

PALS INFORMATION SHEET

Respiratory

Upper Airway Problem

Inspiratory sounds – Stridor

Obstruction, Croup (Barking Cough), Anaphylaxis, Epiglottitis (Drooling)

Racemic Epinephrine (nebulized), position of comfort, supplemental oxygen, steroids, expert consultation

Lower Airway Problem

Expiratory sounds – Wheezing, prolonged expiratory phase

Asthma, Bronchiolitis

Nebulizer treatments, steroids, magnesium, epinephrine

Lung Tissue Disease

Crackles in lungs, grunting (bad)

Pneumonia, Pulmonary Edema, ARDS

Fluids and antibiotics within 1 hour, blood cultures, nebulizer treatments, CPAP

Disordered Control of Breathing

Irregular breathing patterns (Cheyne – Stokes, Kussmaul breathing, Apnea)

Head injury, Seizures, Increased ICP, Overdoses

Position, monitor, ventilation support, poison control, antidotes

Shock

Hypovolemic

Hemorrhagic – trauma, post-surgery, aneurysm

Non-hemorrhagic – vomiting, diarrhea, urinary

Dry mucus membranes, sunken fontanel, tachycardia (early), bradycardia (late bad), low BP

Fluids – 20 mL/kg, blood products, vasopressors

Distributive

Septic – fever, tachycardia, prolonged capillary refill, altered mental status

Anaphylactic – swelling, upper airway

Neurogenic – hypotension, bradycardia, hypothermic

Fluids 20 mL/kg., vasopressors, Epinephrine, antihistamines, steroids, blood cultures, antibiotics within 1 hour.

Cardiogenic

Bradycardia – bag pt for 30 seconds if HR does not increase – consider cardiogenic.

Pt may have high preload so fluid administration is 10 mL/kg

Obstructive

Cardiac Tamponade

Pneumothorax

Expert Consultation

Pulmonary Embolism

Ductal Dependence

Respiratory Distress: Airway is open and maintainable with supplemental oxygen administration.

O₂ sat
94-99
Good LOC

Respiratory Failure: Unable to maintain airway or saturations with supplemental oxygen.

LOC ↓

Shock Severity: Determined by blood pressure.

Compensated – blood pressure maintained

Hypotensive – hypotensive

Blood Pressure: Normotensive – $90 + \text{age in years} (x2)$

Hypotensive Shock – $70 + \text{age in years} (x2)$

Primary Assessment on Pediatrics: CAB

Color: What is the color?

Appearance: What is the child doing? Responsive? Lethargic?

Breathing: Is the child breathing? Rate? Labored? Accessory Muscles?

Defibrillation: 2 joules/kg, 2, 4, 6, 8, this is how we defibrillate. 10 joules/kg max

Synchronized Cardioversion: 0.5 – 1 joules/kg then 2 joules/kg.

SVT: Infant rate above 220/min.

Child rate above 180/min.