

Tips & Tricks of Pediatrics

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SUMMER/FALL 2018



COI
Conflict
of
Interest

Objectives

- ▶ Leave this presentation with at least ONE (hopefully more) new tip and trick in caring for children.



It's a kid...I have no idea...

- ▶ Call your local ED or specialty services
- ▶ We are more than happy to talk to you and offer advice.
- ▶ Sometimes it takes a couple minds to get the answer!



Lacerations



- LET or lidocaine with jelly
- No injections if possible
- Dermabond
- Braiding of hair
- Tongue lacs
- Distraction is your friend

Talk to them!

- ▶ Speak directly to the child (if applicable—hard with an infant)
- ▶ Engage the child, find something of interest to them (sports, music, movies, current events, etc...)
- ▶ Explain what you are doing in terms they understand
- ▶ Be **FUN** and age appropriate
 - Looking for flowers in your ears, do you have flowers?
 - 3 yo who fell and bumped his head...were you jumping like a monkey on the bed?



Orthopedics

► **Nursemaid's elbow**

- Story is key!
- Holding arm to side
- No Swelling
- Do you need x-rays?

Orthopedics

► **Toddler's fracture**

- May be obvious
- May **not** be obvious

Orthopedics

- Anterior fat pad
Anterior = Allowed
- Posterior fat pad
Posterior = Problem

Splint and refer to Orthopedics

Just saying...

Parents are the expert in their child. You are not.

Foreign Bodies

► Peas, crayons, beads, EVERYTHING and ANYTHING goes up the nose and in the ear...

- Have the parents blow in the child's mouth
- Use ear scoopettes
- Alligator forceps
- Suction

▪ Can't get it out? Send to the ENT Clinic. It is not an emergency to get it out immediately.

Foreign Bodies

- Needs immediate attention...
 - FBs at thoracic inlet
 - Batteries
 - Magnets
- ✓ Check the stool for "change"...

Just saying...

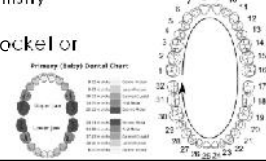
► Don't talk down to a parent (or a patient)...

- Did you call your doctor before you came in?
- Why did you wait so long?
- Why are you here?
- You called an ambulance for that?
- Why didn't you give...?



Dental Injuries

- Helpful to know your lettering and numbering of teeth
- Baby tooth?
- Trauma to teeth—Call Pediatric Dentistry consult, refer to the ED if needed
- Tooth knocked out—Put back into socket or place in saline



Head Injuries



- When to *refer* and when to *image*:
 - Positive LOC
 - **+AND+**
 - Vomiting
 - Repeating questions
 - Behavioral changes—“acting odd” per the parents
 - Neurological changes

Head Injuries

► Discharge Instructions:

- Be very clear on when to go to the ED
- No strenuous activities if there are symptoms
- Slow build up to normal activities—must be able to tolerate school first before sports
- Recommend having PCP clear the patient prior to their returning to sports



Transferring to the ED

- Let them know they need further evaluation in the ED that cannot be provided in the Doctor's office, Urgent Care, Clinic, etc...
- Do not promise that “x, y, z” is going to occur once they get to the ED.
 - Head injuries do not mean an automatic CT scan
 - Toddlers do not need sedation to get x-rays
 - Not all lacerations need a Plastic Surgeon
- If they look sick and you are worried, do not put them in a car.
 - Hypoxic, tachypneic baby? Call an ambulance.
 - Do you have concerns the parents are going to get to the ED?



“Fever is our friend”



- One of the top things parents panic about.
- Check to see if an anti-pyretic was given. Tylenol and ibuprofen make all the difference!!
- Check dosing of anti-pyretic—usually under dosed and not in the right timeframe.
- Check for possible source of fever—ears, URI, lungs, urine (**especially female toddlers—no bag specimens for culture, try a blue sterile bowl in a hat)
- Cranky, ill appearing baby with no source? Give anti-pyretic's and give time for it to work before referring...
- When to refer—septic appearing; infants <60 days with >38.0°/100.4° temp

Common Medications

- ▶ **Acetaminophen** (160 mg/5 ml) 15 mg/kg
- ▶ **Ibuprofen** (10 mg/ 5 ml) 10mg/kg
 - ml dosing of ibuprofen very close to acetaminophen dosing
 - Alternate dosing every 3 hours
- ▶ **Amoxicillin** 50-90 mg/kg/day—aim for 250, 400, 500, 600, 800 mg
- ▶ **Orapred** 2 mg/kg per day, max 60 mg
- ▶ **Keflex** 50 mg/kg/day
- ▶ **Augmentin** 25-45 mg/kg/day
- ▶ **Clindamycin** 20-40 mg/kg/day
- ▶ **Benadryl** 1.25 mg/kg/dose
- ▶ **Decadron** 0.6 mg/kg/dose (max 10 mg) **IV for po
- ▶ **Zofran** 4 mg every 6 hours prn >15 kg; 2 mg for <15 kg



Medications Tips...

- ▶ Make the doses easy for parents (and nursing)—5 ml vs. 4.895 ml
- ▶ BID dosing vs. TID QID? Forget about it...
- ▶ Prescribe for 10, hope for 7
- ▶ Be careful of max doses for adults, still applies to kids
- ▶ If the dose seems really large or it takes 6 syringe to dose the medication...it is probably wrong



Just saying...



"How did you get that Mom to calm down?"

"You are doing a great job!"
"Keep up the great work!"

Many parents are nervous that they are not doing something right for their child or it is their fault that the child is sick. Positive reinforcement and reassurance goes a long way!!

Still not sure...?

- ▶ Call your fellow health care professionals! We are all in this together!!



Questions?

