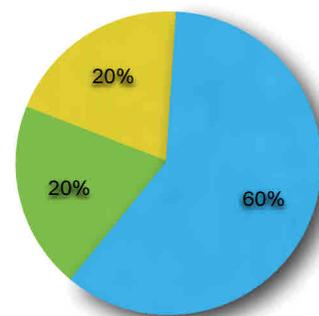


## Paediatric Resuscitation (Breathing Difficulty)

History: This paediatric patient has breathing difficulties.

Task: Prepare to receive this patient. Assess and treat the patient.



● examination

● communication

● clinical

Marking criteria	Not Completed	Partially Completed	Completed
Assembles ED team			
Briefly checks competency of team present and assigns roles to team members			
Able to calculate WETFAG and uses dosage board or other means to verify dosages			
Takes handover from EMT/paramedic/family			
Demonstrates a ABCDE approach			
Assesses airway (airway manueoures and airway adjuncts as required)			
Asks for high flow oxygen via non-rebreather mask			
Assess breathing by look, listen and feel (bvm as required)			
Comments on effort, efficacy and effect of breathing Tachypnoea, air entry, chest expansion, recession, accessory muscle use, alar nasae flare, stridor and wheeze			
Assesses circulation (pulse and central capillary refill time)			
Comments on colour, pulse rate			
Asks for monitoring: ECG, SpO2, NIBP			
Assesses disability using the AVPU or paediatric GCS and comments on mental state			
Asks for temperature and blood sugar			
Determines primary disorder and treats appropriately			
Summons help appropriately			
Refers/handovers patient in a clear manner			
Offers explanation to parents and invites questions			
Overall			

## Paediatric Resuscitation (Breathing Difficulty)

### Level 1 Understanding (basic sciences)

What are the anatomical differences between infants and adult upper airway?

The infant has a more superior in neck

The infant's Epiglottis is shorter, angled more over glottis

Infant Vocal cords are slanted: anterior commissure more inferior

Infant Larynx is cone-shaped: narrowest at subglottic cricoid ring

Infant tissues are Softer, more pliable: may be gently flexed or rotated anteriorly

Infant tongue is relatively larger.

Infant head is relatively larger: naturally flexed in supine position.

### Level 2 Understanding (applied sciences)

What are the non-anatomical differences between the paediatric and adult airways?

1. Young infants have relatively less oxygen reserve and a greater oxygen consumption.
2. Young infants (less than approximately 2-3 months) are obligate nose breathers.
3. Young children (especially 12-24 months of age) have a relative propensity to aspirate foreign bodies (food, coins).
4. More prone to Life-threatening infections: croup, epiglottitis, retropharyngeal abscess, bacterial tracheitis
5. Gastroesophageal reflux is quite common in infants.

### Level 3 Understanding (advanced sciences/management)

How do you calculate the GCS or infants and children?

Table 1 Modified Glasgow coma score

Score	Response	Response	Response
<i>Eye opening</i>			
4	> 1 year Opens spontaneously	0-1 year Opens spontaneously	
3	Opens to a verbal command	Opens to a shout	
2	Opens in response to pain	Opens in response to pain	
1	No response	No response	
<i>Best motor response</i>			
5	> 5 years Oriented and able to converse	2-5 years Uses appropriate words	0-23 months Cries appropriately
4	Disoriented and able to converse	Uses inappropriate words	Cries
3	Uses inappropriate words	Cries and/or screams	Cries and/or screams inappropriately
2	Makes incomprehensible sounds	Grunts	Grunts
1	No response	No response	No response
<i>Best verbal response</i>			
6	> 1 year Obeyes command	0-1 year Spontaneous	
5	Localizes pain	Localizes pain	
4	Flexion withdrawal	Flexion withdrawal	
3	Flexion abnormal (decorticate)	Flexion abnormal (decorticate)	
2	Extension (decerebrate)	Extension (decerebrate)	
1	No response	No response	