

**1 Patient Information****1 PATIENT DETAILS**

Name:	_____	Date of Assessment:	_____
DOB:	_____	Provider / Nurse:	_____
Age:	_____	Parent / Guardian Present:	_____
Sex:	_____	Setting:	_____
MRN:	_____		_____

**R Reason for Assessment****2 PURPOSE OF ASSESSMENT**

Document the reason for the pediatric assessment — routine evaluation, acute illness, post-procedure monitoring, developmental concern, or change in condition...

**GA General Appearance****3 OVERALL CONDITION & INTERACTION**

Level of Distress:	_____	Alertness & Responsiveness:	_____
Nutritional Appearance / Hydration:	_____	Hygiene & Grooming:	_____
Parent-Child Interaction:	_____	Consolability:	_____
Behavior (age-appropriate?):	_____		_____

**V Vital Signs****4 AGE-APPROPRIATE VITAL SIGNS**

Temperature:	_____	Heart Rate:	_____
Respiratory Rate:	_____	Blood Pressure:	_____
Oxygen Saturation (SpO <sub>2</sub> ):	_____	Weight:	_____
Height / Length:	_____	Head Circumference (if applicable):	_____
Pain Score (age-appropriate scale):	_____		_____

**GD Growth & Development****5 DEVELOPMENTAL STATUS & GROWTH PARAMETERS**

Growth Percentile Trends:	_____	Gross Motor Development:	_____
Fine Motor Development:	_____	Speech & Language Development:	_____
Social & Behavioral Development:	_____	Developmental Concerns:	_____

Additional developmental notes or caregiver concerns...

## N Neurological

### 6 NEUROLOGICAL ASSESSMENT

Level of Consciousness: \_\_\_\_\_ Orientation / Age-Appropriate Responsiveness: \_\_\_\_\_  
Muscle Tone & Movement: \_\_\_\_\_ Reflexes (if age-appropriate): \_\_\_\_\_  
Coordination & Gait (if ambulatory): \_\_\_\_\_ Seizure Activity / Focal Deficits: \_\_\_\_\_

Additional neurological findings...

## H HEENT

### 7 HEAD, EYES, EARS, NOSE, THROAT

#### 7a HEAD

Fontanelles (if applicable), shape, trauma, tenderness...

#### 7b EYES & EARS

Eyes — Pupils, tracking, conjunctiva, sclera, discharge: \_\_\_\_\_ Ears — External, canal, tympanic membrane (erythema, effusion, bulging): \_\_\_\_\_

#### 7c NOSE & THROAT

Nose — Mucosa, septum, congestion, discharge: \_\_\_\_\_ Throat — Mucosa, tonsils, dentition, lesions, hydration: \_\_\_\_\_

## NK Neck

### 8 NECK ASSESSMENT

Range of Motion: \_\_\_\_\_ Lymphadenopathy: \_\_\_\_\_  
Neck Stiffness / Masses: \_\_\_\_\_ Tracheal Position: \_\_\_\_\_

## CV Cardiovascular

### 9 CIRCULATORY STATUS

Heart Rate & Rhythm: \_\_\_\_\_ Heart Sounds & Murmurs: \_\_\_\_\_  
Peripheral Pulses & Perfusion: \_\_\_\_\_ Capillary Refill: \_\_\_\_\_  
Cyanosis: \_\_\_\_\_ Edema: \_\_\_\_\_

## RS Respiratory

### 10 PULMONARY STATUS

Respiratory Effort & Work of Breathing: \_\_\_\_\_ Breath Sounds: \_\_\_\_\_  
Retractions / Nasal Flaring / Grunting: \_\_\_\_\_ Cough Characteristics: \_\_\_\_\_  
Oxygen Requirement: \_\_\_\_\_

## GI Gastrointestinal

### 11 ABDOMINAL & NUTRITIONAL STATUS

Abdominal Appearance & Distention: \_\_\_\_\_ Tenderness / Guarding: \_\_\_\_\_  
Bowel Sounds: \_\_\_\_\_ Feeding Tolerance / Appetite: \_\_\_\_\_

Vomiting / Diarrhea / Constipation: \_\_\_\_\_

## GU Genitourinary

### 12 URINARY & GENITAL ASSESSMENT

Urinary Output & Continence: \_\_\_\_\_

External Genital Findings (if examined): \_\_\_\_\_

Diaper Rash / Irritation (if applicable): \_\_\_\_\_

## MS Musculoskeletal

### 13 MSK ASSESSMENT

Range of Motion: \_\_\_\_\_

Muscle Strength & Symmetry: \_\_\_\_\_

Posture & Gait: \_\_\_\_\_

Deformities / Swelling: \_\_\_\_\_

Assistive Devices (if applicable): \_\_\_\_\_

## SK Skin

### 14 INTEGUMENT

Color, Temperature & Moisture: \_\_\_\_\_

Rashes / Lesions / Bruising: \_\_\_\_\_

Skin Integrity & Pressure Areas: \_\_\_\_\_

Signs of Dehydration / Poor Perfusion: \_\_\_\_\_

## PS Psychosocial / Behavioral Assessment

### 15 EMOTIONAL & BEHAVIORAL FUNCTIONING

Mood & Affect: \_\_\_\_\_

Age-Appropriate Interaction: \_\_\_\_\_

Anxiety / Irritability / Withdrawal: \_\_\_\_\_

Behavioral Concerns (caregiver-reported): \_\_\_\_\_

Additional psychosocial or behavioral observations...

## A Assessment

### 16 CLINICAL SUMMARY

Overall pediatric condition, significant abnormalities or concerns, developmental or behavioral findings, clinical stability and acuity...

## PL Plan

### 17 MANAGEMENT & NEXT STEPS

Monitoring or reassessment needs, medications or treatments, diagnostic testing ordered, parent/caregiver education provided, referrals placed...

## FU Follow-Up

### 18 REASSESSMENT & ESCALATION CRITERIA

Timeframe and conditions for reassessment or escalation of care: \_\_\_\_\_

PROVIDER NAME

CREDENTIALS

DATE & TIME

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