

Autumn Ford

Midterm Reflection

I have completed five shifts in the Pediatric ED, and have been actively participating in triage and patient care. While a majority of the patients have been coming in with chief complaints of GI issues like nausea, vomiting, and diarrhea, and run of the mill respiratory viruses, there have been a few notable cases as well.

There has been a minimum of one or two psychiatric patients on each shift. One thing that has stood out is the relatively young age of these patients. The youngest that I saw was a 9-year-old boy and a 12-year-old girl, while most were between 14-16 years of age. It is very concerning to see such young children contemplating or attempting suicide, and/or homicidal ideations. I noted that many of these patients come from a background of unstable family, with primary caregivers being grandparents. One such patient's parents were both incarcerated on murder charges. Caring for these individuals requires consultations with many healthcare professionals and services aside from the ED nurses and physicians. I was able to witness the interprofessional collaboration with Star Care, external treatment facilities and Child Life. I also observed the SI protocol that the ED has in place. They question the patient about their SI, place them in a room that can be monitored with a camera and has nothing they can harm themselves with in it, have them change into paper scrubs, place all cell phones (including their caregiver's) outside the room, and obtain an EKG, draw labs and obtain a urine sample for medical clearance purposes. Aside from the psychiatric cases, there was also a couple of traumas; radius and ulnar fractures, and a rib fracture that caused a pneumothorax. Watching how the staff work together and communicate during trauma care was very interesting to watch. It is critical that the staff work in congruence during stressful events to be able to provide the most adequate care for the patient.

I have learned a lot about how to prioritize care of patients based on their symptoms, and other staff loads in the ED. My preceptor has taught me about picking out what information is important to the patient and their care, and how to ask pertinent questions of the patients. I have also been able to observe his time management techniques to optimize patient flow in the ED. Being able to effectively communicate with his peers, physicians, pharmacy, and other staff is something I witnessed him do that I want to bring with me into my future nursing practice.

Overall, I have had a great experience with everyone that I have interacted with during my time on the unit, and have learned a great deal about how the unit operates.