

Pediatric ED Reflection Questions

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

Injuries such as hands and leg from sports/working out. Croup and respiratory problems such as sore throat and coughing. I also had patients come in for a combo of symptoms like vomiting, coughing, and sore throat.
2. The majority of the patients who came into the PED were from which age group? Was this what you expected?
 - a. 14-17 years old and yes I expected this.
3. Was your overall experience different than what you expected? Please give examples.
 - a. It was different than I expected because I expected more chaos and overstimulation like in the adult ED. Also, patients were not lobbied or in the rooms for over an hour and a half unlike the adult ED.
4. How did growth and development come into play when caring for patients (both in triage and in treatment rooms)?
 - a. I had a toddler who was independent, and he wanted to put the blood pressure cuff on himself and when he did it, he was very giddy when his mom and I praised him. I also had an adolescent who came in by themselves and soon their parent joined after, but they were asking their own questions and advocating for themselves.
5. What types of procedures did you observe or assist with?
 - a. I observed a PICC line change and also blood culture collection from a PICC in a 11 month old.
6. What community acquired diseases are trending currently?
 - a. Croup and colds.

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 noticed the staff first go over the bad parts and they discuss what they think/thought the patient might have had. After the patient is stable, the staff talk about how the patient is improving and express their relief and joy in the solution. They did not really debrief as I expected.
9. What is the process for triaging patients in the PED?
 - a. Patient from the lobby heads into the triage room and get their vitals checked and the nurse will ask what's going on and how long it has been occurring. Then, if they need to be examined by a doctor if dire sooner than later. Otherwise, if the acuity is not urgent, then they will send the patient back to the lobby till the higher acuities are checked.
10. What role does the Child Life Specialist play in the PED?
 - a. I think for more emergent and situations that need to addresses now, like inserting an IV or getting a blood draw, child life will come in and distract and help patients cope. However, for procedures that they are getting ready to go into or further more, child life will come in and play and help educate the child if age applicable.