

CCX Tips

- 1.) Look closely at the door chart and pay attention to Vitals, Weight, BMI (and consider if obese and remember to put on problem list if so). Look at location and time of encounter if indicated.
- 2.) Come up with some differentials based on the door data before you go on. This will help to guide your questions and may prevent you from anchoring on a single diagnosis.
- 3.) Specifics to Pediatrics: Sometimes mannequins are used for the encounters where the child is younger than 16. You do not need to perform a physical exam on the mannequin. Instead, let the mom know when you are ready to exam the child and you will get a card with the complete physical exam. Write down anything you believe is relevant for your pertinent positives and negatives as you cannot take this card with you. For SP satisfaction, they prefer you talk or ask questions to clarify when reviewing the physical exam rather than complete silence for a long time while you are jotting things down. Examples of some things you could say or discuss would be if you would see a rash was present, ask "how long has he rash been present" or after reviewing the heart and lung assessment that may be normal, you could state "I just listened to the heart and lungs, and they both sound good".
- 4.) Consider also for Pediatric cases, there may be a need to do a birth history and/or a developmental history if indicated.
- 5.) Teach-back is part of the SP checklist so you will want to include it at the close of the interview. Provide the patient with a plan for what the next steps will be and have them clarify their understanding by having them repeat back your plan.
- 6.) Findings Section- Be sure to include both pertinent positive and pertinent negative. Pertinent negatives can be more difficult to come up with so it is a good idea to go back to your DDX's and consider what negates the unchosen diagnoses. Another thing I have seen when grading is people forgetting to include Physical Exam findings. Be sure to interpret any numbers rather than just listing (this includes things such as temperature, blood pressure, pulse, respiration, pulse ox, and weight).
- 7.) Differential Diagnoses (DDX)- Very important to spend some time coming up with using good clinical reasoning. It helps to start with looking at the chief complaint before even going in the room to start this process.
- 8.) Labs/tests- Do not want to go shopping, yet do what you normally would do. It may be in some instances where you need to do a test to negate one of your DDX's. One tip is to consider running a U/A in cases where there is abdominal pain. I see that sometimes when I grade that the bladder/kidneys are forgotten. ☹ Remember that these labs/tests are not needed for the DXJ. Use the history and physical exam to justify.
- 9.) Diagnosis- Remember for some cases and of course in the 'real world', patients may have more than 1 diagnosis. Ex.) You decide that someone has diabetes mellitus and in your lab section, you checked a lipid panel and discovered they also have hypercholesterolemia; therefore, you have 2 diagnoses.
- 10.) Problem List- Things that are to be included on a problem list include the 1.) Actual Diagnoses 2.) If there is a secondary diagnosis 3.) Previous diagnoses (PMH) 4.) Allergies to Medication 5.) Pertinent Family Medical History 6.) Obesity (Look at BMI on door chart. 7.) Social Issues which can include many items ie.) Tobacco Use, Drug Use, Excessive Alcohol Intake, Risky Sexual Behavior, Social Stress due to not having enough money to pay for prescriptions to just name a

few. 8.) Health Maintenance- Need to put a specific item such as flu vaccine or colonoscopy if age indicates for example.

11.) Diagnosis Justification (DXJ)- 20 percent of your total score and worthwhile to spend some time on this section! You want to be sure to discuss all the diagnoses that you originally put down and be sure to commit to your most likely diagnosis. You want to walk someone through your thought process and clinical reasoning but putting supporting and detracting factors for each. Be concise and not overly wordy as there is character limitations. Remember to be specific with your findings as these are blinded to the grader. For example, I have seen students who are more generalized and say 'due to dehydration symptoms' rather than saying the specifics that are needed such as the patient has 'dry mucous membranes and increased capillary refill'.

12.) Management Section- (usually weighted less than other sections)

It will make you first decide whether the patient is to be inpatient or outpatient. For those that you decide need inpatient status, you will want to use the mnemonic VANDALISM (C) which stands for: 1.) Vitals (say how frequently you want them checked) 2.) Allergies-important to consider as you want to be sure not to order anything that they are allergic to. 3.) Nursing- this is a broad range of things that you may want the nurse to do. Some examples- Intake and output; telemetry; Monitor pulse ox continuously 4.) Diet- consider if you think this patient needs to have surgery to make them NPO 5.) Activity- ex.) up with assist X 2 or walk the halls three times a day 6.) Labs- Consider if there is anything you need to recheck 7.) IVF's- provide a type of fluids you want ran and if you want maintenance or bolus or both 8.) Specials such as studies, consults 9.) Medications- Be sure to be specific and name a drug rather than a class. Consider if your patient has a fever or in pain to be sure to treat as I have seen when grading these items forgotten. 10.) Call orders and precautions such as isolation, seizure precautions, etc.

If outpatient, be sure to also consider some of these same items as it relates such as allergies, labs, meds, consults, also consider education (ex.)counsel on quitting smoking) since you are sending home, as well as a follow up with a timeframe for which you would like to see them back.

In summary, these are the guidelines I use to orientate students for the Pediatric CCX and hope that it is helpful as you are about to take your SCCX. I have been told by many students that it was helpful, so I decided to finally put them down in writing. I wish you all the best on your upcoming exam!!!

Kelly



Kelly Pickrell, MSN, RN

Nurse Educator for Year 2/3
Office of Education and Curriculum
SIU School of Medicine
Phone (217)741-6253