





PEDIATRIC ASSESSMENT

NORMAL VITAL SIGNS FOR CHILDREN OF VARIOUS AGE GROUPS

Age Group	Respiratory Rate	Heart Rate	Systolic Blood B/P		
New Born	30-60	100-160	>60*		
Infant (1-12 months)	30-60	100-160	>60*		
Toddler (1-3 yrs)	24-40	90-150	>70*		
Preschooler (3-5 yrs)	22 -34	80-140	>75		
School Age (6-12 yrs)	18-30	70-120	>80		
Adolescent (13+yrs)	12-16	60-100	>90		

*Infants & Children 3yrs or younger, evaluate the central pulses instead of measuring blood pressure

GLASGOW COMA SCALE					
A	Infant	Child/Adult			
Eye Opening	4 Spontaneously 3 To speech 2 To pain 1 No response	4 Spontaneously 3 To command 2 To pain 1 No response			
Best Verbal Response	5 Coos, babbles 4 Irritable, cries 3 Cries to pain 2 Moans, grunts 1 No response	5 Oriented 4 Confused 3 Inappropriate words 2 Incomprehensible 1 No response			
Best Motor Response	6 Spontaneous 5 Localizes pain 4 Withdraws from pain 3 Flexion (decorticate) 2 Extension (decerbrate) 1 No response	6 Obeys command 5 Localizes pain 4 Withdraws from pain 3 Flexion (decorticate) 2 Extension (decerebrate) 1 No response			
	= Total	= Total			

RESPONSE						
Level of Response	onse Infant Child					
A - Alert	Curious Recognizes Parents	Alert Aware of Surroundings				
V - Responds to Voice	Irritable, Cries	Opens Eyes				
P - Responds to Pain	Cries to Pain	Withdraws				
U - Unresponsive	No Response	No Response				

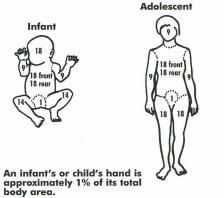
- ABCs
- Distal pulses
- Extremity and core temperature/color
- Capillary refill $(normal \le 2 seconds)$
- ✓ Level of consciousness
- Recognition of parents by child

EQUIPMENT								
Age &	7.				Circulation			
Weight (kg)	O ₂ Mask	Oral Airways	Bag-Valve Mask	Suction	BP Cuff			
Premie 1-1.5 kg	Premie Newborn	Infant	Infant	6-8 F	Premie Newborn			
Newborn 0-6 mos 3.5-7.5 kg	Newborn	Infant Small	Infant	8 F	Newborn Infant			
6-12 mos 7.5-10 kg	Pediatric	Small	Pediatric	8-10 F	Infant Child			
1-3 yrs 10-15 kg	Pediatric	Small	Pediatric	10 F	Child			
4-7 yrs 17.5-23 kg	Pediatric	Medium	Pediatric	14 F	Child			
≥ 8 yrs ≥ 25 kg	Adult	Medium Large	Pediatric Adult	14 F	Child Adult			

BURN CHART

(% burn surface area)

Infant



Dry, Warm, Position, Suction, Tactile Stimulation

NEWBORN RESUSCITATION

If RR <40 or HR <80 or Central Cyanosis administer blow by oxygen

If no change and girway is clear, administer 100% Oxygen via B-V-M @ 40-60bpm Request MICU

> No ↑ in HR after 15-30 seconds of B-V-M resuscitation, then Chest Compressions @ 120 per minute and continue Ventilations