

## Instruktion för dig som gör utbyte på T10, Klinisk medicin - inriktning reproduktion och utveckling

### Loggbok – vid klinisk placering utomlands

För att kunna bedöma och tillgodoräkna dig klinisk kurs utomlands behöver KI intyg som styrker att du fullgjort viktiga moment i din kliniska utbildning. I vissa länder finns ett system med kliniska rapporter. Dessa täcker väl behovet av dokumenterad klinisk utbildning. Det vanligaste sättet att styrka din kliniska placering är att du själv för loggbok.

Skriv loggboken på engelska, så din handledare/ansvarig kontaktperson kan läsa den efter avslutad placering.

Loggboken T10 ska tydligt innehålla:

1. vilka sorts kliniska miljöer du varit i (kortfattat), vilka typer av patienter du sett och i vilken utsträckning du själv fått träna och utföra olika kliniska uppgifter. Denna del ska **signeras av lärare** vid utbytet. Det är viktigt att namnet på den som signerar även är läsbart.
2. Därtill bör framgå vilka andra undervisningsformer du deltagit i t.ex. föreläsningar, seminarier etc. Du kan med fördel försöka relatera till lärandemål i kursplan eller till momentens mål.
3. Clinical assessment forms från samtliga kliniska placeringar signerad av handledare inklusive betyg. OBS! Denna fylls i när samtliga placeringar är genomförda.

I slutet av loggboken skriver du några rader om vad du tar med dig från utbytet. Behöver du fler sidor för loggboken går det bra att kopiera/skriva ut fler.

Om du lämnar in kopior av dina dokument, ska dessa vara vidimerade.

#### Mer information

Mer information: [Utbytesstudier T10](#) – Läkprogrammet

## Log book | Exchange studies in Medicine

<b>Student name</b>	
<b>Host university/hospital</b>	
<b>Department</b>	
<b>Name of course or clinical rotation</b>	
<b>Supervisor</b>	
<b>Start date</b>	
<b>End date</b>	

<b>The number of days/weeks I serviced at the clinic/hospital (if any)</b>	
<b>Emergency</b>	
<b>Inpatient</b>	
<b>Outpatient</b>	
<b>Other, namely</b>	

<b>To be signed after completed course or clinical rotation</b>	
<b>Date</b>	
<b>Student</b>	
<b>Supervisor</b>	
<b>Stamp</b>	

**Clinical assessment form**

*Exchange student from Karolinska Institutet (KI)*

This form should be filled in by the host university where a student from KI is carrying out clinical rotations. Upon return to KI the student will present this document to his/her study director who will decide on recognition of the exchange studies.

Name	Date of Birth
Host University	Study Period (from-to)
Department	Clinical Rotation/Subject
Name of teacher responsible for the assessment	E-mail (teacher)

*Please comment with a few words below*

**Pass/Fail**

Attendance and Punctuality:	
Participation and initiative:	
Progress in knowledge and understanding:	
Progress in skills and abilities:	
Overall judgement:	
Further comments:	

**Comprehensive grade according to the ECTS grading scale below. Please mark the correct grade:**

**A B C D E FX F**

.....

.....

Place and date

Signature, teacher/supervisor responsible for the assessment

<b>ECTS Grading Scale</b>	
<b>Grade</b>	<b>Definition</b>
A	Excellent – outstanding performance with only minor errors
B	Good – above the average standard but with some errors
C	Good – generally sound work with a number of notable errors
D	Satisfactory – fair but with significant shortcomings
E	Sufficient – performance meets the minimum criteria
FX	Fail – some more work required before the credit can be awarded
F	Fail – considerable further work is required

Week ....	Supervisor   department	I did the following	I learnt the following
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			
<b>Own reflections   Short evaluation</b>			

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**What are your experiences from this student exchange?**

- Briefly reflect of the placement. What did you learn?
- What similarities and differences are there? Briefly compare your education at Karolinska Institutet and Swedish health care with your host university/hospital.
- How do you think your experiences from the exchange period will affect your future career?

## **Core curriculum Obstetrics and Gynaecology**

The course in obstetrics and gynecology builds on the practical and theoretical knowledge that the student has acquired earlier during the medical education. The purpose of the course is to provide the student with the knowledge and skills necessary to meet, investigate, and treat a patient with gynecological complaints or pregnancy within primary care and emergency care. The course is permeated by a scientific and interprofessional approach. The student is expected to apply a professional approach and treat patients, relatives, and colleagues with respect.

### **Overall Learning Objectives**

After the course, the student should have sufficient knowledge and skills to—under supervision—begin working as a doctor in gynecology and obstetrics, and to manage patients seeking care for gynecological or obstetric symptoms in primary care and/or emergency care.

### **Explanations:**

- **Know** means that the student should know the disease's origin, epidemiology, possible genetics, risk factors, diagnosis and differential diagnoses, natural progression, investigation procedures, examinations and treatment, as well as possible short- and long-term complications for the individual. In some cases, knowledge requirements are specified.
- **Know about** means that the student can describe the disease or condition in an overview manner, focusing on diagnosis and initial treatment.

## **KNOWLEDGE AND UNDERSTANDING**

Expected knowledge from previous courses in the medical program:

### **Know:**

- Anatomy of the female genital organs
- Anatomy of the pelvis
- Reproductive physiology, especially the menstrual cycle
- Physiology of the breast and lactation
- Non-gynecological differential diagnoses for abdominal pain
- Assessment and stabilization of the acutely ill patient based on the ABDCE approach

### **Know about:**

- Implantation
- Organogenesis and fetal development
- The Infectious Diseases Act

Expected knowledge after completing the course:

## **Pregnancy, labor, and puerperium**

### **Know:**

- Normal pregnancy physiology and normal pregnancy discomforts, as well as distinguishing what is abnormal
- Normal pregnancy, its diagnosis, and monitoring, including components of the basic program
- Purpose and structure of the Swedish maternal healthcare program
- Management of deviations in the course of pregnancy and monitoring routines in conditions such as high blood pressure and abnormal symphysis-fundus (SF) measurements
- Distinguishing a complicated pregnancy from a normal one
- Pregnancy complications such as infections during pregnancy, threatened preterm birth, and premature rupture of membranes (PPROM)
- Bleeding in late pregnancy such as placental abruption
- Common pregnancy-related diseases such as hyperemesis, gestational diabetes, hepatosis (intrahepatic cholestasis during pregnancy), and diseases related to hypertension (HELLP syndrome, preeclampsia, eclampsia)
- Normal delivery and labor process, monitoring of progress, fetus, and mother
- Interventions for deviations in the labor process and immediately after delivery, such as labor weakness and postpartum bleeding
- Common indications for induction, induction methods, and assessment of Bishop score
- Perineal tears
- The normal course of the puerperium
- Common puerperal complications such as mastitis, endometritis, and postpartum depression
- Risks for the individual after diseases/conditions during pregnancy and delivery, both in the short and long term

### **Know about:**

- Prenatal diagnostics such as NIPT and KUB
- Possibilities and limitations of obstetric ultrasound examinations and fetal diagnostics
- Monitoring routines such as CTG, lactate testing, and O-NEWS
- Indications and methods for instrumental/operative delivery, such as cesarean section and vacuum extraction
- Obstetric pain relief
- Important concurrent diseases in the pregnant woman such as thromboembolic disease, epilepsy, diabetes, thyroid disease, and psychiatric comorbidities
- Placental abnormalities such as placenta previa and placenta accreta



- Fear of childbirth
- Management of intrauterine growth restriction
- Management of post-term and pre-term pregnancies
- Management of twin pregnancy and delivery
- Commonly used medications and contraindications for medications during pregnancy and lactation

### **Acute gynecology**

#### **Know:**

- Acute gynecological conditions
- Acute abdominal pain in pregnant and non-pregnant women
- Bleeding in early pregnancy
- Vaginal bleeding
- Mechanisms behind the most common causes of vaginal bleeding
- Gynecological infections, including STIs
- Common and serious conditions in early pregnancy, such as miscarriage and ectopic pregnancy
- Postoperative complications after laparoscopic, vaginal, and open surgery

### **Family planning**

#### **Know:**

- The effectiveness of different contraceptive methods in theory and practice
- How barrier and cycle methods work
- Mechanisms of action of hormonal methods, both combined and progestogen-only methods
- Mechanism of action of intrauterine contraception
- Explain the risks and common side effects of contraceptive methods
- Short- and long-term health benefits of contraceptives and how contraceptives and counseling can be used in preventive healthcare
- Counseling on suitable methods for the majority of fertile women
- Laws regarding abortion and sterilization in Sweden
- Methods of abortion and their complications
- Definition of emergency contraception and the indications and mechanisms for emergency contraception

#### **Know about:**

- Sterilization methods and their complications
- Epidemiology of legal abortion and sterilization
- Management of patients seeking abortion
- Principles of contraception after abortion

- The global and historical perspective on abortion
- Side effects and contraindications for emergency contraception

### **Reproductive Endocrinology**

#### **Know:**

- Normal pubertal development and normal menopause, including postmenopausal changes from a gynecological perspective.
- Disorders of the menstrual cycle such as anovulatory bleeding and amenorrhea.
- Investigation and treatment of amenorrhea, including differential diagnoses such as Premature Ovarian Insufficiency (POI), Polycystic Ovary Syndrome (PCOS), and hypothalamic amenorrhea.
- Investigation and treatment of menopausal symptoms.

#### **Know about:**

- Investigation of abnormalities in pubertal development.

### **Infertility**

#### **Know about:**

- Causes, investigation, and treatment of male and female infertility.

### **Gynecological infections and dermatoses**

#### **Know:**

- Common vulvo-vaginal conditions such as bacterial vaginosis, Bartholin's glanditis, atrophic vaginitis, and candidiasis.
- The most common sexually transmitted infections (STIs), including herpes, chlamydia, and gonorrhea.
- Upper genital tract infections such as salpingitis and endometritis.
- The implications of the Communicable Diseases Act concerning STIs.

#### **Know about:**

- Vulvo-vaginal dermatoses, including lichen sclerosus.

### **Benign and malignant gynecological tumors**

#### **Know:**

- Benign ovarian tumors, fibroids, endometriosis, and cervical polyps.

- Cervical dysplasia, as well as the structure of the screening program, and its application in the population.

**Know about:**

- Investigation of benign changes in the vulva and vagina.
- Investigation and treatment of precancerous gynecological changes, excluding cervical dysplasia.
- Malignant conditions such as cervical, endometrial, ovarian, and vulvar cancers.

**Gynecological urology and pelvic floor dysfunction**

**Know:**

- Urinary incontinence.
- Frequent urination.
- Prolapse.

**Know about:**

- Anal incontinence.

**Sexology**

**Know about:**

- Sexual physiology.
- Sexual function and dysfunction.
- How common diseases can affect sexual and reproductive health.
- How gender, gender identity, and sexuality contribute to individuals' vulnerability from individual, family, relational, and societal perspectives.

**Intimate partner violence and sexual assault**

**Know:**

- Female genital mutilation.
- Screening for intimate partner violence.

**Know about:**

- Management after sexual assault.

## **SKILLS – Practical and professional Be able to perform:**

### General

- Take an adequate and focused medical history, such as bleeding and pain history.
- Perform an appropriate physical exam, including gynecological examination (speculum and bimanual palpation), depending on the situation.
- Based on history and physical exam, make an initial assessment and plan of action.
- Document in the medical record.
- Write consultation referrals.
- Prescribe medications and dose commonly used drugs, e.g., antibiotics for STIs.
- Prescribe medications.
- Report using SBAR.
- Professional interaction with patients and their families.
- Collegial and interprofessional cooperation.

### Obstetrics

- Interpret maternity health records.
- Measure symphysis-fundus height.
- Perform external palpation of the pregnant woman (Leopold's maneuvers).
- Auscultate fetal heart sounds.
- Assess basic CTG.
- Assist during childbirth.
- Techniques during vaginal delivery, including perineal protection.
- Assist in a simulated vaginal delivery.
- Interpret partograms – normal progress, different types of uterine inertia.
- Manage and perform techniques during postpartum hemorrhage.

### Gynecology

- Perform sampling such as Pap smears, STI tests, herpes tests.
- Provide contraceptive counseling and demonstrate contraceptive methods.
- Assess hormone tests.
- Interpret voiding diaries.
- Assess vaginal discharge and perform a wet smear.
- Assess vulvar changes.
- Assess acute abdomen.

**Know about:**

Obstetrics

- Connect external CTG.
- Perform a vaginal examination during induction and labor.
- Assess when labor has started.
- Palpate and assess uterine contractions.
- Observe the woman during the third stage of labor.
- Perform external cephalic version of a fetus in breech presentation.
- Perform obstetric ultrasound, including flow measurements.
- Perform amniotomy.
- Apply a scalp electrode.
- Perform scalp blood sampling.
- Use internal contraction monitoring.
- Assist with twin delivery.
- Assist with vaginal breech delivery.
- Assist with forceps delivery.
- Suture perineal tears.

Gynecology

- Perform vacuum aspiration.
- Perform laparoscopy for gynecological conditions.
- Perform hysteroscopy.
- Perform conization.
- Insert intrauterine contraceptives.



## Core curriculum Pediatrics: Aims and objectives

The course in pediatrics and child psychiatry is based on the clinical and theoretical knowledge the student has previously acquired during his/her medical studies. The course aims to extend this knowledge to children and adolescent medicine. An important aspect of pediatrics is how symptoms of a disease can vary depending on the age of the child. Enclosed are the course aims and objectives of which the theoretical examination will be based upon.

### **Overall course objectives:**

After the course the student should have adequate theoretical knowledge and clinical skills to be able to – under supervision – commence work as a doctor within the field of pediatrics and adolescent medicine, either in general practice or in the hospital environment.

### **Definitions:**

**Detailed knowledge:** Means that the student should for the specific disease be able to describe the etiology, epidemiology, diagnosis, differential diagnoses, possible genetics, disease course, which lab tests and investigations are necessary as well as the treatment. In certain cases the objectives are detailed specifically.

**Basic knowledge:** Means that the student should be able to describe a specific disease or illness in summary (not detailed information) with focus on diagnostics.

**Attention!** For the course objectives for clinical genetics, pediatric surgery, pediatric orthopedics and child and adolescent psychiatry we refer to each disciplines webpage or contact person.

### **Course objectives**

After the course the student should know the following disorders/diseases/symptoms. (Please note that the list is in no specific order.)

### **Emergency pediatrics**

#### ***Detailed knowledge***

- Assessment and stabilising the acute sick child according to ABCDE – taking in consideration the child's age
- CPR, the basic and advanced assessment
- Upper airway obstruction in children
- The mechanism behind the most common reasons for cardiac arrest in children

#### ***Basic knowledge***

- Initial management of the unresponsive newborn

## **Allergy/Pulmonology**

### ***Detailed knowledge***

- Acute allergic reactions incl anaphylactic shock
- Atopic dermatitis
- Food allergy
- Urticaria and rhinoconjunctivitis
- Asthma and obstructive bronchitis, acute and chronic

### ***Basic knowledge***

- Cystic fibrosis
- Spirometry
- Function and interpretation of allergic diagnostic tests such as skin allergy (prick) tests, Immunocap/RAST (specific antibody blood tests) and oral provocation tests

## **Child abuse**

### ***Detailed knowledge***

- When to suspect child abuse
- The legislation, formal procedures and the doctors role/obligation in suspected child abuse and sexual abuse.
- Taking custody of children as well as the roles of the Social services and the Police

## **Endocrinology and chromosome abnormalities**

### ***Detailed knowledge***

- Growth charts and the healthy child's development
- Hormonal regulation of growth
- Differential diagnoses of abnormal growth charts
- Normal and abnormal pubertal development
- Diabetes mellitus type I, diagnosis and treatment of DM1 with and without ketoacidosis
- Hypothyroidism
- Obesity and overweight, definition and care
- Trisomy 21 (Down syndrome)

### ***Basic knowledge***

- Turner syndrome
- Congenital Adrenal Hypoplasia (CAH)
- Diabetes mellitus type 2
- Mb Addison
- Hyperthyroidism

## **Gastroenterology and liver diseases**

### ***Detailed knowledge***

- Constipation
- Celiac disease, cow milk protein allergy and lactose intolerance
- Gastroesophageal reflux disease (GER/GERD)
- Important surgical differentials: Intussusception, ileus, pyloric stenosis
- Functional abdominal pain, IBS
- Bloody stool
- Infantile colic
- Persistent/prolonged neonatal jaundice
- Inflammatory bowel disease (IBD)

### ***Basic knowledge***

- Hepatitis and cholestatic disorders
- Pancreatitis

## **Hematology and oncology**

### ***Detailed knowledge***

- Immune thrombocytopenic purpura (ITP)
- Anemia – initial investigations
- Iron deficiency anemia
- Presenting symptoms and initial investigations of the most common childhood cancers: eg leukemia, brain tumour, Wilms' tumour and lymphoma
- Red flags in immunodeficiency syndroms

### ***Basic knowledge***

- Normal physiology of hemoglobin during childhood
- Hemolytic disorders in children, such as spherocytosis and G6PD deficiency
- Hemoglobinopathies such as thalassemias and sickle cell anemia
- Neutropenia and neutropenic fever

## **Dermatology**

### ***Detailed knowledge***

- Urticaria
- Petechiae, echymoses and purpura
- Viral exanthem/rash
- Common childhood rashes
- Erythema migrans

### **Basic knowledge**

- Neonatal skin conditions, such as: congenital dermal melanocytosis, miliae, erythema toxicum, birthmarks/nevus simplex, hemangioma

### **Infectious diseases**

#### **Detailed knowledge**

- The traditional exanthematous diseases: Chicken pox (Varicella), measles, rubella, scarlet fever, parvovirus, roseola. The common clinical symptoms as well as etiology, which age groups are most commonly affected, incubation period, methods of transmission, the clinical course, sequelae, complications and diagnostic methods.
- Meningitis, encephalitis and sepsis
- Common acute infections in children such as upper and lower respiratory tract infections, gastroenteritis, skin and skeletal infections
- Common ENT infections such as otitis, ethmoiditis, lymphadenitis and tonsillitis
- Impetigo
- Herpes
- Tick-borne diseases (TBE, borrelia)
- Mononucleosis

#### **Basic knowledge**

- Tuberculosis, malaria, dengue, tularemi, rabies, Covid-19
- Antibiotic prescription for children, the susceptibility spectrum for the most commonly used antibiotics
- The increased susceptibility for infections in children

### **Intoxications and poisonings**

#### **Detailed knowledge**

- The clinical symptoms and management of intoxication due to paracetamol/acetaminophen and alcohol
- Psychosocial follow up after intoxication

#### **Basic knowledge**

- The principals of intoxication management
- Electrical injury
- Viper bites

## Cardiology

### *Detailed knowledge*

- The difference between pathological and benign heart murmurs
- Cyanosis - the difference between peripheral and central. Principle reason for cyanosis in different congenital heart malformations
- Supraventricular tachycardia (SVT)
- Syncope

### *Basic knowledge*

- ECG interpretation in children
- The most common congenital heart defects: ventricular septal defect VSD, PDA, TGA (Transposition of the Great Arteries), Tetralogy of Fallot, coarctation of aorta
- Heart failure
- Perimyocarditis
- Cardiac complications of Kawasaki disease

## Metabolic disorders

### *Detailed knowledge*

- The Swedish newborn screening program and the eligibility criteria for any disease to be screened for

### *Basic knowledge*

- Symptoms and basic investigations in suspected metabolic disease

## Nephrology

### *Detailed knowledge*

- Urinary tract infections (UTI), upper and lower
- Enuresis (nocturnal, diurnal)
- Glomerulonephritis, e.g. post-streptococcal glomerulonephritis (APSGN), IgA-nephritis
- Proteinuria – including Nephrotic syndrome

### *Basic knowledge*

- Hemolytic uremic syndrome (HUS)
- Hypertension
- Hematuria

## Neonatology

### *Detailed knowledge*

- The physiological changes in the transition from fetus to neonate, especially respiratory and circulatory changes

- Jaundice – early and late
- Neonatal infections – eg bacterial sepsis, meningitis, omphalitis
- The role of breast feeding
- APGAR scale

### ***Basic knowledge***

- Respiratory and circulatory disorders of the neonate
- Common problems for premature and/or postterm neonates, and the long-term outcomes of premature birth
- Definitions of SGA/LGA, prematurity/postmaturity
- Neonatal asphyxia, definition
- Common birth trauma, caput succedaneum, cephalhematoma, subgaleal hematoma, clavicular fracture, brachial plexus injury

## **Neurology and rehabilitation**

### ***Detailed knowledge***

- Acute seizures
- Febrile seizures
- Headache -- tension and migraine

### ***Basic knowledge***

- Breath holding spells
- Degenerative CNS disease with a regression in development, exemplified by Krabbe disease
- Developmental delay
- Status epilepticus
- Benign childhood epilepsy, absence seizures and infantile spasm/West syndrome
- Cerebral palsy
- Hydrocephalus
- Stroke

## **Nutrition**

### ***Detailed knowledge***

- The healthy child's rearing, energy and nutritional needs (how often and how much)
- Introduction of different types of food to the child
- The similarities and differences of breast milk and milk formulas
- Foods that should be avoided during the infancy
- Iron deficiency

### ***Basic knowledge***

- The need for dietary vitamins, and symptoms of deficiency

## **Sudden, unexpected death and similar disease**

### ***Basic knowledge***

- Sudden infant death syndrome (SIDS)
- ALTE – Apparent Life Threatening Event or BRUE Brief Resolved Unexplained Event
- Apnea

## **Rheumatic disease**

### ***Detailed knowledge***

- Juvenile idiopathic arthritis (JIA)
- Vasculitis such as Henoch-Schönleins purpura/IgA-vasculitis and Kawasaki disease
- Joint effusion

### ***Basic knowledge***

- Systemic lupus erythematosus (SLE)
- Autoinflammatory disorder
- Hyperinflammation, t.ex after Covid-19 infection

## **Development, normal vital parameters, vaccinations**

### ***Detailed knowledge***

- BVC (Child care center) organisation and mission
- The child's normal development and growth incl routine BVC follow up
- Swedish vaccination program
- Assessment of abnormal findings in Neonatal and infant examination

### ***Basic knowledge***

- Approximate values of normal parameters of different age groups, such as respiratory rate and heart rate

## **Fluid balance**

### ***Detailed knowledge***

- The healthy child's fluid balance; estimated daily need of fluid and daily turnover rate and how it differs from the adult
- Evaluation of a child's hydration level – from history and physical exam
- Different types of dehydration: hypo/iso/hypertonic
- Shock treatment, rehydration and maintenance fluid therapy
- Indications for intravenous versus oral fluid therapy

## **Common symptoms and signs of illness in children**

**Detailed knowledge** of differential diagnoses and investigations for:

- Respiratory distress
- Chest pain
- Abdominal pain
- Diarrhoea
- Fever
- Delayed psychomotor development
- Constipation
- Sore throat
- Cough
- Headache
- Limp
- Jaundice
- Seizures
- Vomiting
- Arthralgia/Joint effusion
- Unconsciousness
- Skin rash
- Weight loss
- Overweight
- Tiredness

## **Practical skills**

**Detailed knowledge**

- Take an age-appropriate history
- Perform an age-appropriate physical examination
- Documentation in the medical records
- Write referrals for imaging and consultations
- Basic and advanced CPR
- Medicine prescriptions
- Rapport according to SBAR
- Professional meetings with patients and their family
- Interprofessional collaboration in the medical team

**Basic knowledge**

- Inhalation treatment
- High-flow nasal cannula
- Oxygen treatment





- Blood tests, capillar and venous
- Lumbar puncture
- Urin sample including suprapubic aspiration
- Intraosseous access
- Peripheral venous access
- Swe-PEWS