This is a core approach to the pediatric patient in the emergency room. Use these this approach to help you develop a consistent and systematic evaluation of the pediatric patient!

1) Core body function status (P-I-S-S status)
   - Peeing – how many wet diapers per day? Same as usual? Looking for dehydration.
   - Intake – easy unless infant, rule of thumb (rule of 3) is breast or bottle feedings should occur about every 3 hours and include about 3 oz. per feeding.
   - Sleeping – has this changed? more or less?
   - Stooling – progresses from dark meconium to color of intake (tan/yellow)

2) Pediatric history
   - Prebirth = prenatal care, pregnancy issues, GBS status
   - Peribirth = gestational age, vaginal or C/S, “how long was the baby in the hospital after birth?”
   - Postbirth = standard medical/surgical history and medications

3) Immunizations – ask if infant/child has had their 2, 4, and 6 month core immunization sets

4) Pediatric vital signs – vitals are vital!!! Age adjusted vitals are hard to remember. Find a system to remember them. Consider a card behind your badge.

5) Do a ABCDEF pediatric physical exam (appearance, behavior, color, distractibility, ENT, and fully undress for complete assessment – more info in the following episode!

Quick Facts

- See episode “Pediatric Exam” on 11/26/2017 for the ABCDEF pediatric physical exam!
- Don’t miss pediatric sepsis because you didn’t look at age adjusted vital signs!
- The P-I-S-S status replaces a lot of the pertinent positives you would get from an adult.