

Pediatric Assessment (\geq PL1)

Clinical Indications:

1. Any patient that can be measured with the PEDIA Tape or $<$ 37 Kg.

Contraindications:

1. None

Preparation for Use:

1. Ensure safe scene and patient conditions.

Procedure:

1. Scene size-up, including appropriate PPE, scene safety, environmental hazards assessment, need for additional resources, bystander safety, and patient/caregiver interaction. Take reasonable steps to protect patient privacy and modesty.
2. Assess patient using the pediatric triangle of ABCs:
 - a) Appearance: (TICLS) tone, interactiveness, consolability, look/gaze, and speech/cry
 - b) Work of breathing: evaluate for head bobbing, grunting, absent or abnormal airway sounds, use of accessory muscles, nasal flaring, body positioning, irregular or gasping respirations
 - c) Circulation to skin: pallor, mottling, cyanosis
3. Assess disability (motor function, sensory function, pupils).
4. Determine responsiveness appropriate for age (AVPU, GCS, etc.).
5. Perform spinal motion restriction, if suspicion of spinal injury.
6. Color code using PEDIA Tape.
7. Perform a focused history and physical exam. Pediatric patients unable to verbalize their own complaint should be fully exposed for assessment. Recall that pediatric patients easily experience hypothermia and thus should not be left uncovered any longer than necessary to perform an exam.
8. Record vital signs:
 - a) Ideally the use of infant or child/pediatric BP cuff sizes when appropriate and available
 - i) 50th percentile BP estimate = (age in years x 2) + 90 mm Hg
 - ii) Hypotension when $BP \leq (\text{age in years} \times 2) + 70$ mm Hg
 - b) To assess perfusion when obtaining a BP is not possible:
 - i) Age appropriate heart rate:
 - (1) *Tachycardia is usually the most common sign of compensated shock in children,*
 - (2) *BP doesn't drop until about 30% of circulating blood volume is lost*
 - ii) Mottled extremities
 - iii) Decreased peripheral pulses compared to central, cool extremities
9. Include Immunizations, Allergies, Medications, Past Medical History, last meal, and events leading up to injury or illness where appropriate.
10. Treat chief complaint as per guideline.