Pediatric ED Reflection Questions

1. What types of patients (diagnoses) did you see in the PED?
    a. Consistent cough 12 years old, eye pain 12 years old, consistent headache for 3 months 17 years old, and a 2 year old with a rash
2. The majority of the patients who came into the PED were from which age group? Was this what you expected?
    a. The main people I saw in the ER today were school-aged and adolescents. I expected more younger children to come into the ER based on what my classmates were saying about their experiences.
3. Was your overall experience different than what you expected? Please give examples.
    a. Yes, I expected to be a little more hands-on than I got to be. The girl who I was with during triage didn't let me take very many vitals or do the focused assessments. We didn't see very many people, and I had expected it to be way busier than it was that morning.
4. How did growth and development come into play when caring for patients (both in triage and in treatment rooms)?
    a. Growth and development came into play when caring for the children. We know to expect from the child in that certain age group. Nurses rely on observation, caregiver input, and physiological cues while managing separation anxiety. Knowing the stage and development can help care for the patient and make correct assessments.
5. What types of procedures did you observe or assist with?
    a. Vitals and focused assessments
6. What community acquired diseases are trending currently?

    a. RSV and Flu

7. What community mental health trends are being seen in the pediatric population?
    a. Anxiety and depression
8. How does the staff debrief after a traumatic event? Why is debriefing important?
    a. I personally did not get to see the staff debrief after a traumatic event.
9. What is the process for triaging patients in the PED?
    a. Once they get a patient chekced in they call their name and bring them to an exam room to take their vitals and do an assessment. They then judge the severity based on the assessment they make. They base their triage scale on a 1-5. Patients are scored based on their vitals, physical assessment, and other information gained through the child/caregiver. Patients are scored a 5 when they have the common cold, earaches, headaches, and complaints with stable vitals. 4 is going to be like broken bones, less severe respiratory issues, and a fever. 3 is things that are more severe like asthma attacks, young children with breathing problems. 2 is going to be infants younger than 30 days with a fever, severe broken bones, and serious respiratory issues. 1 is going to be your patients that need to go back and be seen immediately and very serious conditions like cardiac arrest.
10. What role does the Child Life Specialist play in the PED?
    a. A child life specialist helps to reduce fear, anxiety, and trauma for children and their families. They prepare children for procedures using appropriate explanations and play. They assess the child's developmental level to ensure care and communication are appropriate, while coaching parents on how to support their child. Overall, they bridge the gap between medical care and the child's emotional needs, improving cooperation, reducing stress, and creating a safer, more positive experience in the ER.