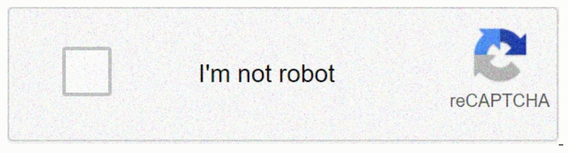

SUBMIT

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Pediatric cardiology mcqs pdf printable form pdf

NURSING ASSESSMENT FORM

Patient name:_____

PHYSICAL ASSESSMENT (Objective)

1. CLINICAL DATA

Age_____ Height_____Weight _____ (Actual/Approximate)
Temperature: _____
Pulse: _____ Strong _____ Weak _____Regular _____ Irregular
Blood Pressure: Right Arm _____ Left Arm_____ Sitting _____ Lying _____

2. RESPIRATORY/ CIRCULATORY

Rate _____
Quality: _____ WNL _____ Shallow _____ Rapid _____ Labored _____ Other _____
Cough: _____ No _____ Yes/Describe _____

Auscultation:

Upper rt lobes _____ WNL _____ Decreased _____ Absent _____ Abnormal sounds
Upper lt lobes _____ WNL _____ Decreased _____ Absent _____ Abnormal sounds
Lower rt lobes _____ WNL _____ Decreased _____ Absent _____ Abnormal sounds
Lower lt lobes _____ WNL _____ Decreased _____ Absent _____ Abnormal sounds
Right Pedal Pulse: _____ Strong _____ Weak _____ Absent
Left Pedal Pulse: _____ Strong _____ Weak _____ Absent

3. METABOLIC- INTEGUMENTARY

Skin:
Color: ____ WNL ____ Pale ____ Cyanotic ____ Ashen ____ Jaundice ____ Other _____
Temperature: ____ WNL ____ Warm ____ Cool
Turgor: _____ WNL _____ Poor

Edema: _____ No _____ Yes/Description/Location_____
Lesions: _____ None _____ Yes/Description/Location_____
Bruises: _____ None _____ Yes/Description/Location_____
Reddened: _____ No ____ Yes/Description/Location_____
Pruritus: _____ No _____ Yes/ Description/Location_____

Tubes: Specify _____

MOUTH:
Gums: _____ WNL _____ White plaque _____ Lesions _____ Other _____
Teeth: _____ WNL _____ Other _____
ABDOMEN:
Bowel Sounds: _____ Hyperactive _____ Normal _____ Hypoactive _____ Absent
ELIMINATION:
Bowel Movements: _____ WNL _____ Constipation _____ Diarrhea _____ Colostomy ____
Other:_____
GENITOURINARY:
Voiding: _____WNL Describe: color_____ clarity_____ Other:_____
Incontinence: _____ Present _____ Absent _____ Dysuria _____ Urgency _____ Frequency
Catheter: Specify:_____ Urinary diversion: Specify _____

MEDICAL CLEARANCE REQUEST – CHILD CARE LICENSING

Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems

APPLICANT/LICENSEE INFORMATION

Facility/Home Name		License Number	
Facility/Home Address (Street Number and Name)	City	State	Zip Code

PLEASE MAIL TO ➡ Licensing Consultant (Name, Address, Phone)
Licensing and Regulatory Affairs
Child Care Licensing
PO Box 30664
Lansing, MI 48909

License Application Type
☐ Child Care (Less Than 24-Hour Care)

PATIENT INFORMATION (To be Completed by Patient) (Please Print or Type)

Name (Last, First, Middle, Jr., II, etc.)	Date of Birth	Telephone Number	
Address (Street Number and Name)	City	State	Zip Code

RELEASE OF INFORMATION (To be Completed by Patient)

I authorize the release of medical information concerning me to the home listed above and to the Michigan Department of Licensing and Regulatory Affairs, Child Care Licensing, for the purpose of determining my suitability to provide or be associated with the care of children.	Date
	Patient's Signature
	Physician's Name (Please PRINT or TYPE)

MEDICAL INFORMATION (To be Completed by Physician)

- This individual is, or will be, caring for children in a child care setting and may be solely responsible for children birth to age 17.
- It is necessary to establish that those providing care are in such physical and mental condition and health as not to adversely affect the health or safety of a child and the quality and manner of his/her care.
- To assist us in this determination, you are being asked to answer the following.

Has this Person Been Tested for TB? ☐ No ☐ Yes If Yes ➡	Date Tested (Required Only One Time)	Test Type ☐ Skin Test ☐ X-Ray	Results ☐ Positive (Explain in Comments) ☐ Negative

How would you describe the patient's general physical/mental condition and health? (Use Comments section for explanations)

☐ No physical/mental condition or health problem exists that would limit the ability to provide independent care of children (birth to age 17) in a child care setting.

☐ Physical/mental condition or health problem exists which would affect the ability to provide independent care of children (birth to age 17) in a child care setting, with or without reasonable accommodation. Explain in comments if reasonable accommodation may be needed.

Comments (Please use back of this form if additional space is needed.)

Would you like to be contacted by the licensing consultant regarding your recommendation? ☐ Yes ☐ No

Physician's Signature	Signature Date	Telephone Number	Examination Date
Address (Street Number and Name)	City	State	Zip Code
AUTHORITY: 1973 PA 116 RESPONSE: Voluntary PENALTY: Application for licensure/registration may be denied.	LARA is an equal opportunity employer/program.		

PREPARTICIPATION PHYSICAL EVALUATION

THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

1. Type of disability
2. Date of disability
3. Classification (if available)
4. Cause of disability (birth, disease, accident/trauma, other)
5. List the sports you are interested in playing

	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

_____

_____

_____

_____

_____

Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "yes" answers here

_____

_____

_____

_____

_____

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

Pediatric Health History Form
Initial Visit

Child's Name: _____ Date of Birth: _____ Age: _____

Your Name: _____ Relationship to Child: _____

CHILD'S PAST MEDICAL HISTORY

Pregnancy/ Neonatal Period

Pregnancy complications:

_____

_____

Newborn complications/ problems:

_____

_____

Infancy/ Childhood/ Adolescence

Has your child ever been treated for / diagnosed with:

- ☐ Asthma or reactive airway disease
- ☐ Wheezing or bronchitis
- ☐ Seasonal allergies
- ☐ Food allergy
- ☐ Eczema
- ☐ Pneumonia
- ☐ Strep throat/infection
- ☐ Seizures
- ☐ Anemia
- ☐ Serious injury/ concussion
- ☐ Mental retardation or learning disability
- ☐ Behavioral/ emotional problem

Other chronic/ medical conditions: _____

_____

Comments: _____

_____

Previous surgeries: _____

_____

Please list any specialist(s) your child is currently seeing and reason:

_____

_____

Medications

Allergies to medicine (list and describe reaction):

_____

_____

Current PRESCRIPTION medications and dose:

_____

_____

Current OVER THE COUNTER medications and dose:

_____

_____

Vitamins: _____

Herbal Supplements: _____

Development/ Nutrition

Has your child had any unusual feeding/ dietary problems?

_____

Do you have any concerns about your child's development?

_____

SOCIAL HISTORY

Do any household members smoke? ☐ No ☐ Yes

Any concerns about school performance? ☐ No ☐ Yes

Any concerns about peer relationships? ☐ No ☐ Yes

Special interests/ activities: _____

_____

FAMILY HISTORY

Do any family members have any of the following conditions:

Condition	Mother	Father	Sibling	Grandparent
Asthma	☐	☐	☐	☐
Juvenile diabetes	☐	☐	☐	☐
Cancer	☐	☐	☐	☐
Heart attack before 55 yrs	☐	☐	☐	☐
High cholesterol	☐	☐	☐	☐
High blood pressure	☐	☐	☐	☐
Stroke	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐
Thyroid disease	☐	☐	☐	☐
Kidney disease	☐	☐	☐	☐
Sickle cell	☐	☐	☐	☐
Mental health problems	☐	☐	☐	☐
Alcoholism/ Substance Abuse	☐	☐	☐	☐
ADD/ or ADHD	☐	☐	☐	☐
Other: _____	☐	☐	☐	☐

CURRENT CONCERNS (Check all that apply)

Constitutional
- ☐ Fever, chills
- ☐ Fatigue
- ☐ Unexplained weight loss
- ☐ Excessive thirst

Eye, Nose, Throat
- ☐ Loud voice/ hearing problem
- ☐ Mouth breathing, snoring
- ☐ Ear pain
- ☐ Frequent runny nose

Respiratory
- ☐ Cough, short of breath
- ☐ Chest tightness, wheeze

Musculoskeletal
- ☐ Muscle pain, weakness
- ☐ Joint pain, swelling
- ☐ Bone pain

Other (eyes, skin, blood)
- ☐ Blurry vision
- ☐ Squinting
- ☐ Crossed eyes
- ☐ Itchy eyes
- ☐ Rashes
- ☐ Abnormal moles
- ☐ Abnormal bruising/bleeding

Gastrointestinal
- ☐ Nausea, vomiting, diarrhea
- ☐ Constipation, blood in stool
- ☐ Abdominal pain

Cardiovascular
- ☐ Chest pain, palpitations
- ☐ Tires easily with exertion
- ☐ Fainting

Genitourinary
- ☐ Frequent or painful urination
- ☐ Bedwetting/ frequent accidents
- ☐ Vaginal or penile discharge

Neurologic
- ☐ Headaches
- ☐ Seizures
- ☐ Dizziness
- ☐ Numbness/ tingling

Psychiatric/ Emotional
- ☐ Anxiety/stress
- ☐ Depression
- ☐ Sleep problems
- ☐ Anger concerns
- ☐ Concerns with attention or impulsivity

For Office Use Only

Reviewed by: _____

Date: _____

DELINEATION OF CLINICAL PRIVILEGES - CARDIOLOGY

For use of this form, see AR 40-68; the proponent agency is OTSG.

1. NAME OF PROVIDER (Last, First, MI)	2. RANK/GRADE	3. FACILITY

INSTRUCTIONS:

PROVIDER: Enter the appropriate provider code in the column marked "REQUESTED". Each category and/or individual privilege listed must be coded. For procedures listed, line through and initial any criteria/applications that do not apply. Your signature is required at the end of Section I. Once approved, any revisions or corrections to this list of privileges will require you to submit a new DA Form 5440.

SUPERVISOR: Review each category and/or individual privilege coded by the provider and enter the appropriate approval code in the column marked "APPROVED". This serves as your recommendation to the commander who is the approval authority. Your overall recommendation and signature are required in Section II of this form.

NOTE: This document is to be used in conjunction with DA Form 5440-3, Delineation of Clinical Privileges - Internal Medicine.

PROVIDER CODES	SUPERVISOR CODES
1 - Fully competent to perform	1 - Approved as fully competent
2 - Modification required (Justification attached)	2 - Modification required (Justification noted)
3 - Supervision requested	3 - Supervision required
4 - Not requested due to lack of expertise	4 - Not approved, insufficient expertise
5 - Not requested due to lack of facility support/mission	5 - Not approved, insufficient facility support/mission

SECTION I - CLINICAL PRIVILEGES

Categories of privileges. Privileges are granted to provide Cardiology health care and services based on patient acuity and for specific diagnostic and interventional procedures.

Category I.
Uncomplicated illnesses or problems which have low risk to the patient. Non-specialists with little or no residency training but with experience in the care of these conditions.

Requested	Approved	
		Category I clinical privileges

Category II. Includes Category I.
Major illnesses, injuries, conditions, or procedures with no substantial threat to life. Significant graduate training in the specialty related to the conditions, or considerable experience in the care of the conditions.

Requested	Approved	
		Category II clinical privileges

Category III. Includes Categories I and II.
Major illnesses, injuries, conditions, or procedures with substantial threat to life. Extensive training and experience to include completion of a certified Cardiology residency training program and board eligibility are required.

Requested	Approved	
		Category III clinical privileges

Category IV. Includes Categories I, II, and III.
Unusually complex or critical diagnoses or treatments with serious threat to life. Board certification in Cardiovascular Diseases is required.

Requested	Approved	
		Category IV clinical privileges

Exercise Testing/Echocardiographic Procedures

Requested	Approved		Requested	Approved	
		a. Exercise stress testing (GXT)			g. Intravascular ultrasound, interpretation only
		b. Thallium/persantine nuclear studies			h. Other (Specify)
		c. Exercise stress echocardiography			
		d. Transthoracic echocardiography, including M-mode two-dimensional echocardiography and Doppler techniques			
		e. Transesophageal echocardiography			
		f. Pharmacologic stress echocardiography			

Cardiac Catheterization/Interventional Procedures

Requested	Approved		Requested	Approved	
		a. Diagnostic right and left heart catheterization, coronary angiography, ventriculography			d. Temporary transvenous pacemaker insertion
					e. Aortography (ascending)
		b. Pulmonary angiography			f. Endomyocardial biopsy
		c. Interpret coronary/pulmonary angiograms			g. Coronary angioplasty

Pediatric cardiology mcq. Pediatric cardiologist in nepal. Pediatric cardiology mcqs with answers.

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Use ACOSAP to prepare for the meetings â € “Learn on the abim plane, simulates a Exam, practice with hundreds of ABIM -style questions that include rationality, references and links to related text, learn from educational text and conferences, and identify their knowledge gaps so that you can plan an additional study. This activity is designated 194 category 1 cmes. Your purchase now gives you dedicated access for 5 years and includes the annual updates mentioned above. The new print options allow you to print text and/or questions to your convenience. Use ACSAP to identify your knowledge gaps, strengthen your existing knowledge and learn new information. Claiming any type of crime for the product during that time will make it inevable for a reimbursement. Do you want free practice? It is the responsibility of the CME activity supplier to present the termination information of the participants to ACCME in order to grant CRIME ABIM MOC. Passing the Pedigiology Cardiology Moc will fulfill part 3 of the MOC structure: cognitive expertise â € “Secure exam. According to the ABP Plan, the exam covers the following topics: cardiovascular structure, development and function 6% pharmacology 6% Right to left fingerprints 5% cardiovascular diseases 6% structural diseases, valvares and obstructive lesions 6% congratulators of large arteries and aorta 5% venous abnormalities systemic and pulmonary systemic and abnormalities 4% myocardial, pericardium, endocardial and endocardial disorders and 5% cardiovascular disease although the exam has a high passage, the practice will follow Your key to closing it. Approval date/CME & MOC expansion laminating date. Updates will be made every year. ACCF designates this continuous educational activity for a maximum of 194 credits to the European Board of Accreditation in Cardiology (EBAC). Learning objectives Once this activity is finished, students must be able to: Identify knowledge gaps and target study to fill those gaps in preparation for ABIM certification/maintenance of the certification examination in cardiovascular disease. Medical Assistants The American College of Cardiology Foundation has been authorized by the American Academy of Physician Assistants (AAPA) to grant AAPA Category 1 CME credit for planned activities in accordance with AAPA's CME Criteria. These explanations serve as “mini-readures” and are the best way to get a complete understanding of the subject on which it will be tested. The CMP integrates ongoing learning with evaluation and is the shortest path between learning and maintaining their credentials. This is otherwise known as the certification maintenance test (CMO) and since the test is necessary to take every 10 years, getting the study muscles to work again can be a bit challenging. All CME and MOC credit points in medical knowledge you need to remain authorized and certified for a period of 5 years. Pass the tables. Add a review and share your thoughts with other readers. Be the first. Is it time to start preparing for your pediatric cardiology recertification exam? Use ACCSAP for: Perfect your knowledge of CV medicine. ABIM Certification Maintenance The successful completion of this CME activity, which includes participation in the evaluation component, allows the participant to win up to 194 medical knowledge pointsin the Certification Maintenance Program (MOC) of the American Board of Internal Medicine (ABIM). In addition, ECME is available for users outside the US ACCSAP application in the new ACC Learn application! Learn! ACCSAP is available in line. High guidelines of the IMANGES OF EDUCATION MEETINGS JACC News section add a review and share their thoughts with other readers. Review and discuss one or more than the following to optimize the quality and provision of clinical care to the practice of cardiovascular medicine: clinical and practical guidelines, recommendations and protocols that emerge information and application for Practice the quality and/or the cost of multi -regularity and multidisciplinary strategies for collaboration and security communication for the patient improves the performance of the performance of cultural competence date of January 2019 and then rolling. Member: $ 1,500 Non Member: $ 1,900 reduced: $ 900 (FIT, CCA, EMITE) ACCSAP is the Self -Assessment Program of ACC that covers the entire field of closing cardiology for adults. ACCF is accredited jointly by the Council of Accreditation for continuous music education (ACCME), the Council of Accreditation for Pharmacy Education (ACPE) and the American Nurses Credentialing Center (ANCC), to provide continuous education for the team of medical attention. The educational material in text and video format allows you to learn by reading or looking/listening to a presentation. ACCSAP Table of preparing for the General Principles of Cardiovascular Medicine Arrhythmias Arteria of the artery cardigic and cardiomyopathy disease Valvular disease Pericrdic disease Peri -Radical disease PREPARATORY PREPARATORY CARDIOLOGY SPORTS PREPARATION AND PRICES OF CARDON DISEASES MEMBER: $ 1,500 NO Member: $ 1,900 reduced: $ 900 (FIT, CCA, EMITE) OBJECTIVE HEARING This product is designed cardiovascular cardiovascular COM ygoloidraC cirtaideP PBA .so±Âa 5 atsah ed n³Âicacifitrec y aicnecil ed sotisiuqer sus sodot arap ocid©Âm otneimiconoc ne COM y EMC otid©Ârc ed sotnup setneicifus ecerfo PASCCA .o±Âa la 004$ atseuc PASCCA ed roiretna n³Âisrev aL .orerbef adac nacilbup es senoicazilautca saL .lareneg otid©Ârc ed n³Âicamalcer us a senoicacifidom recah nedeup es on EMCCA la atemos es COM n³Âicamalcer us euq zev anU .avitacude dadivitca al ne odatsag nah es etnemlaer euq otid©Ârc ed saroh salleuqa ol³Às ramalcer ebed etnapicitrap adaC gnafnaW)aidnI(tsiL ERAC-CGU ecivreS yrevocsiD teN DT ralohcS citn¡ÂmeS)EICS(dednapxE xednI noitatiC ecneicS xednI noitatiC ecneicS SUPOCS ogamICS n³ÂicacovnI ed sixaeR sirbiLxE-tseuQorP omirP sirbiLxE-tseuQorP ocitroP ecivreS yrevocsiD taCdlroW CLCO seireS dna slanruoJ cifitneicS rof retsigeR naigewroN revaN enildeM noitidE ecneicS/stropeR noitatiC lanruoJ)TSJ(ycnegA ygolonhceT dna ecneicS esenapaJ ralohcS elgooG ESABME etneuF MTS OCSBE otneimirbucsed ed oicivreS OCSBE acid©Âmoib aicnerefer ed n³ÂicceloC OCSBE acim©ÂdacA adeuqs⁹ÂB OCSBE senoisnemiD acinÂlC anicideM/lautca odinetnoC CEIPNC IKNC SSKCOLC ocig³Âloib nemuseR udiaB SISOIB RUVNA IFB atsiL al ne odaxedni e nemuseR 1791-2341 NSSI .otneimiconoc us ridem arap acitc¡Ârp ed satnugerp 4 satse ebeurP .seraluger senoicazilautcA ?CCA ed atnuJ al ed n³Âisiver ed osruc led saicnerefnoc sal sadot eyulcni PASCCA euq aÂbaS¿Â .setnelaviuqe etnemlaicnatsus omoc s¡Âmed sol ed n³Âicatiderca ed sametsis sol odiconocer nah)CABE(aÂgoloidraC ne n³ÂicatidercA ed aeporuE atnuJ al y)EMCCA(aunitnoC acid©ÂM n³ÂicacudE al arap n³ÂicatidercA ed ojesnoC lE .otneimiconoc ed satnugerp selpmis ed ragul ne sosac ne sadasab satnugerp SADOT nos euq satnugerp noc eta-ÂfaseD :satnugerp serojem nºÂA .arpmoc ed ahcef al edsed osecca ed so±Âa 5 anoicroporp el arpmoc uS sseccA fo mreT ?PASCCA ed n³Âisrev atse erbos oveun ed yah ©ÂuQ¿Â .ralucsavoidrac etneicap la nadiuc euq ocid©Âm lanosrep o socid©Âm sorto y The ABP is composed of 200 single response multiple selection questions (MCQs) (MCQs) in two timed sections with each section being two hours long. Physicians The ACCF designates this enduring material for a maximum of 194 AMA PRA Category 1 Creditst¢ÂÂ¢Â. Physicians should claim only the credit commensurate with the extent of their participation in the activity. No more guessing about which version you should buy to meet your needs/timeline. Participants can claim credit only once. ACCSAP now includes the Collaborative Maintenance Pathway (CMP), a new option for cardiologists wishing to meet their MOC assessment requirement. requirement.

Dear Twitpic Community - thank you for all the wonderful photos you have taken over the years. We have now placed Twitpic in an archived state. 14/05/2020 · ### Learning objectives Non-invasive evaluation of left ventricular (LV) systolic function by echocardiography remains one of the most pivotal measures in clinical cardiology. Although conventionally quantified by means of LV ejection fraction (LVEF), it has become evident that this parameter is subject to a number of limitations. LVEF can be normal in the presence … Password requirements: 6 to 30 characters long; ASCII characters only (characters found on a standard US keyboard); must contain at least 4 different symbols; Expatica is the international community’s online home away from home. A must-read for English-speaking expatriates and internationals across Europe, Expatica provides a tailored local news service and essential information on living, working, and moving to your country of choice. With in-depth features, Expatica brings the international community closer together. Browse our listings to find jobs in Germany for expats, including jobs for English speakers or those in your native language. 06/04/2022 · Written with health professions students in mind, the Third Edition of Anatomy and Physiology for Health Professionals offers an engaging, approachable, and comprehensive overview of human anatomy and physiology. The Third Edition features a total of six multifaceted ‘Units’ which build upon an understanding of basic knowledge, take readers through … Learn everything an expat should know about managing finances in Germany, including bank accounts, paying taxes, getting insurance and investing.

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