

Pediatric ED Reflection Questions

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

- a. A teenager is likely to be diagnosed with iron-deficient anemia r/t her 3 weeklong menstrual cycle. Urine cultures are still ongoing, but EEG, blood tests, & x-ray have r/o causative agents. I was surprised to learn that MRIs are not used in the ED unless it is an emergency situation, but a CT will give quicker results.
- b. Another patient was in the ED because of SI & depression. They are currently working to find a mental health facility for them to go to after they have been medically cleared.
- c. A young girl (4 y/o) came in with a laceration to the chin after falling at recess. The cut is clean, but deep enough to need skin glue. The process of operation is to apply EMLA cream, wait about an hour, then place glue or surgical stitches to hold the skin together.
- d. An 11-year-old boy swallowed a staple at school, X- ray will determine if any damage was done to the soft mucous membrane, but family was told that it will likely pass in stool.
- e. A 5-year-old girl got a rock stuck in her ear. The nurse told me that they will perform manual irrigation using water and chlorhexidine to dislodge the rock

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

- a. It depends on the time of year. Usually around the cold weather months it is “baby month” so lots of RSV & flu diagnoses. During the summer, adolescents & school-aged kids are common because of “sports injuries”. This week has been more adolescents than any other age group. Mainly it is respiratory issues like asthma exacerbations. Other issues include flu-like symptoms, high fevers, & traumas from car accidents. They

also see sexual assault cases & leukemia patients that contracted an illness. This is what I expected because it is what I have been told about different times of the year.

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

- a. It was slower than I expected, which isn't a bad thing, but I selfishly was hoping for more to occur throughout the clinical. I was very pleased with how kind & welcoming everyone was.
- b. A young girl in the 5th grade was playing outside when she broke her arm. Surgeon performed surgery to correct the "Z" like arm. I'm not kidding, it looked like a Z. The nurse explained that since the break was over 10 degrees, that surgery will have to happen.
- c. We were given a personal tour of the floor as soon as we arrived & I met the other nurse named Torrey (spelt different).
- d. We couldn't assist in much because there were not any traumas (which is a good thing), but we had the opportunity to talk with the nurses about their experiences & where they went to nursing school.

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

- a. A patient came into the ED following passing out. After several tests they are still unsure what is causing her episode. The patient has been on her menstrual cycle for 3 weeks & is iron- deficient anemic so they are leaning towards that being the cause of the fainting. This is a common occurrence among adolescents because it is usually the time that periods start for females.

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

- a. I did not do much today, but I handed a urine sample cup to the teenage patient.

6. What community acquired diseases are trending currently?

- a. Flu & RSV

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

- a. SI, depression, & anxiety

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

- a. We did not witness a debrief, but it was stated that debriefing includes both physical & emotional aspects of the event. Unfortunately, these nurses are accustomed to traumatic events & are “used” to them happening. They were sure to mention the importance of having an outlet to talk to, especially as a new nurse. It is important to debrief because repeated exposure to traumatic events can lead to burn out, nurses leaving the profession, & mental health issues.

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

- a. Patients come into triage, are handed a form with a series of questions including allergies, why they are coming in, & standard background information. After the form is filled out, they remain in the waiting room until they are called back for evaluation. Once called back, including allergies, the reason for their visit, a series of questions is asked to the patient/ parent ,along with a set of routine VS

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

- a. They use medical play to explain procedures, but mainly they are responsible for calming patients down. The ED can be crazy & overwhelming at times, so keeping the patient calm is a priority.