



NURS 1679 Condition /Procedure Database

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Categories	Date	Date	Date	Student and/or Preceptor Comments
<b>Health history and physical examination</b>				
• Newborn				
• Toddler				
• School Age				
• Adolescent				
• Adult female				
• Adult female prenatal				
• Adult male				
• LGBTQ2+				
<b>Application of CDTs</b>				
<b>Central Nervous System</b>				
Migraine Headaches Adult				
<b>Eyes, Ears, Nose, Throat, and Mouth</b>				
Acute Laryngitis: Adult				

Categories	Date	Date	Date	Student and/or Preceptor Comments
Anterior Epistaxis Adult and Pediatric				
Aphthous Stomatitis Adult and Pediatric				
Blepharitis Adult and Pediatric				
Ceruminosis _Impacted Cerumen_ Adult and Pediatric				
Chalazion and Hordeolum Adult and Pediatric				
Conjunctivitis Adult and Pediatric				
Corneal Abrasion Adult and Pediatric				

Categories	Date	Date	Date	Student and/or Preceptor Comments
Dental Abscess Primary and Permanent Teeth				
Otitis Externa Adult and Pediatric				
Otitis Media Adult				
Otitis Media Chronic Suppurative Adult and Pediatric				
Otitis Media Pediatric				
Peritonsillar Abscess Adult				
Pharyngitis Adult & Pediatric				
Rhinosinusitis (Acute and Chronic) Adult & Pediatric				
<b>Gastrointestinal</b>				
Acute Diarrhea Adult				
Acute Gastroenteritis Adult				

Categories	Date	Date	Date	Student and/or Preceptor Comments
Acute Gastroenteritis Pediatric				
Cholelithiasis Biliary Colic Cholecystitis and Cholangitis Adult and Peds				
Constipation Adult				
Constipation Pediatric				
Dehydration Adult				
Dehydration Pediatric				
Gastroesophageal Reflux Disease (GERD) Adult				
Gastroesophageal Reflux Disease (GERD) Pediatric				
H. Pylori Adult				
Pinworms Adult and Pediatric				
<b>Genitourinary</b>				
Asymptomatic Bacteriuria Adult				

Categories	Date	Date	Date	Student and/or Preceptor Comments
Balanitis Adult and Pediatric				
Sexually Transmitted Infections (STIs) Adult and Pediatric				
Urinary Tract Infection (Cystitis and Pyelonephritis) Adult				
Urinary Tract Infection (UTI) Pediatric				
Urolithiasis Adult and Pediatric				
Vulvovaginitis Adult & Pediatric				
<b>Hematology</b>				
Iron Deficiency Anemia Adult and Pediatric				
<b>Musculoskeletal</b>				
Acute Neck Pain Adult and Pediatric				
Low Back Pain Adult and Pediatric				
<b>Reproductive Health</b>				
Contraception Adult and Pediatric				

Categories	Date	Date	Date	Student and/or Preceptor Comments
Hormonal Emergency Contraception Adult and Pediatric				
Mastitis Adult and Pediatric				
<b>Respiratory</b>				
Acute Bronchitis Adult				
Acute Exacerbation of Chronic Obstructive Pulmonary Disease (AECOPD) Adult				
Asthma Exacerbation Adult & Pediatric				
Bronchiolitis Pediatric				
Community Acquired Pneumonia (CAP) Adult				
Community Acquired Pneumonia (CAP) Pediatric				
<b>Skin &amp; Integumentary</b>				
Acne Vulgaris Adult and Pediatric				
Acute Urticaria Adult and Pediatric				

Categories	Date	Date	Date	Student and/or Preceptor Comments
Atopic Dermatitis Adult & Pediatric				
Bites Adult and Pediatric				
Cellulitis Adult & Pediatric				
Cutaneous Fungal Infection Adult and Pediatric				
Cutaneous Infection Adult and Pediatric				
Impetigo Adult & Pediatric				
Pediculosis Adult and Pediatric				
Scabies Adult and Pediatric				
Warts (Verrucae) Adult and Pediatric				
Ordering and Interpretation of Diagnostic Tests				
Test Name				





Categories	Date	Date	Date	Student and/or Preceptor Comments
Interprofessional communication SBAR				
Patient/Family/Community centred care Cultural safety				
Role Clarification				

*This database will be submitted halfway through the clinical experience and at the end of the experience through the Assessment Dropbox.*

The listing is a valid representation of this clinical practice experience.

Midterm: \_\_\_\_\_ hours of direct clinical care has been completed.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Preceptor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Final: \_\_\_\_\_ hours of direct clinical care has been completed.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Preceptor Signature: \_\_\_\_\_

Date: \_\_\_\_\_