

Inna Purser

Pediatric ED Reflection Questions

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

Prevalent majority of the patients I have seen in the Pediatric Emergency Department that day were toddlers and preschoolers, whose parents brought them to PED with abdominal pain, discomfort, nausea, vomiting, diarrhea, dehydration. There were a few preschoolers with different fractures to the extremities.

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

The vast majority of patients who were brought to the Pediatric ED were toddlers and preschoolers with different diagnoses, ranging from a stomach bug to a fracture to the distal end of ulna and radius.

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

My overall experience was what I expected it to be. Toddler and preschoolers are particularly susceptible to accidental injuries and contracting communicable diseases.

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

Growth and development are crucial considerations in Emergency department care, especially for pediatric patients. Understanding the typical growth and development stages helps healthcare providers accurately assess and diagnose conditions. For example, knowing the normal respiratory rates for different age groups can help identify abnormalities. Tailoring communication to the child's developmental level ensures they understand what's happening

and reduces anxiety. This might mean using simpler language for younger children or more detailed explanations for older kids.

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

I observed a procedure involving a 5-year-old preschooler with fractured distal ulna and radius. The bones were manipulated back into their correct positions, which requires a delicate touch and a use of X Ray, to ensure proper alignment without causing additional trauma. Applying a splint to stabilize the fracture temporarily. Finally, applying a cast to immobilize the fracture completely. This process involves molding the cast material around the affected area to ensure it fits snugly but comfortably, promoting proper healing.

6. What community acquired diseases are trending currently?

Seasonal flu continues to be a significant concern, with new strains emerging each year.

Respiratory Syncytial Virus (RSV): There has been a notable increase in RSV cases, especially among young children and older adults; and Group A Streptococcal Infection.

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

There are several concerning trends in pediatric mental health currently:

There has been a significant rise in depression and anxiety among children and adolescents. The pandemic has exacerbated these issues due to social isolation, disrupted routines, and increased stress at home. Moreover, there has been a notable increase in children diagnosed with behavior or conduct problems. This includes issues like aggression, defiance, and disruptive behaviors, ADD, ADHD. Children who experience adversity, trauma, or abuse are at a higher risk for mental health disorders. This includes children living in poverty, those who have experienced violence, and those facing systemic racism.

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

Shortly after a traumatic event, a meeting is held where the team gathers to discuss what happened. The charge nurse explains the purpose of the debriefing and sets ground rules to ensure a safe and supportive environment. Each team member is given the opportunity to share their thoughts and feelings about the event. This helps everyone process their emotions and gain a sense of shared experience. The team discusses any ongoing needs or concerns, such as the need for additional support or resources. Debriefing is important because it helps staff process their emotions, reduces the risk of long-term psychological issues like PTSD, and fosters a sense of community and support among team members. It also provides an opportunity to learn from the event and improve future responses.

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

Triage in the PED involves a systematic process to prioritize patients based on the severity of their condition. When a child arrives, the triage nurse quickly assesses their condition to determine the urgency of their needs. This includes checking vital signs, appearance, and level of distress. The nurse performs a primary assessment focusing on the ABCs. This helps identify any immediate life-threatening conditions. A more detailed assessment follows, where the nurse gathers a full medical history and performs a head-to-toe examination. Patients are regularly reassessed to monitor any changes in their condition and ensure they receive timely care.

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

Child Life Specialists are essential in creating a more positive and supportive experience for pediatric patients and their families during very challenging time. They provide emotional support to children and families, offer age-appropriate explanations about medical procedures and what to expect, using developmentally appropriate language and tools like medical play. They teach and reinforce coping strategies, such as deep breathing, distraction techniques, and positive visualization, to help children manage pain and anxiety.