General Impression
(First view of patient)

Airway & 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 & 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.

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 normal. Capillary refill at palms, soles, forehead or central body ≤ 2 sec. Strong peripheral and central pulses with regular rhythm.

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, if appropriate.
- All findings on assessment of child normal (S) – Continue assessment, detailed history & treatment at scene or enroute.

<table>
<thead>
<tr>
<th>Normal Respiratory Rate</th>
<th>Normal Pulse Rate</th>
<th>Lower Limit of Normal Systolic BP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant (&lt;1yr): 30-60</td>
<td>Infant: 100-160</td>
<td>Infant: &gt;60 (or strong pulses)</td>
</tr>
<tr>
<td>Toddler (1-3yr): 24-40</td>
<td>Toddler: 90-150</td>
<td>Toddler: &gt;70 (or strong pulses)</td>
</tr>
<tr>
<td>Preschooler(4-5yr): 22-34</td>
<td>Preschooler: 80-140</td>
<td>Preschooler: &gt;75</td>
</tr>
<tr>
<td>School-age(6-12yr): 18-30</td>
<td>School-age: 70-120</td>
<td>School-age: &gt;80</td>
</tr>
<tr>
<td>Adolescent(13-18yr): 12-20</td>
<td>Adolescent: 60-100</td>
<td>Adolescent: &gt;90</td>
</tr>
<tr>
<td></td>
<td>Pulses slower in sleeping child / athlete</td>
<td>Estimated min.SBP &gt;70 + (2 x age in yr)</td>
</tr>
</tbody>
</table>

This reference card should not be considered to replace or supercede regional prehospital medical treatment protocols.

Supported in part by project grant #6 H33 MC 00036 from the Emergency Services for Children program, HRSA, USDHHS in cooperation with NHTSA

Rev. 1/04
### Pediatric CUPS (with examples)

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical</td>
<td>Absent airway, breathing or circulation (cardiac or respiratory arrest or severe traumatic injury)</td>
</tr>
<tr>
<td>Unstable</td>
<td>Compromised airway, breathing or circulation (unresponsive, respiratory distress, active bleeding, shock, active seizure, significant injury, shock, near-drowning, etc.)</td>
</tr>
<tr>
<td>Potentially Unstable</td>
<td>Normal airway, breathing &amp; circulation but significant mechanism of injury or illness (post-seizure, minor fractures, infant &lt; 3mo with fever, etc.)</td>
</tr>
<tr>
<td>Stable</td>
<td>Normal airway, breathing &amp; circulation No significant mechanism of injury or illness (small lacerations or abrasions, infant ≥ 3mo with fever)</td>
</tr>
</tbody>
</table>

#### Neonatal Resuscitation

Dry, Warm, Position, Tactile Stimulation.
Suction Mouth then Nose.
Call for ALS back-up. Administer O2 as needed.

**Apnea/Gasping, HR <100 or central cyanosis**

- Ventilate with BVM @ 40-60/min
- HR<60 after 30 sec BVM
- Chest Compressions @ 120/min - 3:1
  - 1/3 to 1/2 chest depth
  - 2 thumb encircle chest or 2 fingers

**ALS available & HR <60**

- Intubate
- Epinephrine 0.01-0.03mg/kg
  - IV/IO/ET
  - 1:10,000
  - q 3-5 min

**APGAR Score**

<table>
<thead>
<tr>
<th>Score</th>
<th>Pulse</th>
<th>Resp</th>
<th>Tone</th>
<th>Reflex</th>
<th>Color</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 pts</td>
<td>Absent</td>
<td>Absent</td>
<td>Limp</td>
<td>None</td>
<td>Blue</td>
</tr>
<tr>
<td>1 pt</td>
<td>&lt;100</td>
<td>Slow</td>
<td>Some flexion</td>
<td>Grimace</td>
<td>Pink Body</td>
</tr>
<tr>
<td>2 pts</td>
<td>≥100</td>
<td>Good</td>
<td>Active motion</td>
<td>Cough</td>
<td>Blue Limbs</td>
</tr>
</tbody>
</table>

**Bradycardia**

- Assess airway & give oxygen
- Intubate if decreased consciousness
- Start CPR if HR<60.
- Epinephrine: 0.01 mg/kg 1:10,000 IV/IO
  - 0.1 mg/kg 1:1000 ET
- Continue Epinephrine q 3-5 min, same dose
- Consider hi dose 0.1 mg/kg 1:1000 IV/IO/ET
- Atropine 0.02 mg/kg IV / IO / ET
- minimum dose 0.1 mg
- maximum dose 0.5 mg child; 1.0 mg teen

**VF or pulseless VT**

- Defibrillate up to 3 times as needed
  - 2j /kg
  - 4j /kg
  - 4j /kg
- Start CPR, intubate, ventilate with O2
- Epinephrine: 0.01 mg/kg 1:10,000 IV/IO
  - 0.1 mg/kg 1:1000 ET
- Continue Epinephrine q 3-5 min, same dose
- Defibrillate 4j /kg
- Lidocaine 1mg / kg IV/IO or
- Magnesium 25-50mg/kg IV / IO
  - (for torsades de pointes or hypomagnesemia)
- Defibrillate 4j /kg

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**Glasgow Coma Score**

### Infants

| Eye Opening | Spontaneous | 4 | Spontaneous |
| Verbal Response | Coos or babbles | 5 | Oriented |
| Motor Response | Spontaneous | 6 | Obeys commands |

**Neonatal Resuscitation**

Ventilation only

<table>
<thead>
<tr>
<th>Infant</th>
<th>Child</th>
<th>Teen</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1yr</td>
<td>1-8yr</td>
<td>9-18yr</td>
</tr>
<tr>
<td>20/min</td>
<td>20/min</td>
<td>12/min</td>
</tr>
</tbody>
</table>

**Bradycardia**

- Assess airway & give oxygen
- Intubate if decreased consciousness
- Start CPR if HR<60.
- Epinephrine: 0.01 mg/kg 1:10,000 IV/IO
  - 0.1 mg/kg 1:1000 ET
- Continue Epinephrine q 3-5 min, same dose
- Defibrillate 4j /kg
- Amiodarone 5mg/kg IV/IO or
- Lidocaine 1mg / kg IV/IO or
- Magnesium 25-50mg/kg IV / IO
  - (for torsades de pointes or hypomagnesemia)
- Defibrillate 4j /kg

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**Respiratory / Cardiac Arrest Treatment**

- CPR should be started for HR<60.
- Only AEDs with pediatric capabilities should be used on patients < 8 yrs. of age (approx. 25kg or 55lb).