Jyssian Escandon

Pediatric ED Reflection Questions

1. What types of patients (diagnoses) did you see in the PED?
   Suicicle watch, seizure, broken bone
2. The majority of the patients who came into the PED were from which age group? Was this what you expected? all ages from 12mo - 17yrs. yes expected all ages.
3. Was your overall experience different than what you expected? Please give examples.
   yes, just thought there would be alot more todo.
4. How did growth and development come into play when caring for patients (both in triage and in treatment rooms)? it came into play when talking to child about what was happening from VS to IV to reduction.
5. What types of procedures did you observe or assist with?
   distal radius/ulna reduction with casting
6. What community acquired diseases are trending currently?
   RSV, flu
7. What community mental health trends are being seen in the pediatric population?
   mostly an increase in BEDi suicicle
8. How does the staff debrief after a traumatic event? Why is debriefing important?
   talked about what happenes, how to improve & what was done great.
9. What is the process for triaging patients in the PED?
   hx, VS, Allergies, checking them in & assessing them.
10. What role does the Child Life Specialist play in the PED?
    they play a role in helping the child know whats going on and distractors throught the entire process and helping deal with pain.

Jyssiah Escundon
Oct 28 2025
Bed 63

GENERAL APPEARANCE

Appearance: ☐ Healthy/ Well Nourished
☑ Neat/ Clean ☐ Emaciated ☐ Unkept
Developmental age:
☑ Normal ☐ Delayed

NEUROLOGICAL

LOC: ☑ Alert ☐ Confused ☐ Restless
☐ Sedated ☐ Unresponsive
Oriented to:
☐ Person ☐ Place ☐ Time/ Event
☑ Appropriate for Age
Pupil Response: ☑ Equal ☒ Unequal WNL
☑ Reactive to Light ☐ Size _____
Fontanel: (Pt < 2 years) ☐ Soft ☐ Flat
☐ Bulging ☐ Sunken ☐ Closed
Extremities:
☑ Able to move all extremities
☐ Symmetrically ☐ Asymmetrically
Grips: Right S Left S
Pushes: Right _____ Left _____
S=Strong W=Weak N=None
EVD Drain: ☐ Yes ☑ No Level _____
Seizure Precautions: ☐ Yes ☑ No

RESPIRATORY

Respirations: ☑ Regular ☐ Irregular
☐ Retractions (type) _____
☐ Labored
Breath Sounds:
Clear ☑ Right ☑ Left
Crackles ☐ Right ☐ Left
Wheezes ☐ Right ☐ Left
Diminished ☐ Right ☐ Left
Absent ☐ Right ☐ Left
☑ Room Air ☐ Oxygen
Oxygen Delivery:
☐ Nasal Cannula: ____L/ min
☐ BiPap/ CPAP: _____
☐ Vent: ETT size____@____cm
☐ Other: _____
Trach: ☑ Yes ☐ No
Size 3 Type Bovina
Obturator at Bedside ☑ Yes ☐ No
Cough: ☑ Yes ☐ No
☐ Productive ☑ Nonproductive
Secretions: Color N/A
Consistency _____
Suction: ☐ Yes ☑ No Type _____
Pulse Ox Site N/A
Oxygen Saturation: 94

CARDIOVASCULAR

Pulse: ☑ Regular ☐ Irregular
☑ Strong ☐ Weak ☐ Thready
☐ Murmur ☐ Other _____
Edema: ☐ Yes ☑ No Location _____
☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+
Capillary Refill: ☑ <2 sec ☐ >2 sec
Pulses:
Upper R 2+ L 2+
Lower R 2+ L 2+
4+ Bounding 3+ Strong 2+ Weak
1+ Intermittent 0 None

ELIMINATION

Urine Appearance: yellow clear
Stool Appearance: green, soft
☐ Diarrhea ☐ Constipation
☐ Bloody ☐ Colostomy

GASTROINTESTINAL

Abdomen: ☑ Soft ☐ Firm ☐ Flat
☐ Distended ☐ Guarded
Bowel Sounds: ☑ Present X 4 quads
☑ Active ☐ Hypo ☐ Hyper ☐ Absent
Nausea: ☐ Yes ☑ No
Vomiting: ☐ Yes ☑ No
Passing Flatus: ☐ Yes ☑ No
Tube: ☑ Yes ☐ No Type Gtube
Location LUQ Inserted to _____cm
☐ Suction Type: _____

NUTRITIONAL

Diet/Formula: Elecare tube
Amount/Schedule: Q3 feed
Chewing/Swallowing difficulties:
☐ Yes ☐ No

MUSCULOSKELETAL

☐ Pain ☐ Joint Stiffness ☐ Swelling
☐ Contracted ☐ Weakness ☐ Cramping
☐ Spasms ☐ Tremors
Movement:
☐ RA ☐ LA ☐ RL ☐ LL ☑ All
Brace/Appliances: ☑ None
Type: _____

MOBILITY

☐ Ambulatory ☑ Crawl ☑ In Arms
☐ Ambulatory with assist _____
Assistive Device: ☐ Crutch ☐ Walker
☐ Brace ☐ Wheelchair ☐ Bedridden

PSYCHOSOCIAL

Social Status: ☑ Calm/ Relaxed ☐ Quiet
☑ Friendly ☐ Cooperative ☐ Crying
☐ Uncooperative ☐ Restless
☐ Withdrawn ☐ Hostile/ Anxious
Social/emotional bonding with family:
☑ Present ☐ Absent

IV ACCESS

Site: _____ ☐ INT ☑ None
☐ Central Line
Type/ Location: _____
Appearance: ☐ No Redness/ Swelling
☐ Red ☐ Swollen
☐ Patent ☐ Blood return
Dressing Intact: ☐ Yes ☐ No
Fluids: _____

SKIN

Color: ☑ Pink ☐ Flushed ☐ Jaundiced
☐ Cyanotic ☐ Pale ☐ Natural for Pt
Condition: ☑ Warm ☐ Cool ☐ Dry
☐ Diaphoretic
Turgor: ☑ <5 seconds ☐ >5 seconds
Skin: ☑ Intact ☐ Bruises ☐ Lacerations
☐ Tears ☐ Rash ☐ Skin Breakdown
Location/ Description: _____
Mucous Membranes: Color: _____
☐ Moist ☐ Dry ☐ Ulceration

PAIN

Scale Used: ☐ Numeric ☑ FLACC ☐ Faces
Location: diaper rash
Type: _____
Pain Score:
0800 ____ 1200 ____ 1600 ____

WOUND/INCISION

☐ None
Type: Trache-bovina
Location: neck
Description: midline W/O swelling
Dressing: Split 4x4 & collar

TUBES/DRAINS

☐ None
☑ Drain/Tube
Site: Gastro, LUQ
Type: Gtube
Dressing: _____
Suction: _____
Drainage amount: 0
Drainage color: 0

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake/ Tube Feed								155					
Intake – PO Meds													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid													
IV Meds/ Flush													

Calculate Maintenance Fluid Requirement (Show Work) 8.2x100=820 820/24=34 mL/hr	**Actual Pt IV Rate** no IV site **Rationale for Discrepancy (if applicable)**

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/ Diaper								35		?			
Stool													
Emesis													
Other													

Calculate Minimum Acceptable Urine Output ~~8.2x100=820~~ 1mL x 8.2 x 1hr = 8.2 out/hr	**Average Urine Output During Your Shift** 35mL & one more diaper but I didn't get the wt :-

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	
CHEWS Total Score	Total Score (points) 0 Score 0-2 (Green) – Continue routine assessments Score 3-4 (Yellow) – 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 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

IM5 Clinical Worksheet – Pediatric Floor

Student Name: Jyssiah Escandon
Date: 10/28/25

Patient Age: 2yr
Patient Weight: kg 8.2

1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words)

Poor wt gain, G tube dependent N/v, Tracheoesophageal fistula repair hx. Trache.

2. Priority Focused Assessment You Will Perform Related to the Diagnosis:

Wt gain and proper G-tube feedings.
I&O, lacks of N/v

3. Identify the most likely and worst possible complications.

decreased wt, aspiration dehydration & Trache complications

4. What interventions can prevent the listed complications from developing?

monitor feedings. & start TPN if no solutions for wt gain start.
monitor respiratory status and trache.

5.What clinical data/assessments are needed to identify these complications early?

G-tube placement accuracy
- daily I&O
- Skin assessments
- Trache ✓ and Resp assessment

6. What nursing interventions will the nurse implement if the anticipated complication develops? (emergency)

will have trache care kit in room, watch for aspiration during feeds,

7. Pain & Discomfort Management:
List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.

1. distraction, play
2. tactile stimulation, Pats, Snuggles.

8. Patient/Caregiver Teaching:

1. Know respiratory depression S/S
2. monitor wt gain
3. preventing N/v, slow down feeds.

Any Safety Issues identified:

Trache care and G tube care

Student Name: Jyssiah Escandon
Date: Oct 28 2025

Patient Age: 2yr
Patient Weight: 8.2 kg

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
RBC	5.44↑	
Hemoglobin	14.6↑	
hematocrit	44.6↑	
Metabolic Panel Labs		
BUN	23↑	
Total Protein	8.0↑	
pre albumin	18↓	
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)		
Lab TRENDS concerning to Nurse?		

11. Growth & Development:
*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:

1. Autonomy vs shame & doubt
Pt wants to play with toys "alone" will grab
2. toy and wants to do it themselves.
wants to open and close plastic bucl alone

Piaget Stage: Preoperatvonal Stage

1. child plays pretend with toys

2. child is now attempting to talk while playing, but difficult with trache.

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