The Royal Australasian College of Physicians

Paediatric Emergency Medicine

Advanced Training Curriculum

Paediatrics & Child Health Division

The Royal Australasian College of Physicians

Physician Readiness for Expert Practice (PREP) Training Program

Paediatric Emergency Medicine Advanced Training Curriculum

TO BE USED IN CONJUNCTION WITH:

Basic Training Curriculum – Paediatrics & Child Health

Professional Qualities Curriculum

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- Dr Jane Cocks, FRACP, FACEM ,FJFICM
- Dr Ian Everitt, FRACP
- Dr Sarah Jamison, FRACP
- Dr Matthew O'Meara, FRACP
- Dr Pamela Rosengarten, FACEM
- Dr Ilsa Spillane-van den Berg, RACP Advanced Trainee Representative
- Dr Fiona Thomson FRACP, FACEM

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The process was managed by the Curriculum Development Unit within the College's Education Deanery, who designed the document, drafted content material, organised and facilitated writing workshops, developed resource materials, and formatted the final document.

CONTACT DETAILS

THE ROYAL AUSTRALASIAN COLLEGE OF PHYSICIANS

AUSTRALIA
145 Macquarie Street
Sydney
NSW 2000
Australia

Tel: (+61) (2) 9256 5444
Fax: (+61) (2) 9252 3310

Email: racp@racp.edu.au
Website: www.racp.edu.au

NEW ZEALAND
5th Floor
99 The Terrace
Wellington
New Zealand

Tel: (+64) (4) 472 6713
Fax: (+64) (4) 472 6718

Email: racp@racp.org.nz
Website: www.racp.edu.au

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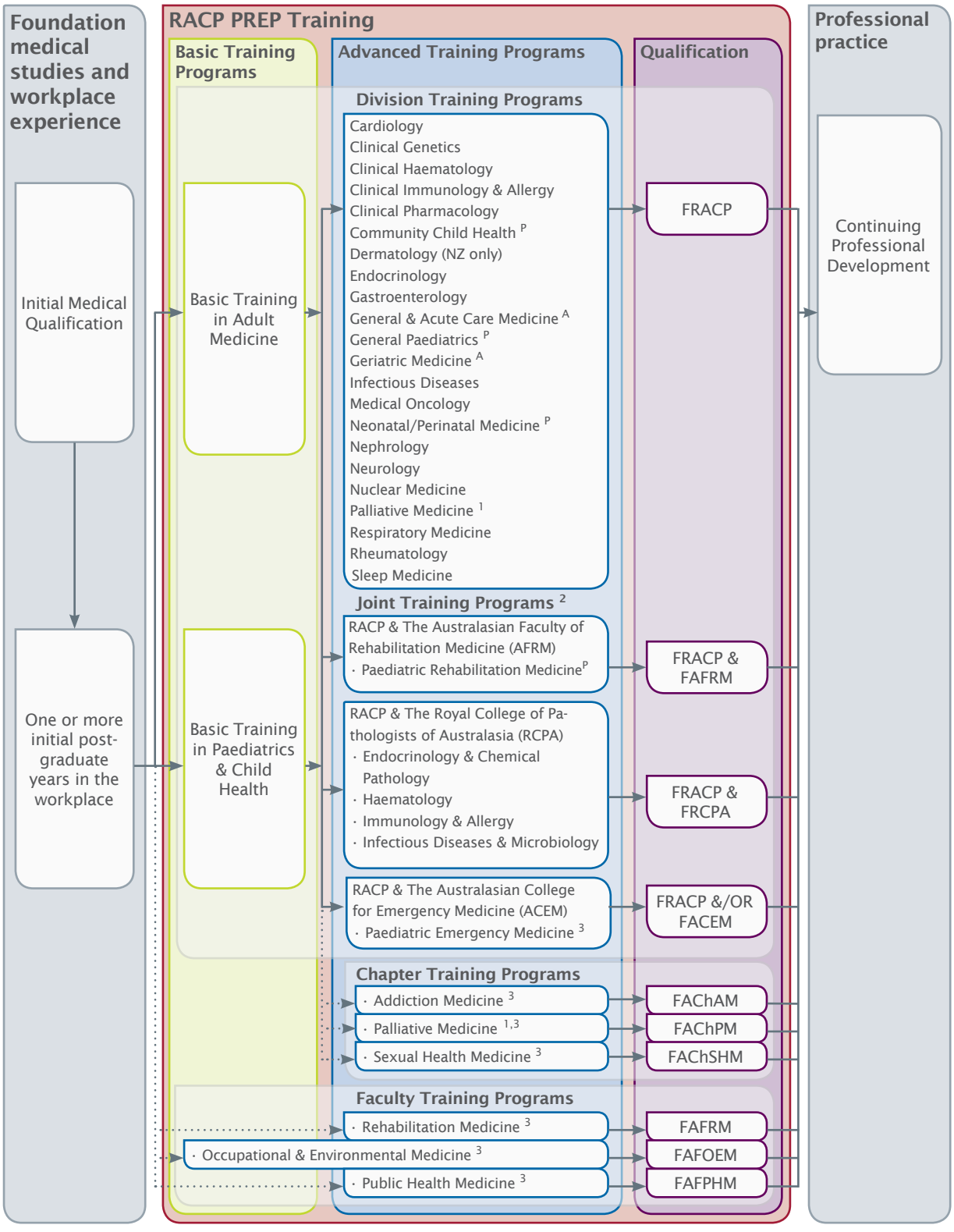
Please note: No Domains, Themes or Learning Objectives have been updated for this edition; design changes ONLY.

RACP FELLOWSHIP TRAINING PATHWAYS AND THE CONTINUUM OF LEARNING



P Trainees must complete Basic Training in Paediatrics & Child Health to enter this program.
A Trainees must complete Basic Training in Adult Medicine to enter this program.
1 Trainees who have entered Advanced Training in Palliative Medicine via a RACP Basic Training Program will be awarded FRACP upon completion and may subsequently be awarded FAChPM. Trainees who have NOT entered Advanced Training in Palliative Medicine via a RACP Basic Training Program will only be awarded FAChPM upon completion.
2 The Child & Adolescent Psychiatry Joint Training Program with the Royal Australian and New Zealand College of Psychiatrists (RANZCP) is currently under review by the RACP and RANZCP and closed to new entrants at present.
3 Alternative entry requirements exist for these training programs; please see the corresponding PREP Program Requirements Handbook for further information.

NB1: This diagram only depicts training programs that lead to Fellowship. Please see the RACP website for additional RACP training programs.
NB2: For further information on any of the above listed training programs, please see the corresponding PREP Program Requirements Handbook.

OVERVIEW OF THE SPECIALTY

Paediatric emergency medicine (PEM) is the major branch of medicine concerned with the short-term and emergency treatment of children - neonates to adolescents.

It focuses on:

- being well rounded in all areas of acute medicine and being able to manage most situations with minimal support from other subspecialties
- the management of an undifferentiated patient presenting to an emergency department which may include medical and surgical emergencies
- coordinating the management of complex patients, including organising appropriate referral
- interacting with other health care service providers and providing assistance as appropriate with disaster management situations
- the management of primary, secondary, and tertiary conditions in the paediatric population
- educating other emergency and general practice physicians, nursing staff, allied medical and health professionals, and other professional groups who work with children, particularly within the fields of emergency resuscitation and the management of severely ill or injured children.

Importance:

Paediatric emergency paediatricians (PEPs), though a small group within the overall medical profession, play a key role in ensuring the health, safety, and wellbeing of children within our society. This also includes meeting the psychosocial needs of these children. A key aspect of the PEPs' role is coordinating the full range of health care professionals, and associated service providers, in their treatment and care of medical and surgical emergencies in paediatrics. PEPs also play a key educative role in health promotion and public awareness within both the medical and general communities. PEPs may also be required to offer expert medico-legal opinion. The importance of the specialty's role is also evidenced by the requirement of a higher level of seniority and number of PEPs to adequately and safely staff emergency departments.

Strengths and challenges

Current strengths of this specialty include an extensive exposure to a broad range and number of emergency and critical care/clinical conditions, during training and subsequent professional practice. This exposure complements the broad knowledge base amongst consultants, contributing to their ability to manage many conditions which previously required a subspecialty involvement.

In common with other professionals, PEPs face the challenges of managing an ever increasing workload; assimilating and using new knowledge, information, technologies and workplace practices; responding to legislative requirements; and working within a multisystem environment.

In particular, the specialty faces challenges related to:

- management of children in non-children's hospital emergency departments
- obtaining subspecialty knowledge relevant to acute care
- education of other PEPs and paediatricians about PEM
- positively influencing the appropriate use of general practice, community health, and emergency services
- workforce issues in relation to placements of graduates from the training program within the context of the finite resources available to hospitals
- appropriate credentialing of emergency physicians or paediatricians currently working in paediatric emergency departments who qualified prior to the introduction of the PEM Advanced Training Program through the RACP or the Australasian College for Emergency Medicine (ACEM).

Public perceptions

Unlike other higher profile specialty areas, the general public is often unaware of the existence of PEPs and the vital role that they play in the care and treatment of sick and injured children. This often leads to a situation where parents/patients may believe that doctors in paediatric emergency departments are paediatricians only and therefore the parents frequently want to deal with subspecialists.

Actual/potential areas of conflict

Conflict areas lie between emergency medicine specialists and other subspecialists. Previous work completed by subspecialists is now being completed by PEM specialists.

Issues that arise from this situation include:

- management of children in the most safe and efficient manner
- managing the boundaries between PEM and other specialties.

Evolving developments and future directions:

One of the key emerging developments and indeed one of the key strengths of this specialty is the ability to take a significant leadership role in the management of all emergencies, calling on subspecialty consultation as required. Trainees within this field need to have appropriate training in, and exposure to, situations in which they must take an authoritative and accountable leadership role.

From a patient treatment and management perspective more procedures are now being done in emergency departments under sedation, thus reducing the need for inpatient admission under the care of other specialists/subspecialists.

Finally, the larger numbers of qualified specialists in this field is leading to a larger voice within both the RACP and the ACEM. This in turn will assist in significantly raising the profile and perceived strengths of the specialty both within the medical profession and the general community.

CURRICULUM OVERVIEW

Paediatric Emergency Medicine – Advanced Training Curriculum

This curriculum outlines the broad concepts, related learning objectives and the associated theoretical knowledge, clinical skills, attitudes and behaviours required and commonly used by PEPs within Australia and New Zealand.

The purpose of Advanced Training is for trainees to build on the cognitive and practical skills acquired during Basic Training. At the completion of the PEM Advanced Training program, trainees should be competent to provide at consultant level, unsupervised comprehensive medical care in PEM.

Attaining competency in all aspects of this curriculum is expected to take three years of training. It is expected that all teaching, learning and assessment associated with the PEM Advanced Training Curriculum will be undertaken within the context of the physician's everyday clinical practice and will accommodate discipline-specific contexts and practices as required. As such it will need to be implemented within the reality of current workplace and workforce issues and the needs of health service provision.

There may be learning objectives that overlap with or could easily relate to other domains; however, to avoid repetition, these have been assigned to only one area. In practice it is anticipated that within the teaching/learning environment, the progression of each objective would be explored.

The implementation of this curriculum will provide a more comprehensive education program with a coherent and cohesive approach to training.

This curriculum may be used to:

- assist trainees in planning their learning program by benchmarking competencies
- guide supervisors of Advanced Trainees to check on the adequacy of training programs and assist in the development of new initiatives
- inform medical administrators of training program outcomes to assist in decisions regarding allocation of resources.

Note: The curricula should always be read in conjunction with the relevant College Training Handbook available on the College website.

Professional Qualities Curriculum

The Professional Qualities Curriculum (PQC) outlines the range of concepts and specific learning objectives required by, and used by, all physicians and paediatricians, regardless of their specialty or area of expertise. It spans both the Basic and Advanced Training Programs and is also used as a key component of the CPD program. This curriculum also includes research, education, and quality improvement activities. Together with the various Basic and Advanced Training Curricula, the PQC integrates and fully encompasses the diagnostic, clinical, and educative-based aspects of the physician's or paediatrician's daily practice.

Each of the concepts and objectives within the PQC will be taught, learnt, and assessed within the context of everyday clinical practice. Thus it is important that they be aligned with and fully integrated into, the learning objectives within this curriculum.

EXPECTED OUTCOMES AT THE COMPLETION OF TRAINING

Graduates from this training program will be equipped to function effectively within the current and emerging professional, medical, and societal contexts. At the completion of the Advanced Training Program in PEM, as defined by this curriculum, it is expected that a new Fellow will have developed the clinical skills and have acquired the theoretical knowledge for competent paediatric emergency medicine practice. It is expected that a new Fellow will be able to:

- manage children requiring critical care due to acute injury or illness
- effectively liaise with colleagues in their own discipline and in other disciplines
- effectively lead multidisciplinary teams (MDTs)
- demonstrate a compassionate, caring attitude to children and their families and possess skills in communication, especially in regard to conveying bad news and in conflict resolution
- demonstrate the knowledge and skills of dealing with important adult emergencies that may present to a PEP.

CURRICULUM THEMES AND LEARNING OBJECTIVES

Each of the curriculum documents have been developed using a common format, thereby ensuring a degree of consistency and approach across the spectrum of training.

Domains

The domains are the broad fields which group common or related areas of learning.

Themes

The themes identify and link more specific aspects of learning into logical or related groups.

Learning Objectives

The learning objectives outline the specific requirements of learning. They provide a focus for identifying and detailing the required knowledge, skills, and attitudes. They also provide a context for specifying assessment standards and criteria as well as providing a context for identifying a range of teaching and learning strategies.

LEARNING OBJECTIVES TABLES

DOMAIN 1	FOUNDATIONS IN EMERGENCY MEDICINE
Theme 1.1	Emergency Medical System
Learning Objectives	
1.1.1	Discuss pre-hospital care
1.1.2	Conduct clinical risk management processes
1.1.3	Assess and advise on management of the child requiring retrieval or transfer
1.1.4	Prepare for and manage disasters involving children
Theme 1.2	Resuscitation and Critical Care
Learning Objectives	
1.2.1	Assess and manage the child requiring resuscitation and critical care
1.2.2	Assess and manage the child with critical illness or injury
1.2.3	Manage the death of a child
Theme 1.3	Analgesia and Sedation
Learning Objectives	
1.3.1	Assess and manage pain
1.3.2	Assess and manage the child requiring procedural sedation

DOMAIN 2	ACUTE CARE
Theme 2.1	Acute Injury
Learning Objectives	
2.1.1	Assess and manage acute injury
2.1.2	Assess and manage head injury
2.1.3	Assess and manage facial injury
2.1.4	Assess and manage chest injury
2.1.5	Assess and manage abdominal injury
2.1.6	Assess and manage genitourinary or pelvic injury
2.1.7	Assess and manage spinal injury
2.1.8	Assess and manage neck injury
2.1.9	Assess and manage orthopaedic injury
2.1.10	Assess and manage soft tissue injury
2.1.11	Assess and manage hand injury
2.1.12	Assess and manage lacerations
2.1.13	Assess and manage burns
2.1.14	Assess and manage toxic injury
2.1.15	Assess and manage environmental injury
2.1.16	Assess and manage non-accidental injury
Theme 2.2	Acute Illness
Learning Objectives	
2.2.1	Assess and manage acute illness
2.2.2	Assess presenting symptoms to form a diagnosis
2.2.3	Order, perform, and interpret diagnostic procedures
2.2.4	Order and perform common procedures
2.2.5	Assess and manage cardiovascular illness
2.2.6	Assess and manage respiratory illness
2.2.7	Assess and manage gastrointestinal illness
2.2.8	Assess and manage obstetric and gynaecologic illness

2.2.9	Assess and manage renal and urologic illness
2.2.10	Assess and manage neurologic illness
2.2.11	Assess and manage musculoskeletal illness
2.2.12	Assess and manage skin illness
2.2.13	Assess and manage ear, nose, and throat (ENT) illness
2.2.14	Assess and manage dental illness
2.2.15	Assess and manage haematological and oncological illness
2.2.16	Assess and manage infectious disease
2.2.17	Assess and manage immunological illness
2.2.18	Assess and manage endocrinological illness
2.2.19	Assess and manage metabolic illness
2.2.20	Assess and manage congenital illness
2.2.21	Assess and manage developmental abnormalities and syndromes
2.2.22	Assess and manage behavioural and psychiatric illness

LEVELS OF PRACTICE IN THE LEARNING OBJECTIVES TABLES

The following tables indicate the range of supporting knowledge and skills for each of the learning objectives. The knowledge and skills outlined have been allocated a one of the following three levels of practice:

Levels of Practice	
Expert	**Clinical topics:** Demonstrate the knowledge and skills required by the objective at a level necessary to: • provide all aspects of acute care without the need for consultation. **Non-clinical topics:** • demonstrate an understanding of the principles and practical application of the topic without need for assistance from others.
High	**Clinical topics:** Demonstrate the knowledge and skills required by the objective at a level that: • would provide appropriate immediate and stabilising care without consultation • may require input from other specialties to provide continuing and definitive care. **Non-clinical topics:** • demonstrate an understanding of the principles and practical application of the topic and may require assistance from others who have special knowledge to competently deal with the topic.
General	**Clinical topics:** Demonstrate the knowledge and skills required by the objective at a level that would: • enable recognition; and/or • appropriate investigation; and/or • consultation with an appropriate health care provider, and • provide immediate supportive management. **Non-clinical topics:** • demonstrate an understanding of the principles and practical application of the topic and would be expected to require further assistance from others who have special knowledge to competently deal with the topic.
Adapted from the Australasian College of Emergency Medicine Training Handbook http://www.acem.org.au/media/training/Handbook.pdf	

DOMAIN 1	FOUNDATIONS OF EMERGENCY MEDICINE
Theme 1.1	Emergency Medical System
Learning Objective 1.1.1	Explain pre-hospital care

Knowledge	Skills
High level of practice	
• describe essential aspects of an Emergency Medical System (EMS).	• communicate with pre-hospital providers using a variety of methods.

DOMAIN 1	FOUNDATIONS OF EMERGENCY MEDICINE
Theme 1.1	Emergency Medical System
Learning Objective 1.1.2	Conduct clinical risk management processes

Knowledge
Expert level of practice

• explain essential components of clinical risk management processes:
  • documentation
  • consent
  • consultation
  • quality assurance
  • complaint and incident report management

High level of practice
• list high risk components of an emergency medical department • describe Australian Triage Scale indicators • outline medical advice which may be provided by telephone triage.

DOMAIN 1	FOUNDATIONS OF EMERGENCY MEDICINE
Theme 1.1	Emergency Medical System
Learning Objective 1.1.3	Assess and advise on management of the child requiring retrieval or transfer

Knowledge

Expert level of practice

- assess and explain considerations of inter-hospital transfer:
  - risk factors
  - transfer disposition
  - transfer method
  - handover protocol
  - transfer of responsibilities
- assess and explain considerations of intra-hospital transfer:
  - risk factors
  - monitoring devices
  - handover protocol
  - clinical handover

High level of practice

- describe roles and responsibilities of retrieval medicine.

DOMAIN 1	FOUNDATIONS OF EMERGENCY MEDICINE
Theme 1.1	Emergency Medical System
Learning Objective 1.1.4	Prepare for and manage disasters involving children

Knowledge	Skills
Expert level of practice	

• explain emergency department measures necessary to receive victims of a disaster:
  • equipment
  • personnel
	• demonstrate management of transport, nursing, and collegial staff

High level of practice	
• describe methods of disaster site triage and on-site treatment • identify essential information which must be communicated following a disaster	
General level of practice	

• list responsibilities of national, state, and regional governments following a disaster
• identify occupational health and safety risks
• identify potential medical issues:
  • public health
  • mental health
• summarise considerations of disaster site management:
  • roles and responsibilities
  • field hospitals
  • transport
  • equipment and supplies
  • media management.
	• participate in disaster preparation planning and training.

DOMAIN 1	FOUNDATIONS OF EMERGENCY MEDICINE
Theme 1.2	Resuscitation and Critical Care
Learning Objective 1.2.1	Assess and manage the child requiring resuscitation and critical care

Knowledge	Skills
Expert level of practice	

• describe anatomy and age related normal physiology
• explain patterns of physiological and clinical decompensation
• identify high risk clinical features and comorbidities
• describe expected clinical course and outcome following resuscitation.
	• conduct a structured assessment
	• recognise the need for and perform emergency intervention
	• perform practical trauma procedures:
	  • airway management, including manoeuvres and adjuncts, oxygen delivery systems, bag, and mask ventilation
	  • circulation management
	• perform and interpret diagnostic techniques:
	  • biochemical
	  • electrocardiogram (ECG)
	  • haematological
	  • metabolic
	  • microbiological
	  • radiological
	  • patient monitoring
	• perform oximetry and capnography to monitor intubated patient

High level of practice	
	• demonstrate modes of ventilation, including invasive and non-invasive techniques • perform methods of airway management with assistance, including endotracheal intubation and mechanical ventilation.

DOMAIN 1	FOUNDATIONS OF EMERGENCY MEDICINE
Theme 1.2	Resuscitation and Critical Care
Learning Objective 1.2.2	Assess and manage the child with critical illness or injury

Knowledge	Skills
Expert level of practice	

• explain possible diagnoses, likelihood, and significance:
  • critical illness
  • critical injury
• explain and select fluid therapies:
  • oral and intravenous (IV) rehydration fluids
  • volume expanders
  • blood products
  • basic resuscitation
• identify and describe symptoms of arrhythmia
	• assess the need for and perform stabilisation and emergency treatment in critical illness and critical injury

High level of practice	

• outline fluid therapies - advanced resuscitation
• outline forms of procedural intervention.
	• perform advanced life support:
	  • fluid resuscitation
	  • defibrillation
	  • cardioversion for management of arrhythimia
	• perform advanced life support with assistance:
	  • pharmacology, including inotropes, antiarrhythmics, and vasodilators
	  • pericardiocentesis
	• perform specific resuscitative airway management
	• perform advanced airway support, including difficult airways:
	  • intubation and rapid sequence inductions
	  • orotracheal
	  • percutaneous needle thoracocentesis
	  • nasotracheal intubation
	• perform advanced airway support with assistance, including difficult airways:
	  • laryngeal mask use
	  • needle cricothyroidotomy
	  • surgical airways
	  • intercostal catheters

DOMAIN 1	FOUNDATIONS OF EMERGENCY MEDICINE
Theme 1.2	Resuscitation and Critical Care
Learning Objective 1.2.2	Assess and manage the child with critical illness or injury

	• determine appropriate and perform vascular access - intrasseous
	• perform central vascular access with assistance
	• perform procedures with assistance:
	  • arterial puncture
	  • arterial cannulation
	• manage temperature homeostasis with assistance

General level of practice	
	• recognise the need for cardiac pacing.

DOMAIN 1	FOUNDATIONS OF EMERGENCY MEDICINE
Theme 1.2	Resuscitation and Critical Care
Learning Objective 1.2.3	Manage the death of a child
Knowledge	
Expert level of practice	
• explain criteria for determining death • outline criteria for coronial investigation	
High level of practice	
• outline requirements for organ donation	
General level of practice	
• recognise the grieving process • identify religious and cultural attitudes to death • identify support staff and organisations to assist mourning families.	

DOMAIN 1	FOUNDATIONS OF EMERGENCY MEDICINE
Theme 1.3	Analgesia and Sedation
Learning Objective 1.3.1	Assess and manage pain

Knowledge	Skills
Expert level of practice	

• evaluate and explain physiological and clinical responses to pain
• explain uses and effects of pharmacological methods of pain relief:
  • local anaesthetics
  • general anaesthetics, including sedatives
  • analgesics, including nitrous oxide
	• assess patients status through use of a comparative pain scale
	• perform local anaesthesia and regional nerve blocks:
	  • femoral nerve block
	  • digital nerve block
	  • other nerve blocks
	• perform immobilisation techniques including splinting

High level of practice	

• describe methods of non-pharmacological pain relief	• perform local anaesthesia and regional nerve blocks with assistance:
	  • Bier's block
	  • fascia illiacus compartment block.

General level of practice	
• outline general anaesthetics: • inhalation anagesics.	

DOMAIN 1	FOUNDATIONS OF EMERGENCY MEDICINE
Theme 1.3	Analgesia and Sedation
Learning Objective 1.3.2	Assess and manage the child requiring procedural sedation

Knowledge	Skills
Expert level of practice	

• explain the pharmacology of common sedative agents
• explain the pharmacology and uses of general anaesthetics:
  • inhalants
  • IV induction and maintenance
  • muscle relaxants.
	• recognise indications for sedation
	• assess the need for and institute forms of procedural sedation using appropriate guidelines and monitoring:
	  • choral hydrate
	  • benzodiazepine +/- fentanyl
	  • ketamine
	  • nitrous oxide
	• assess the need for sedation as opposed to monitoring and managing the patient

High level of practice	
	• institute forms of procedural sedation with assistance using appropriate guidelines and monitoring: • propofol.

DOMAIN 2	ACUTE CARE
Theme 2.1	Acute Injury
Learning Objective 2.1.1	Assess and manage acute injury

Knowledge	Skills
Expert level of practice	

• explain anatomy and age-related normal physiology of injured area:
  • head
  • facial
  • chest
  • abdominal or pelvic
  • genitourinary
  • spinal
  • neck
  • orthopaedic
  • soft tissue
  • hand
  • laceration
  • burns
  • toxic
  • environmental
  • non-accidental
• assess and describe signs of severity and patterns of decompensation
	• conduct a clinical examination
	• interpret clinical indicators
	• justify and conduct appropriate investigations
	• interpret investigations and institute appropriate treatment for severity of injury
	• assess necessity of referral.

High level of practice	
• describe expected clinical course and outcome.	
Expert level of practice	
• explain and evaluate degrees of head injury - scalp lacerations	
High level of practice	
• explain and evaluate degrees of head injury - scalp lacerations	

DOMAIN 2	ACUTE CARE
Theme 2.1	Acute Injury
Learning Objective 2.1.2	Assess and manage head injury

Knowledge	Skills
High level of practice	

• describe indicators and symptoms of head injury:
  • skull fractures
  • intracranial injuries, including extradural
  • haematoma and subdural haematoma
  • intracerebral haematoma
  • diffuse axonal
  • penetrating head
  • minor head
  • post-concussive syndrome
  • non-accidental
  • burr holes.
	• assess level of consciousness
	• repair lacerations using skin closure methods, e.g. sutures, staples and glue etc
	• provide intracranial pressure care with assistance
	• assess necessity for imaging modality and refer to radiologist as appropriate
	• interpret radiological investigations - fundoscopy
	• prepare and deliver discharge instructions.

DOMAIN 2	ACUTE CARE
Theme 2.1	Acute Injury
Learning Objective 2.1.3	Assess and manage facial injury

Knowledge	Skills
Expert level of practice	

• explain methods of medical imaging:
  • CT scan
  • orthopantomogram
	• insert anterior nasal pack
	• irrigate conjunctival and corneal eye burns

High level of practice	

• describe indicators and symptoms of facial injury:
  • burns
  • dental injuries
  • ear injuries
  • nose injuries
  • eye injuries, including foreign bodies
  • fractures/dislocations
  • lacerations.
	• assess degree of burns
	• reduce temporomandibular joint dislocation
	• dress superficial and partial thickness burns and recognise necessity of referring higher degree burns
	• reimplant secondary tooth
	• remove foreign bodies from ear
	• remove foreign bodies from nose

DOMAIN 2	ACUTE CARE
Theme 2.1	Acute Injury
Learning Objective 2.1.3	Assess and manage facial injury

	• conduct eye examination, including slit lamp
	• remove foreign bodies from eye:
	  • conjunctival
	  • corneal
	• reduce fractures and dislocations in consultation with orthopaedic surgeons when necessary
	• repair lacerations:
	  • sutures
	  • tissue adhesives.

DOMAIN 2	ACUTE CARE
Theme 2.1	Acute Injury
Learning Objective 2.1.4	Assess and manage chest injury
Knowledge	**Skills**
Expert level of practice	

• explain symptoms and methods of investigation of chest injury:
  • pneumothorax
  • haemothorax
  • pulmonary contusion
  • fractured ribs
  • flail chest
  • pericardial tamponade
  • penetrating thoracic injury
  • traumatic asphyxia
	• investigate inhaled foreign bodies
	• independently perform percutaneous needle thoracostomy
	• independently perform pericardiocentesis

High level of practice	

• describe indicators and symptoms of chest injury:
  • myocardial contusion
  • fractured sternum
  • tracheobronchial rupture
  • great vessel injury.
	• insert intercostal drains with assistance.

DOMAIN 2	ACUTE CARE
Theme 2.1	Acute Injury
Learning Objective 2.1.5	Assess and manage abdominal injury

Knowledge	Skills
High level of practice	

• describe indicators and symptoms of abdominal injury:
  • splenic
  • hepatic
  • renal
  • pancreatic
  • hollow viscus
  • great vessel.
	• investigate swallowed foreign bodies.

DOMAIN 2	ACUTE CARE
Theme 2.1	Acute Injury
Learning Objective 2.1.6	Assess and manage genitourinary or pelvic injury

Knowledge	Skills
Expert level of practice	
• explain indications and contraindications for urethral catheter insertion	• insert urethral catheter
High level of practice	

• describe indicators and symptoms of genitourinary or pelvic injury:
  • pelvic fracture
  • ureteric injury
  • urethral injury
  • bladder rupture
  • testicular trauma
  • perineal/vaginal injury
  • penetrating genitourinary trauma
• describe the process of ultrasound tests.
	• stabilise pelvic fracture with assistance
	• investigate and remove foreign bodies.

DOMAIN 2	ACUTE CARE
Theme 2.1	Acute Injury
Learning Objective 2.1.7	Assess and manage spinal injury

Knowledge	Skills
Expert level of practice	
	• lead colleagues in performing a log roll • demonstrate spinal immobilisation • request and interpret spinal x-rays
High level of practice	

• describe indicators and symptoms of vertebral fracture and dislocation
• describe indicators and symptoms of spinal cord injury:
  • spinal cord syndromes
  • spinal cord injury without radiologic abnormality
• describe indicators and symptoms of ligamentous and soft tissue injuries.
	• interpret CT scans
	• interpret MRI with the aid of radiologist.

DOMAIN 2	ACUTE CARE
Theme 2.1	Acute Injury
Learning Objective 2.1.8	Assess and manage neck injury

Knowledge	Skills
Expert level of practice	
	• demonstrate spinal immobilisation • perform difficult airway management
High level of practice	

• describe indicators and symptoms of laryngotracheal injury
• describe indicators and symptoms of vascular injury
• describe indicators and symptoms of nerve injury.
	• assess need for and request investigations:
	  • sonography
	  • Doppler ultrasound
	  • angiography.

DOMAIN 2	ACUTE CARE
Theme 2.1	Acute Injury
Learning Objective 2.1.9	Assess and manage orthopaedic injury

Knowledge	Skills
Expert level of practice	

• explain symptoms and methods of investigation of upper limb fracture:
  • clavicle
  • upper humerus, including epiphyseal-metaphyseal injuries
  • mid humerus
  • supracondylar
  • lateral and medial humeral condyles
  • radial head and neck
  • proximal ulna
  • Galeazzi and Monteggia fractures
  • midshaft radius and ulna
  • distal radius and ulna, including epiphyseal-metaphyseal
  • carpal bones
  • metacarpal bones
  • phalangeal
• explain symptoms and methods of investigation of lower limb fracture:
  • femoral neck and shaft
  • tibial plateau - tibial spine
  • patella
  • proximal and mid shaft tibia
  • distal tibia, including epiphyseal-metaphyseal
  • tarsal, including calceneus and talus
  • metatarsal
  • phalangeal
• explain symptoms and methods of investigation of avulsion fracture:
  • anterior superior iliac spine
  • inferior superior Iliac spine
  • ischial tuberosity
  • proximal fifth metatarsal
  • tibial spine
• explain symptoms and methods of investigation of fracture:
  • cervical spine
  • thoracic spine
  • lumbar spine
  • pelvic
	• demonstrate splinting techniques for upper and lower limb fractures
	• perform appropriate nerve blocks
	• demonstrate reduction of fractures with and without compromise
	• demonstrate reduction of dislocations with and without compromise

DOMAIN 2	ACUTE CARE
Theme 2.1	Acute Injury
Learning Objective 2.1.9	Assess and manage orthopaedic injury

• explain indicators and methods of treatment of dislocation:
  • shoulder
  • elbow, including pulled elbow
  • acromioclavicular joint
  • patella
  • phalanges, including hand and foot
  • ankle
  • hip
  • knee	

High level of practice	
• describe potential neurovascular complications of fracture.	• select appropriate casting technique for injury.

DOMAIN 2	ACUTE CARE
Theme 2.1	Acute Injury
Learning Objective 2.1.10	Assess and manage soft tissue injury

Knowledge	Skills
High level of practice	

• describe indicators and symptoms of soft tissue injury:
  • shoulder
  • elbow
  • knee
  • ankle
  • foot
• identify indicators and symptoms of ligamentous injury
• identify indicators and symptoms of sports injury
• identify indicators and symptoms of back injury.
	• select appropriate splinting techniques
	• select and initiate appropriate form of rehabilitation, including acute rehabilitation.

DOMAIN 2	ACUTE CARE
Theme 2.1	Acute Injury
Learning Objective 2.1.11	Assess and manage hand injury

Knowledge	Skills
Expert level of practice	

	• perform a digital nerve block
	• reduce fracture and dislocation and select appropriate splinting technique:
	  • phalangeal fracture
	  • interphalangeal joint dislocation
	  • metacarpal fracture
	  • metacarpophalangeal joint dislocation

High level of practice	
• describe the process of amputation • describe symptoms of cutaneous foreign bodies • describe types and symptoms of nail and nail bed injury • describe types and symptoms of tendon injury • describe symptoms of nerve injury • describe symptoms of crush injury • identify high pressure injection injury.	• remove rings.

DOMAIN 2	ACUTE CARE
Theme 2.1	Acute Injury
Learning Objective 2.1.12	Assess and manage lacerations

Knowledge	Skills
Expert level of practice	

• identify and explain treatment for wounds:
  • superficial lacerations
  • puncture
  • contaminated
	• administer wound anaesthesia
	• cleanse and debride wounds
	• remove fishhooks

High level of practice	

• classify wound types:
  • deep lacerations
  • puncture wounds
  • non-venomous bites
  • marine wounds, including coral
  • degloving injury
  • cutaneous foreign body.
	• select appropriate wound closure techniques
	• select appropriate wound dressings
	• assist with care of the amputated area
	• remove foreign bodies with assistance.

DOMAIN 2	ACUTE CARE
Theme 2.1	Acute Injury
Learning Objective 2.1.13	Assess and manage burns

Knowledge	Skills
Expert level of practice	

• explain first aid procedures for burns
• explain symptoms and methods of treatment for burns:
  • scalds
  • sunburn
	• assess degree of burn using burn nomogram
	• institute fluid resuscitation
	• recognise the need for referral to a burns centre

High level of practice	

• describe symptoms of burns:
  • contact
  • smoke inhalation
  • chemical
	• categorise burn depths
	• select required dressing applications
	• perform an escharatomy with assistance.

General level of practice	

• identify types of burns:
  • lightning injury
  • radiation injury.	

DOMAIN 2	ACUTE CARE
Theme 2.1	Acute Injury
Learning Objective 2.1.14	Assess and manage toxic injury

Knowledge	Skills
Expert level of practice	

• explain methods of patient decontamination
• explain methods of supportive care:
  • intubation
  • ventilation
  • atropine
  • benzodiazepines
	• assess need for and administer activated charcoal

High level of practice	

• outline epidemiology of poisoning
• describe preventative measures for common poisons
• describe management plans for substance use:
  • substance abuse
  • drugs of dependency
  • withdrawal symptoms
• describe pharmacological techniques for drug removal
• describe management of toxidromes:
  • symptoms
  • expected clinical course
  • withdrawal symptoms
• outline the toxicology and drug testing and screening methods
• list antidotes for common poisons
	• perform whole bowel irrigation with assistance
	• remove chemical agents using skin decontamination with assistance
	• assess the need for and assist with gastrointestinal (GI) decontamination
	• request methods of drug testing and screening.

General level of practice	
• identify HAZMAT principles.	

DOMAIN 2	ACUTE CARE
Theme 2.1	Acute Injury
Learning Objective 2.1.15	Assess and manage environmental injury

Knowledge	Skills
Expert level of practice	
• explain symptoms and treatment of near drowning	
High level of practice	

• describe indicators and symptoms of heat injury:
  • hyperthermia
  • heat illness
• describe indicators and symptoms of cold injury
  • peripheral cold injuries
  • systemic hypothermia
• describe indicators and symptoms of bites and stings:
  • animal
  • human
  • insect
  • marine
  • reptile
• describe symptoms of cutaneous foreign bodies
	• demonstrate use of a snake venom detection kit
	• demonstrate tick removal
	• assist to perform methods of active cooling
	• assist to perform methods of rewarming
	• demonstrate first aid for venomous bites, including administration of antivenom.

General level of practice	

• identify symptoms of environmental injury:
  • decompression illness
  • barotrauma
  • toxic marine ingestions
  • radiation
• identify agents for aeromedical transfer
• identify aeromedical safety considerations.	

DOMAIN 2	ACUTE CARE
Theme 2.1	Acute Injury
Learning Objective 2.1.16	Assess and manage non-accidental injury

Knowledge	Skills
Expert level of practice	

• explain features of non-accidental injury:
  • risk factors
  • history
  • patterns of injury
	• assess need for notification to child protection authorities
	• implement measures to ensure ongoing safety of child
	• discuss sensitive issues with family

High level of practice	

• explain symptoms of non-accidental injury:
  • burns
  • fractures
  • soft tissue injuries, including bruises
  • head injuries
  • chest injuries
  • abdominal injuries
  • genitourinary injuries
• describe forms of abuse:
  • sexual abuse
  • neglect
  • emotional abuse
  • Muchausen by proxy syndrome
• outline legal considerations for treatment
• list name and function of local child protection services.
	• request and interpret results of medical imaging
	• contribute to documentation and report writing of a case
	• demonstrate appropriate conduct of an expert witness

General Level of Practice	
	• provide evidence to assist investigations, including swabs and photographs.

DOMAIN 2	ACUTE CARE
Theme 2.2	Acute Illness
Learning Objective 2.2.1	Assess and manage acute illness

Knowledge	Skills
Expert level of practice	
• explain anatomy and age-related normal physiology • assess and describe signs of severity and patterns of decompensation • explain high-risk clinical features of illnesses and co-morbidities	• conduct a clinical examination • interpret clinical indicators • recognise necessity of emergency intervention • perform and interpret investigations • determine diagnosis • coordinate and lead a MDT • coordinate care with other hospital services • identify and critically evaluate information to determine a possible disposition • explain clinical information to children, young people and their families so that consent is informed, and plan and progress of treatment is understood.
High level of practice	
• outline expected clinical course and outcome of an illness.	

DOMAIN 2	ACUTE CARE
Theme 2.2	Acute Illness
Learning Objective 2.2.2	Assess presenting symptoms to form a diagnosis

Knowledge

High level of practice

- identify characteristics of presenting symptoms and formulate a diagnosis:
  - diarrhoea
  - vomiting
  - abdominal pain
  - jaundice
  - altered level of consciousness
  - chronic confusion
  - acute confusion
  - headache
  - weakness
  - ataxia
  - poor growth/failure to thrive
  - weight loss
  - weight gain
  - pallor
  - bruising
  - lymphadenopathy
  - hypertension
  - immunisation
  - fever
  - organomegaly
  - developmental delay.

DOMAIN 2	ACUTE CARE
Theme 2.2	Acute Illness
Learning Objective 2.2.3	Order, perform, and interpret diagnostic procedures

Knowledge	Skills
Expert level of practice	

	• perform and interpret diagnostic procedures - arterial blood gas
	• order and interpret diagnostic procedures:
	  • chest x-ray
	  • lumbar puncture (LP)
	  • suprapubic aspirate of urine
	  • urine dipstick
	  • blood count and differential
	  • urea and electrolytes

High level of practice	

• describe rationale for diagnostic procedures
• describe indications for diagnostic procedures
• describe safety issues for patients and staff:
  • universal precautions
  • personal protective equipment.
	• perform and interpret diagnostic procedures - collection of blood from central lines
	• order and interpret diagnostic procedures:
	  • drug screening
	  • blood gas analysis
	  • blood sugar
	  • blood count and differential
	  • coagulation testing
	  • blood group
	  • Coombs test
	  • blood transfusion
	  • urethral catheterisation
	  • per-nasal swab.

DOMAIN 2	ACUTE CARE
Theme 2.2	Acute Illness
Learning Objective 2.2.4	Order and perform common procedures

Knowledge	Skills
High level of practice	

• describe rationale for ordering procedures.	• perform procedures:
	  • abscess drain
	  • venous and arterial blood sampling
	  • IV catheter insertion - peripheral and central
	  • nasogastric tube insertion
	• order procedures:
	  • blood transfusion
	  • platelet transfusion
	  • clotting factor transfusion.

DOMAIN 2	ACUTE CARE
Theme 2.2	Acute Illness
Learning Objective 2.2.5	Assess and manage cardiovascular illness

Knowledge	Skills
Expert level of practice	

• assess symptoms and explain further investigations:
  • cyanosis
  • shock
  • collapse
	• perform Valsalva or diving reflex manoeuvres for supraventricular tachycardia
	• perform and interpret diagnostic procedures:
	  • ECG
	  • chest x-ray

High level of practice	

• describe methods of investigation following symptoms:
  • chest pain
  • palpitations
  • murmur
• describe indicators and symptoms of cardiovascular illness:
  • pulmonary embolism
  • pericardial disorders
  • infectious disorders
  • rhythm disorders
	• order and interpret diagnostic procedures - 12-lead ECG.

DOMAIN 2	ACUTE CARE
Theme 2.2	Acute Illness
Learning Objective 2.2.5	Assess and manage cardiovascular illness

• describe therapeutic procedures:
  • antiarrhythmic therapy
  • ductus arteriosus therapy	

General level of practice	
• identify cardiovascular disorders - peripheral vasculature disease • describe indications for cardiac transplantation.	• interpret Doppler ultrasounds.

DOMAIN 2	ACUTE CARE
Theme 2.2	Acute Illness
Learning Objective 2.2.6	Assess and manage respiratory illness

Knowledge	Skills
Expert level of practice	

• assess presenting symptoms to form diagnosis:
  • pain
  • respiratory distress
  • wheezing
  • stridor
  • apnoea
• explain symptoms and expected clinical course of lower respiratory tract illness:
  • acute asthma
  • bronchiolitis
  • croup
  • pneumothorax
• describe purposes of diagnostic procedures:
  • arterial blood gas
  • pulse oximetry
  • chest x-ray
	• demonstrate, instruct and supervise use of spacers and nebulisers

High level of practice	

• describe possible diagnosis of presenting symptoms:
  • cough
  • haemoptysis
• describe treatment for an inhaled foreign body
	• order and interpret diagnostic procedures:
	  • lateral airway radiography
	  • CT scans
	  • chest x-ray

DOMAIN 2	ACUTE CARE
Theme 2.2	Acute Illness
Learning Objective 2.2.6	Assess and manage respiratory illness

• describe treatment for acute presentations of chronic respiratory disease • describe indicators and symptoms of upper respiratory tract infections	
General level of practice	

• identify symptoms of upper respiratory tract illness:
  • congenital anomalies
  • upper airway obstruction
  • neoplasm
• identify symptoms of lower respiratory tract illness:
  • congenital anomalies
  • inflammatory disease
  • vascular disorders
  • neoplasms
  • mediastinal masses
• list symptoms of systemic diseases affecting the pulmonary system.
	• order and interpret spirometry and measures of gas exchange
	• order diagnostic procedures:
	  • MRI
	  • nuclear scans.

DOMAIN 2	ACUTE CARE
Theme 2.2	Acute Illness
Learning Objective 2.2.7	Assess and manage gastrointestinal illness

Knowledge	Skills
Expert level of practice	

• explain principles and methods of rehydration techniques:
  • oral or nasogastric rehydration
  • fluid therapy
  • electrolyte therapy
	• independently insert a nasogastric tube
	• independently insert an orogastric tube

High level of practice	

• assess and describe presenting symptoms to form diagnosis:
  • bilious vomiting
  • haematemesis
	• independently replace a gastrostomy tube
	• methods of hernia reduction

DOMAIN 2	ACUTE CARE
Theme 2.2	Acute Illness
Learning Objective 2.2.7	Assess and manage gastrointestinal illness

• diarrhoea • constipation • rectal bleeding • abdominal distension • abdominal mass • describe indicators and methods of investigation of GI illness: • intussusception • bowel obstruction • malrotation volvulus • acute appendicitis • pylonic stenosis • hernia • infectious diseases	
General level of practice	
• describe indicators of GI illness: • umbilicus disorders • short gut • pancreatitis • cholecystitis • Hirschprung's disease • outline causes of GI illness: • congenital anomalies • inflammatory diseases • vascular disorders.	• recognise necessity of rectal examination.

DOMAIN 2	ACUTE CARE
Theme 2.2	Acute Illness
Learning Objective 2.2.8	Assess and manage obstetric and gynaecologic illness

Knowledge	Skills
High level of practice	

• assess presenting symptoms to form a diagnosis:
  • pelvic pain
  • vaginal bleeding
  • vaginal discharge	

General level of practice	

• describe indicators of sexual assault
• list sexual assault counselling agencies
• explain forms of contraception
• describe forms of pregnancy testing
• outline medical and support agencies for pregnancy referral.
	• perform examinations with assistance:
	  • genital
	  • internal pelvic
	  • forensic examination of sexual assault victim
	• diagnose and manage pelvic inflammatory disease (PID) and sexually transmitted disease
	• recognise initiation of precipitant delivery.

DOMAIN 2	ACUTE CARE
Theme 2.2	Acute Illness
Learning Objective 2.2.9	Assess and manage renal and urologic illness

Knowledge	Skills
Expert level of practice	
	• independently insert a urethral catheter.
High level of practice	

• describe indicators and symptoms of renal/urologic illness:
  • fluid and electrolyte disorders
  • acid based disorders
  • infection
  • acute scrotum
  • glomerulonephritis
  • haemolytic-uraemic syndrome
  • nephrotic syndrome	

General level of practice	

• outline indicators of renal/urologic illness:
  • congenital abnormalities
  • vesicoureteric reflux
  • urinary tract obstructions
  • neurogenic bladder
  • anomalies of the penis and urethra
  • renal stones
  • renal vein thrombosis
  • polycystic kidney disease.	

DOMAIN 2	ACUTE CARE
Theme 2.2	Acute Illness
Learning Objective 2.2.10	Assess and manage neurologic illness

Knowledge	Skills
Expert level of practice	

• assess presenting symptoms to form a diagnosis:
  • seizures
  • headache
  • movement disorders
  • ataxia
  • weakness
  • altered conscious level
• describe indicators, symptoms and treatment of raised intracranial pressure
	• independently perform diagnostic procedures:
	  • LP
	  • measurement of opening pressure
	  • ventricular shunt puncture
	  • fundoscopy
	• assess consciousness levels using the Glasgow coma score and children's coma score
	• order and interpret diagnostic procedures - CT scan

High level of practice	

• describe indicators and symptoms of neurological illness:
  • infectious disease
  • encephalopathy
  • acute stroke syndromes
  • intracranial haemorrhage
  • spinal cord disorders
• describe indicators and symptoms of neuropathy:
  • Guillain-Barre syndrome
  • Bell's palsy
  • acute disseminated encephalomyelitis
  • atransverse myelitis
  • migraine
	• order diagnostic procedures:
	  • shunt series radiography
	  • MRI
	  • ultrasound
	  • electroencephalography
	  • electromyography with consultation
	  • nerve conduction studies with consultation
	  • nuclear shunt function testing with consultation.

General level of practice	

• outline indicators of neurological illness:
  • congenital anomalies
  • inflammatory diseases
  • vascular disorders
  • neoplasms
  • cerebral palsy
  • toxic neuropathies
  • autonomic neuropathies
  • neurodegenerative disorders
  • neuromuscular disorders.	

DOMAIN 2	ACUTE CARE
Theme 2.2	Acute Illness
Learning Objective 2.2.11	Assess and manage musculoskeletal illness

Knowledge	Skills
High level of practice	

• assess presenting symptoms to form a diagnosis: - limp
• describe indicators and symptoms of musculoskeletal illness:
  • inflammatory disease
  • infectious disease.
	• conduct a knee joint aspiration with assistance.

General level of practice	

• describe common causes of joint stiffness
• outline symptoms of musculoskeletal illness:
  • congenital anomalies
  • metabolic bone disease
  • neoplasms
  • transient synovitis
  • slipped upper femoral epiphysis
  • Perthes' disease
  • osteomyelitis
  • septic arthritis
• describe indicators and symptoms of musculoskeletal syndromes and disorders:
  • overuse syndromes
  • skeletal dysplasias.	

DOMAIN 2	ACUTE CARE
Theme 2.2	Acute Illness
Learning Objective 2.2.12	Assess and manage skin illness

Knowledge

High level of practice

- assess presenting symptoms to form a diagnosis - rash
- describe indicators and methods of treatment for skin illness:
  - dermatitis
  - eczema
  - bacterial infections
  - viral exanthems, including vesiculobullous exanthems
  - Kawasaki disease
  - urticaria
  - erythema multiforme
  - Stevens-Johnson syndrome

General level of practice

- outline indicators of skin illnesses:
  - fungal infections of the skin
  - fungal infestations
  - viral exanthems, including warts
  - bullous disease
  - haemangiomas
  - Henoch-Schonlein purpura
  - vasculitis
  - purpura
  - petechiae.

DOMAIN 2	ACUTE CARE
Theme 2.2	Acute Illness
Learning Objective 2.2.13	Assess and manage ear, nose and throat (ENT) illness

Knowledge	Skills
High level of practice	

• describe common ENT foreign bodies and removal/ treatment methods
• describe types and causes of epistaxis and methods of management
• describe causes of ENT discharge and methods of management
• describe common ENT infections and treatment methods:
  • epiglottitis
  • tracheitis
  • retropharyngeal abscess
  • peritonsillar abscess
	• remove ENT foreign bodies using a variety of techniques
	• develop treatment plan for otitis externa, including insertion of an ear wick
	• demonstrate methods of management for epistaxis
	• demonstrate anterior and posterior nasal packing.

General level of practice	
• outline symptoms of acute and chronic sinusitis • describe indicators of nasal polyps • identify causes of obstructive sleep apnoea • list types of nasal conditions and classify according to severity • list types of ear conditions and classify according to severity.	

DOMAIN 2	ACUTE CARE
Theme 2.2	Acute Illness
Learning Objective 2.2.14	Assess and manage dental illness
Knowledge	
High level of practice	

• describe causes and initial management of dental illness:
  • facial swelling
  • ulceration
  • dental abscess	

General level of practice	
• outline normal dental development • describe symptoms of dental caries.	

DOMAIN 2	ACUTE CARE
Theme 2.2	Acute Illness
Learning Objective 2.2.15	Assess and manage haematological and oncological illness

Knowledge	Skills
High level of practice	

• assess presenting symptoms to form a diagnosis:
  • bleeding
  • weight loss
  • lymphadenopathy
  • hypertension
  • ataxia
  • headache
• describe indicators and symptoms of haematological illness:
  • iron deficiency anaemia
  • idiopathic thrombocytopenic purpura
• describe management and treatment of haematological and oncological illness:
  • neutropaenia and sepsis
  • transfusion reactions
  • tumour lysis syndrome	

General level of practice	

• outline symptoms of haematological illness - jaundice
• describe indicators of haematological and oncological illness:
  • anaemia
  • haemaglobinopathies
  • pancytopaenia
  • haemorrhagic and thrombotic disease
  • leukaemia
  • lymphoma
  • brain tumours
  • solid organ tumours
• outline methods of treatment for haematological and oncological illness:
  • thrombocytopaenia
  • haemorrhage
• outline process of treatment methods for haematological and oncological illness:
  • radiation therapy
  • chemotherapy.
	• assess potential complications during central line access.

DOMAIN 2	ACUTE CARE
Theme 2.2	Acute Illness
Learning Objective 2.2.16	Assess and manage infectious disease

Knowledge	Skills
Expert level of practice	

• explain factors to be considered when prescribing antibiotics
• describe degree of infections which require prescription of medications
  • antiviral
  • antifungal
  • antiparasitic
• explain measures of infection control
  • isolation
  • immunisation
  • reporting of communicable disease
• describe indicators and symptoms of haematological illness:
  • iron deficiency anaemia
  • idiopathic thrombocytopenic purpura (ITP)
	• conduct diagnostic procedures following the practice of universal precautions:
	  • cultures from skin, secretions, mucosa, urine, cerebrospinal fluid and stool
	  • skin scrapings
	  • swab for polymerase chain reaction, immunofluorescence and enzyme immunoassay
	  • serology
	  • malarial films
	  • LP
	  • suprapubic aspirate
	  • per-nasal swab
	• conduct procedures to alleviate infectious illness:
	  • abscess drain
	  • urethral catheterisation

High level of practice	
• describe management process following needlestick injury	• administer forms of immunisation • Mantoux placement.
General level of practice	
• outline management plan for infection in travellers.	

DOMAIN 2	ACUTE CARE
Theme 2.2	Acute Illness
Learning Objective 2.2.17	Assess and manage immunological illness

Knowledge	Skills
Expert level of practice	

• explain indicators and methods of management of immunologic illness:
  • anaphylaxis
  • angioedema
	• demonstrate and instruct the use of an epinephrine auto injector

High level of practice	
• explain patterns of recurrent infection	

DOMAIN 2	ACUTE CARE
Theme 2.2	Acute Illness
Learning Objective 2.2.18	Assess and manage endocrinological illness

Knowledge	Skills
Expert level of practice	

• describe indicators, symptoms, and treatment of endocrine disorders:
  • adrenal gland disorders
  • diabetes mellitus
  • hypoglycaemia	

High level of practice	

• describe management and treatment of endocrine disorders:
  • diabetic ketoacidosis
  • Addison's disease
• describe indicators and symptoms of endocrine disorders - rickets	

General level of practice	

• identify symptoms of endocrine disorders:
  • precocious puberty
  • goitre
• identify indicators of endocrine disorders:
  • hypothalamus disorders
  • pituitary gland disorders
  • pubertal development disorders
  • thyroid disorders
  • parathyroid disorders
  • gonad disorders
• identify methods of management for thyrotoxicosis.
	• identify pubertal status
	• interpret percentile growth charts.

DOMAIN 2	ACUTE CARE
Theme 2.2	Acute Illness
Learning Objective 2.2.19	Assess and manage metabolic illness

Knowledge	Skills
High level of practice	
• describe indicators and management of metabolic illness - hypoglycaemia	
General level of practice	

• describe indicators and symptoms of metabolic disorders:
  • amino acid metabolism
  • lipids metabolism
  • carbohydrate metabolism
• mucopolysaccharide metabolism.
	• recognise the need for post-mortem metabolic sample collection.

DOMAIN 2	ACUTE CARE
Theme 2.2	Acute Illness
Learning Objective 2.2.20	Assess and manage congenital illness

Knowledge	Skills
General level of practice	

• describe indicators of congenital disorders:
  • Down syndrome
  • CHARGE syndrome
  • VACTERL association
  • spina bifida
  • muscular dystrophy.	

DOMAIN 2	ACUTE CARE
Theme 2.2	Acute Illness
Learning Objective 2.2.21	Assess and manage developmental abnormalities and syndromes

Knowledge	Skills
General level of practice	

• outline indicators of developmental abnormality:
  • developmental delay
  • developmental regression
• outline indicators of developmental syndromes:
  • autism
  • fragile X
  • fetal alcohol syndrome
• describe the impact of long-term illness on development
• describe the process of developmental assessment.
	• perform basic developmental screening
	• recognise necessity of referral.

DOMAIN 2	ACUTE CARE
Theme 2.2	Acute Illness
Learning Objective 2.2.22	Assess and manage behavioural and psychiatric illness

Knowledge	Skills
Expert level of practice	
• explain indicators and management for acute confusion	• administer methods of sedation
High level of practice	

• describe indicators and symptoms of behavioural and psychiatric illness:
  • acute agitation
  • deliberate self-harm
  • substance abuse
• describe symptoms of psychosis
	• assess a patient's mental state
	• assess potential risks to a patient's safety
	• assist with methods of physical restraint
	• evaluate the need for medical clearance.

General level of practice	

• outline symptoms of behavioural and psychiatric illness:
  • depression
  • anxiety
• outline indicators of behavioural and psychiatric illness:
  • psychosomatic illness
  • habit disorders
  • mood disorders
  • disruptive behaviour disorders
  • attention deficit hyperactivity disorder
• outline methods of behaviour modifications.	