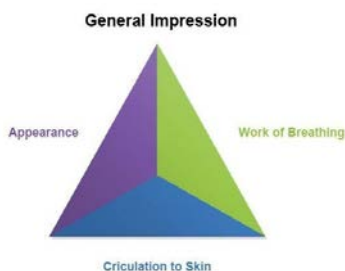


# PEDIATRIC ASSESSMENT

## ALL PROVIDERS / EMT

- ☐ The pediatric assessment should be modified for the developmental level of each patient
- ☐ Continuous cardiac, ETCO<sub>2</sub>, and pulse oximetry monitoring, when available
- ☐ **Treatment Plan** (develop and implement plan based on assessment findings)
  - Use the Pediatric Assessment Triangle (defined by the AAP) to form a general impression of the patient



○ **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

PEDIATRIC (<15 years of Age)

NOTE: Pediatric weight based dosing should not exceed Adult dosing.

AEMT  
PARAMEDIC

AEMT  
PARAMEDIC