Quick Reference for Assessment, Stabilization and Transfer of Pediatric Patients

Step 1: Initial Assessment
- **Appearance Triage**
  - Unresponsive, Limp/Apneic, Unconscious, Weak or Rare Breathing
  - Mild distress, Intermittent consciousness
  - Troubling signs, Inconsolable
  - Appropriate interactions (may include crying)

- **Breathing Triage**
  - Central cyanosis, Absent or labored breathing, Obstructed trachea, Endotracheal/tracheostomy
  - Excessive secretions, Wheezing, Accessory muscle use

- **Circulation Triage**
  - Pulled or mottled, Cyanotic
  - Mild delay in capillary refill or cool digits
  - Pale, Normal


Breathing—Provide oxygen, bronchodilators (e.g., albuterol, epinephrine); monitor breathing over time.

Circulation—Provide oxygen, bronchodilators (e.g., albuterol, epinephrine); monitor breathing over time. An elevated heart rate can indicate early hypovolemic shock.

Disability—Assess neurologic status (including sensation and motor) and need for cervical spine protection.

Expose—Remove clothing, jewelry and contact lenses. Protect from heat loss, hypothermia is common.

Step 2: Primary Interventions
- Review child’s illness/injuries history
- Determine need for referral (consultation if unsure)
- Arrange appropriate admission or transfer

Step 3: Secondary Survey and Interventions
- Review child’s illness/injuries history
- Determine need for referral (consultation if unsure)
- Arrange appropriate admission or transfer

Step 4: Assess for High Risk Factors
- Consider consultation for patients younger than 8 years or underlying complex medical problems
  - Hypoxia or respiratory distress
  - Multiple injuries or high-energy mechanism
  - Signs of hypoperfusion/shock
  - Altered mental status

Step 5: Disposition and Consultation
- Review child’s illness/injuries history
- Determine need for referral (consultation if unsure)
- Arrange appropriate admission or transfer

CONSIDER CONSULTATION FOR PATIENTS YOUNGER THAN 8 YEARS OR UNDERLYING COMPLEX MEDICAL PROBLEMS

If high risk factors present, transfer to an age-appropriate referral center.

CONSIDER CONSULTATION FOR PATIENTS YOUNGER THAN 8 YEARS OR UNDERLYING COMPLEX MEDICAL PROBLEMS

Emergency Equipment and Medications
- Oxygen
- Bag-Valve-Mask
- Intubation equipment
- Airway adjuncts
- IV access equipment
- IV fluids
- Blood products
- Medications

REFERENCE INFORMATION

Normal Vital Signs

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<thead>
<tr>
<th>Age (years)</th>
<th>Respiration Rate</th>
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<td>Infant</td>
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Equipment Size Estimation Formulas

- ET Cuffed: \((\text{Age} + 4) + 3.5\)
- Foley/Suction Catheter: 2x ET size
- ET Uncuffed: \((\text{Age} + 4) + 4\)
- Naso/Orogastric Tube: 3x ET size
- ET Depth (cm): 3x ET size
- Chest Tube: 4x ET size

Weight Estimate Formulas

- Infant: \((\text{Months} + 2) + 4 = \text{kg}\)
- Child (≥ 1 yr): \((\text{Years} \times 2) + 10 = \text{kg}\)

Fluid Management

Goals of Fluid Resuscitation: Normal vital signs, Improved signs of perfusion, Urine output 0.5-1 mL/kg/hr

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<tr>
<th>Type</th>
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<td>NS</td>
<td>Initial bolus 20 mL/kg, over 30-60 min, repeat as needed</td>
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<td>PRBCs</td>
<td>• Hemorrhagic shock  • 10 mL/kg if not responding to initial 20 mL/kg of crystalloid  • May use O Neg (or O Pos for males) until type-specific or cross matched available</td>
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Hypoglycemic Treatment

- D10W Neonate with BG < 45 give 3 mL/kg/hr
- D25W Neonate with BG < 60 give 2 mL/kg/hr over 15-30 min
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