

PEDIATRIC PHYSICAL ASSESSMENT

NEURO

LOC Orientation x4
Irritability – Lethargy
Responsiveness
Reflexes
Normal feeding behavior
Seizure behavior
PERL

Mood/Behavior (cry if parents leave)
Consolability
Moves all extremities
Normal play
Eye contact
Cry
Anterior Fontanel level/tenseness

Temp (route)
Gait
Refusing to sit/stand
Speech
Purposeful movement
Posturing
Withdrawal to stimuli

RESPIRATORY

Location: RUL/LUL/RLL/LLL/RML
Adventitious breath sounds: rales,
rhonchi, wheeze
Retractions: sl/mild/mod/severe
Stridor
SOB/SOBOE
Location: ss/sc/ic
CPT

Breath sound: labored, coarse,
shallow, absent, panting
Cough: strong, weak, frequent,
occasional, productive, non-
productive, moist, dry
Chest expansion
Symm/nonsymm
Ability to talk (with or without
distress)

O₂SAT= __% on __oxygen per
NC/mask/hood/tent
Grunting
R>L
Base<apex
Nasal flaring
Secretions: nasal, trach, oral
Color/viscosity/amt
Fingers & toes color

CARDIOVASCULAR

PMI
Murmur
Extremity: Color/Temp

Pulses (bil): brachial, pedal, femoral
Strength/rhythm
Turgor/sweating

CFT/CRT
Edema
SOB/SOBOE

GASTROINTESTINAL

Abdomen: soft, full/flat, tenseness,
tenderness
Bowels sounds
Appetite
NPO

Palpation: pain, tenderness,
withdrawal
RUQ/LUQ/RLQ/LLQ
Last BM ____ (with new admit)
Umbilical cord condition

Flatus, burping
Nausea/Vomiting
Diarrhea/Constipation
Cramps/spasms
Pain level ____ per ____ scale

GENITOURINARY

Urine output/frequency
Urine color/concentration/odor

Urinary pain, hesitancy, urgency,
burning
Circumcised?

Abdominal spasms/tenderness
Genitals appear normal

MUSCULOSKELETAL

Posture
Ability to move/position
Self/ADLs
ROM

Purposeful movement (torso/each
extremity)
Contractures
MAE

Activity: Play/rest
Muscle tone
Control of movements
Gait

SKIN

Describe all rashes, wounds, lesions,
birthmarks
Turgor
Temp/moisture

Mucous membranes
Diaphoretic
(SEE: Documenting Lesions)

Dressings: location, type,
condition, drainage
Edema

EQUIPMENT

All devices, tubes, drains, machinery
Everything on body

Placement, location, condition,
results

Safety: code sheet, Extra trach,
SR, SR padding, Ambu bags

PAIN

Behavior
Quotes (clients & family)

Pain scales: faces/FLACC
Distraction, play, meds

Guarding, withdrawal, grimacing,
cry

NEUROVASCULAR

Location ____ device ____
Any drainage on device

Distal – color, warmth, CRT, pulses,
movement, swelling, sensations

Able to slip finger under ace wrap