

Student _____
Dates of Rotation _____

Pediatric Rotation Task Sheet

OBJECTIVES

OBSERVED/ASSISTED

- | | |
|--|---------------|
| 1. Pediatrics | |
| a. assessment / vital signs | _____ / _____ |
| b. height and weight measurement | _____ / _____ |
| c. intake and output | _____ / _____ |
| d. bathing and AM care | _____ / _____ |
| e. Universal Precautions | _____ / _____ |
| f. medication administration | _____ / _____ |
| 2. Play Therapy | |
| a. developmental stages | _____ / _____ |
| b. behavior reinforcement | _____ / _____ |
| 3. Nutrition | |
| a. meals/formulas | _____ / _____ |
| b. nutritional requirements | _____ / _____ |
| c. special diets | _____ / _____ |
| 5. Adjustment to the clinical setting | |
| a. fear reduction | _____ / _____ |
| b. promotion of trust | _____ / _____ |
| c. parental support | _____ / _____ |
| d. emergency care | _____ / _____ |
| 6. Manifestation/Management of health problems | |
| a. orthopedic injuries | _____ / _____ |
| b. respiratory diseases/disorders | _____ / _____ |
| c. congenital anomalies | _____ / _____ |
| d. medical conditions | _____ / _____ |

Mentor Signature

Date