

Thank you Missah!

In this lesson, we will look at various pediatric assessment tools and strategies. Here we examine how, and why the assessment of children may differ from adults.

Good Studying

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OBSERVATION

- Observe the scene around
- Evaluate the relationship between the child and parents/caregivers
- Look for objects that can give an idea of what is happening around you
- Keep an open mind while examining.



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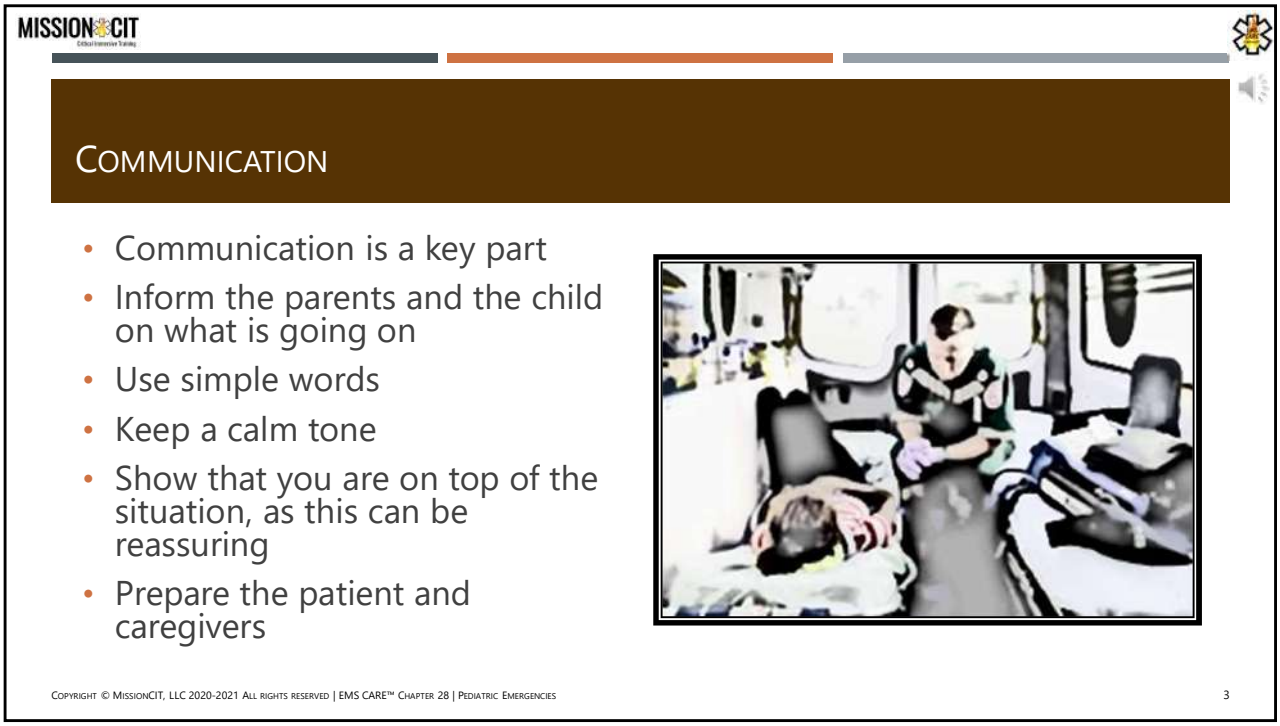
You can better understand a situation by looking around and observing the place, the child, parents and caregivers, and the overall environment.

For example, if the child is scared of the parent and doesn't want the parent to come near him or her, you know something far more serious is going on. Likewise, if you see a cut on the child's hand and a broken bottle by the side, assume the child has played with the bottle, and in the process, injured themself.

Make a note of the location and position of the child as

well.

Overall, you can know a lot just by looking around. But to get a clear view of the situation, walk in with an open mind and observe things as they are with no prejudice whatsoever.



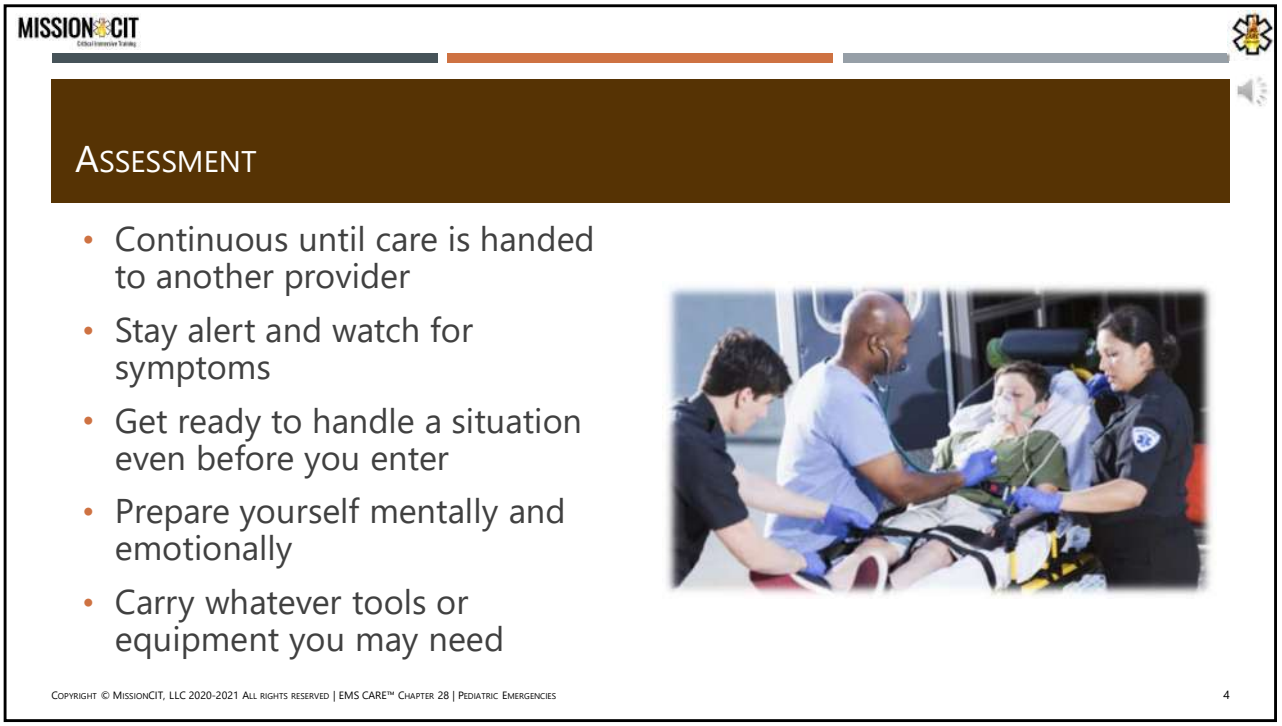
Communication is another key part of your job as an EMT. Parents, the sick child, and caregivers are anxious about what is going on, and that's probably why they called the emergency.

So, talk to them and apprise them of what's going on. Keep a calm tone and explain the child's condition in simple words without using too much medical jargon, so they know and understand the situation. Tell them what you plan to do, including emergency transportation if needed.

When you show that you are in control, it is very

reassuring to the parents, and they will tend to calm down. In turn, this will make it easier to provide the most appropriate care for the little one.

Similarly, if you're handling an adolescent, explain what is going on without creating a sense of alarm. This will better prepare the patient for treatment.



The assessment process has to be continuous until you hand over the responsibility of providing care to another provider. So, stay alert and keep looking out for additional symptoms or other complications.

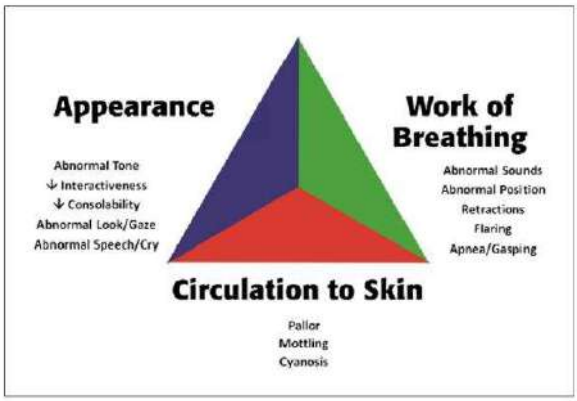
Also, this assessment process begins even before you see the patient. Based on the dispatch call, gather the materials necessary to evaluate the condition of the patient. Make sure you have the necessary equipment that are age appropriate, so no time is wasted in providing appropriate care. Since you have a basic understanding of the situation, be ready mentally and

emotionally to handle the problem. It is a part of the assessment too.

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Pediatric Assessment Triangle

- PAT is an important evaluation tool
- Appearance – Evaluate tone, interactiveness, consolability, gaze, speech
- Breathing – Is the child working hard to breathe?
- Circulation – Blood flow and skin color.



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The Pediatric Assessment Triangle, or P A T in short, is an evaluation tool that helps you to understand the child's clinical status. It is an integral part of the resuscitation curriculum.

There are three components of the triangle, and they are, appearance, work of breathing, and circulation to skin.

When it comes to appearance , you must evaluate the tone, interactiveness, consolability, look or gaze, and speech or cry. This depends to a large extent on the child's age, stage of development, and the child's ability

to interact with the environment. In general, the infant's tone, ability to console or calm down the child, the way they interact with caregivers, and the strength of crying can give you clues about the child's development and underlying condition.

In the work of breathing component, look for the child's respiratory status. Is the child working hard to get oxygen and breathe? Also, signs such as grunting, wheezing, abnormal breathing, flaring of nostrils can give you an idea of the possible problem.

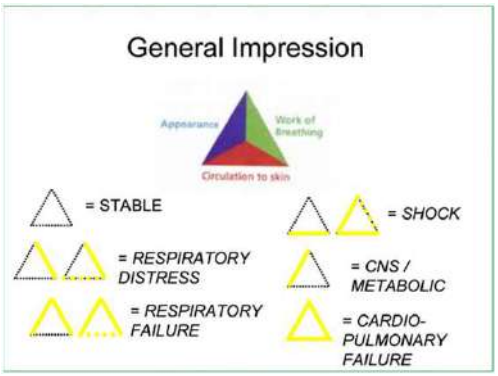
Finally, the circulation of blood to the skin reflects the blood flow throughout the body. Look for the skin color and tone and in particular, look for pallor or mottling as these can indicate that the blood is not circulating well. This is an important observation as it could shunt blood to important organs like the heart and brain.

An abnormality in any of the three areas shows that the child in unwell and unstable, and depending on the severity of your observation, may require emergency transportation.

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PHYSIOLOGIC STATE

- Respiratory distress or failure
- Cardiovascular shock
- Cardiopulmonary arrest or failure
- Isolated head injury
- Ingestion
- CNS Abnormality



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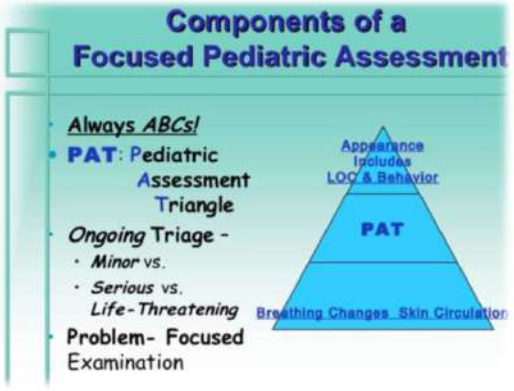
Based on the observations, you can group the symptoms into the following physiological states.

- Respiratory distress or failure,
- Cardiovascular shock,
- Cardiopulmonary arrest or failure,
- Isolated head injury,
- Ingestion, and
- CNS abnormality.

All these conditions require immediate hospitalization, so arrange for emergency transport.

Initial Triage

- PAT will guide through the initial triage
- Begin ABCs immediately
- Arrange for emergency transport
- Do a physical exam

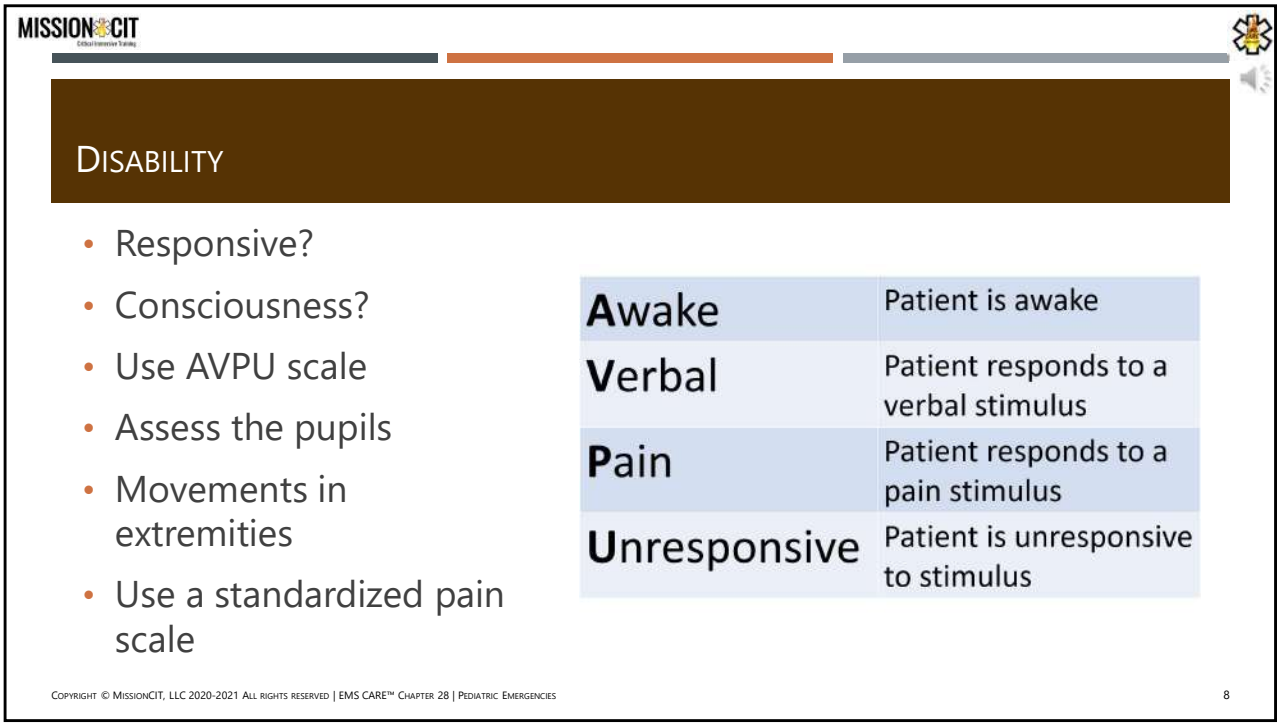


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The results of the pediatric assessment triangle will guide you through the initial triage.

If you deem the situation urgent based on the assessment, begin ABCs immediately and arrange for emergency transport. Continue with ABCs until you hand over the responsibility of care to another healthcare provider.

If the patient looks stable or becomes stable during ABCs, continue with the assessment. If required, do a physical exam, and document everything.

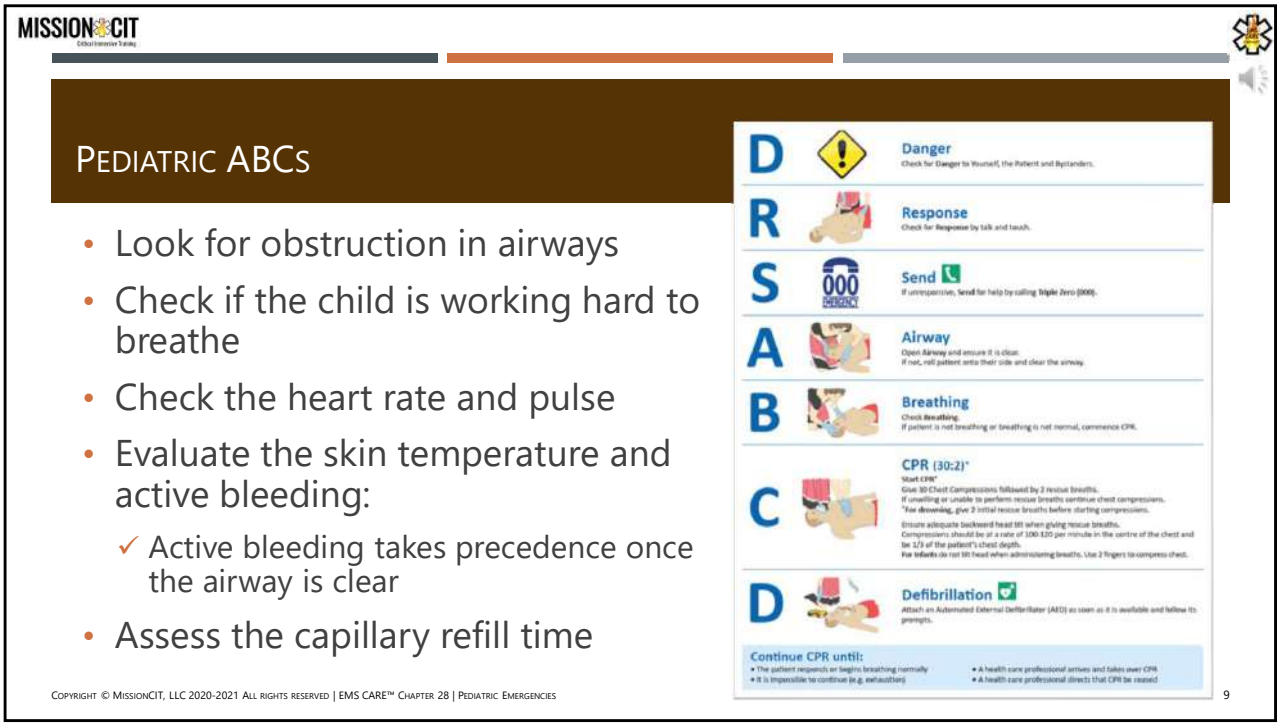


While evaluating a pediatric patient, one of the first things to assess is the person's ability to respond and move. Is the child conscious? Can the child react to instructions per the A V P U scale? This scale will essentially tell you the child's alertness level, the verbal response to questions, response to a pain stimulus such as squeezing the fingers, eye-contact, or other signs of a reaction.

Next, assess the pupils to see if they are dilated or constricted to get an idea of the child's medical condition. Sometimes, a fixed eye gaze is also a sign of a

severe underlying condition.

Then assess if the child can move their extremities in an age-appropriate manner. Or are there possible neurological conditions involved? This could determine the next course of action. If the child complains of pain, assess the level using a standardized pain scale.



Now, Follow the standard ABC assessment protocol. First, look at the airways, and check for any possible foreign bodies. Open the mouth wide and remove any obstructions. Check if the child needs emergency help, and if so, contact A L S right away.

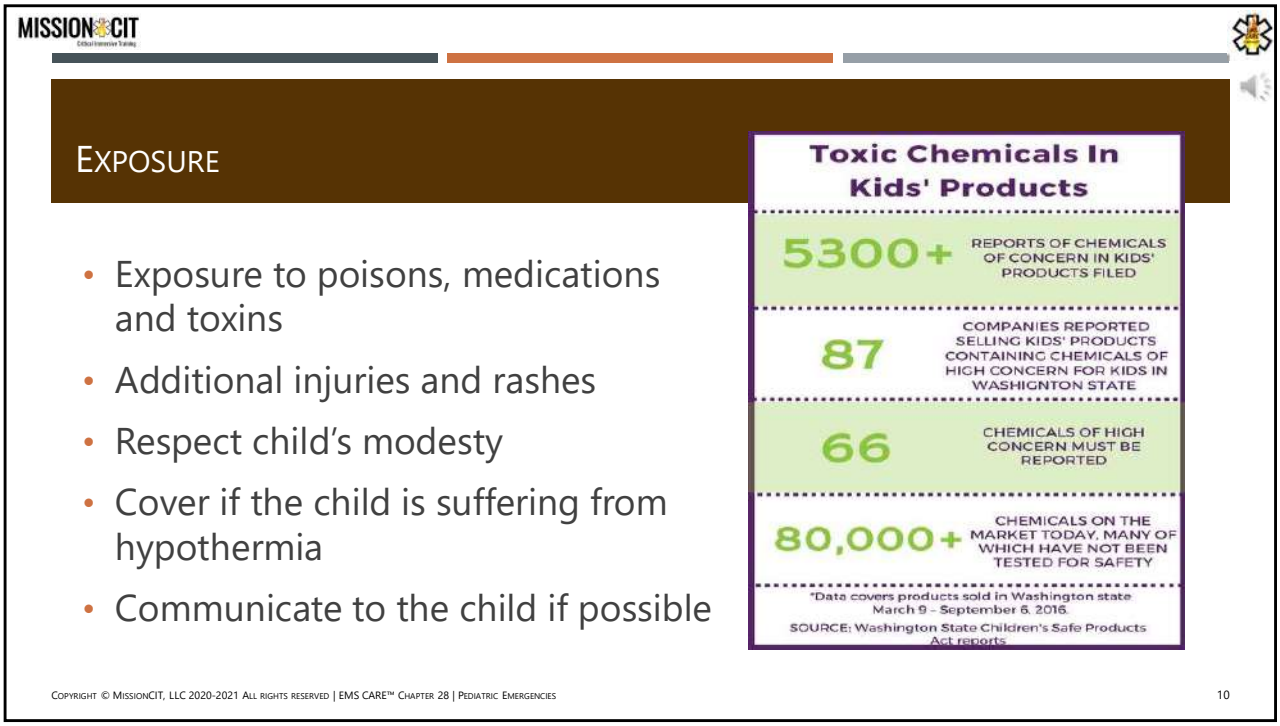
Next, assess the breathing rate and effort. Check if the child has labored breathing, wheezing, or crackles. Evaluate the oxygen saturation levels too, if your local protocols allow.

Then, check the heart rate and make a note of the central and periphery levels. See if they are strong or

weak.

Finally, evaluate the skin temperature, assess the capillary refill time, active bleeding, and blood pressure. Note that active bleeding takes precedence over the other steps, once the airway is clear.

At this point, you should have a clear picture if CPR is indicated.

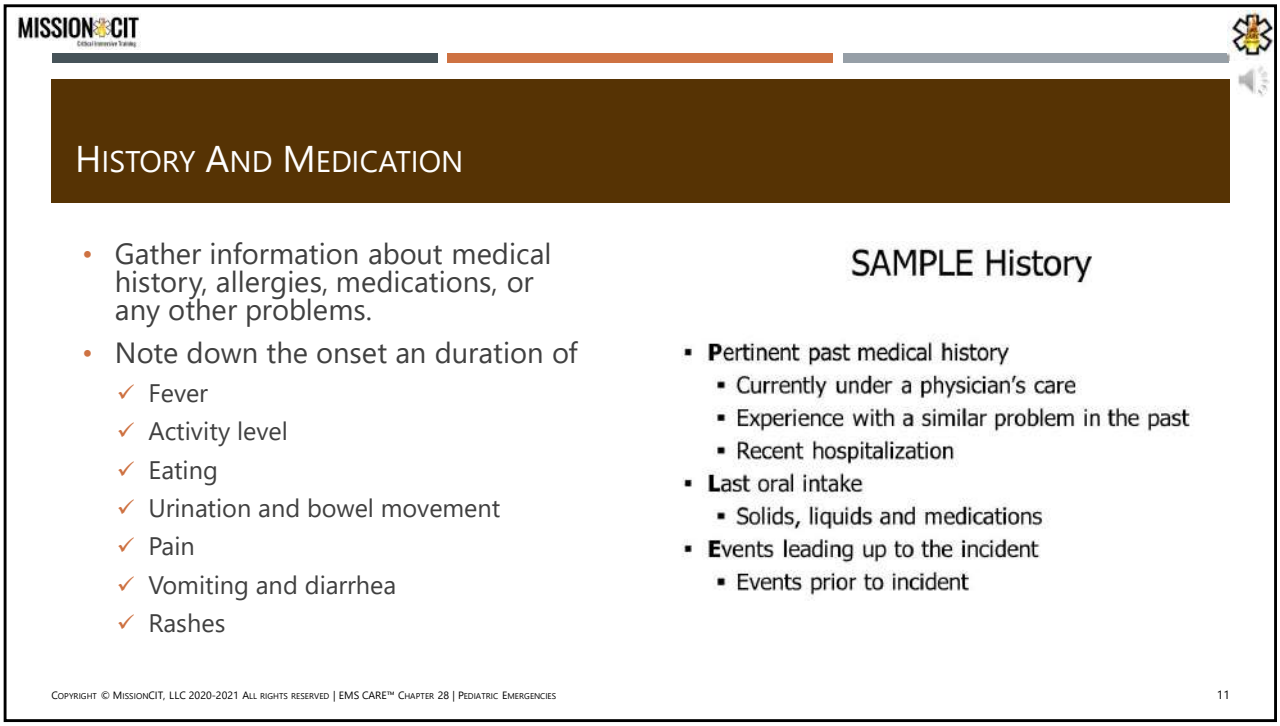


A real possibility in pediatric patients is exposure to poisons, medications, and other toxic substances. Young children are curious about the world around them and don't always understand the dangers involved.

So, when you walk in, look around for open medicine bottles and other toxic substances like cleaning agents, as there is a chance that the child could have ingested any of it.

Also, examine for additional injuries or rashes that can explain the cause of the problem.

While doing this, respect the child’s modesty and if you think the child is suffering from hypothermia, make sure to promptly cover the child with something warm like a blanket.



While assessing the patient, gather as much information as you can, from the parents and caregivers. Specifically, check if the child has a history of any allergies, medical problems, or anything else that can throw light on the cause of a condition. Also, please make a note of the medications and their dosage that the child is regularly taking.

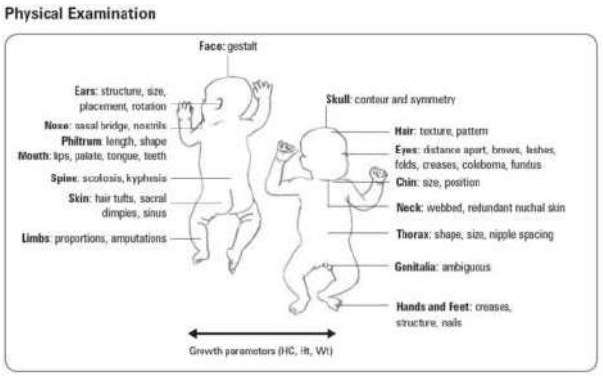
Next, collect information on the possible symptoms and their duration. In particular, note down symptoms such as Fever, Activity level, Eating history, Urination and bowel movement schedule, A complaint of abdominal or

any other pain, Vomiting, Diarrhea, The onset of rashes, or Any other obvious symptom.

Such details will help the hospital authorities to provide the most appropriate care for the patient.

Detailed Physical Exam

- Toe to head physical examination (stable patient)
  - ✓ Note: unstable? Use rapid head to toe process
- Respect modesty
- Inform the child and parents
- Look for bruises or injuries
- Infections and rashes
- Fontanelle in infants
- Pain



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Finally, do a thorough physical examination, from the toe to head of a stable patient, to gain their trust. However, if the patient has an altered mental status or response or is presenting as critical, perform a rapid head to toe assessment.

But before you do that, respect the child's modesty, and make sure you inform the child what you're going to do, especially if the child is old enough to understand what you're saying.

While examining, start by looking for any bruises or swelling on the head. Check for fontanelles if you're

handling an infant

Next, look at the nose to see if the child can breathe normally. Look at the ears for possible infections and the mouth for the presence of any loose teeth, bleeding, or any other identifiable odors. Move down to the neck and look for abnormal bruising or swelling in this area. Specifically, check if the child can move the neck.

Examine the chest and back for any injuries or rashes. Check the abdomen for tenderness, bruising, seat belt abrasions, distention, and other visible signs of injury. Finally, look at the extremities for any bruising, swelling, or pain.

Make a note of all the information you have gathered during this physical exam and present it in your final report. This can go a long way in quickly identifying the problem and treating the same.

With this, we have come to the end of this lesson, and in the next one, Missah will take you through specific pathophysiology, assessment, and management.

Good studying.