



**Figure 30-22** The pediatric assessment triangle.  
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If a parent is present, be sure to ask for permission (consent) to assess and care for children under 18 years of age (or under the age of majority in your state or province). Emancipated minors may provide their own consent for care. If there are no contraindications (e.g., a suspected spinal injury), leave a young child in the caregiver's arms because this will help both of them to feel more secure and in control. Remember, to a young child, you are a stranger. Many children obtain cues from their parent or caregiver that may dictate their response. If the parent is comfortable with your approach and assessment, the child will likely be less afraid and more cooperative. If a parent or caregiver is not present, and the child needs care, implied consent takes effect (see Chapter 1, Introduction to Outdoor Emergency Care).

### The Child's Appearance

As you approach the child, observe the patient's appearance (Figure 30-23). Is the child obviously injured or ill? A child who is unresponsive, has labored breathing, is pale, and/or has major bleeding should alert you to a possible life-threatening problem. Obvious limb deformities, "painful" crying, or an apparent decreased level of responsiveness are also signs of a serious condition. If there are no obvious findings of major illness or injury, continue to observe the patient for other clues, and ask yourself the following questions:

- ✦ *Is the child active and moving about, or instead sits still and is quiet?* Children who are laughing or playful are not seriously ill. A child who sits still or is sitting forward and drooling is in a condition that warrants rapid transport.
- ✦ *Does the child make eye contact?* It is generally a good sign if a child immediately focuses on your face and can follow your movements. Likewise, toddlers or preschoolers who make eye contact with you, start crying, and then immediately seek their parent are probably not seriously ill. Such children are responding in an age-appropriate manner to a stranger. Children who do not engage you or look at you and then refocus on themselves, have a weak cry, or are not moving should alert you to a possible serious medical condition.
- ✦ *Does the child appear irritable or agitated?* Under normal conditions, a parent or caregiver should be able to console and quiet a child. Children who are ill often cry or whine upon even small movements or changes in position and often cannot be comforted. An infant who is paradoxically irritable—that is, one who becomes quiet when left alone but is irritable when in the caregiver's arms—should be considered very ill.
- ✦ *Does the child respond to his caregiver's voice?* A child who quiets, smiles, or appropriately responds to a caregiver's voice is generally less ill than one who does not.

**tripod position** a position in which a patient sits upright and leans forward onto outstretched arms; the head and chin are thrust forward in an attempt to keep the airway open.

**Figure 30-23** As you approach the child, observe the patient's appearance.  
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### Respiratory Effort

Observe children for signs of increased respiratory effort (Figure 30-24). In most cases, the appearance of a child in respiratory failure is striking. A child who is in respiratory distress is typically found sitting upright and may assume the **tripod position**. Infants may also extend the head and neck into the "sniffing" position, with the nose in the air, which straightens the airway as much as possible to allow as much air as possible