

PALS			
	ASSESSMENT	IDENTIFICATION/DIAGNOSIS	INTERVENTION
INITIAL IMPRESSION	APPEARANCE (awake, lethargic, unaware of surroundings) BREATHING (normal, fast, slow, shallow, labored) COLOR (normal, pale, mottled, cyanotic)	Respiratory Distress vs Failure Acute Life Threat Possible Shock	SPO2, Cardiac Monitor, IV/IO, Oxygen BVM CPR
PRIMARY ASSESSMENT	AIRWAY – open, sounds BREATHING – rate, quality, SpO2 (94%-99%), breath sounds (stridor/wheezing/crackles) CIRCULATION – rate, rhythm, quality, central vs peripheral pulses, cap refill, BP (Double the age + 90) DISABILITY – responsiveness EXPOSURE – skin & temp	Respiratory Distress vs Failure → Upper Airway (stridor) → Lower Airway (wheezing) → Compensated Shock (80-70+2Xage) → Hypotensive Shock (<70+2Xage) → Hypovolemic Shock → Possible ICP → Tachycardia (>180/child, >220/infant) → Bradycardia (<60/poor perfusion) → Cardiac Arrest →	Oxygen, BVM Racemic Epi Albuterol Initial fluid bolus 20cc/kg (half if Septic/Cardiogenic Shock) Initial fluid bolus 20 cc/kg (half if Septic/Cardiogenic Shock) Initial fluid bolus 20 cc/kg (half if Septic/Cardiogenic Shock) High flow O2 High flow O2 BVM 100% O2 at 1 breath every 3-5 seconds See below for asystole/PEA vs VFib/Pulseless VTach
SECONDARY ASSESSMENT	SIGNS/SYMPTOMS ALLERGIES MEDICATIONS PAST MEDICAL HISTORY LAST ORAL INTAKE EVENTS LEADING TO EMERGENCY PHYSICAL EXAM -Head, eyes, ears, nose, throat/neck -Heart and lungs -Abdomen -Extremities -Back -Neurologic VITAL SIGNS REASSESSMENT -Blood Pressure -Heart Rate -Respiratory Rate -Glucose	Upper Airway (stridor) → Lower Airway (wheezing) → Lung Tissue Disease (crackles) → Disordered Control of Breathing → (chest muscles/diaphragm affected) Compensated Shock (80-70+2Xage) ▶ Hypotensive Shock (<70+2Xage) → Hypovolemic Shock → Possible ICP → Obstructive Shock (pneumo) → Distributive Shock (sepsis) → Cardiogenic Shock → (crackles, liver enlarged) SVT (Stable vs Unstable) → Wide Complex Tachycardia → Bradycardia → Asystole/PEA → VFib/Pulseless VTach →	Racemic Epi, steroids, BVM, Intubation Albuterol, Atrovent, steroids, BVM, Intubation O2, BVM, CPAP, Intubation, antibiotics High Flow O2, BVM, H's&T's Fluid bolus 20 cc/kg Fluid bolus 20 cc/kg, vasopressors Fluid bolus 20 cc/kg BVM/Intubation to EtCO2 30-35 mmHg DOPE mnemonic if ET (displaced, obstructed, pneumo, equipment) 10-20 cc/kg & vasopressors, antibiotics Fluid bolus 5-10 cc/kg, cardiology consult Vagal, Adenosine 0.1 mg/kg then 0.2 mg/kg, cardioversion Expert consult, unstable = cardioversion 0.5-1.0 J/kg CPR, Epi 0.01 mg/kg q 3-5 min, H's & T's CPR, Epi 0.01 mg/kg q 3-5 min, H's & T's CPR + initial Defibrillation 2-4 J/kg → CPR X2 mins → second Defibrillation 4-6 J/kg → CPR X2 mins + Epi 0.01 mg/kg → third Defib 6-10 J/kg → CPR X2 mins + Amio 5 mg/kg → 3rd Defib 10 J/kg
DIAGNOSTIC	LABS & IMAGING		