

## PALS Systematic Approach Summary

<b>Initial Impression</b>	Your first quick (in a few seconds) “from the doorway” observation
<b>Consciousness</b>	Level of consciousness (eg, unresponsive, irritable, alert)
<b>Breathing</b>	Increased work of breathing, absent or decreased respiratory effort, or abnormal sounds heard without auscultation
<b>Color</b>	Abnormal skin color, such as cyanosis, pallor, or mottling
<i>The purpose is to quickly identify a life-threatening problem.</i>	

<b>Is the child unresponsive with no breathing or only gasping?</b>	
<b>If YES:</b>	
<ul style="list-style-type: none"> <li>Shout for help.</li> <li>Activate emergency response as appropriate for setting.</li> </ul>	<ul style="list-style-type: none"> <li>Check for a pulse.</li> <li>Begin lifesaving interventions as needed.</li> </ul>
<b>If NO:</b>	
<ul style="list-style-type: none"> <li>Continue the evaluate-identify-intervene sequence.</li> </ul>	

<p>Use the <b>evaluate-identify-intervene</b> sequence when caring for a seriously ill or injured child.</p> <ul style="list-style-type: none"> <li>Evaluate the child to gather information about the child’s condition or status.</li> <li>Identify any problem by type and severity.</li> <li>Intervene with appropriate actions to treat the problem.</li> </ul> <p>Then repeat the sequence; this process is ongoing.</p>		<p><b>If at any time you identify a life-threatening problem, immediately begin appropriate interventions. Activate emergency response as indicated in your practice setting.</b></p>
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<b>Evaluate</b>	“Evaluate” consists of the primary assessment (ABCDE), secondary assessment, and diagnostic tests.
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<b>Primary Assessment</b>	A rapid, hands-on ABCDE approach to evaluate respiratory, cardiac, and neurologic function; this step includes assessment of vital signs and pulse oximetry
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### Airway

Clear	Maintainable	Not maintainable
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### Breathing

Respiratory Rate and Pattern	Respiratory Effort	Chest Expansion and Air Movement	Abnormal Lung and Airway Sounds	Oxygen Saturation by Pulse Oximetry
Normal Irregular Fast Slow Apnea	Normal Increased <ul style="list-style-type: none"> <li>Nasal flaring</li> <li>Retractions</li> <li>Head bobbing</li> <li>Seesaw respirations</li> </ul> Inadequate <ul style="list-style-type: none"> <li>Apnea</li> <li>Weak cry or cough</li> </ul>	Normal Decreased Unequal Prolonged expiration	Stridor Snoring Barking cough Hoarseness Grunting Gurgling Wheezing Crackles Unequal	Normal oxygen saturation (≥94%) Hypoxemia (<94%)

### Circulation

Heart Rate and Rhythm	Pulses		Capillary Refill Time	Skin Color and Temperature	Blood Pressure
Normal Fast (tachycardia) Slow (bradycardia)	<b>Central</b> Normal Weak Absent	<b>Peripheral</b> Normal Weak Absent	Normal: ≤2 seconds Delayed: >2 seconds	Pallor Mottling Cyanosis Warm skin Cool skin	Normal Hypotensive

### Disability

AVPU Pediatric Response Scale				Pupil Size Reaction to Light		Blood Glucose	
<b>A</b> lert	Responds to <b>V</b> oice	Responds to <b>P</b> ain	<b>U</b> nresponsive	Normal	Abnormal	Normal	Low

### Exposure

Temperature			Skin	
Normal	High	Low	Rash (eg, purpura)	Trauma (eg, injury, bleeding)

<b>Secondary Assessment</b>	A focused medical history (SAMPLE) and a focused physical exam
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<b>Diagnostic Tests</b>	Laboratory, radiographic, and other advanced tests that help to identify the child's physiologic condition and diagnosis
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<b>Identify</b>	<i>Identify the child's problem as respiratory, circulatory, or both. Determine the type and severity of the problem(s). The table below lists common clinical signs that typically correlate with a specific type of problem and its severity.</i>
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Type	Severity
<b>Respiratory</b>	<ul style="list-style-type: none"> <li>Respiratory distress</li> <li>Respiratory failure</li> </ul>
<b>Circulatory</b>	<ul style="list-style-type: none"> <li>Compensated shock</li> <li>Hypotensive shock</li> </ul>
<b>Cardiac Arrest</b>	

<b>Respiratory</b>		
Signs	Type of Problem	Severity
<ul style="list-style-type: none"> <li>Increased respiratory rate and effort (eg, retractions, nasal flaring)</li> <li>Decreased air movement</li> <li>Stridor (typically inspiratory)</li> <li>Barking cough</li> <li>Snoring or gurgling</li> <li>Hoarseness</li> </ul>	<b>Upper airway obstruction</b>	<b>Respiratory distress</b> <ul style="list-style-type: none"> <li>Some abnormal signs but no signs of respiratory failure</li> </ul> <b>Respiratory failure</b> <i>One or more of the following:</i> <ul style="list-style-type: none"> <li>Very rapid or inadequate respiratory rate</li> <li>Significant or inadequate respiratory effort</li> <li>Low oxygen saturation despite high-flow oxygen</li> <li>Bradycardia (ominous)</li> <li>Cyanosis</li> <li>Decreased level of consciousness</li> </ul>
<ul style="list-style-type: none"> <li>Increased respiratory rate and effort (eg, retractions, nasal flaring)</li> <li>Decreased air movement</li> <li>Prolonged expiration</li> <li>Wheezing</li> </ul>	<b>Lower airway obstruction</b>	
<ul style="list-style-type: none"> <li>Increased respiratory rate and effort</li> <li>Decreased air movement</li> <li>Grunting</li> <li>Crackles</li> </ul>	<b>Lung tissue disease</b>	
<ul style="list-style-type: none"> <li>Irregular respiratory pattern</li> <li>Inadequate or irregular respiratory depth and effort</li> <li>Normal or decreased air movement</li> <li>Signs of upper airway obstruction (see above)</li> </ul>	<b>Disordered control of breathing</b>	

<b>Circulatory</b>		
Signs	Type of Problem	Severity
<ul style="list-style-type: none"> <li>Tachycardia</li> <li>Weak peripheral pulses</li> <li>Delayed capillary refill time</li> <li>Changes in skin color (pallor, mottling, cyanosis)</li> </ul>	<ul style="list-style-type: none"> <li>Cool skin</li> <li>Changes in level of consciousness</li> <li>Decreased urine output</li> </ul>	<b>Signs of poor perfusion</b>
<ul style="list-style-type: none"> <li>Signs of poor perfusion (see above)</li> </ul>	<b>Hypovolemic shock</b> <b>Obstructive shock</b>	<b>Compensated shock</b> <ul style="list-style-type: none"> <li>Signs of poor perfusion and <i>normal</i> blood pressure</li> </ul> <b>Hypotensive shock</b> <ul style="list-style-type: none"> <li>Signs of poor perfusion and <i>low</i> blood pressure</li> </ul>
<ul style="list-style-type: none"> <li>Possible signs of poor perfusion (see above) <i>or</i></li> <li>Warm, flushed skin with brisk capillary refill (warm shock)</li> <li>Peripheral pulses may be bounding</li> <li>Possible crackles</li> <li>Possible petechial or purpuric rash (septic shock)</li> </ul>	<b>Distributive shock</b>	
<ul style="list-style-type: none"> <li>Signs of poor perfusion (see above)</li> <li>Signs of CHF</li> </ul>	<b>Cardiogenic shock</b>	

<b>Intervene</b>	<i>On the basis of your identification of the problem, intervene with appropriate actions. Your actions will be determined by your scope of practice and local protocol.</i>
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