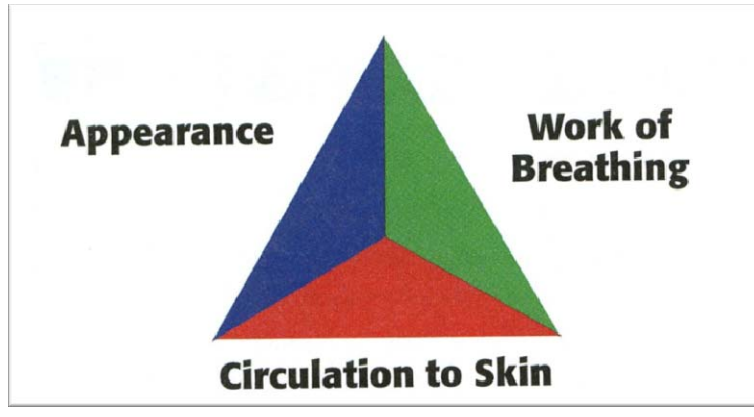


Pediatric Emergencies for Prehospital Professionals (PEPP) Resource Document

Pediatric Assessment Triangle (PAT):



Pediatric Assessment Triangle Video:

http://www.metacafe.com/watch/1477831/pediatric_assessment_triangle/

PEPP BLS Pretest:

http://www.peppsite.com/course_pretesting_bls.cfm

Pediatric Assessment – Initial Appearance (TICLS):

T = Tone : Is the child moving? Is the child pulling away or resisting?
How strongly is the child resisting or moving? What is the muscle tone like? Limp, strong, listless or flaccid

I = Interactiveness: Is the child alert? Can the attention be drawn to a distraction such as a person, object, sound? Is the child totally uninterested?

C = Consolability: Is the child easily consoled by the parent? Does the child continue to cry or be agitated with reassurance?

L = Look: Does the child fix the gaze on a face or have a blank stare?

S = Speech: Does the child talk or cry strongly or in a weak, muffled or hoarse manner?

Respiratory Distress vs. Respiratory Failure

Respiratory Distress =

- Nasal flaring
- Inspiratory retractions
- Tachypnea (fast respirations)
- Hyperpnea (deep respirations)
- Head bobbing
- Seesaw breathing
- Restlessness
- Tachycardia (fast heart rate)
- Grunting
- Stridor
- Lethargy

Respiratory Failure =

- Cyanosis
- Decreased breath sounds
- Decreased level of responsiveness
- Poor muscle tone
- Tachycardia (fast heart rate)
- Accessory muscle use
- Inadequate respirations (bradypnea – slow rate of breathing.)

Breath Sounds and Origin	Problem causing
Stridor = upper airway obstruction	Croup, foreign body aspiration
Wheezing = lower airway obstruction	Asthma, bronchiolitis, foreign body
Expiratory grunting = inadequate oxygenation	Pneumonia, drowning, pulmonary contusion
Inspiratory crackles = fluid, mucous, blood in the airway	Pneumonia, pulmonary contusion
Absent = complete airway obstruction	Foreign body, pneumothorax, hemothorax, pneumonia, severe asthma