

# 6<sup>th</sup> YEAR PAEDIATRIC PRACTICE REQUIREMENT FORM (8 weeks)

Name of the student:

Practice period:

1. List the Units where you spent your paediatric practice (6 weeks)

2. Conditions that you have observed during your practice  
(e.g. anaemia, IBD, premature baby, pneumonia etc.)

3. Physical exam (minimum 2/week)

Initials of the patient

Signature of Supervisor

Newborn

Infant

Toddler

Pre school age

School age

Adolescent

- 4. Procedures that you have observed/assisted/performed**  
(e.g. measurements, observations, venous blood taking, capillary sampling, bag and mask ventilation etc)

<b>Type of procedure</b>	<b>O/A/P</b>	<b>Signature of Supervisor</b>
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- 5. Investigational findings (minimum 2/week)**  
(lab results, blood gas, X-rays, USS etc.)

<b>Type of investigation</b>	<b>Finding/Result</b>	<b>Diagnosis</b>
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- 6. Medical treatment/management (minimum 2/week)**  
(e.g. special paediatric drugs, paediatric dosing, calculation of infusions etc)

<b>Name of drug/infusion</b>	<b>Age and weight of the patient</b>	<b>Type of administration (oral, iv, im, inh etc)</b>	<b>Administered Dose /Rate</b>
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**7. Case presentation + case based discussion (2 cases/6 weeks)**

(history, physical examination, differential diagnosis, investigations, working/final diagnosis, management, medical treatment if applicable, follow up)

*Can be submitted on a separate sheet or printed document*

**Signature of Supervisor**

Name and address of the hospital:

Evaluation of the student:

Date

Signature of Head of Department