**Purpose:** To assure exposure to a variety of life cycle and disease stages during supervised practice; in particular, those that are required by ACEND standards.

**Instructions:** Begin by logging the patients you saw during supervised hours prior to the internship (i.e. Cardinal Glennon rotation, MNT simulation patients). Continue to add to/update the log during each community and clinical rotation and submit along with your summary and reflection. If you identify a required life stage or disease state that you are missing/do not expect exposure to, you must contact your director for an alternative activity.

**Population (Life Cycle Stage)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Required life stages:** | **Approximate Date(s) Seen** | | | | | | | | |
| Infant | 11-5-20 | 11-8-20 | 11-13-20 | 11-20-20 | 11-22-20 |  |  |  |  |
| Child | 10-30-20 | 11-1-20 | 11-2-20 | 11-5-20 | 11-6-20 | 11-8-20 | 11-9-20 | 11-12-20 | 11-13-20 |
|  | 11-14-20 | 11-15-20 | 11-16-20 | 11-19-20 | 11-20-20 | 11-21-20 | 11-22-20 | 11-23-20 | 11-26-20 |
|  |  |  |  |  |  |  |  |  |  |
| Adolescent |  |  |  |  |  |  |  |  |  |
| Adult |  |  |  |  |  |  |  |  |  |
| Pregnant/Lactating Female | 11-2-20 | 11-6-20 | 11-8-20 | 11-9-20 | 11-13-20 | 11-16-20 | 11-20-20 | 11-21-10 | 11-22-20 |
| Older Adult |  |  |  |  |  |  |  |  |  |
| **Other populations or diverse cultures (be specific and add lines if needed:** |  |  |  |  |  |  |  |  |  |
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**Condition or Disease State**

**Note: Some patients may fit in to more than one category. You should log them under the main reason you provided care.**

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| **Required disease states:** | **Approximate Date(s) Seen** | | | | | | | |
| Overweight & Obesity |  |  |  |  |  |  |  |  |
| Endocrine Disorder |  |  |  |  |  |  |  |  |
| Cancer |  |  |  |  |  |  |  |  |
| Malnutrition |  |  |  |  |  |  |  |  |
| Cardiovascular Disease |  |  |  |  |  |  |  |  |
| Gastrointestinal Disease |  |  |  |  |  |  |  |  |
| Renal Disease |  |  |  |  |  |  |  |  |
| **Other disease states (be specific and add lines if needed):** |  |  |  |  |  |  |  |  |
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