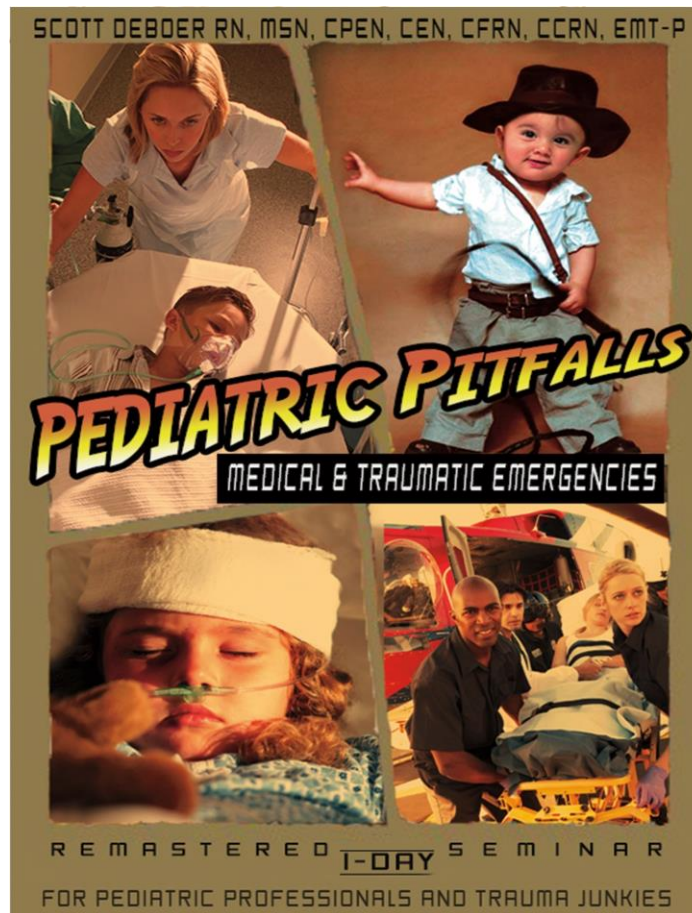


HANDOUT MATERIALS



AGENDA – Pediatric Pitfalls

Emergency assessment & care of crashing kids

Break

Pediatric medical pearls & Jeopardy jewels

Break

Pediatric trauma tales & Jeopardy jewels

www.PediEd.com * 1-888-280-Peds (7337) * Info@PediEd.com

Emergency Care of Crashing Kids

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- I. Review of Rapid Pediatric Assessment Components
 - A. Neurologic
 1. Level of consciousness - pediatric style
 2. Muscle tone / Activity level
 3. Fontanelles
 4. Parental assessment - only two kinds of parents
 - B. Respiratory - “Watch them breathe”
 1. Breath sounds
 - a. Wheezing
 - b. Rales
 - c. Rhonchi
 2. Respiratory rate - “Bad”
 3. Retractions - “Worse”
 4. Grunting - “Worst”
 - C. Cardiovascular - "Feel their feet!"
 1. Peripheral pulses
 2. Capillary refill
 3. Rhythm - Three “typical” types
 - a. Too...
 - b. Too...
 - c. Not...
 - D. GI/GU
 1. Is the abdomen distended?
 2. Are they peeing?
 - E. Skin
 1. Pink, warm, & dry is good
 2. Any variation of pink, warm, & dry is bad
 - Mottling
 - Chicken pox - Contagious 1-2 days BEFORE the rash until ALL lesions are crusted over – PPE including N-95 mask
 - Meningococemia – Big Blue Blotches that don’t Blanch are BAD – PPE including surgical or N-95 mask
 - Measles – CCC – Cough, Cold, & Conjunctivitis & the Red Rash – PPE including N-95 mask
 - Cyanosis – Central vs. acrocyanosis
 - F. Vital signs
 1. "Normal" heart rates
 2. "Normal" respiratory rates
 3. "Normal" blood pressures
 4. Pulse oximetry?
 5. Peds “cheat sheets” – www.PediEd.com

"Resuscitate" - to revive from an apparent state of unconsciousness - not to be confused with
"Resurrect" - to raise from the dead (Webster's)

II. Pediatric Resuscitation Overview

A review of 300 urban children suffering cardiac arrest revealed that **54% were younger than 12-months old**

Children's hospital study found the **median/mean age of arresting children to be 5-months to 2-years**

A. Suggestions for successful pediatric resuscitations

1. Pediatric resuscitation tape, bags, & carts
 - a. www.armstrongmedical.com
 - b. www.ebroselow.com
 - c. www.handtevy.com

B. "Valium for Everyone!"

III. Summary: "Keep 'em Pink, Warm, & Sweet"

- A. Temperature maintenance
- B. Hypoglycemia prevention
- C. Sedation & analgesia
- D. ABCDEFG

IV. Transport to a pediatric ICU

Helpful Hints and Fantastic Formulas Helpful Hints and Formulas

- **Endotracheal tube (ETT) size**
 - o 16+age/4 vs. little finger rule
 - o Pedi-Wheels and Neo-Wheels – www.PediEd.com
 - o Broselow-Luten: www.ebroselow.com
Handtevy: www.handtevy.com
- **NG/Suction Catheter/Foley Catheter**
 - o 2X the ETT size
- **Securing the ETT**
 - o 3X the ETT size more or guess at the lip
- **Chest tubes**
 - o 3-4X the ETT size more or guess = Chest tube or smaller pigtail
- **Fluid bolus (LR or 0.9NS)**
 - o Count fingers and toes 20 cc/kg
 - o Playing baseball and striking out
- **Blood products (PRBC's and FFP)** – Blood is thicker than water 10cc/kg
- **Epinephrine** regular cardiac epi – 0.1 mL/kg
- **Rapid sequence intubation meds** – Same as big people, just smaller doses
- **Sedatives** – Versed (Midazolam) – 0.1 mg/kg – Remember what it does and doesn't do!
- **Analgesics** – Morphine 0.1 mg/kg, Fentanyl 1-3 mcg/kg, or Ketamine 1 mg/kg
- **Defibrillation** – 2 j/kg, then 4 j/kg (or more) – Pick up the paddles or pads and count them!
- **Cardioversion** – 1 j/kg, then 2 j/kg – Only use ½ the “dead people/defib dose!”
- **Burns**
 - o Rule of 9's – Big parts and little parts
 - Little parts get 9%
 - Big parts get 18%
 - Kids have big heads and little bodies
 - o Parkland “Pumpkin” Formula
 - 2-4cc/kg/BSA burn during 1'st 24 hours post-burn
 - ½ of above amount given during 1'st 8 hours post-burn




How to play...2 teams –

- 1) Two teams - One side of the room versus the other - Red Bloods vs. Blue DNR's
- 2) If you are in the class, you may choose to play – It's as simple as that – most of the questions are not hard and it's a group game – don't worry
- 3) One side picks a question, then ONLY after I've finished reading the question, should you try to be the first to *buzz in* with your answer
- 4) Warning... Premature buzzing (i.e. before I've finished reading the question) will result in the other team being able to answer the question instead of you & loss of points for your side (bummer)
- 5) If you buzzed in first, answer the question – However, if you have a brain fart/TIA/performance anxiety and can't remember squat, that's OK - You can ask your team members for help and rest assured they will scream lots of suggestions your way
- 6) Most importantly, relax, have fun and thanx for playing
Pediatric Medical Pearls, Trauma Tales, and Jeopardy Jewels with me!

Restart The Heart

Before You Depart

A	RRIVE	<p style="color: yellow; font-weight: bold;">On Scene</p> <p>5 STEPS</p> <p style="color: yellow; font-weight: bold;">2 Minutes</p>
B	VM <small>King, LMA, i-gel</small>	
C	OMPRESS	
D	RILL	
E	PINEPHRINE	




Selected Medications via Subcutaneous Route		
Ampicillin	Famotidine	Metoclopramide
Cefepime	Ketoralac	Midazolam
Cefotaxime	Dexamethasone	Morphine
Ceftazidime	Fentanyl	Ondansetron
Ceftriaxone	Haloperidol	Tobramycin
Clonazepam	Hydroxyzine	Tramadol

- Buzzy <1 min (\$0.50 dose)
- Freeze spray <1 min (\$0.75 dose)
- J-tip <3 minutes (\$4-6 dose)
- Synera 20 minutes (\$12 dose)
- LMX 40 minutes (\$5-7 dose)
- EMLA 60 minutes (\$5-7 dose)