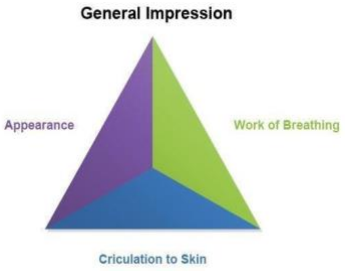
PEDIATRIC ASSESSMENT

ALL PROVIDERS / EMT

- ❑ The pediatric assessment should be modified for the developmental level of each patient
- ❑ Continuous cardiac, ETCO2, and pulse oximetry monitoring, when available
- ❑ **Treatment Plan** (develop and implement plan based on assessment findings, resources and training.)
  - Use the Pediatric Assessment Triangle (defined by the AAP) to form a general impression of the:



  - ○ Appearance: Evaluate tone, interactiveness, consolability, gaze, and speech or cry
  - ○ Breathing: Evaluate abnormal airway sounds, abnormal positioning, retractions, and nasal flaring.
  - ○ Circulation/Skin Color: Evaluate for pallor, mottling, delayed capillary refill and cyanosis

  - If the patient looks ill and has poor perfusion, start CPR when the heart rate is less than:
    - 80bpm for infants (up to 1 year of age)
    - 60bpm for children (1 year to 8 years)
  - Look on scene for the CHIRP red bag. It contains current medical information on the child with special healthcare needs.
  - Perform the pediatric assessment with guidance from the ***Family Centered Care Guideline***.
  - Pay careful attention to the wide variety of normal vital signs. Do not assume that the pediatric patient is fine when they have vitals meeting the normal adult parameters.

Normal Pediatric Vital Signs

Age of Patient	HR		RR		Systolic BP	Temp	
0 days - < 1 mo.	<80	>205	<30	>60	<60	<36	>38
> 1mo - < 3 mo.	<80	>205	<30	>60	<70	<36	>38
> 3 mo. - < 1 yr.	<75	>190	<30	>60	<70	<36	>38.5
> 1 yr. - < 2 yrs.	<75	>190	<24	>40	<70+ (age x 2)	<36	>38.5
> 2 yrs. - < 4 yrs.	<60	>140	<24	>40	<70+ (age x 2)	<36	>38.5
> 4 yrs. - < 6 yrs.	<60	>140	<22	>34	<70+ (age x 2)	<36	>38.5
> 6 yrs. - < 10 yrs.	<60	>140	<18	>30	<70+ (age x 2)	<36	>38.5
> 10 yrs. - < 13 yrs.	<60	>100	<18	>30	<90	<36	>38.5
> 13 yrs. - < 18 yrs.	<60	>100	<12	>16	<90	<36	>38.5

- ❑ **Key Considerations**
  - Obtaining a full set of vital signs, **including blood pressure,** should be a priority.
  - Parents are often the best resource for a baseline understanding of their child, especially in the case of the child with special healthcare needs.

ADULT

AEMT

PARAMEDIC

PEDIATRIC (<15 years of Age)
NOTE: Pediatric weight based dosing should not exceed Adult dosing.

AEMT

PARAMEDIC