

PEORIA AREA EMS SYSTEM
PEDIATRIC PREHOSPITAL CARE MANUAL

**Pediatric Assessment Process
and Management**

Pediatric Assessment Triangle (PAT)

Appearance

The appearance of the pediatric patient should be assessed from the doorway. This is the most important aspect to consider when determining how sick or injured the child is. *Appearance* will give the EMS provider insight on oxygenation, neurological status and ventilation. Remember, the sick child may be alert on the conventional AVPU scale, but still have an abnormal appearance. Children need a more subtle assessment tool so that life-threatening injuries can be identified earlier. A good mnemonic to remember when assessing appearance is “tickles” (TICLS):

Characteristic	Features to look for:
Tone	Is he/she moving or resisting examination vigorously? Does he/she have good muscle tone? Or, is he/she limp, listless or flaccid?
Interactiveness	How alert is the child? How readily does a person, object, or sound distract him/her or draw his/her attention? Will he/she reach for, grasp and play with a toy or exam instrument such as a penlight or tongue blade? Or, is he/she uninterested in playing or interacting with the caregiver or prehospital professional?
Consolability	Can he/she be consoled or comforted by the caregiver or by the prehospital professional? Or, is his/her crying or agitation unrelieved by gentle assurance?
Look/Gaze	Does he/she fix his/her gaze on a face? Or, is there a “nobody home,” glassy-eyed stare?
Speech/Cry	Is his/her cry strong and spontaneous, or weak or high-pitched? Is the content of speech age-appropriate, or confused or garbled?

The *TICLS* Mnemonic (PEPP/AAP 2nd Edition 2006)

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Work of Breathing

Assessing work of breathing must go beyond the rate and quality of respirations that is used for adult patients. Work of breathing is an accurate indicator of the oxygenation and ventilation status of the pediatric patient. This is another “hands off” evaluation method in order to avoid disturbing the pediatric patient and causing anymore respiratory distress (other than what is already present).

Characteristic	Features to look for:
Abnormal Airway Sounds	Snoring, muffled or hoarse speech; stridor; grunting; wheezing
Abnormal Positioning	Sniffing position, tripodding, refusing to lie down
Retractions	Supraclavicular, intercostal, or substernal retractions of the chest wall; “head bobbing” in infants
Flaring	Flaring of the nares on inspiration

Characteristics of Work of Breathing (PEPP/AAP 2nd Edition 2006)

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Circulation to Skin

A rapid circulatory assessment is needed to determine the perfusion status of the pediatric patient. The key is to assess the core perfusion status of the child. Assessing the skin and mucous membranes can do this. Circulation to the skin reflects the overall status of core circulation.

Characteristic	Features to look for:
Pallor	White or pale skin/mucous membrane coloration from inadequate blood flow
Mottling	Patchy skin discoloration due to vasoconstriction/vasodilation
Cyanosis	Bluish discoloration of skin and mucous membranes

Characteristics of Circulation to Skin (PEPP/AAP 2nd Edition 2006)

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Putting it all Together

The goal of pediatric patient care is to identify patients in shock or at risk of shock, initiating care that will directly assist maintaining the patient’s perfusion and safely transporting the patient to an emergency department or trauma center in a timely manner. The benefit of remaining on scene to establish specific treatments versus prompt transport to a definitive care facility should be a consideration of each patient contact. Requesting advanced assistance is another important resource that BLS & ILS providers should consider.

Notes on Pediatric Shock:

Mechanism	Medical	Traumatic
Hypovolemia	Blood Loss – Internal Bleeding Fluid Loss – Dehydration	Blood Loss – Trauma Fluid Loss – Burns
Cardiogenic (Pump Failure)	Respiratory Failure Airway Obstruction Dysrhythmia	Chest Trauma Pneumothorax Pericardial Tamponade
Vessel Failure	Sepsis Anaphylaxis Chemical/Poisoning Endocrine Dysfunction	Spinal Cord Injury (Neurogenic)

Peoria Area EMS System *Notes on Pediatric Shock*