



PEDIATRIC ASSESSMENT



General Impression (First view of patient)

Airway & Appearance (Open/Clear – Muscle Tone /Body Position)

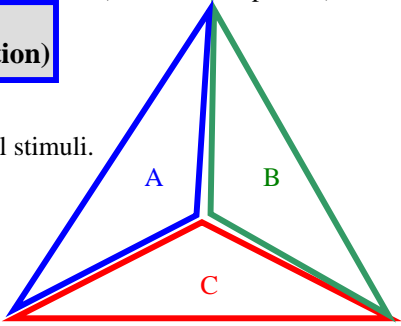
Abnormal: Abnormal or absent cry or speech. Decreased response to parents or environmental stimuli. Floppy or rigid muscle tone or not moving.

Normal: Normal cry or speech. Responds to parents or to environmental stimuli such as lights, keys, or toys. Good muscle tone. Moves extremities well.

Work of Breathing (Visible movement / Respiratory Effort)

Abnormal: Increased/excessive (nasal flaring, retractions or abdominal muscle use) or decreased/absent respiratory effort or noisy breathing.

Normal: Breathing appears regular without excessive respiratory muscle effort or audible respiratory sounds.



Circulation to Skin (Color / Obvious Bleeding)

Abnormal: Cyanosis, mottling, paleness/pallor or obvious significant bleeding.
Normal: Color appears normal for racial group of child. No significant bleeding.

Decision/Action Points:

- **Any abnormal findings or life-threatening chief complaint** such as major trauma/burns, seizures, diabetes, asthma attack, airway obstruction, etc (urgent) – proceed to Initial Assessment. Contact ALS if ALS not already on scene/enroute.
- **All findings normal** (non-urgent) – proceed to Initial Assessment.

Initial Assessment (Primary Survey)

Airway & Appearance (Open/Clear – Mental Status)

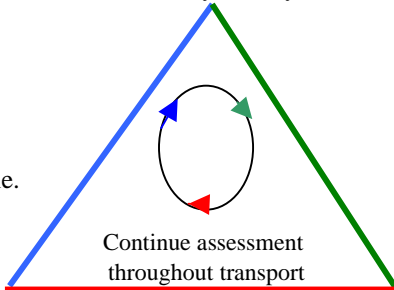
Abnormal: Obstruction to airflow. Gurgling, stridor or noisy breathing. Verbal, Pain, or Unresponsive on AVPU scale.

Normal: Clear and maintainable. Alert on AVPU scale.

Breathing (Effort / Sounds / Rate / Central Color)

Abnormal: Presence of retractions, nasal flaring, stridor, wheezes, grunting, gasping or gurgling. Respiratory rate outside normal range. Central cyanosis.

Normal: Easy, quiet respirations. Respiratory rate within normal range. No central cyanosis.



Circulation (Pulse Rate & Strength / Extremity Color & Temperature / Capillary Refill / Blood Pressure)

Abnormal: Cyanosis, mottling, or pallor. Absent or weak peripheral or central pulses; Pulse or systolic BP outside normal range; Capillary refill > 2 sec with other abnormal findings.

Normal: Color normal. Capillary refill at palms, soles, forehead or central body ≤ 2 sec. Strong peripheral and central pulses with regular rhythm.

Decision/ Action Points:

- **Any abnormal finding (C, U, or P)**– Immediate transport with ALS. If ALS is not immediately available, meet ALS intercept enroute to hospital or proceed to hospital if closer. Open airway & provide O₂. Assist ventilations, start CPR, suction, or control bleeding as appropriate. Check for causes such as diabetes, poisoning, trauma, seizure, etc. Assist patient with prescribed bronchodilators or epinephrine auto-injector, if appropriate.
- **All findings on assessment of child normal (S)**– Continue assessment, detailed history & treatment at scene or enroute.

Normal Respiratory Rate:	Normal Pulse Rate:	Lower Limit of Normal Systolic BP:
Infant (<1yr): 30- 60	Infant: 100-160	Infant: >60 (or strong pulses)
Toddler (1-3yr): 24 -40	Toddler: 90-150	Toddler: >70 (or strong pulses)
Preschooler(4-5yr): 22- 34	Preschooler: 80-140	Preschooler: >75
School-age(6-12yr): 18 -30	School-age: 70-120	School-age: >80
Adolescent(13-18yr): 12 -20	Adolescent: 60-100	Adolescent: >90
	Pulses slower in sleeping child / athlete	Estimated min.SBP >70 + (2 x age in yr)

This reference card should not be considered to replace or supersede regional prehospital medical treatment protocols.

Pediatric CUPS (with examples)

Critical	Absent airway, breathing or circulation (cardiac or respiratory arrest or severe traumatic injury)
Unstable	Compromised airway, breathing or circulation (unresponsive, respiratory distress, active bleeding, shock, active seizure, significant injury, shock, near-drowning, etc.)
Potentially Unstable	Normal airway, breathing & circulation but significant mechanism of injury or illness (post-seizure, minor fractures, infant < 3mo with fever, etc.)
Stable	Normal airway, breathing & circulation No significant mechanism of injury or illness (small lacerations or abrasions, infant ≥ 3mo with fever)

Neonatal Resuscitation

Dry, Warm, Position, Tactile Stimulation.
Suction Mouth then Nose.
Call for ALS back-up. Administer O2 as needed.

Apnea/Gasping, HR <100 or central cyanosis

Ventilate with BVM @ 40-60/min

HR<60 after 30 sec BVM

Chest Compressions @ 120/min - 3:1
1/3 to 1/2 chest depth
2 thumb encircle chest or 2 fingers

ALS available & HR <60

Intubate
Epinephrine
0.01-0.03mg/kg
IV/IO/ET
1:10,000
q 3-5 min

APGAR Score

	0 pts	1 pt	2 pts
Pulse	Absent	<100	≥100
Resp	Absent	Slow Irregular	Good
Tone	Limp	Some flexion	Active motion
Reflex	None	Grimace	Cough Sneeze
Color	Blue	Pink Body Blue Limbs	All Pink

Glasgow Coma Score



Infants		Children / Adults	
Eye Opening			
Spontaneous	4	Spontaneous	4
To speech/sound	3	To speech	3
To pain	2	To pain	2
No response	1	No response	1
Verbal Response			
Coos or babbles	5	Oriented	5
Irritable crying	4	Confused	4
Cries to pain	3	Inappropriate words	3
Moans to pain	2	Incomprehensible	2
None	1	None	1
Motor Response			
Spontaneous	6	Obeys commands	6
Withdraws touch	5	Localizes pain	5
Withdraws pain	4	Withdraws pain	4
Abnormal flexion	3	Abnormal flexion	3
Abnormal extension	2	Abnormal extension	2
No response	1	No response	1

Respiratory / Cardiac Arrest Treatment

	Infant <1yr	Child 1-8yr	Teen 9-18yr
Ventilation only	20/min	20/min	12/min
CPR method	2 fingers	1 hand	2 hand
Chest Depth	1/3-1/2	1/3-1/2	1/3-1/2
Compression Rate	≥ 100/min	100/min	100/min
Ratio	5:1	5:1	5:1

CPR should be started for HR<60.
Only AEDs with pediatric capabilities should be used on patients < 8 yrs. of age (approx. 25kg or 55lb).

ALS Guidelines

Asystole or PEA

Assess airway & start CPR
Intubate & ventilate with oxygen
Epinephrine: 0.01 mg/kg 1:10,000 IV/ IO
0.1 mg/kg 1:1000 ET
Continue Epinephrine q 3-5 min, same dose
Consider hi dose 0.1 mg/kg 1:1000 IV/IO/ET

Consider possibility of hypoxia, hypovolemia, hypothermia, hyper/hypokalemia, tamponade, tension pneumothorax, toxins/poisons/drugs or thromboembolism & treat if present.

Bradycardia

Assess airway & give oxygen
Intubate if decreased consciousness
Start CPR if HR<60.
Epinephrine: 0.01 mg/kg 1:10,000 IV/ IO
0.1 mg/kg 1:1000 ET
Continue Epinephrine q 3-5 min, same dose
Atropine 0.02 mg/kg IV/ IO / ET
minimum dose 0.1 mg
maximum dose 0.5 mg child; 1.0 mg teen

VF or pulseless VT

Defibrillate up to 3 times as needed
2j/kg 4j/kg 4j/kg
Start CPR, intubate, ventilate with O₂
Epinephrine: 0.01 mg/kg 1:10,000 IV/ IO
0.1 mg/kg 1:1000 ET
Defibrillate 4j/kg
Amiodarone 5mg/kg IV/IO *or*
Lidocaine 1mg/kg IV/IO/ET *or*
Magnesium 25-50mg/kg IV/ IO
(for torsades de pointes or hypomagnesemia)
Defibrillate 4j/kg

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