

PALS Systematic Approach

1. **Initial Impression (PAT)**- what you see from the door
 - a. **Appearance**- LOC
 - b. **Breathing**- ↑ work of breathing, ↓ respiratory effort, abnormal breath sound, retractions
 - c. **Circulation**- color such as cyanosis, pallor, mottling

****Place the patient on the Monitor/Vitals****

2. **Primary Assessment**- a rapid, hands on ABCDE approach to evaluate: resp, cardiac, neuro function (includes vital signs)
 - a. **Airway**- is the airway clear and maintainable
 - b. **Breathing**- RR/pattern, retractions, respiratory effort chest expansion, abnormal airway, or breath sounds, O₂ sats ≥94%
 - c. **Circulation**- HR and rhythm, BP, central/peripheral pulses, cap refill (nml ≤2 seconds), skin temp
 - d. **Disability**- AVPU (alert, respond to voice, respond to pain, unresponsive), pupil size/equal/reactive & glucose
 - e. **Exposure**- temp, weight, head to toe assessment, rash, trauma, abnormal markings, or medical devices/lines

Consider using the VOMIT mnemonic: Vitals, Oxygen, Monitor/ECG, Consider IV access (with labs if needed), Testing & Treatment

****Evaluate- Identify-Intervene (EII)** Reassess after any intervention****

3. Secondary Assessment- a focused medical history (SAMPLE), a focused physical exam, diagnostic tests, and the H's & T's

S- Signs and Symptoms

A- Allergies

M- Medications

P- Past Medical History

L- Last Meal

E- Events Surrounding

Post ROSC
"VARMIT"

V- Vitals (SBP >5% of age)
A- AVPU (LOC)
R- Resp Effort (SP02 94-99%)
M- Monitor- EKG, CT/MRI, EEG
I- IVx2, arterial line, labs, fluids
T- Treatment (H's&T's) and TTM

H's & T's:

Hypovolemia	Tension Pneumothorax
Hypoxia	Tamponade (cardiac)
Hydrogen ion (acidosis)	Toxins
Hypoglycemia	Thrombosis, pulmonary
Hypo-/Hyperkalemia	Thrombosis, coronary
Hypothermia	**Consider Other Causes**

Are test results back?

What additional interventions or testing is needed for this patient?

What are your differential diagnoses?

*Examples: Lower Airway Obstruction- Asthma- Respiratory Failure

Compensated Distributive Shock- Sepsis with Respiratory Distress

Do we need to seek expert consultation?

Where does the patient need to go: ER, OR, ICU, Floor, or Home?