

# Assessment: Pediatric

## Clinical Indications:

- Any child that can be measured with a Length-based Resuscitation Tape.

	EMR	
B	EMT	B
A	AEMT	A
P	PARAMEDIC	P

## Procedure:

- Scene size-up, including universal precautions, scene safety, environmental hazards assessment, need for additional resources, by-stander safety, and patient/caregiver interaction
- Assess patient using the pediatric triangle of ABCs:
  - Airway and appearance: speech/cry, muscle tone, inter-activeness, look/gaze, movement of extremities
  - Work of breathing: absent or abnormal airway sounds, use of accessory muscles, nasal flaring, body positioning
  - Circulation to skin: pallor, mottling, cyanosis
- Establish spinal immobilization if suspicion of spinal injury
- Establish responsiveness appropriate for age (AVPU, GCS, etc.)
- Color code using Broselow-Luten tape
- Assess disability (pulse, motor function, sensory function, papillary reaction)
- Perform a focused history and physical exam. Recall that pediatric patients easily experience hypothermia and thus should not be left uncovered any longer than necessary to perform an exam.
- Record vital signs (BP > 3 years of age, cap refill < 3 years of age)
- Include Immunizations, Allergies, Medications, Past Medical History, last meal, and events leading up to injury or illness where appropriate.
- Treat chief complaint as per protocol

## Certification Requirements:

- Maintain knowledge of the indications, contraindications, technique, and possible complications of the procedure. Assessment of this knowledge may be accomplished via quality assurance mechanisms, classroom demonstrations, skills stations, or other mechanisms as deemed appropriate by the local EMS System.