

Pediatric ED Reflection Questions

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

The types of patients I saw in the ED surprised me. The types of diseases I saw in the ED were more so traumas, drug abuse, and possible upper respiratory issues.

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 age groups I saw were school age children. This did surprise me because due to the time of year I was expecting to see toddlers and infants with RSV or more upper respiratory issues.

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

I enjoyed my experience in the PED. Although I was not expecting it to be as busy as it was.

During my first hour of being there, they had already seen 25 patients. I was able to see a knee laceration and a school age child with a broken arm and I was not expecting to see any traumas.

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

I saw the nurses and the doctor interact with patients differently based on their age. Some of the children had to go through very invasive procedures or be stuck with needles and the way they had to introduce them to procedures varied based on the patient. Even taking vitals was different because we had a toddler who was not compliant when needing to take vitals and we had to have the mom hold the child and comfort him to be able to get an accurate blood pressure and oxygen saturation.

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

I was able to experience Child Life twice in my PED shift with 2 traumas. I had an 11 year old girl who had a knee laceration and needed stitches, and a 6 year old child who had a broken arm. The 11 year old was able to be distracted with an iPad to watch a movie but they also had to use visual guidance to distract her. With the 6 year old, Child Life had to come in and explain how he was going to get an IV put in to receive ketamine, but the way they explained it was different versus the 11 year old due to his developmental level. In both situations I was able to watch them use topical anesthetics as well to numb the area before both of these children had to go under invasive procedures. It really impressed me watching Child Life interact with these children because they knew all the right words and things to do at the right times to make these patients comfortable. Also, the way they include the parents to help distract the children to help ease anxiety or pain was a helpful experience as well, it gave me insight as to how important it really is to involve them in family centered care.