

Pediatric ED reflection questions

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

The diagnoses that I saw while being in the PED were a jammed finger, baby fell off bed, and swelling face from a mosquito bite.

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

The majority was school aged kids. I did expect this just because they are very active at this age and are therefore more prone to accidents.

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

It was different than I expected. I expected it to be a lot more busy.

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

Depending on the age of the child determines how to talk to them and interact with them. For the school age child I would ask them what grade they were in and if they did any sports. Just trying to be more personable. With the baby, I would try to make her smile and distract her from what was going on.

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

I did not assist with any procedures.

6. What community acquired diseases are trending currently?

The community acquired diseases that are currently trending are Rhino and strep.

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

Depression and suicidal attempts.

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

The staff debriefs in a huddle and it is important to talk about what happened and possible areas of improvement.

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

Patient gets checked in and taken into a triage room. They are weighted and their height is measured. Then their vital signs are taken and the nurse asks them what happened and why they are here. And then we take them to the room once all the questions are asked.

10. What role does the Child life specialist play in the PED?

Child life specialist helps discharge patients and help their staff more comfortable.

Student Name: Alex Alcorn

Unit: PEPI

Pt. Initials: _____

Date: 9/9

Pediatric Medication Worksheet – Current Medications & PRN for Last 24 Hours

302

Allergies: NEKA

1200-1700 meds PRN 24hrs

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
	Isotonic/ Hypotonic/ Hypertonic			

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?	IVP – List diluent solution, volume, and rate of administration IVPB – List concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
				Is med in therapeutic range?			
				If not, why?			
Acetaminophen (Tylenol)	Analgesics	pain, fever	650mg po q4hrs prn			long term use = liver damage	<ol style="list-style-type: none"> 1. Pain assessment 2. Don't take more of the same class of med 3. Don't break or crush pill 4. Be cautious if have kidney injury
Hydralazine (Apresoline)	Antihypertensive	bp > 150/90	10mg IV q4hrs prn			HA, nausea, GI issues, dizziness	<ol style="list-style-type: none"> 1. cardiovascular status – vasodilator 2. Teach that it's a management not a cure of TBP 3. With food can ↓ hurt stomach 4. monitor pt BP
melatonin	Insom Alternative med	insomnia	4.5mg po nightly PRN			drowsiness, HA, dizzy, vivid dreams	<ol style="list-style-type: none"> 1. mainly used for short term 2. monitor blood glucose 3. don't do certain activities → drowsy 4. Importance of trying other sleep methods before
morphine	opiod	pain	2mg IV q4hrs prn			Constipation, drowsiness, nausea, ↓BP	<ol style="list-style-type: none"> 1. stool softeners 2. monitor BP 3. Teach about addictions 4. Importance of not handling or doing certain activities
							<ol style="list-style-type: none"> 1. 2. 3. 4.

Student Name: Alax Alcorn

Unit: PD

Pt. Initials: YH

Date: 7/9

Pediatric Medication Worksheet – Current Medications & PRN for Last 24 Hours

Allergies: NKDA

307

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?		IVP – List solution to dilute and rate to push. IVPB – concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
				Is med in therapeutic range?	If not, why?			
Pertamina- pion (Hyland)	Analgesics	pain	281.6mg PO q4hr PRN				long term use = kidney damage	<ol style="list-style-type: none"> 1. Pain assessment 2. Don't take more of the same med class 3. Don't break or crush pill 4. Be cautious of it having kidney problems.
ibuprofen (Advil, Motrin)	Analgesics	pain	188mg PO q6hr PRN				cardiovascular effects, GI bleeding, kidney damage	<ol style="list-style-type: none"> 1. Monitor SA 2. monitor BM 3. monitor BUN, creatinine 4. don't take many of the same class
								<ol style="list-style-type: none"> 1. 2. 3. 4.
								<ol style="list-style-type: none"> 1. 2. 3. 4.
								<ol style="list-style-type: none"> 1. 2. 3. 4.

IM5 Clinical Worksheet – Pediatric Floor

HSP = Henoch-Schönlein purpura

Student Name: Alex Alcor Date: 9/9	Patient Age: 13 Patient Weight: 105.9 kg
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) <i>Acute kidney injury, HTN due to associated acute glomerulonephritis HSP w/ nephritis inflammation of small blood vessels in the kidneys that cause a disorder.</i>	2. Priority Focused Assessment You Will Perform Related to the Diagnosis: <i>Intake and output per watch, want to make sure they are equal. Blood test to monitor BUN, Cr, Na, K, levels.</i>
3. Identify the most likely and worst possible complications. <i>Most likely: proteinuria, hematuria, HTN Worst possible: kidney failure</i>	4. What interventions can prevent the listed complications from developing? <i>Making sure pt is peeing and maintaining hydration. Limit the amount of fluid intake, Na, K.</i>
5. What clinical data/assessments are needed to identify these complications early? <i>UAs, basal metabolic panel, CBC, I/Os, strict diet and fluid.</i>	6. What nursing interventions will the nurse implement if the anticipated complication develops? <i>PRN medication can be given for secondary HTN. Monitor vs for proteinuria for s/s of fluid overload. Give diuretics if ordered.</i>
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. <i>1. Friends present to help distract/comfort pt. 2. Going outside and being social. Watching movies.</i>	8. Patient/Caregiver Teaching: <i>1. Monitoring protein level in urine by using a dip stick. 2. Daily weight to check if still retaining fluid. 3. checking BP to see if still high ∴ need a personal BP monitor</i> Any Safety Issues identified:

Student Name:	Patient Age:
Date:	Patient Weight: kg

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	2010	↑ signifying inflammation
Metabolic Panel Labs		
Cl	110	↑ levels can signify kidney disease
BUN	83	↑ kidney function
K	5.3	↑ kidney function and water levels
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)		
Lab TRENDS concerning to Nurse?		
All labs (WBC, Cl, BUN, K) are increasing which is a concern for a kidney injury pt. because kidneys aren't working well and		

11. Growth & Development: Adolescent
 *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: Identity vs. Role confusion

- Had a friend @ bed side as well as his mom
- New emotions with being @ the hospital and his body looking different than it normally does

Piaget Stage: Formal operational thought

- Maybe had the "no one understands" mentality. He was very stand-offish
- Adolescent egocentrism of thinking everything is about him in regards to his mom

Please list any medications you administered or procedures you performed during your shift:

Pediatric Floor Patient #1

<p>GENERAL APPEARANCE</p> <p>Appearance: <input checked="" type="checkbox"/> Healthy/Well Nourished <input type="checkbox"/> Near/Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept</p> <p>Developmental age: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Delayed</p>	<p>CARDIOVASCULAR</p> <p>Pulse: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Thready</p> <p>Murmur: <input type="checkbox"/> Other _____</p> <p>Edema: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Location <i>Arms</i> <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+ <i>face</i></p> <p>Capillary Refill: <input checked="" type="checkbox"/> < 2 sec <input type="checkbox"/> > 2 sec</p> <p>Pulses: Upper R <u>3</u> L <u>3</u> Lower R <u>3</u> L <u>3</u> 4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None</p>	<p>PSYCHOSOCIAL</p> <p>Social Status: <input type="checkbox"/> Calm/Relaxed <input checked="" type="checkbox"/> Quiet <input type="checkbox"/> Friendly <input type="checkbox"/> Cooperative <input type="checkbox"/> Crying <input type="checkbox"/> Uncooperative <input type="checkbox"/> Restless <input type="checkbox"/> Withdrawn <input type="checkbox"/> Hostile/Anxious</p> <p>Social/emotional bonding with family: <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent</p>
<p>NEUROLOGICAL</p> <p>LOC: <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Restless <input type="checkbox"/> Sedated <input type="checkbox"/> Unresponsive</p> <p>Oriented to: <input checked="" type="checkbox"/> Person <input checked="" type="checkbox"/> Place <input checked="" type="checkbox"/> Time/Event</p> <p>Pupils: <input checked="" type="checkbox"/> Appropriate for Age <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal</p> <p>Fontanel: (Pt < 2 years) <input type="checkbox"/> Soft <input type="checkbox"/> Flat <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input type="checkbox"/> Closed</p>	<p>ELIMINATION</p> <p>Urine Appearance: <i>dark pink</i></p> <p>Stool Appearance: _____ <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy</p>	<p>IV ACCESS</p> <p>Site: <i>Right arm</i> <input checked="" type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line</p> <p>Type/Location: _____</p> <p>Appearance: <input checked="" type="checkbox"/> No Redness/Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen</p> <p>Patent <input type="checkbox"/> Blood return</p> <p>Dressing Intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Fluids: _____</p>
<p>Extremities: <input checked="" type="checkbox"/> Able to move all extremities</p> <p><input checked="" type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically</p> <p>Grips: Right <u>3</u> Left <u>3</u> Pushes: Right <u>3</u> Left <u>3</u> S=Strong W=Weak N=None</p> <p>EVD Drain: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Level _____</p> <p>Seizure Precautions: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>GASTROINTESTINAL</p> <p>Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat <input type="checkbox"/> Distended <input type="checkbox"/> Guarded</p> <p>Bowel Sounds: <input type="checkbox"/> Present X <u>4</u> quads <input checked="" type="checkbox"/> Active <input type="checkbox"/> Hypo <input type="checkbox"/> Hyper <input type="checkbox"/> Absent</p> <p>Nausea: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Vomiting: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Passing Flatus: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Location _____ Inserted to _____ cm Suction Type: _____</p>	<p>SKIN</p> <p>Color: <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Flushed <input type="checkbox"/> Jaundiced <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input type="checkbox"/> Natural for Pt</p> <p>Condition: <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Dry <input type="checkbox"/> Diaphoretic</p> <p>Turgor: <input checked="" type="checkbox"/> < 5 seconds <input type="checkbox"/> > 5 seconds</p> <p>Skin: <input type="checkbox"/> Intact <input type="checkbox"/> Bruises <input type="checkbox"/> Lacerations <input type="checkbox"/> Tears <input checked="" type="checkbox"/> Rash <input type="checkbox"/> Skin Breakdown</p> <p>Location/Description: <i>arms purple</i></p> <p>Mucous Membranes: Color: _____ <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration</p>
<p>RESPIRATORY</p> <p>Respirations: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Retractions (type) _____ <input type="checkbox"/> Labored</p> <p>Breath Sounds: Clear <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Left Crackles <input type="checkbox"/> Right <input type="checkbox"/> Left Wheezes <input type="checkbox"/> Right <input type="checkbox"/> Left Diminished <input type="checkbox"/> Right <input type="checkbox"/> Left Absent <input type="checkbox"/> Right <input type="checkbox"/> Left</p> <p><input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Oxygen</p>	<p>NUTRITIONAL</p> <p>Diet/Formula: <i>Normal Pds.</i></p> <p>Amount/Schedule: <u>75%</u></p> <p>Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>WOUND/INCISION</p> <p>Scale Used: <input checked="" type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces</p> <p>Location: _____ Type: _____ Pain Score: <u>1200</u> <u>0</u> <u>1600</u></p>
<p>Oxygen Delivery: <input type="checkbox"/> Nasal Cannula: _____ L/min <input type="checkbox"/> BIPAP/CPAP: _____ <input type="checkbox"/> Vent: ETT size _____ @ _____ cm <input type="checkbox"/> Other: _____</p> <p>Trach: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size _____ Type _____ Obturator at Bedside <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cough: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Productive <input type="checkbox"/> Nonproductive</p>	<p>MUSCULOSKELETAL</p> <p><input type="checkbox"/> Pain <input type="checkbox"/> Joint Stiffness <input checked="" type="checkbox"/> Swelling <input type="checkbox"/> Contracted <input type="checkbox"/> Weakness <input type="checkbox"/> Cramping <input type="checkbox"/> Spasms <input type="checkbox"/> Tremors</p> <p>Movement: <input checked="" type="checkbox"/> RA <input checked="" type="checkbox"/> LA <input checked="" type="checkbox"/> RL <input checked="" type="checkbox"/> LL <input checked="" type="checkbox"/> All</p> <p>Brace/Apliances: <input type="checkbox"/> None Type: _____</p>	<p>TUBES/DRAINS</p> <p><input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube</p> <p>Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____</p>
<p>Secretions: Color _____ Consistency _____</p> <p>Suction: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____</p> <p>Pulse O₂ Site _____</p> <p>Oxygen Saturation: _____</p>	<p>MOBILITY</p> <p><input checked="" type="checkbox"/> Ambulatory <input type="checkbox"/> Crawl <input type="checkbox"/> In Arms <input type="checkbox"/> Ambulatory with assist Assistive Device: <input type="checkbox"/> Crutch <input type="checkbox"/> Walker <input type="checkbox"/> Brace <input type="checkbox"/> Wheelchair <input type="checkbox"/> Bedridden</p>	

Pediatric Floor Patient #1

		INTAKE/OUTPUT 1200-1700																
		07	08	09	10	11	12	13	14	15	16	17	18	Total				
PO/Enteral Intake		07	08	09	10	11	12	13	14	15	16	17	18	Total				
PO Intake/Tube Feed		342																
Intake – PO Meds																		

IV INTAKE		07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid		400												
IV Meds/Flush														

Calculate Maintenance Fluid Requirement (Show Work)

$10 \times 100 = 1,000$
 $10 \times 50 = 500$
 $85 \times 20 = 1,700$
 $3,200 \text{ mL} / 24 \text{ hrs}$

Actual Pt IV Rate 50 mL/hr

Rationale for Discrepancy (if applicable)

OUTPUT		07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper								575						
Stool														
Emesis														
Other														

Calculate Minimum Acceptable Urine Output

$50 \text{ mL} \times 105.9 \text{ kg/hr} = 52.95 \text{ mL/hr}$
 $1,270 \text{ mL/day}$

Average Urine Output During Your Shift

575

Children's Hospital Early Warning Score (CHEWS)

(See CHEWS Scoring and Escalation Algorithm to score each category)

Behavior/Neuro

Circle the appropriate score for this category:
 0 1 2 3

Cardiovascular

Circle the appropriate score for this category:
 0 1 2 3

Respiratory

Circle the appropriate score for this category:
 0 1 2 3

Staff Concern

1 pt – Concerned

Family Concern

1 pt – Concerned or absent

CHEWS Total Score

Total Score (points) 0

CHEWS Total Score

Score 0-2 (Green) – Continue routine assessments
 Score 3-4 (Yellow) – Notify charge nurse or LPJ, 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

CHEWS Scoring and Escalation Algorithm

	0	1	2	3
Behavior/Neuro	<ul style="list-style-type: none"> - Playing/sleeping appropriately OR - Alert, at patient's baseline 	<ul style="list-style-type: none"> - Sleepy, somnolent when not disturbed 	<ul style="list-style-type: none"> - Irritable, difficult to console OR - Increase in patient's baseline seizure activity 	<ul style="list-style-type: none"> - Lethargic, confused, floppy OR - Reduced response to pain OR - Prolonged or frequent seizures OR - Pupils asymmetrical or sluggish
Cardiovascular	<ul style="list-style-type: none"> - Skin tone appropriate for patient - Capillary refill \leq 2 seconds 	<ul style="list-style-type: none"> - Pale OR - Capillary refill 3-4 seconds OR - Mild tachycardia OR - Intermittent ectopy or irregular HR (not new) 	<ul style="list-style-type: none"> - Grey OR - Capillary refill 4-5 seconds OR - Moderate tachycardia 	<ul style="list-style-type: none"> - Grey and mottled OR - Capillary refill $>$ 5 seconds OR - Severe tachycardia OR - New onset bradycardia OR - New onset/increase in ectopy, irregular HR or heart block
Respiratory	<ul style="list-style-type: none"> - Within normal parameters - No retractions 	<ul style="list-style-type: none"> - Mild tachypnea/ increased WOB (flaring, retractions) OR - Up to 40% supplemental oxygen OR - Up to 1L NC $>$ patient's baseline need OR - Mild desaturations $<$ patient's baseline OR - Intermittent apnea self-resolving 	<ul style="list-style-type: none"> - Moderate tachypnea/ increased WOB (i.e. flaring, retracting, grunting, use of accessory muscles) OR - 40-60% oxygen via mask OR - 1-2 L NC $>$ patient's baseline need OR - Nebes Q 1-2 hour OR - Moderate desaturations $<$ patient's baseline OR - Apnea requiring repositioning or stimulation 	<ul style="list-style-type: none"> - Severe tachypnea OR - RR $<$ normal for age OR - Severe increased WOB (i.e. head bobbing, paradoxical breathing) OR - $>$ 60% oxygen via mask OR - $>$ 2 L NC more than patient's baseline need OR - Nebes Q 30 minutes - 1 hour OR - Severe desaturations $<$ patient's baseline OR - Apnea requiring interventions other than repositioning or stimulation
Staff Concern		<ul style="list-style-type: none"> - Concerned 		
Family Concern		<ul style="list-style-type: none"> - Concerned or absent 		
Green = Score 0-2	Yellow = Score 3-4		Red = Score 5-11	
<ul style="list-style-type: none"> - Continue Routine Assessments 	<ul style="list-style-type: none"> - Notify charge nurse or LIP - Discuss treatment plan with team - Consider higher level of care - Increase frequency of vital signs / CHEWS / assessments - Document interventions and notifications 	<ul style="list-style-type: none"> - 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 		

A PEDIATRIC CODE CAN BE ACTIVATED AT ANYTIME BY ANYONE
Use SBAR communication

Reference: McAllen, M.C., et al. Validation of the Children's Hospital Early Warning System for Critical Determination Recognition. Journal of Pediatric Nursing (2016). <http://dx.doi.org/10.1016/j.pedn.2016.10.005>