# Problem 2.3.1
# A New Patient

*Every measurement, its unit, its range, and where it came from. Examine the newborn, record the results properly, then research. Today is the day the record either becomes usable or does not.*

| DATE | PORTAL DAY | LESSON | TURN IN |
|---|---|---|---|
| **Wednesday 2026-11-10** | **Clinical diagnosis team project** | **Lesson 2.3 New to the Practice** | **Data table** |

> **Where this sits.** Day 2 of 3. Portal calendar label for today: Clinical diagnosis team project.

## 01 Why today matters

Tomorrow you write a care plan and say it out loud to a mother, and both of those are only as good as what you record today.

This is the day where a number written without its unit or its reference range quietly stops being evidence.

## 02 What you already know

- You have recorded vitals into a chart, read a blood panel against printed ranges, read a genetics report and read a karyotype.
- You have done every individual skill this day needs. What is new is that nobody is going to tell you which of them to use.

**WHAT THIS SHEET WILL NOT TELL YOU**

- Neither case's diagnosis appears on this sheet or anywhere in this unit's printed materials. You reach it from the exam results and your own research.

## 03 Vocabulary

| TERM | WHAT IT MEANS, PLAINLY |
|---|---|
| **Physical exam** | The hands-on assessment: measurements, appearance, reflexes, and how each body system looks and sounds. |
| **Thyroid function test** | Part of the standard newborn panel. The thyroid sets metabolic rate, and a problem present from birth is treatable if caught early and damaging if missed. |
| **Hemoglobin level** | The other standard newborn measure listed here. It reports how much oxygen-carrying protein the blood holds. |
| **Reference range** | The normal band for that measurement, printed on the report. For newborns these bands are different from adult bands, so an adult range read onto a newborn result produces a false alarm. |
| **Units** | The half of a measurement that turns it into a fact. Copy them across from the source every time. |

| | |
|---|---|
| **Source attribution** | Recording where each result came from: which test, which report, which date. It is what makes a record auditable and it is what lets somebody else check you. |
| **Sign and symptom** | A sign is something an examiner can observe or measure. A symptom is something the patient reports. A newborn produces signs only, which changes how the whole assessment works. |
| **Health authority source** | A source with clinical accountability behind it: a national health service, a medical association, a hospital system, a peer reviewed journal. Distinct from a search result summary. |
| **Inheritance pattern** | How a condition passes through a family. Required by the rubric, so find it in your research rather than assuming it. |
| **Differential diagnosis** | The list of conditions consistent with the findings, held open until something rules items out. Still the right tool here. |

*Every term on this list is flagged for the illustrated glossary, scoped to this activity only. Terms are not shared forward or backward between activities, because a definition from a later activity can hand you an answer you were supposed to derive.*

## 04 How to do the work

Collect first, interpret second. If you research before the table is complete, you will find what you went looking for.

1. Confirm your case letter, A or B, and write it at the top of every page again. Check it against what you wrote yesterday.
2. Open the newborn exam results. Work through them systematically rather than reading for something interesting. Physical exam first, then laboratory results.
3. Build the data table before you copy anything into it. Columns: measurement or test, result, unit, reference range as printed, inside or outside range, and source. Six columns, every row.
4. Copy the physical exam findings across. Where a finding is descriptive rather than numerical, record the description exactly and note that it is an observation rather than a measurement.
5. Copy the laboratory results across. Every value gets its unit. Every value gets the range printed beside it in the source, not a range you remember from an adult chart.
6. Mark the inside or outside column for every row. Do it mechanically, row by row, before you form any opinion about what the pattern is.
7. Move the whole table into the appropriate sections of the newborn's Patient History Report. Measurements and observations go in the results sections. Nothing that is a conclusion goes there.
8. Now, and only now, look at your outside-range rows together and write down what they have in common. That list is where your research starts.
9. Research using health authority sources. For each candidate condition, record what fits, what does not fit, and what test would distinguish it from the next candidate on your list.
10. Narrow to a diagnosis and record it in the health conditions section, with the findings that support it named explicitly. If the evidence supports two possibilities, record two and say what would separate them. That is a stronger answer than a confident single guess.
11. Record the inheritance pattern from your research, because tomorrow's plan of care requires it and finding it now saves you a scramble.
12. List every source you used with enough detail that somebody could open it. A source you cannot cite is a source you did not really use.

## 05 Where students get stuck

- Using adult reference ranges on a newborn. Newborn bands differ, sometimes a great deal. If the report prints a range, that is the one. If it does not, find a newborn-specific range and record where you got it. An adult range read onto a newborn result generates alarms that are not real and hides ones that are.
- Putting a conclusion in the results section. Results hold what was measured and observed. Conclusions live in the health conditions and plan sections. Mixing them means nobody downstream can tell what was found from what was inferred, and that is the difference between a record and an opinion.
- Dropping the unit while copying. It is the most common transcription error in clinical work and it makes a value unusable to everybody after you. Copy the unit in the same movement as the number.
- Researching before the table is finished. Once you have a candidate condition in your head you start reading the table for confirmation. Finish the table, mark the ranges mechanically, and only then look at the pattern.
- Taking the first search result as a source. A summary at the top of a search page has no accountability behind it. Use national health services, medical associations, hospital systems and peer reviewed literature, and record which one you used for which claim.
- Forcing a single answer. If two conditions fit, record both and name the test that separates them. A rubric rewards reasoning you can follow. It does not reward a guess that happened to land.
- Working from the other case by accident. Two cases run in this room and the tables look similar. Check your case letter against yesterday's notes before you copy a single value.

## 06 What you turn in

**DATA TABLE**

One complete labeled data table with all six columns filled for every measurement and test in the newborn exam results, and your case letter at the top. Underneath it, the result claim: which findings sit outside range, what they have in common, and the condition or conditions your research supports, with the supporting findings named. Add your source list. The same content goes into the matching sections of the newborn's Patient History Report, with results and conclusions kept in separate sections.

## 07 Check yourself

- [ ] You record a laboratory value and the report prints no reference range. What do you do, and what do you write in the source column? (Where students get stuck, the first trap)
- [ ] Why does the order collect first, then research, matter more here than it did in earlier activities? (Where students get stuck, researching too early)
- [ ] Two conditions both fit your findings. What goes in the health conditions section? (Where students get stuck, forcing a single answer)