

Pediatric Nursing Process (PNP)

Preparation and Triage

- Activate team
- Prepare the room and any special equipment
- Don PPE and consider need for decontamination or isolation

Across the Room Observation

- Uncontrolled bleeding? Reprioritize to C-ABC
- Identifies the three components of the Pediatric Assessment Triangle AND categorizes the patient as "Sick, Sicker, or Sickest"

Primary Survey [ABCDEFG] "When you mess, reassess"

A** Alertness (A₁) and Airway (A₂)

- Maintain cervical spinal stabilization (if trauma is suspected)
- AVPU (Alert, Verbal, Pain, Unresponsive)
- Assess airway patency (at least FOUR)

B** Breathing and Ventilation

- Assess breathing effectiveness (at least FOUR)

C** Circulation and Control of Hemorrhage

- Assess central and peripheral pulse, skin color/temperature/moisture and capillary refill (all THREE)
- Assess for uncontrolled hemorrhage, central pulse, skin color/temperature/ moisture and capillary refill (assess all FOUR if trauma)

D** Disability (Neurologic Status)

- Glasgow Coma Scale
- Pupils
- Consider head CT or blood glucose

E* Exposure (E₁) and Environmental Control (E₂)

- Remove clothing and inspect for uncontrolled hemorrhage or obvious signs of illness or injuries
- Provide warmth

**Double-starred items must be completed IN ORDER prior to moving to the next step.
*Single-starred items are essential steps and must be performed, but sequence is not critical.

**Double-starred items must be completed IN ORDER prior to moving to the next step

F Full Set of Vital Signs (F₁) and Family Presence (F₂)

G Get Adjuncts (G₁) and Give Comfort (G₂) [LMNOP]

- L** - Labs: blood typing, blood gases, and lactate
- M** - Monitor
- N** - Naso- or orogastric tube
- O** - Assess pulse Oximetry and capnography (required if sedated or intubated)
- P** - Pain assessment AND management

Reevaluation for Transfer to Pediatric Center or Preparation for Definitive Treatment

Secondary Survey [HI]

H History (H₁) and Head-2-Toe (H₂) Exam

- History (H₁) - Prehospital report, SAMPLE
- Head-2-Toe Assessment (H₂)

I Inspect Posterior Surfaces

- Unless contraindicated by suspected spine or pelvic injury - turn, inspect and palpate, remove backboard

Anticipated Interventions or Diagnostics

- At least THREE

Just Keep Reevaluating

- Vital signs
- Identified injuries and effectiveness of interventions
- Primary assessment
- Pain

Definitive Care or Transport

Emergency Nurse Pediatric Course Study Guide

Barbara Aehlert



Emergency Nurse Pediatric Course Study Guide:

Unveiling the Energy of Verbal Beauty: An Emotional Sojourn through **Emergency Nurse Pediatric Course Study Guide**

In a global inundated with screens and the cacophony of instantaneous interaction, the profound power and emotional resonance of verbal beauty usually disappear into obscurity, eclipsed by the regular barrage of noise and distractions. Yet, set within the musical pages of **Emergency Nurse Pediatric Course Study Guide**, a fascinating function of fictional beauty that impulses with raw emotions, lies an wonderful trip waiting to be embarked upon. Written with a virtuoso wordsmith, this exciting opus courses viewers on an emotional odyssey, delicately revealing the latent potential and profound influence embedded within the elaborate web of language. Within the heart-wrenching expanse of this evocative evaluation, we can embark upon an introspective exploration of the book is central styles, dissect their charming writing type, and immerse ourselves in the indelible impression it leaves upon the depths of readers souls.

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Table of Contents Emergency Nurse Pediatric Course Study Guide

1. Understanding the eBook Emergency Nurse Pediatric Course Study Guide
 - The Rise of Digital Reading Emergency Nurse Pediatric Course Study Guide
 - Advantages of eBooks Over Traditional Books
2. Identifying Emergency Nurse Pediatric Course Study Guide
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Emergency Nurse Pediatric Course Study Guide
 - User-Friendly Interface
4. Exploring eBook Recommendations from Emergency Nurse Pediatric Course Study Guide
 - Personalized Recommendations

- Emergency Nurse Pediatric Course Study Guide User Reviews and Ratings
- Emergency Nurse Pediatric Course Study Guide and Bestseller Lists
- 5. Accessing Emergency Nurse Pediatric Course Study Guide Free and Paid eBooks
 - Emergency Nurse Pediatric Course Study Guide Public Domain eBooks
 - Emergency Nurse Pediatric Course Study Guide eBook Subscription Services
 - Emergency Nurse Pediatric Course Study Guide Budget-Friendly Options
- 6. Navigating Emergency Nurse Pediatric Course Study Guide eBook Formats
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 - Emergency Nurse Pediatric Course Study Guide Compatibility with Devices
 - Emergency Nurse Pediatric Course Study Guide Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Emergency Nurse Pediatric Course Study Guide
 - Highlighting and Note-Taking Emergency Nurse Pediatric Course Study Guide
 - Interactive Elements Emergency Nurse Pediatric Course Study Guide
- 8. Staying Engaged with Emergency Nurse Pediatric Course Study Guide
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Emergency Nurse Pediatric Course Study Guide
- 9. Balancing eBooks and Physical Books Emergency Nurse Pediatric Course Study Guide
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Emergency Nurse Pediatric Course Study Guide
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Emergency Nurse Pediatric Course Study Guide
 - Setting Reading Goals Emergency Nurse Pediatric Course Study Guide
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Emergency Nurse Pediatric Course Study Guide
 - Fact-Checking eBook Content of Emergency Nurse Pediatric Course Study Guide

- Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
- 14. Embracing eBook Trends
 - Integration of Multimedia Elements
 - Interactive and Gamified eBooks

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