	STUDY GUIDE
PROGRAM	MBBS
COURSE TITLE	Paediatrics
ACADEMIC YEAR	5th YEAR- 2024
INTRODUCTION	Paediatrics is the branch of medicine dealing with the health and
	medical care of infants, children, and adolescents from birth up to
	the age of 18. The word "Paediatrics" means "healer of children".
	Paediatrics is a relatively new medical specialty, developing only in
	the mid-19th century.
	A Paediatrician is a child's physician who provides not only medical
	care for children who are acutely or chronically ill but also
	preventive health services for healthy children. A Paediatrician
	manages physical, mental, and emotional well-being of the children
	under their care at every stage of development, in both sickness
	and health.
RATIONALE	Pakistan has an estimated population of 212 million; 45 per cent are
	children and 22.7 per cent are adolescents aged 10–19 years. With
	an annual growth rate of 2.4 per cent, the population doubles every
	29 years, increasing pressure on social and healthcare systems,
	which is compounded by rapid urbanization. The birth rate for
	Pakistan in 2023 was 26.042 births per 1000 people, a 1.87% decline
	from 2022. The infant mortality rate for Pakistan in 2023 was 55.777
	deaths per 1000 live births, a 1.95% decline from 2022. Keeping these
	statistics in mind, it is imperative that MBBS graduates be trained
	adequately in how to manage Paediatric conditions so that they
	are able to deal with them during their internship and during
	independent practice.
OUTCOMES	By the end of the final year MBBS, students will be able to

	Demonstrate competence in basic clinical skills which
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	they can utilize as doctors to improve the health care
	system quality
	Demonstrate clinical reasoning and decision making
	Justify management plans for common Paediatric
	conditions in Emergency, in- and out-patient situations
	Appropriately and promptly refer patients to specialists
	Consistently demonstrate professional & ethical behavior
	along with communication skills with all stakeholders
COURSE	By the end of the Paediatrics course and for each of the conditions
OBJECTIVES	listed in this study guide, final year MBBS students will be able to:
	discuss the etiology, risk factors, clinical presentations and
	relevant investigations for each
	correlate the conditions' pathophysiology with signs and
	symptoms
	justify differential diagnoses and diagnoses on the basis of
	history, examination findings and investigation reports
	discuss outlines of treatment plans for each
	explain plans for prevention of conditions where appropriate
	discuss outline of management of complication in the
	relevant conditions
	relevant conditions
<u>LECTURES</u>	Acid-base balance and related disorders
ACID BASE AND	2. Dehydration and replacements of electrolytes (clinical types
FLUID AND	and management)
ELECTROLYTES	3. Maintenance fluids / electrolytes therapy (normal requirements)
DISORDERS	
BEHAVIORAL AND	1. Attention-deficit/hyperactivity disorder, Autism spectrum
PSYCHIATRIC	disorder (clinical presentation, classification, management)

DISORDERS	2. Nocturnal enuresis, encopresis (clinical presentation,
	classification, management)
	3. Pica
	4. Tics, anorexia nervosa and bulimia nervosa
BONES AND	1. Achondroplasia
JOINTS DISORDERS	2. Clubfoot (talipes equinovarus)
	3. Marfan's syndrome
	4. Osteogenesis imperfecta
	5. Osteomyelitis
	6. Scoliosis
	7. Septic arthritis
CARDIO-	1. Acquired heart diseases (infective endocarditis, rheumatic
VASCULAR	heart disease,)
DISORDERS	2. Congenital heart disease (cyanotic & acyanotic)
	3. Myocarditis Cardiomyopathy, CCF
GASTRO-	1. Approach to abdomen pain
INTESTINAL AND	2. Constipation, diarrhea, dysentery
LIVER DISORDERS	3. Liver disorders (acute hepatitis & liver abscess) & CLD (Hepatic
	failure, Portal hypertension)
	4. Malabsorption (Celiac disease, Giardiasis, IBD)
	5. Vomiting, GERD,
GENETIC	Chromosomal disorders (Turner syndrome, Down's syndrome)
DISORDERS	2. Genetic counselling (general rules of genetic counselling)
	3. Polygenic (multi factorial inheritance)
	4. Pre-natal diagnosis (methodologies)
	5. Single gene defects
GROWTH AND	Factors affecting growth
DEVELOPMENT &	2. Growth charts (plotting)

NUTRITIONAL	3. Malnutrition classifications
DISORDERS	4. Normal growth & development
	5. Nutritional requirements
	6. Puberty and Tanner's staging
	7. Under and over nutrition (obesity and overweight)
	8. Vitamins and micronutrients deficiencies (effects,
	management)
HEMATOLOGICAL	Bleeding and coagulation disorders
DISORDERS	2. Hemolytic anemia including - Thalassemia & transplant, blood
	transfusion
	3. Nutritional & Aplastic Anemia
	4. Leukemias and Lymphomas
IMMUNOLOGICAL	Acquired immune deficiency including AIDS
DISORDERS	2. Cellular, humoral and complement related
	immunodeficiencies
	3. Evaluation of suspected immunodeficiency
	4. Neutrophil related defects
INFECTIOUS	1. Diarrhea: etiology and management of acute and chronic
DISEASES	diarrhea
	2. Diphtheria, tetanus, pertussis
	3. Rabies (as part of Non-EPI)
	4. Rashes: measles, mumps, Varicella (chickenpox),
	5. Tuberculosis
	6. Typhoid fever & malaria and Dengue, poliomyelitis
KIDNEY AND	Acute and chronic kidney disorders
URINARY BLADDER	2. Acute post-streptococcal glomerulonephritis
DISORDERS	3. Congenital anomalies of kidneys and urinary tract
	4. Laboratory evaluation and imaging of urinary tract

	5. Nephrotic syndrome & Nephritic syndrome
	6. Urinary tract infections, renal stones
	7. Wilm's tumor
NEONATOLOGY	Birth asphyxia, prematurity
	2. Causes of seizures in newborn
	3. Hemorrhagic disease of newborn
	4. NEC (necrotizing enter colitis)
	5. neonatal jaundice, IDM (Infant of Diabetic Mother)
	6. Neonatal sepsis
	7. Respiratory distress syndrome
	8. TORCH infections
NEUROLOGICAL	1. Brain tumors
DISORDERS	2. Cerebral palsy, Microcephaly
	3. Encephalitis
	4. Epilepsy & febrile convulsions, headaches & space occupying
	lesions
	5. Increased intracranial pressure, hydrocephalus
	6. Meningitis (Pyogenic, Tuberculosis)
	7. Neuroblastomas
	8. Poliomyelitis
PAEDIATRICS	Biliary atresia, duodenal atresia
SURGERY	2. Cleft lip and palate
	3. Developmental dysplasia of the hip, Telepes, Kyphosis, Scoliosis
	4. Hernias
	5. Hirschsprung's disease
	6. Intussusception
	7. Neural tube defects
	8. Posterior urethral valve

	9. Tracheoesophageal fistula
RESPIRATORY	Acute respiratory infections (ARI)
DISORDERS	2. Asthma, foreign body
	3. Bronchiolitis, bronchopneumonia
	4. Laryngomalacia, Otitis media
	5. Lobar pneumonia, cystic fibrosis
	6. Tonsils and adenoids, Epiglottitis, Croup
RHEUMATIC &	Acute Flaccid Paralysis, GBS
NEUROMUSCULAR	2. Duchene muscular dystrophy
DISORDERS	3. Floppy infant
	4. Juvenile idiopathic arthritis
	5. Kawasaki Disease
	6. SLE / Neonatal lupus
SOCIAL AND	1. EPI program
PREVENTIVE	2. Breast feeding
PAEDIATRICS	3. Child rights/abuse/neglect
	4. Health indicators (definitions and national statistics)
	a. U5MR, IMR, neonatal mortality rate
	b. Maternal mortality rate
	c. Perinatal mortality rate
	d. Low birth weight (intra uterine growth retardation), large
	for gestational age, small for gestational age, appropriate
	for gestational age
	5. IMCI / IMNCI (Integrated Management of Childhood Ilnesses/
	Integrated Management of Newborn and Childhood Illnesses)
	programs
	6. Vaccinations (other than EPI)
	a. Varicella, influenza, hepatitis A

	b. Meningococcal vaccine
	c. Rabies
CLINICAL SKILLS	Administering oxygen & nebulizers
(performing under	Blood sampling or venipuncture in children
direct supervision-	Communicating professionally with children and / or their
In skills lab and/	primary caregivers
or during ward	Giving intramuscular and intravenous injections
rotations)	History taking
	Measuring capillary blood glucose
	Moving and handling, Paediatric patients who are frail
	 Passing N/G tube
	Performing General and Systemic Physical Examinations
	Setting up and maintaining I/V line
	Vaccinating children
	Wearing protective equipment
CLINICAL SKILLS	CPR on real Paediatric patients
(Observation)	Endoscopies (where available)
	Insertion of Central venous line
	Lumbar puncture
	Male and female Catheterization in Paediatrics
	Management of paediatric patients in Emergency Room/
	Casualty
	Management of neonates in neonatal and Paediatric ICUs
	 Ventilation
PROFESSIONAL	Maintain personal hygiene at all times, especially after being
BEHAVIOR	in contact with patients
	Effectively counsel primary caregivers regarding options for
	relevant therapeutic procedures

 patients and their primary caregivers Take consent appropriately before all procedures and processes Communicate with professionally and with respect with patients, their attendants, health care team members, senior physicians and peers
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physicians and peers
 Demonstrate punctuality and regularity in all academic
sessions
Demonstrate care, empathy and principles of ethical and
prefessional practice in all the therapeutic procedures while
taking care of patient safety issues
Safeguard themselves from potential harm by adhering to
prescribed protocols
Consistently demonstrate care for the betterment of the
patients
Work effectively as a productive member of the health care
team
 Perform duties honestly and to the best of their abilities
Demonstrate proactive behavior in fulfilling their responsibilities.
 Follow institutional policies
NTERNAL • Internal assessment will be according to JSMU policy. The
ASSESSMENT details of internal assessment will be determined by the
respective institutions.
 Internal assessment carries 20% weightage in the final, end-of
year examination
There will be one theory paper consisting of MCQs. The areas that
will be included in the theory are those that are listed in this study

guide AND taught in previous years. There will also be OSCE.

Clinical Topics and skills, related to Paediatrics, taught in previous years, will be assessed in Final year MBBS professional examination (theory and OSCE) as well.

Students are strongly advised to thoroughly read the policy on Academic Progression in Undergraduate Programs present on JSMU website.