

## Pediatric ED Reflection Questions

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

While in the ED, I saw the following diagnoses: 2 broken femurs, a buckle fracture to the right arm, 1 overdose of Sertraline, and a few viral infections.

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

The ages ranged from a few weeks old to roughly 14 years old. I expected a large range but seeing it in person was different. It was interesting to go from treating an infant to treating a teenager right after.

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

The experience was not what I expected. I did not expect a trauma to come in. I also did not expect so many viral infections. I did not have a complete picture of what I expected but I am glad to have an idea now. A part of me expected it to be like the adult ED, which I have been to when my father was sick. In the adult ED, there are curtains for privacy, and the nurses were not very nice or sympathetic. In my experience at the pediatric ED, everyone had a room with a closed door, and every nurse was kind and sympathetic.

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

I grew the most in triage by being exposed to the different equipment used for infants. I have never worked with infants or many children, so it was something new and exciting to see. I learned different ways to take blood pressure on infants as well. In the treatment rooms, I grew the most emotionally. It took a toll on me to see the pain in the children who were in an MVA. I

knew seeing children hurting or sick would be difficult, but I did not expect the overwhelming emotions of seeing the children in person and hearing their screams and cries. I learned how to set my emotions aside and help where I was needed. I am very thankful for the experience and the growth I had in half a day. I felt useful and appreciated the nurse I helped. It was an experience I will never forget.

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

I am very thankful for the nurse I was working with because he allowed me to do a catheter for the first time. The catheter was on a patient in the MVA. Her injuries made it a challenge. Her pain made her resist the procedure, but this helped me see the not-so-perfect scenario. Additionally, her father was in the room while I did the catheter and was trying to calm her down. I was also able to help stent her femur. I wrapped it with gauze and then was able to wrap it with Ace Wrap. I held it stable with her foot upwards to prevent foot drop as the mold hardened. Lastly, I hung a primary and secondary bag by myself! This was my first time doing both without assistance. My nurse helped me calculate the dose for the machine and I appreciated this. It was an amazing experience and taught me how to perform tasks under pressure. With many injuries involved, I was able to see how to perform these procedures in real life, which are nowhere near the perfect scenarios we do in SIM.

6. What community acquired diseases are trending currently?

The trending infections I heard about were strep and covid-19.

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

During my time in the ER, I saw an overdose patient who was possibly contributing to suicidal ideation. Mental health is huge in adolescents. As someone who has dealt with mental health issues attributed to personal issues, I understand the importance and lack of resources for talk therapy and other coping mechanisms. At these ages, there is not only hormones coming into

play, but bigger life decisions and thought processes, as well. The patient who overdosed had recently got into an argument with his mom. Unstable households can also lead into an increase in mental health issues. I would say there has been a rise in depression and anxiety over the years. Although it can be human to have these conditions, when not managed in a healthy manner, hospitalizations can occur.

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

I was unable to see the debrief, if there was one. However, I was impressed in how they transitioned from trauma patients to triage patients without the mental toll weighing on them. It is important to debrief so that your mind is ready for the next patient.

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

The patient checks in at the front desk and is called back when a triage room and treatment room are available. When they are called back, a nurse checks their vital signs and obtains the chief complaint from the caregiver. Once in a treatment room, the nurse gives a short description to the physician about the patient and the physician then goes to evaluate and treat the patient.

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

During my ER rotation, the Child Life Specialist was calming down the 6-year-old patient who was hurt during an MVA. I primarily saw her use distraction techniques while the care team was evaluating the patient. I also noticed her asking him questions about himself so that the care team could have more information about the patient since the parents were not there to provide the information. She also brought the patient a transition object to hold and make him feel safe.