

Pediatric ED Reflection Questions

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

The PED had a mix of diagnoses, but some were more common than others. The types of patients that came in were mainly respiratory related from being exposed to an already sick classmate from school to trouble breathing secondary to asthma. Suicidal ideation was seen in the adolescent age group and minor injuries such as cuts and falls off playground equipment or home accidents with older siblings.

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

The patients that came in during my clinical rotation in the Pediatric Emergency Department varied from 2 to 17 years of age. The majority were preschool age group followed by adolescents. I didn't expect adolescents to be on top of the list since adolescents are in good health typically at this age group. I expected more infants and toddlers with viral infections to come in due to the weather changes and influenza season.

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

My overall experience was different than I expected because of the complex nature of how children express themselves during these uncomfortable events and the importance of practicing nursing skills and communication according to the patient's age group.

4. What community acquired diseases are trending currently?

Saul Benavidez
Professor Gordey
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Viral infections such as the cold and flu are in season typically around this time and it showed in the PED with most of the patients being respiratory related issues. Bacterial infections such as Strep throat, whooping cough, and middle ear infections are also currently trending in our community.

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

The child life specialist has an important role in the PED, from teaching children and family about their condition through technology and books to explaining procedures through transitional objects to provide awareness and comfort to the child and family while being a bridge for staff to form relationships and bonding for a better hospital experience.