Arnold Palmer Hospital for Children

INFECTIOUS DISEASES ROTATION

Duration	4 Weeks
Location	Arnold Palmer Medical Center and Pediatric Infectious Diseases Practice (60 W Gore St, to change to the new Children's Pavilion)
Where to Go on Day 1	Patient rounds at APH – Contact on-call physician 1-2 days prior
Rotation Director	Dr. Federico Laham
Other Faculty	Dr. Alejandro Jordan Dr. Liliana Gutierrez
Other Requirements	Visit the intranet site: Swift > Clinical > Pediatric Infectious Diseases
Last Revision	6/2026

INTRODUCTION

Thank you for your interest in the Pediatric Infectious Diseases Rotation. This is a heavily clinical, hands- on rotation where we will guide you to review many concepts from med school (micro, pharmacology, physical exam) and general pediatrics and apply them during daily rounds.

ID is very vast. We cannot possibly cover everything. We will focus mainly on the inpatient and outpatient consultations, trying to teach general concepts. This will complement our didactic lecture series. In the next pages you will find the topics you may have to review independently, if not covered, from the recommended references and resources.

EXPECTATIONS

This is very important and key to the success of your rotation. It deserves we itemize it:

1. Read about your patients – know about them and familiarize with their conditions. You should 'own' them.
2. If there are residents or students in the rotation, we will try to position you in a supervisory role
3. We expect you attend your required conferences.
4. We expect you communicate with us if you have difficulties accessing the materials, feel overwhelmed, or have any issues with any members of the team.

ROUNDS

1. In general, we start rounds at 8:45 or 9am, with the goal of having all patients seen before noon (conference). This includes the new consults. We usually meet at the first patient's Unit.
2. You may prioritize seeing patients as follows:
   Sick/ICU patients → new consults → follow-up patients with changing issues → follow-up patients
3. Note that cultures usually update between 7-9am (but is variable). That is why we check often during rounds.
4. The only direct admissions to our service are for our established patients who come for IVIG replacement.

5. Attendings may have to attend meetings during rounding hours. We really try to avoid that but at times is impossible. Your attending will communicate with you to plan the best course for the day.

NOTES

We use few note templates in Epic:

.idconsult (provides skeleton with smart links). At times pulls useless data

.idconsultnewborn (pulls more newborn-specific fields)

.pn (provides a skeleton to insert or copy exam, labs, impression, plan)

- Make sure to select *Pediatric Infectious Diseases* as "Service" (you are defaulted to *Pediatrics*)
- We recommend that you start your notes early, and that you finish them early in the day as well. May include a "incomplete" statement at the bottom. Please do review your notes carefully to prevent "copy-forwarding" incorrect data (eg old exam findings, old data) or keeping identical impression/plans.
- Your reading and understanding about the patient will be reflected in the crafting of your notes and the assessments and differentials. We like to review some notes with you during your first week. We usually make edits upon signing the notes. Try to identify them!

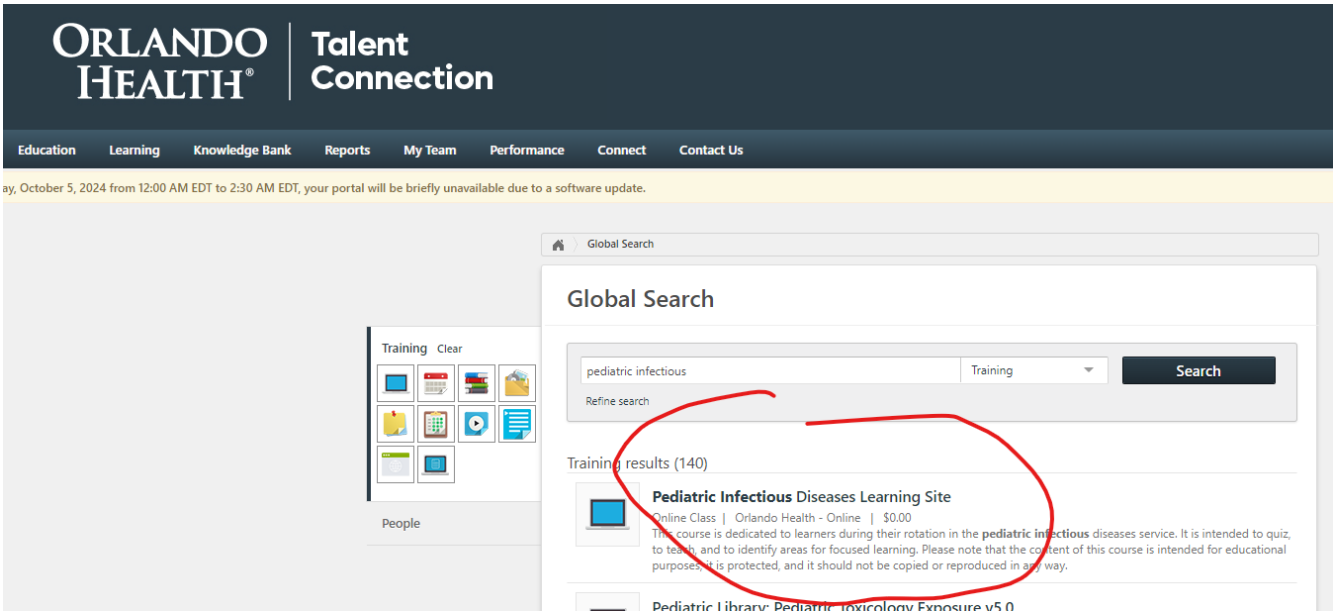
ID CLINIC

It is located at the Pediatric Subspecialty Practice building, *60 West Gore Street, Orlando FL 32806*, on the second floor. We will be moving in August to the Children's Pavilion, 4th floor. *We prioritize the inpatient rounding*, but we see interesting pathology in the clinic as well as the follow-up of recently discharged patients. Unless the inpatient service is very slow and you can go in the morning, clinic days are in the afternoon. Fridays are variable, clinics may be in the AM or PM.

	Mon	Tue	Wed	Thu	Fri
8:30-10:30 am					varies
2:00 -4:00 pm	Only Dr. Jordan		Only Dr. Laham	No clinic	varies

Our nurse is **Samantha Spiker** (321-841-8411), and our front office assistant is **Jaimie Augustave** (321-841-3071). If you have questions about the clinic schedule you can ask them or to your attending.

PEDIATRIC INFECTIOUS DISEASES LEARNING SITE: you will be assigned to complete this module before the end of the rotation:



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GOALS AND OBJECTIVES- INPATIENT AND OUTPATIENT

The following is not just fine print. It is well thought out based on years of teaching. It should guide your independent learning and be the basis for our evaluation of your performance during the rotation.

COMPETENCY 1. Patient Care. Provide family centered patient care that is developmentally and age appropriate, compassionate, and effective for the treatment of health problems and the promotion of health.

1. Observe, communicate, and interact with patients, families, and other healthcare workers to obtain accurate histories.

2. Perform, record, present, and interpret appropriately focused physical exams pertinent to Pediatric Infectious Diseases.

   - Integrate data obtained from the history, physical, and laboratory to construct a problem list, develop a prioritized differential diagnoses along with diagnostic and therapeutic plans, including disease-specific isolation precautions, for common pediatric diseases such as:

     - *Fever*
     - *Sepsis*
     - *Complicated pneumonias*

- *Osteoarticular infections*
- *Primary immunodeficiencies*
- *Perinatal HSV, HIV and syphilis exposures*
- *Neonatal infections*
- *Infectious complications of medical devices*
- *Kawasaki disease*
- *Rashes*
- *Lymphadenopathy*
- *Hepatomegaly and/or splenomegaly*

3. Arrive at clinical decisions and solve problems using deductive reasoning based on data obtained about the patient, principles of clinical epidemiology, and evidence-based medicine for pediatric infectious diseases, including,

    a. The child with frequent infections
    b. Prolonged or recurrent fevers in children
    c. Presumed infections without a localizing source
    d. Infections that do not respond to common therapies or due to unusual or resistant microorganisms
    e. Nosocomial infections in ICU and their prevention

4. Familiarize with the use of clinical microbiology techniques and common radiological tests for the diagnosis of infectious diseases.

5. Recognize and describe appropriate initial therapies for emergency and life-threatening situations, including:

    a. Sepsis or respiratory failure
    b. Meningitis and encephalitis
    c. Necrotizing fasciitis
    d. Epiglottitis
    e. Toxic Shock Syndrome
    f. Meningococcemia

COMPETENCY 2. Medical Knowledge. Understand the scope of established and evolving biomedical, clinical, epidemiological and social-behavioral knowledge needed by a pediatrician; demonstrate the ability to acquire, critically interpret and apply this knowledge in patient care.

1. Describe the etiology, epidemiology, clinical manifestations, differential diagnosis and treatment of common pediatric infections, including:

    - *Upper respiratory tract infections*
    - *Pneumonia (bacterial and viral)*
    - *Septic arthritis and osteomyelitis*
    - *Otitis media and sinusitis*
    - *Meningitis, encephalitis, and other CNS infections*
    - *Endocarditis*
    - *Skin, soft tissue and muscle infections*
    - *Preseptal and orbital cellulitis*
    - *Gastroenteritis*
    - *Urinary tract infection*
    - *Intraabdominal infections*
    - *Hepatobiliary infections*
    - *Lymphadenitis*
    - *Device-associated infections*
    - *Viral exanthems*

2. Discuss the pharmacologic mechanisms that affect absorption, metabolism, excretion and

interactions of antibiotics.

3. Describe appropriate prophylaxis to contacts of certain diseases, including:

    a. Measles
    b. *Haemophilus influenza type b, N.meningitidis*
    c. Pertussis
    d. Hepatitis A, B, and C

4. Explain the biochemical and molecular principles of common laboratory tests used in this specialty, including:

    a. Bacterial and viral cultures
    b. Nanosphere and MALDI-TOF for bacterial identification
    c. Serologic tests (Western immunoblot, ELISA)
    d. Molecular biological tests (PCR)
    e. Susceptibility testing, including concepts of synergy and antagonism

5. Describe the mechanism of action, spectrum of activity, adverse effects, contraindications, drug interactions, and relative cost of medicines commonly used or encountered in this specialty, including:

    a. Aminoglycosides
    b. Vancomycin
    c. Penicillins
    d. Cephalosporins and its classes
    e. Beta-lactamase inhibitor combinations
    f. Macrolides
    g. Sulfonamides
    h. Quinolones
    i. Tetracyclines
    j. Clindamycin
    k. Monobactam
    l. Carbapenems
    m. Antiviral agents
    n. Antifungal agents
    o. Antiparasitic agents
    p. Antituberculous agents
    q. Available vaccines, including their composition, safety, childhood immunization schedule
    r. Passive antibodies, IVIGB, HBIG, TIG, immune serum globulin

6. Explain principles of antibiotic use, including static versus bactericidal drugs, combinations/synergy, and approaches to monitoring toxicity/efficacy.

7. Identify changing patterns of microbial antibiotic resistance and alterations in antibiotic usage to meet these changes.

8. Describe the causative agents, clinical manifestations, mechanisms of spread, and disease- specific prevention/isolation precautions for common pediatric infections, including:

    a. HSV and VZV
    b. Perinatal HIV-1 infection
    c. Kawasaki Disease
    d. Congenital infections
    e. *Clostridium difficile*
    f. *Bartonella henselae*

9. Distinguish infections more likely to occur in the neonate, sickle cell anemia patients, cystic fibrosis patients, burn patients, and the immunocompromised host than in normal, healthy hosts.

COMPETENCY 3. Communication Skills. Demonstrate interpersonal and communication skills that result in information exchange and partnering with patients, their families and professional associates.

1. Elicit, present and record focused history and physical examinations for common problems encountered in Pediatric Infectious Diseases.
2. Explain to physician and non-physician healthcare workers who consult Pediatric Infectious Diseases services and patients and families the findings from clinical investigations, plans for follow up, possible courses of therapy with indications, risks, benefits, and alternatives.
3. Educate patients and families about illnesses and in promoting health maintenance and infectious disease prevention.
4. Demonstrate sensitivity in communicating with patients and families of how age, culture, religion, and personal beliefs can influence their perception of physician-patient interactions.

COMPETENCY 4. Practice-based Learning and Improvement. Demonstrate knowledge, skills and attitudes needed for continuous self-assessment, using scientific methods and evidence to investigate, evaluate, and improve one's patient care practice.

1. Use information technology to access and manage clinical information and perform online searches about their patients and acquire knowledge of specific topics.
2. Search, evaluate, and present a critical review of scientific information in the medical literature on a major topic relevant to a case or an area of knowledge and practice in which they are uncertain.
3. Execute clinical judgment for indications for specimen collection and relevant to ID, including special microbiological tests, biopsies, or advanced imaging.

COMPETENCY 5. Professionalism. Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity.

1. Display behaviors that foster and reward the patient's trust in the physician such as appropriate dress, grooming, punctuality, honesty, courtesy, respect for patient confidentiality, and other norms of behavior in professional relationships with patients.
2. Behave with personal integrity in interactions with peers, faculty, residents, and non-physician staff involved in the care and treatment of patients.
3. Work collaboratively with clerical and allied health staff.
4. Advocate the interests of patients over personal interests while developing an appropriate balance between personal and professional beliefs and obligations.

COMPETENCY 6. Systems-Based Practice. Understand how to practice quality health care and advocate for patients within the context of the health care system.

1. Describe the impact of economic and health insurance issues on patient care and the ability

to provide Pediatric Infectious Disease services.

2. Explain the relationships in management and consultation between primary care, pediatric infectious disease specialists and other specialties.
3. Understand the process to provide home health care to patients.
4. Provide the appropriate level of care according to the medical necessity of a particular patient/condition.

Resident or Student - Printed Name	**ID Attending - Printed Name**
_____ **Date:** _____	_____ **Date:** _____
Signature	**Signature**