



PEDIATRIC TRIAGE

PRIOTIZING SICK CHILDREN

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EYE OPENER

- **AT A FACILITY 5 SICK CHILDREN ARE BROUGHT BY THEIR MOTHER:**
 - ONE OF THE IS GRUNTING AND HAVING NOISY BREATHING
 - ONE IS LETHARGIC AND ONLY OPENS HIS EYES WITH PAIN STIMULATIONS WITH A HISTORY OF 2 DAY DIARRHEA.
 - 3 LOOK WELL NOURISHED AND MOTHERS TELL YOU THEY HAD FEVER LAST NIGHT.



WHO TO

TREA

FIRST?

T

INTRODUCTION



• **Triage**

- is the process of rapidly screening sick children soon after their arrival in hospital

INTRODUCTION



- **in order to identify:**

EMERGENCY SIGNS



EMERGENCY TREATMENT

PRIORITY SIGNS

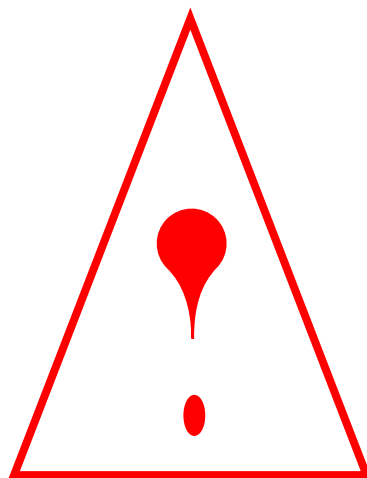


PRIOTITY IN QUEUE

**NON-URGENT
CASES**



NORMAL TREATMENT



EMERGENCY SIGNS

No waiting

EMERGENCY SIGNS

- 1 Obstructed or absent breathing
- 2 Severe respiratory distress
- 3 Central cyanosis
- 4 Signs of shock

EMERGENCY SIGNS

5

Convulsions

6

Diarrhea + Signs of severe Dehydration

7

coma (or seriously reduced level of consciousness)

PRIORITY SIGNS

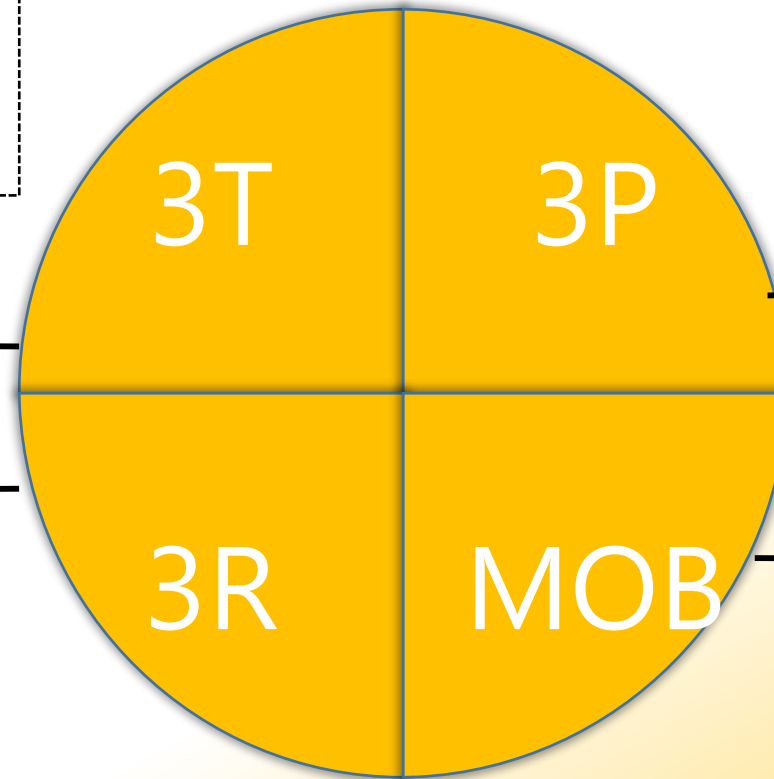
Priority in
queue

3TPR- MOB



- Tiny infant: < 2 months
- Temperature
- Trauma

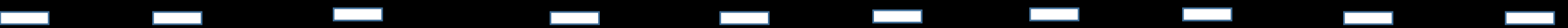
- Pallor (severe)
- Poisoning (history of)
- Pain (severe)



- Respiratory distress
- Restless, continuously irritable or lethargic
- Referral (urgent)

- Malnutrition
- Oedema of both feet
- Burns (major)

**APPROUCH TO CHILDREN
WITH **EMERGENCY** AND
PRIORITY SIGNS**

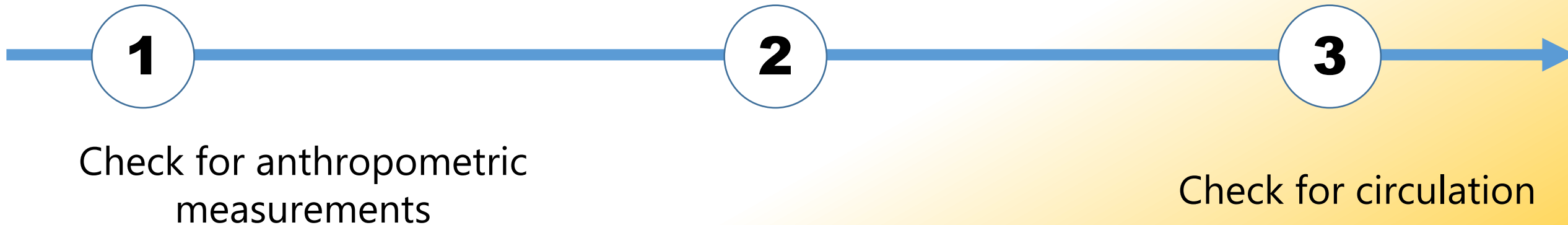




VITAL SIGNS

VITAL

STEPS TO TAKE





AIRWAY AND BREATHING

- Obstructed breathing
- Cyanosis
- Severe respiratory distress

- **If foreign body aspirated**
 - Manage airway in choking child
- **If no foreign body aspirated**
 - Manage airway
 - Give oxygen
 - Make sure the child is warm

CHOKING MANAGEMENT



**INFAN
T**



Back slaps



Chest thrusts

CHOKING MANAGEMENT

CHILD



BACK BLOWS



Heimlich manoeuvre for a choking older child



AIRWAY MANAGEMENT

NECK TRAUMA SUSPECTED



NO NECK TRAUMA SUSPECTED



AIRWAY MANAGEMENT

NO NECK TRAUMA SUSPECTED

Child conscious

- Inspect mouth and remove foreign body, if present.
- Clear secretions from the throat.
- Let child assume position of maximal comfort

AIRWAY MANAGEMENT

NO NECK TRAUMA SUSPECTED

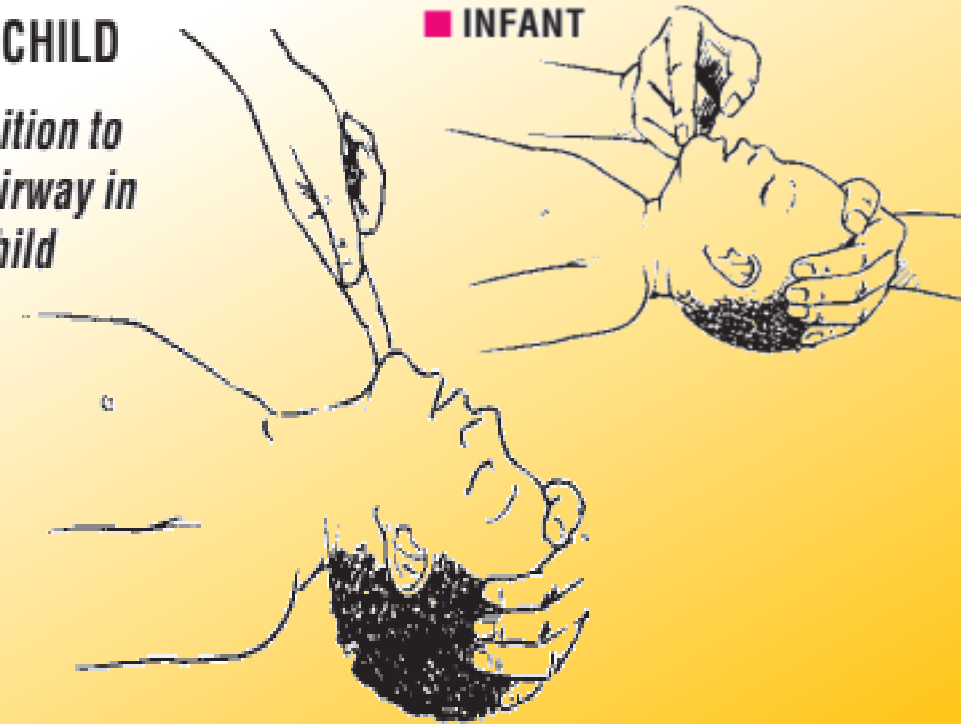
Child unconscious

- Tilt the head as shown, keep it tilted and lift chin to open airway.
- Inspect mouth and remove foreign body if present and easily visible.
- Clear secretions from the throat.
- Check the airway by looking for chest movements, listening for breath sounds and feeling for breath

■ OLDER CHILD

Tilting position to open the airway in an older child

■ INFANT



AIRWAY MANAGEMENT

NECK TRAUMA SUSPECTED

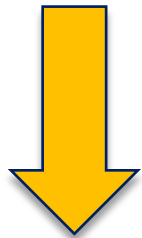


Use jaw thrust if airway are still not open. Place the fourth and fifth fingers behind the angle of the jaw and move it upwards so that the bottom of the jaw is thrust forwards, at 90° to the body

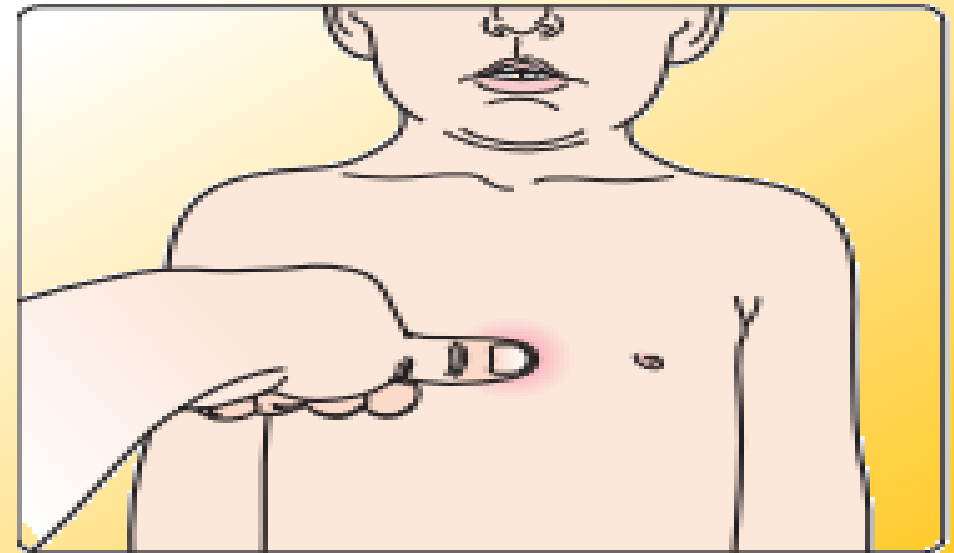
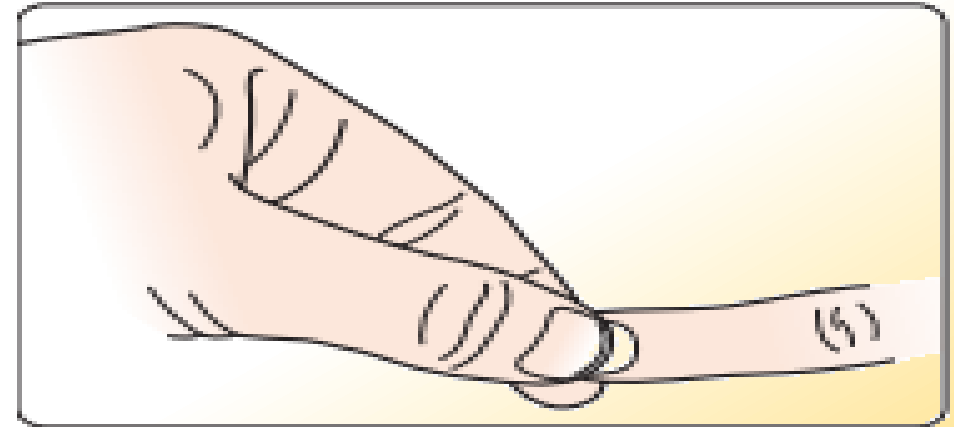
CIRCULATION

Cold skin with:

- Weak and fast pulse
- Capillary refill longer than 3 s



- **Stop any bleeding**
- **Give oxygen**
- **Make sure the child is warm.**



CIRCULATION

If no severe
malnutrition



- Insert an IV line and begin giving fluids rapidly.
- If peripheral IV cannot be inserted, insert an intraosseous or external jugular line



If severe
malnutrition



- *If lethargic or unconscious:*
 - Give IV glucose
 - Insert IV line and give fluids.
- *If not lethargic or unconscious:*
 - Give glucose orally or by nasogastric tube.
 - Proceed immediately to full assessment and treatment

NON-URGENT CASES

Proceed with assessment and further treatment according to the child's priority.



THANK YOU

Questions and comments?