







## Assessment of Children

### Adolescent (12-18 years)

- Try to respect the emerging adult, yet reassure the remaining child
- Explain as you examine
- Be calm, reassuring, and respectful
- Respect the young adult's modesty and need for privacy

## Anatomical Differences

### Airway Differences between Adults and Children

- Small airways more easily blocked
- Child's tongue is larger
- Infants are nose-breathers
  - Suctioning nasopharynx improves breathing significantly
- Put child's head in neutral position, not hyperextended
- Children can compensate (breathe faster/harder) for a while, then get worse rapidly

### Head

- Bigger, softer
- Infants and small children have disproportionately larger heads (until about age 4). Note the effect of padding
- Fontanelles (soft spots) exist until about 12-18 months old
  - Sunken may indicate dehydration
  - Bulging may indicate crying

<p>or head injury</p>	<hr/>
<p>Chest &amp; Abdomen</p>	<hr/>
<ul style="list-style-type: none"> <li>• Increased elasticity of chest</li> <li>• Primarily abdominal breathers (infants primarily nose-breathers)</li> <li>• Less protection than adults for internal organs</li> </ul>	<hr/> <hr/> <hr/> <hr/> <hr/>
<p>Body Surface</p>	<hr/>
<ul style="list-style-type: none"> <li>• Larger in proportion to body mass</li> <li>• Increased risk of hypothermia</li> <li>• Burn injuries calculated differently</li> </ul>	<hr/> <hr/> <hr/> <hr/> <hr/>
<p>Assessment – Two methods</p>	<hr/>
<ul style="list-style-type: none"> <li>• Pediatric Assessment Triangle (PAT) OR</li> <li>• Step-by-Step assessment</li> </ul>	<hr/> <hr/> <hr/> <hr/>
<p>PAT General Impression – “From the Doorway”</p>	<hr/>
<ul style="list-style-type: none"> <li>• Observe appearance: <ul style="list-style-type: none"> <li>▪ Mental status</li> <li>▪ Body position/muscle tone</li> </ul> </li> <li>• Observe breathing effort</li> <li>• Observe circulation (skin color)</li> </ul>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>PAT “Hands-On”</p>	<hr/>
<ul style="list-style-type: none"> <li>• Assess and treat based on doorway assessment</li> <li>• Provide interventions and assess for any further concerns</li> </ul>	<hr/> <hr/> <hr/> <hr/>
<p><b>Step-by-Step Assessment</b></p>	<hr/> <hr/>
<p>General Impression</p>	<hr/>



<ul style="list-style-type: none"> <li>• Assess circulation <ul style="list-style-type: none"> <li>▪ Pulse (best location varies by age)</li> <li>▪ Capillary refill</li> <li>▪ Skin color, temperature, condition</li> </ul> </li> </ul>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Identify Priority Patients</p>	<hr/> <hr/>
<ul style="list-style-type: none"> <li>• Poor general impression</li> <li>• Unresponsive</li> <li>• Airway compromise</li> <li>• Inadequate breathing</li> <li>• Shock</li> <li>• Uncontrolled bleeding</li> </ul>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Focused History</p>	<hr/> <hr/>
<ul style="list-style-type: none"> <li>• Child may be only source <ul style="list-style-type: none"> <li>▪ Use simple yes/no questions</li> </ul> </li> <li>• Use parents/guardians for information if possible</li> </ul>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Detailed Physical Exam</p>	<hr/> <hr/>
<ul style="list-style-type: none"> <li>• Generally, start at trunk and evaluate head last</li> <li>• Alter order of steps to fit situation</li> <li>• Avoid making child more anxious</li> </ul>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Ongoing Assessment</p>	<hr/> <hr/>
<ul style="list-style-type: none"> <li>• Reassess interventions</li> <li>• Reassess ABCs</li> <li>• Reassess vital signs</li> <li>• Continuous reassessment is key!</li> </ul>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p><b>Techniques of Pediatric Care</b></p>	<hr/> <hr/>
<p>Suctioning</p>	<hr/> <hr/> <hr/>



trauma exists

## Oxygen Therapy

### Blow-By Technique

- Hold tubing 2 inches from face  
OR
- Insert tubing into paper cup

### Artificial Ventilation

- Use proper size mask and bag
- If trauma involved, use jaw thrust (not head tilt)
- If unable to maintain mask seal with one hand, use two
- Bag-Valve-Mask Use
  - Squeeze bag slowly/evenly until chest rises
  - If under 8 years old, ventilate 20 times a minute
  - If over 8 years old, ventilate 10-12 times a minute

## Shock (Hypoperfusion)

- Causes
  - Diarrhea, vomiting, dehydration
  - Trauma and blood loss
  - Infection
  - Abdominal injuries
- Uncommon causes
  - Allergic reactions
  - Poisoning
  - Cardiac problems

### Signs of Shock

- Rapid breathing
- Pale, cool, clammy skin
- Weak/absent peripheral pulses
- Delayed capillary refill



Respiratory Arrest

- Respiratory rate < 10
- Little or no muscle tone
- Unconsciousness
- Slow/absent pulse

Respiratory Emergencies

- High-concentration oxygen
- Ventilate if respiratory distress severe:
  - Altered mental status
  - Cyanosis not improving with oxygen
  - Poor muscle tone
  - Respiratory arrest

Croup

- Viral inflammation of trachea & larynx
- Usually affects ages 6 months to 4 years
- Onset typically at night
- Seal-like barking cough
- Signs of respiratory distress

Treatment of Croup

- Place in position of comfort
- Administer high-concentration oxygen
- Cool air may provide relief
- Transport

Epiglottitis

*A life-threatening emergency!*

- Bacterial inflammation of epiglottis
- Usually affects ages 3 to 7
- Sudden onset of high fever





















