

GENERAL PEDIATRIC CONSIDERATIONS



- ✓ Most pediatric **medical** emergencies are respiratory.
- ✓ Most pediatric respiratory emergencies can be managed with **O₂**, suction, proper patient positioning, and occasionally with positive pressure ventilation with bag and mask.
- ✓ Pediatric medical and traumatic emergencies may also involve shock.*
Check heart rate, LOC, capillary refill, and BP (if obtainable), if not, check for pulse at wrist or groin).
- ✓ Medications and fluids can be administered by intraosseous infusion (IO) when an IV cannot be established (**see Intraosseous Infusions in Children**). In general, attempts at IV cannulation should be limited to 90 seconds or 2 attempts.
- ✓ Use color coded resuscitation tape, if available, for critically ill or injured pediatric patients (less than 34 kg or 75 lbs) requiring medications or procedures.
- ✓ For general purposes: Infants are defined as less than one year of age and children are defined as from age one to twelve or until they have reached adult size.