

PRIMARY ASSESSMENT— PEDIATRIC (12 years & under)

GENERAL IMPRESSION

- Determine the nature of illness or injury and estimate the patient condition based on chief complaint.
- Establish overt or implied consent for treatment.
- Determine the relative level of growth and development.
- Assess baseline severity using the Pediatric Assessment Triangle (PAT).
- Assess baseline mental status using the Glasgow Coma Score (GCS)
- Determine need for spinal motion restriction if patient is unresponsive or sustained significant mechanism or injury.
- Determine futility of intervention or obvious death with intervention according to DOA or DNR Protocols.

AIRWAY

- Assess airway patency or impending obstruction.
- Position to establish patent airway if unresponsive through chin lift or jaw thrust.
- Clear blood and body substances if necessary.
- Placement of oropharyngeal or nasopharyngeal airway if necessary.

BREATHING

- Assess for spontaneous breathing.
- If no spontaneous breathing, begin BVM ventilation.
- If spontaneously breathing, assess rate and depth of ventilations.
- If slow or inadequate breathing, begin BVM ventilation.
- Apply pulse oximeter and supplemental oxygen as indicated.
- Assess waveform capnography as indicated (see **Airway ETCO2 Procedure**)
- Inspect chest wall for equal movement or signs of injury.
- Auscultate both lung fields to assess breath sounds.
- Identify and correct any life threatening airway and/or breathing conditions concurrently with the rest of the initial assessment, including obstruction, definitive airway management (see **AIRWAY Protocols**), flail chest, tension pneumothorax, or sucking chest wound.

CIRCULATION

- If unresponsive, check for carotid pulse or brachial pulse (in infants and toddlers).
- If pulse is absent, begin chest compressions and use quick Combo pads for quick look. See **PEDIATRIC Protocols**.
- If pulse is present, estimate rate and quality.
- Assess for extremity pulses, external hemorrhage, and signs of shock.
- Identify and control sites of external hemorrhage.
- Assess skin temperature.

DISABILITY

- Assess pupil reaction and compare size.
- Assess extremity motor function.

EXPOSURE

- Remove clothing as necessary to determine the presence of a suspected injury or condition of illness.
- After assessment, cover patient to conserve body heat.

Poor muscle tone

Increased work of breathing

Reduced circulation to skin

STATUS 1 PATIENT

See **STATUS 1 Protocol**