

Pediatric ED Reflection Questions

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

Dislocated elbow and finger, stuffy noses, and fevers.

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

School-aged children were the majority of patients. This was what I expected.

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

Yes, it was slower than I expected. I thought it would be more fast-paced with a constant flow of patients, but it was relatively quiet during my shift. I asked one of the nurses "Is it usually this slow" and they said "we don't say that word" haha.

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

Growth and development influenced how we approached care. For example, communication was adjusted based on age. Toddlers needed more reassurance and distraction and the mom was holding the toddler during assessment. Older children would need less distractions or reassurance while also being able to answer more directly and precisely about what's going on with them. Vitals were also taken differently for different age groups such as either on the calf for BP or big toe for O2 in an infant.

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

I observed a physician assess a child's elbow for dislocation and potential reduction. The doctor gently examined the joint and observed for signs of pain or limited mobility. He also put another child's dislocated finger back into alignment.

6. What community-acquired diseases are trending currently?

Currently, there's an increase in respiratory illnesses such as RSV and Rhinovirus.

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

Anxiety and depression are increasingly common, especially among school-aged children and adolescents. I was actually a little surprised to see just how many were having suicidal ideation.

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

Staff often gather in a private area for a short debrief, I heard the nurses just talk among themselves at the nurses station though. They discuss what happened, what went well, and what could be improved. Debriefing is important to process emotions, reduce stress, and improve future responses to critical situations. For example, the nurses talked about how in their last code, everything would have went smoother if nobody was yelling or panicking too much.

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

Patients are assessed upon arrival. Vital signs, presenting complaints, and overall appearance are used to determine priority levels and they are rated 1-5. 1 being that the patient is coding or in danger and 5 being no labs or additional resources are needed.

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

The Child Life Specialist helps reduce anxiety and fear in children by using age-appropriate education and play. They can help distract them with toys or other techniques specific to the age group.