

CSHCN – GENERAL ASSESSMENT

Children with Special Health Care Needs (CSHCN) can present unique challenges for providers. **Listen to the caregiver and respect their guidance regarding the child's treatment.** The caregiver is your best source of information as they care for the child on a daily basis.

Before leaving the scene, ask the caregiver if they have a “go bag” and carry it with you. “Go Bags” or diaper bags contain supplies to use with the child's medical technologies and additional equipment such as extra tracheostomy tubes, adapters for feeding tubes, suction catheters, etc. are often maintained by the caregivers of special needs children. **Treat a CSHCN as you would any other patient – ABC's first.**

- A. Perform **Initial Assessment / Universal Patient Care Protocol** as you would any patient.
 1. General impression using **Pediatric Assessment Triangle (PAT)**. Appearance, work of breathing, and circulation of skin. (Appendix C)
 2. Hands on physical assessment using **Pediatric ABCDE's**. Airway, breathing, circulation, disability, and exposure.
 3. Suction through the nose, mouth, or tracheostomy tube, as needed.
 4. Obtain a complete medical history for the patient, including history of the present illnesses and past medical history.
- B. Bring all of the child's medical charts or medical forms that the caregiver may have, the child's “**go bag**” or other similar bag, and any supplies that the caregiver may have.
- C. Transport to the nearest appropriate facility as soon as possible.
- D. Perform additional assessment and treatments, as required, following general guidelines as outlined in the **Initial Treatment / Universal Patient Care Protocol** with the following special notes for the pediatric patient.
 1. Do not use nasal cannula in infants and small children. Use blow-by oxygen or mask to keep SpO₂ at 94 - 99 %.
 2. Perform focused history, more detailed physical exam, and ongoing assessment at the appropriate time before and during transport.

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3. Advanced Life Support (ALS) personnel treating a critically ill child who is unconscious, if unable to establish IV, then establish intraosseous route.
- E. Reassess the child at least every 3 - 5 minutes, more frequently as necessary and possible.