



1. Rapid Assessment via Pediatric Assessment Triangle

- **Appearance:** the “tickles” (TICLS) mnemonic
Tone, Interactivity, Consolability, Look/gaze, Speech/cry
- **Work of breathing:** airway sounds, abnormal positioning, retractions, flaring, head bobbing
- **Circulation:** skin exam (pallor, mottling, cyanosis, cap refill)



2. Stabilization of Vitals

- **Airway/Breathing:** assess RR, WOB, oxygen saturation
Respiratory distress or hypoxia -> O2 supplementation -> HFNC -> BVM -> intubate
- **Circulation:** assess end organ perfusion -> cap refill, BP, pulse
Poor perfusion -> IV/IO access, 20 mL/kg fluid bolus (repeat as needed)
No improvement -> vasopressors (NE or epi)
Less than 1 mo old -> consider congenital heart disease and treatment with prostaglandins to open ductus arteriosus
Be prepared for possible apnea and/or hypotension with prostaglandin infusion
Cardiac kids:
Pulmonary flow limited (blue babies with low oxygen saturation) vs
Systemic flow limited (hypotensive with wet lungs and an abnormally palpable liver edge)
Obtain: pulse ox (blue or red?), CXR, and 4 extremity BP
- **Glucose:** check fingerstick, if < 50 -> give D10 bolus (5 mL/kg)
- **Sepsis:** obtain cultures, LP, labs, and start antibiotics (vancomycin, ampicillin, cefotaxime or gentamycin, acyclovir)



3. Run THE MISFITS differential

Trauma, Heart (congenital), Hypovolemia, Hypothermia, Endocrine, Metabolic (hypoglycemia), Inborn errors of metabolisms, Seizure, Formula disasters, Intestinal catastrophe, Toxicologic, Sepsis