Pediatric Sick/Not Sick

Developed and Authored by

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Pediatric Sick/Not Sick

Make a Decision...

SICK...

NOT SICK

The “gift” of a child...

Disclaimer

Mike Helbock

Developed and Co-Authored the Adult and Pediatric Sick/Not Sick Program

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American Academy of Orthopaedic Surgeons
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From the beginning of the call…

While en route……
Consider (3) probable scenarios…
…which in turn generate solutions

*Entrapment…what if?
*Head injuries…what if?
*Airway considerations…what if?
*Unconsciousness…what if?

Okay, so let’s break it down…

There are TWO actions that EMS providers MUST perform…every time!

• *Make a Decision
• *Treat the patient
• **(based on the decision)

Make a Decision…

Sick

OR…

Not Sick

Make a Decision…quickly!

*Begin your assessment from across the room…
*Without touching the patient
*Your SICK/NOT SICK decision is critical in guiding the direction of this call!
The Decision…

Let’s define the terms **Sick or Not Sick**

**SICK**

The SICK child requires immediate and aggressive BLS and ALS intervention.

This patient could die en route!

**NOT SICK**

- The patient is a six-year-old female, involved in an auto-pedestrian incident. She was found lying in the crosswalk. She appears quiet and is not crying.
- Her respirations are non-labored at 32 per minute and capillary refill time (CRT) is three seconds. She has an angulated left-sided femur fracture and a closed forearm fracture.

The NOT SICK child is one who you believe is physiologically stable meaning...

...no or minimal abnormality in:
*appearance
*work of breathing
*circulation/skin signs.
**NOT SICK**

The "NOT SICK" child does not need aggressive BLS treatment or immediate ALS intervention, but...
still requires BLS care and may require an ALS evaluation!

**NOT SICK**

Patient appears stable at this time...

**NOT SICK**

- You are dispatched to a three-year-old male complaining of breathing difficulty. When you arrive you see the patient sitting on his mother's lap. He is alert and is making appropriate eye contact.
- Mother states that he briefly choked on some candy and at this time his breathing appears non-labored with no abnormal airway sounds. His skin is pink, warm and dry. His CRT less than 2 seconds.

**SICK or NOT SICK?**

Make the decision!

**Common Mistakes**

*Delaying the initial decision
*Failing to respond to new info
*Tunnel vision

**Other Factors Affecting SICK/NOT SICK**

*Nature of Illness (NOI)
*Mechanism of Injury (MOI)
*Index of Suspicion (IOS)

Always include these concerns in your plan!
The **Triangle**…

- **Pediatric Assessment Triangle (PAT)**

Together...the Triangle provides an *excellent* picture of the child's underlying...

- cardiopulmonary status
- neurologic status
- metabolic status

- An easy way to do a rapid, initial assessment of any child using only visual and auditory clues…

*It will:*

- establish severity
- the urgency of care
- identify key physiologic problems

**Appearance**

*Look* at the patient from across the room

*This is an important indicator of oxygenation, brain perfusion and overall CNS function*
Appearance (video)
*Alertness
*Eye contact
*Distractibility
*Consolability
*Speech/cry
*Spontaneous motor activity

Appearance
The TICLS (tickles) Approach
*Tone (motor activity)
*Interactiveness (alert, distracted)
*CConsolability
*LLook (gaze)
*SSpeech/cry

Breathing
*Abnormal body position
*Audible or abnormal airway sounds
*Retractions
Breathing

A child with abnormal breath sounds – consider oxygenation and ALS intervention!

Circulation/Skin Signs

Reflects the overall status of the circulatory system

*Color
*Temperature
*Capillary refill time
*Pulse quality

Circulation/Skin Signs

Poor color equals... poor circulation equals...

SICK!
The Treatment…
(based on the decision)
SICK/NOT SICK
Case Studies

Case Study

Your unit is sent to an auto-pedestrian incident with a five-year-old female down.

En route you and your partner discuss three probable injuries or scenarios:

* multiple system trauma
* trapped under car/spinal injury
* massive head injury
- You arrive at the scene and see the girl who was knocked down by a vehicle that was pulling out of a parking stall. She is sitting in the parking lot, crying. She responds appropriately to your voice and follows your simple commands. She has a small hematoma on her forehead.

- Breathing is normal with no audible airway sounds. Skin is warm and pink. CRT is less than 2 seconds. Radial pulse is present, full, and regular at about 100.

Case Study

The call is for a three-year-old male with seizures.

You and your partner discuss three probable injuries or scenarios while en route:

* febrile seizures
* epilepsy
* head injury

- The boy’s mother meets you at the driveway with her son in her arms. He is lethargic and non-distractible. His only significant history is that of a fever for the past 48 hours (102.5 F). She describes the seizure as full body and lasting about 2 to 3 minutes.

Breathing is non-labored. His skin is pale. CRT is 2 - 3 seconds, brachial pulse is rapid and weak.

Case Study

You are dispatched to a residence for a 6-year-old female who has fallen from a trampoline.

You consider the following potential situations en route:

* head injury
* multiple fractures
* internal injuries
- You are met by the girl’s father on the way to the back yard. He appears anxious and is hyperventilating. He leads you to the patient who is at the base of a trampoline, conscious, screaming and with an angulated, right-sided tib/fib fracture.

- Her respirations appear stable with no distress.

- She is pink, warm and dry. Her CRT is less than 2 seconds. Her radial pulse is present and bounding.

SICK or NOT SICK?

Make a decision within 60 seconds!
SICK!

NOT SICK!

SICK!
NOT SICK!

SICK!

SICK!

SICK!

Care for those...

As though they’re your own!
Post-Test (select all that apply)

1. The indicators of increased work of breathing include:
   a. Significant tidal volume
   b. Nasal flaring
   c. Retractions
   d. Strong crying
   e. Abnormal position
   f. Abnormal breath sounds

Post-Test (select all that apply)

2. The TICLS acronym represents which of the following characteristics of appearance?
   a. Speech/cry
   b. Color
   c. Look/Gaze
   d. Stranger anxiety
   e. Tone
   f. Level of consciousness
   g. Interactiveness
   h. Tactile awareness
   i. Inattention
   j. Consolability

Post-Test (select all that apply)

3. Identify the four aspects of the “Circulation to the Skin” element of the Pediatric Assessment Triangle.
   a. Capillary refill time
   b. Temperature
   c. Moisture
   d. Pulse quality
   e. Color

Post-Test (select all that apply)

4. Is it possible to make a SICK/NOT SICK decision without touching the patient?
   a. Yes, but you must have the parent check the child’s pulse rate for you.
   b. No. A complete physician exam should be attempted before deciding SICK/NOT SICK.
   c. Yes, you can do so without touching the patient.
   d. No. You must touch the patient in order to access vital signs.

Post-Test

5. “Grunting” is a sign of respiratory distress in a child and most often occurs during inspiration.
   a. True
   b. False

Thank you…

Questions?
Presenter Contact Information
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Special thanks to
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For providing our Secret Question prize

Updates Please

• Starting in November, all Certificates of Completion will be emailed to each participant. Please be sure to provide a current email address on the sign in roster and print name clearly. Please also email any organization contact information changes to:

• Michelle Ensminger – ensminm@inhs.org