


Seminole Community College EMS Programs

**Demonstrate the appropriate approach for treating
infants and children
DOT objective: 6 – 2.91**

	Pass	Fail
Performs or verbalizes BSI precautions 		
<p>Initial assessment</p> <ol style="list-style-type: none"> 1. Form general impression. Indicators of sick child include: <ol style="list-style-type: none"> a. Drowsy, sleepy, inattentive child b. Breathing difficulty including flaring nostrils, retractions c. Pale, cyanotic, or flushed skin d. Able to speak only in short sentences or grunts e. Silence, listlessness, unconsciousness f. Withdrawal, emotional flatness g. Inattention to strangers h. Limpness, poor muscle tone; characteristic positions of respiratory distress 2. Assess mental status <ol style="list-style-type: none"> a. Use AVPU method b. Never shake an infant or child 3. Assess airway <ol style="list-style-type: none"> a. Look for depressed mental status, secretions, blood, vomitus, trauma, infections that may compromise the airway b. Do not hyperextend a child's neck 4. Assess breathing, checking for: <ol style="list-style-type: none"> a. Chest expansion b. Effort of breathing c. Sounds of breathing d. Breathing rate e. Color 5. Assess circulation <ol style="list-style-type: none"> a. Skin color b. Pulse-radial in a child, brachial or capillary refill for infants and children under 5 years of age 6. Identify priority patients <ol style="list-style-type: none"> a. Poor general impression b. Unresponsive or listless c. Compromised airway d. Respiratory arrest or inadequate breathing e. Possibility of shock f. Uncontrolled bleeding 		

<p>Focused history and physical exam</p> <ol style="list-style-type: none"> 1. History-ask simple questions. 2. Physical exam-always explain what you are doing to the child. <ol style="list-style-type: none"> a. Focused physical exam for medical patient b. Rapid trauma exam for trauma patient <p>Baseline vitals</p>		
<p>Detailed physical exam</p> <ol style="list-style-type: none"> 1. General considerations <ol style="list-style-type: none"> a. Reverse normal head-to-toe order with infants and small children b. Unless injuries won't permit, let patient sit on parent's lap c. Protect patient from stares of onlookers 2. Specific considerations (Fig. 13-6, p. 266) <ol style="list-style-type: none"> a. Head-Don't apply pressure to fontanelles in infant b. Nose and ears-If blood or clear fluid from nose and ears, suspect skull fracture c. Neck-Be alert for spinal cord injury with trauma; look for stiff, sore, or swollen neck in medical emergencies d. Airway-Keep head in neutral position with infants, sniffing or neutral-plus position in children e. Chest-Auscultate breath sounds; check for symmetry, bruising, paradoxical motion, retractions f. Abdomen-Note rigid or tender areas or distention; abdominal injuries involving diaphragm can compromise breathing. <p>Extremities-Perform capillary refill and distal pulse, motor, and sensory check</p>		
<p>Ongoing assessment</p> <ol style="list-style-type: none"> 1. Continual reassessment essential; don't take eyes off infant and/or child patients for a minute <p>Vitals every 5 minutes in unstable patients, every 15 minutes in stable patients</p>		

PASS **FAIL**
ATTEMPT **1** **2** **3**

Student signature _____

Instructor signature _____

Comments _____
