



GLOBAL EMERGENCY MEDICAL REGISTRY

Comprehensive Pediatric Physical Exam Skill Documentation Form

Candidate (Print): _____ Date: _____

Examiner (Instructor or Licensed Provider): _____

Examiner Signature: _____

Pass _____ Fail _____

Task:	Correct	Incorrect
<u>APPEARANCE</u>		
Eyes track provider when approached		
Facial expression		
Skin Color		
Eye Contact		
Weight – via height/weight based measuring device		
Work of Breathing		
Posture/Ease of movement		
Odors of breath or body		
If Infant (activity level, eyes track provider/mother/father/sibling/caretaker)		
<u>LEVEL OF CONCIOSNESS/MENTAL STATUS</u>		
Speech (Quality, Rate, Volume, Articulation of words, Fluency)		
Mood		
Orientation (Time, Place, Person)		
Memory (Recent, Long Terms)		
<u>VITAL SIGNS</u>		
Respiration (Rate, Tidal Volume)		
Pulse (Location, Rate, Amplification)		
SpO2 (percentage, amplitude of waveform)		
EtCO2 (Capnometer, Capnogram, Waveform interpretation)		
Blood Pressure (SDP, MAP)		
ECG (Lead II, 12 Lead, Interpretation)		
Temperature (identify as oral, skin, or rectal)		
<u>SKIN</u>		
Color (flushed, jaundiced, pallor, cyanotic)		
Moisture (dry, oiliness, diaphoresis)		
Temperature (cool, warm, hot)		



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Turgor		
Lesions (type, location, arrangement)		
Nails (condition, cleanliness, growth)		
<u>HEAD and NECK</u>		
Hair and Scalp		
Skull		
Face		
Eyes (Acuity, Appearance, Pupils, Extraocular movement)		
Ears (External canal, drainage, hearing present or not)		
Nose (Deformity, Air movement)		
Mouth (Opens willingly, Jaw Tension, Mucosal Color, Moisture, Upper airway patent)		
Trachea (midline?)		
Jugular Viens (appearance with patient position)		
<u>CHEST</u>		
Chest Wall Movement/Expansion		
Skin Color/Wounds		
Integrity (open wounds, rid stability, presence or absence of pain)		
Lower Airway (auscultation or ultrasound anterior/posterior, sounds normal or abnormal with abnormality identified)		
Heart (Apical sounds, Apical pulse, Sounds, Arterial Pulses and location)		
<u>ABDOMEN</u>		
Color (bruising, hematoma, wounds)		
Open Wounds (size, symmetry, shape, location)		
Size, Symmetry, Shape of Abdomen		
Scars		
Distension		
Auscultation or Ultrasound findings		
Palpation or Ultrasound (quadrants, masses, tenderness, rigidity)		
<u>BACK</u>		
Color/Closed Wounds		
Open wounds and location		
Size, Shape, Symmetry		
Scars		
Palpation (tenderness, rigidity, masses)		
<u>PELVIS</u>		
Pain on palpation/Stability		
Ultrasound Findings		



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<u>GENITALIA - MALE</u>		
Trauma/Wounds/Deformity		
Rashes/External Lesions/Coloration indicating closed wound		
Drainage		
<u>GENITALIA – FEMALE (NOT Pregnant)</u>		
Trauma/Wounds/Deformity		
Rashes/External Lesions		
Drainage		
Inquire as to Discharge or Bleeding if possible		
<u>MUSCULOSKELETAL</u>		
Legs and Feet (trauma, wounds, symmetry, range of motion, deformity, skin color, pulses at femoral/popliteal/dorsalis pedis)		
Arms and Hands (trauma, wounds, symmetry, range of motion, deformity, skin color, pulses at radius/brachial)		

<u>Critical Failure Criteria</u>	
	Failure to use PPE
	Failure to adequately assess airway, breathing, circulatory status
	Performs assessment in a disorganized manner
	Performs assessment inappropriately, resulting in missed life threatening condition
	Uses inappropriate affect with patient or examiner
	Uses or orders a dangerous or inappropriate intervention

NOTE: You must factually document any “incorrect” or critical failure criteria on back of this form