Scans

- The Pediatric Physical Examination
- Inserting an Oropharyngeal Airway in a Child
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- Immobilizing a Child Using a KED
The Pediatric Physical Examination
(1) Examine the head. Look for bruising or blood or clear fluid draining from the nose or ears. Palpate gently for soft or spongy areas, skull irregularities, or crepitus (feeling of grinding bone fragments). Check the fontanelle in infants.
(2) Check the eyes. The pupils should be equal in size and reactive to light.
(3) Examine the neck. Check for the position of the trachea, swollen neck veins, stiffness, tenderness, or crepitus.
(4) Examine the chest. Check for bruising, equal chest rise and fall, and crepitus. Watch for signs of breathing difficulty.
While examining the chest, be aware of the contents of the thorax.
(5a) Auscultate for breath sounds over all lung fields.
(5a) Auscultation sites.

1. Apical
2. Axillary
3. Posterior
(6) Examine the abdomen. Check for bruising, tenderness, or guarding. Look for swelling that may indicate swallowed air.
(6b) Divide the abdomen into quadrants and examine each one, while remembering which organs are located in each quadrant.
(7) Examine the pelvis for tenderness, swelling, bruising, or crepitus. If the patient complains of pain, injury, or other problems in the genital area, assess for bruising, swelling, or tenderness in that area.
(8) Examine the extremities. Evaluate pulses, sensation, and warmth. Look for unequal movement.
(9) If you have immobilized an extremity, check the patient's capillary refill and peripheral pulses and compare them with the other arm or leg.
(10) Examine the back. Assess for tenderness, bruising, and crepitus. If the child requires immobilization, the back can be checked while the child is being log rolled onto the spine board.
Inserting an Oropharyngeal Airway in a Child
(1) Oropharyngeal airways come in a variety of sizes.
(2) Size the airway by measuring from the corner of the mouth to the tip of the earlobe.
(3) Use a tongue depressor to hold the tongue in position. Insert the airway with the tip pointing downward, toward the tongue and throat—the same position it will be in after insertion.
(4) The oropharyngeal airway in position.
Inserting an Nasopharyngeal Airway in a Child
(1) Nasopharyngeal airways come in a variety of sizes.
(2) The airway should be about the thickness of the patient's little finger and should measure from the nostril to the tragus (cartilage at the front) of the ear.
(3) The nasopharyngeal airway in position.
Immobilizing a Child Using a KED
(1) Open the KED and place padding on it to properly position and align the child's head and body. Log roll the child onto the KED.
(2) Fold the side pieces inward to provide side padding and support and to allow visualization of the chest and abdomen. Since the torso straps will be rolled to the inside, secure the torso with tape. Fold the head flaps securely against the child's head and tape across the head and chin.