dry quickly, causing excessive thirst. P.K. states that she has not experienced frequent sore throat, hoarseness, or dysphagia. On Gastrointestinal examination, P.K. said she had indigestion, nausea, reflux, vomiting, and regular bowel movement, although she denies a history of abdominal disease, hematemesis, or change in stool characteristics. Even though P.K. is

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experiencing vomiting and nausea, she denies being depressed, attempting suicide, and hallucinating.

### **Functional Assessment**

Functional assessment refers to the objective review of patients' transfer skills, mobility, and ability to undertake activities for their daily living, such as bathing, cooking, communication, and self-care (Chahin et al., 2020). It is an assessment mainly on older adults suffering from musculoskeletal diseases. The main reason for the functional evaluation is to determine muscle strength for self-care task accomplishment (Chahin et al., 2020).

P.K. denies any musculoskeletal diseases such as arthritis and is neurologically alert. Although she knows she has vision problems, she refuses to wear glasses to function well. She has maintained stable body weight, and her body strength is high that she can handle all her daily self-care activities. She has no complications with her respiration and cardiovascular systems; hence she can conduct energy activities. The main medical challenge to P.K. is the gastrointestinal system. She states vomiting, feeling nausea, reflux, and frequent bowel movement.

The risky factors to P.K. include occasionally drinking alcohol while her main complication is feeling nausea and vomiting. Also, it must be noted that P.K. comes from a family of alcoholics mainly, which may have influenced his behaviors. Another risky area based on family and personal health history is that her maternal aunt and grandmother have had breast cancer, but P.K. has not undergone mammography examination. Research shows that the chances of getting breast cancer increase with age.

### Genogram

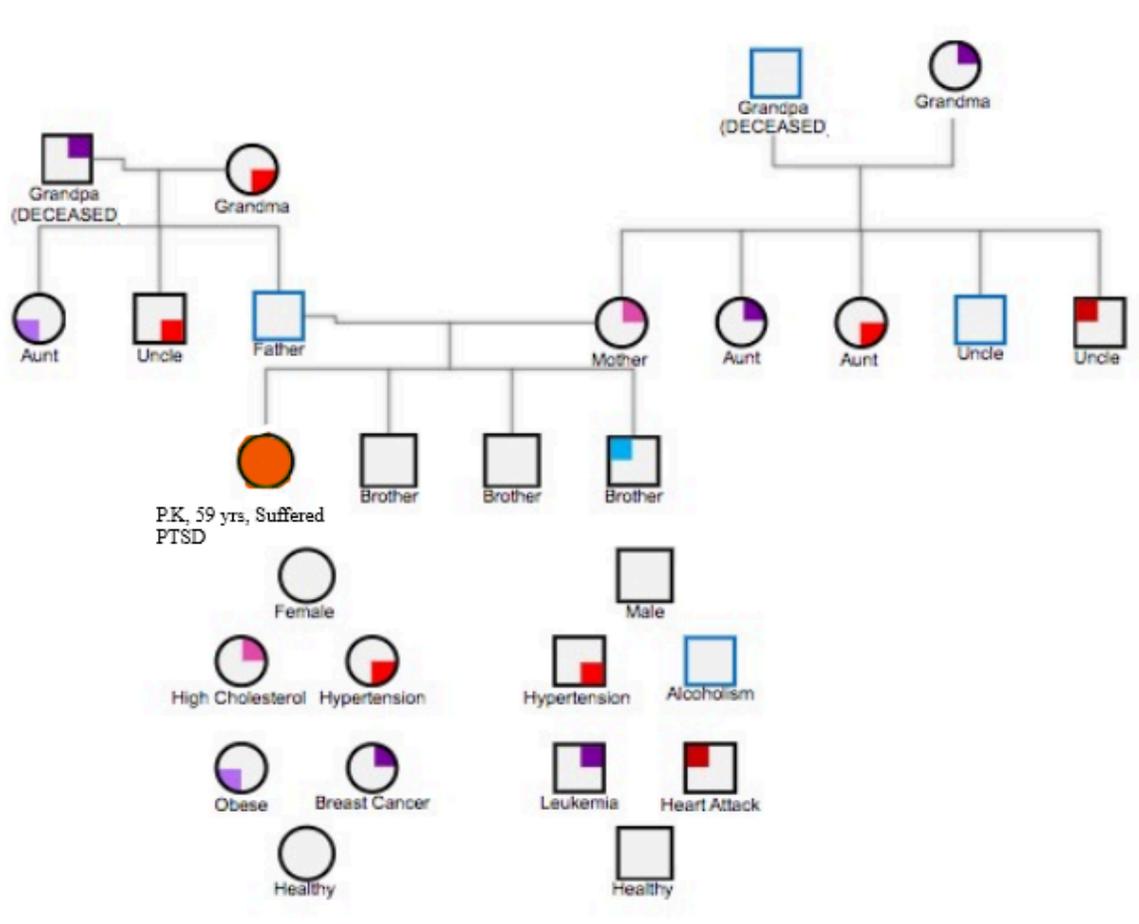


Figure 1: Comprehensive Genogram

### Conclusion

The Genogram has provided details of possible health problems that can occur to P.K. at a later date. Although history has provided insights on possible health complications, there is no rigid proof of any genetic illness. Since P.K. has been vomiting and experiencing throat pain in the past two days, the main concern is malnutrition and electrolyte imbalance. It is recommended that she develop a proper diet. Also, according to her age, weight, and height, it is recommended

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that she takes 102 ounces of water per day to avoid being dehydrated. Therefore, she should increase her water intake from a regular 32 ounces to 102 ounces per day and include a diverse variety of food groups to ensure a balanced diet. It is recommended that the patient undergo immediate gastroscopy and computer tomography to examine stomach ulcers and appendicitis, respectively. Regular re-assessment of dehydration and stomach acid levels is essential for the patient's continued recovery and healthy lifestyle. Therefore, Genogram is vital to providing effective diagnosis and treatment while showing potential illnesses that should be examined before occurring.

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