

PREM Chart

Individual variables	Airway	Breathing	Circulation	Disability
	Stable: Voice or cry	RR for age: 1. Increased 2. Normal 3. Decreased 4. Apnea	HR for age: 1. Increased 2. Normal 3. Decreased (relative bradycardia) 4. Bradycardia Heart sounds: Muffled: Yes/ No Gallop: Yes/ No	A: Alert (Carer confirms) V: Responsive to voice Carer reports incessant cry, lethargy, more-sleepy, not as usual (but you feel child is "conscious" although not fully alert) P: Responsive to pain. Include here children unable to sit or stand/normally ambulant child carried into hospital/ posturing/floppy U: Unresponsive
	Unstable: No voice (un-responsive victim, not breathing)	Retractions: 1. Yes 2. No	Femoral pulse vs dorsalis pedis: (Table 1: Pulses) 1. +++/+ 2. +++/+++ 3. +++/0 4. ++/0	Eye position/ movements: Mid-position/Conjugate deviation 1. Nystagmus: Yes/No 2. Lid twitch: Yes/No 3. Looks around (EOM-Normal): Yes/No 4. Dolls eye movement: Yes/No
	Obstructed: (Stridor) (Noise during every breath)	Grunt: 1. Yes 2. No	Core peripheral temperature gap 1. Warm throughout 2. Cool below ankle 3. Cool below knee 4. Cool below thigh	Pupils 1. Equal/ unequal 2. Response to light: brisk/ sluggish
	Stable obstructed: (Voice with added noise)	Type of respiration: 1. Thoracic 2. Abdominal	Color: 1. Flushed 2. Abnormal 3. Normal	GTC (Generalized Tonic Convulsions) 1. Yes 2. No
	Endotracheal Tube (ET)	Bilateral air-entry: 1. Yes 2. No	CRT (capillary refill time): < 2 seconds < 1 second > 2 seconds	Tone and posture 1. Normal 2. Abnormal
	Tracheostomy	Crept/wheeze: Yes/ No	Hepatomegaly (Table 2: Liver span): 1. Yes 2. No	
			Systolic BP (SBP) for age: Normal High Low	
			Diastolic BP (DBP): 1. < 50% of SBP 2. > 50% of SBP	
			Pulse pressure: 40 < 40 >40	
			MAP Mean Arterial Pressure): Normal High Low	
INFERENCE	Airway	Breathing	Circulation	Disability
	1. Stable	1. Normal	1. HR: Normal/tachycardia/ Relative bradycardia/ Absolute bradycardia	1. Alert
	2. Unstable	2. Effortless tachypnea	2. Perfusion: shock/ no shock	2. ALC (altered level of consciousness)
	3. Obstructed	3. Respiratory distress	3. Hepatomegaly: Yes/ No	3. Non-convulsive status epilepticus/ Subtle status epilepticus
	4. Stable obstructed	4. Impending Respiratory failure	4. Cardiogenic shock: Yes/No	4. ICP (intracranial pressure)
	5. Unstable obstructed	5. Bradypnea	5. SBP: High/normal/ low	
	6. ET/Trach	6. Apnea	6. Pulse pressure: Normal/ wide/ narrow 7. MAP: Normal/ high/ low	
<i>HR, Heart Rate; RR, Respiratory Rate; BP, Blood Pressure; EOM, Extra-ocular Movements</i>				
<i>Adapted from National Health Mission-Strengthening of Pediatric Emergency Care System in Tamil Nadu-Establishment of Pediatric Resuscitation and Emergency Units under Tamil Nadu Accidents and Emergency Care Initiative under the name of PREM G.O(D)No. 539, Department of Health and Family Welfare, dated 30.11.19.</i>				

Table 1: Interpretation of concurrently palpated pulses

Femoral pulse	Dorsalis Pedis	Inference
+++	++	Normal
+++	+++	Vasodilation (suggestive of warm shock)
+++	+	Narrow pulse pressure (suggestive of cold shock)
+++	0	Hypotensive shock
+ or 0	0	Cardiac arrest

Table 2: Approximate normal liver span of infants and children

Age	Liver span (cm)
Birth	5.6-5.9
2 months	5
1 year	6
2 years	6.5
3 years	7
4 years	7.5
5 years	8
12 years	9

Adapted from: Naveh Y, Berant M. Assessment of liver size in normal infants and children. *J Pediatr Gastroenterol Nutr.* 1984;3(3):346-8.