

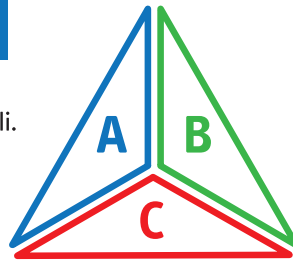
## GENERAL IMPRESSION (First View of Patient)

### AIRWAY AND APPEARANCE

(Open/Clear – Muscle Tone/Body Position)

**Abnormal:** Abnormal or absent cry or speech. Decreased response to parents or environmental stimuli. Floppy or rigid muscle tone or not moving.

**Normal:** Normal cry or speech. Responds to parents or to environmental stimuli such as lights, keys, or toys. Good muscle tone. Moves extremities well.



### WORK OF BREATHING

(Visible Movement/Respiratory Effort)

**Abnormal:** Increased/excessive (nasal flaring, retractions or abdominal muscle use) or decreased/absent respiratory effort or noisy breathing.

**Normal:** Breathing appears regular without excessive respiratory muscle effort or audible respiratory sounds.

### CIRCULATION TO SKIN (Color/Obvious Bleeding)

**Abnormal:** Cyanosis, mottling, paleness/pallor or obvious significant bleeding.

**Normal:** Color appears normal for racial group of child. No significant bleeding.

#### DECISION/ACTION POINTS:

- Any abnormal findings or life-threatening chief complaint such as major trauma/burns, seizures, diabetes, asthma attack, airway obstruction, etc (urgent) – proceed to Initial Assessment. Contact ALS if ALS not already on scene/enroute.
- All findings normal (non-urgent) – proceed to Initial Assessment.

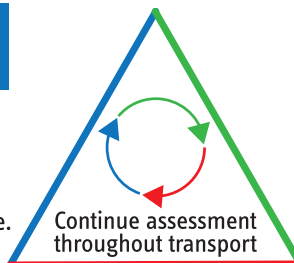
## INITIAL ASSESSMENT (Primary Survey)

### AIRWAY AND APPEARANCE

(Open/Clear – Mental Status)

**Abnormal:** Obstruction to airflow. Gurgling, stridor, or noisy breathing. Verbal, Pain, or Unresponsive on AVPU scale.

**Normal:** Clear and maintainable. Alert on AVPU scale.



Continue assessment throughout transport

### WORK OF BREATHING

(Effort / Sounds / Rate / Central Color)

**Abnormal:** Presence of retractions, nasal flaring, stridor, wheezes, grunting, gasping or gurgling. Respiratory rate outside normal range. Central cyanosis.

**Normal:** Easy, quiet respirations. Respiratory rate within normal range. No central cyanosis.

### CIRCULATION

(Pulse Rate & Strength / Extremity Color & Temperature / Capillary Refill / Blood Pressure)

**Abnormal:** Cyanosis, mottling, or pallor. Absent or weak peripheral or central pulses; Pulse or systolic BP outside normal range; Capillary refill > 2 sec with other abnormal findings.

**Normal:** Color appears normal for racial group of child. No significant bleeding

#### DECISION/ACTION POINTS:

- Any abnormal finding (C, U, or P) – Immediate transport with ALS. If ALS is not immediately available, meet ALS intercept enroute to hospital or proceed to hospital if closer. Open airway & provide O<sub>2</sub>. Assist ventilations, start CPR, suction, or control bleeding as appropriate. Check for causes such as diabetes, poisoning, trauma, seizure, etc. Assist patient with prescribed bronchodilators or epinephrine auto-injector or administer meds if approved and appropriate.
- All findings on assessment of child normal (S) – Continue assessment, detailed history & treatment at scene or enroute.

#### Normal Respiratory Rate

#### Normal Pulse Rate

#### Lower Limit of Normal Systolic BP

Infant (<1yr):

30 - 60

100 - 160

>60 (or strong pulses)

Toddler (1-3yr):

24 - 40

80 - 130

>70 (or strong pulses)

Preschooler(4-5yr):

22 - 34

80 - 140

>75

School-age(6-12yr):

18 - 30

70 - 120

>80

Adolescent(13-18yr):

12 - 20

60 - 100

>90

Pulse slower in sleeping child/athlete

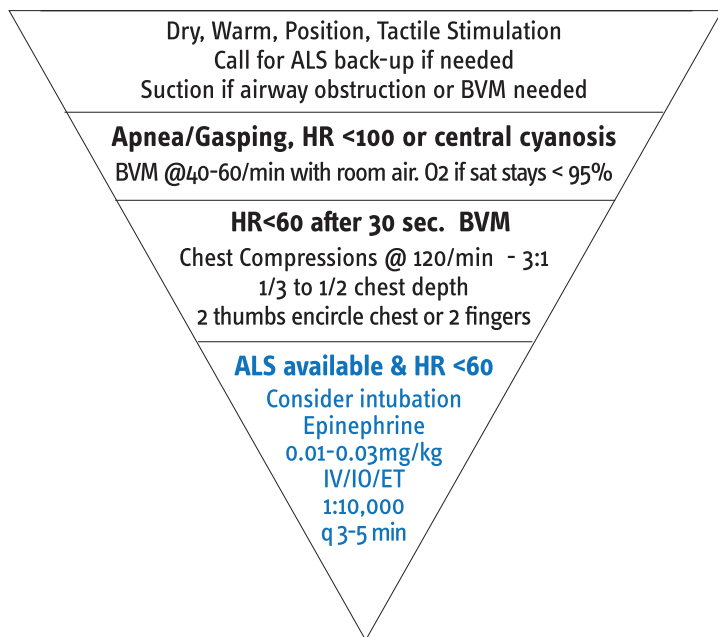
(Estimated min SBP >70 +2 x Age in Yr)

This reference card should NOT replace or supersede regional prehospital medical treatment protocols.

## APGAR Score

	0 pt	1 pt	2 pts
<b>Appearance</b>	Blue	Pink Body Blue Limbs	All Pink
<b>Pulse</b>	Absent	<100	>100
<b>Grimace/Reflex</b>	None	Grimace	Cough/Sneeze
<b>Activity</b>	Limp	Some Flexion	Active Motion
<b>Respirations</b>	Absent	Slow/Irregular	Good

## Neonatal Resuscitation



## Glasgow Coma Score

Infants		Children/Adults
<b>Eye Opening</b>		
Spontaneous	4	Spontaneous
To speech/sound	3	To speech
To pain	2	To pain
No response	1	No response
<b>Verbal Response</b>		
Coos or babbles	5	Oriented
Irritable crying	4	Confused
Cries to pain	3	Inappropriate words
Moans to pain	2	Incomprehensible
None	1	None
<b>Motor Response</b>		
Spontaneous	6	Obeys commands
Withdraws touch	5	Localizes pain
Withdraws pain	4	Withdraws pain
Abnormal flexion	3	Abnormal flexion
Abnormal extension	2	Abnormal extension
No response	1	No response

## Respiratory or Cardiac Arrest

	Infant	Child	Adol/Adult
<b>Vent Rate</b> Patient with pulses	20-30/min	20-30/min	10/min
<b>Compress Method</b>	Encircle or 2 fingers	1 or 2 hands	2 hands
<b>Depth</b>	1/3 (1 1/2 in)	1/3 (2 in)	2 - 2.4 in
<b>Compress Rate</b>	100-120 per minute		
<b>C:V Ratio (2 people)</b>	15:2	15:2	30:2
Push HARD & FAST, allow full chest RECOIL!			

## CPR Notes

- Start CPR for cardiac arrest or HR<60 with poor perfusion.
- Prefer AED with pediatric capabilities if patient <25kg/<55lb or <8 yr. May use adult AED if unavailable.
- Do not pause CPR for more than 10 sec. at any time.
- After advanced airway insertion, ventilate continuously: infant/child at 20-30/min; adolescent/adult 10/min
- After defibrillation, immediately resume CPR for 2 full minutes before pulse/rhythm check.
- Use Adolescent/Adult protocols for patients with clear signs of puberty (e.g., facial hair, obvious breasts, acne, axillary hair, adult appearance/size, etc.)

## Pediatric ALS Guidelines

Asystole or PEA	Bradycardia	VF or Pulseless VT
Start CPR Epinephrine ASAP, then Q 3-5 min: 0.01 mg/kg IV/ IO* or 0.1 mg/kg ET + (if no IV/IO) * Use 0.1mg/mL (1:10,000) IV/IO + Use 1mg/mL (1:1000) ET Advanced airway with capnography	Open airway; ventilate with oxygen. Advanced airway if LOC & poor airway Start CPR if HR<60 with poor perfusion. Epinephrine: 0.01 mg/kg IV/ IO* or 0.1 mg/kg ET + (if no IV/IO) Continue Epinephrine q 3-5 min, same dose Atropine 0.02 mg/kg IV/IO (0.03 mg/kg ET) (if AV block or organophosphate poisoning) Min. dose 0.1 mg Max. dose 0.5 mg child; 1 mg adolescent Consider transcutaneous pacing as needed.	Defibrillate q 2 min as needed 1st shock 2j-4j/kg, 2nd shock 4 j /kg, later shocks: 4-10j/kg (up to adult dose) Continue CPR; ventilate with O2 Epinephrine Q3-5 min: 0.01 mg/kg IV/ IO* or 0.1 mg/kg ET + Advanced airway with capnography. Amiodarone 5mg/kg IV/IO or Lidocaine 1mg/kg IV/ IO/ ET Magnesium 25-50mg/kg IV/ IO if torsades de pointes or hypomagnesemia

Consider possibility of hypoxia, hypovolemia, hypothermia, hydrogen ion (acidosis), hyper/hypokalemia, hypoglycemia, tamponade, tension pneumothorax, toxins/poisons/drugs, trauma, or thrombosis (coronary or pulmonary) and treat if present.

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