



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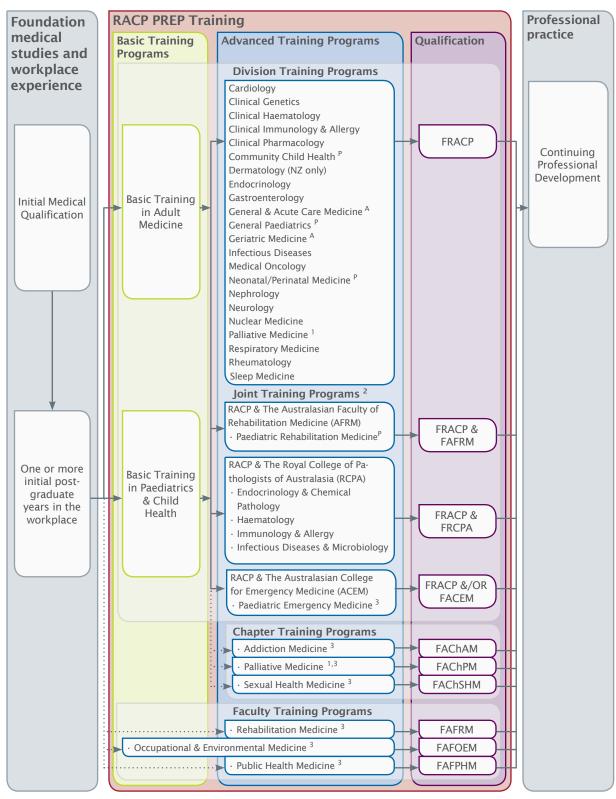
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Please note: No Domains, Themes or Learning Objectives have been updated for this edition; design changes ONLY.

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RACP FELLOWSHIP TRAINING PATHWAYS AND THE CONTINUUM OF LEARNING



- Trainees must complete Basic Training in Paediatrics & Child Health to enter this program.
- Trainees must complete Basic Training in Adult Medicine to enter this program.

 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.
- 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.
- 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 Objec	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 Objec	tives		
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 Objec	tives	
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	FOUNDATION	S OF EMERGENCY MEDICINE
Theme 1.1	Emergency Medic	al System
Learning Objective 1.1.1	Explain pre-hospit	cal 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

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

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	FOUNDATION	S OF EMERGENCY MEDICINE
Theme 1.1	Emergency Medic	cal System
Learning Objective 1.1.4	Prepare for and m	nanage 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 treatment	e triage and on-site	
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		participate in disaster preparation planning and training.
identify occupational health and safety risks		
identify potential medical issues:public healthmental health		
 summarise considerations of disaster site management: roles and responsibilities field hospitals 		
transportequipment and suppliesmedia management.		

DOMAIN 1	FOUNDATIONS	OF EMERGENCY MEDICINE
Theme 1.2	Resuscitation and C	Critical Care
Learning Objective 1.2.1	Assess and manage	e the child requiring resuscitation and critical care
Knowledge		Skills
Expert level of practice		
 describe anatomy and age related physiology explain patterns of physiological adecompensation identify high risk clinical features adescribe expected clinical course following resuscitation. 	and clinical	 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		domonstrate modes of ventilation including
		 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	FOUNDATION	S OF EMERGENCY MEDICINE
Theme 1.2	Resuscitation and	Critical Care
Learning Objective 1.2.2 Assess and manag		ge 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

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

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 physiologi responses to pain	cal and clinical	assess patients status through use of a comparative pain scale
 explain uses and effects of pharmacological methods of pain relief: 		 perform local anaesthesia and regional nerve blocks:
 local anaesthetics general anaesthetics, including sedatives analgesics, including nitrous oxide 		femoral nerve blockdigital nerve blockother 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 blockfascia 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 manag	ge 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 Theme 2.1 Learning Objective 2.1.2	ACUTE CARE Acute Injury	
Knowledge	Assess and manage head injury Skills	
describe indicators and symptom skull fractures intracranial injuries, includin haematoma and subdural hae intracerebral haematoma diffuse axonal penetrating head minor head post-concussive syndrome non-accidental	g extradural	 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 High level of practice		 insert anterior nasal pack irrigate conjunctival and corneal eye burns
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 manag	ge 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 sympton myocardial contusion fractured sternum tracheobronchial rupture great vessel injury. 	ms of chest injury:	insert intercostal drains with assistance.	

DOMAIN 2	ACUTE CARE		
Theme 2.1	Acute Injury	Acute Injury	
Learning Objective 2.1.5	Assess and manage abdominal injury		
Knowledge		Skills	
High level of practice			
 describe indicators and sympto injury: splenic hepatic renal pancreatic hollow viscus great vessel. 	ms of abdominal	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		
High level of practice		 lead colleagues in performing a log roll demonstrate spinal immobilisation request and interpret spinal x-rays
 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	Acute Injury	
Learning Objective 2.1.8	Assess and manage neck injury		
Knowledge		Skills	
Expert level of practice			
		demonstrate spinal immobilisationperform 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:		 demonstrate splinting techniques for upper and lower limb fractures
clavicleupper humerus, including epiphyseal- metaphyseal injuries		 perform appropriate nerve blocks demonstrate reduction of fractures with and

- 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 epiphysealmetaphyseal
- 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

- 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 manag	ge 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 mana	ge 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 		 select appropriate splinting techniques select and initiate appropriate form of rehabilitation, including acute rehabilitation.
identify indicators and symptoms of sports injuryidentify indicators and symptoms of back injury.		

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 mana	ge lacerations
Knowledge		Skills
Expert level of practice		
 identify and explain treatment for wounds: superficial lacerations puncture contaminated High level of practice		 administer wound anaesthesia cleanse and debride wounds remove fishhooks
 classify wound types: deep lacerations puncture wounds non-venomous bites marine wounds, including condegloving injury cutaneous foreign body. 	oral	 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 mana	ge 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	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 injuryradiation 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		
 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 mana	age environmental injury
Knowledge		Skills
Expert level of practice		
explain symptoms and treatment	of near drowning	
High level of practice		
 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 risk factors history patterns of injury High level of practice	l injury:	 assess need for notification to child protection authorities implement measures to ensure ongoing safety of child discuss sensitive issues with family
 explain symptoms of non-accident burns fractures soft tissue injuries, including the lead injuries chest injuries abdominal injuries genitourinary injuries describe forms of abuse: sexual abuse neglect emotional abuse Muchausen by proxy syndrom outline legal considerations for treesing the legal consideration of local chis services. 	oruises ne eatment	 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	
DOMAIN 2	ACUTE CARE	
Theme 2.2	Acute Illness	
Learning Objective 2.2.1	Assess and mana	ge 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 a illness. 	nd outcome of an	

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

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 mana	ge 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 		order and interpret diagnostic procedures - 12-lead ECG.
 describe indicators and symptoms of cardiovascular illness: pulmonary embolism pericardial disorders infectious disorders rhythm disorders 		

DOMAIN 2	ACUTE CARE	
Theme 2.2	Acute Illness	
Learning Objective 2.2.5	Assess and manage cardiovascular illness	
describe therapeutic procedures:antiarrhythmic therapyductus arteriosus therapy		
General level of practice		
• identify cardiovascular disorders - peripheral vasculature disease		interpret Doppler ultrasounds.
describe indications for cardiac transplantation.		

DOMAIN 2	ACUTE CARE	
Theme 2.2	Acute Illness	
Learning Objective 2.2.6	Assess and mana	age 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 presymptoms: cough haemoptysis describe treatment for an inhaled 		 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 manag	ge respiratory illness
 describe treatment for acute preschronic respiratory disease describe indicators and symptom respiratory tract infections 		
 identify symptoms of upper respi congenital anomalies upper airway obstruction neoplasm identify symptoms of lower respi congenital anomalies inflammatory disease vascular disorders neoplasms mediastinal masses list symptoms of systemic disease pulmonary system. 	ratory tract illness:	 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 GI illness: intussusception bowel obstruction malrotation volvulus acute appendicitis pylonic stenosis hernia infectious diseases 	of investigation of	
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 	recognise necessity of rectal examination.	

vascular disorders.

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 mana	ge 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/urolog congenital abnormalities vesicoureteric reflux urinary tract obstructions neurogenic bladder anomalies of the penis and u renal stones renal vein thrombosis polycystic kidney disease. 		

DOMAIN 2	ACUTE CARE	
Theme 2.2	Acute Illness	
Learning Objective 2.2.10	Assess and man	age neurologic illness
Knowledge		Skills
Expert level of practice		
 assess presenting symptoms to form seizures headache movement disorders ataxia weakness altered conscious level describe indicators, symptoms are raised intracranial pressure High level of practice describe indicators and symptom illness: infectious disease encephalopathy acute stroke syndromes intracranial haemorrhage spinal cord disorders describe indicators and symptom Guillain-Barre syndrome Bell's palsy acute disseminated encephal 	nd treatment of us of neurological	 independently perform diagnostic procedures: LP measurement of opening pressure ventricular shunt puncture fundoscopy assess consciousness levels using the Glasgow comascore and children's comascore order and interpret diagnostic procedures - CT scare order diagnostic procedures: shunt series radiography MRI ultrasound electroencephalography electromyography with consultation nerve conduction studies with consultation nuclear shunt function testing with consultation.
atransverse myelitismigraine	,	
General level of practice		
 outline indicators of neurological congenital anomalies inflammatory diseases vascular disorders neoplasms cerebral palsy toxic neuropathies autonomic neuropathies neurodegenerative disorders 	illness:	

DOMAIN 2	ACUTE CARE	
Theme 2.2	Acute Illness	
Learning Objective 2.2.11	Assess and mana	ge 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.
describe common causes of joint stiffness		
 outline symptoms of musculoskel congenital anomalies metabolic bone disease neoplasms transient synovitis slipped upper femoral epiphy Perthes' disease osteomyelitis septic arthritis describe indicators and symptom musculoskeletal syndromes and converuse syndromes skeletal dysplasias. 	letal illness: //sis	

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	Acute Illness	
Learning Objective 2.2.13	Assess and mana	age ear, nose and throat (ENT) illness	
Knowledge		Skills	
High level of practice			
describe common ENT foreign b treatment methods	odies and removal/	remove ENT foreign bodies using a variety of techniques	
 describe types and causes of epis of management 	staxis and methods	develop treatment plan for otitis externa, including insertion of an ear wick	
 describe causes of ENT discharge and methods of management 		demonstrate methods of management for epistaxisdemonstrate anterior and posterior nasal packing.	
 describe common ENT infections and treatment methods: 		demonstrate unterior and posterior hasar packing.	
epiglottitistracheitisretropharyngeal abscessperitonsillar abscess			
General level of practice			
 outline symptoms of acute and chronic sinusitis describe indicators of nasal polyps identify causes of obstructive sleep appoea 			
 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 bleeding weight loss lymphadenopathy hypertension ataxia headache describe indicators and symptom haematological illness: iron deficiency anaemia idiopathic thrombocytopenic describe management and treatm haematological and oncological i neutropaenia and sepsis transfusion reactions tumour lysis syndrome 	s of purpura nent of	
outline symptoms of haematolog jaundice describe indicators of haematolog oncological illness: anaemia haemaglobinopathies pancytopaenia haemorrhagic and thromboti leukaemia lymphoma brain tumours solid organ tumours outline methods of treatment for and oncological illness: thrombocytopaenia haemorrhage outline process of treatment methological and oncological incompleted in a cological incompleted inc	gical and c disease haematological	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 w antibiotics	hen prescribing	conduct diagnostic procedures following the practice of universal precautions:
 describe degree of infections which prescription of medications antiviral antifungal antiparasitic explain measures of infection cont isolation immunisation reporting of communicable dis describe indicators and symptoms haematological illness: iron deficiency anaemia idiopathic thrombocytopenic participations 	rol sease of	 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		T
 describe management process following needlestick injury 		administer forms of immunisationMantoux placement.
General level of practice		
outline management plan for infection	ction in travellers.	

DOMAIN 2	ACUTE CARE		
Theme 2.2	Acute Illness	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, a endocrine disorders: adrenal gland disorders diabetes mellitus hypoglycaemia High level of practice describe management and treated disorders: diabetic ketoacidosis Addison's disease describe indicators and symptomedisorders - rickets	ment of endocrine	
• identify symptoms of endocrine • precocious puberty • goitre • identify indicators of endocrine of hypothalamus disorders • pituitary gland disorders • pubertal development disorders • parathyroid disorders • gonad disorders • identify methods of management thyrotoxicosis.	disorders: ders	 identify pubertal status interpret percentile growth charts.

DOMAIN 2	ACUTE CARE	
Theme 2.2	Acute Illness	
Learning Objective 2.2.19	Assess and mana	ge 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	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 mana	ge developmental abnormalities and syndromes
Knowledge		Skills
General level of practice		
 outline indicators of development developmental delay developmental regression outline indicators of development autism fragile X fetal alcohol syndrome describe the impact of long-term development describe the process of development 	tal syndromes: illness on	 perform basic developmental screening recognise necessity of referral.

DOMAIN 2	ACUTE CARE Acute Illness	
Theme 2.2		
Learning Objective 2.2.22	Assess and man	age behavioural and psychiatric illness
Knowledge		Skills
Expert level of practice		
explain indicators and management confusion	ent for acute	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.
 outline symptoms of behavioural illness: depression anxiety 	and psychiatric	
 outline indicators of behavioural illness: psychosomatic illness habit disorders mood disorders disruptive behaviour disorder attention deficit hyperactivity outline methods of behaviour methods 	rs ⁄ disorder	