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During this week of clinical, I was assigned a 17-month-old with acute gastroenteritis. My patient's vitals were BP 97/62, P 133, R 27, T 98.8, O2 99%. The patient had a left arm IV and the child and parents recently immigrated from Columbia two days prior to hospitalization. It is very important to have a solid knowledge of what our patients have before the examination. Gastroenteritis is a bowel infection that causes vomiting and diarrhea. This can be caused by a viral or bacterial infection. Signs and symptoms include loss of appetite, abdominal cramps, vomiting, and diarrhea.

Hydration for patients with gastroenteritis is essential each time the patient vomits or has diarrhea there should be an increase in fluids. If gastroenteritis is not treated it can lead to neurological problems and kidney failure in the most severe cases. Upon assessment, the child had normal bowel sounds in all four quadrants. Pulses were equal bilaterally, no heart murmurs or S1, S2 was heard. I assessed the child for signs of dehydration. Skin turgor was normal, no sunken eyes, the child did not have a dry mouth or tongue and according to the mom had a wet diaper thirty minutes before assessment.

The mother stated that the child has resumed his normal diet and is eating chicken soup and jello and drinking water and Pedialyte. The patient was mainly on fluids to reintroduce the lost fluids due to dehydration. The greatest challenge of this week was the language barrier, the patient's parents spoke only Spanish. I did use the interpreter phone when I needed to communicate with the family however there are times you want to pop in to ask a quick question

or do hourly rounds. It is difficult to do so without effectively communicating with the parents via an interpreter.

No nursing interaction is complete without patient education. The greatest accomplishment of the week included me encouraging the parents to take measures on proper hygiene. According to the notes, they recently immigrated from Columbia and were staying at a shelter. They were traveling for days before arriving in NYC and came to the hospital shortly after. The room, child, and parents did have an odor, so I provided them with washcloths, soap, toothbrushes, toothpaste, and other hygienic products. The mother was grateful and said she would use them to freshen up. I am also realizing it is all about your delivery, it's not what you say but how you say it.

I can improve by getting more comfortable taking blood pressure on pediatric patients. Out of all the vitals, BP is the one I dread the most. It is uncomfortable for the child and most times they are irritated. I do understand this is a part of my nursing responsibility and it needs to be completed. I am currently learning different strategies to help peds patients stay calm or temporarily distract them while their blood pressure is being taken. I demonstrated effective communication with the patient, family members, staff members, and members of my clinical group to promote optimal health for our patients.

The scripture reference of the week is, "Be anxious for nothing, but in everything by prayer and supplication, with thanksgiving, let your requests be made known to God; and the peace of God, which surpasses all understanding, will guard your hearts and minds through Christ Jesus." Philippians 4:6-7 Often, I catch myself saying I cannot wait to be finished with nursing school. I have learned to slow down and trust the process. To feel anxious is normally not a great feeling, but I pray to God to see me through this journey.