

On my 3rd clinical shift in the Pediatric ED, I took care of a 15 year old patient who had seizure like activity with no prior history of ever having seizures. The patient was found on the ground at school and when they went to check on him, he began to have tonic-clonic like movements for around 2 minutes so they called EMS. When EMS arrived, he began to have another episode of seizure like activity so they gave him Versed to stop it. After arrival to the ED, the patient had an episode of incontinence and seemed to be in a post-ictal state. We began to undress him, while maintaining privacy, so that he was not laying in wet clothing. He started grasping at his pants and reaching for his pocket where we found a large amount of cash. We gave the cash to the father so that we would not be responsible for it. After we got him cleaned up and established his baseline, we asked the father if there was any history of drug abuse and he stated that he could have possibly gotten into something at school. We were then waiting for all of his labs and blood work to come back and further instructions from the Dr.

My feelings while taking care of this patient were frustration, concern, and empathy. I felt frustrated because the patient was combative and it was difficult to get the things that we needed to get done including the IV start, labs, and vitals. I had to remind myself to be patient with him and understand that he had received a sedative and was probably quite confused. I was concerned for his well-being because he was in a potentially unstable condition and we were unaware of what might have caused this event to occur. I was empathetic for him because he is just a curious teenager like all of us once were and in his

case, it might have gone wrong. I was also empathetic for his father because he was very concerned and scared for his child.

I feel like this experience was a very great learning experience. I feel like it taught me to not make assumptions and that as an ED nurse, I might not always get the answers behind what has happened to the patient. I feel like the experience taught me about the process of transferring a patient to ICU and the types of questions they might ask during report. I feel that I have a better understanding of how to care for a patient who is on seizure precautions and what to expect when I experience patients like this in the future.