


**Normal vital signs for 7 year old**

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# Normal vital signs for 7 year old

Normal vital signs for 7 year old boy. What are normal vital signs for a child. Normal vital signs for 7 year old child.

In most medical settings, the four standard main vital signs are the following: [1] Heart rate (pulse) Respiratory rate Blood pressure Body temperature Normal values for each of these vital signs vary of age and, in some cases, from sex. They can also vary depending on the weight, operating capacity and general health. In healthy adults at rest, normal values are as follows: heart rate (pulse): 60-100 BPM Respiratory rate: 16-20 breaths per minute Blood pressure: 120/80 mm HG temperature: 98.6 ° F (36.6 ° C) at 98.6 ° F (37 ° C) Table 1. Normal cardiac rate per age (open table in a new window) Heart rate of approximate ages 100-160 0-5 months 90-150 6-12 months 80-140 1-3 years 80-130 3-5 years 80-120 6-10 years 70-110 11-14 years 60-105 15 years or older 60-100 table 2. Normal respiratory rate per age (open table in a new window) Respiratory rate of the approximate age range Newborn 30-50 0-5 months 25-40 6-12 months 20-30 1-3 years 20-30 3-5 years 20-30 6-10 years 15- 30 years 12-20 15-20 years 12-30 years 12-30 adults 16-20 normal blood pressure in adults is 120 (systolic) / 80 (diastolic). Normal blood pressure in children and teenagers varies from age. Table 3. Normal blood pressure for ages in children and adolescents (open table in a new window) approximate agency range Sistofa range Diastolic range 1-12 months 75-100 50-70 1-4 years 80-110 50-80 3- 5 years 80-110 50-80 6-13 years 85-120 55-80 13-18 years 95-140 60-90 The normal average core temperature is generally considered between 98.0 ° F (36.6 ° C) and 98.6 ° F (37 ° C) When measured by orally and about 1 ° F when measured rectally. [2] The most accurate range based on the evidence of normal pediatric vital signs I know are Fleming 2011: heart rate Respiratory rate Pals normal Vital signs The most common vital signs you meet are from the PALS guidelines: References Fleming S et al. Normal heart rate range and respiratory rate in children from birth to 18 years of age: a systemic revision of observational studies. Lancet 2011; 377: 1011-18. PDF rapid reference resources. Claudius, Behar, Salway and Kearn in Herbert (2018) EM: Rap 18 (5): 1-3 Images: links related to External sites (from Bing) Sistolian diastolic diastolic newborn 60à € "90 20à €" 60 infant 87à € " 105 53à € "66 Toddler 95à €" 105 53à € "66 Preschooler 95à €" 110 56à € "70 schoolà €" Aged Child 97à € "112 57à €" 71 Adolescent 112à € "128 66à €" 80th 50th Precenseille SYSTIC BLOOD Pressure = 90 mmHg + (2 x Age in Years) First Nations and Inuit Health Branch (FNHB) Guidelines for pediatric clinical practice for nurses in primary care The content of this chapter was reviewed August 2009 on this page: the evaluation Clinic of newborns and children differs in many ways from the one for adults. Because children are growing and developing both that mentally, values for parameters such as dietary requirements and prevalence of the disease, expected normal laboratory values and responses to pharmacological therapy will be different from those observed inHealth care requirements Healthy children should have regular health maintenance visits, often made in the clinics of the child. These visits usually occur at 1 and 2 weeks of age, at 1, 2, 4, 6, 9, 12 and 18 months of age, and subsequently at intervals of 1 or 2 years. At each visit, the child should undergo an appropriate history, physical examination and development evaluation. Vaccinations should also be provided according to provincial guidelines. Early indications should be given on the following topics: appropriate nutritional safety measures (see "Piatric prevention activities" in the chapter, "Piatric prevention and health maintenance") Initially development and behavioral events, an assessment should be made of the quality of physical care, nutrition and stimulation that the child is receiving. The most important components that should be evaluated at each health maintenance visit are shown in Table 1. \* formal development tests are performed only if there is a concern for the part of parents or caregiver or health professional. Refer to the appropriate primary health care provider (e.g. speech pathologist, doctor, psychologist) for evaluation. The Rourke Baby Record (RBR), revised in 2009, is an evidence-based health supervision guide for primary health care professionals in the first 5 years of life. Forms are available from the website of A rourke Baby Record. ROURKE Baby Record 2009: Child / Child maintenance guides based on I-V (birth at 5 years) and registration of immunization The Greig health record is a guide for the promotion of health for children and Adolescent based on the evidence for primary health practitioners for children aged 6 to 17 years. Tips and techniques of pediatric history Children of children who can communicate verbally should be included as historians, with further details provided according to parents or caregivers. Healthcare professionals should interact (for example, smile, COO) or play with children so as not to scare them or make them cry. Questions, explanations and discussions that occur with children present should take into account their level of understanding. Small children can be assisted in providing details of the story by such techniques as having played roles or drawing pictures. The interviewer should acquire an understanding of the child's terminology for various parts of the body. Teenagers should be granted privacy and confidentiality. Adolescent interview alone Discuss with parents or caregiver separately, with the members of the authorization of the teenager of pediatric historypediatric history includes many of the same components of the history of adults, including: identification of the data head of the complaint of the history of the present disease of the past diseases of the past tobacco history, alcohol and / or oo of the drug family history personal and social history (including degree level, family of origin, interests, lifestyle) life)Systems also, pediatric history should include the following information: Who the primary caregiver is those who are providing pregnancy history and perinatal history history of birth, including appar immunization score History of detailed diet for the first year of life, including The history of vitamin supplements and the use of fluorine. Also includes dietary intake for other groups of age, including what tea, carbonate drinks and juice are consumed development history (including physical, cognitive, language, social and emotional) social history, including questions about how many people live At home, recent separations, dead, family crisis, friends, peer relationships, kindergarten agreements, school progress, home smoke and safe access to food for children and family physical environment at home, including the presence of mold and poor Heating or insulation Newborn physical exam observes the entire child at the beginning of the exam, before evaluating specific organs systems. It is important that the child is completely stripped and in a warm environment with adequate lighting. Level of conscience, vigilance, general behavior and appearance (as well looks like the child) Sistrance of body proportions Posture of the limbs (flexed, extended) body movements (for example, arms and legs grimace of the face) State of Nutrition and hydration Color Any sign of clinical discomfort (for example, respiratory disorders include dyspnea, pallor, cyanosis, irritability) Vital signs Average values of vital signs for newborns: Temperature from 36.5 ° C to 37.5 ° C cardiac rate 120-160 beats / minute respiratory rate 30-60 / minute, up to 80 / minute if the newborn cries or stimulates systolic blood pressure 50-70 mm HG growth measurements measure and length record, weight and circumference of the head. If the child appears premature or unusually large or small, evaluate the gestational age (see Table 3, "Evaluation of the gestational east). Average length at birth 50-52 cm Average weight at birth 3500-4400 g head circumference of the head to Birth 33-35 cm (this is done only to child visits unless you suspect hydrocephalus) These parameters should be recorded on the appropriate growth curves for sex, which should be part of the child's health record. Printable electronic versions of growth charts are available at: For more information on growth measures, see "Growth Measurement" in the chapter, "Pediatric Prevention Activity and Health Maintenance". Skin color palls associated with low hemoglobin or vasoconstriction (for example , in shock) associated with hypoxemia plethora associated with polycythemia or vasodilatation cherry red face associated with carbon monoxide poisoning From jaundice associated with elevated bilirubin lions: white pizzia of keratogenic material, usually on cheeks and forehead, which last several weeks and then spontaneously solve Miliaria: Miliaria:Dotti acranes (sweet) that appear as point vesicles on front, scalp and skin folds; usually clear within 1 week Neonatal Melanosi Transient: small vesicopustuls, generally present at birth, containing white blood cells (WBC) and no organism; intact bladder breaks to reveal a pigmented macule surrounded by a thin skin ring; Spontaneously resolves 3 months of age toxic Eritema: most common newborn rash, consisting of variable, irregular macular spots of a few days stork bite: Nevus Simplex pink and flat, usually on the face or back of the neck. Those on the face usually disappear 18 months no longer known 4 café au lait spot: irregular brown, macoli dishes. Suspect neurofibromatosis if there are many (more than 5 or 6) large monole spots: dark bluish / purple spots present at birth, usually on the back and buttocks but can be on the limbs; Common in the children of First Nation and Inuit; Usually vanish in the first year of life head and neckheads overlapping front and rear fontanelles (size, consistency, ken abnormal shape of the head (for example, caput sionneum, molding, cephalohematomas, encephaloceles, microcephaly) head brush, behind the ears or Periorbital circumference of the measuring head. Eyes: inspection Horny control for the nubicity (congenital cataract sign) Check conjunctiva for erythema, exudate, orbital edema, sub-gival hemorrhage, sclera jaundice Check the size, shape, equality and reactivity of the student in light (PERRL: equal students, round, reactive to light), normal lodging red reflex: hold the ophthalmoscope 15-20 cm (6-8 inches) from the eye and use the +10 diottre lens. If normal, the baby's eye transmits a light red color; blackheads can represent cataracts; a whitish color can suggest retinoblastoma ears: inspection check the asim Metria, the irregular shape, the ear setting in relation to the corner of the eye (low ears can suggest underlying congenitious problems such as kidney abnormalities, fetal alcohol spectrum disorders or Down sidrome) search for fleshy appendages, lipomas o skin tags samples can suggest an otoscopic examination of brachial cysts; Check channels for unloading and color, and tympanic membranes for color, brightness, drilling, effusion, bone reference points and light reflex NOSO: inspection look for nasal flaring, which is a sign of greater respiratory effort to look for hypertelism or mortgage (increase o Decreased space between the eyes) Check the coronal atresia (block of unin-bilateral posterior nasal passage), as manifested by respiratory stress. Babies are obligated nose breathability, so first verification to determine if the air comes from the nostrils; if not and atresia colanal is a soft nose tube can be passed through each nostril to control the Palate patency: Inspection and Palpation Verify defects, such as cleft lip (some may have a membrane covering the cleft palate so that it cannot be obvious) and ovi ovi palatelspection Observe the size and shape of the mouth Microstomy (small mouth): seen in Trisomia 18 and 21 macrostomy: seen in mucopolysaccharides "fish mouth": seen in fetal alcohol syndrome Pearl Epstein: small white keratin cysts, frequently found on Both sides of the side of the median line side of the palate language (Benigno): inspection macroglossia: indicates hypothyroidism or mucopolisaccharidhardosis teeth: the native inspection teeth (usually lower engravings) suction risks may be present if they are attached Freely the chin: a lower inspection jaw can occur) with Pierre Robin Syndrome, Trecher Collins syndrome and Trecher-Streiff Neck syndrome. Inspection syndrome Alignment of the form: Torticolis is usually secondary to Sternocleidomastoid tracheal hematoma: can occur with The mass of the dyspnea neck (Cystic Hygroma is the most common neck); palpation Palpata all the muscles for lumps and the clavici for the possible range of movement of the fracture neck for the Nuchal rigidity: decrees the ASED movement can be present in the lymph nodes of meningitis it cannot usually be beaten at birth; Their presence usually indicates the vital signs of the congenital infection respiratory system see normal values in "vital signs", above. The Cyanosis, Central or Peripheral inspection (the transient bluish color can be seen in the ends if the child is cooling during the exam) respiratory effort, rate and model (for example, periodic breathing, gasping, the periods of the real apnea) Observe the thorax movement for symmetry and retraction Anomalities of chest anomalies (for example, pectus excavatum) use of muscles accessories, tracheal tugboat, indiregrio of muscles intercostalli or subcostalli palpazioni any abnormal masses (palpate gently) the breasts can be slightly Secondary enlarged in the presence of maternal hormones Auscultation breathing Inspiratory to expiratory report Sounds Adventivative (for example, strider, crackles, breaths, grunts) percussion are of small clinical benefits and should be avoided, especially in small children at low birth or preterm, as It can cause injury (for example, bruises, bruises) cardiovas system Colare Sign up Vitale heart rate level The blood pressure in upper and lower limbs See normal values in "Vital Yes GNS," above. Inspection color: pallor, cyanosis, palpera palpation to identify the usual maximum impulse point (SME) Positioning a finger on the chest, in the fourth medical medial intercostal medial on the abnormal midclavicular position of the position of SME can be a clue for pneumothorax, diaphragmatic hernia, SITUS Inversus viscercer, congenital heart disease or other thoracic problems capillary charging (

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