

**~ PEDIATRICS ~**

**NAME** \_\_\_\_\_ **PERIOD** \_\_\_\_\_

<b>ROTATION</b>	Inpatient	Outpatient	Nursery	ER	Night Ward	Elective
<b>SITE</b>						
<b>NUMBER OF ASSIGNED PATIENTS</b>						

<b>CONDITION</b>	<b>ASSIGNED</b>	<b>NOT ASSIGNED</b>	<b>ASSIGNED</b>	<b>NOT ASSIGNED</b>	<b>ASSIGNED</b>	<b>NOT ASSIGNED</b>	<b>ALTERNATIVE</b>
Eye Disorder							
Pediatric Central Nervous System Complaint (HA, Sz, closed head injury)							
Pediatric Chronic Medical Problems- Asthma							
Pediatric Chronic Medical Problem - Allergic Disorder							
Pediatric Chronic Medical Problems - Obesity							
Pediatric Fever							
Pediatric GI Tract complaints (nausea, vomiting, diarrhea, abd pain)							
Pediatric Growth/Nutrition Concern							
Pediatric - Jaundice							
Pediatric Lower Respiratory Tract Complaint (cough, wheeze, SOB)							
Pediatric Murmur							
Pediatric Musculoskeletal Complaint							
Pediatric Rash							
Pediatric Upper Respiratory Tract Complaint (sore throat, otalgia, rhinorrhea)							
Pediatric - Well Newborn (nursery or outpatient)							
Prevention and Screening Visit: Infant (<1year)							
Prevention and Screening Visit: Toddler (1-2 years)							
Prevention and Screening Visit: Preschooler (3-4 years)							
Prevention and Screening Visit: School Aged (5-12 years)							
Prevention and Screening Visit: Adolescent (13-18 years)							