



### 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