

Pediatric Regional (Discussion with attending)

Initial and Date _____

IV placement

Initial, Date, & Accuracy _____

Fluid Management

Initial and date _____

Preoperative Evaluation and Anesthetic Plan

Initial and Date _____

Pediatric OR set-up (five random checks)

Initial and Date _____

Informed consent (five cases)

Initial and date _____

Written Exam

Date _____
Score _____

Patient care turnover (at least one ICU patient)

Initial and date _____

Perioperative considerations (discussion)

-T&A _____
-Strabismus sx _____
-Heart murmur _____
-Runny nose _____
-VSD (noncardiac sx) _____

Pediatric Regional (five cases)

Initial, date and block _____

Mask	_____	LMA	_____	Intubation	_____
	_____		_____		_____
	_____		_____		_____
	_____		_____		_____
	_____		_____		_____