

Examining the Pediatric Patient like a Pro

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Financial Disclosures

- I have no financial disclosures

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Key concepts

apprehension connection gentleness unease
patience
empathy trust
power
control
fear
compassion
warmth
grace
competence
rapport
kindness

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secure

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What do parents want?

- Sit down; try to be “eye to eye”
- Greet everyone in the room, try to use names
- Acknowledge wait: “Thank you for waiting”, instead of apologizing
- Bring up one non-medical topic prior to exam
- Engage child about medical issue
- Listen, but may need to redirect with focused questions
- At the end ask: “Now, do you have any questions for me?”

A Patient Experience Checklist for Pediatrics; Blog Post 5/2016 NEJM Catalyst



Why is this so hard? Barriers to the pediatric exam

- Requires experience with kids!
- Different stages of development
- Different levels of communication
- Physical environment
- More than one person in the room

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Overview

- Assessment Non-verbal queues
- Engagement - Establishing rapport
- Specific exam techniques

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Provider Friend or Foe



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The Pre-examination Assessment

- Starts from the moment you see the child

Observe

- Facial Expression, eye behavior, posture, gestures
- Responsiveness and interpersonal distance
- Child Parent positioning
- Child's level of engagement

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Provider Body Language

- Sit down – be eye to eye
- Big eyes
- Use “parentese”
- Frightened child: sit far away, don’t hold otoscope, remove white coat
- Inquisitive child: lean in, prove you’re friendly
- Happy child: be gregarious, prove you’re fun

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Age/Development Related Considerations

- Head control ~4 months
- Enjoys playing games with others such as peek-a-boo ~6 months
- Stranger anxiety ~9 months
- Tries new things with familiar adults nearby ~18 months
- Displays more independence ~2 years
- Negotiates solutions to conflicts ~4 years

What this means and what to do

Fear	Engagement	Approach
Low/no fear	Engaged	Approach child directly. Join the activity
Low/no fear	Unengaged	Approach the child directly
Moderate or high fear	Engaged	Pay attention to where the personal space boundary. Desensitize them to your presence and watch for feedback on the effectiveness of your approach.
Moderate or high fear	Unengaged	Pay attention to where the personal space boundary. Desensitize them to your presence and watch for feedback on the effectiveness of your approach.

Managing the Frightened Child; Krauss: Ann Emergency Med 2019

Assessment of Engagement and Fear



Using a Wide Boundary



Establish Rapport

- Make the child feel valued, seen, and important
- Establish a connection with the child to build trust
- Arouse curiosity
- Desensitization
- Matching
- Focusing Attention

Establishing Rapport



Arousing Curiosity



Arousing Curiosity



Desensitization



Symmetric and Asymmetric Matching



Focusing of Attention



Exam Order

- Do not go from head to toe
- Go from least to most invasive
 - Heart, Lungs, Abdomen, Skin, Lymph nodes, Nose, Ears, Mouth (if need to gag)
 - If there is an injury or painful area, do that last

General Positioning

- Small or fearful children can be examined in a parent's lap
- If examining on bed, have parent nearby or visible
- If examining on bed, limit the time they are laying down
- Do not remove distractions

Obstructing View of the Parent



Allowing View of the Parent



The Cardiac and Respiratory Exam

- Consider listening over light clothing
- Auscultate lungs on caretaker's lap or while holding
- If on table, sit next to child during lung exam
- Engage the child, "what sound does the heart make?"
- Ask the child to blow out birthday candle
- Initially place the stethoscope on leg and ask if that's where it's supposed to go
- Have the parent (or child) place the stethoscope

The Ear Exam

- Examine unaffected ear first
- Looking for puppies, unicorns etc.
- Show your light
- Holding techniques if younger
- No need to insert speculum fully
- Tug on lobe and aim toward nose

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Hold for ear exam (not preferred)



Hold for ear exam (preferred)



The Abdominal Exam

- Consider exam on parent's lap
- Ask child to point with one finger
- Auscultate: assess tenderness with stethoscope
- Guess what they had for breakfast
- Distraction: observe facial expressions
- Make squeaking sound while palpating
- Ticklish child: examine over their hand/clothing
- Can ask parent to palpate for you

The Oral Exam

- Show empty hands
- Show your light
- Have child look up
- May need holding technique
- Refer to swab as Qtip,
- May cough, roar like a lion
- Demonstrate on yourself or parents

Hold for swab/oral exam



Procedural Positioning

- Engage the parent
- Consider degree of immobilization
- Consider length of immobilization

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Positioning: Facial laceration



Chin laceration position



Position for IM/IV/digital block



Conclusion

- Conduct yourself with the goal to make your patient and family **SECURE**
- Observe before you examine to understand the temperament, level of fear and engagement of the child
- Gain trust of caretaker to put them at ease
- Your approach & facial expressions can be key to success
- Use comfortable, non-threatening exam and holding techniques

Recommended Reading

Managing the Frightened Child

Benjamin A Krauss, Baruch S Krauss

Ann Emerg Med. 2019 Jul;74(1):30-35.



Thank You!!

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Special Thanks

- Dr. Karin Sadow

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Thank you!

Questions?

Extra Slides

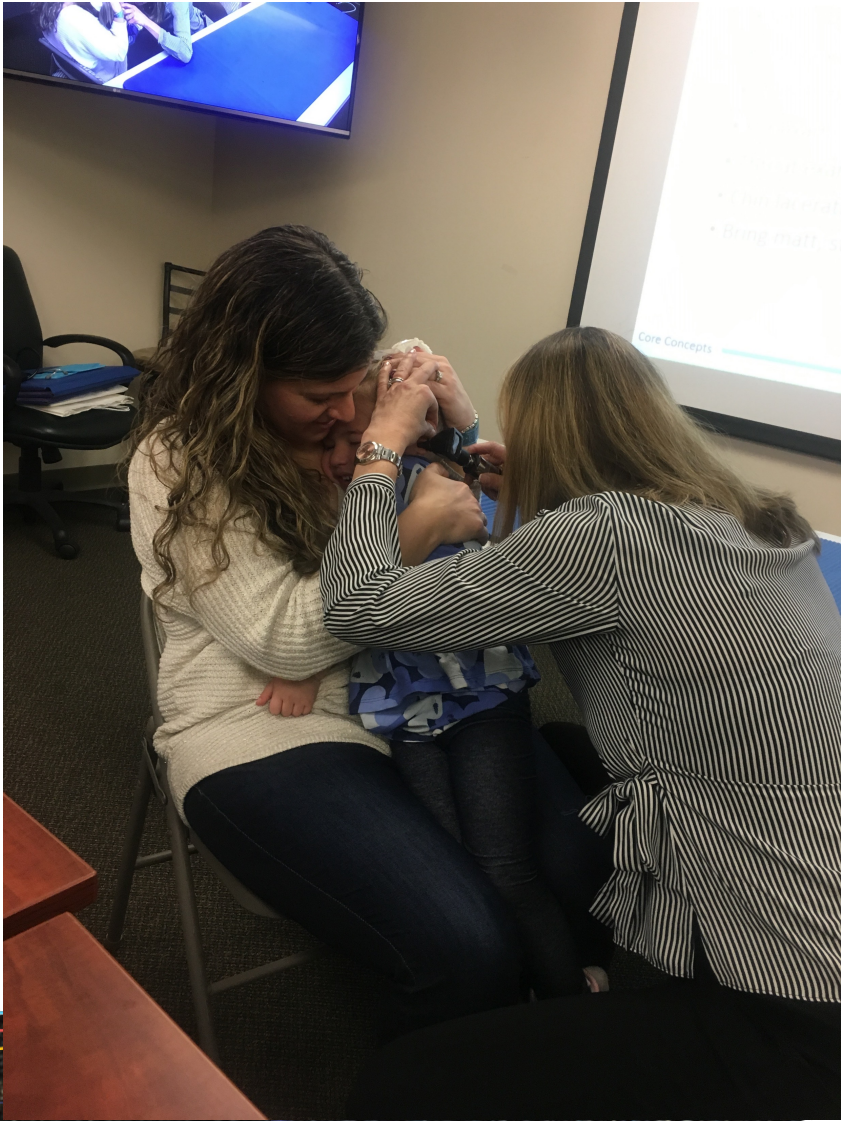
Holding technique: Ear exam

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Holding technique: Ear exam



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Ear Exam Holding Techniques For Success

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Holding technique: Throat exam/culture

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Tips and Tricks Recap

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- Know your audience, keep finger on the pulse
- Keep child comfortable
 - Examine on parent's lap or shoulder
 - Give some control
- Exam
 - Not head to toe
- Distraction
- Language
 - Sutures
 - Throat culture
 - Ear curette
 - Xray
- And a few more holding techniques

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Holding techniques: chin laceration

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Holding techniques: facial laceration

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Holding Technique

- IV
- IM
- Scalp staples
- UE Sutures
- UE Digital block



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Holding Technique...

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- Cath
- Scalp staples
- LE Sutures
- LE Digital block



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Summary – Pediatric Exam Tips

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- Observe even before you examine
- Gain trust of caretaker to put them at ease
- Your approach & facial expressions can be key to success
- Use comfortable, non-threatening exam and holding techniques
- Be mindful of your language to help keep your patient calm

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