Playing Pretend

Hospital and Doctor

Growing Play

...one step further

GrowingPlay.com
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www.GrowingPlay.com

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Visit
www.GrowingPlay.com
for more activity ideas and resources to take play one step further.

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Importance of Pretend Play

What seems like child's play, is actually the developing brain working very hard. Pretend play sparks a child's imagination and creativity. High quality pretend play can spark cognitive, emotional, social, language and motor development.

1. Cognitive Skills - pretend play encourages problem solving, self regulation, memory and understanding of rules.

2. Social Skills - when children are engaged in imaginative play with their peers there are rules to follow such as turn taking and respecting others ideas.

3. Language Development - children need to understand language and express with words or gestures during pretend play.

4. Emotional Development - during pretend play children will frequently act out different emotions - a crying baby or an angry teacher.

5. Motor Development - During imaginative play children will perform different motions, manipulate imaginary or real objects and be physically active, all adding to their motor skill development.

The activity ideas from Growing Play help to take everyday play one step further.

Suggestions for how to use this packet:

1. Print out the pages of the packet.

2. If the children would like, cut out the first aid kit and the contents. Fold the first aid kit in half and tuck the supplies inside.

3. Set up the room with some areas that would be at a hospital or doctor's office. To start using the children's help set up a check in desk. Put any paperwork in this area such as appointment books, insurance cards, ID badges and appointment cards. Have the children use scissors to cut out the badges and cards. Put some chairs to the side with some toys and hang up the waiting room sign.

4. Perhaps place all the dolls in one area and hang the Nursery Sign. Place any other forms related to baby exams by the doll area. Put some chairs together, use a couch or place a mat on the floor for an examination area. Place any forms related to examining the patient on a clipboard near by.

5. Hang up the signs for Eye, Hearing and Heart exams. Hang up the eye chart.

6. Create a pretend x-ray department. Perhaps place a cardboard box where the children can place their arms or legs to take a pretend x-ray.

7. Start playing!

<u>Tip: Do not put all the paperwork out at one time</u> or the child may become overwhelmed. Remember to let the child guide the play once you have set up the space.

Check In Area

Please check in at this desk with your insurance card.

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Appointment Book

Monday	Tuesday	Wednesday	Thursday	Friday

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Appointment Cards

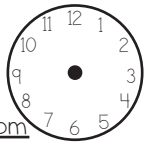
_____

Name

has an appointment on

Monday Tuesday Wednesday Thursday Friday

at



_____ am/pm

Please call if you need to cancel the appointment.

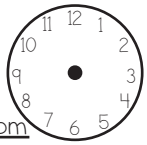
_____

Name

has an appointment on

Monday Tuesday Wednesday Thursday Friday

at



_____ am/pm

Please call if you need to cancel the appointment.

_____

Name

has an appointment on

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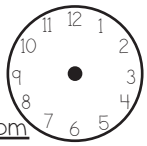

_____ am/pm

Please call if you need to cancel the appointment.

Insurance Cards

Insurance Card

Patient's Name

Group Number: 122357

Insurance Card

Patient's Name

Group Number: 067589

Insurance Card

Patient's Name

Group Number: 458922

Identification (ID) Badges

Nurse

Name:_____

Doctor

Name:_____

Medic

Name:_____

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FIRST AID KIT

FIRST AID KIT

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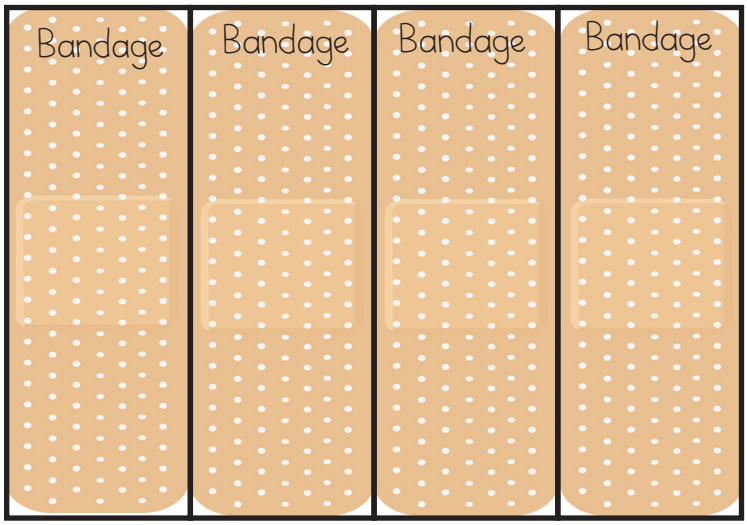
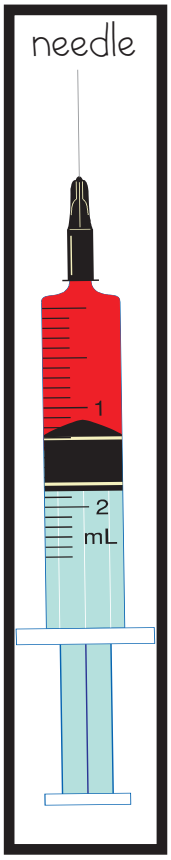
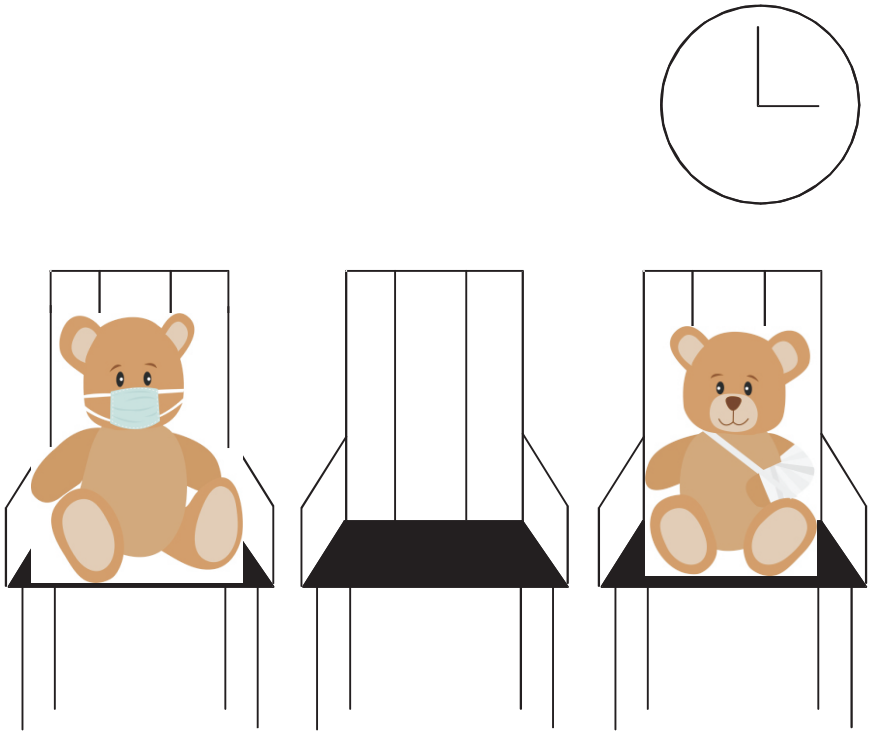
FIRST AID KIT SUPPLIES





WAITING



ROOM

If no one waits on you within 15 minutes please let us know.

Please clean up after yourself in the waiting room.

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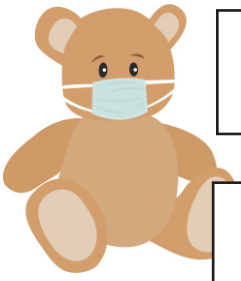
New Patient Form

Name:_____

Age:_____ years old

What is wrong today?



- ☐ head aches
- ☐ throat hurts
- ☐ belly hurts
- ☐ fever
- ☐ broken bone

Emergency Form

Name: _____

Is the patient having problems with:

	bleeding	☐ Yes	☐ No
	heart	☐ Yes	☐ No
	broken leg	☐ Yes	☐ No
	headache	☐ Yes	☐ No
	having a baby	☐ Yes	☐ No
	sprained arm	☐ Yes	☐ No
	face	☐ Yes	☐ No

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Plan of Care

Name: _____

What does the patient need? Check Yes or No.

	ambulance Call 911	☐ Yes	☐ No
	hospital	☐ Yes	☐ No
	surgery	☐ Yes	☐ No
	medicine	☐ Yes	☐ No
	shot	☐ Yes	☐ No
	X-ray	☐ Yes	☐ No
	physical exam	☐ Yes	☐ No

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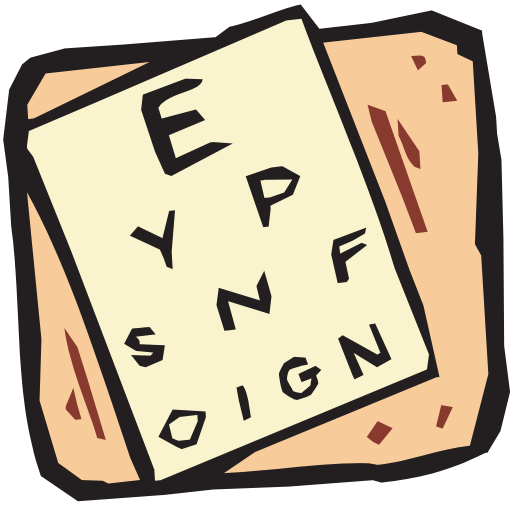
Cut out these signs and hang up to designate an area for eye, hearing and heart tests.



Eye Exams

Hearing Tests

Heart/Lung Check Up

EYE EXAM

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Eye Exams

Name:_____

Circle the lines that the patient can read.

2 3 4 5 6 7 8 9

Does the patient need glasses? Check the box.

☐

☐

Hearing Test

Name:_____

Circle what the patient can hear.

whisper normal talking shouting

Does the patient pass the hearing test? Check the box.

☐ Yes

☐ No

Heart/ Lung Check Up

Name: _____

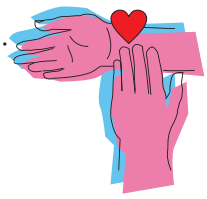
Can you hear the heart beat?

☐ Yes ☐ No

Can the patient take deep breaths?

☐ Yes ☐ No

What is the patient's pulse? Gently touch the patient's wrist and feel the beats. Count how many you feel in one minute. Fill in the number in the box.



☐ beats per minute

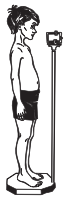
How many breaths is the patient taking per minute? Gently touch the patient's shoulder and count how many times the shoulders go up and down. Fill in the number in the box.

☐ breaths per minute

Physical Exam

Name: _____

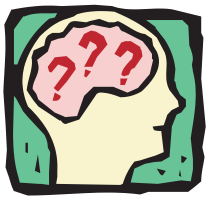
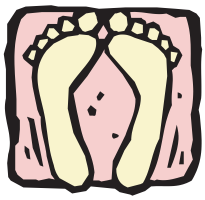
Weight:



_____ pounds

Height:

_____ inches

Check each area.	How does it feel?
Throat Say aaaaah!	
 Head	
Hands	
 Feet	

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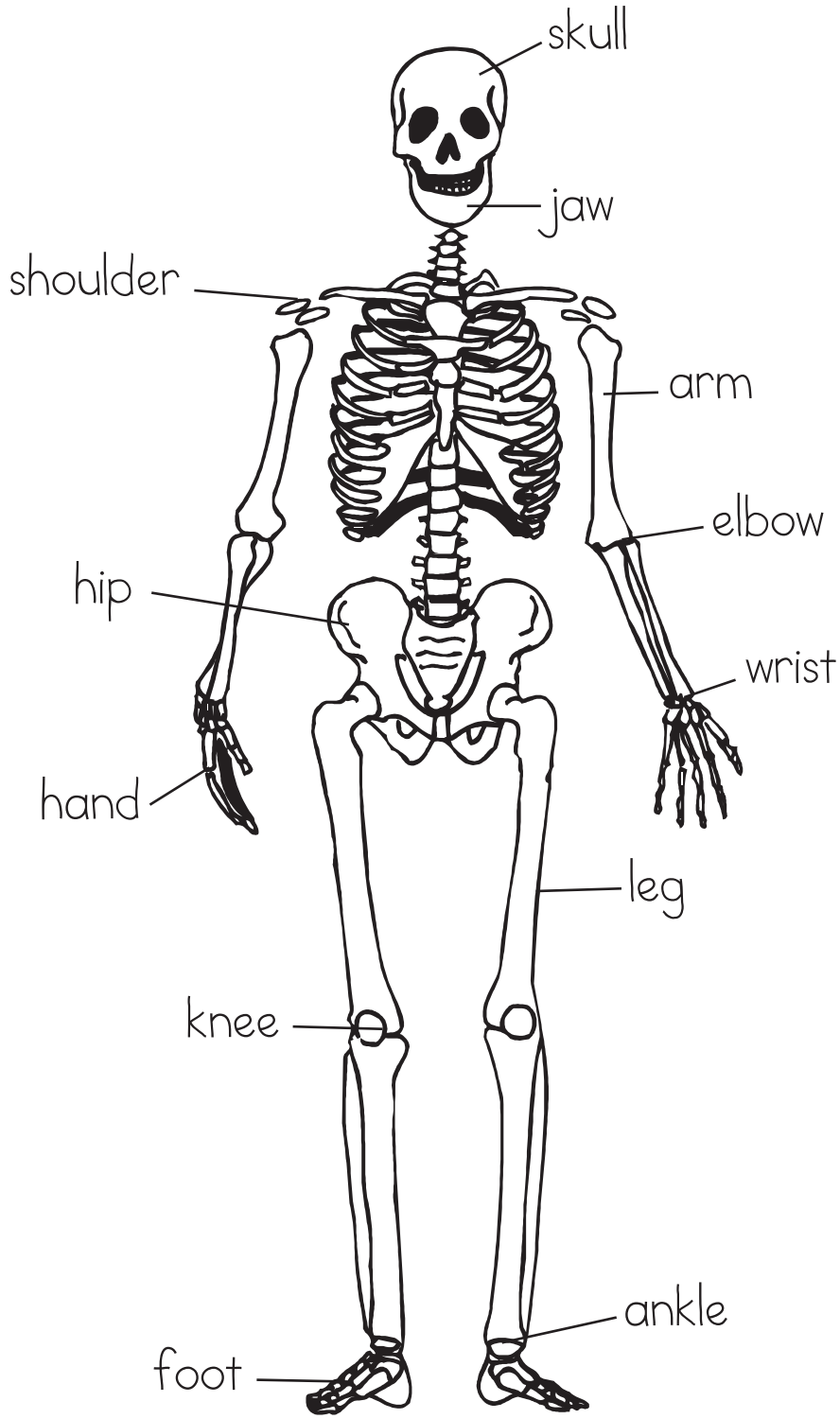
Physical Exam

Circle any body parts that the patient can not move.



Prescription

Doctor's Orders

- ☐ Rest
- ☐ Watch television
- ☐ Eat crackers and soup
- ☐ Drink water
- ☐ Eat popsicles and ice cream
- ☐ Get some light exercise.

_____

Signature

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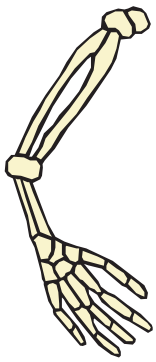
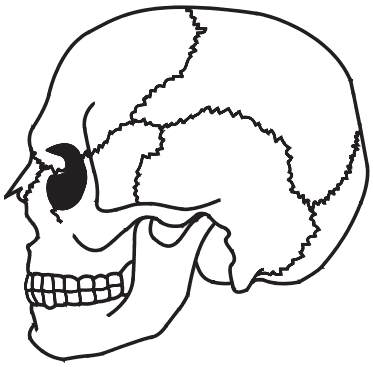
X-Ray Department

Which bones need an X-ray?

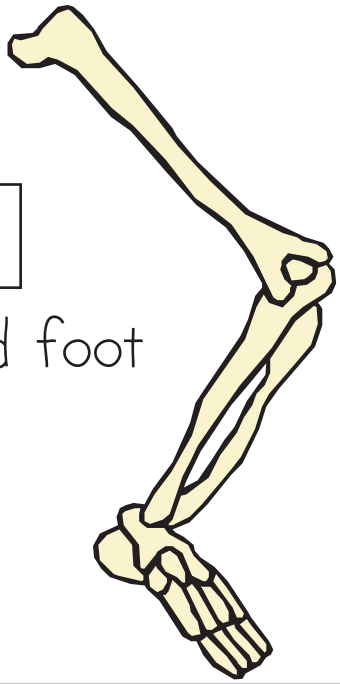
☐ arm and hand



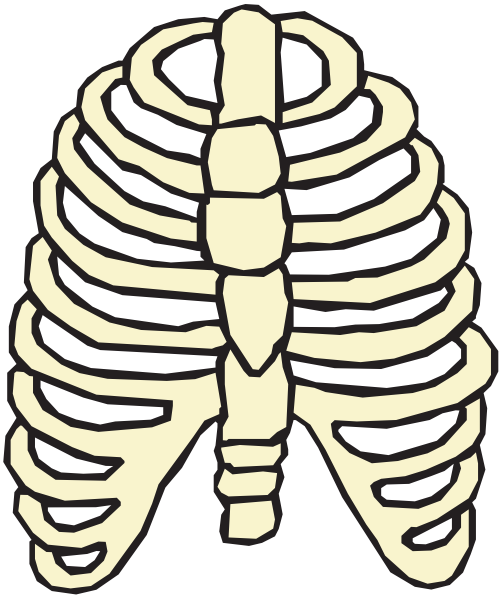
☐ head



☐ leg and foot



☐ chest



Welcome to the Baby Nursery

You must have an ID badge to enter.

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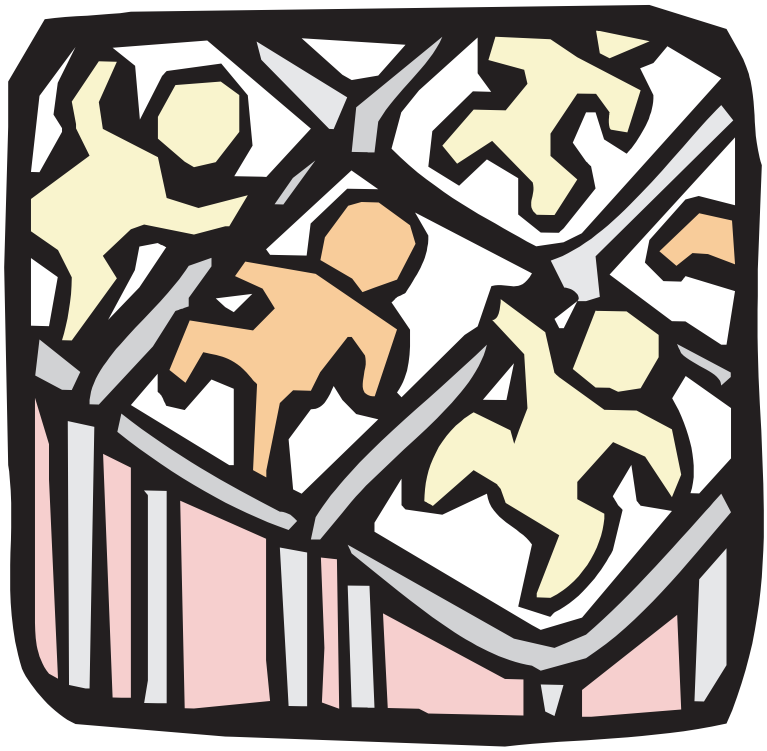
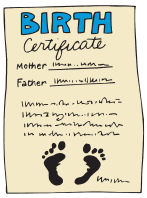
We want to keep the babies and their mommies healthy. Do not visit if you are feeling sick. Thank you.





Birth Certificate

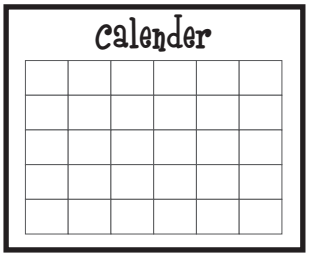
Baby's First Name: _____

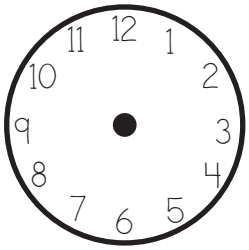
Baby's Middle Name: _____

Baby's Last Name: _____

Date of birth: _____

Time of birth: _____





Left Foot

Right Foot

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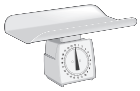
Baby Exam

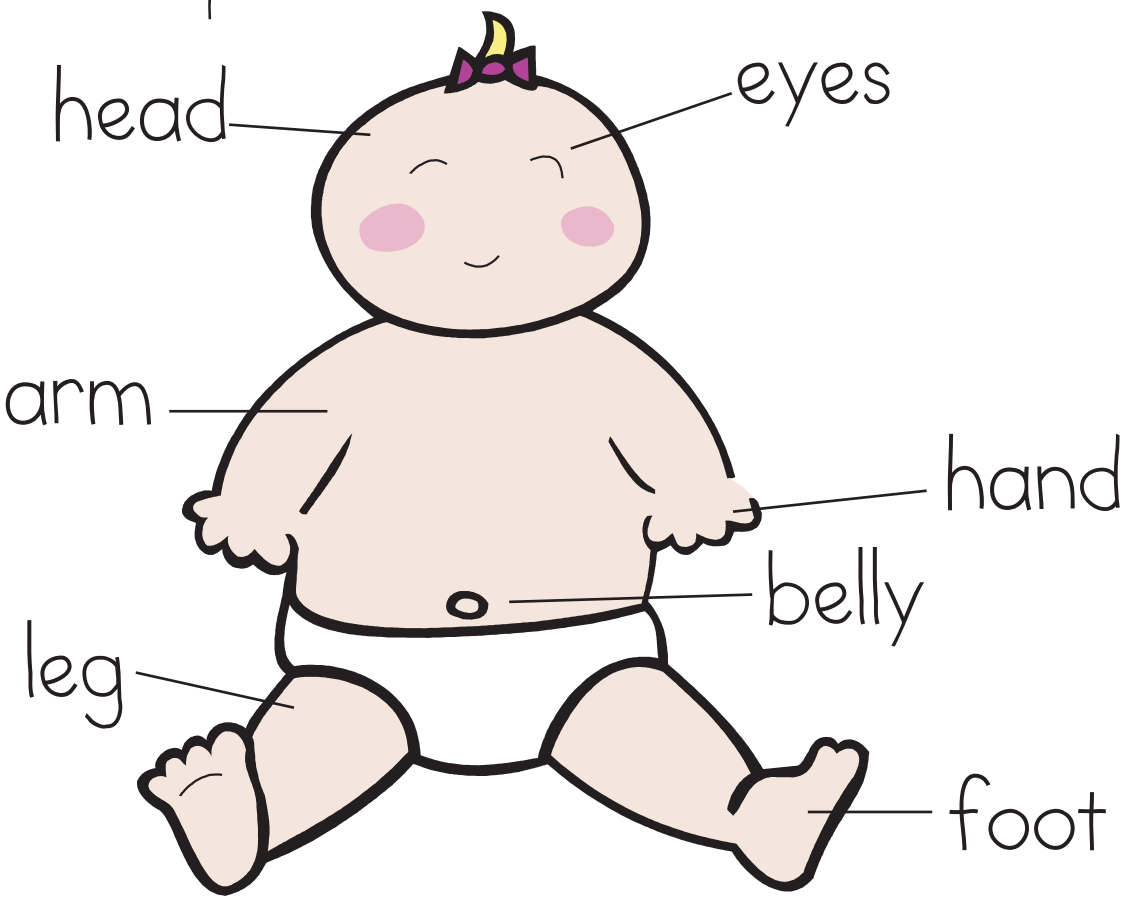
Baby's Name: _____

Circle one: Baby Boy Baby Girl



Baby's Weight: _____ pounds Baby's Length: _____ inches

Check these body parts on the baby. Circle any areas where there is pain.



Plan of Care Baby

Baby's Name: _____

What does the baby need?

	bottle	☐ Yes	☐ No
	change diaper	☐ Yes	☐ No
	eat baby food	☐ Yes	☐ No
	take a nap	☐ Yes	☐ No
	change clothes	☐ Yes	☐ No
	take a walk	☐ Yes	☐ No
	play with toys	☐ Yes	☐ No

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