




ThinkAskLearn
Health Professional Education

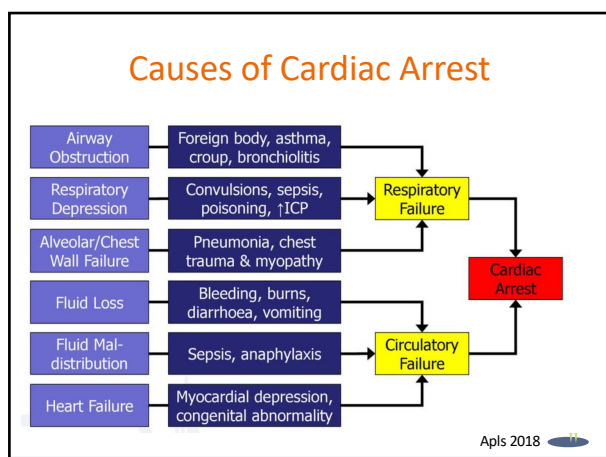
Recognising the Seriously Sick Child

David Corkill
Emergency Nurse Educator
MEmergN, MAdvPrac (Hth Prof Edu), BN, Dip App Sc

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The Primary Survey

- Airway
- Breathing
- Circulation
- Disability
- Exposure



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Paediatric Parameters

Age	Wt Kg	HR	Resp	Systolic BP	ETT*	LMA	Suction Fr	NGT Fr	IDC Fr
Term	3.5	110-160	30-40	70-90	3.0	No 1	8	5-6	5-8
6m	7.5	110-160	30-40	70-90	3.0	No 1.5	8-10	6-8	8-10
1yr	10	110-160	30-40	70-90	3.5	No 1.5	8-10	6-8	8-10
2yr	12.5	95-140	25-30	80-100	4	No 2	10	8	10
3yr	14	95-140	25-30	80-100	4	No 2	10	8-10	10
4yr	16	95-140	25-30	80-100	4	No 2	10-12	6-8	10-12
6yr	20	90-120	20-25	90-110	5	No 2.5	10-12	6-8	10-12
8yr	26	80-120	20-25	90-110	5.5	No 2.5	10-12	10-12	10-12
10	32	80-120	20-25	90-110	6	No 3	12	10-12	12
>12	40	80-120	20-25	90-110	6	No 3	12	10-12	12

*ETT sizes are for MicroCuff tubes only
Normal ETT= (Age/4)+4
Paracetamol 15mg/kg
Defibrillation 4joules/kg for all shocks
Adrenaline 10mcg/kg 1:10 000
Fluid Bolus 20ml/kg Normal Saline

Assessment - ABCDE - Glucose - Temperature - Urine



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AIRWAY

IS THE AIRWAY OPEN AND EASILY MAINTAINED?

- RECOGNISING THE SICK CHILD
- An anxious child holding his/her head in a sniffing position
 - The presence of stridor, wheeze or grunting
 - The child is drooling and/or not swallowing



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BREATHING

IS THE CHILD'S BREATHING PATTERN NORMAL?



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BREATHING

➤ RECOGNISING THE SICK CHILD

- The chest is not expanding adequately or symmetrically
- The respirations are rapid, too slow, or only periodic
- There is moderate to severe use of accessory muscles ie., nasal flaring, tracheal tug, subcostal/substernal/intercostal recession
- There is alteration in the child's colour ie., pallor, dusky or cyanosis.
- Grunting child



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CIRCULATION

IS THE CIRCULATION ADEQUATE?



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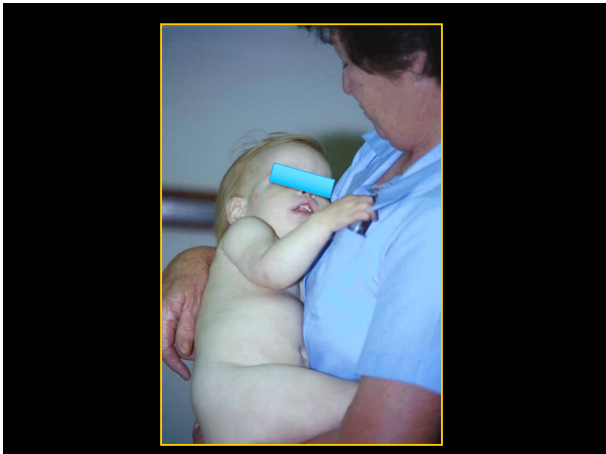
CIRCULATION

➤ RECOGNISING THE SICK CHILD

- Tachycardia/bradycardia
- Pulse pressure
- Dehydration status
- There are changes in skin colour ie., very pale, mottled, dusky, cyanosed
- The limbs will be cool to touch, with decreased capillary refill
- There is a petechial rash



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DISABILITY (NEUROLOGICAL ASSESSMENT)

➤ IS THE PATIENT CONSCIOUS AND ALERT?



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DISABILITY (NEUROLOGICAL ASSESSMENT)

➤ RECOGNISING THE SICK CHILD

- If the parent reports increased sleepiness or drowsiness, and there is evidence that the child is failing to interact with his parents.
- There is paradoxical irritability.
- General muscle tone will be flaccid with poor or sluggish response to pain.
- Assess BSL early and frequently



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Primary Survey – Disability

- Alert
- Verbal
- Pain
- Unresponsive



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Problems with GCS in Kids

- Recall of parameters
- Preverbal Kids
- Inconsistent with assessors



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Primary Survey – Disability

- Alert
- Verbal
- Pain
- Unresponsive



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Exposure

- If you don't take a temperature you can't find a fever
- Rash



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Conclusion

- Finding sick kids is not hard
- Undertaking a complete assessment is vitally important
- Primary survey identifies the seriously sick kids.



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