

N433 Active Learning for Ambulatory Nurse Shadowing Experience

Cindy Ho

1. The clinical site took place at Carle Pediatric Clinic on Fairchild. During this clinical rotation, Cindy had the opportunity to shadow the two registered nurses and the medical assistants. The pediatric clinical site treats infants, toddlers, preschoolers, school-aged children, and adolescents. Most patients were accompanied by their parents. The clinic treats newborns to children up to 21 years of age. During the clinical rotation, the youngest child was a forty-eight-day-old infant. The clinical site was a good experience for what to expect when working with this demographic. The assessment process of the pediatric population is different from the adult population. The pediatric population requires much more patience and an understanding of their developmental level.
2. Cindy engaged today as a nursing professional by shadowing the nurses and medical assistants. Cindy had many questions about the vaccination schedule and picked up several CDC information statements for different vaccines, including DTaP, MMRV, and HPV. Nurse Dana printed out vaccine information sheets with recommended ages to receive the vaccines. Cindy was present during the assessments before the visit with the provider and after administering the recommended vaccinations. Cindy observed closely when the nurse administered intramuscular shots to a 2-year-old on his anterolateral thigh. Cindy observed the medical assistant obtain a nasal swab from a 48-day-old for RSV and COVID-19.
3. Cindy contributed to the service provided by the clinic nurse by asking questions and observing the nurses' work routine. Cindy contributed by gathering the appropriate CDC Vaccine Information Statements (VISs) for the vaccines the child would receive during

the visit. Cindy observed the medical assistants assess the patients in the intake room.

The children were directed to take off their shoes for height and weight measurements in the intake room. It was interesting to observe different age groups follow directions and the adjustments the nurses made for age-appropriate interaction depending on the child's developmental stage. Other contributions were assisting with the weight and height measurements of a newborn. The scale was cleaned, a protective sheet was placed on the scale, and the scale was tared before placing the newborn on the scale, removing the diaper last to get an accurate measurement.

4. The clinical site at Carle Danville plays an integral part in the health supervision of the children in the community. Critical components of health supervision consist of developmental surveillance and screening, injury and disease prevention, and health promotion (Ricci et al., 2021). The child's growth development is supervised during well-child visits. There are 11 well-child visits between birth and 30 months of age and then yearly until age 21. The visits include history and physical assessment, development and behavioral assessment, appropriate at-risk screening, immunizations, and anticipatory guidance (Ricci et al., 2021). Disease prevention aims to intervene to protect children from disease or identify disease at an early stage to lessen the consequences to the child's health. Health promotion aims to identify disease risk factors, facilitating lifestyle changes, and empower children to develop resources to optimize their health (Ricci et al., 2021).
5. The health risk of the pediatric population includes communicable diseases such as chickenpox, COVID-19, hepatitis, and influenza. Children are recommended vaccinations as a key to disease prevention. Children of all ages visited the clinic, with

many receiving vaccinations. Some vaccines were combination vaccines to reduce the amount of distress for the children from having to receive multiple injections. An example of a combination vaccine is the Tdap, which protects against diphtheria, tetanus, and pertussis. Other standard vaccinations administered were hepatitis, influenza, varicella, and the HPV vaccine. It is recommended that children be fully vaccinated to be protected from the discomforts and complications of many infectious diseases (Ricci et al., 2021).

6. The prevention of diphtheria, tetanus, and pertussis is vital because the diseases are spread from person to person and can lead to serious health problems. Without vaccination, tetanus can cause stiffening of muscles which can lead to asphyxiation, diphtheria can lead to difficulty breathing, and pertussis is a highly contagious respiratory infection that is most dangerous for babies. A nursing diagnosis appropriate for this health risk is the risk of ineffective health maintenance related to insufficient disease prevention resources. A measurable goal would be to schedule appointments for vaccine administration to receive complete protection. The first intervention would be to discuss with the parent how the child's health status is maintained, particularly immunizations. Vaccine Information Statements (VISs) provide information on the benefits and risks of vaccines. Another intervention is to provide coordination and schedule the appointments for the parent. Scheduling the appointment promotes continuity of care and goals (Doenges et al., 2019). Lastly, provide time to listen to the concerns of the parent so they can express their concerns about the vaccinations. This time allows the nurse to address the concerns on vaccinations.

7. The experience of working with children in the ambulatory clinic was an excellent opportunity to become familiar with vaccinations. Vaccinations and health screenings are some of the pediatric nurses' routine highlights. Pediatric nurses have to inflict pain when vaccinating children, which may be challenging for some. Therapeutic techniques must be considered when treating this demographic. The challenge of the pediatric nurse is working with children of all developmental stages. Pediatric nurses require patience and understanding due to children who may be scared or confused. Pediatric nurses treat the child and the family as a unit, and concerns from the whole family must be addressed.

References:

Doenges, M. E., Moorhouse, M. F., & Murr, A. C. (2019). *Nursing care plans: Guidelines for individualizing client care across the life span*. F.A. Davis.

Ricci, S. S., Kyle, T., & Carman, S. (2021). *Maternity and pediatric nursing*. Wolters Kluwer.