CLINICAL DECISION SUPPORT			SEE IT, BECAUSE YOU ARE LOOKING FOR IT!
LOOK – LISTEN - FEEL	**Assess the patient – symptoms?**	**Possible causes**	**Suggestions for action** - Assess the need for help!
A **Airways**	**Patent?** • Free respiration without stridor, hoarseness, snoring or rattling secretions **At risk?** • The following may occur: stridor, hoarseness, snoring or rattling secretions **Obstructed?** • No or very little air exchange • Movement of the thorax does not mean that the airways are free	• Reduced level of consciousness (tongue falls back) • Foreign objects • Swelling of the mouth, throat, neck	• Open airways: positioning of the head and jaw lift • Provide oxygen until saturation exceeds 95% (mask with reservoir or nasal oxygen catheter) • Suction in case of secretion issues • Change in position? • Remove any visible foreign bodies • Consider adrenaline inhalation in case of stridor
B **Respiration**	**Saturation <94** • Is the respiratory rate normal for the child's age? • What type of respiratory movements (shallow/deep) • How is the respiration (inhalation, use of auxiliary muscles, prolonged expiration, movement of the nostrils) See the respiration symptom card • How is the depth of the respiration - Tidal volume -	• Asthma • RSV or other viral airway infection • Pneumonia • Sepsis • Fever • Reduced level of consciousness • Pneumothorax, pulmonary congestion, pulmonary oedema	• Provide oxygen until saturation exceeds 95% (mask with reservoir or nasal oxygen catheter) • Change in position? • Inhalation with, e.g., beta2-agonist • Mask ventilation if: - saturation decreases despite oxygen provision - respiration is failing • Consider inserting a ventricular probe • Consider the acid-base status ***Re-assess A-B go to C***
C **Circulation**	**Is the pulse normal for the child's age?** • How is central and peripheral pulse quality • Is the pulse irregular • How does the skin look (pale, cyanotic, flushed) • What is the central capillary refill time (normal ≤ 2 sec) • What is the blood pressure • Signs of hepatic enlargement	• Dehydration • Infection • Heart issues • Haemorrhage • Sepsis • Anaphylaxis/medicine-/blood reaction	• Provide oxygen until the saturation exceeds 95% (mask with reservoir or nasal oxygen catheter) • Acid-base status with lactate • Trendelenburg • IV access + liquid bolus • IO access + liquid bolus • Blood transfusion (in case of haemorrhage) • Cardiac arrest-equipment • ECG • Weight

			• Prostaglandin on suspicion of ductal-dependent heart condition • Is there a difference between the saturation or blood pressure in both arms and legs ***Re-assess A-B-C go to D***
D Level of consciousness	**Normal level of consciousness?** • Observe the level of consciousness (AVPU; Alert, responds to Voice, Pain or Unresponsive) • Pupils (same/different, small/large) • Tonus • Stiffness of the neck and back • Blood glucose • Sudden change in consciousness/behaviour • Changed pattern of movement (same/different for each side) • Headache • Convulsions	• O2 deficiency • High CO2 • Low BP • High/low BG • Electrolyte disturbances • Intoxication (medication, alcohol) • Head trauma	• Provide oxygen until saturation exceeds 95% (mask with reservoir or nasal oxygen catheter) • Target BS • Glucose 10% in case of low blood sugar • In case of reduced consciousness corresponding to V on the AVPU perform full GCS test • In case of reduced consciousness corresponding to P on the AVPU or GCS < 9, consider ventilation by mask and intubation • Consider antidote • Neurological assessment • Other examination such as: lumbar puncture, CT or blood samples ***Re-assess A-B-C-D go to E***
E Exposure	**Temperature** • Are there factors that affect the patient? Lift the covers and look at the whole patient. • Infection count? • Electrolytes • Blood glucose • Lactate	• Infection/sepsis • Cooling • Trauma • Lactate, base excess and pH are affected by lack of oxygen at the cellular level	• Search for infectious focus • Antibiotics • Expose/undress the patient ***Re-assess A-B-C-D-E***