

PEDIATRICS GENERAL EXAMINATION

1. General appearance (look): assess whether the child is:

- Conscious. drowsy or comatose. Oriented or not. Comfortable, Calm, sick(ill), Crying or Irritable. Sleeping or sleepy. Sitting in the lap of his/her mother or playing.
- Lying position: frog-like(hypotonia), scissoring(hypertonia), on one side or supine(pain, trauma, fracture).
- Pale, Cyanosed, or Jaundiced.
- Well nourished , Malnourished, Dehydrated or edematous (periorbital puffiness)
- Dysmorphic & abnormal features (Down syndrome, Cushing syndrome, chromosomal anomalies, cretinism, & facial palsy) .
- Dyspneic, Sweaty, or Convulsive.
- Hand: Clubbing, Palmar erythema, Cyanosis, Splinter hemorrhage, & Sweating.

2. Vital signs

- **Arterial pulses:** The presence of main arterial pulses (radial, brachial, carotid, femoral, popliteal, posterior tibial & dorsalis pedis) should be noted & both sides compared. The following should be assessed:
 - a) **Pulse rate:** to assess tachycardia or less commonly bradycardia

*Average & upper limit Heart Rate at rest in pediatrics age groups (bpm)

<u>Age</u>	<u>Average</u>	<u>Upper limit</u>
0-6 months	140	160
6-12 months	130	150
1-2 years	110	130
2-6 years	100	120
6-10 years	95	110
10-14 years	85	100

(Some references said that the range of heart rate at neonatal period is 80-180 bpm)

- b) **Pulse rhythm:** regular or irregular (regularly or irregularly irregular)
- c) **Pulse character:** as collapsing pulse in aortic incompetence, PDA, fever, severe anemia & thyrotoxicosis)
- d) **Pulse volume:** low volume(dehydration, shock & aortic stenosis) or high volume (as causes of collapsing pulse).
- e) **Radio-femoral delay:** femoral pulsation is diminished & delayed in CoA, while normally it occurs a little earlier than radial pulsation.

- **Respiratory rate:** to assess tachypnea (pneumonia & CHF)

