

Pediatric Nursing Process (PNP)

Preparation and Triage

- Activate team
- Prepare the room and any special equipment
- Don PPE and consider need for decontamination or isolation

Across the Room Observation

- Uncontrolled bleeding? Reprioritize to C-ABC
- Identifies the three components of the Pediatric Assessment Triangle AND categorizes the patient as "Sick, Sicker, or Sickest"

Primary Survey [ABCDEFG] "When you mess, reassess"

A** Alertness (A₁) and Airway (A₂)

- Maintain cervical spinal stabilization (if trauma is suspected)
- AVPU (Alert, Verbal, Pain, Unresponsive)
- Assess airway patency (at least FOUR)

B** Breathing and Ventilation

- Assess breathing effectiveness (at least FOUR)

C** Circulation and Control of Hemorrhage

- Assess central and peripheral pulse, skin color/temperature/moisture and capillary refill (all THREE)
- Assess for uncontrolled hemorrhage, central pulse, skin color/temperature/ moisture and capillary refill (assess all FOUR if trauma)

D** Disability (Neurologic Status)

- Glasgow Coma Scale
- Pupils
- Consider head CT or blood glucose

E* Exposure (E₁) and Environmental Control (E₂)

- Remove clothing and inspect for uncontrolled hemorrhage or obvious signs of illness or injuries
- Provide warmth

**Double-starred items must be completed IN ORDER prior to moving to the next step.
*Single-starred items are essential steps and must be performed, but sequence is not critical.

**Double-starred items must be completed IN ORDER prior to moving to the next step

F Full Set of Vital Signs (F₁) and Family Presence (F₂)

G Get Adjuncts (G₁) and Give Comfort (G₂) [LMNOP]

- L** - Labs: blood typing, blood gases, and lactate
- M** - Monitor
- N** - Naso- or orogastric tube
- O** - Assess pulse Oximetry and capnography (required if sedated or intubated)
- P** - Pain assessment AND management

Reevaluation for Transfer to Pediatric Center or Preparation for Definitive Treatment

Secondary Survey [HI]

H History (H₁) and Head-2-Toe (H₂) Exam

- History (H₁) - Prehospital report, SAMPLE
- Head-2-Toe Assessment (H₂)

I Inspect Posterior Surfaces

- Unless contraindicated by suspected spine or pelvic injury - turn, inspect and palpate, remove backboard

Anticipated Interventions or Diagnostics

- At least THREE

Just Keep Reevaluating

- Vital signs
- Identified injuries and effectiveness of interventions
- Primary assessment
- Pain

Definitive Care or Transport

Emergency Nurse Pediatric Course Study Guide

M Mosston



Emergency Nurse Pediatric Course Study Guide:

Reviewing **Emergency Nurse Pediatric Course Study Guide**: Unlocking the Spellbinding Force of Linguistics

In a fast-paced world fueled by information and interconnectivity, the spellbinding force of linguistics has acquired newfound prominence. Its capacity to evoke emotions, stimulate contemplation, and stimulate metamorphosis is truly astonishing. Within the pages of "**Emergency Nurse Pediatric Course Study Guide**," an enthralling opus penned by a highly acclaimed wordsmith, readers set about an immersive expedition to unravel the intricate significance of language and its indelible imprint on our lives. Throughout this assessment, we shall delve into the book's central motifs, appraise its distinctive narrative style, and gauge its overarching influence on the minds of its readers.

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