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Journal 4

During this week of clinical, we didn't go into Blythedale due to a winter snowstorm and our professor assigned us a Vsim and a couple of other assignments to make up the clinical. My VSIM was in a pediatric case. Eva is a 4-year-old patient in the ED being treated for dehydration related to worsening vomiting and diarrhea, she came to the ED this morning and had 4-day history of vomiting and diarrhea and not being able to keep down any fluids. Her vital signs were HR 120, RR25, DP 97/55, and SPO298%. Eva denied any pain. urine analysis at the bedside was concentrated and has a strong odor, bowel sounds are hyperactive, the capillary refill is 3 seconds, and mucous membranes are dry, IV site was dry and intake with 0.9 sodium chloride bolus was running. maintenance fluid of 5% dextrose with 0.45 sodium chloride was started at 62 ml/hr, and urine and stool samples were collected and sent to the lab for cultures. I love this type of scenario because you get to the different types of pediatric patients and how different it is compared to an adult, whereas you must talk to a relative and speak to the child in a way she understands. My greatest challenge during VSIM was not remembering certain lab values for electrolytes which is very important to know before administering dextrose. My greatest

accomplishment was understanding the sign and symptoms of hypovolemia from previous nursing courses and knowing how to treat it which helped me keep my patient stable throughout this simulation. **3 John 1:2 -** Beloved, I pray that all may go well with you and that you may be in good health, as it goes well with your soul. Throughout this simulation, my patient came into the ER with severe symptoms and throughout hospitalization, she was stable after the medication was given.