

Pediatric ED Reflection Questions

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

Most of the pediatric patients I observed in the ED were patients with positive strep tests and patients with flu-like symptoms. One patient in particular had nausea, vomiting and severe constipation. The child had a distended abdomen and the physician had ordered an X-ray. When the X-ray had come back, it revealed that the patient had a major stool impaction.

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

Majority of the patients that had come to the PED were around 3 years old to 11 years old. I anticipated that many children were going to be this young coming from preschool all the way to middle school; I preceded this because many viruses are spreading, and flu season has come sooner than anticipated after the COVID-19 pandemic.

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

The PED was steady this day and I thought it was going to be way busier; It started picking up around 4:45pm. By then I saw more adolescent patients come in as well as young preschool to school-age children seated in the waiting room. I believed this was because students and parents were getting off work and school. The ED was different than what the media and what Hollywood looks like. Even after discussing how the cases at the ED fluctuate during the week with the nurses, I was observing, it wasn't how I expected it to be.

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

Many of the children I experienced at triage were school age and it was great being able to really observe their development. One of my male patients in particular was complaining of hallmark

manifestations of strep at triage. He was telling me how he had just started first grade and many of the things he was excelling in his classroom. Eventually, we swabbed him for strep and he was anxious about the procedure, but I tried my best to comfort him and distract him. I asked him to show me his Tik Tok videos that he had uploaded while the nurse used the sterile swab to get a sample of his mouth. This technique ended up being really successful and we got the sample!

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

- Sterile swab for strep – observation; I helped with distracting the child
- Sterile urine catch sample for UTI; observation only due to two nurses being in the room assisting one another

6. What community acquired diseases are trending currently?

- Flu
- Strep
- RSV

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

I did not observe many mental health trends, but upon asking the nurses I was observing, there are many adolescents that struggle with anxiety, depression, and even some that have been admitted on the PD floor due to suicidal ideation.

8. How does the staff debrief after a traumatic event? Why is debriefing important?

It is called stress debriefing where the interdisciplinary team will share brief witnesses of their emergent accounts and how they can manage the situation better, what they excelled at, and what they can improve on.

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

The parent will be asked to check their child in and once the nurse is able to see them, they will do a quick assessment on the child. This will include a broad assessment and a focused

assessment based on what the patient is complaining of. After these nursing assessments, the nurse must decide what kind of patient care needs to be provided and will assign the patient to a specific room based on their needs of care (example: At Covenant Health PED, children with mental health needs/care will be assigned room #8 due to the calm environment OR PD patients who have experienced sexual abuse/assault will be placed in room #15 due to the privacy provided by being at the very far end of the ED)

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

The child life specialists prepare the children and family with relaxing techniques to manage the emotional stress and crisis that procedures, tests, and other traumatic events in the hospital bring forth. This can include giving stress balls to children while receiving an IV catheter for the first time. It is really important to provide atraumatic care and allow the child and family to help trust staff.