

Pediatric Respiratory Rates	
Age	Rate (breaths per minute)
Infant (birth–1 year)	30–60
Toddler (1–3 years)	24–40
Preschooler (3–6 years)	22–34
School-age (6–12 years)	18–30
Adolescent (12–18 years)	12–16

Pediatric Pulse Rates		
Age	Low	High
Infant (birth–1 year)	100	160
Toddler (1–3 years)	90	150
Preschooler (3–6 years)	80	140
School-age (6–12 years)	70	120
Adolescent (12–18 years)	60	100

*Pulse rates for a child who is sleeping may be 10 percent lower than the low rate listed.*

Low-Normal Pediatric Systolic Blood Pressure	
Age*	Low Normal
<i>Infant (birth–1 year)</i>	<i>greater than 60*</i>
<i>Toddler (1–3 years)</i>	<i>greater than 70*</i>
Preschooler (3–6 years)	greater than 75
School-age (6–12 years)	greater than 80
Adolescent (12–18 years)	greater than 90

*\*Note: In infants and children aged three years or younger, the presence of a strong central pulse should be substituted for a blood pressure reading.*

Pediatric CUPS Assessment			
Category	Assessment	Actions	Example
<b>Critical</b>	Absent airway, breathing, or circulation	Perform rapid initial interventions and transport simultaneously	Severe traumatic injury with respiratory arrest or cardiac arrest
<b>Unstable</b>	Compromised airway, breathing, or circulation with altered mental status	Perform rapid initial interventions and transport simultaneously	Significant injury with respiratory distress, active bleeding, shock; near-drowning; unresponsiveness
<b>Potentially unstable</b>	Normal airway, breathing, circulation, and mental status <i>BUT</i> significant mechanism of injury or illness	Perform initial assessment with interventions; transport promptly; do focused history and physical exam during transport if time allows	Minor fractures; pedestrian struck by car but with good appearance and normal initial assessment; infant younger than three months with fever
<b>Stable</b>	Normal airway, breathing, circulation, and mental status; no significant mechanism of injury or illness	Perform initial assessment with interventions; do focused history and detailed physical exam; routine transport	Small lacerations, abrasions, or ecchymoses; infant older than three months with fever

Based on CUPS Assessment Table © 1997 N. D. Sanddal, et al. *Critical Trauma Care by the Basic EMT, 4th ed.*

Developmental Aspects of Pediatric Patients		
Age*	Keys to Successful Interaction	Characteristics
Newborn (birth to 1 month)	Likes to be held and kept warm May be soothed by having something to suck on Avoid loud noises, bright lights	Normally alert, looking around Focuses well on faces Flexed extremities
Infant (1–12 months)	Likes to be held Parents should be nearby Examine from toes to head Distract with a toy or penlight	Normally alert, looking around Eyes follow examiner Slightly flexed extremities Can straighten arms and legs Can sit unaided by 6–8 months
Toddler (1–3 years)	Make a game of assessment Distract with a toy or penlight Examine from toes to head Allow parents to participate in exam Respect modesty, keep child covered when possible	Normally alert, active Can walk by 18 months Does not like to sit still May grab at penlight or push hand away
Preschooler (3–6 years)	Explain actions using simple language Tell child what will happen next Tell child just before procedure if something will hurt Distract child with a story Respect modesty	Normally alert, active Can sit still on request Can cooperate with examination Understands speech Will make up explanations for anything not understood
School-age child (6–12 years)	Respect modesty Let child make treatment choices when possible Allow child to participate in exam	Will cooperate if trust is established Wants to participate and retain some control
Adolescent (12–18 years)	Explain the process as to an adult Treat the adolescent with respect	Has clear concepts of future Can make decisions about care

\*Note that children who are frightened or in pain may act younger than their age

