

Acute Care Core Complaints List

The Acute Care Core Complaints list includes 20 of the most common reasons for acute patient visits to GPCHC. The list originated from a review of past patient schedules and has been refined according to input from faculty in the Division of General Pediatrics.

- Interns should pay particular attention to the set of complaints marked PL-1.
- PL-2 residents should strive to feel comfortable managing all of the PL-1 complaints, plus those marked PL-2, etc.

For each of the following common complaints/problems:

- Outline a differential diagnosis
- List key findings to elicit on history and exam to guide both diagnosis and management
- Discuss options for additional diagnostic evaluation (e.g. labs, studies)
- For each item on the differential diagnosis for each complaint
 - Summarize relevant practice guidelines
 - Outline possible treatment/management plans
 - Discuss natural history, complications, indications for hospitalization or subspecialty referral
 - Provide patient education/anticipatory guidance

Training level	Core Complaints	Practice Guidelines to review (see Primary Care Website)
PL-1	<input type="checkbox"/> Newborn care: transition to home, feeding, jaundice <input type="checkbox"/> Nasal congestion, rhinorrhea <input type="checkbox"/> Red eye, eye drainage <input type="checkbox"/> Nose bleed <input type="checkbox"/> Diarrhea <input type="checkbox"/> Ear pain, drainage	AAP – Hyperbilirubinemia 2004 AAP – Otitis Media 2013 AAP – Sinusitis 2013
PL-2	<input type="checkbox"/> Cough, acute and chronic <input type="checkbox"/> Sore throat <input type="checkbox"/> Rash <input type="checkbox"/> Fever without a source <input type="checkbox"/> Limp, lower extremity pain <input type="checkbox"/> Vomiting <input type="checkbox"/> Wheezing	AAP – Febrile Seizures – evaluation 2011 AAP – Febrile Seizures – Long-term Management 2008 NHLBI – Asthma 2012 AAP – Bronchiolitis 2014
PL-3	<input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Constipation <input type="checkbox"/> Crying/fussy infant <input type="checkbox"/> Dysuria <input type="checkbox"/> Headache <input type="checkbox"/> Injury: foot, ankle, knee, wrist, shoulder <input type="checkbox"/> Vaginal discharge	AAP – Sinusitis 2013 AAP – UTI 2011