Pediatric Head to Toe Assessment

Barb Gray, RN, MN
Easter Seals Ontario
<table>
<thead>
<tr>
<th>HC Health Care</th>
<th>HC.3.1 Is there a procedure for the early identification of health issues?</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
</tr>
</thead>
</table>

Important differences between children and adults
Children are not just little adults.

Photographs marked with a star come from Google Images.
Some of the differences, include:

• A child’s head is larger in proportion to their body than an adult’s head.

• Children have smaller airways with more soft tissue and a narrowing at the cricoid cartilage.

• A child’s trachea opening and the esophagus opening are closer together than in an adult.
• The respiratory rate of a child is faster than that of an adult.

• Children have faster heart rates

• Children have less blood than adults. This makes children at greater risk than adults from bleeding to death or developing severe shock from a relatively minor wound.
• A child has less muscle and fat mass than an adult. Therefore, a child has less padding and is more vulnerable to blunt trauma than an adult.

• Children have more skin surface area in relation to body weight than an adult. This fact means that a child loses more fluid and are therefore more susceptible to dehydration.
• A child’s abdominal organs are relatively larger than an adult’s. A child’s diaphragm is lower than adults. A child, therefore, is more likely to suffer injuries to the liver, spleen, and duodenum.

• A child’s bones are softer and the energy of impact might cause the bones to crack, rather, then break (Green Stick Fracture).

• A child’s growth plates are still open and active.

Reference
When are assessment done at Camp?
When a camper is seen in the Health Centre for an:

- Injury
- Illness
- Emotional concern
On Arrival Day

The head to toe assessment allows the health care providers with an understanding of the overall health of the camper.
Getting ready....

• Gather as much data as possible by observation first.

• Stay at the child’s level as much as possible. Do not tower!!

• Order of exam - from the least distressing to most distressing.
Develop a rapport with the camper

- Be sure to communicate clearly with the camper throughout the assessment.

- Ask the camper about how they are feeling. They are the expert on their own body.

- Always ask before you start touching the camper, and explain what you are doing as you do it.
Examine a painful area last.

Be honest. If something is going to hurt, tell the camper in a calm fashion.

Understand how the camper’s developmental stage will impact on their response.
Concrete: "You said I'd get it if I missed my asthma inhalers, but I forgot them twice and I stayed fine so I don't need them anymore"

Abstract: "I missed my inhalers a couple of times but I think I got away with it because I wasn't doing much exercise. I think I'll still need them in the future if I'm doing lots of exercise or in cold weather"

Documentation is Important!

• Remember that documenting the assessment is a critical part of the process.

• Many camps have developed checklists or forms that are to be used when completing the assessment.
Physical Assessment Forms

Date: ____________
Time: ____________

Head-to-Toe Assessment
Assessment conducted by: ____________________

LOC
- Alert
- Drowsy
- Coma

Orientaion
- Person
- Place
- Time
- Situation

Vitals
- Temp ____________
- HR ____________
- SpO2 ____________

Head
- Hair
- PERLA
- None
- Ear
- Mouth
  - Maligne tongue
  - Mouth
  - Lesion
  - Dilation

Neck
- Carotid pulse
- JVD
- Trachea midline

Chest
- Apical Pulse
- Diminished
- Atrial Fibrillation
- Breath Sounds: _______________
  - Anterior
  - Posterior
- Chest Symmetry: _______________
- Skin Turgor: _______________

Abdomen
- Inspection
- Asymmetry
  - LOQ (active / hyper / absent)
  - RLQ (active / hyper / absent)
  - LLQ (active / hyper / absent)
  - Pulpsation

Upper Extremities
- Radial pulses equal, _______________
- Other
- Temp of Trunk: _______________
- Grip equal and strong
- Capillary refill: _______________
- Vein filling rapid

Lower Extremities
- Hair present
- Erythema
- Foot strength
- Homneiks (+ / -)
- Temp vs. Trunk: _______________
- Nails: _______________
- Ingrown

Pedal pulse
- Capillary refill: _______________
- Temperature: _______________

General Assessment
- Weight/Height
- BMI

Pain Assessment
- Acute/Chronic
  - Intensity (0-10)
- Location
- Duration
- Characteristics
- Precipitating factor
- Frequency
- Non-verbal
- Relief factors
- Hepa

Skin Assessment
- Description

AFLERGI:

DIAGNOSIS:

THE EASTER SEAL SOCIETY, ONTARIO
CAMPER PHYSICAL & NURSING NOTES

CAMPER

ALLERGI:

PHYSICAL ASSESSMENT

DATE: ____________
TIME: ____________

NURSING OBSERVATION SECTIONS

NURSE’S SIGNATURE

Courtesy of http://nursing.ustnia.com
Red Flags in Pediatric Assessment

* Respiratory rate greater than 60
* Respiratory distress or failure
* Uncorrected noisy respiration
* Significant hemorrhage
* Pallor
* Heart rate greater than 180
* Seizures
* Fever or history of fever with a global rash

* Nasal flaring
* Cyanosis
* Significant trauma
* Alterations in consciousness
* Mottling
* Heart rate less than 60
The most important thing is your first impression.
Pediatric Assessment Triangle (PAT)

- **Appearance**
  - Abnormal Tone
  - ↓ Interactiveness
  - ↓ Consolability
  - Abnormal Look/Gaze
  - Abnormal Speech/Cry

- **Work of Breathing**
  - Abnormal Sounds
  - Abnormal Position
  - Retractions
  - Flaring
  - Apnea/Gasping

- **Circulation to Skin**
  - Pallor
  - Mottling
  - Cyanosis
The Physical Assessment
VITAL SIGNS
# Temperature

Temperature: Tympanic vs. oral vs. axillary vs. rectal

## Normal Temperature Range by method.

<table>
<thead>
<tr>
<th>Method</th>
<th>Temperature (C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rectal</td>
<td>36.6 - 38</td>
</tr>
<tr>
<td>Ear</td>
<td>35.8 - 38</td>
</tr>
<tr>
<td>Oral</td>
<td>35.5 – 37.5</td>
</tr>
<tr>
<td>Axillary</td>
<td>36.5 – 37.5</td>
</tr>
</tbody>
</table>

Heart Rate & Respiratory Rate

Should be taken for one full minute. Infants and young children should have their heart rate taken at the apex of the heart using a stethoscope. Campers who are older may have a radial pulse taken.

<table>
<thead>
<tr>
<th>Age</th>
<th>Heart Rate Range (beats/minute)</th>
<th>Respiratory Rate (breaths/minute)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 – 11 years</td>
<td>75 - 118</td>
<td>18 - 25</td>
</tr>
<tr>
<td>12 – 15 years</td>
<td>60 - 100</td>
<td>12 – 20</td>
</tr>
</tbody>
</table>

## Normal Blood Pressure by Age

**Appropriate size cuff - 2/3 width of upper arm**

<table>
<thead>
<tr>
<th>Age</th>
<th>Systolic Pressure</th>
<th>Diastolic Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 – 9 years</td>
<td>97 - 115</td>
<td>57 - 76</td>
</tr>
<tr>
<td>10 – 11 years</td>
<td>102 - 120</td>
<td>61 - 80</td>
</tr>
<tr>
<td>12 – 15 years</td>
<td>110 - 131</td>
<td>64 - 83</td>
</tr>
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PALS Guidelines, 2015
The Head
Eyes
Throat
Teeth
Heart & Lungs
Skin

- Acne
- Athletes foot (tinea pedis)
- Scrapes and cuts
- Open sores
Bruising
Signs of Infection: Rashes
Mental Health

• The camper assessment should also include an assessment of the campers mental, emotional, social health (MESH).

• The Centers for Disease Control (CDC, 2015), “it is estimated that 13–20 percent of children (up to one out of five children) living in the United States experience a mental disorder in a given year . . .”
Questions?