

Adriana Mora
Final Reflection
4/19/2024

I overall had a very good experience in Pedi ED. I learned many skills and saw many different cases. I feel as though I improved my documentation and my SBAR communication with other nurses and doctors while in the Pedi ED.

One case that I learned a lot from was a 16-year-old male with end-stage renal failure. He was flown in from Roswell, NM with a chief complaint of sudden onset chest pain. He had a history of renal failure and had been receiving peritoneal dialysis every day for the past five months.

Upon my initial assessment, he had ascites, pitting edema, his skin looked very jaundiced, and he was holding his chest complaining of a sharp pain. He had a blood pressure of 168/87 so we administered labetalol. After rechecking his blood pressure it had increased to 176/90 so we notified the doctor and he put in an order to administer more labetalol. His blood pressure only continued to increase reaching 189/96. We then placed him on seizure precautions to prevent any injuries. He was quickly transported to The PICU for a higher level of care.

The patient also had no family members present at the bedside because his mother did not have transportation from Roswell to Lubbock. The family's lack of resources played a very vital role in this patient's case. The patient was non-compliant due to a lack of resources. His family could not afford to drive from Roswell to Lubbock to make all of his appointments and they often couldn't afford medications or treatments needed for their son. The kidney doctor had told the patient that the peritoneal dialysis was no longer working and that his whole family would have to move to Lubbock so that he could begin hemodialysis because there are no dialysis clinics in Roswell. The family however does not have the financial means to uproot their lives and move to Lubbock. This was overall a very hard case because it felt as though the medical system was failing this patient and that no matter what we did as nurses there was no

Adriana Mora
Final Reflection
4/19/2024

long-term solution. All though it was a great learning experience it was hard emotionally knowing the patient had a poor prognosis that could have potentially been preventable if he had had better resources. The nurses and child-life workers did a great job at explaining everything to the patient and staying at his bedside since he had no family members present. They also contacted case management to help try and set up transportation for his mother. I learned a lot about many different resources and saw many people working together to develop the best possible care plan for this patient.