# Approaches to disease management

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**Case Summary**

A 6-year-old has a yellow vaginal discharge. The examination is otherwise normal.

# Question: What are the key points in the history and physical examination?

The vagina has the specifications of being moist, and therefore the expected discharge should be standard. Typical vaginal discharge in young female children usually is clear, slightly yellow, and odorless. Persistent vaginal discharge with slight color and abnormal smell are changes that may indicate urinary tract infection (De Guzman et al., 2018). A six-year-old patient is assessed for genitourinary tract infection since the patient has developed the secondary sexual characteristics that can make sexually transmitted infections to be of excellent concern Assessment of the child's history include questions about their chief complaint that brought them to the health facility, present health status, past medical and surgical history assessment and assessment of immunization status. The schooling behavior of the child and interactions with the friends at school is also assessed to indicate any deviation in the child's social behavior.

Physical examination of a child of this age includes a head-to-toe analysis and the taking of key measurements like vital signs and weight of the child (De Guzman et al., 2018). Assessment of genitals consists of development and functionality test. Any abnormality in discharge from the genitalia is also assessed.

# How would your approach differ if the patient were a sexually active 16-year-old?

An adolescent physical examination and history taking are quite tricky based on the nature of their development. They require maintenance of privacy and confidentiality to relieve.

the guilt that they have. An adolescent with a yellow vaginal discharge needs a history assessment for those sexually transmitted infections and genitourinary infections. Urine color changes increase about two weeks before menstruation, and it does not irritate. The changes may also be due to contraceptive use. History of contraceptive use is therefore taken. The physical examination is the same as that of a child of six years, with the difference being at the level of sexual characteristics development assessment and examination of genitalia (De Guzman et al., 2018). Patient at this age is examined for sexual characteristics like the growth of pubic hair and menstrual flow cycle.

The tone used in the sexual assessment of this patient should be sensitive, and a better rapport and consent seeking is performed to assess this client comprehensively. Family history and psychosocial development history are also taken to ensure that all the aspects of the development of the patient's problems are satisfied (Ball et al., 2017). Sexual orientation, sexual behavior, and sexual relationship status are some of the components that are assessed in this patient's history that are absent in the assessment of a six-year-old child.

# What are the similarities and differences in the approach?

The similarity in the assessment is at the head-to-toe examination and the methods used in the evaluation. In both cases, the techniques used in a physical exam include observation, auscultation, palpation, and percussion (Ball et al., 2017). The difference in the assessment is at the sexual history where the sixteen-year-old is assessed for secondary sexual features and sexually active status. The six-year-old is only evaluated for the development of physical, sexual structures.

# References

Ball, J. W., Dains, J. E., Flynn, J. A., Solomon, B. S., & Stewart, R. W. (2017). Seidel's Guide to Physical Examination-E-Book: An Interprofessional Approach. Elsevier Health Sciences.

De Guzman, F. L. M., Moukoulou, L. N. N., Scott, L. D., & Zerwic, J. J. (2018). LGBT inclusivity in health assessment textbooks. Journal of Professional Nursing, 34(6), 483- 487.