



## Pediatrics

---

Aaron J. Katz, AEMT-P, CIC

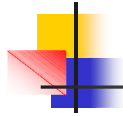
[www.es26medic.net](http://www.es26medic.net)

2013



---

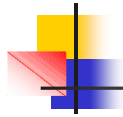
**Children are NOT just small adults!**



## Assessment – common sense

---

- Keep everyone calm
- Entire family is your patient
- Honesty
- Keep everyone informed
  - Reassure PRN
- **Unless contraindicated, keep parent(s) and child together**



## Some general rules

---

- First **observe** from a distance
- Toe to head
- Your dealings with the child varies by age group
- Vital signs vary by age group
- Respiratory rate is often better counted by rise and fall of the abdomen



## More general rules

- Use brachial pulse in infants
- Use carotid pulse in older children
- **Quality of pulse is extremely important**
  - → **A regular pulse in a small child is often an abnormal finding!**
- Blood pressure
  - Use correct cuff size
  - **BP measurement is not that important; pulse is a better measure of perfusion**
- **Young children are hypothermia risks**



## Important things to know

- Children's bodies can withstand a lot
- ***But once their body fails they CRASH, quickly, with little warning, often with tragic results***
- Pediatric "codes" are almost never revived
- **Never do anything that will irritate the child**
- **Performing a proper assessment and maintaining airway and breathing are of prime importance**



## Airway and breathing

---

- Do not hyperextend the neck
- Use appropriately sized OPA, NPA, Oxygen mask and BVM
- **Many children will not tolerate an oxygen mask**
  - Use “blow-by” oxygen delivery
  - “Oxygen Bear”



## Pediatric shock

---

- **A big killer!**
- Causes are often the same as in adults
  - **Most often dehydration and infection are the underlying cause**
- Treatment is the same as for adults
- **Do NOT rely on dropping BP as an indicator**
  - **It’s a very late sign – especially in children**



## S/S of pediatric shock

---

- Crying – but no tears
- Persistently dry diapers
- Decreased LOC
- Sunken fontanelles in infants
- **CHILD DOES NOT RECOGNIZE PARENTS**



## History, history, history

---

- Often the history tells the story...
- Child not nursing/nursing adequately
- Fever for several days
- Diarrhea
- Vomiting



## Respiratory disorders

---

- Bronchiolitis
- Asthma
- Croup
- **Epiglottitis**



## Abdominal disorders

---

- Intussusception
  - A true emergency
  - Needs surgery NOW!
  - Severe pain
  - **"Currant jelly" stool**
- Food poisoning
- Gastronteritis
  - Stomach virus/stomach flu
  - Often the cause of shock
- **Appendicitis & complications**



## Other emergencies

---

- Febrile seizures
  - The most common cause of seizures in children
- **SIDS**
  - **The family becomes your patient**



## Abuse

---

- Look for classic signs
- Don't accuse
- Document what you see
- **Reporting laws**
  - **You must report any suspected abuse cases to the state**
  - **Procedures?**



## Trauma

---

- **Loss of as little as 25% of the blood supply in children can produce the same S/S as an adult who has lost 50%**



## Special needs

---

- Very often chronically ill pediatric patients who require transport
  - Tracheostomy tubes
  - Patients on a respirator
  - Central IV lines
  - Gastrostomy tubes
  - Shunts
  - ...
- **Most often this must be an ALS transport**