

Hanna Wells

Pediatric ED Reflection Questions

1. What types of patients (diagnoses) did you see in the PED?
bilateral wrist fx, g-tube replacement, sick kids
2. The majority of the patients who came into the PED were from which age group? Was this what you expected? 4 y/o, 2 two 15 y/o yes, for the 4 y/o's.
3. Was your overall experience different than what you expected? Please give examples.
Different, I thought it would be faster. I enjoyed it though
4. How did growth and development come into play when caring for patients (both in triage and in treatment rooms)?
Talking to pt depending on development levels, also, trying to ensure growth would not be impacted.
5. What types of procedures did you observe or assist with?
Observed splinting for bilateral wrist fx, balloon replacement
6. What community acquired diseases are trending currently?
COVID, strep, flu, stomach bug
- * 7. What community mental health trends are being seen in the pediatric population?
Anorexia → body dysmorphic (adolescent)
- * 8. How does the staff debrief after a traumatic event? Why is debriefing important?
Debriefing is important to process what just happened. They just check in one each other.
- * 9. What is the process for triaging patients in the PED?
Take them back, get weight/weight, ask pertinent questions, send them to appropriate room
10. What role does the Child Life Specialist play in the PED? To appropriate room
Play with kid, provide distraction, help inform parents

Student Name: Hanna Wells Unit: 2-South PI, Initials: JT Date: 08/24/29

Allergies: NKDA / NKDA Pediatric Medication Worksheet - Current Medications & PRN for Last 24 Hours

Primary IV fluid and infusion rate (ml/hr)		Circ IV Type		Rationale for IVF		Lab Values to Assess Related to IVF		Contraindications/Complications	
N/A		Isotonic/Hypotonic/Hypertonic		N/A		N/A		N/A	
Generic Name	Pharmacologic Classification	Therapeutic Indication	Dose, Route & Schedule	Therapeutic Range? Is med in therapeutic range? If not, why?	IVF - List diluent solution, volume, and rate of administration IVB - List concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)		
insulin - oral	Anti-Diabetic	Insulin Type 1 diabetic		✓	-	Hypoglycemia, HA, site rxn	1. take with 30 minutes of eating 2. take LA at same time every night 3. when BS ↓ eat honey/jelly 4. when BS ↑ take insulin to prevent DKA		
Fluconazole	Anti-fungal	Vaginal yeast infection	150mg tab once	✓	-	HA, head pain, NV	1. careful getting up, may be dizzy 2. drink fluids for infection/HA 3. report if stomach is in pain 4. eat probiotic for stomach		
Clotrimazole	Anti-infective	Vaginal yeast infection	500mg sup oral	✓	-	Intercourse, dermatitis	1. report if affected area is more severely irritated 2. report if affected area is not resolved 3. drink fluids to flush out effect 4. REST		
Hydroxyzine	Antihistamine	Vaginal yeast infection	25mg Topical	✓	-	Eczema, hypersensitive reaction	1. STOP application if burning, itching or rash occur 2. stop med if rash occurs 3. drink fluids for infection 4. REST		
lorazepam	PRN products	CT contrast	50mg/PRN/IV	yes	350mg/ml Techs aware	Diarrhea, HA, NV	1. eat up slowly, may drop BP 2. IV site may be irritated, report if in pain/red/swelling 3. drink fluids to flush out 4. 10W - fiber meals for diarrhea		

Adopted: August 2016

Ref: Lexicomp

203

202

Pediatric Floor Patient #1

#203
 HAWK
 N/A
 N/A

	INTAKE/OUTPUT																										
	07	08	09	10	11	12	13	14	15	16	17	18	Total	07	08	09	10	11	12	13	14	15	16	17	18	Total	
PO/Enteral Intake	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
PO Intake/Tube Feed Intake - PO Meds																											
IV INTAKE																											
IV Fluid	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
IV Meds/Flush																											
Calculate Maintenance Fluid Requirement (Show Work)																											
No fluids needed																											
Actual PE IV Rate																											
Rationale for Discrepancy (if applicable)																											
No fluids needed																											
OUTPUT																											
Urine/Diaper																											
Stool																											
Emesis																											
Other																											
Calculate Minimum Acceptable Urine Output																											
N/A																											
Average Urine Output During Your Shift																											
N/A																											

NO fluids,
 No I/O taken/
 documented

Children's Hospital Early Warning Score (CHEWS)
 (See CHEWS Scoring and Escalation Algorithm to score each category)

Behavior/Neuro 0 1 2 3

Cardiovascular 0 1 2 3

Respiratory 0 1 2 3

Staff Concern 1 pt - Concerned 1 pt - Concerned or absent

Family Concern 1 pt - Concerned or absent

CHEWS Total Score

Total Score (points) 0

Score 0-2 (Green) - Continue routine assessments

Score 3-4 (Yellow) - Notify charge nurse or LP. Discuss treatment plan with team. Consider higher level of care, increase frequency of vital signs/CHEWS assessments, Document interventions and notifications

Score 5-11 (Red) - Activate Rapid Response Team or appropriate personnel per unit standard for bedside evaluation, Notify attending physician, Discuss treatment plan with team, Increase frequency of vital signs/CHEWS assessments, Document interventions and notifications

Student Name: Havina NMMS Patient Age: 16 Patient Weight: 47 kg
 Date: 08/24/25 104 lbs

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs	N/A	N/A
Metabolic Panel Labs		
POCT Glucose	257	very high, need to contact diabetics
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)	N/A	N/A
Lab TRENDS concerning to Nurse?		
Blood Glucose increasing since 8/24, need to bring down		

11. Growth & Development:
 *List the Developmental Stage of Your Patient For Each Theorist Below.
 *Document 2 OBSERVED Developmental Behaviors for Each Theorist.
 *If Developmentally Delayed, Identify the Stage You Would Classify the Patient:

Erickson Stage: 1D vs. 2C Confusion

- 1D vs. 2C Confusion learning how to adjust with new illness
- Asking questions about what her new daily routine is

Piaget Stage: Formal Operations

- Embarrassment with new illness among peers
- Embarrassment with vaginal infection due to illness missing the first few weeks of school due to new disease

Please list any medications you administered or procedures you performed during your shift:
 N/A - pt is d/c

pt had vomit clinic

Haanna
11/11/17

1203

IMS Clinical Worksheet - Pediatric Floor

Student Name: Haanna Webb Date:	Patient Age: 5y Patient Weight: 47.4kg 100 lbs
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) DKA - Type 1 diabetic / normal axis Body is not utilizing blood insulin / blood glucose properly.	2. Priority Focused Assessment You Will Perform Related to the Diagnosis: Blood Sugars
3. Identify the most likely and worst possible complications. DKA or hypoglycemic episode	4. What interventions can prevent the listed complications from developing? Educating pt/family how to best care for low blood sugars and high blood sugars.
5. What clinical data/assessments are needed to identify these complications early? Baseline of pt vitals, Glucometers Ketone sticks, recognizing if skin is cool/clammy or if pt is irritated / not normal skin. Knowing s/s of low & high bs.	6. What nursing interventions will the nurse implement if the anticipated complication develops? Have insulin/simple sugars / protein nearby, increase sugars drop / rise unexpectedly
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.	8. Patient/Caregiver Teaching:
1. Relaxation - deep breaths	1. when to assess blood glucose
2. Distraction - phone / put on movie	2. s/s of DKA - How to remedy 3. s/s of hypoglycemic episode - put gum/money on gums Any Safety issues identified: - Call 911 if pt is comatose, if hypoglycemic place honey/jelly on gum. Recognize s/s early