

Prehospital Pediatric Care Course

Lesson 1 Developmental Differences

Communicating with children is a skill that EMTs can master.

Ill and injured children are more likely to cooperate with assessment and treatment when EMTs relate to them in a manner suitable for their age.

Developmental Do's For Young Children

- Speak softly; use simple words and the child's name.
- Adjust your height to that of the child.
- Enlist the parent's (caregiver's) help.
- Examine infants and young children on a parent's lap.
- Talk to children throughout the examination. Tell them a story or ask questions about things they like and don't like; explain interventions just before carrying them out.
- Offer children a stuffed animal or toy to hold.

Developmental Don'ts For Young Children

- Don't ask the child's permission to perform an examination if it will be performed in any case.
- Don't talk about things that will happen in the future to children younger than five years; they have no clear concept of future events and will fantasize about what could happen.

Developmental Do's For School Age Children

- Honesty is especially important!
- Introduce yourself to child.
- Be friendly and sympathetic.
- Describe actions before carrying them out.
- Make a contract with the child (“I promise to tell you everything I’m going to do if you’ll help me by cooperating”).
- Reassure child if injury is not severe.
- Allow child to make choices in treatment when possible.

Developmental Do's for Adolescents and Teens

- Speak in a respectful, friendly manner, as to an adult.
- Get history from patient if possible
- Respect independence; address the adolescent directly
- Allow parents to be involved in examination if patient wishes.
- Consider asking questions about sexual activity, drug or alcohol use privately.

Understand that the patient may be reluctant to answer such questions honestly in the parent's presence.

It's important to understand that some children will remain fearful or uncooperative even when you make all the right choices in your approach.

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