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## Checklist of Items to Complete

- Time logs (eMedley)
- Case logs (eMedley)
- Observed H&P
- Clinical Skills Rubric – Otoscopic Exam
- Clinical Skills Rubric – Developmental Assessment
- Clinic cards
- Mid-month Feedback
- Resident Night Evaluation
- Aquifer Cases (Complete 5 cases of your choice)
- Creative Writing (1 page essay using a writing prompt)

## Required Diagnoses (Case Logs) for Pediatrics Clerkship

1. Health Maintenance – Well Child Care: Newborn (0-1 month)
2. Health Maintenance – Well Child Care: Infant (1-12 months)
3. Health Maintenance – Well Child Care: Toddler (12-60 months)
4. Health Maintenance – Well Child Care: School-aged (5-12 years)
5. Health Maintenance – Well Child Care: Adolescent (13-19 years)
6. Parental Concern: Growth & Nutrition (FTT, poor weight gain, short stature, obesity, poor feeding)
7. Parental Concern: Behavior & Development (sleep, colic, tantrums, developmental delay, ADHD, autism)
8. Respiratory complaint (upper or lower respiratory tract)
9. Gastrointestinal complaint (gastroenteritis, pyloric stenosis, appendicitis, intussusception, HSP, GERD)
10. Dermatological complaint (eczema, SSSS, viral exanthem, urticaria, contact dermatitis, RMSF, seborrhea, etc)
11. Central Nervous System complaint (headache, meningitis, concussion, seizure, ataxia, etc)
12. Emergent clinical problem (shock, DKA, encephalopathy, burn, abuse, trauma)
13. Chronic medical problem (e.g. asthma, TIDM, CP, SCD, CF)
14. Unique condition (neonatal jaundice, fever without a source, autoimmune disease, UTI, systemic viral illness)
15. Musculoskeletal complaint (trauma, infection, inflammation, overuse)

# Pediatric Vital Signs

- Normal vitals for kids vary by age.
- Normal temp is 36.5ºC to 37.9ºC.
- Fever = 38ºC (100.4ºF) and above.
- Normal SpO2 > 92%.
    - If normal kid admitted with bronchiolitis or asthma, then will accept > 90%.

| Age | HR (Awake) | HR (Asleep) | RR | Systolic BP | Diastolic BP |
|---|---|---|---|---|---|
| Neonate (< 28d) | 100-205 | 90-160 | 30-60 | 67-84* | 35-53* |
| Infant (29d-1y) | 100-190 | 90-160 | 30-53 | 72-104 | 37-56 |
| Toddler (1-2y) | 98-140 | 80-120 | 22-37 | 86-106 | 42-63 |
| Preschool (3-5y) | 80-120 | 65-100 | 20-28 | 89-112 | 46-72 |
| School-age (6-9y)<br><br>Preadoles-cent (10-11y) | 75-118 | 58-90 | 18-25 | 97-115 (6-9y)<br><br>102-120 (10-11y) | 57-76 (6-9y)<br><br>61-80 (10-11y) |
| Adolescent (12-15y) | 60-100 | 50-90 | 12-20 | 110-131 | 64-83 |

# Normal and Abnormal Growth

**Weight:**

- Newborns regain birth weight by 2 weeks
- Double weight by 6mo
- Triple weight by 12mo

**Normal weight gain:**

- 1-3mo: 25-35 g/day (~1 oz. per day)
- 3-6mo: ~15-20 g/day
- 6-12mo: ~10-15 g/day
- 1-6yr: 5-8 g/day
- 7-10yr: 5-11 g/day

**Length/Height:**

- Increases 50% by 12m
- Doubles by 5 yrs

**Normal height increase**:

- 0-12mo: 25cm/yr. (10in/yr.)
- 13-24mo: 12.5cm/yr. (5in/yr.)
- 2y-puberty: 6.25cm/yr. (2.5in/yr.)

**Head circumference:**

- 0-3mo: 2cm/months
- 4-6mo: 1cm/months
- 7-12mo: ½ cm/months
- Total of 12mo in first year

**Weight for length (0-23mo)**

- Underweight: < 5%
- Normal: 5-95% (Z score -1 to 1)
- Overweight: > 95%

**BMI (2-20yr)**

- Underweight: < 5%
- Normal: 5-85%
- Overweight: 85%-95%
- Obese: > 95%

**Malnutrition**

- Mild: Z score -1 to -2
- Moderate: Z score – 2 to -3
- Severe: -3 or more
- Can use weight for length or BMI
- Can be acute or chronic

## Nutritional Requirements

| Age | Calories (kcal/kg/day) |
|---|---|
| 0-2 months | 100 (term); 120 (preterm) |
| 3-12 months | 80-90 |
| 1-7 years | 75-90 |
| 7-12 years | 60-75 |
| 12-18 years | 30-60 |

## Caloric Content of Breastmilk, Infant and Pediatric Formulas

| Type | Indication | Carb Source | Protein Source | Caloric Content (kcal/oz.) |
|---|---|---|---|---|
| Human Breastmilk | Almost all infants | Lactose | Casein and whey | 19-20 |
| Cow-milk based (standard) formula | Most term infants | Lactose | Casein | 19-20 |
| Soy formula | Galactosemia, congenital lactase deficiency | Corn-based | Soy | 20 |
| Protein hydrolysate (hypoallergenic formula) | Milk protein allergy | Corn or sucrose | Extensively hydrolyzed casein or whey | 20 |
| Elemental (nonallergenic formula) | Milk protein allergy not responsive to hydrolyzed formula; short bowel syndrome | Corn or sucrose | Amino acids | 20 |
| Enriched formula | Preterm 34-36 wks. | Lactose | Cow's milk | 22 |
| Premature formula | Preterm < 34 wks. | Lactose | Cow's milk | 24 |
| Pediatric formula | Children > 12mos. with feeding tubes | Varies | Varies | 30 |

## Pediatric History and Physical Exam

- CHIEF COMPLAINT
- HPI
- REVIEW OF SYSTEMS
- PMH, include hospitalizations
- PSH
- BIRTH HISTORY
- DEVELOPMENTAL HISTORY
    - Assess gross motor, fine motor, social, language
- DIET - Breastfed vs formula fed for babies; tube feedings
- IMMUNIZATIONS - Including flu shot
- ALLERGIES
- MEDICATIONS
- SOCIAL HISTORY - For Teens, include HEEADSSS (Home, Education/Employment, Eating, Activities, Drugs and Alcohol, Sexuality, Suicide and Depression, Safety)
- VITALS and GROWTH PARAMETERS (%, Z-scores)
- COMPLETE PHYSICAL EXAM
- LABS
- IMAGING
- DIFFERENTIAL DIAGNOSIS - 5-7 diagnoses with a DISCUSSION
- ASSESSMENT - One liner with WORKING diagnosis
- PLAN
    - Should be problem-based
    - Combine symptoms into problems/diagnoses
    - Can use organ systems approach as a check
- DISPOSITION
- SIGN your name with credentials (M3)

# Pediatric Progress Note

- INTERIM HISTORY
  - Contains subjective info from parent/patient
  - Nursing report
  - Overnight events
- OBJECTIVE
  - Vitals range for the past 24hrs
  - Focused physical exam
  - NEW labs or studies
- ASSESSMENT
  - One liner with WORKING diagnosis
  - Do NOT restate HPI
- PROBLEM LIST/PLAN
  - Plan listed by most pertinent problem first
- DISPOSITION
  - Discharge criteria or why the patient still requires admission
- SIGN your name with credentials (M3)

# Pediatric Discharge Summary

- Dates of admission and discharge
- Attending (discharge) physician
- PCP
- Admission Diagnosis (essentially the CC)
- DISCHARGE DIAGNOSIS(ES)
- Secondary Diagnoses
    - Comorbid conditions, resolved conditions
- Consultations
- Procedures
- HPI
- Brief Hospital Course
    - the high points
    - Include all pertinent labs and studies
- Physical Exam on day of discharge
- Pending Labs/Tests
- Immunizations given
- Discharge Disposition (home, transfer, etc.)
- Diet (if tube fed or change in formula for infants)
- Discharge medications
    - Must include dose, route, frequency, duration
- Discharge instructions given to family
- Follow up appointments
- CC to PCP
- SIGN name with credentials (M3)

## Admission Orders: ADC VANDIMAL – Call MD

- Admit to...
    - Admitting attending, service, floor/room
- Diagnosis
- Condition – e.g. stable, fair, guarded, critical
- Vitals – e.g. q2h, q4h, q8h, q shift, routine
- Activity – e.g. bedrest, up to chair, OOB, ad lib
- Nursing Care
    - Ins and Outs
    - Monitors - CP, pulse ox, telemetry
    - Weights – on admission, daily, weekly
    - Respiratory Care – suctioning, CPT, OXYGEN
    - Dressing Care – more for surgical patients
- Diet – NPO, regular, ADA, toddler, infant, breastfeeding, tube feeds (include details)
- IVF – if needed, what type and what rate of IV fluids?
- Medications – include home and hospital meds
- Allergies
- Labs (and Studies)
- Notify MD for ...
    - E.g. Notify MD for RR > 60 or SpO2 < 90%.

# CLINIC LOCATIONS

Most clinics are located in the OPC (Outpatient Center), 51 N. Dunlap Street. Clinics begin at various times. See each clinic listing below for location and time. Refer to your individual schedule as to which clinics you are assigned.

| | | | | |
|---|---|---|---|---|
| **Adolescent** | 100 N. Humphreys Blvd, 2nd floor (last hallway on right) 8 | | 1:00 PM | 205-520-3702 |
| **Allergy** | OPC, Suite 400 | 8:00 AM | 1:00 PM | 287-7337 |
| **Allergy Gtown** | 100 N. Humphreys Blvd, 2nd floor | 8:00 AM | | 747-5300 |
| **Cardiology** | OPC, 2nd Floor *check in at the checkout desk* | 8:30 AM | | 287-6270 |
| **Developmental Clinic (Gtown)** | 100 N. Humphreys Blvd | 8:00 AM | 1:00 PM | 747-5300 |
| **Developmental Clinic (Le Bonheur)** | OPC, Suite 400, green hall | 8:00 AM | 1:00 PM | 287-5420 |
| **Emergency Room** | Ground floor of the hospital | 8:00 AM | 1:00 PM | 287-6112 or 287-7700 |
| **Endo Gtown** | 100 N. Humphreys Blvd, 2nd Floor | 7:30 AM | | 747-5300 |
| **ENT** | OPC, ground floor | | 12:30 PM | 287-4400 |
| **ER Fellow Teaching** | Ground floor of the hospital **ask for the fellow conducting the teaching shift** | | 2:00 PM | 287-7700 |
| **Gastroenterology** | OPC, Suite 400 | 8:00 AM | 1:00 PM | 287-4514 or 287-7337 |
| **Gastroenterology Gtown** | 100 N. Humphreys Blvd, 2nd floor | 8:00AM | 1:00 PM | 747-5300 |
| **General Pediatrics** | OPC, Suite 350 | 7:45 AM | 1:00 PM | 287-5397 |
| **Genetics** | OPC, Suite 235 | Mon 12:00PM Tues & Fri 8:00 AM | | 287-6472 |
| **Genetics Gtown** | 100 N. Humphreys Blvd, Suite 200 | 8:00 AM | | 747-5351 |
| **Nephrology** | OPC, Suite 400 | 8:00 AM | 1:00 PM | 287-4514 |
| **Nephrology Gtown** | 100 N. Humphreys Blvd, 2nd floor | 8:30 AM | 1:00 PM | 747-5300 |
| **Neurology** | Lobby level of the hospital, Suite 400 | 8:30 AM | 1:00 PM | 287-5060 |
| **Newborn ICU Center** | Rout Building, 2nd floor | 7:30 AM | | 545-7366 |
| **Ophthalmology** | LBH Neurology Clinic 848 Adams, Lobby Level, Ste L400 | | 1:00 PM | |
| **Orthopaedics** | Campbell Clinic 1400 South Germantown Rd. | 8:00 AM | 12:00 PM | 759-3125 |
| **Pulmonology** | OPC, Suite 400 | 8:00 AM | 12:30 PM | 287-5251 |
| **Pulmonology Gtown** | 100 N. Humphreys Blvd, 2nd floor | 8:00 AM | 12:30 PM | 747-5300 |
| **Rheumatology** | OPC, Suite 200 | 8:30 AM | 1:00 PM | 287-7337 |
| **Rheumatology Gtown** | 100 N. Humphreys Blvd, Suite 200 | 8:30AM | 1:30 PM | 747-5300 |
| **Youth Villages** | Refer to the driving directions given in your handbook | 8:30 AM | 1:30 PM | 252-7771 |
| **Youth Villages - Dogwood** | 2890 Bekemeyer Dr. Arlington, TN 38002 | 8:30 AM | | 205-520-3702 |
| **Well-Baby Nursery** | Rout Building, 3rd floor **ask for Dr. Purvis** | 7:30 AM | | 545-8295 |

# Preceptor List

| Physician | Clinic Name | Clinic Address | Clinic Phone |
|---|---|---|---|
| Dr. Faria Abdullah | LBH Gen Pediatrics Clinic | 51 N. Dunlap St., 3rd Floor<br>Memphis, TN 38105 | 866-870-5570 |
| Dr. Paty Carasusan | Christ Community | 5366 Winchester Rd.<br>Memphis, TN 38115 | 901-361-1520 |
| Dr. Bubba Edwards | Pediatrics East | 7465 Poplar Ave.<br>Germantown, TN 38138 | 901-757-3560 |
| Dr. William Fesmire | Pediatrics East | 120 Crescent Dr.<br>Collierville, TN 38017 | 901-757-3560 |
| Dr. Jessica Hysmith | Memphis Children's Clinic | 9860 East Goodman Rd.<br>Olive Branch, MS 38654 | 662-890-0158 |
| Dr.Mike Lacy | Memphis Children's Clinic | 7672 Airways Blvd.<br>Southaven, MS 38671 | 662-349-2555 |
| Dr. Manoj Narayanan | Narayanan Pediatric Clinic | 3964 Goodman Rd. E., Suite 133<br>Southaven, MS 38671 | 662-895-9498 |
| Dr. Debo Odulana | LBH Gen Pediatrics Clinic | 51 N. Dunlap St., 3rd Floor<br>Memphis, TN 38105 | 866-870-5570 |
| Dr. Harry Phillips | Memphis Children's Clinic | 7672 Airways Blvd<br>Southaven, MS 38671 | 662-349-2555 |
| *Dr. Whitney Sanders* | Memphis Children's Clinic | 1129 Hale Rd. (Whitehaven)<br>Memphis, TN 38116 | Ofc: 901-396-0390<br>Cell: 731-694-6092 |
| Dr. Vanessa Sepulveda | Pediatric Consultants | 871 Ridgeway Loop Rd., Ste 200<br>Memphis, TN 38120 | Ofc:901-821-9990<br>Cell: 901-497-6860 |
| Dr. Lana Yanishevski | Laurelwood Pediatrics | 5050 Sanderlin<br>Memphis, TN 38117 | 901-683-9371 |
| Dr. Jason Yaun | LBH Gen Pediatrics Clinic | 51 N. Dunlap St., 3rd Floor<br>Memphis, TN 38105 | 866-870-5570 |
| | | | |
| | | | |

* Dr. Sanders would like for you to call the office number for checking on clinic cancellations, clinic closings, or inclement weather. If you're running late or calling in due to illness, please call her cell.

* Drs. Carasusan & Fesmire, please email them prior to your first day.

# Directions to Youth Villages – Bartlett Campus

(DO NOT use your GPS. It takes you to the wrong location).

| | |
|---|---|
| 1. Head east on 1-40 toward Appling Rd. | 56 ft. |
| 2. Take Appling Rd exit heading North. | 1.5 mi |
| 3. Continue onto Brother Blvd. (Ignore Youth Villages Bldg. on the turn. It's administration only). | 1.1 mi |
| 4. Turn left at Appling Rd. (thru a residential area) | 1.3 mi |
| 5. Turn left at Memphis Arlington Rd. Youth Villages' campus will be on the right. | 0.3 mi |

7410 Memphis Arlington Road, Memphis, TN 38135-1908

OR

Take Summer Avenue east all the way to Memphis-Arlington Road and turn left. Turn right into the first entrance and immediately turn right.

**Once you're on the YV campus -**

Turn right into the first entrance from Memphis-Arlington road and immediately turn right again toward the school. (See Map)

Follow the road around to the Paul W. Barrett, Jr. School and park in the parking lot.

Walk around the school on the left and enter the entrance facing the lake.

Walk through two sets of doors into the foyer. The clinic is directly ahead and slightly to the left.

If you get lost, call 252-7771 – Youth Villages Clinic

# Youth Villages Map



Google maps Address

To see all the details that are visible on the screen, use the "Print" link next to the map.

# Observed History and Physical Exam (EPA 1)

Student:

Evaluator (Print & Sign):

Location:

Date:

| **Obtain a complete and accurate history in an organized fashion** | | | |
|---|---|---|---|
| Gathers insufficient or overly exhaustive information | Gathers some information or occasionally too much information | Obtains an acceptable history in a mostly organized fashion. | Obtains a complete and accurate history in an organized fashion. |
| Comments: | | | |

| **Demonstrate clinical reasoning in gathering focused information relevant to a patient's care.** | | | |
|---|---|---|---|
| Fails to recognize patient's central problem. | Recognizes patient's central problem but does not prioritize or filter information. | Is able to filter signs and symptoms into pertinent positives and negatives. | Consistently filters data into pertinent positives and negatives, and incorporates secondary data into medical reasoning. |
| Comments: | | | |

| **Perform a clinically relevant, appropriately thorough physical exam pertinent to the setting and purpose of the patient visit** | | | |
|---|---|---|---|
| Incorrectly performs basic exam maneuvers or does not examine relevant areas of the patient for the presenting problem. | Performs basic maneuvers correctly but does not demonstrate organization or ability to prioritize portions of the exam. | Targets the exam to areas necessary for the encounter and performs exam correctly in a mostly organized manner. | Consistently performs an accurate complete or targeted exam in a logical and fluid sequence. |
| Comments: | | | |

| Identify, describe and document normal and abnormal physical exam findings. | | | |
|---|---|---|---|
| Misses key findings. | Identifies, describes, and documents normal findings. | Identifies, describes, and documents normal and abnormal findings. | Routinely identifies, describes, and documents normal and abnormal physical exam findings and is able to link to possible differential diagnoses. |
| Comments: | | | |

| Uses appropriate questioning to sort the differential to avoid premature decision making. | | | |
|---|---|---|---|
| May jump to conclusions without first asking probing questions | Questions reflect a narrow differential diagnosis. | Questions are purposefully used to clarify patient's issues. | Demonstrates astute clinical reasoning through targeted hypothesis-driven questioning. |
| Comments: | | | |

| Demonstrate patient-centered interview skills (attentive to verbal and nonverbal cues, cultural competency, active listening). | | |
|---|---|---|
| Is disrespectful, condescending, or arrogant in interactions with patients; disregards patient privacy and autonomy; or insensitive of cultural differences. | Communicates unidirectionally, may not respond to patient verbal and nonverbal cues, or has difficulty establishing rapport. | Relates well to most patients and families with few exceptions, demonstrates effective communication skills (silence, open-ended questions, body language, listening, and avoids jargon) that put families at ease, and appreciates cultural differences. |
| Comments: | | |

| Summarize your impression of the student's current ability in performing an H&P (Indicate level of entrustment by checking the appropriate box) | |
|---|---|
| | Can perform only as coactivity with supervisor |
| | Can perform with coaching and supervisor ready to intervene |
| | Can perform without coaching but with ALL findings double-checked |
| | Can perform without coaching and only KEY findings double-checked |

# Observed History and Physical Exam (EPA 1)

Student:

Evaluator (Print & Sign):

Location:

Date:

| **Obtain a complete and accurate history in an organized fashion** | | | |
|---|---|---|---|
| Gathers insufficient or overly exhaustive information | Gathers some information or occasionally too much information | Obtains an acceptable history in a mostly organized fashion. | Obtains a complete and accurate history in an organized fashion. |
| Comments: | | | |

| **Demonstrate clinical reasoning in gathering focused information relevant to a patient's care.** | | | |
|---|---|---|---|
| Fails to recognize patient's central problem. | Recognizes patient's central problem but does not prioritize or filter information. | Is able to filter signs and symptoms into pertinent positives and negatives. | Consistently filters data into pertinent positives and negatives, and incorporates secondary data into medical reasoning. |
| Comments: | | | |

| **Perform a clinically relevant, appropriately thorough physical exam pertinent to the setting and purpose of the patient visit** | | | |
|---|---|---|---|
| Incorrectly performs basic exam maneuvers or does not examine relevant areas of the patient for the presenting problem. | Performs basic maneuvers correctly but does not demonstrate organization or ability to prioritize portions of the exam. | Targets the exam to areas necessary for the encounter and performs exam correctly in a mostly organized manner. | Consistently performs an accurate complete or targeted exam in a logical and fluid sequence. |
| Comments: | | | |

| Identify, describe and document normal and abnormal physical exam findings. | | | |
|---|---|---|---|
| Misses key findings. | Identifies, describes, and documents normal findings. | Identifies, describes, and documents normal and abnormal findings. | Routinely identifies, describes, and documents normal and abnormal physical exam findings and is able to link to possible differential diagnoses. |
| Comments: | | | |

| Uses appropriate questioning to sort the differential to avoid premature decision making. | | | |
|---|---|---|---|
| May jump to conclusions without first asking probing questions | Questions reflect a narrow differential diagnosis. | Questions are purposefully used to clarify patient's issues. | Demonstrates astute clinical reasoning through targeted hypothesis-driven questioning. |
| Comments: | | | |

| Demonstrate patient-centered interview skills (attentive to verbal and nonverbal cues, cultural competency, active listening). | | |
|---|---|---|
| Is disrespectful, condescending, or arrogant in interactions with patients; disregards patient privacy and autonomy; or insensitive of cultural differences. | Communicates unidirectionally, may not respond to patient verbal and nonverbal cues, or has difficulty establishing rapport. | Relates well to most patients and families with few exceptions, demonstrates effective communication skills (silence, open-ended questions, body language, listening, and avoids jargon) that put families at ease, and appreciates cultural differences. |
| Comments: | | |

| Summarize your impression of the student's current ability in performing an H&P (Indicate level of entrustment by checking the appropriate box) | |
|---|---|
| | Can perform only as coactivity with supervisor |
| | Can perform with coaching and supervisor ready to intervene |
| | Can perform without coaching but with ALL findings double-checked |
| | Can perform without coaching and only KEY findings double-checked |

## Pediatrics Clerkship Otoscopic Exam Rubric

Student Name: _____

Date: _____

| Skill to be assessed | Unable to perform | Able to perform with prompting | Able to perform independently |
|---|---|---|---|
| 1. Describes and performs proper positioning of the child prior to the otoscopic exam | | | |
| 2. Describes the technique, including positioning of the pinna for different ages, and accurately performs the otoscopic exam | | | |
| 3. Describes the TM including color, position, translucency, and other conditions. | | | |
| 4. Accurately describes the findings of the TM (confirmed by preceptor). | | | |
| 5. Accurately describes criteria for diagnosis of AOM. | | | |

Attending/Supervising Resident Name:

_____

Attending/Supervising Resident Signature:

_____

## Pediatrics Clerkship Otoscopic Exam Rubric

Student Name: _____
Date: _____

| Skill to be assessed | Unable to perform | Able to perform with prompting | Able to perform independently |
|---|---|---|---|
| 1. Describes and performs proper positioning of the child prior to the otoscopic exam | | | |
| 2. Describes the technique, including positioning of the pinna for different ages, and accurately performs the otoscopic exam | | | |
| 3. Describes the TM including color, position, translucency, and other conditions. | | | |
| 4. Accurately describes the findings of the TM (confirmed by preceptor). | | | |
| 5. Accurately describes criteria for diagnosis of AOM. | | | |

Attending/Supervising Resident Name:

_____

Attending/Supervising Resident Signature:

_____

## Pediatrics Clerkship Developmental Assessment Rubric

Student Name: _____

Date: _____

| Skill to be assessed | Unable to perform | Able to perform with prompting | Able to perform independently |
|---|---|---|---|
| 1. Gains rapport with patient and caregiver. | | | |
| 2. Developmental assessment is age-appropriate. | | | |
| 3. Assesses whether earlier milestones were achieved on time. | | | |
| 4. Describes “red flags” for a given age. | | | |
| 5. Synthesizes an overall assessment for the child’s development (delayed versus normal). | | | |
| 6. Able to describe one or more issues that may impact on validity of screening exam. | | | |

Attending/Supervising Resident Name:

_____

Attending/Supervising Resident Signature:

_____

## Pediatrics Clerkship Developmental Assessment Rubric

Student Name: _____

Date: _____

| Skill to be assessed | Unable to perform | Able to perform with prompting | Able to perform independently |
|---|---|---|---|
| 1. Gains rapport with patient and caregiver. | | | |
| 2. Developmental assessment is age-appropriate. | | | |
| 3. Assesses whether earlier milestones were achieved on time. | | | |
| 4. Describes “red flags” for a given age. | | | |
| 5. Synthesizes an overall assessment for the child’s development (delayed versus normal). | | | |
| 6. Able to describe one or more issues that may impact on validity of screening exam. | | | |

Attending/Supervising Resident Name:

_____

Attending/Supervising Resident Signature:

_____

**DEVELOPMENTAL SCREENING FORM**

Name:
Birth date:
Evaluation Date:
Chronological Age (in months):

What age does the child act like?
Are you concerned about his/her development?
Are there any speech problems?
Are there any behavioral problems?

| Age | Gross Motor | Visual Motor | Language | Social | Red Flags |
|---|---|---|---|---|---|
| 1 mo | Raises head from prone<br>Lifts chin up | Has tight grasp<br>Visually fixes<br>Follows to midline | Alerts to sound (e.g. by blinking, moving, startling)<br>Soothes when picked up | Regards face | Failure to alert<br>Irritability |
| 2 mos | Holds head in midline<br>Lifts chest off table | Diminished grasp reflex<br>Follows objects past midline | Smiles after being stroked or talked to (social smile) | Recognizes parent | Rolling before 3 months (possible hypertonia) |
| 3 mos | Supports on forearms in prone<br>Holds head up steadily | Holds hands open at rest<br>Follows objects in circular fashion | Coos (produces long vowel sounds in musical fashion) | Reaches for familiar people or objects<br>Anticipates feeding | No social smile |
| 4-5 mos | Rolls front to back, back to front<br>Sits well when propped<br>Supports on wrists<br>Anterior protection | Moves arms in unison to grasp<br>Manipulates fingers<br>Shakes rattle<br>Has visual threat | 4 mos -orients to voice<br>5 mos -orients to bell/keys (localizes laterally)<br>Says “ah-goo”, razzes | Enjoys look around environment | Poor head control at 5 months<br>No laughing<br>No visual threat |
| 6 mos | Sits well unsupported<br>Puts feet in mouth in supine position<br>7 mos -lateral protection | Reaches with either hand<br>Transfers<br>Uses raking grasp | Babbles (“gaga, baba”)<br>7 mos -orients to bell/keys (indirectly)<br>8 mos -”dada/mama” indiscriminately | Recognizes strangers | Not rolling<br>Head lag |
| 9 mos | Creeps, crawls<br>Pulls to stand<br>Pivots when sitting<br>Posterior protection<br>Cruises<br>Parachute reflex | Uses pincer grasp.<br>Probes with forefinger<br>Holds bottle<br>Finger feeds<br>Looks to floor when toy is dropped (object permanence) | Understands “no”.<br>Waves “bye-bye”.<br>10 mos -”dada/mama” discriminately<br>Orients to bell/keys directly | Starts to explore environment<br>Plays pat-a-cake<br>Plays peek-a-boo | W-sitting (hypotonia)<br>Scissoring (hypertonia)<br>Persistent primitive reflexes (moro, fencer, log roll, positive support)<br>Absent babbling |
| 12 mos | Walks alone | Throws objects<br>Voluntary release<br>Uses mature pincer grasp | 11 mos -one word other than “dada/mama”<br>Follows one-step command with gesture<br>14 mos -immature jargoning | Imitates actions<br>Comes when called<br>Cooperates with dressing | No protective reactions (absent propping or parachute)<br>Inability to localize sound<br>(possible hearing loss) |
| 15 mos | Creeps up stairs<br>Walks backwards | Builds tower of two blocks<br>Scribbles in imitation | 15 mos -uses 4-6 words.<br>16 mos -follows one step command without gesture.<br>17 mos -knows 7-20 words.<br>Points to five body parts<br>Uses mature jargoning (includes intelligible words in jargoning) | Solitary play<br>Drinks from a cup | No single words<br>Persistent toe walking (possible hypertonia) |
| 18 mos | Runs<br>Throws ball from standing<br>Push/pulls large object | Turns 2-3 pages at a time<br>Fills spoon and feeds self<br>Scribbles spontaneously | Names one picture on command<br>Says “Thank you”, “Stop it”, “Let’s go” | Copies parent in tasks (e.g., sweeping, dusting) | Hand dominance before 18 months (possible contralateral weakness) |

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|---|---|---|---|---|---|
| 21 mos | Squats in play<br>Goes up steps with hand held | Builds tower of 5 blocks<br>Drinks well from cup | Uses novel two-word combinations<br>Uses 50 words | Asks to have food<br>Asks to use toilet | Lack of social interaction (possible autism)<br>Poor joint attention (possible autism) |
| 24 mos | Walks up and down steps without help<br>Jumps in place<br>Kicks ball | Turns pages one at a time<br>Removes shoes, pants, etc.<br>Imitates pencil stroke | Uses pronouns (I, me, you) inappropriately<br>Follows 2 step commands<br>Uses 50+ words (rapid vocabulary expansion) | Parallel play<br>Tolerates separation | Persistent poor transitions (may indicate possible autism)<br>Family does not understand speech |
| 30 mos | Jumps with both feet off floor<br>Throws ball overhand | Unbuttons clothes<br>Holds pencil in mature fashion | Uses pronouns appropriately<br>Repeats two digits forward Understands the concept of "one" | Gives first and last name<br>Gets drink without help | |
| 3 yrs | Pedals tricycle<br>Can alternate feet when going up steps | Dresses and undresses partially<br>Dries hands if reminded<br>Copies a circle | Uses three-word sentences<br>Uses plurals<br>Minimum 250 words<br>Repeats three digits forward | Group play (shares toys, takes turns) Plays well with others Knows full name, age, and sex | Extended family does not understand speech<br>Persistent echolalic phrases (possible autism) |
| 4 yrs | Hops<br>Alternates feet going down stairs | Buttons clothing fully<br>Catches ball<br>Copies a square | Knows colors<br>Says song or poem from memory<br>Asks questions | Tells "tall tales"<br>Plays cooperatively with a group of children | |
| 5 yrs | Skips alternating feet<br>Jumps over low obstacles | Ties shoes<br>Spreads with a knife<br>Copies a triangle | Prints first name<br>Asks what a word means<br>Uses adult sentence structure | Plays competitive games<br>Abides by rules<br>Likes to help in household tasks | Non-family members do not understand speech |
| School Age | Is the child having problems with: reading _____, writing _____, math _____, school behavior _____? | | | Yes to any question requires further evaluation. | |

Developed by David A. Kube, M.D.
Adapted from: Capute AJ, Accardo PJ. Clin Pediatr 1978; 17:847; Capute AJ, et al. Am J Dis Child 1986, Capute AJ, et al. Devel Med Child Neurol 1986; 28:762. Rounded norms adapted from Capute et al. Devel Med Child Neurol 1986; 28:762. Johnson CP, Blasco PA. Pediatrics in Review 1997; 18:219.
DQ= Developmental Age/Chronological Age x 100
DQ > 85 Routine developmental screening
DQ 75-85 Close developmental follow-up

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