ELSEVIER Clinical Skills

Emergency Secondary Assessment (Pediatric) – CE

CHECKLIST

S = Satisfactory **U** = Unsatisfactory **NP** = Not Performed

Step	S	U	NP	Comments
Ensured that the primary assessment was completed and interventions had been initiated for life-threatening conditions.				
Proceeded immediately to the next step if already wearing personal protective equipment (PPE), including gloves and—if indicated—a mask, eye protection, and fluid-resistant gown. Otherwise, performed hand hygiene and donned appropriate PPE before proceeding with the secondary assessment.				
If the child was at risk for spinal injury, ensured that spinal motion restriction was maintained throughout each step of the primary and secondary assessments.				
Performed the secondary assessment using a systematic approach by following the mnemonic F-G-H-I-J.				
F = Full Set of Vital Signs and Family Presence				
Obtained the child's vital signs, including pulse, respirations, temperature, blood pressure, oxygen saturations, and end-tidal carbon dioxide levels, as indicated.				
Compared vital sign values obtained to the normal range for vital signs by age.				
If the child's condition requires invasive or resuscitative measures, assign a staff member or support person to provide the family with support and explanations about what is occurring.				
G = Get Monitoring Devices and Give Comfort				
Followed the mnemonic L-M-N-O-P when obtaining resuscitation monitoring devices and supports.				
1. *L = Laboratory Studies*: Sent appropriate specimens to the laboratory for analysis and obtained a point-of-care glucose.				
2. *M = Monitoring*: Placed the child on a cardiopulmonary monitor.				
3. *N = Nasogastric or Orogastric Tube*: Inserted a gastric tube, if needed.				

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4. *O = Oxygenation and Ventilation* (SpO_2, End-Tidal Carbon Dioxide [$ETCO_2$]):				
i. Monitored oxygenation by implementing pulse oximetry (if not performed previously).				
ii. Assessed ventilation by monitoring $ETCO_2$ levels via capnography.				
5. *P = Pain Assessment and Management*: Assessed the child for pain, using a developmentally appropriate, validated pain assessment scale.				
Obtained a brief history of the child's mechanism of injury or history of the present illness.				
H = History and Head-to-Toe Assessment				
Obtained a focused history using the SAMPLE mnemonic.				
Head and Face				
1. Inspected for wounds, deformities, swelling, asymmetry, discolorations, and bloody or serous drainage from the nose or ears.				
2. Palpated the entire head and face for swelling, deformities, and tenderness; palpated the fontanels in infants.				
3. In a conscious and cooperative child, evaluated extraocular movements, gross vision, and dental occlusion.				
4. Identified any unusual odors, such as gasoline, fruity breath, or ethanol.				
Neck				
5. If the child was wearing a cervical collar, removed the anterior portion as an assistant maintained manual stabilization of the head and neck.				
6. Inspected the anterior neck for wounds, jugular venous distention, lymphadenopathy, discolorations,				

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deformities, and the use of accessory muscles for breathing.				
7. Palpated the anterior neck for deformities, subcutaneous emphysema, tenderness, or tracheal deviation.				
8. Gently palpated the posterior neck from the base of the skull to the upper back for deformities, bony crepitus, or tenderness.				
9. Replaced the cervical collar when the examination was complete.				
Chest				
10. Inspected for signs of increased work of breathing, wounds, scars, deformities, discolorations, chest expansion, symmetry, impaled objects, paradoxic movement, and surgically implanted devices.				
11. Palpated the anterior and lateral chest for deformities, tenderness, subcutaneous emphysema, or bony crepitus.				
12. Auscultated breath sounds to determine whether they are present and equal bilaterally; identified any adventitious sounds.				
13. Auscultated heart sounds to determine rate and rhythm and whether the sounds are clear or muffled; identified the presence of any murmurs, gallops, or friction rubs.				
Abdomen and Flanks				
14. Inspected for wounds, discolorations, distention, or surgically implanted devices, such as feeding tubes.				
15. Auscultated all quadrants for the presence of bowel sounds.				
16. Gently palpated the abdomen for tenderness, guarding, rigidity, or masses.				

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Pelvis and Perineum				
17. Inspected the perineum for wounds; deformities; discolorations; or bleeding from the urinary meatus, vagina, or rectum.				
18. Palpated for pelvic tenderness, crepitus, or instability by gently pressing in on the anterior superior iliac crests bilaterally and pushing down on the symphysis pubis. **If there was crepitus or instability when assessing the anterior superior iliac crests, did not assess the symphysis pubis.**				
Extremities				
19. Inspected all extremities for wounds, deformities, swelling, discolorations, positioning, or abnormal movement.				
20. Palpated all extremities for tenderness, deformities, skin temperature and moisture, and distal pulses.				
21. If the child was conscious, determined gross motor and sensory function.				
I = Inspect Posterior Surfaces				
If the child was able, had him or her sit up or roll over.				
If the mechanism of injury indicated a suspicion for a spinal cord injury, obtained assistance to maintain cervical spinal motion restriction and support the injured extremities while log rolling the child to the side.				
Inspected the posterior surfaces for wounds, deformities, bony crepitus, or discolorations.				
Palpated all posterior surfaces for wounds, deformities, tenderness, or muscle spasms.				
J = Just Keep Reevaluating				
Continued ongoing monitoring and evaluation of the child. Reevaluation included the primary survey, vital signs, level of pain and any injuries identified.				

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Removed personal protective equipment (PPE) and performed hand hygiene.				
Documented the procedure in the child's record.				

Learner: ____________________ Signature: ___________________________

Evaluator: ___________________ Signature: ___________________________

Date: _______________________

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