ELSEVIER Clinical Skills

Emergency Primary Assessment (Pediatric) – CE

CHECKLIST

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

Step	S	U	NP	Comments
Step				
Performed hand hygiene before patient contact.				
Introduced self to the child and family.				
Verified the correct child using two identifiers.				
Assessed the child's and family's understanding of the reasons for and the risks and benefits of the procedure.				
With young children or children with chronic neurologic impairment, asked the family for the child's baseline status and what to expect for the child's typical response.				
Encouraged the family to remain with the child when possible. If the child's condition required invasive or resuscitative measures, assigned a staff member or support person to provide the family with support and explanations about what was occurring.				
Performed hand hygiene and donned gloves. Donned a fluid-resistant gown, mask, and eye protection as needed.				
Explained the procedure to the child and family and ensured that they agreed to treatment.				
When approaching the child, performed a rapid, across-the-room assessment using the pediatric assessment triangle.				
Using the AVPU scale, determined whether the child was alert (A), responded to verbal stimuli (V), responded to painful stimuli (P), or was unresponsive to all stimuli (U).				
Assessed airway patency while maintaining cervical spinal motion restriction with manual stabilization.				
If the airway was partially or completely obstructed, cleared it of any foreign objects or debris, and implemented or prepared for one or more appropriate interventions.				
If the child had assumed a position of comfort, allowed him or her to maintain this position.				
If the child's mechanism of injury indicated a suspicion for cervical spinal injury, initiated cervical spinal motion restriction per the				

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organization's practice. If a long backboard was used at all, used it only as an extrication or transportation device, limited its use as much as possible, and removed it as quickly as possible.				
Assessed breathing adequacy.				
If a weight was needed for medication administration, obtained the child's weight in kilograms, using a scale if the child's condition permitted or using a length-based resuscitation tape if it did not.				
If respirations were absent or abnormal, implemented or prepared for appropriate interventions.				
Assessed circulation.				
If there was no heart rate, or if the pulse rate was less than 60 bpm and signs of poor perfusion were present, immediately began cardiac compressions.				
If perfusion was poor or ineffective, began or assisted with appropriate interventions.				
Checked for uncontrolled external hemorrhage and, if present, applied direct pressure to the site or applied a tourniquet.				
Evaluated the child's neurologic status (disability).				
To facilitate a complete assessment, removed the child's clothing.				
Discarded supplies, removed PPE, and performed hand hygiene.				
Verified the correct child using two identifiers before documenting the results of the primary assessment.				
Documented the procedure in the child's record.				
After completing the primary assessment and addressing any life-threatening conditions, proceeded to the secondary assessment.				

Learner: _____ Signature: _____

Evaluator: _____ Signature: _____

Date: _____