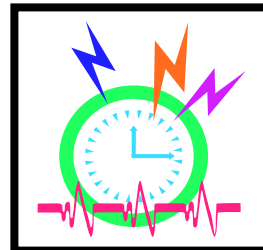


# The Pediatric Emergency Center (ED)



**Welcome to the Pediatric Emergency Center at CHKD.** This is the region's only emergency facility exclusively for children. The unit serves patients who require immediate medical attention because of rapid onset disease or injury. Listed below are the most common diagnoses, procedures, medications and equipment. Please check in with the charge nurse when you arrive and she will direct you where to go from there. For your observational experience, you will spend half your time in the Triage area, and the other half with a staff nurse in the patient care area. Please feel free to ask questions, we want this to be a great experience for you. Reference materials are available in the unit and in the Health Science Library at Sentara Norfolk General Hospital.

## SCOPE OF PRACTICE

The scope of the ED is to provide acute/emergent care services to the pediatric patient from birth to 21 years of age. Patients with any medical emergency or single system trauma are treated. Within the ED, specialty areas meet the specific needs of individual patient populations. These areas include: triage, resuscitation rooms, a 5-bed "fast track" area, forensic nurse examiner area to care for patients requiring forensic evaluation of suspected sexual assault, and a 7-station monitored bed unit (MBU). There is also a 15-bed main treatment area that includes special areas for GYN patients, suturing, casting, and dental/ENT patients.

### MOST COMMON PRESENTING DIAGNOSES

- Asthma
- New Onset Diabetes/DKA
- Viral Infections
- Upper Respiratory Infections (URI)
- Gastroenteritis
- Wound & Lacerations
- V-P Shunt Problems
- SCD
- Seizures
- Pharyngitis
- Abdominal Pain
- Pneumonia
- Bronchiolitis
- Respiratory Syncytial Virus (RSV)
- Croup
- Orthopedic Injuries
- Poisonings
- Diabetes
- Child Abuse
- Acute Airway Management
- Single System Trauma
- Otitis Media

### ED TREATMENT AREAS

- Triage
- 2 Resuscitation Rooms
- 13-bed Main Treatment Area (MTA)
- 8-bed Monitored Bed Unit (MBU)
- 4-bed Fast Track (FT)
- Pediatric Forensic Examination Room

### PEDIATRIC CONCEPTS

- Pediatric Growth & Development
- Pediatric Assessment
- Pediatric Medication Administration
- Pain Assessment / Management
- Patient/Family Teaching / Adult Learning Principles

## **MOST COMMON MEDICATIONS**

- Acetaminophen
- Acetylcysteine (Mucomyst®)
- Adenosine
- Albuterol
- Amiodarone
- Amoxicillin
- Ativan
- Atropine
- Augmentin
- Auralgan
- Bicillin
- Charcoal
- Chloral hydrate
- Dexamethosone
- Dextrose IVP
- Dilantin
- Diphenhydraminej
- Dobutamine
- LMX
- Epinephrine
- Racemic Epinephrine
- Etomidate
- Ethylene glycol
- Factor VIII
- Fosphenytoin
- Ibuprofen
- Insulin
- Ketamine
- LET
- Lidocaine
- Magnesium Sulfate
- Morphine
- Penicillin
- Rocephin
- Solumedrol
- Sorbitol
- Terbutaline
- Vecuronium
- Versed
- Zithromax

## **MOST COMMON EQUIPMENT**

- i-STAT & PCX Strip Bedside analyzer
- Nellcor Pulse Oximetry ®
- Hewlett/Packer® Cardiac Monitor
- Abbott PCA Pump
- Medfusion® Smart Syringe Pump
- Oxygen delivery Devices

## **UNIT ROUTINES**

- VS and assessment (including growth measurements, (weight on all, height on all, head circum. on infants) are done on admission to ED (@ Triage).
- VS - every 4 hours unless otherwise indicated, by pathway or patient clinical condition.
- VS within one hour of discharge.
- Re-assessment - after interventions or change in patient condition and on discharge.

## **MOST COMMON PROCEDURES**

- Suturing
- Splinting
- Incision & Drainage (I & D)
- Venipuncture & Phlebotomy
- Urinary Catheterization
- Procedural Moderate Sedation
- Stabilization and transfer of emergently ill/injured patients
- Medication Administration
- Fluid Resuscitation
- Removal of Foreign Objects

## **MOST COMMON DIAGNOSTIC PROCEDURES**

- Lumbar Puncture (LP)
- Rapid Strep
- Radiologic Studies
- Pelvic Evaluation
- Forensic Evaluation
- Sepsis Workup
- Echocardiography
- RSV Washing
- MRI
- CT Scan

