

“Algorithm of patient’s examination – Birth trauma-Erb’s palsy”

Interviewing the patient

1. Introduce yourself friendly and greet the mother.
2. Explain the aim of your visit and get mother’s consent for conversation.
3. Maintain good eye contact, friendly facial expression and smile, gentle tone of speech.
4. Collect information about maternal history (mother’s age, chronic diseases gravida and parity), antenatal period (previous pregnancies and outcomes).
5. Collect information about current pregnancy (complications of pregnancy) and pay much attention to the intranatal anamnesis (gestational age at delivery, type of delivery, using of instruments – forceps or vacuum, anesthesia, duration of labor, characteristic of amniotic fluid,).
6. Collect information about early post-natal period (Apgar score, birth weight, need for resuscitation).
7. Explain the results of interviewing.
8. Conversation accomplishment

Physical examination of patient

1. Introduce yourself friendly and greet the mother.
2. Explain the aim of your visit and get mother’s consent for examination.
3. Maintain good eye contact, friendly facial expression and smile, gentle tone of speech.
4. Wash your hand, warm and clean phonendoscope.
5. Perform the examination of newborn infant and note the typical changes in case of birth trauma:
 - a. General inspection (position and posture, active movements of extremities), inspection of head and face (color of skin, presence of petechiae, ecchymosis, edema of soft tissue, cranium deformities), neck (position, symmetrical, deformation), chest and extremities (position, symmetrical, deformation of clavicles, chest, movements in the extremities).
 - b. Check the muscle tonus and neonatal reflexes (rooting, sucking, grasp, stepping, Moro reflex, Babkin’s, Babinski, Galant’s, tonic neck reflex)
 - c. Palpation (anterior and posterior fontanelles, skull, clavicles, extremities)
 - d. Check the vital signs (respiratory rate, heart rate and oxygen saturation).
6. Explain mother the preliminary diagnosis and plan of additional examinations.
7. Conversation accomplishment.

Interpretation of results of laboratory and instrumental testing

1. Greeting and introducing, friendly facial expression and smile, gentle tone of speech
2. Interpretation of received results
 - a. Interpretation of X-ray of injured extremity and shoulder (exclude the fracture of clavicle and extremity)
 - b. Interpretation of ultrasound examination of brain (exclude intracranial hemorrhage)
 - c. Interpretation of the MRI of brain and cervical spine (injury of spinal cord at C5-C6 level).
3. Involve the patient’s parents into the conversation, clarify whether your explanations are clearly understood.
4. Conversation accomplishment.

“Algorithm of patient’s examination – Hemolytic disease of newborn”

Interviewing the patient

1. Introduce yourself friendly and greet the mother.
2. Explain the aim of your visit and get mother’s consent for conversation.
3. Maintain good eye contact, friendly facial expression and smile, gentle tone of speech.
4. Collect information about maternal history (mother’s age, chronic diseases, gravida and parity, mother’s blood type), previous pregnancies and outcomes (pay attention if there were miscarriages, abortions; if older children had jaundice and need for phototherapy in neonatal period; if mother got anti-rhesus immunoglobulin during current pregnancy and after previous ones, pay attention to anti-rhesus immunoglobulin prophylaxis after miscarriages).
5. Collect information about current pregnancy (complications of pregnancy, like infectious illness, intrauterus infections, maternal antibiotics) and birth history (gestational age at delivery, type of delivery, characteristic of amniotic fluid).
6. Find out the time when jaundice appeared, level of cord bilirubin and previous management of patient.
7. Explain the results of interviewing.
8. Conversation accomplishment

Physical examination of patient

1. Introduce yourself friendly and greet the mother.
2. Explain the aim of your visit and get mother’s consent for examination.
3. Maintain good eye contact, friendly facial expression and smile, gentle tone of speech.
4. Get acquainted with information about patient.
5. Wash your hand, warm and clean phonendoscope.
6. Perform the examination of newborn infant and note the typical changes in case of hemolytic disease of newborn:
 - a. Inspect the skin, scleras and mucous membranes for jaundice, pallor, color of urine feces.
 - b. Check the muscle tonus and neonatal reflexes (rooting, sucking, grasp, dancing, Moro reflex, Babkin’s, Babinski, Galant’s)
 - c. Check the vital signs (respiratory rate, heart rate and oxygen saturation).
 - d. Perform the palpation of abdomen (check for hepato- and splenomegaly).
7. Explain mother the preliminary diagnosis and plan of additional examinations.
8. Conversation accomplishment.

Interpretation of results of laboratory and instrumental testing

1. Greeting and introducing, friendly facial expression and smile, gentle tone of speech
2. Interpretation of received results
 - a. Interpretation of the complete blood count (including reticulocytes)
 - b. Interpretation of the biochemical blood analysis (conjugated and unconjugated bilirubin level according to the threshold graphics, liver enzymes).
 - c. Interpretation of Coomb’s test.
 - d. Interpretation of ultrasound examination of liver and spleen.
3. Involve the patient’s parents into the conversation, clarify whether your explanations are clearly understood.
4. Conversation accomplishment.

“Algorithm of patient’s examination – Congenital pneumonia”

Interviewing the patient

1. Introduce yourself friendly and greet the mother.
2. Explain the aim of your visit and get mother’s consent for conversation.
3. Maintain good eye contact, friendly facial expression and smile, gentle tone of speech.
4. Collect complaints of the patient with congenital pneumonia (cyanosis, retractions, tachypnea, grunting, desaturation, feeding disorders), the time of respiratory disorders manifestation).
5. Collect information about maternal history (mother’s age, chronic diseases, gravida and parity), previous pregnancies and outcomes.
6. Collect information about current pregnancy (complications of pregnancy, like infectious illness including UTI, intrauterus infections, maternal antibiotics) and birth history (gestational age at delivery, type of delivery, fever during or before the delivery, fetal tachycardia, characteristic of amniotic fluid, premature rupture of membranes and its duration), early post-natal period (Apgar score, need for resuscitation).
7. Explain the results of interviewing.
8. Conversation accomplishment.

Physical examination of patient

1. Introduce yourself friendly and greet the mother.
2. Explain the aim of your visit and get mother’s consent for examination.
3. Maintain good eye contact, friendly facial expression and smile, gentle tone of speech.
4. Get acquainted with information about patient.
5. Wash your hand, warm and clean phonendoscope.
6. Examine the patient, with the detailed respiratory and cardiovascular system examination and results’ interpretation:
 - a. Inspect color, indication of typical localisation of cyanosis, look for retractions, nasal flaring)
 - b. Examine the respiratory pattern (regularity, rate and depth).
 - c. Perform lungs auscultation and percussion.
 - d. Perform heart auscultation, check heart rate and oxygen saturation.
7. Explain mother the preliminary diagnosis and plan of additional examinations.
8. Conversation accomplishment.

Interpretation of results of laboratory and instrumental testing

1. Greeting and introducing, friendly facial expression and smile, gentle tone of speech
2. Interpretation of received results
 - a. Interpretation of the complete blood count (leukocytosis, I/T ratio)
 - b. Biochemical blood analysis (inflammatory markers: CRP, procalcitonin, IL-6)
 - c. Interpretation of the blood gases testing (pH, pO₂, pCO₂, BE).
 - d. Interpretation of the plain chest X-ray (infiltrative shadows, infiltration of the roots of the lung).
3. Involve the patient’s parents into the conversation, clarify whether your explanations are clearly understood.
4. Conversation accomplishment.

“Algorithm of patient’s examination – Diabetes type 1”

Interviewing the patient

1. Greeting and introducing, friendly facial expression and smile, gentle tone of speech
2. Find a contact with the patient and make an attempt to gain his/her trust
3. Collect complains of the patient with presentations of diabetes
 - Polydipsia, polyuria, weight loss, enuresis
 - Vaginal candidiasis, especially in prepubertal girls
 - Chronic weight loss or failure to gain weight in a growing child
 - Irritability and decreasing school performance
 - Vomiting and abdominal pain
 - Recurrent skin infections
4. Collect anamnesis of the patient (pay attention on the order of development of symptoms, previous weight of the child, type of feeding, other members with diabetes in family)
5. Explain the results of interviewing
6. Conversation accomplishment.

Physical examination of patient

1. Greeting and introducing, friendly facial expression and smile, gentle tone of speech
2. Inform about the possibility of appearing of unpleasant feelings during the examination.
3. Explain the aim of your visit and get mother’s (patient’s) consent for examination.
4. Prepare for the examination (clean and warm hands, warm and disinfect phonendoscope).
5. Perform the examination of the patient and note the typical changes:
 - Signs of dehydration
 - Weight loss due to fluid loss and loss of muscle and fat
 - Flushed cheeks due to the ketoacidosis
 - Acetone detected on the breath (fruity-smelling breath)
 - Hyperventilation of diabetic ketoacidosis (Kussmaul respiration)
 - Decreased peripheral circulation with rapid pulse rate
 - Hepatomegaly due to diabetes hepatosis
 - Mental status changes such as lethargy and drowsiness
 - Disordered sensorium (disoriented, semicomatose or rarely comatose)
 - Hypotension and shock with peripheral cyanosis
6. Explanation of investigation results.
7. Conversation accomplishment.

Interpretation of results of laboratory and instrumental testing

1. Greeting and introducing, friendly facial expression and smile, gentle tone of speech
2. Interpretation of received results

In blood

- casual plasma glucose concentration ≥ 11.1 mmol/l
(casual is defined as any time of day without regard to time since last meal)
- or fasting plasma glucose ≥ 7.0 mmol/l
(fasting is defined as no caloric intake for at least 8 hours)
- or 2 hour postload glucose ≥ 11.1 mmol/l during an oral glucose tolerant test
(the test should be performed as described by WHO, using a glucose load containing the equivalent of 75 g anhydrous glucose dissolved in water or 1.75 g/kg of body weight to a maximum of 75 g)
- HbA1c ≥ 6.5

In urine: increase specific gravity, glucosuria, ketonuria, polyuria

3. Conversation accomplishment.

“Algorithm of patient’s examination – Congenital hypothyroidism in 4 weeks old child”

Interviewing the patient

1. Greeting and introducing, friendly facial expression and smile, gentle tone of speech
2. Collect signs and symptoms of congenital hypothyroidism
 - Hoarse rare cry
 - Sleepiness most of the day
 - Poor appetite
 - Decreased stooling or constipation
 - Decreased activity
3. Collect anamnesis of the patient (pay attention on gestation age (full-term or post-term child), weight of newborn for gestation age, family history)
4. Explain the results of interviewing
5. Conversation accomplishment.

Physical examination of patient

1. Greeting and introducing, friendly facial expression and smile, gentle tone of speech
2. Inform about the possibility of appearing of unpleasant feelings during the examination.
3. Explain the aim of your visit and get mother’s (patient’s) consent for examination.
4. Prepare for the examination (clean and warm hands, warm and disinfect phonendoscope).
5. Perform the examination of the patient and note the typical changes:
 - Macroglossia
 - Poor sucking reflex
 - Decreased stooling or constipation
 - Umbilical hernia
 - Mottled, cool, and dry skin
 - Myxedema
 - Poor weight gain
 - Large anterior fontanelle
 - Bradicardia
 - Prolong neonatal jaundice
 - Muscle hypotonia
 - Developmental delay
 - Goiter
6. Explanation of investigation results.
7. Conversation accomplishment.

Interpretation of results of laboratory and instrumental testing

1. Greeting and introducing, friendly facial expression and smile, gentle tone of speech
2. Interpretation of received results
 - anemia may occur, due to decreased oxygen carrying requirement
 - decreased levels of serum thyroid hormone (total or free T4) and elevated levels of thyroid-stimulating hormone (TSH)
 - ultrasound of thyroid gland
3. Conversation accomplishment.

“Algorithm of patient’s examination – Growth retardation in 7 years old child”

Interviewing the patient

1. Greeting and introducing, friendly facial expression and smile, gentle tone of speech
2. Find a contact with the patient and make an attempt to gain his/her trust
3. Collect complains of the patient
 - Child is shorter than other peers
4. Collect anamnesis of the patient
 - Birth height and weight
 - Velocity of growth annually
 - Height of close relatives (parents, grandparents and siblings)
 - Calculation of midparental height and target range
 - for girls: father's height + mother's height – 6,5 cm/2
 - for boys: father's height + mother's height + 6,5 cm/2
 - dyspeptic, intoxication syndrome
5. Explain the results of interviewing
6. Conversation accomplishment

Physical examination of patient

1. Greeting and introducing, friendly facial expression and smile, gentle tone of speech
2. Inform about the possibility of appearing of unpleasant feelings during the examination.
3. Prepare for the examination (clean and warm hands, warm and disinfect phonendoscope).
4. Perform the examination of the patient and note the typical changes:
 - provide anthropometrical measurements: height and weight of the child, compare data with percentile and z-score tables, calculate BMI, and make the conclusion about physical development
 - examine nervous, muscle-skeletal, cardiovascular, respiratory, digestive, urinary systems
 - dysmorphic features
5. Explanation of investigation results
6. Conversation accomplishment

Interpretation of results of laboratory and instrumental testing

1. Greeting and introducing, friendly facial expression and smile, gentle tone of speech
2. Interpretation of received results
 - serum levels of glucose, insulin-like growth factor-1, somatotropin, thyroid hormone (total or free T4) and thyroid-stimulating hormone (TSH), ACTH
 - GH provocative test results
 - Radiography of the hand & wrist (bone age)
 - MRI of hypothalamus and pituitary gland
3. Explanation of investigation results
4. Conversation accomplishment

“Algorithm of patient’s examination – Hemolytic anemia ”

Interviewing the patient

1. Greeting and introducing, friendly facial expression and smile, gentle tone of speech
2. Find a contact with the patient and make an attempt to gain his/her trust.
3. Collect complains of the patient with hemolytic anemia (pay attention to the peculiarities of anemic syndrome, jaundice, pain syndrom).
4. Collect anamnesis of the patient with hemolytic anemia (pay attention to the genetic predisposition, history of jaundice in family, reveal peculiarities of disease course).
5. Explain results of interviewing.
6. Conversation accomplishment.

Physical examination of patient

1. Greeting and introducing, friendly facial expression and smile, gentle tone of speech
2. Explain the aim of your visit and get mother’s (patient’s) consent for examination.
3. Inform about the possibility of appearing of unpleasant feelings during the examination.
4. Wash your hand, warm and clean phonendoscope.
5. Perform the examination and note the typical changes in case of hemolytic anemia:
 - Inspect the skin, scleras and mucous membranes for pallor and jaundice.
 - Check the vital signs (respiratory rate, pulse characteristics and oxygen saturation).
 - Auscultate the heart (check for tachycardia, systolic murmur).
 - Perform the palpation of abdomen (check for hepato- and splenomegaly) and lymph nodes.
6. Explanation of examination results.
7. Conversation accomplishment.

Interpretation of results of laboratory and instrumental testing

1. Greeting and introducing, friendly facial expression and smile, gentle tone of speech
2. Interpretation of received results
 - a. Interpretation of the complete blood count (including reticulocytes)
 - b. Interpretation of the biochemical blood analysis (conjugated and unconjugated bilirubin, liver enzymes).
 - c. Interpretation of Coomb’s test and osmotic resistance of erythrocytes.
 - d. Interpretation of ultrasound examination of liver and spleen.
3. Involve the patient’s parents into the conversation, clarify whether your explanations are clearly understood.
4. Conversation accomplishment.

“Algorithm of patient’s examination – Leukemia ”

Interviewing the patient

1. Greeting and introducing, friendly facial expression and smile, gentle tone of speech
2. Find a contact with the patient and make an attempt to gain his/her trust.
3. Collect complains of the patient with leukemia (pay attention to the fever, peculiarities of anemic, proliferative, pain and intoxication syndromes, skin changes)
4. Collect anamnesis of the patient with leukemia (pay attention to the contacts with toxic, chemical and others poisons substances, reveal peculiarities of disease course).
5. Explain results of interviewing.
6. Conversation accomplishment.

Physical examination of patient

1. Greeting and introducing, friendly facial expression and smile, gentle tone of speech
2. Explain the aim of your visit and get mother’s (patient’s) consent for examination.
3. Inform about the possibility of appearing of unpleasant feelings during the examination.
4. Wash your hand, warm and clean phonendoscope.
5. Perform the examination and note the typical changes in case leukemia:
 - Inspect the skin, scleras and mucous membranes for pallor, hemorrhagic rash and skin eruption.
 - Check the vital signs (respiratory rate, pulse characteristics and oxygen saturation).
 - Perform the palpation of lymph nodes and abdomen (check for signs of proliferative syndrom).
6. Explanation of examination results.
7. Conversation accomplishment.

Interpretation of results of laboratory and instrumental testing

1. Greeting and introducing, friendly facial expression and smile, gentle tone of speech.
2. Interpretation of received results
 - Interpretation of the complete blood count (look for anemia, thrombocytopenia, blastemia, leukopenia or leukocytosis, presence of myelocytes, myeloblasts)
 - Interpretation of bone marrow smears (look for blast infiltration, suppression of RBCs and platelets production)
 - Interpretation of ultrasound examination of liver and spleen.
3. Involve the patient’s parents into the conversation, clarify whether your explanations are clearly understood.
4. Conversation accomplishment.

“Algorithm of patient’s examination – Croup syndrome”

Interviewing the patient

1. Greeting and introducing, friendly facial expression and smile, gentle tone of speech
2. Find a contact with the patient and make an attempt to gain his/her trust.
3. Collect complains of the patient with croup syndrome (pay attention to the peculiarities of cough syndrome, character of dyspnea, intoxication syndrome, other catarrhal signs).
4. Collect anamnesis of the patient with croup syndrome (pay attention to the order of development of symptoms, previous respiratory infections, epidemiological anamnesis).
5. Explain the results of interviewing.
6. Conversation accomplishment.

Physical examination of patient

1. Greeting and introducing, friendly facial expression and smile, gentle tone of speech
2. Inform about the possibility of appearing of unpleasant feelings during the examination.
3. Prepare for the examination (clean and warm hands, warm and disinfect stethoscope).
4. Perform the examination of the patient and note the typical changes in case of croup syndrome:
 - a. general inspection of the patient (consciousness, physical activity, position in the bed, cough and voice character);
 - b. inspection of the skin and mucous membranes for pallor, marble tone, cyanosis
 - c. throat inspection (hyperemia, cyanosis, edema, membranes, their character);
 - d. measuring patient's respiratory rate (tachypnea);
 - e. chest inspection for the type of dyspnea (inspiratory) and retractions evaluation (intercostal, ugular, supra- and subclavicular, epigastric);
 - f. comparative percussion of the lungs (bandbox sound),
 - g. auscultation of the lungs (inspiratory stridor, harsh breathing).
5. Explanation of investigation results.
6. Conversation accomplishment.

Interpretation of results of laboratory and instrumental testing

1. Greeting and introducing, friendly facial expression and smile, gentle tone of speech
2. Interpretation of received results:
 - a. the blood gases testing (decreased oxygen saturation);
 - b. the complete blood count (leukocytosis or leukopenia, left shift of leukogram or lymphocytosis, elevated or normal ESR);
 - c. the rapid test of the nasal mucus (positive for viral antigens, or negative);
 - d. the throat and nasal culture (*C.diphtheriae*) positive or negative;
 - e. the laryngoscopy (edema and erythema of the subvocal space or membranes on the vocal cords);
 - f. the plain neck X-ray (“pencil” sign).
3. Involve the patient’s parents into the conversation (compare present examination results with previous ones, clarify whether your explanations are clearly understood).
4. Conversation accomplishment.

“Algorithm of patient’s examination – Meningitis”

Interviewing the patient

1. Greeting and introducing, friendly facial expression and smile, gentle tone of speech.
2. Find a contact with the patient and make an attempt to gain his/her trust.
3. Collect complains of the patient with meningitis (pay attention to the peculiarities of general cerebral syndrome, meningeal syndrome, intoxication syndrome).
4. Collect anamnesis of the patient with meningitis (pay attention to the order of symptoms development, epidemiological anamnesis).
5. Explain the results of interviewing.
6. Conversation accomplishment.

Physical examination of the patient

1. Greeting and introducing, friendly facial expression and smile, gentle tone of speech.
2. Inform about the possibility of appearing of unpleasant feelings during the examination.
3. Prepare for the examination (clean and warm your hands, warm and disinfect the stethoscope).
4. Perform the examination of the patient and note the typical changes in case of meningitis:
 - a. general inspection of the patient (consciousness, physical activity, position in the bed, character of his cry);
 - b. inspection of the skin for pallor, marble tone, rashes;
 - c. inspection and palpation of the big fontanel in infants (sizes, bulging, pulsation);
 - d. neurological examination of the patient (measuring meningeal signs, abdominal skin reflexes et cetera);
 - e. measuring patient's respiratory and cardiac rate.
5. Explanation of investigation results.
6. Conversation accomplishment.

Interpretation of the results of laboratory and instrumental testing

1. Greeting and introducing, friendly facial expression and smile, gentle tone of speech
2. Interpretation of received results:
 - a. the complete blood count (leukocytosis, left shift of leukogram, elevated ESR);
 - b. the biochemical blood test (glucose concentration);
 - c. the CSF test (pressure, color, transparency, protein, glucose, chlorides, cytolysis, protein-cellular dissociation);
 - d. the CSF culture (positive, or negative).
3. Involve the patient’s parents into the conversation (compare present examination results with previous ones; clarify whether your explanations are clearly understood).
4. Conversation accomplishment.

“Algorithm of patient’s examination – Meningococemia”

Interviewing the patient

1. Greeting and introducing, friendly facial expression and smile, gentle tone of speech.
2. Find a contact with the patient and make an attempt to gain his/her trust.
3. Collect complains of the patient with meningococemia (pay attention to the peculiarities of intoxication syndrome, exanthema syndrome).
4. Collect anamnesis of the patient with meningitis (pay attention to the order of symptoms development, epidemiological anamnesis).
5. Explain the results of interviewing.
6. Conversation accomplishment.

Physical examination of the patient

1. Greeting and introducing, friendly facial expression and smile, gentle tone of speech.
2. Inform about the possibility of appearing of unpleasant feelings during the examination.
3. Prepare for the examination (clean and warm your hands, warm and disinfect the stethoscope).
4. Perform the examination of the patient and note the typical changes in case of meningococemia:
 - a. general inspection of the patient (consciousness, physical activity, position in the bed);
 - b. inspection of the skin for pallor, marble tone, rashes (character, number, localization);
 - c. palpation of the skin (determination of the rashes character);
 - d. inspection and palpation of the big fontanel in infants (sizes, bulging, pulsation);
 - e. neurological examination of the patient (measuring meningeal signs, abdominal skin reflexes et cetera);
 - f. measuring patient's respiratory and cardiac rate.
5. Explanation of investigation results.
6. Conversation accomplishment.

Interpretation of the results of laboratory and instrumental testing

1. Greeting and introducing, friendly facial expression and smile, gentle tone of speech
2. Interpretation of received results:
 - a. the complete blood count (leukocytosis, left shift of leukogram, elevated ESR);
 - b. the blood smear (bacterioscopic investigation for diplococci);
 - c. the throat, blood and CSF culture (positive, or negative for *Neisseria meningitidis*);
 - d. the CSF test (pressure, color, transparency, protein, glucose, chlorides, cytosis).
3. Involve the patient’s parents into the conversation (compare present examination results with previous ones; clarify whether your explanations are clearly understood).
4. Conversation accomplishment.

“Algorithm of patient’s examination – Acute intestinal infection”

Interviewing the patient

1. Greeting and introducing, friendly facial expression and smile, gentle tone of speech.
2. Find a contact with the patient and make an attempt to gain his/her trust.

3. Collect complains of the patient with an acute intestinal infection (pay attention to the peculiarities of gastro-intestinal syndrome, pain syndrome, intoxication syndrome, character of stools).
4. Collect anamnesis of the patient with an acute intestinal infection (pay attention to the order of symptoms development, epidemiological anamnesis, inadequate feeding).
5. Explain the results of interviewing.
6. Conversation accomplishment.

Physical examination of the patient

1. Greeting and introducing, friendly facial expression and smile, gentle tone of speech.
2. Inform about the possibility of appearing of unpleasant feelings during the examination.
3. Prepare for the examination (clean and warm your hands, warm and disinfect the stethoscope).
4. Perform the examination of the patient and note the typical changes in case of acute intestinal infection:
 - a. general inspection of the patient (consciousness, physical activity, position in the bed, character of his cry or speech);
 - b. inspection of the skin and mucous membranes for pallor or reddening, marble tone, dryness, sticky oral mucosa, coated tongue);
 - c. palpation of the skin and subcutaneous tissue (to evaluate the skin elasticity and turgor of the underlying tissues);
 - d. palpation of the big fontanel in infants (normal, or sunken);
 - e. measuring patient's respiratory and cardiac rate;
 - f. superficial and deep palpation of the abdomen (tenderness, bloating);
 - g. feces inspection (if present) for smell, color, consistency, digestion, pathological admixtures.
5. Explanation of investigation results.
6. Conversation accomplishment.

Interpretation of the results of laboratory and instrumental testing

1. Greeting and introducing, friendly facial expression and smile, gentle tone of speech
2. Interpretation of received results:
 - a. the complete blood count (leukocytosis or leucopenia, left shift of leukogram, elevated ESR);
 - b. the biochemical blood test (electrolytes concentration);
 - c. the coprogram (signs of inflammation or indigestion);
 - d. the fecal culture (positive for pathogenic bacteria, or negative);
 - e. the rapid fecal test (positive for viral antigens, or negative).
3. Involve the patient's parents into the conversation (compare present examination results with previous ones; clarify whether your explanations are clearly understood).
4. Conversation accomplishment.