



**PEDIATRICS PRACTICE EVALUATION SHEET**  
**(8 weeks/240 hours) 6<sup>th</sup> year**

The basic principle: practice relating to all work involved in the ward of a Pediatrics department in connection with the patients

This is to certify that Ms./Mr.....  
(Neptun code: ..... ) completed the following tasks within Pediatrics practice at our Institution:

<b><u>General program</u></b>	<b><u>Stamp and Signature of Supervisor*</u></b>
<b>CARE OF THE CHILD WITH</b>	
1. Congenital heart defects	
2. CHF	
3. Post cardiac surgery	
4. Asthma	
5. BPD	
6. Prematurity	
7. Perinatal infection	
8. Cystic fibrosis	
9. Pneumonia	
10. Tonsillitis	
11. Battered child syndrome	
12. Closed head trauma	
13. Cleft lip/palate	
14. Failure to thrive	
15. Nephrotic syndrome	
16. Pyloric stenosis	
17. Ulcerative colitis	
18. Glomerulonephritis	
19. Hemodialysis	
20. Kidney transplant	
21. Renal failure	
22. UTI	
23. Juvenile diabetes	
24. Thyroid malfunction	
25. Anemia	
26. Hodgkin's disease	
27. Leukemia	
<b>CARDIOVASCULAR:</b>	
1. Interpretation of blood gases	
2. Interpretation of hemoglobin/hematocrit	
3. Basic EKG interpretation	
4. Non-invasive cardiac monitoring	
5. Heart sounds / murmurs	
<b>PULMONARY:</b>	
1. Breath sounds	
2. Nasal suctioning	
3. Oral suctioning	
4. Oxygen deliver-face mask	

<b><u>General program</u></b>	<b><u>Stamp and Signature of Supervisor*</u></b>
<b>NEUROLOGY:</b>	
1. Assess level consciousness	
2. Assist with lumbar puncture	
<b>PEDIATRIC SURGERY:</b>	
1. Assess skin for breakdown	
2. Burns	
3. Sterile dressing	
4. Traumatic wound care	
5. Hip investigation	
<b>MEDICATIONS:</b>	
1. Theophylline	
2. Ventolin	
3. Corticosteroids	
4. Phenobarbital	
5. Insulin	
6. Thyroid	
7. Digoxine	
8. Antibiotics	
<b>RENAL/GU:</b>	
1. Assessment of fluid balance	
2. Interpretation of BUN and creatinine	
3. Urinalysis	
4. Bladder catheter insertion	
<b>ENDOCRINOLOGY:</b>	
1. Interpretation of blood glucose	
2. Interpretation of thyroid studies	
3. Interpretation of growth curves	
<b>HEMATOLOGY / ONCOLOGY:</b>	
1. Interpretation of lab results	
2. Chemotherapy	
<b>PHLEBOTOMY / IV THERAPY:</b>	
1. Drawing venous blood	
2. Starting IV's	
3. Injection im/sc	
<b>GI:</b>	
1. Abdominal assessment	
2. Nutritional assessment	
3. Interpretation of serum electrolytes	
4. Bottle feeding	
5. Placement of naso/orogastric tube	
<b>MISCELLANEOUS:</b>	
1. Normal laboratory values	
2. Recognize of chromosomal abnormalities	
3. Ingestion or aspiration of foreign body	
4. Ingestion or inhalation of toxins	
5. Immunisation	

Period of practice: from.....to.....

Number of hours completed: .....

Name and address of the clinic/hospital:.....

Department:.....

Medical school/university the hospital is affiliated with:.....

Name of the supervisor:.....

Evaluation of the student:.....

Date:..... Stamp Signature .....

