

During my four shifts so far in the Pediatric Emergency Department, I have gotten to observe a multitude of different, interesting cases, and practice and improve many skills. One event that was new and a great learning experience for me was getting to observe my first code blue. During my first shift, I observed Kite Flight bring in a 5-day-old male infant in full cardiac arrest. It was a great learning experience as I got to stand back and observe in the room how an actual code is run, and how everyone works as a team to make it as effective and efficient as possible. After the baby was stabilized, the team immediately transferred him up to surgery, as he was suffering from a gastrointestinal problem. I have also seen several different traumas while being in the emergency department. Another trauma that came in during my first day was an 8-year-old male who had been hit by a car. This trauma came in right at shift change, so I did not get to care for this patient, but the night shift charge nurse walked me through the background and what was being done to help this child. Other traumas that I have witnessed include multiple head injuries from various situations such as a 1-year-old falling off a bed, a 2-year-old falling and hitting his head on bricks, a 9-year-old who had split his chin open in an accident on his bike, and multiple seizure patients. I have really enjoyed getting to perform work-ups on these children and seeing and learning all the different assessments for each type of case based on the acuity of the patient.

One of the most interesting cases I have gotten to witness was a 17-year-old male who was brought in by ambulance due to being found unconscious. When the ambulance arrived with this patient, we were told that he was possibly faking the unconscious state, since his eyes were still looking away when they would open his eyelids. After getting him into a room and hooking him up to vitals machines, we saw that he had an elevated heart rate but everything else was in the normal range for his age. A few minutes later, a nurse who had been talking with the family came in and told us that he had sent his dad text messages saying that he needed help and that he had taken drugs. After learning this information, the room became hectic and the doctors and respiratory therapists were preparing to intubate him. They also prepared to give him charcoal, due to the fact that nobody knew what kind of drugs he had taken, or what the effect might be. The boy started fighting the intubation and it took a lot of medication to get him to where they could safely intubate him. After a successful intubation, he was taken to CT, and then up to PICU. This was a very interesting case because a lot of people who were working with this patient initially thought he was faking it. This taught me to never come to a conclusion before doing and assessing every possibility. This was also a much more chaotic situation because no one knew what kind of drugs the patient had taken, how long ago he had taken them, and what the maximum effects would be and when they would take place. Many nurses questioned why intubation was decided on, as well. The doctor's reasoning behind deciding to intubate this patient was because his color started to change to a grayish color, and he was becoming aggressive and combative at the staff while trying to assess and treat him. This experience was very unique and I believe it was an excellent learning experience because it showed me how important it is to not immediately assume something about a patient, as well as how to act fast when things take a turn, or new information is learned.

Overall, I have thoroughly enjoyed my first four shifts in the PED. I have learned so much in just a short amount of time, and I really enjoy the excitement and getting to learn more and care for patients with diagnoses that I have not seen much of throughout nursing school.