Orlando Health Pediatric Pediatric Residency at Arnold Palmer Hospital for Children / Ambulatory Clinic Goals and Objectives

Name of the rotation	AMBULATORY ROTATION
Duration	4 weeks
Location	Orlando Health Primary Care Pediatrics 51 Pennsylvania St, Orlando, Fl 32806
Where to Go on Day 1	Orlando Health Primary Care Pediatrics 51 Pennsylvania St, Orlando, Fl 32806
Rotation Director	Hanane Dahoui, MD
Other Faculty	Nicole Armstrong-Demoraes, MD Melanie Capobianco, MD Adaobi Okobi, MD
Last revision	6/2025

Goals and Objectives:

During the Ambulatory rotation, residents will learn the following:

- Gain experience and expertise in the care of the well children and the evaluation and management of acute and chronic medical conditions commonly seen in the outpatient setting
- Gain an understanding of the influence of family, community, and society on the child in health and disease
- Gain experience and expertise in counseling children and their families, including patient education
- Gain experience performing common procedures in the outpatient setting
- Learn about appropriate documentation, billing and coding, Patient Centered Medical Home, and other concepts pertinent to systems-based practice in the outpatient setting
- Provide excellent patient care

The rotation will consist of direct patient care, case discussion, literature review, and self-study.

Ambulatory Clinic structure and format:

The Ambulatory rotation consists of two separate 2-week blocks. The team consists of a PGY-3 pediatric resident and a PGY-1 pediatric resident.

Clinic hours:

- Clinic hours are 08:30 am-5:00 pm, except on Tuesdays- first patient is scheduled at 9:00 am after Grand Rounds (September through May).

- Patient appointments are scheduled Monday-Friday, 8:30 – 11:00 am and 1:15 – 3:45 pm. Patients should call and schedule an appointment, but every attempt will be made to accommodate walk-ins.

- You are expected to arrive on time. If there is a true emergency preventing timely arrival, please call the clinic or the attending physician to notify them.

- You are expected to stay in the clinic until all patients are seen. Please note that patients calling for same-day sick visits and walk-ins may be added to your schedule if you have open slots or cancellations. You should also be available to help your colleagues on Continuity and Ambulatory Clinic who are running behind and may be asked to see one of their patients. You must notify the clinic attending if you are leaving before 5:00 pm.

- Attendance at all scheduled morning and noon conferences is mandatory while on the Ambulatory rotation.

Patient load:

General guideline for the number of patients seen per half-day session:
- PGY-1: 3-5 patients (3-4 patients during block 1-2, 4 patients during block 3-7, 5 patients during block 8-13)
- PGY-3: 6 patients

Scheduling patients:

- The patient visits include established patients seen for sick, follow-up visits, chronic care management, Newborns, NICU follow-up, and well child visit.
- Patient visits are scheduled every 30 minutes.

Request for schedule changes:
- Schedules changes can affect patient access and should be avoided, when possible, except for the following situations:
  - Personal reasons- emergencies, illness
  - Interview for fellowship or job– reschedule for another day, or have a colleague cover your clinic (and you in turn cover theirs)
  - Step 3 exam

- All schedule changes requests must be made in writing and submitted to the chief residents, clinic medical director and office manager.

- You are responsible for communicating scheduled absences with co-resident(s) on the rotation.

Residents Expectations:

Pre-visit:

- Review the clinic schedule and patients' medical records prior to the clinic session. Review relevant notes from clinic, ED, hospital visits, specialists' notes, labs, and imaging. Decide beforehand who may need additional care. Then, communicate these concerns with your medical assistant (MA) on the day of the visit so that the entire team is prepared when the patient arrives.
- Please note that the clinic schedule may change due to last-minute cancellations and addition of same-day visits, but you will save time if you've seen the chart prior to the appointment. The patients on the schedule are your patients. You are their doctor!

Day of the visit:

- Arrive at the clinic on time with a positive attitude and intentionally work on building connections with clinic team members. Get to know your staff (medical assistant, front desk staff, etc..).
- Huddle with your MA at the beginning of the session. Notify your MA if any additional testing is needed on your patients (for example POCT Hgb, ASQ-3, changing type of the visit from follow-up to well child visit, etc.). Ensure minute-to-minute communication with the MA.
- Communicate additional patient needs with front desk staff or office manager if indicated.
- See patients in the order in which they are scheduled unless the severity of illness dictates more immediate attention and a change in priority, or the patient arrives late for a scheduled appointment.
- You are expected to be complete but efficient, and respectful of the patients' time as well as your own. Patients should not be kept waiting for excessive periods of time. If you are prevented from seeing your patients in a timely fashion, you should attempt swapping patients with other residents after discussing with the attending.
- Obtain history, perform focused physical exam, formulate assessment, plan and present cases to the attending physician. During the session, the attendings devote their time exclusively to precepting residents.
- Remember you the PCP: Briefly follow-up on poorly controlled active problems (based on your clinical judgment) and if time allows, regardless of the type of the visit. Otherwise, remind family to schedule a follow-up visit these active problems.
- Apply evidence-based medicine and up-to-date clinical guidelines to manage common acute and chronic diseases.
- Provide disease management options that are patient-centered and cost-effective. Set goals with patients in clinic that are respectful of their psychosocial situations and create an appropriate system between visits to support patients in those goals.
- Show initiative regarding your own education and be curious about your patients.
- Be sure to place patient instructions and orders (return visit, referral, labs, etc) in EPIC before patient check-out. Please specify the resident with whom you want the appointment scheduled, when and why the appointment should be scheduled (Example: Follow up 2 week WCC with Dr. Smith).

Post-visit:

- You are responsible for following up on the results of tests ordered on your patients.
- Residents should check their 'In basket' daily. This will allow the residents to review and verify testing results sent from clinic.
- Enter a result note (or telephone note) anytime you call the family to discuss test results. The expectation is to discuss results with family by phone if the results are abnormal.
- If the test results are normal, the residents have the option to call family, send MyChart message (based on family's preference). The resident can also ask the nursing staff to notify the family of normal results (by sending a message to the nursing pool P PEDS GEN ADOL PEN clinical support).
- If unable to reach a family by phone, leave a message asking the family to call the clinic back to discuss results. Document plan in result note. This will allow the nursing staff to review the resident plan when the family calls the clinic back. The resident should never leave actual results/patient information on voicemail.
- If unable to reach the family by phone due to the family's phone being disconnected, ask the nursing staff to send a letter to the family by mail.

- The residents are liable for results they have not followed up on.

- Follow-up on the status of the patient who is referred to APH for admission or evaluation in the ED. Notify the attending if patient no-show to hospital or ED.

Documentation:

- Clinic notes must be completed within 24 hours.
- A comprehensive medical record is paramount for high quality care. This will protect you and your patient should a medical-legal issue arise. Insurance companies require reasonable documentation that supports the charges being billed for the services provided.
- Be thorough in your documentation. Your discussion of the patient with the attending should be reflected in your documentation.
- Be objective. Your documentation is shared with the family via MyChart.
- The residents are expected to update the active problem list and reconcile the medication list at each visit.
- Past medical history, past surgical history, family history and social history must be reviewed and updated by provided at each well-child visit and during office visits if indicated.
- Office visit notes must include chief complaint, history, review of system, physical exam, procedures or POCT done in clinic, and assessment and plan.
- Please forward the note to the appropriate supervising attending.

Telephone triage:

- Check 'In Basket' throughout the day and respond to messages from attending and clinic staff in a timely manner (message related to patient triage phone calls, tests results, etc.).

Throughout the day!

- Use downtime in clinic to review your schedule to identify and contact high risk patients and/or patients who did not show to their appointment.

- The residents on the Ambulatory rotation are also responsible for addressing abnormal/critical results of tests ordered by their co-residents on continuity clinic, specifically if the continuity clinic resident is on a vacation/away rotation- as directed by the clinic attending.

- Consider your clinic group your team. If you are particularly efficient one day, offer to assist your colleague on continuity clinic who is overwhelmed. Then when you are running behind you are likely to get assistance from your colleagues.

- Communicate with your attendings if you are having a rough day-they are here to help you!

In addition to the above expectations, the residents have the following responsibilities:

PGY-3 responsibilities:

- Assume a senior role, i.e be ready and willing to take the lead, answer questions, and facilitate patient care.
- Facilitate the flow of patients in addition to seeing patients on your own. This entails keeping an eye on higher acuity patients and delegation of tasks to other residents to expedite coordination of patient care.

- Be available to teach the PGY-1 residents through modeling, precepting, reviewing and sharing relevant articles.
- During times of emergency patient care or high workload, the PGY-3 residents should cover and make every effort to protect time for the PGY-1 residents on the team to attend conference.
- Check whether assistance to see patients is needed in the continuity clinic.
- Supervise 4th year medical students. Medical students H&P must be directly observed, or the information must be independently confirmed. The clinic note must be reviewed and co-signed by the PGY3 resident prior to being forwarded to attending.

PGY-1 responsibilities:

- Primarily responsible for seeing as many patients as possible to gain more clinical experience and independence.
- PGY-1 residents, like all other residents, are responsible for their patients from start to finish. This includes performing necessary procedures, reevaluating at regular intervals if being seen for an extended period and coordinating care (i.e. calling specialist, admission, etc)

Evaluation and feedback

- The clinic faculty will evaluate your performance using the ACGME Milestones evaluation tool.
- The faculty will meet with the residents on Fridays to provide 'weekly feedback' and you will also receive feedback on an as-needed basis.
- If you want the attending to observe you doing a clinic encounter (or anything else), please ask. If you want feedback, please ask.
- The clinic staff (ie, clinic nurses, FOA, office manager) will also have input in your evaluation and will complete an evaluation form during the third week of the rotation.

Competency-Based Goals and Objectives

PGY-3 Resident

The senior resident critical care experience emphasizes demonstration of medical knowledge, clinical assessment skills, independent decision-making ability, and effective and efficient patient management for the critically ill child.

PGY-2 Resident

The junior resident critical care experience emphasizes growth in medical knowledge, clinical assessment skills, independent decision-making ability, and effective and efficient patient management skills for the critically ill child.

PGY-1 Resident

The intern critical care experience emphasizes recognition of sick children, development of medical knowledge, and formation of clinical assessment skills, decision-making ability, and patient management aptitude.

ACGME COMPETENCY

COMPETENCY 1. Patient Care. Provide family centered patient care that is developmentally and age appropriate, compassionate, and effective for the promotion of health and prevention of illness. The resident should:

PGY-3 Resident

1. Demonstrate skill in obtaining a problem-specific history and physical exam on patients with common acute and chronic diseases, across all age ranges.
2. Demonstrate ability to prioritize problems appropriately; balance attention to acute problems and underlying issues.
3. Demonstrate skill in the synthesis and interpretation of patient data.
4. Demonstrate skill in creating differential diagnoses, clinical assessments, and appropriate management plan.
5. Demonstrate competence in making independent decisions, while appropriately seeking input and advice from attending physicians.
6. Perform accurate outpatient triage.
7. Critically observe parent-child interactions and understand the social needs of the family which may impair or prohibit the safety or well-being of the child.
8. Perform the following procedures:
   - Cerumen removal by curette or lavage
   - Foreign body removal (ear)
   - Nasal and pharyngeal swab (viral testing, rapid strep test, pertussis)
   - Administration of nebulized treatment
   - Sutures/staples removal
   - Immunization
   - Phlebotomy
   - Heel stick, finger stick
   - Bladder catheterization
   - Examination of eye using fluorescein dye
   - Spirometry interpretation
   - Vision screening
   - Hearing screening
   - Developmental screening (ASQ, M-CHAT)
   - Umbilical granuloma cauterization with silver nitrate
9. Provide oversight and guidance to learners.

PGY-1 Resident

1. Develop skill in obtaining a problem-specific history and physical exam on patients with common acute and chronic diseases, across all age ranges.
2. Develop ability to prioritize problems appropriately; balance attention to acute problems and underlying issues.
3. Develop skill in the assessment, interpretation and synthesis of patient data.
4. Develop skill in making diagnostic and therapeutic decisions and creation and implementation of appropriate clinical plans.
5. Develop competence in making independent decisions, while appropriately seeking input and advice from attending physicians.
6. Develop ability to perform accurate outpatient triage.
7. Critically observe parent-child interactions and understand the social needs of the family which may impair or prohibit the safety or well-being of the child.

8. Learn the following procedures:
   - Umbilical granuloma cauterization with silver nitrate
   - Cerumen removal by curette or lavage
   - Foreign body removal (ear)
   - Nasal and pharyngeal swab (viral testing, rapid strep test, pertussis)
   - Administration of nebulized treatment
   - Sutures/staples removal
   - Immunization
   - Phlebotomy
   - Heel stick, finger stick
   - Bladder catheterization
   - Examination of eye using fluorescein dye
   - Spirometry interpretation
   - Tympanometry interpretation
   - Vision screening
   - Hearing screening
   - Developmental screening (ASQ, M-CHAT)
9. Provide oversight and guidance to learners.

COMPETENCY 2. Medical Knowledge. Demonstrate knowledge of established and evolving biomedical, clinical and social sciences, and the application of their knowledge to patient care. Apply an open-minded, analytical approach to acquiring new knowledge, access and critically evaluate current medical information and scientific evidence, and apply this knowledge to clinical problem-solving, clinical decision-making and critical thinking. The resident should:

PGY-3 Resident

1. Demonstrate ability to evaluate and manage common acute complaints presenting to the pediatric outpatient clinic.

2. Demonstrate ability to evaluate and manage common childhood conditions seen in general pediatrics clinics.

3. Demonstrate understanding of the common diagnostic tests and imaging studies used in the outpatient setting, by being able to:
   - Explain the indication for and limitations of each study.
   - Know or be able to locate age-appropriate normal range.
   - Apply knowledge of diagnostic test properties, including use of sensitivity, specificity, positive and negative predictive value.
   - Interpret the results in the context of the specific patient.
   - Discuss therapeutic options for correction of abnormalities.

4. Appropriately use the monitoring techniques commonly used in the pediatric outpatient clinic:
   - Pulse oximetry
   - Repeated assessment of temperature, heart rate, respiratory rate, blood pressure, as clinically indicated during an office visit.

5. Use or be familiar with the following treatments and techniques in the pediatric outpatient clinic:
   - Universal precautions

- Hand washing between patients
- Isolation techniques
- Administration of nebulized medication
- Injury, wound and burn care
- Oxygen delivery systems
- Intramuscular, subcutaneous and intradermal injections.

6. Recognize normal and abnormal findings at tracheostomy, gastrostomy, central venous catheter sites, or myringotomy tube sites, and demonstrate appropriate intervention or referral for problems encountered.

7. Demonstrate skills for assessing and managing pain.

8. Use up-to-date scientific evidence critically to develop sound, evidence-based patient care plans.

9. Demonstrate a willingness to independently improve one's level of knowledge.

PGY-1 Resident

1. Develop ability to evaluate and manage common acute complaints seen in general pediatrics clinics.

2. Develop ability to evaluate and manage common childhood conditions presenting to the pediatric outpatient clinic:

3. Develop understanding of the common diagnostic tests and imaging studies used in the outpatient setting, by being able to:
   - Explain the indication for and limitations of each study.
   - Know or be able to locate age-appropriate normal range.
   - Apply knowledge of diagnostic test properties, including use of sensitivity, specificity, positive and negative predictive value.
   - Interpret the results in the context of the specific patient.
   - Discuss therapeutic options for correction of abnormalities.

4. Learn the monitoring techniques commonly used in the pediatric outpatient clinic:
   - Pulse oximetry
   - Repeated assessment of temperature, heart rate, respiratory rate, blood pressure, as clinically indicated during an office visit.

5. Learn the following treatments and techniques in the pediatric outpatient clinic:
   - Universal precautions
   - Hand washing between patients
   - Isolation techniques
   - Administration of nebulized medication
   - Injury, wound and burn care
   - Oxygen delivery systems
   - Intramuscular, subcutaneous and intradermal injections.

6. Recognize normal and abnormal findings at tracheostomy, gastrostomy, central venous catheter sites, or myringotomy tube sites, and learn appropriate intervention or referral for problems encountered.

7. Develop skills for assessing and managing pain.

8. Learn up-to-date scientific evidence critically to develop sound, evidence-based patient care plans.
9. Demonstrate a willingness to independently improve one's level of knowledge.

COMPETENCY 3. Interpersonal Skills and Communication Skills. Demonstrate interpersonal and communication skills that result in effective information exchange. Residents should:

PGY-3 Resident

1. Communicate well and work effectively with fellow residents, attendings, consultants, nurses, ancillary staff.
2. Work within a team environment.
3. Demonstrate ability to clearly and concisely present patients to attendings in clinic.
4. Demonstrate appropriate bedside manner, listening skills and use of nonverbal communication.
5. Demonstrate ability to effectively counsel and educate patients and families. Verify understanding
6. Use interpreting services to communicate with patients and families whenever appropriate.
7. Avoid medical jargon when speaking with patients and families
8. Practice conflict resolution when appropriate.
9. Demonstrate the use of appropriate, accurate, timely and legal medical records in the outpatient pediatric setting:
    a. Maintain appropriate medical records in a timely fashion.
    b. Document history, physical exam, diagnostic test results, assessment and plan in clear, legible and medically appropriate form
    c. Document clearly time of interaction
    d. Document role of attending physician
    e. Document communication between consultant and PCP when appropriate
    f. Clearly document follow-up procedures/ date and time when appropriate.
    g. Document patient education and understanding when appropriate.
10. Demonstrate effective and timely communication to a transferring facility and to EMS care for patients to be transferred and admitted to the hospital.

PGY-1 Resident

1. Communicate well and work effectively with fellow residents, attendings, consultants, nurses, ancillary staff.
2. Work within a team environment.
3. Develop ability to clearly and concisely present patients to attendings in clinic.
4. Develop appropriate bedside manner, listening skills and use of nonverbal communication.
5. Develop ability to effectively counsel and educate patients and families. Verify understanding
6. Use interpreting services to communicate with patients and families whenever appropriate.

7. Avoid medical jargon when speaking with patients and families.
8. Practice conflict resolution when appropriate.
9. Develop the ability to use of appropriate, accurate, timely and legal medical records in the outpatient pediatric setting:

    a. Maintain appropriate medical records in a timely fashion.

    b. Document history, physical exam, diagnostic test results, assessment and plan in clear, legible and medically appropriate form

    c. Document clearly time of interaction

    d. Document role of attending physician

    e. Document communication between consultant and PCP when appropriate

    f. Clearly document follow-up procedures/ date and time when appropriate.

    g. Document patient education and understanding when appropriate

10. Develop effective and timely communication to a transferring facility and to EMS care for patients to be transferred and admitted to the hospital.

COMPETENCY 4. Practice-based Learning and Improvement. Investigate and evaluate patient care practices, appraise and assimilate scientific evidence to improve patient management, and demonstrate a willingness to learn from error. Residents should:

PGY-3 Resident

1. Take responsibility for his / her own education.
2. Critically review relevant literature including evidence-based medicine articles and apply findings appropriately to patient care.
3. Demonstrate initiative to seek own answers to data interpretation and patient management questions.
4. Participate actively in didactic sessions.
5. Teach and work well with learners.
6. Evaluate self-performance, identify gaps in knowledge, and take initiative to fill those gaps.
7. Seek and accept feedback from multiple sources.
8. Demonstrate practical office strategies that allow provision of comprehensive and efficient health care.

PGY-1 Resident

1. Take responsibility for his / her own education.
2. Learn how to critically review relevant literature including evidence-based medicine articles and apply findings appropriately to patient care.
3. Develop initiative to seek own answers to data interpretation and patient management questions.
4. Participate actively in didactic sessions.

5. Teach and work well with learners.
6. Evaluate self-performance, identify gaps in knowledge, and take initiative to fill those gaps.
7. Seek and accept feedback from multiple sources.
8. Learn about practical office strategies that allow provision of comprehensive and efficient health care.

COMPETENCY 5. Professionalism. Demonstrate a commitment to carry out professional responsibilities, adhere to ethical principles, and be sensitive to diversity. Have a responsible attitude toward their patients, their profession and society. Residents should:

PGY-3 Resident:

1. Consistently act in the best interest of the patient.
2. Demonstrate caring and respectful behavior when interacting with patients and their families.
3. Form therapeutic and ethically sound relationships with patients.
4. Maintain patient confidentiality.
5. Demonstrate sensitivity to ethical principles, culture, age, gender, religious beliefs, sexual orientation, and disability to patients, families, and staff.
6. Demonstrate respect, compassion, and integrity to patients, families, and staff.
8. Acknowledge and discuss medical errors openly and honestly with families, and conscientiously follow office procedures for reporting and correcting errors.
9. Adhere to professional standards for ethical and legal behavior.
10. Recognize the limits of one's knowledge, skills, and tolerance for stress, and know when to ask for help.
11. Accepts feedback, suggestions and criticisms
12. Be punctual, reliable, and accountable.
13. Demonstrate professional dress, demeanor, and hygiene.

PGY-1 Resident:

1. Consistently act in the best interest of the patient.
2. Demonstrate caring and respectful behavior when interacting with patients and their families.
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11. Accepts feedback, suggestions and criticisms
12. Be punctual, reliable, and accountable.
13. Demonstrate professional dress, demeanor, and hygiene.

COMPETENCY 6. Systems-Based Practice. Practice high quality healthcare that is cost-effective and advocate for patients within the health care system. Residents should:

PGY-3 Resident

1. Understand the basic concepts of cost control, billing and reimbursement in the outpatient setting, including the role of the PCP and referrals for managed care patients.
    a. The residents are expected to complete each visit by choosing diagnostic, procedure, and exam codes to help the staff generate an appropriate bill. (CPT and ICD-10 coding).
    b. The residents are to become familiar with managed care requirements for PCP referrals.
    c. Residents may interact with managed care staff and insurance companies in facilitating the approval process for procedures or referrals.
    d. Residents should assess financial and social issues affecting the child's care and make appropriate social service or child health plus referrals.
2. Understand the role of the sub-specialist in the management of children with chronic medical problems and/or an acute medical dilemma.
    a. Develop an understanding of when to refer a child to a sub-specialist.
    b. Residents should become familiar with methods of communication between PCP and consultant (written communication, telephone consultation, etc.).
    c. Residents should learn how to co-manage a patient with a specialist.
3. Advocate for patients in one's practice by helping them with system complexities and identifying resources to meet their needs.
4. Discuss language, cultural, and other social barriers to provision of health care and describe strategies to overcome for specific families.
5. Acknowledge medical errors and develop practice systems to prevent them.

PGY-1 Resident

1. Learn the basic concepts of cost control, billing and reimbursement in the outpatient setting, including the role of the PCP and referrals for managed care patients.
    a. The residents are expected to complete each visit by choosing diagnostic, procedure, and exam codes to help the staff generate an appropriate bill. (CPT and ICD-10 coding).
    b. The residents are to become familiar with managed care requirements for PCP referrals.
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2. Learn the role of the sub-specialist in the management of children with chronic medical problems and/or an acute medical dilemma.

    a. Develop an understanding of when to refer a child to a sub-specialist.

    b. Residents should become familiar with methods of communication between PCP and consultant (written communication, telephone consultation, etc.).

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5. Acknowledge medical errors and develop practice systems to prevent them.

Content topics for study

a) General:
    - BRUE (Brief Resolved Unexplained Events)
    - Fever
    - Failure to thrive
    - Unexplained crying
    - Obesity
    - Lead exposure
    - Child abuse
b) Allergy/Immunology:
    - Allergic rhinitis
    - Angioedema
    - Asthma
    - Food allergies
    - Recurrent infections
    - Serum sickness
    - Urticaria
c) Cardiovascular:
    - Bacterial endocarditis
    - Cardiomyopathy
    - Congenital heart disease (outpatient management of minor illnesses)
    - Congestive heart failure
    - Heart murmur
    - Kawasaki disease
    - Palpitations
    - Rheumatic fever
d) Dermatology:
    - Abscess

- Acne
- Atopic dermatitis
- Cellulitis and superficial skin infections
- Impetigo
- Molluscum
- Tinea infections
- Viral exanthems
- Verruca vulgaris
- Other common rashes of childhood and adolescence.

e) Endocrine/Metabolic:
- Diabetes mellitus
- Diabetes insipidus
- Evaluation of possible hypothyroidism
- Growth failure or delay
- Gynecomastia
- Hyperthyroidism
- Precocious or delayed puberty

f) GI/Nutritional:
- Appendicitis
- Bleeding in stool
- Constipation
- Encopresis
- Foreign body ingestion
- Gastroenteritis
- Gastroesophageal reflux
- Hepatitis
- Inflammatory bowel disease
- Nutritional issues
- Pancreatitis

f) GU/Renal:
- Electrolyte and acid-base disturbances
- Enuresis
- Glomerulonephritis
- Hematuria
- Henoch Schonlein purpura
- Nephrotic syndrome
- Obstructive uropathy
- Proteinuria
- Undescended testicles
- UTI/Pyelonephritis

g) Gynecology:
- Genital trauma
- Labial adhesions
- Pelvic inflammatory disease
- Vaginal discharge or foreign body

h) Hematology/Oncology:
- Abdominal and mediastinal mass (initial workup)
- Anemia
- Hemoglobinopathies
- Leukocytosis
- Neutropenia
- Thrombocytopenia

i) Infectious disease:
- Cellulitis

- Cervical adenitis
- Dental abscess
- Deep tissue infections
- Laryngotracheobronchitis
- Otitis media
- Periorbital and orbital cellulitis
- Pharyngitis
- Pneumonia
- Sinusitis
- Upper respiratory tract infections
- Viral illness
- Recurrent infections

g) Musculoskeletal:
- Apophysitis
- Metatarsus adductus
- Femoral retro- and anteversion
- Tibial torsion
- Fracture
- Sprains
- Growing pains
- Developmental hip dysplasia
- Limp

h) Pharmacology/Toxicology
- Common drug poisoning or overdose
- Ingestion avoidance (anticipatory guidance)

i) Neurology/Psychiatry:
- Acute neurologic conditions
- Behavioral concerns
- Discipline issues
- Temper tantrums
- Biting
- Developmental delay
- Seizures
- ADHD
- Learning disabilities
- Substance abuse

j) Pulmonary:
- Asthma
- Chronic lung disease
- Bronchiolitis
- Croup
- Epiglottitis
- Pneumonia
- Tracheitis

k) Surgery:
- Pre- and post-op evaluation of surgical patients

l) Infant: Feeding difficulties, colic, constipation, developmental hip dysplasia, dysconjugate gaze.