

Pediatric Assessment

Patient information	
Child's name:	Date of birth:
Age:	Gender:
Parent/guardian name:	
Contact information:	
Date of assessment:	
Chief complaint	

Pediatric assessment triangle

The pediatric assessment triangle is a rapid, 15-30-second visual and auditory assessment to determine clinical status without equipment.

I. Appearance (tone, interactivity, consolability, look/gaze, speech/cry)	
Muscle tone:	Level of alertness:
Eye contact and gaze:	Interaction with caregiver and environment:

II. Work of breathing	
Visible chest movements or retractions:	Nasal flaring:
Audible breath sounds (grunting, wheezing):	Positioning to ease breathing:
III. Circulation to skin	
Skin color (pallor, cyanosis, mottling):	Capillary refill time:
Presence of obvious bleeding:	

Medical and development history

Prenatal and birth history	
Maternal health during pregnancy:	Complications during pregnancy (if any):

Birth weight and gestational age:	Delivery method:
Medical history	
Chronic illnesses:	Hospitalizations and surgeries:
Allergies (food, medication, environmental):	Immunization status:
Developmental milestones	
Gross motor (e.g., crawling, walking)	Fine motor (e.g., grasping, drawing)
Speech and language development:	Social and emotional milestones:

Family and social history

Family medical history (genetic conditions, chronic diseases)	Home environment
Primary caregiver(s)	School/daycare attendance and concerns
Social interactions and behavior at home and in school	

Physical examination

I. Vital signs	
Temperature:	Heart rate:
Respiratory rate:	
Blood pressure (if age-appropriate):	
Weight:	Height/length:
Head circumference (if under 2 years old):	

II. General appearance			
Alertness:	Nutritional status:		Hygiene and grooming:
III. Glasgow Coma Scale			
Eye-opening <input type="checkbox"/> 4: Spontaneous <input type="checkbox"/> 3: To speech/sound <input type="checkbox"/> 2: To pain <input type="checkbox"/> 1: No response	Verbal response <input type="checkbox"/> 5: Coos or babbles <input type="checkbox"/> 4: Irritable crying <input type="checkbox"/> 3: Cries to pain <input type="checkbox"/> 2: Moans to pain <input type="checkbox"/> 1: None		Motor response <input type="checkbox"/> 6: Spontaneous <input type="checkbox"/> 5: Withdraws to touch <input type="checkbox"/> 4: Withdrawal to pain <input type="checkbox"/> 3: Abnormal flexion <input type="checkbox"/> 2: Abnormal extension <input type="checkbox"/> 1: No response
IV. Systematic examination			
Head and neck:	<input type="checkbox"/> Fontanelles	Symmetry	Lymph nodes
Eyes:	<input type="checkbox"/> Visual tracking	Red reflex	Alignment
Ears:	<input type="checkbox"/> Hearing	Tympanic membrane inspection	
Nose and throat:	<input type="checkbox"/> Nasal patency	Oral mucosa	Tonsils
Chest and lungs:	<input type="checkbox"/> Breath sounds	Respiratory effort	
Cardiovascular:	<input type="checkbox"/> Heart sounds	Murmurs	Pulses
Abdomen:	<input type="checkbox"/> Masses	Tenderness	Bowel sounds
Genitourinary:	<input type="checkbox"/> External genitalia (if indicated)		

Musculoskeletal:	<input type="checkbox"/> Range of motion	Deformities	
Neurological	<input type="checkbox"/> Reflexes	Tone	Coordination

Developmental and functional assessment

Cognitive function and attention span
Communication abilities (expressive and receptive)
Sensory processing (hearing, vision, tactile responses)
Gross and fine motor skills
Self-care abilities (feeding, dressing, toileting)

Behavioral and emotional assessment

Mood and affect
Attention, hyperactivity, and impulsivity signs
Anxiety, mood swings, or aggression

Assessment summary and clinical impressions

Plan and recommendations

Additional diagnostic tests	Referrals to specialists (e.g., speech therapy, occupational therapy)
Health education provided to parents/guardians	Follow-up plan and schedule

Additional notes

Healthcare professional information

Name: _____

License ID: _____

Signature: _____

Date of assessment: _____