UnityPoint Health
EMS System

Assessment Thinking Points- Pediatric

Legend
EMR
EMT
Intermediate
Paramedic
Medical Control

ALL NECESSARY EQUIPMENT MUST BE BROUGHT TO THE PATIENT'S SIDE
Treat the patient upon assessment, unless it is a true load and go situation

PPE (Consider Airborne or Droplet if indicated)

Scene size up

- Identify possible hazards.
- Assure safety for patient and responder.
- Observe for mechanism of injury/nature of illness.
- Note anything suspicious at the scene, i.e., medications, household chemicals, other ill family members.
- Assess any discrepancies between the history and the patient presentation, i.e., infant fell on hardwood floor; however floor is carpeted.
- Initiate appropriate body substance isolation (BSI) precautions.
- Determine the number of patients.

General Approach to the Stable/Conscious Pediatric Patient

Assessments and interventions must be tailored to each child in terms of age, size and development.

- Make eye contact and smile at the child.
- Keep voice at even quiet tone, don't yell.
- Speak slowly; use simple, age appropriate terms.
- Use toys or penlight as distractors; make a game of assessment.
- Keep small children with their caregiver(s); encourage assessment while caregiver is holding child.
- Kneel down to the level of the child if possible.
- Be cautious in use of touch. In the stable child, make as many observations as possible before touching (and potentially upsetting) the child.
- Adolescents may need to be interviewed without their caregivers present if accurate information is to be obtained regarding drug use, alcohol use, LMP, sexual activity, child abuse.

While walking up to the patient, observe/inspect the following:

- General appearance, age appropriate behavior. Does child have a malnourished appearance? Is child looking around, responding with curiosity or fear, playing, sucking on a pacifier or bottle, quiet, eyes open but not moving much or uninterested in environment?
- Obvious respiratory distress/increased work of breathing: retractions, nasal flaring, accessory muscle use, head bobbing, grunting.
- Color: pink, pale, flushed, cyanotic, mottled.
- Position of the child. Are the head, neck or arms being held in a position suggestive of spinal injury? Is the patient sitting up or tripoding?
- Level of consciousness, i.e., awake vs asleep or unresponsive.
- Muscle tone: good vs limp.
- Movement: spontaneous, purposeful, symmetrical.
- Obvious injuries, bleeding, bruising, impaled objects or gross deformities, Bulging or depressed fontanels.
- Assess for pain.
- Determine weight - ask child or caretakers or use length/weight tape.