

At the end of this session students will be able to

1. list the 10 important signs in a child of less than 2 months to suspect sepsis
2. examine a child less than 2 months to identify these signs
3. list the four signs of good attachment
4. list the four signs of good position
5. identify pictures with good attachment or positions
6. examine a child in OPD following the IMCI guidelines

Activities:

1. Summarize the previous days session
2. Ask students to list 10 signs that may be present in young infant who is sick
3. Discuss those signs and finalize common 10 signs that could identify a sick neonate.
4. Video show on the examination of young infant
5. Demonstrate a young infant to identify these signs.
6. Video show on the breast feeding and attachment
7. Allot one patient to each student to re demonstrate the examination of sick young infant.
8. Discuss at the end the days activity

Materials:

white board, board marker, picture book, IMCI case recording forms, video with screen, tape, young infants.

Time:

Two and half hours.

Place: ARI ward of Kant Childrens Hospital
Intermediate neonatal ward.

Respiratory system

At the end of this session students will be able to:

- a. list common risk factors for respiratory illnesses
- b. list open ended questions for the parent to elicit these risk factors
- c. list common symptoms in a child with respiratory illnesses
- d. list open ended questions for the parent to elicit the site of respiratory illnesses
- e. list signs that is present in a child with respiratory illnesses
- f. identify the sites to look these signs
- g. write in a systemic way to look these signs
- h. identify a bronchial, vesicular breath sound.
- i. identify wheeze, stridor and crackles
- j. percuss the chest and identify: dullness or resonant
- k. elicit history, perform clinical examination on a patient with respiratory disease: pneumonia, pleural effusion

1. identify different types of pleural aspirated fluids: chylous, straw and pus.

Activities:

- a. Summarize the IMCI approach to identify a child with pneumonia.
- b. Allot in group of three to list :
 - i. common risk factors for respiratory illnesses
 - ii. open ended questions for the parent to elicit these risk factors
 - iii. list common symptoms in a child with respiratory illnesses
 - iv. list open ended questions for the parent to elicit the site of respiratory illnesses
- c. Discuss briefly the listed risk factors and emphasize on: preterm, small for date, immunizations, parental smoking, domestic smoke pollutions, cooking methods, persons staying in one room, houses on the roads, family history, other family members having similar illness, rash, runny nose, ear discharge, unable to swallow, retrosternal pain, chest indrawing etc.
- d. Ask the student to stay in a group of three, change the students in group and ask the group to list:
 - i. list signs that is present in a child with respiratory illnesses
 - ii. identify the sites to look these signs
 - iii. write in a systemic way to look these signs
- e. Discuss briefly on : fast breathing, position of patient, cyanosis, chest indrawing, flaring of alae nasi, head nodding, clubbing, ear discharge, runny nose, lymphadenopathy (cervical, axillary), viral rash, nasal polyps, DNS, enlarged tonsils, adenoid facies, ulcers at palate, congested faucial pillars, trachea, chest movement, shape of chest, harrisons sulci, percussion notes, breath sounds and crackles, air entry in lungs, ronchi, wheeze, stridor and snoring.
- f. find a co-operative patient and take consent from the parent to show the bronchial and vesicular breath sound to each student. Place the diaphragm of the stethoscope over the interscapular region and other part of the chest to show these breath sound one by one to each student. Cover the area with the blanket and ask each student to draw the graph of these sound and verify these graph.
- g. demonstrate a patient to do a quick respiratory examination.
- h. Allot one patient to one student (preferably a pleural effusion) and ask him to take the quick history, ask another student to exam the chest.
- i. Discuss this patients sign and reaching the diagnosis by aspirating the fluid. Prepare the different types of aspirated fluid in bottle by mixing milk and water (chylous), iodine and water (straw), tincture benzoin with water (pus) and plain water (transudate).
- j. Discuss the days activity.

Materials: white board, board marker, patients, bottle and other fluids as mentioned in the activity.

Time: two and half hours.

2nd Clinical bedside teaching: Respiratory system examination

At the end of this session students will be able to:

- take a detailed history from guardian of a child who has acute respiratory problem
- performed clinical examination and identify specific respiratory signs
- correlate the history and clinical signs and list at least three differential diagnosis
- list appropriate investigations and justify the listed investigations
- outline the plan of management

Activities:

Summarize the previous days activities: how to make a good rapport, taking a consent, making child and guardian comfortable before taking history, important risk factors important specific symptoms and signs in respiratory diseases .

Mention objectives of the session.

Ask students to present the home work (questions for specific organ of the respiratory system.

Divide students in group of four and ask each student to write at least 10 specific entry questions for: respiratory organs specific symptoms, risk factors, and relation with past illnesses. (time allotted is 10 minutes)

Discuss these questions.

Give Following cases to each group: 342, 341, 369, 353, and 390 (ask students to identify these bed numbers according to the allotment on first day of paediatric posting. If they have taken history ask them to present the case)

Ask the group to demonstrate the specific signs in the allotted patients (nutritional status, respiratory rate, pallor, cyanosis, clubbing, ear discharge, runny nose, tonsillitis, pharyngitis, buccal/palatal ulcers, cervical and axillary impulse, movement of chest, chest indrawing, percussion note, upper border of liver dullness, vesicular/bronchial breath sounds, .stridor/ wheeze and crackles)

Discuss the signs presented correlating with history

Ask each group to list the appropriate investigations.

Ask each group to list the plan of management.

Summarize the days activities

Materials:

White board marker, white board, patients, guardian, hand book of paediatric problems

Place: ARI ward, Medical ward

Time: Two and half hours

