

I had a great experience during my time in the pediatric emergency department. My preceptor granted me with knowledge and confidence to care for children in ways I never could. Although I had great experiences, I want to briefly discuss one that changed my view as a nurse and a mother.

It was a calm Saturday in the ED triage when two older women and a teenage child entered the building. Upon triaging, one of the ladies stated their son was having suicidal ideation. This patient was the first suicide ideation child that I had triaged, and I will forever remember him due to his story. He was a 12-year-old boy who had a rough upbringing. His mother had lost her rights due to drugs, which led his Spanish-speaking grandmother to have custody of him. In continuing, the child expressed that he wanted to seek medical treatment because he hallucinated of dark figures that repeatedly told him to hurt himself. It was mind-blowing to me that a child brought himself to the ED for guidance, not his family. However, it became evident that his grandmother was too sick and old to understand the severity of this illness, which forced him to take matters into his own hands. I felt deeply for this boy because I understood how hard it is to live with a mental illness in a Hispanic household since it's a topic that no one likes discussing. Furthermore, I listened eagerly to how my preceptor approached this issue, which helped me gather techniques for therapeutic communication in these situations. As we began to talk to the family about his diagnosis and treatment, I could tell that his family felt more at ease. The underlying problem was that no one understood anything in relation to the patient's diagnosis, causing them more fear of the unknown. Despite this horrible illness, I was grateful that our education offered this family comfort and peace.

To conclude, I was nervous to begin my preceptorship at the pediatric ED because I was scared to see children get hurt physically. However, I was surprised to learn that most of our patients arrived due to emotional or mental issues. I had no idea how high the population of children who suffered from mental problems was until my time in the emergency room. Yet, it taught me how to communicate with these families in need and mine. I have learned how to approach therapeutic communication to identify the warning signs that parents sometimes do not grasp. In addition, I have taken more time out of my day to have these crucial conversations with my children about mental health. Lastly, I am thankful for my experiences with suicidal ideation cases because I can utilize that education throughout my career and daily life. Although I cannot erase any patient's hurt, I am grateful for the resources and skills I learned to alleviate it.