

**PALS/EMS-C**  
**&**  
**PEPP**

John Mohler, RN

John Mohler & Company

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**Good Afternoon!**  
CLCFPD Paramedic Refresher  
October 23, 2017

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Kids are pretty cool....

Parents on the other hand.....

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**IF Dads Were Left to  
raise the Kids by  
THEMSELVES...**

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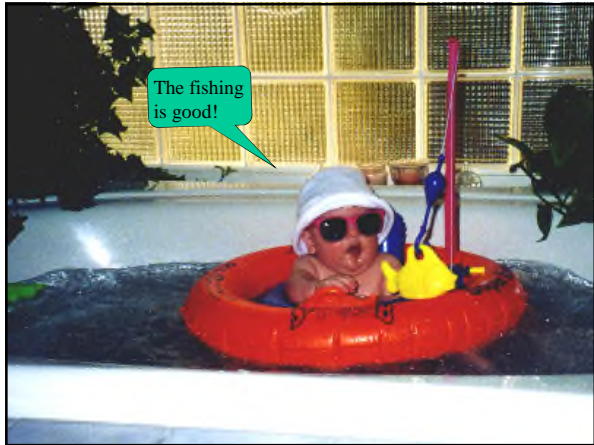
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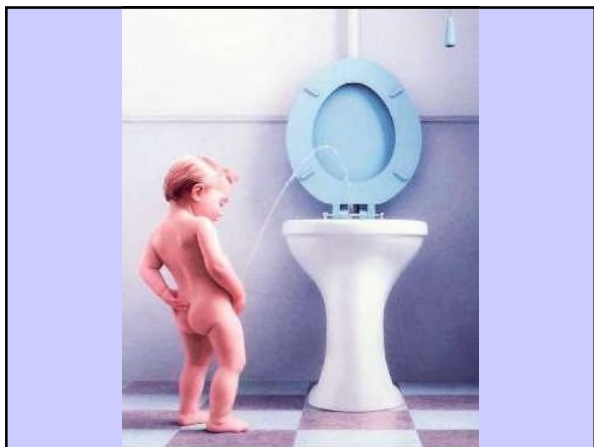
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**And now from the files  
of ...**

**Kids Say Some of the  
Damndest Things**



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*It was Sunday morning and the priest had already preached to the adults in the congregation. Now he was presenting a children's sermon. He asked the children if they knew what the Resurrection was.*



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*Now, asking questions during children's sermons is crucial, but at the same time, asking children questions in front of a congregation can also be very dangerous. In response to the question, a little boy raised his hand.*



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The priest called on him and the boy said, "I know that if you have a resurrection that lasts more than four hours you are supposed to call the doctor."



It took ten minutes for the congregation to settle down enough for the service to continue.

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## Pediatric Development

### Triage Considerations

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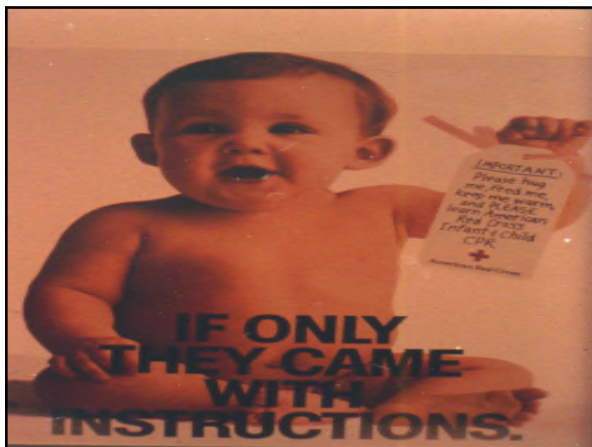
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Our goal is to understand the special problems encountered with the ill or injured child and their families

- A child and family will both regress in behavior



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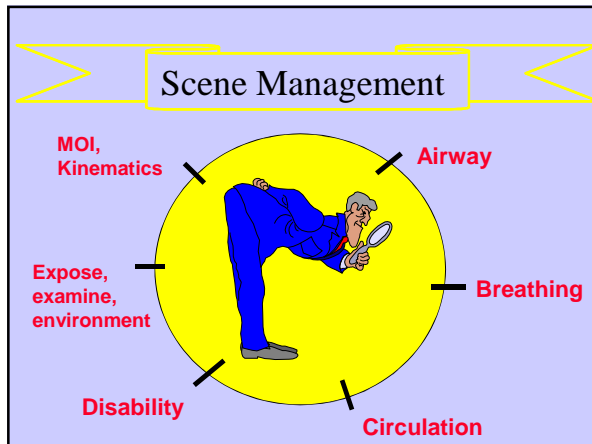
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Child Development: Applying the Pediatric Assessment Triangle

### The Pediatric Assessment Triangle (PAT)

- Observational assessment
- Formalizes the “general impression”
- Establishes severity of illness or injury
- Determines urgency of intervention
- Identifies general category of physiologic abnormality

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Child Development: Applying the Pediatric Assessment Triangle

### PAT: Respiratory Distress

**Appearance**  
Normal

**Work of Breathing**  
Increased

**Circulation to Skin**  
Normal

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### PAT: Respiratory Failure



**Appearance**  
Abnormal



**Work of Breathing**  
Increased or decreased

**Circulation to Skin**  
Normal or abnormal



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### PAT: Shock



**Appearance**  
Abnormal



**Work of Breathing**  
Normal

**Circulation to Skin**  
Abnormal



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### PAT: Primary Central Nervous System (CNS) Dysfunction or Metabolic Abnormality



**Appearance**  
Abnormal



**Work of Breathing**  
Normal

**Circulation to Skin**  
Normal



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## Scene Management

- Talk to the child
- Keep them informed
- Be honest "it may hurt"
  - buzz words
- Last sense to go is hearing

- Different kids have different thresholds of pain - don't criticize
- Understand fears created by previous experiences
- use of first names is good

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### Thoughtful Thinkers needed here



- The child's psychological reaction to illness or injury will be influenced by past experiences and learned coping mechanisms
- Obviously the child's emotional, cognitive, and social capacities are limited

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### Children become confused and




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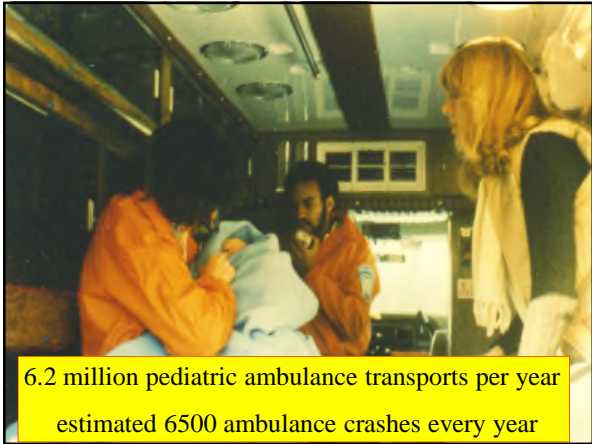
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Communicating with Children will be influenced by:



- The amount of information being gathered
- the child's inherent willingness to communicate
- the child's perception of why you are there

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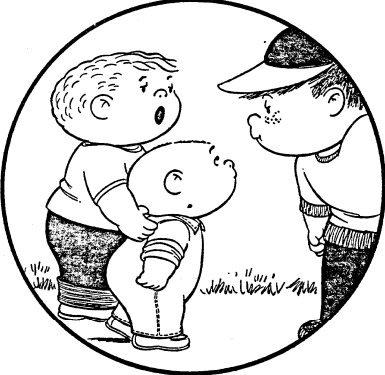


Figure 3-18. (The Keane. Courtesy of 1 Syndicate, Inc.)

"He has some teeth, but his words haven't come in yet."

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Use language that a child will understand

Use of analogies is good,  
but.....



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BE CALM,  
BE GENTLE!

but of the child hesitate in answering  
a question it could be because:

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Failure to Communicate

- The question is not understood
- a fear of punitive reprisal if answered honestly
- the answer may be too embarrassing
- the situation itself causes the child an overwhelming sense of anxiety i.e.. abuse

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## Developmental Categories of Pediatric Patients



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## The Young Infant



- < 2 months of age
- Needs parent or PCG
- Transport based on age, history
- Limited behavioral repertoire
  - Brief awake periods
  - Does not make eye contact/track faces
  - No “social smile”
  - Does not recognize parents vs. strangers
- Experiences whole body pain
  - Fevers



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## Triage red flag

Temperature



100.4 F Warning

101.4 F Danger, Danger!

?Admit?

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## Mechanism of Injury



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Child Development: Applying the Pediatric Assessment Triangle

### Normal Appearance Infant 2-6 Months of Age

Discussion

- Social smile
- Recognizes caregivers
- Tracks light, faces
- Strong cry/increasing vocalization
- Rolls over/sits with support



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## The Older Infant

6-12 months old

Trust vs Mistrust



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Socially interactive  
 Stranger/separation anxiety  
 Sits without support  
 Plays with toys/"oral exploration"  
 Increased mobility  
 Babbles

Tend to be more cooperative in a parents arms

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**Observe before touching**

- behavior
- color
- respiratory distress

- respiratory rate
- preferred position
- obvious bleeding, deformities




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## The Toddler



1-3 y/o  
Probably the most difficult  
to exam – ill or not

Autonomy vs Shame & Doubt

Lots of mobility  
Curiosity/no fear of danger  
Strong “opinions”  
Stranger anxiety  
separation anxiety  
Egocentrism

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## Independent and curious.....

...but dependent on  
parents for  
protection



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Increased  
mobility...

...little sense

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## Mechanism of Injury



Child abuse, mva, falls,  
poisoning, toy injuries,  
electrical and scald burns

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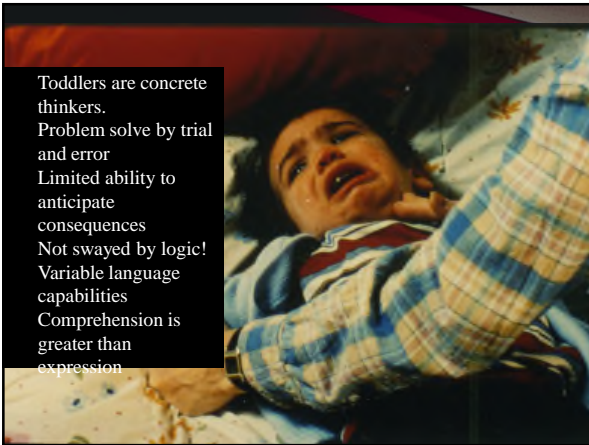
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Toddlers are concrete  
thinkers.  
Problem solve by trial  
and error  
Limited ability to  
anticipate  
consequences  
Not swayed by logic!  
Variable language  
capabilities  
Comprehension is  
greater than  
expression

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## The Preschooler



3-6 y/o  
Curious and clever

Initiative vs Guilt

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## Mechanism of Injury

MVA, falls, burns, poisoning, toy injuries, child abuse



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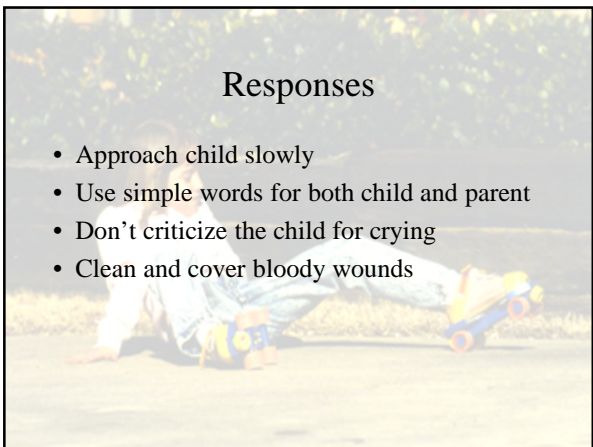
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**Responses**

- Approach child slowly
- Use simple words for both child and parent
- Don't criticize the child for crying
- Clean and cover bloody wounds



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## The Grade Schoolers

6-12 y/o

Industry vs Inferiority

The explorers



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## Mechanism of Injury

MVA, bicycle, sports,  
drowning/diving accidents,  
toys and tools



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## Responses

- Protect modesty
- Reassure
- Include child in conversations
- Explain the function of everything
- Respect the child's complaint of pain

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## Teenagers

13-18 y/o

The dreamers and thinkers



Tremendously preoccupied with their bodies

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Adolescents and toddlers share many characteristics!

- Very mobile, risk-taking, no fear of danger
- Limited ability to anticipate consequences
- Not swayed by common sense

**.little sense**

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Good historians,  
Very aware of death and dying, and  
Fear permanent disability or disfigurement

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**Concerns for the Family**



- Be efficient
- Be rapid
- Be caring

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## In General and in Conclusion



- Ask for the parents assistance
  - try not to separate
- Keep parents informed and keep language simple
- Be honest with parents

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## In General and in Conclusion



- Remember you are the authority on scene
- Show concern for the family members from the beginning
- Don't show family how you really feel about a "bad" situation

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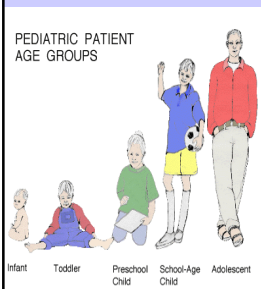
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## In Summary



- Anticipate problems unique to children
  - little fever in little kids is a **BIG** problem
- Try not to separate children from their parents
- Know normal values for children
- Have the appropriate equipment for children
  - modify adult equipment prn

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