

Pediatric ED Reflection Questions

1. What types of patients (diagnoses) did you see in the PED?
2. The majority of the patients who came into the PED were from which age group? Was this what you expected?
3. Was your overall experience different than what you expected? Please give examples.
4. How did growth and development come into play when caring for patients (both in triage and in treatment rooms)?
5. What types of procedures did you observe or assist with?
6. What community acquired diseases are trending currently?
7. What community mental health trends are being seen in the pediatric population?
8. How does the staff debrief after a traumatic event? Why is debriefing important?
9. What is the process for triaging patients in the PED?
10. What role does the Child Life Specialist play in the PED?

- 1.) The diagnosis I saw were a 13yo male with a seizure disorder, and a 3yo that came in due to acute gastroenteritis.
- 2.) There was a range of ages of patient's being admitted to the ED, I saw a 9 month old female, and oldest 17 yo female, and many ages in between. I was expecting seeing multiple age ranges.
- 3.) I enjoyed my experience at the ED, mostly due to the exposure of various diagnosis, and shadowing nurses that do a lot of prioritizing (ABCs) through critical thought & collaboration.
- 4.) Growth and development was very important in how each pt should be approached to help ease any fear/anxiety of treatment and procedure. For example, the nurse practiced distraction through animism to use the thermometer to a 3 yo during triage, and explain that the BP will feel like a "bear hug" in treatment room for a 5 yo.
- 5.) I observed an IV start, and the collaboration this will consist of. I also observed a child with severe respiratory distress be admitted through an ambulance. I observed how the nurses, techs, physician and RT were collaborating for pt's care plan, they immediately prioritized on airway.
- 6.) Currently the acquired community diseases are RSV and gastroenteritis.
- 7.) The pediatric population faces various mental health conditions, such as; anxiety, PTSD, depression which has led to suicide attempts. This is unfortunately some of the things the ED staff shared with me that it is something they deal with frequently and is increasing.
- 8.) I did not observe a debrief from a traumatic event when I was there. However debriefs are important to evaluate what can be done in pt's care to help decrease anxiety, & improve on prioritizing.
- 9.) Once the pt is done registering (pt hx/insurance info), the nurse will assess the pt before being admitted. The nurse weights & measures pt's height, and takes their vitals. They then ask the necessary questions to the caregiver or/and pt (if able to appropriately communicate), to understand their reason for their visit.
- 10.) A child life specialist helps ease any fear and anxiety a child may get when they're being admitted. They also help pt understand the reason for their visit based on their growth/development stage.