

Standard Work

Job/Role: RN/Tech/MD	Process: Obtaining Pediatric Emergency Weights
Department: Pediatric Emergency Services	Owner: PEM Section/Peds ED UBNPC
Job Aids: None	Equipment/Supplies: Scale, Broselow tape
Notes:	

Major Step – “What”	Key Points – “How”	Reasons – “Why”
1. If possible weigh patient on age appropriate scale	1.1. Patient’s that are able to stand should be weighed on the standing scale 1.2. Infants should be weighed on the infant scale 1.3. Infants <28 days old will have a naked weight recorded 1.4. Trauma patients should be weighed on the trauma stretcher 1.5. Weights will only be recorded in kilograms 1.6. Patient’s will be re-weighed from transferring facility to assure accuracy 1.7. If unable, to be re-weighed from a receiving facility a double RN check will be performed or the weight checked with a Broselow tape	<ul style="list-style-type: none"> • All pediatric medication dosing is weight based and to assure appropriate weight-based dosing we need accurate weights. • Standard 1 of Peds ED NPEOC

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<p>2. Known Incoming code white or trauma patient with unknown weight</p>	<p>2.1. Estimate patient’s weight prior to arrival using the ‘Best Guess’ method: <12 months: <i>Weight (kg) = (age in months + 9)/2</i> 1-5 years: <i>Weight (kg) = (2 x age in years) + 10</i> 5-14 years: <i>Weight (kg) = 4 x age in years</i></p> <p style="text-align: center;"><u>OR</u></p> <p style="text-align: center;">Use the Handtevy Method: 1,3,5,7,9 age “finger count” and corresponds with 10,15,20,25,30 kg weights</p> <p>2.2. Upon arrival, double check estimated weight by either:</p> <p style="margin-left: 20px;">2.2.1. weighing on trauma stretcher in resus 1; if congruent continue with estimated weight, if discrepant, correct weight and use trauma bed weight.</p> <p style="margin-left: 20px;">2.2.2. using the Broselow tape located in the room. If congruent, continue with estimated weight.</p> <p>2.3. If Broselow tape not immediately available or seemingly inaccurate, MD may alter estimated weight based upon patient’s size and habitus</p> <p>2.4. Only RN can document an estimated weight. CNAs cannot document an estimated weight.</p>	<ul style="list-style-type: none"> ● Pre-arrival weights are critical for having medications and weight/size-appropriate supplies ready prior to arrival for critical patients
<p>3. Emergency Situation (code white, Tier 1, code blue) not known prior to patient arrival</p>	<p>3.1. Use Broselow tape to measure patient and go with Broselow weight.</p> <p>3.2. MD may alter estimated weight based upon patient’s size and habitus</p>	<ul style="list-style-type: none"> ●