

Pediatric ED Reflection Questions

1. What types of patients (diagnoses) did you see in the PED?

During my time in the PED, I saw patients be diagnosed with bronchitis, severe dehydration, and common cold.

2. The majority of the patients who came in to the PED were from which age group? Was this what you expected?

The majority of patients' who come into the PED were around 10-12 years old. I did not expect to see children in this age group. I thought most of the children we would see would be in the infancy stage because they're more susceptible to illness.

3. Was your overall experience different than what you expected? Please give examples.

My overall experience was different than what I had expected. I thought I would see more emergent situation such as broken bones, MVA, etc. Most of what I saw were allergy symptoms such as a cough and congestion. I was shocked to see that we had two suicide risk patients. I didn't realize how common that was. I was even more shocked when I was told how old they were. I expected to see it in older children, not 14-16-year old's.

4. How did growth and development come into play when caring for patients (both in triage and in treatment rooms)?

5. What types of procedures did you observe or assist with?

6. What community acquired diseases are trending currently?

7. What community mental health trends are being seen in the pediatric population?

8. What patient population is the most vulnerable?

Infants and immunocompromised patients are the most vulnerable.

9. What is the process for debriefing after a traumatic event?

10. If someone donated \$100 million to the PED, what would you change?

11. What is the process for triaging patients in the PED?

From what I saw, parents/caregivers and the patient come to the front and fill out paperwork regarding signs and symptoms the patient has been experiencing. The triage nurse then calls them back to her room and does a mini assessment based off of the signs and symptoms. This assessment includes height, weight, past medical history, vitals, and anything else pertaining to the patients' signs and symptoms. Depending on the severity of the illness, the nurse will either place them in a room immediately or send them back to the waiting room until a bed opens up. If there is a bed open, the nurse will place them on continuous monitoring and have them wait until the ED nurse and Dr. can see them. I was not told the rankings of patients' who get a room first. I did notice our suicide patients were immediately placed in a room upon arrival though.

12. What role does the Child Life Specialist play in the PED?