



Pediatric Emergencies



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Pediatric Emergencies

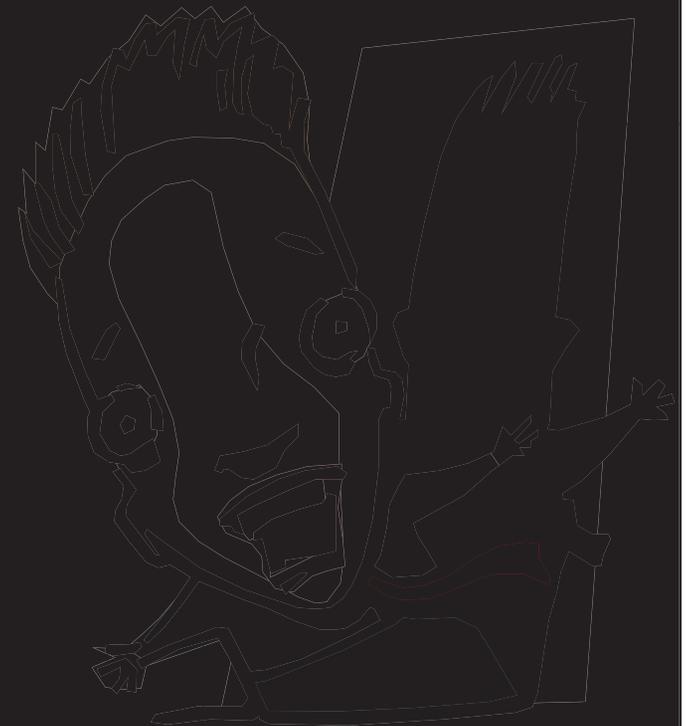
Scene Management:
The Missing Piece





Immediately upon arrival at a peds call...

There's no need to be a chicken!





Romig's Rule of Vital Sign Comparisons

“It's hardly ever good when the rescuer's pulse or respiratory rate is greater than that of their pediatric patient.”

-Lou E. Romig MD, FAAP, FACEP

www.jumpstarttriage.com





Pediatric Emergencies

Scene Management: The Missing Piece

- *Arrangement*
 - Prep and Plan ahead
- *Assurance*
 - Communicate with family and bystanders
- *Assessment*
 - Communicate with patient
- *Action*
 - Lead, follow or get out of the way.

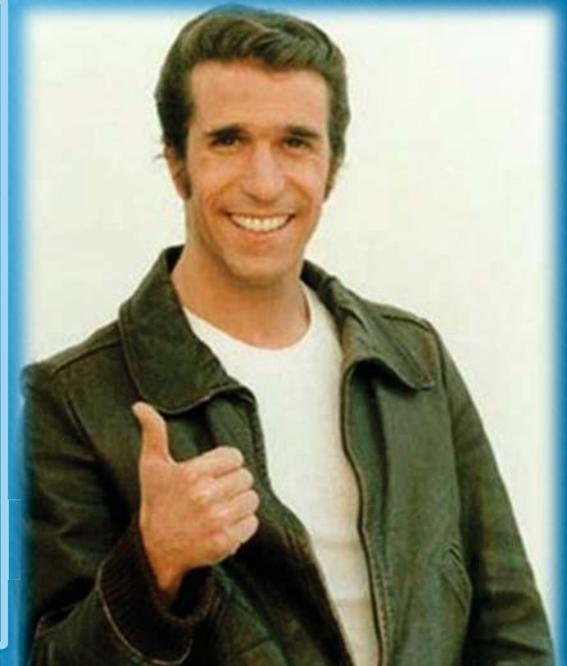




Crappy Anonyms

AAAAAAAAAAAAAAAAAAAAAAAAAY!

- *(Arrangement)* Always assign an assistant ahead.
- *(Assurance)* Anticipate and answer adult anxiety, agitation and aggressive appearance.
- *(Assessment)* Arrive assuming an age appropriate assessment.
- *(Action)* Adapt and allow awesome action, You!

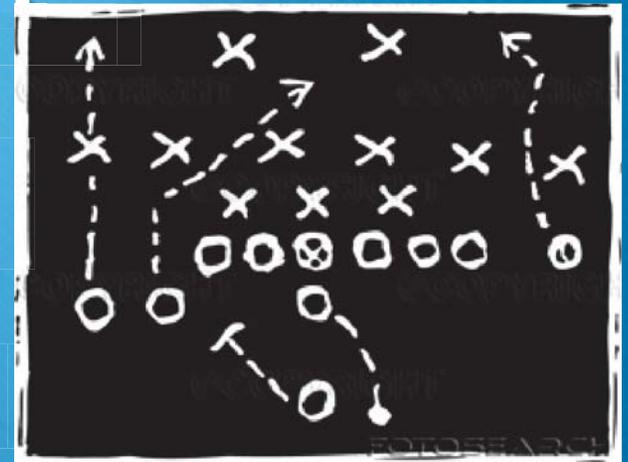




Arrangement (before you step out)

○ What is our game plan?

- Who is the Clinical Lead?
- With whom are we interfacing?
- What is our Good / Bad plan?
- Everybody take a deep breath.





Assurance (they'll meet you at the door)

○ Family and Bystanders

- Expectations?
- “Who are you?”
- What to do
 - Be Polite
 - Be Caring
 - Assign Assistance
 - Balance Calm and Concern





Assurance (they'll meet you at the door)

○ Family and Bystanders

- Differing Cultures
- “Who are you talking to?”
 - Be Polite
 - Be Caring
 - Assign Assistance
 - Balance Calm and Concern
- Know Your Response Area





Assurance (Makes Parents Happy)

○ Treat your children well.

- LISTEN to parent and child.
- Ask (and use) their name.
- Keep them comfortable.
 - Pain Management
 - Emotional Comfort
 - Relieve fear and anxiety





Assurance (Makes Parents Happy)

o Treat your children well.

o Each and every child is the most...

o Special

o Smart

o Beautiful

o Whatever you can think of

...child in the world.





Assessment: What do we need to know?



*Can you tell if the child is
Critical or **Not Critical** just by looking at them?*



The Pediatric Assessment Triangle

Critical=
QUICK



Not Critical=
Not QUICK

Adapted from the AAP's Pediatric Education for Prehospital Professionals (PEPP) course. www.PEPPsite.com



General Appearance



- Tone
- Interactiveness
- Consolability
- Look/gaze
- Speech/cry

Are they with it or out of it?



Work Of Breathing



**Be
W
A
R
E**

Work

Abnormal Sounds

Retractions

Extreme Nasal Flaring

Are they fighting for air?



Circulation to Skin



T
T
P

Temperature - Skin

Time - Capillary Refill

Pulse

Are they compensating?



Respiratory Distress

Critical Critical Critical

Gen. Appearance
With it or not?

With it



Work of Breathing
Fighting for air?

Fighting

Circulation to Skin? Normal



CNS Problem? Seizure?

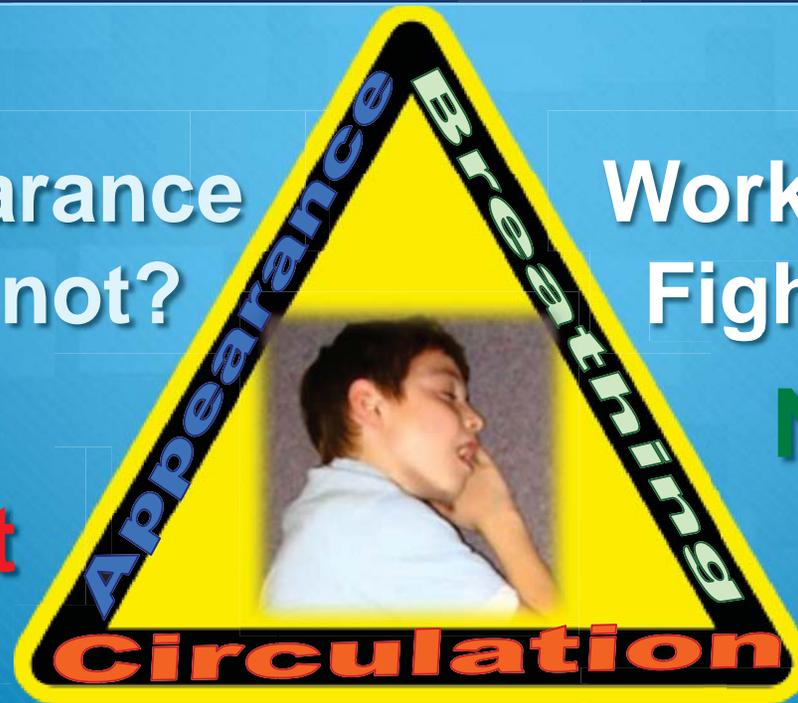
Critical **Critical** *Critical*

Gen. Appearance
With it or not?

**Not
with it**

Work of Breathing
Fighting for air?

Normal



Circulation to Skin? **Normal**



Not Critical. Cold?

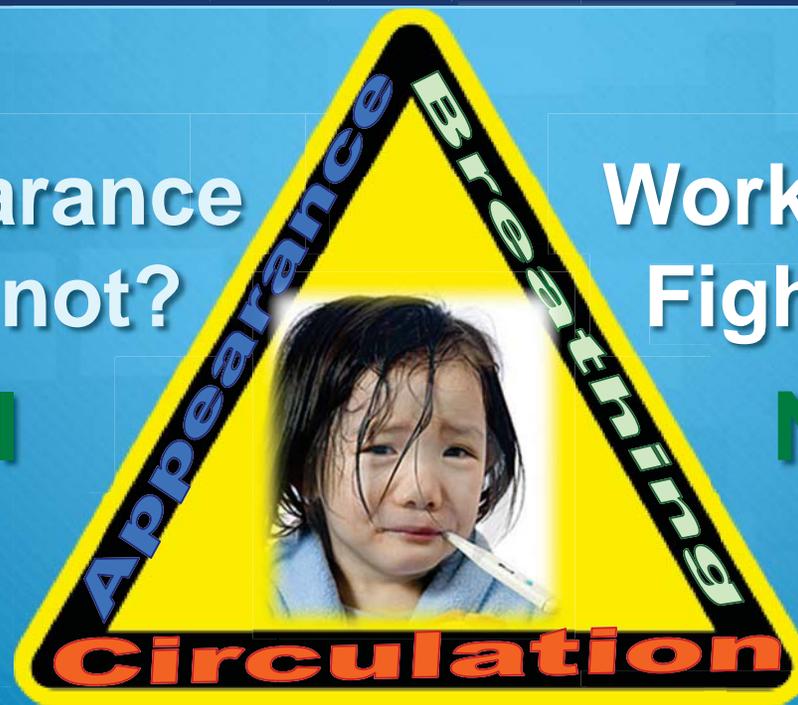
Critical Not Critical Critical

Gen. Appearance
With it or not?

Normal

Work of Breathing
Fighting for air?

Normal

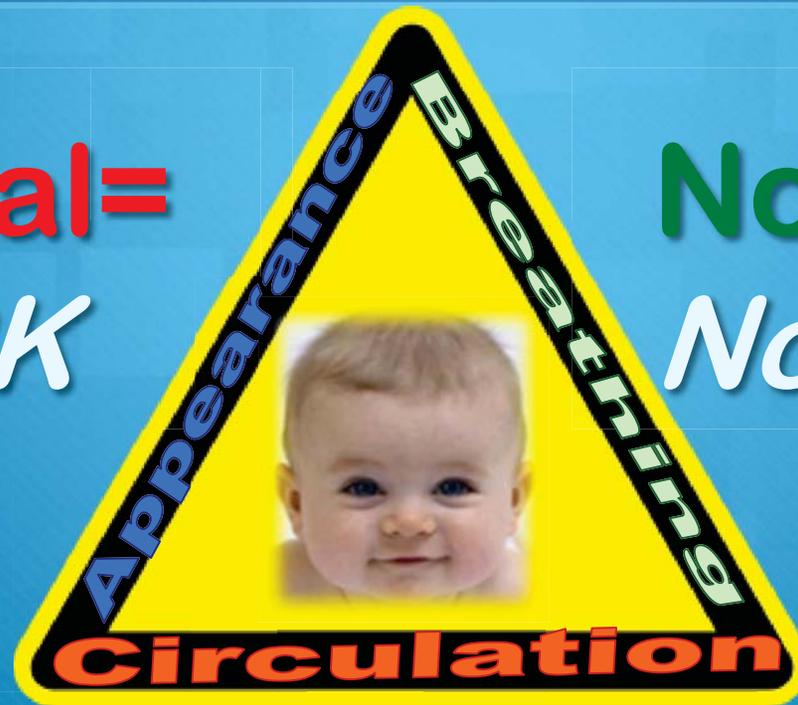


Circulation to Skin? **Normal**



Assessment

Critical=
QUICK



Not Critical=
Not QUICK

Any single **RED FLAG = SICK**

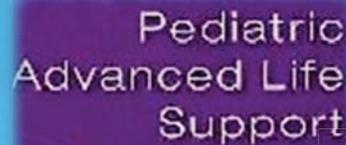


Pediatric Training Programs

✦ PEPP



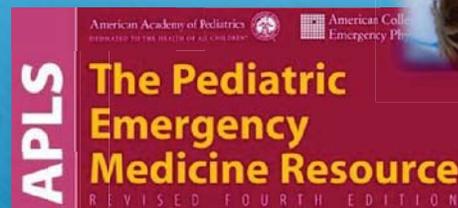
✦ PALS



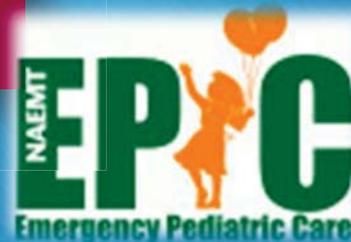
✦ PEARS



✦ APLS



✦ EPiC





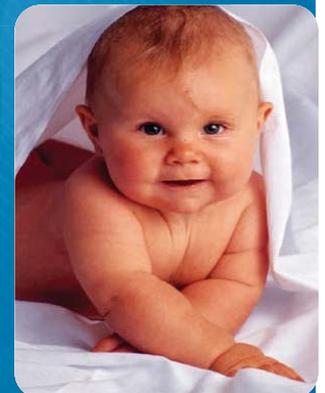
Action: Tips for Tots





Infant 1 mo. – 1 yr.

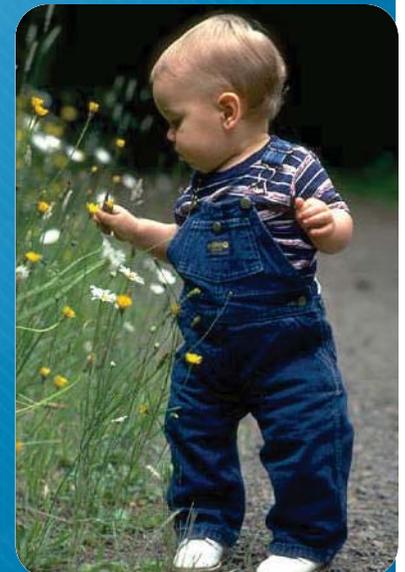
- ✦ Try to keep the child with a caregiver or familiar face.
- ✦ Use reassuring facial expressions and tone.
- ✦ Little stranger anxiety at this age.
- ✦ Will accept undressing but will want to stay warm.
- ✦ Toe to Head Exam.
- ✦ Have parent / caregiver assist with exam.
- ✦ Just LOOK at those chubby cheeks!





Toddler 1 yr. – 3 yr.

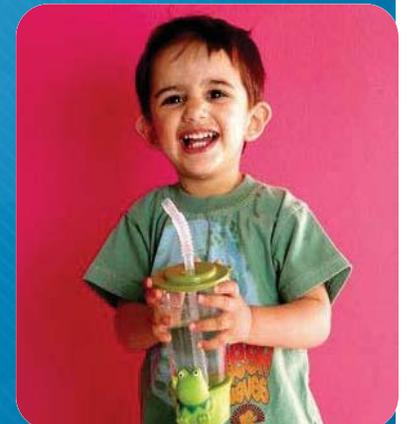
- ✦ Use family, friends, toys to reassure.
- ✦ May perceive illness as punishment.
- ✦ Learning independence and modesty.
- ✦ They'll understand more than they can speak.
- ✦ Be selective in undressing.
- ✦ Avoid hog-tying them, but don't wait around forever for cooperation.





Pre-School 3 yr. – 6 yr.

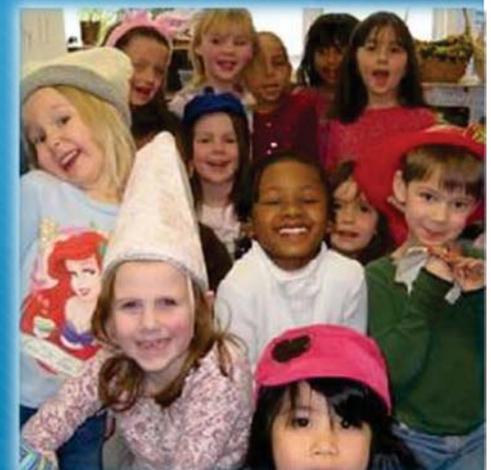
- ✦ Greatly fear blood, pain and “disfigurement”.
- ✦ Independent and modest.
- ✦ Explain what’s happening in child’s terms.
- ✦ Curious and talkative.
- ✦ Like to have choices.





School Age 6 yr. – 12 yr.

- ✦ Question the patient directly.
- ✦ Respect, do not “baby” them.
- ✦ Do not embarrass them.
- ✦ Talk directly to your patient.
- ✦ Explain what’s going to happen.
- ✦ Ask about common interests.
 - ✦ Movies, School, Sports





Adolescent >12y/o

- ✦ Identity and peer relationships are a priority.
- ✦ Body image & “disfigurement” are of great concern.
- ✦ Emotional response can be highly understated or exaggerated.
- ✦ Patient may regress to an earlier emotional stage.
- ✦ Variable development in this group can make contact difficult.





Adolescent >12y/o

- ✦ Be careful not to be aggressive or condescending.
- ✦ Approach physical assessment as with an adult.
- ✦ Do not try to be “Cool”, “With it” or “Jiggy”.
- ✦ Be cautious when questioning about drugs, sexual history or other sensitive issues.
- ✦ Do NOT lie to the patient.
- ✦ Be reassuring and respectful.





Action: Transport (Let's go!)

o Child

- o Stretcher
- o Car Seat
 - o Their Own
 - o Built-In
 - o Inflatable
 - o Flexible





Action: Transport (Let's go!)

○ Family & Bystanders

- Get A Ride
- Ride with us
 - Front
 - Back
- Drive Themselves





SUMMARY

Scene Management: The Missing Piece

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And Finally...

✦ Awesome YOU!

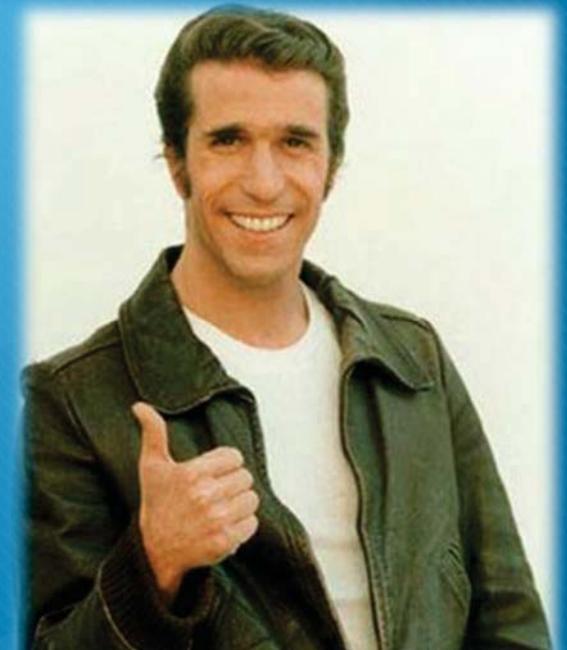


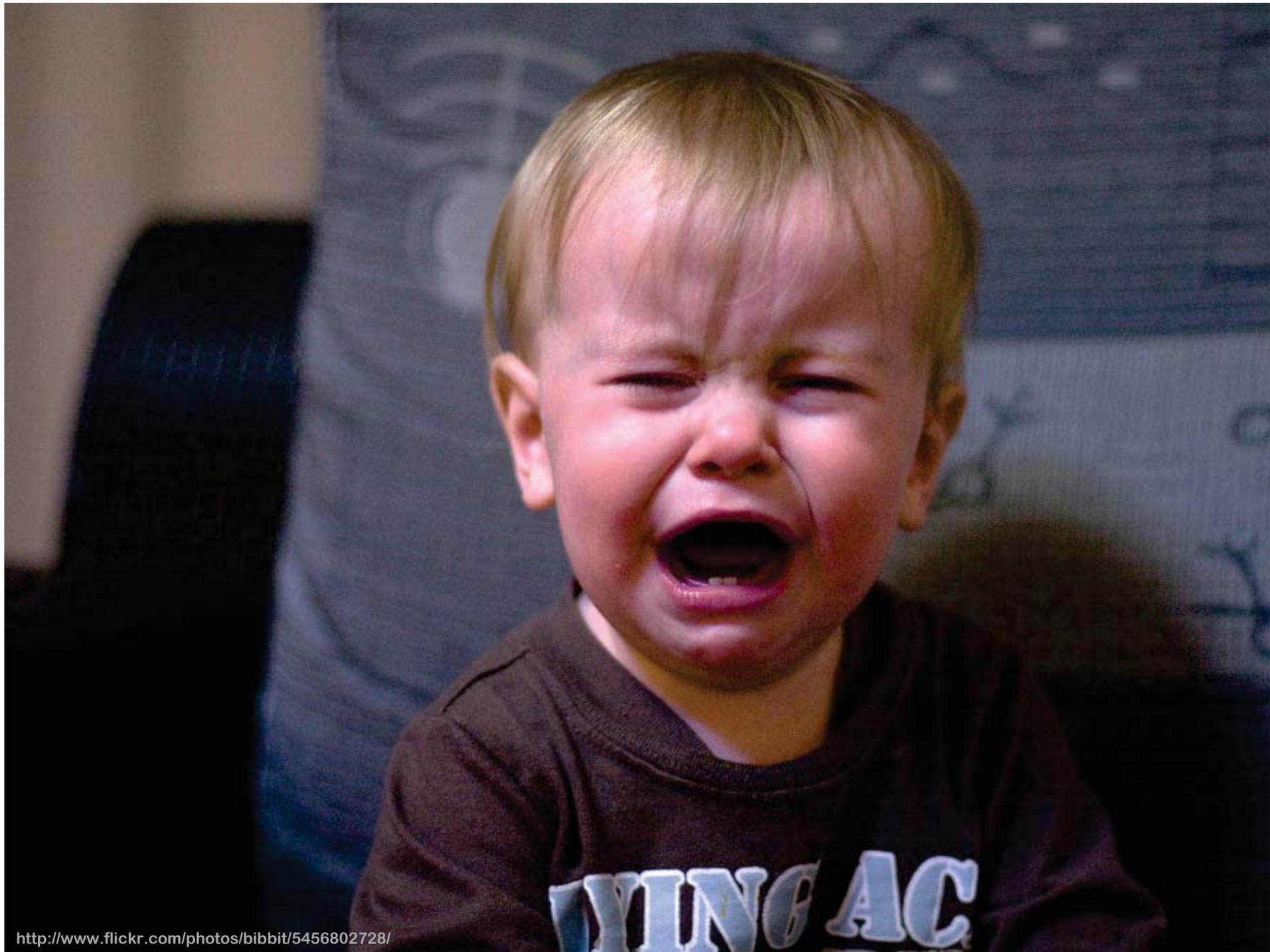


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Resources:

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