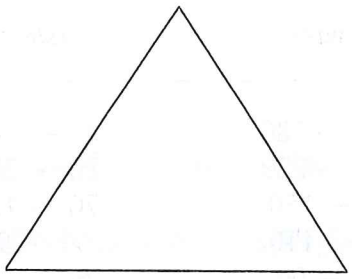
THE PEDIATRIC PATIENT

The "Pediatric Assessment Triangle" is a method to rapidly and accurately complete an initial assessment. The method facilitates rapid determination of the severity of the child's illness or injury, regardless of diagnosis. It also identifies a general category of the physiologic problem.

PEDIATRIC ASSESSMENT TRIANGLE



Appearance
- ❑ Tone
- ❑ Interact ability
- ❑ Consol ability
- ❑ Look or gaze
- ❑ Speech or cry

Work of Breathing
- ❑ Nasal flaring
- ❑ Retractions
- ❑ Abnormal airway sounds
- ❑ Position of comfort
- ❑ Altered respiratory rate

Circulation
- ❑ Pallor
- ❑ Mottling
- ❑ Cyanosis

Once the initial assessment is completed, the triage category decision is made. The triage or acuity decision is derived from the analysis of assessment data including history and physical findings. The triage nurse may feel uncomfortable about a pediatric patient's clinical appearance or subtle assessment finding. In general, it is preferable to place the potentially ill or injured pediatric patient in a higher triage category to prevent the possibility of delays in treatment. If, during any part of the triage assessment, the nurse determines that the child has an emergent condition, the triage process is interrupted and appropriate interventions are initiated. Pediatric patients waiting in the ED must be monitored frequently. Serial, timely reassessment is essential to identify the deterioration of the urgent, less-urgent or non-urgent patient.

Table 1 Summary of expected vital signs for different age groups.

VITAL SIGNS BY AGE (Average)					
Age	**Weight (kg)**	**Heart Rate**	**Respirations**	**Systolic BP**	**Diastolic BP**
Newborn	2 – 3	125	< 40	60 ± 10	37 ± 8
1 Month	4	120	< 40	80 ± 16	46 ± 16
6 Months	7	130	24 – 35	80 ± 29	60 ± 10
1 Year	10	125	24 – 35	96 ± 30	66 ± 15
2 – 3 Years	12 – 14	115	20 – 30	99 ± 25	64 ± 25
4 – 5 Years	16 – 18	100	20 – 30	99 ± 20	65 ± 20
6 – 8 Years	20 – 26	100	12 – 25	99 ± 20	65 ± 20
10 – 12 Years	32 – 42	75	12 – 25	105 ± 20	65 ± 20
14 Years	> 50	70	12 – 18	115 ± 20	70 ± 20

Modified from Nadas A: Pediatric cardiology, Philadelphia, 1975, WB Saunders Co; et al: Pediatrics 67:607, 1981

TABLE 4-2 Vital Signs in Pediatrics

1. Acceptable Heart Rates in Pediatrics

	Awake	*Asleep*	*Exercise/Fever*
Newborn	100 → 180	80 → 160	< 220
1 wk → 3 mo	100 → 220	80 → 200	< 220
3 mo → 2 yr	80 → 150	70 → 120	< 200
2 yr → 10 yr	70 → 110	60 → 90	< 200
> 10 yr	55 → 90	50 → 90	< 200

Respiratory Rates (Breaths/Minute) of Normal Children, of Both Sexes, Sleeping & Awake

	Sleeping			*Awake*			*Mean Difference Between Sleeping & Awake*
Age	*No.*	*Mean*	*Range*	*No.*	*Mean*	*Range*	
12 mo	6	27	22-31	3	64	58-75	37
2 yr	6	19	17-23	4	35	30-40	16
4 yr	16	19	16-25	15	31	23-42	12
6 yr	23	18	14-23	22	26	19-36	8
8 yr	27	17	13-23	28	23	15-30	6
10 yr	19	18	14-23	19	21	15-31	3
12 yr	11	16	13-19	17	21	15-28	5
14 yr	6	16	15-18	7	22	18-26	6

Adams FH, Emmanoulides GC, eds. Moss' heart disease in infants, children & adolescents, 3rd edition