PEDIATRIC OVERVIEW

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Pediatric patients are not just "small people." They have unique needs and problems that will affect prehospital as well as hospital care. These differences are all the more important to remember, because infants and children make up a small part of our patient population and opportunities to practice assessment and management skills are infrequent. In addition, the pediatric emergency is rarely preceded by chronic disease. If intervention is swift and effective, the child can often be restored to full health. This makes the psychological burden and reward for us as providers all the greater.

The following principles should be remembered:

1. Airways are smaller, softer, and easier to obstruct or collapse.
2. Respiratory reserve is small. Minor insults such as improper positioning, emesis, stomach filled with air, or airway narrowing can lead to major problems.
3. Circulatory reserve is also small. The loss of one unit of blood is sufficient to account for severe shock or death in an infant. Conversely, 500 ml of unnecessary fluid can result in acute pulmonary edema.
4. Vital signs and level of consciousness are difficult to assess. History, a high index of suspicion, and "soft signs" can be critical. Listen to the parents. They know when changes have occurred, even if they have difficulty expressing what has changed.
5. The proper size of equipment is very important because of the child's poor cardio-respiratory reserve. A complete selection of laryngoscope blades, ET tubes, suction catheters and IV catheters is essential for optimal care.
6. Pediatric equipment and drugs should be stored separately so they can be found easily when needed.
7. Pediatric resuscitation skills must be practiced to be ready when needed. In addition, protocols should be kept simple and procedures with poor likelihood of success should be left to the hospital setting *if* simpler support and rapid transport will suffice to maintain the patient.