

Pediatric patient

The definition of a pediatric **patient** is **age** less than 15 years or a length-based weight (per Broselow Tape) of 36 kg or less.

Patients who are known to be less than 15 years of age but whose weight exceeds 36 kg may still be considered pediatric patients given their chronological age; however, weights will then need to be estimated and adult dosages should be used.

Classification

The following are age classifications of pediatric patients that may assist prehospital personnel in their assessment and management of pediatric patients. • Neonate: newborn up to first 28 days of life

- Infant: comprises neonatal period up to 12 months
- Toddler: 1-3 years
- Pre-school: 3-5 years
- School-age: 6-10 years
- Adolescent: 11-14 years

Children with Special Health Care Needs (CSHCN) are children who have any type of condition that may affect normal growth and development. This may include physical disability, developmental or learning disability, technologic dependency, and chronic illness. CSHCN may be any age. It is important to consider developmental age, rather than chronological age when working with this population.

General Approach to Caring for the Pediatric Patients

- Allow the parent/caregiver to remain with the patient whenever possible.
- Adolescents may want to be examined without parent/caregiver. Honor their request if possible and provide them with privacy.
- Obtain history from both older children and adolescents and their parents/caregivers.
- Approach child slowly and calmly. Observe level of consciousness, activity level and respiratory rate/effort before touching.
- Compare assessment findings with parents'/caregivers' description of normal behavior.
- Be honest with the child and parent/caregiver. Explain all procedures to older children and adolescents directly.
- Allow child to hold a familiar security object. Use distraction techniques to assist in gaining cooperation.

- Acknowledge positive behaviors, no matter how small.
- Perform the most distressing components of the assessment last on infants and younger children.

Pediatric Age and or Weight Restrictions for Procedures and Protocols CPR • Neonatal resuscitation refers to the resuscitation of an infant immediately after birth • “Infant” CPR techniques should be utilized for pediatric patients under 1 year of age • “Child” CPR techniques should be utilized for pediatric patients ages 1-8 years

Endotracheal Intubation

- Contraindicated in pediatric patients unless the following conditions exist:
- Unable to maintain a patent airway
- Unable to provide adequate oxygenation with BVM

[Nasotracheal Intubation](#) • Contraindicated in ages less than 12 years

Pediatric Intraosseous Infusion • Relatively contraindicated in ages 6 years or more unless patient is in cardiac arrest or decompensated shock and IV access cannot be rapidly established. Needle Cricothyrotomy • Contraindicated in ages less than 3 years. For pediatric patients less than 36 kg, use a regulator with 20 PSI (if available) or use Bag valve mask ventilation. Charcoal • Contraindicated in ages 2 years or less Naloxone (Narcan) • Contraindicated in neonates of known or suspected narcotic-addicted mothers as it can induce withdrawal reactions Multi-lumen airway device (Combitube) • Contraindicated in pediatric patients under 5 feet tall. The entire length of the Broselow Tape is 5 feet

The [pediatric patient](#) for [cranioplasty](#) is distinct from the adult one because of the growing skulls and thinner bones of the calvarium. A paucity of data on the outcomes of this procedure in the pediatric population has been identified repeatedly.

Wagas et al conducted a retrospective cohort study to investigate the outcomes in a pediatric population that underwent cranioplasty after craniectomy at a institute in a developing-world country. The cohort showed no association of complication rate or cosmetic outcomes with the timing of cranioplasty, area of skull defect, type of implant used, or method of storage ¹⁾.

Skull fracture in pediatric patient

[Skull fracture in pediatric patient](#)

¹⁾

Waqas M, Ujjan B, Hadi YB, Najmuddin F, Laghari AA, Khalid S, Bari ME, Bhatti UF. Cranioplasty after Craniectomy in a Pediatric Population: Single-Center Experience from a Developing Country. *Pediatr Neurosurg*. 2016 Dec 8. [Epub ahead of print] PubMed PMID: 27926912.

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