

Aaron Link

IM8

Reflection 1

For my clinical rotation, I had a patient come into the Pediatric ER for a psych eval due to reports of abuse from a previous hospital visit. The child was reported to have been locked up in a room at home with a bucket in dim to no light. It was reported that when the child's family went out to eat, the child was to remain in the car and watch others from the car window eat at the restaurant. The child was promptly removed after reporting this at an earlier visit and was established in a new home with CPS. The child was severely malnourished, weighing approximately 65 lbs., while being about 10 years old. The patient had bald spots all over their head, that were slowly growing in. These bald spots were reported to be due to a combination of coping mechanisms and improper nutrition. The patient had eye bags, and was downcast initially, responding with short sentences. CPS had escorted the patient, along with 2 other children into the ER. During the triage portion, we weighed, obtained a height, and got vitals as usual. However, when it came time to get a story for the reason for the visit, my preceptor asked me to help occupy the 2 other children in another room. Thus, I proceeded to bring the two other children into an adjacent unoccupied room, so that the staff could ask hard questions about the patient's situation. During this time, I played "I spy" and "what animal am I thinking of" games. I taught the children what herbivores, carnivores and omnivores were and

what platypus were. Relating it to shows, such as Phineas and Ferb, helped tremendously. After the staff indicated they had obtained a brief history of what had happened, they asked me to escort all the children to one of our observational psych rooms. There, we proceeded to obtain further data, through obtaining more vitals and got an EKG.

The child was assessed to be a high SI risk due to wanting to commit suicide recently, having a plan and access. At the time of the psych screening, the child no longer wished for death, nor had access to previous instruments outlined in their plan. The patient was happier with their recent transition to their new home. However, the patient was still adjusting. The patient had concerns over food and tended to overeat in fear that they may not be able to eat in the future. While in the ER, the patient ate numerous crackers and a popsicle. While waiting for staff to get ready for an in-depth psych exam in the psych room, I entertained the children again with multiple games of “what animals am I thinking of” and “I went camping with” games. While playing, I made sure to give encouragement and praise whenever a child succeeded in guessing correctly an animal or completing a rigorous mental task. With this, the children slowly opened up more, especially the child who came in for the psych eval. Apparently, the children’s love for platypus caught like wildfire. In the beginning, the patient was withdrawn and downcast, however, as the games went further, the patient became cheerful, laughed and engaged in the activities.

When the time came for further examination, I took the other children to another psych room for the patient's privacy. There we played with cars, building blocks, mental theater games, Simon says, "I went camping with", and more. I entertained these children for approximately a two-hour stint, so the patient could relay their entire story in depth in the other room. After the conclusion of the examination, all the children got together and gave me multiple high fives before leaving.

This patient reinforced why I greatly want to become a PEDI-ER Nurse. There is immense joy in seeing a child come in devastated with some adverse situation and being able to turn that situation around. I love being able to help children in need, and my experience in helping raise my siblings helps me relate to children and builds trust. Thus, enabling more effective care.