

EMOTION AS THE FIFTH VITAL SIGN IN PEDIATRIC OUTPATIENT
DEPARTMENT: A CLINICAL AUDIT

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Abstract

Background: Emotional well-being influences pediatric clinical assessment and cooperation yet is rarely documented alongside routine vital signs.

Methods: A prospective clinical audit was conducted in children aged 2–5 years attending pediatric OPD. Nursing staff documented emotional state during routine vitals using a standardized observational proforma. Categories included Calm/Cooperative, Happy/Playful, Crying/Irritable, Withdrawn/Silent, and Inconsolable. Primary outcomes were documentation rate and distribution of emotional states.

Results: Of 100 OPD slips reviewed, emotional state was documented in 85%. Calm/Cooperative was noted in 35%, Happy/Playful in 25%, Crying/Irritable in 20%, Withdrawn/Silent in 15%, and Inconsolable in 5%. Documentation required <10 seconds and did not disrupt workflow.

Conclusion: Emotional state can be feasibly recorded as a fifth vital sign in pediatric OPD. Routine incorporation may enhance holistic pediatric assessment and early identification of distressed or developmentally vulnerable children.

Introduction

Vital signs provide essential physiological indicators of a child's health. Emotional state and behavioral cues in early childhood influence clinical evaluation, cooperation, and parental reporting. Despite this, emotional state is rarely systematically documented in routine OPD practice. Children aged 2–5 years are in a critical developmental stage where emotional regulation is evolving. Observational assessment of emotional distress, withdrawal, or inconsolability can highlight acute illness, developmental vulnerabilities, or psychosocial stressors. This audit aims to evaluate the feasibility, documentation rate, and clinical utility of incorporating emotional state as an observational fifth vital sign in pediatric OPD.

Methods

Prospective clinical audit conducted in the pediatric OPD of Social Security Hospital over [duration]. Children aged 2–5 years attending OPD were included; infants <2 years, children >5 years, emergency cases, and those with altered consciousness were excluded. Nursing staff recorded Child Comfort Status (Observed) during routine vital measurement: Calm/Cooperative, Happy/Playful, Crying/Irritable, Withdrawn/Silent, Inconsolable. Parent-reported behavior at home was optionally documented. Data collected included age, gender, presenting complaint, nutritional status, repeat visit, and emotional state. Descriptive statistics were used to analyze documentation rate and emotional state distribution.

Results

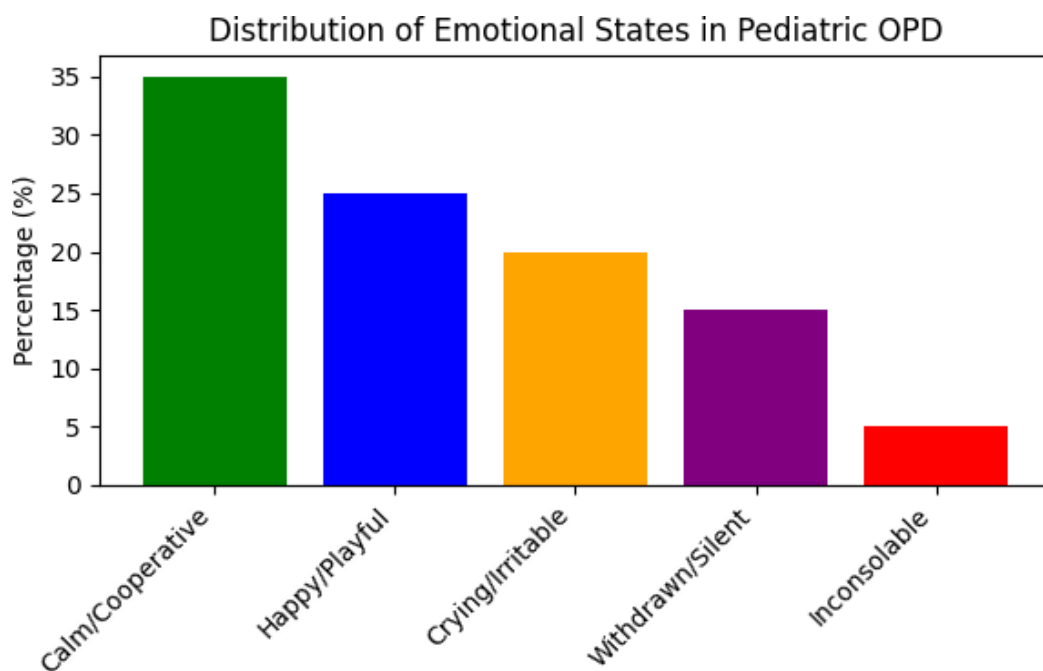
Total OPD slips reviewed: 100. Emotional state documented in 85% of slips. Emotional state distribution is shown in Table 1 and Figure 1.

Recording required <10 seconds and did not affect workflow. Crying/Irritable was more frequent in acute illness; Withdrawn/Silent behavior was noted in repeat visits and undernutrition.

Table 1: Distribution of Emotional States in Pediatric OPD

Emotional State	n (%)
Calm/Cooperative	35 (35%)
Happy/Playful	25 (25%)
Crying/Irritable	20 (20%)
Withdrawn/Silent	15 (15%)
Inconsolable	5 (5%)

Figure 1: Distribution of Emotional States in Pediatric OPD



Discussion

Documenting emotional state as a fifth vital sign is feasible, rapid, and clinically informative. It provides structured documentation of child comfort and behavior without additional staffing or time burden. Observational assessment supports holistic pediatric care and may indicate early distress, developmental delay, or psychosocial vulnerability. Limitations include single-center design, observer-dependent assessment, short audit duration, and lack of formal developmental testing. Future directions include re-audit, staff sensitization, integration with developmental screening, and multicenter replication.

routine clinical assessment. Emotional documentation as a fifth vital sign may enhance early recognition of distressed or developmentally vulnerable children and improve holistic pediatric care.

References

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Conclusion

Recording emotional state alongside vital signs in pediatric OPD is feasible, quick, and adds value to