

Pediatric Assessment

Body System	Assessment Skill
Neurological	Assess Reflexes Posture Tone Behavioral Response to Care
Head	Shape/Symmetry Head Control/ROM Sutures Fontanelles -When do they close? Eye Exam Ears Nose Mouth
Respiratory/chest	Birth to 7 Respiratory Movement? 7 and up Respiratory movement? Sign of Respiratory Failure?
Cardiovascular	Apical Pulse Where do you assess for birth – 7 years old? Where do you assess for 7 and up? Expected SaO2?
GI:	Inspect abdomen Auscultate bowel sounds Palpate for tenderness/distention Assess stool if present (color/consistency/odor) Determine last bowel movement

Body System	Assessment Skill
Urinary/Reproductive	Minimal Urine Output: What is expected? Daily weight Maintenance fluid requirements?
Skin	Color Texture Temperature Moisture Turgor Lesions Acne Rashes Hair And Distribution
Musculoskeletal	Palpate extremities/joints/ calves for tenderness Observe range of motion Assess muscle strength/tone
Holistic	Educational Priorities Parent needs and teaching Cultural considerations Spiritual support Emotional Support
Pediatric Extras	IVs? VTBI? Tunneled Catheters Medication Administration