

Tips & Tricks of Pediatrics

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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!

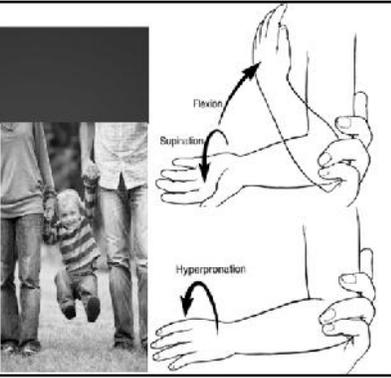
- ▶ Speak directly to the child (if applicable—hard with an infant)
- ▶ Engage the child, find something of interest to them (sports, music, movies, current events, etc...)
- ▶ Explain what you are doing in terms they understand
- ▶ Be **FUN** and age appropriate
 - Looking for flowers in your ears, 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?



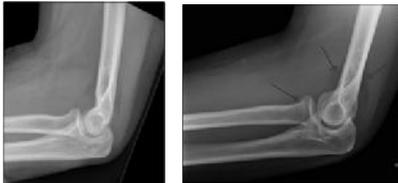
Orthopedics

► **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 scooppettes
- Alligator forceps
- Suction

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

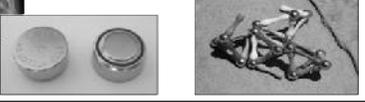


Foreign Bodies



- Needs immediate attention...
 - FBs at thoracic inlet
 - Batteries
 - Magnets

✓ Check the stool for "change"...



Just saying...

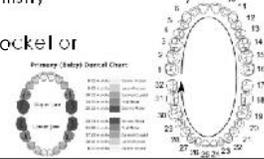
► Don't talk down to a parent (or a patient)...

- 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

