Trauma Assessment
Remember the ABCs...

A — Airway, alertness & c-spine protection
B — Breathing & ventilation
C — Circulation & control of hemorrhage
D — Disability (neurological status)
E — Exposure & environmental control
F — Full set of vital signs & family presence
G — Get resuscitation adjuncts
(labs, monitor, NG/OG, O2, Pain)
H — History & head-to-toe assessment
I — Inspect posterior surfaces

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WHY? A systematic **head-to-toe** assessment is crucial to assess for **missed or evolving injuries**.

Questions?

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Pediatric Vital Sign Ranges

This is only a reference, please see your patient's baseline vital signs

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Age	HR (Beats/Min)	RR (Beats/Min)	SBP (mmHg)	DBP (mmHg)
0-7 days	95 – 160	40 – 60	80 – 95	50 – 65
1-3 wo	105 – 170	30 – 60	85 – 105	50 – 70
1-6 mo	120 – 170	24 – 40	85 – 105	40 – 60
6-12 mo	110 – 150	24 – 40	85 – 100	40 – 60
1-3 yo	90 – 150	22 – 30	85 – 105	40 – 60
4-5 yo	80 – 130	20 – 25	90 – 105	45 – 65
6-8 yo	70 – 115	18 – 25	90 – 110	50 – 70
9-11 yo	65 – 110	16 – 25	95 – 115	60 – 75
12-15 yo	60 – 100	14 – 20	100 – 120	60 – 80
≥ yo	55 – 100	14 – 20	110 – 120	65 – 80
Temperature: 36.5 – 38 °C				