

Pediatric Assessment

Applies to:	
E	EMT
P	Paramedic

Clinical Indications:

1. Any child that can be measured with the Peditape.

Pediatric Assessment Triangle:

	Assessment	Abnormal
Appearance	Assess: Tone, interactiveness, look/gaze and speech/cry	Any abnormality
Work of breathing	Assess: Effort	Increased or decreased effort or abnormal sounds
Circulation	Assess: Skin color	Abnormal skin color or external bleeding

Primary Assessment:

	Assessment	Abnormal
Airway	Assess: Patency	Severe or complete airway obstruction
Breathing	Assess: Rate and effort, air movement, airway, breath sounds and pulse oximetry	Apnea, slow rate, very fast rate or significant work of breathing
Circulation	Assess: Heart rate, pulses, capillary refill, skin color and temperature and blood pressure	Unexplained tachycardia, bradycardia, absence of detectable pulses, poor perfusion (e.g., increased capillary refill time, pallor, mottling or cyanosis) or hypotension
Disability	Assess: AVPU response, pupil size and reaction to light and blood glucose	Decreased response or abnormal motor function (e.g., posturing) to pain or unresponsiveness
Exposure	Assess: Skin for rash or trauma	Hypothermia, rash (petechiae/purpura) consistent with septic shock, significant bleeding or abdominal distension



Pediatric Assessment

Pediatric GCS:

	Infant	Score	Child	Score
Motor response	Spontaneous movements	6	Obeys commands	6
	Withdraws to touch	5	Localizes	5
	Withdraws to pain	4	Withdraws to pain	4
	Flexion	3	Flexion	3
	Extension	2	Extension	2
	No response	1	No response	1
Verbal response	Coos and babbles	5	Oriented	5
	Irritable cry	4	Confused	4
	Cries to pain	3	Inappropriate	3
	Moans to pain	2	Incomprehensible	2
	No response	1	No response	1
Eye response	Opens spontaneously	4	Opens spontaneously	4
	Opens to sound	3	Opens to sound	3
	Opens to pain	2	Opens to pain	2
	No response	1	No response	1

FLACC Scale		0	1	2
1	Face	No particular expression or smile, eye contact and interest in surroundings	Occasional grimace or frown, withdrawn, disinterested, worried look to face, eyebrows lowered, eyes partially closed, cheeks raised, mouth pursed	Frequent to constant frowning, clenched jaw, quivering chin, deep furrows on forehead, eyes closed, mouth opened, deep lines around nose/lips
2	Legs	Normal position or relaxed	Uneasy, restless, tense, increased tone, rigidity, intermittent flexion/extension of limbs	Kicking or legs drawn up, hypertonicity, exaggerated flexion/extension of limbs, tremors
3	Activity	Lying quietly, normal position, moves easily and freely	Squirming, shifting, back and forth, tense, hesitant to move, guarding, pressure on body part	Arched, rigid, or jerking, fixed position, rocking, side to side head movement, rubbing of body part
4	Cry	No cry or moan (awake or asleep)	Moans or whimpers, occasional cries, sighs, occasional complaint	Crying steadily, screams, sobs, moans, grunts, frequent complaints
5	Consolability	Calm, content, relaxed, does not require consoling	Reassured by occasional touching, hugging, or talking to, distractable	Difficult to console or comfort

