

**Lawson Sullivan**

**8/26/25**

**PED PM Clinical**

### **Pediatric ED Reflection Questions**

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

There was a couple different diagnoses in the PED. One adolescent patient was admitted for syncope secondary to menstruation/hormonal problems. Another case mentally/physically disabled child was admitted for NG tube replacement, upon discovering it has not been changed for about 8-9 months. There was also a little toddler who had an ear infection due to earrings not being cleaned, but she managed to get it out in the ER herself. There was a few more cases but this were the ones that stuck out to me.

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

Most of the patients that had come in were between the school age and adolescent groups. This to me was somewhat expected since most of the kids were probably waiting to go after school. What shocked me was that a few infants/toddlers showed up but I was expecting more. Preschool children were about what I expected as well. We did get to see all age groups so it was nice to look at how each patient would be taken care of.

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

My overall experience was very different than I expected. It was very laid back and there was a point where there was nobody coming through triage for about 2 hr. I still had a good experience though and learned a few different things. I got to help provide distractions for a toddler and an infant. I also got to

help comfort and protect a child while were giving an IV placement. Most of the kids were very friendly but sick, which was not what I was expecting at all.

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

In triage, I definitely noticed some growth and development coming into play. There was a toddler that had to be explained simply but effectively about taking her blood pressure. The adolescents we gave as much respect for their privacy as humanly possible. The infants were held calmly and would talk softly while with them. Like I said previously i distracted a couple kiddos with my penlight and asking them questions.

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

The procedures I observed/assissted with include the following: NG tube placement, suction for excessive mucus in mentally/physically disabled child, tracheostomy suction, IV placement, blood draws, vital signs, urine bag placement, and portacath access.

6. What community acquired diseases are trending currently?

The nurse that I asked stated that the two big ones they were seeing in the ER was Pertussis and Strep. One of the other nurses said that in the Urgent Care side of healthcare they were seeing a lot of COVID. The one that shocked me was the Pertussis.

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

The current community mental health trends they have been seeing is suicidal ideation in school-age to adolescence. The reasoning behind this was the nurse stated that school season is right around the corner and that a lot of kids struggle with bullying, home issues, school issues, and much more this time of year.

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

The staff states that they have two different ways. First is the more official one, where they partner up with parents, doctors, case managers, child service, and nurses to help identify and figure out what happened, what could have gone better, and what was good. The nurse also states especially after a traumatic situation since they are so tight-knit they also have a nurse/doctor one to check on each other.

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

The process for triaging patients is as follows: First, they have the parent or guardian fill out the child's information and turn it in. Once the triage nurse is ready, they go out to the lobby and call the patient and guardians back. The nurse gets a brief history of the current problem, and checks VS. Depending on the reason for the visit, the triage nurse will perform a quick focused assessment. After that, the triage nurse either takes them back into the ED or has them wait out in the lobby for a room. The triage nurse then takes his notes and clip board, runs it to the front, and gives a quick little report. This is how I understand the process is done.

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

This was another thing that shocked me. I did not see a Child Life Specialist in the ED, but I believe it is just as any other floor. They help explain procedures developmentally appropriate, offer distraction and play therapy as needed, and help provide comfort to parents as well.