



# U.S. Public Health Service

## N-PAC TIP OF THE MONTH

June 2021



### Assessment of Pediatric Patients

PHS officers have been deployed on missions that require providing care for pediatric patients. Prior to deployment it is important to familiarize yourself with the specific population you will be caring for. This document provides a general review of a pediatric assessment. Given the ongoing missions, we have also included resources specific to refugee children's health.

#### Pediatric general health history and physical assessment

Registered nurses must perform a complete physical assessment upon arrival and anytime the child's condition warrants. The physical exam can obtain baseline information and indicate abnormalities, injuries, potential disorder, disease, or underlying conditions. Pediatric physical assessment must take into consideration the age of the child. For example:

- include appropriate questions to involve the child in the assessment
- be honest when giving information
- use assistive devices and translation lines to communicate with children and their families
- use age-appropriate positive reinforcement and allow parents/guardians to stay close or sit with the child to ease the process.

A nurse should document all injuries and findings completely and notify appropriate legal authorities and health care staff if abuse is suspected or reported.

The length and depth of the health history can vary based on the reason for the visit, urgency, and acuity of complaint and can include:

Prenatal history	Psychosocial development and behaviors
Parents ages at time of birth	Family history
Neonatal history	Current health status of parents/guardians
Previous illnesses and surgeries	Parental history of substance abuse in last 6 mos.
Previous hospitalizations	Social history of family and child
Sources of past medical care	Sexual practices
Current medications (OTCs and natural remedies)	Interaction with parents/guardians
Presenting symptoms	Child's reaction to parent/guardian
Nutritional status	Home environment
Elimination patterns	Sleep and activity patterns

#### Heart rate, respiratory rate, systolic BP and diastolic BP assessment

These assessments are based on age. Please find the normal ranges outlined below.

Age	Heart Rate	Respiratory Rate	Systolic BP	Diastolic BP
Infant 1 mo. – 1yr	100-150	30-55	80-100	55-65
Toddler 1-2 y	70-110	20-30	90-105	55-70
Preschool 3-5 yrs.	65-110	20-25	95-107	60-71
School age 6-9 yrs.	60-95	14-22	95-110	60-73
Preadolescent 10-11 yrs.	60-95	14-22	100-119	65-76
Adolescent 12-15 yrs.	55-85	12-18	110-124	70-79

#### Temperature assessment

In pediatric patients, an oral or rectal temperature of  $\geq 100.4^{\circ}\text{F}$  is considered a fever, while an axillary temperature of  $\geq 99^{\circ}\text{F}$  is considered a fever. If an axillary temperature is  $\geq 99^{\circ}\text{F}$ ; check a rectal temperature for patients aged  $\geq 3$  years of age.

Age	Fahrenheit	Celsius
Preterm infant	97.7–98.6	36.5–37.0
Term infant	97.2–99.9	36.2–37.7
0–6 months	97.2–99.4	36.2–37.4
6–12 months	96.0–99.7	35.6–37.6
1–13 years	95.9–99.0	35.5–37.2
>13 years	96.4–99.6	35.8–37.6

#### Growth standards assessment

- The CDC recommends using the WHO tools for assessing growth in those 0-2 years and using the CDC growth assessments for those 2-5 years in the United States.
- Nurses should measure head circumference and use length for height charts for children 0-2 years.
- Malnutrition can be evaluated using the arm circumference for age 3 months to 5 years.

#### Resource Links

- [WHO Growth Charts age 0-2 years](#)
- [ORR UC program](#)
- [CDC Growth Charts age 2-5 years](#)
- [CDC refugee health](#)
- [WHO Arm Circumference by Age](#)
- [HHS UC FAQs](#)
- [CDC Immunization Schedule](#)

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