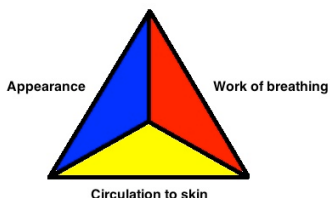


Pediatric Assessment Triangle

Dieckmann R et al. *Pediatr Emerg Care* 2010. PMID [20386420](https://pubmed.ncbi.nlm.nih.gov/20386420/)

ER CAST: <http://blog.ercast.org/2010/05/the-toxic-neonate/>

(Courtesy of Dr. Michelle Reina & Dr. Rob Bryant)



The PAT functions as a rapid, initial assessment to determine “sick” or “not sick,” and should be immediately followed by/not delay the ABCDEs. It can be utilized for serial assessment of patients to track response to therapy.

Appearance: The “Tickles” (TICLS) Mnemonic

Characteristic	Normal features
T one	Move spontaneously, resists examination, sits or stands (age appropriate)
I nteractiveness	Appears alert/engaged with clinician or caregiver, interacts well with people/environment, reaches for objects
C onsolability	Stops crying with holding/comforting by caregiver, has differential response to caregiver vs. examiner
L ook/gaze	Makes eye contact with clinician, tracks visually
S peech/cry	Uses age-appropriate speech

Work of breathing

Characteristic	Abnormal features
Abnormal airway sounds	Snoring, muffled/hoarse speech, stridor, grunting, wheezing
Abnormal positioning	Sniffing position, tripodding, prefers seated posture
Retractions	Supraclavicular, intercostal, or substernal, head bobbing (infants)
Flaring	Flaring of the nares on inspiration

Circulation to skin

Characteristic	Abnormal features
Pallor	White/pale skin or mucous membranes
Mottling	Patchy skin discoloration due to variable vasoconstriction
Cyanosis	Bluish discoloration of skin/mucous membranes

Relationship of the PAT components to physiological categories and management priorities

Presentation	Appearance	Work of breathing	Circulat'n to skin	Management priorities
Stable	Normal	Normal	Normal	Specific therapy based on possible etiologies
Respiratory distress	Normal	Abnormal	Normal	Position of comfort, O ₂ /suction, specific therapy (e.g. albuterol, diphenhydramine, epinephrine), labs/x-rays
Respiratory failure	Abnormal	Abnormal	Normal or Abnormal	Position head/open airway, BVM, FB removal, advanced airway, labs/x-rays
Shock (compensated)	Normal	Normal	Abnormal	O ₂ , peripheral IV, fluid resuscitation, specific therapy based on etiology (antibiotics, surgery, antidysrhythmics), labs/x-rays
Shock (decompensated/hypotensive)	Abnormal	Normal or Abnormal	Abnormal	O ₂ , vascular access, fluid resuscitation, specific therapy based on etiology (antibiotics, vasopressors, blood products, surgery, antidysrhythmics, cardioversion), labs/x-rays
CNS/Metabolic dysfunction	Abnormal	Normal	Normal	O ₂ , POC glucose, consider other etiologies, labs/x-rays
Cardiopulmonary failure/arrest	Abnormal	Abnormal	Abnormal	Position head/open airway, BMV with 100% O ₂ , CPR, specific therapy based on etiology (defibrillation, epinephrine, amiodarone), labs/x-rays

