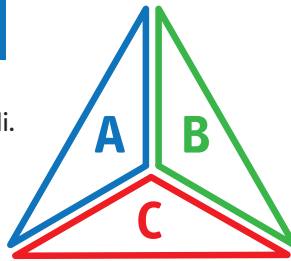


GENERAL IMPRESSION (First View of Patient)

AIRWAY AND APPEARANCE (Open/Clear – Muscle Tone/Body Position)

Abnormal: Abnormal or absent cry or speech. Decreased response to parents or environmental stimuli. Floppy or rigid muscle tone or not moving.

Normal: Normal cry or speech. Responds to parents or to environmental stimuli such as lights, keys, or toys. Good muscle tone. Moves extremities well.



WORK OF BREATHING (Visible Movement/Respiratory Effort)

Abnormal: Increased/excessive (nasal flaring, retractions or abdominal muscle use) or decreased/absent respiratory effort or noisy breathing.

Normal: Breathing appears regular without excessive respiratory muscle effort or audible respiratory sounds.

CIRCULATION TO SKIN (Color/Obvious Bleeding)

Abnormal: Cyanosis, mottling, paleness/pallor or obvious significant bleeding.

Normal: Color appears normal for racial group of child. No significant bleeding.

DECISION/ACTION POINTS:

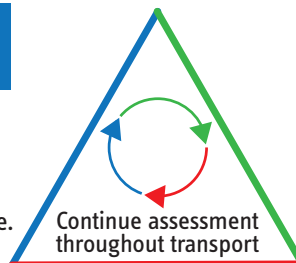
- Any abnormal findings or life-threatening chief complaint such as major trauma/burns, seizures, diabetes, asthma attack, airway obstruction, etc (urgent) – proceed to Initial Assessment. Contact ALS if ALS not already on scene/enroute.
- All findings normal (non-urgent) – proceed to Initial Assessment.

INITIAL ASSESSMENT (Primary Survey)

AIRWAY AND APPEARANCE (Open/Clear – Mental Status)

Abnormal: Obstruction to airflow. Gurgling, stridor, or noisy breathing. Verbal, Pain, or Unresponsive on AVPU scale.

Normal: Clear and maintainable. Alert on AVPU scale.



WORK OF BREATHING (Effort / Sounds / Rate / Central Color)

Abnormal: Presence of retractions, nasal flaring, stridor, wheezes, grunting, gasping or gurgling. Respiratory rate outside normal range. Central cyanosis.

Normal: Easy, quiet respirations. Respiratory rate within normal range. No central cyanosis.

CIRCULATION

(Pulse Rate & Strength / Extremity Color & Temperature / Capillary Refill / Blood Pressure)

Abnormal: Cyanosis, mottling, or pallor. Absent or weak peripheral or central pulses; Pulse or systolic BP outside normal range; Capillary refill > 2 sec with other abnormal findings.

Normal: Color appears normal for racial group of child. No significant bleeding

DECISION/ACTION POINTS:

- Any abnormal finding (C, U, or P) – Immediate transport with ALS. If ALS is not immediately available, meet ALS intercept enroute to hospital or proceed to hospital if closer. Open airway & provide O₂. Assist ventilations, start CPR, suction, or control bleeding as appropriate. Check for causes such as diabetes, poisoning, trauma, seizure, etc. Assist patient with prescribed bronchodilators or epinephrine auto-injector or administer meds if approved and appropriate.
- All findings on assessment of child normal (S) – Continue assessment, detailed history & treatment at scene or enroute.

	Normal Respiratory Rate	Normal Pulse Rate	Lower Limit of Normal Systolic BP
Infant (<1yr):	30 - 60	100 - 160	>60 (or strong pulses)
Toddler (1-3yr):	24 - 40	80 - 130	>70 (or strong pulses)
Preschooler(4-5yr):	22 - 34	80 - 140	>75
School-age(6-12yr):	18 - 30	70 - 120	>80
Adolescent(13-18yr):	12 - 20	60 - 100	>90

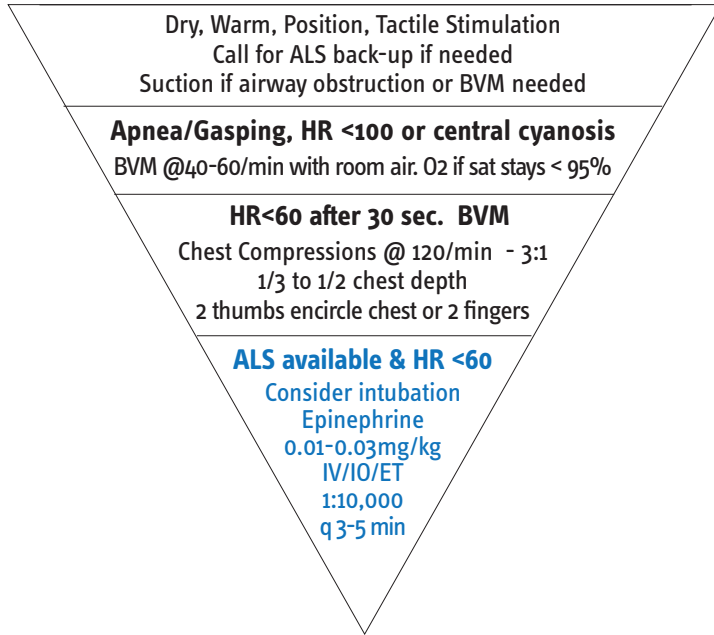
Pulse slower in sleeping child/athlete (Estimated min SBP >70 +2 x Age in Yr)

This reference card should NOT replace or supersede regional prehospital medical treatment protocols.

APGAR Score

	0 pt	1 pt	2 pts
Appearance	Blue	Pink Body Blue Limbs	All Pink
Pulse	Absent	<100	>100
Grimace/Reflex	None	Grimace	Cough/Sneeze
Activity	Limp	Some Flexion	Active Motion
Respirations	Absent	Slow/Irregular	Good

Neonatal Resuscitation



Glasgow Coma Score

Infants		Children/Adults	
Eye Opening			
Spontaneous	4	Spontaneous	4
To speech/sound	3	To speech	3
To pain	2	To pain	2
No response	1	No response	1
Verbal Response			
Coos or babbles	5	Oriented	5
Irritable crying	4	Confused	4
Cries to pain	3	Inappropriate words	3
Moans to pain	2	Incomprehensible	2
None	1	None	1
Motor Response			
Spontaneous	6	Obeys commands	6
Withdraws touch	5	Localizes pain	5
Withdraws pain	4	Withdraws pain	4
Abnormal flexion	3	Abnormal flexion	3
Abnormal extension	2	Abnormal extension	2
No response	1	No response	1

Respiratory or Cardiac Arrest

	Infant	Child	Adol/Adult
Vent Rate Patient with pulses	20-30/min	20-30/min	10/min
Compress Method	Encircle or 2 fingers	1 or 2 hands	2 hands
Depth	1/3 (1 1/2 in)	1/3 (2 in)	2 - 2.4 in
Compress Rate	100-120 per minute		
C:V Ratio (2 people)	15:2	15:2	30:2

Push HARD & FAST, allow full chest RECOIL!

CPR Notes

- Start CPR for cardiac arrest or HR<60 with poor perfusion.
- Prefer AED with pediatric capabilities if patient <25kg/<55lb or <8 yr. May use adult AED if unavailable.
- Do not pause CPR for more than 10 sec. at any time.
- After advanced airway insertion, ventilate continuously: infant/child at 20-30/min; adolescent/adult 10/min
- After defibrillation, immediately resume CPR for 2 full minutes before pulse/rhythm check.
- Use Adolescent/Adult protocols for patients with clear signs of puberty (e.g., facial hair, obvious breasts, acne, axillary hair, adult appearance/size, etc.)

Pediatric ALS Guidelines

Asystole or PEA	Bradycardia	VF or Pulseless VT
Start CPR Epinephrine ASAP, then Q 3-5 min: 0.01 mg/kg IV/ IO* or 0.1 mg/kg ET + (if no IV/IO) * Use 0.1mg/mL (1:10,000) IV/IO + Use 1mg/mL (1:1000) ET Advanced airway with capnography	Open airway; ventilate with oxygen. Advanced airway if LOC & poor airway Start CPR if HR<60 with poor perfusion. Epinephrine: 0.01 mg/kg IV/ IO* or 0.1 mg/kg ET + (if no IV/IO) Continue Epinephrine q 3-5 min, same dose Atropine 0.02 mg/kg IV/IO (0.03 mg/kg ET) (if AV block or organophosphate poisoning) Min. dose 0.1 mg Max. dose 0.5 mg child; 1 mg adolescent Consider transcutaneous pacing as needed.	Defibrillate q 2 min as needed 1st shock 2j-4j/kg, 2nd shock 4 j /kg, later shocks: 4-10j/kg (up to adult dose) Continue CPR; ventilate with O2 Epinephrine Q3-5 min: 0.01 mg/kg IV/ IO* or 0.1 mg/kg ET + Advanced airway with capnography. Amiodarone 5mg/kg IV/IO or Lidocaine 1mg/kg IV/ IO/ ET Magnesium 25-50mg/kg IV/ IO if torsades de pointes or hypomagnesemia

Consider possibility of hypoxia, hypovolemia, hypothermia, hydrogen ion (acidosis), hyper/hypokalemia, hypoglycemia, tamponade, tension pneumothorax, toxins/poisons/drugs, trauma, or thrombosis (coronary or pulmonary) and treat if present.

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