PAEDIATRIC PNEUMONIA ASSESSMENT

Name:

Age:

Sex:

Chief complaints (from Parent/guardian):

Investigation:

- Chest X- ray
- PFT

History:

- Cough
- Feeding difficulty
- Irritability
- Tachpnea
- Chest retractions
- Grunting
- Dyspnea

On Observation:

- Nasal flaring
- Grunting
- Shape of the chest
- O2 support

On Examination:

Vitals:

- Respiratory rate
- Blood pressure
- SpO2
- Heart rate
- Temperature

Auscultation:

Coughing:

Dry or productive - nature and volume of sputum.

Colour of the sputum - Clear/ white/grey (mucoid), yellow/green (purulent) or bloody (haemoptysis).

Child able to spit:

Child maintaining position:

Palapation:

Chest symmetry

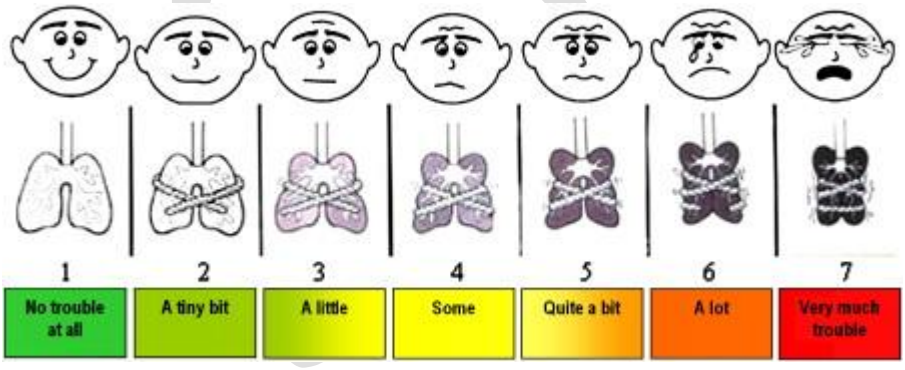
Chest expansion

Clubbing:

- **No visible clubbing** - Fluctuation (increased ballotability) and softening of the nail bed only. No visible changes of nails.
- **Mild clubbing** - Loss of the normal <165° angle (Lovibond angle) between the nailbed and the fold (cuticula). Schamroth's window (see below) is obliterated. Clubbing is not obvious at a glance.
- **Moderate clubbing** - Increased convexity of the nail fold. Clubbing is apparent at a glance.
- **Gross clubbing** - Thickening of the whole distal (end part of the) finger (resembling a drumstick)
- **Hypertropic Osteoarthropathy** - Shiny aspect and striation of the nail and skin

Cyanosis: Central or Pheriphery

Dypnea:



Child following comments:

Mother/ Care giver understanding:

Problem list:

PT intervention:

Assessment	Area focused	Clinical reasoning

PAEDIATRIC PNEUMONIA ASSESSMENT

Name		Social interaction
Age		To rule out O2 support required
History	Persistent fever, Cough, poor feeding and irritability,tachypnea, retractions, grunting, nasal flaring	To rule out any lower respiratory tract disease and vocal cord approximation
Vitals	Respiratory rate, BP, SPO2,heart rate, temperature	To monitor for stress anxiety and bronchial obstruction To be aware of acute
Auscultation	All lobes	To rule out the added breath sound (if any) and to locate the lobes affected.
Categorising Severe and Non Severe Pneumonia as per WHO guidelines	**Severe Pneumonia:** Oxygen saturation <90%, central cyanosis, severe respiratory distress, inability to drink or breastfeed or vomiting everything, altered consciousness, and convulsions. **Non Severe Pneumonia**: Lower chest wall indrawing or fast breathing (respiratory rate ≥50 breaths per min if aged 2–11 months; ≥40 breaths per min	To decide treatment dosage
Cough	dry or productive (nature and volume of sputum) – clear/ white/grey (mucoid), yellow/green (purulent) or bloody (haemoptysis)	Purulent or rusty in case of Pneumonia.
Chest	Chest expansion Symmetry	To rule out unilateral or bilateral involvement.
Palpation		Assess the symmetry, synchrony, and volume of each breath. to assess the position of the trachea
Dyspnea scale		To rule out breathlessness and respiratory distress
Investigations:	Chest X ray PFT	To rule out the lobes involved To look over FEV1 and FVC ratio to check expiratory volume and vital capacity of lung (if the child is 6 years of age).
Provisional Diagnosis		
PT Intervention		