

ENPC

Emergency Nursing Pediatric Course



Preparation Packet

This course is sanctioned and overseen by the ENA. Reviewing the textbook and completing the online modules are mandatory prior to entering the class. If you do not have the 5th edition textbook and certificate of completion for the modules, you will not be allowed to attend the class. An active RN license is required for certification. Those without an active RN license will not be allowed to test but will receive a certificate of attendance upon completion of the online modules and class.

Unfortunately, once registration with EMC is complete, we are unable to issue refunds.

The ENA recommends a 30 day registration cut off time to give participants enough time to prepare. The online modules take approximately 3 – 6 hours to complete.

The following pages will walk you through the procedure for completing the modules and testing. The ENPC 5th edition worksheets are located at the back of this packet. It is the student's option to print these worksheets for personal use.

We want your experience to be low stress and educational. We have found it takes most people several weeks to prepare prior to entering the course. Following the completion of the online modules, your skills will be assessed in class. You will then have 7 days to complete the test online. You will have 2 hours to complete the exam with an 80% or better. If you are unsuccessful on your first attempt, you will be allowed one retake. The ENA charges a course fee for those who are unsuccessful or who do not complete the exam within 7 days.

ENPC 5th Edition Mandatory Course Work

***Important** - Online Modules must be completed entirely in order to attend this course. We are unable to provide refunds or re-schedule without a fee for anyone who fails to do so before the course date. The 5th Edition ENPC Provider Manual is mandatory.

Step 1 - ENA Registration

1. You will be sent an email from enau@ena.org within two business days (See Screenshot Page 1)
2. Click the "Course Registration" link in this email
3. Log in or create an ENA account if you have not already done so
4. Select "Complete Registration"

Step 2 - Mandatory Online Modules

*For full instructions, please refer to the following pages (Pre-course Module Directions 2-4)

1. You will be sent a second email from enau@ena.org within 3 business days of completing your ENA registration
2. Click the link in this email
3. Login to your ENA account
4. You will be prompted to choose Class Type: Click on "Full Course (RN)" and click select"
5. Click the TNCC/ENPC button on left side bar
6. Click the 1st Tile to begin and complete all modules
7. Once the modules are completed, the full line will be green and the student is eligible for the live in-person or virtual course led by the Course Director

Step 3 - Final Exam

After attending your ENPC course you will have 7 days to complete your final exam. You will receive an email from the ENA with a link to the exam registration.

For full instructions, please refer to the following pages (Course Exam Directions 5-7)

1. Login to your ENA account
2. Click on the 2nd Tile to access and complete the course evaluation (Must be completed prior to accessing the exam)
3. Once this is complete the tile will turn green, and the learner will have access to their CE certificate
4. To start the exam, click the 3rd Tile "Course Exam"
5. Once the student has passed the exam, they will be able to view their Remediation Report. At this time, they will also have access to their provider card

Thank you for registering for ENPC or TNCC!

To ensure successful completion of the course, please be aware of the following:

- Students will NOT be allowed to attend the class if the pre-course modules are incomplete.
- Technical assistance is ONLY available Monday through Friday, 8:30am to 5pm Central Time.
- The flipped classroom teaching methodology used REQUIRES that students read the provider manual PRIOR to class. This will greatly enhance your learning experience and chance for success on the examination.
- The online examination MUST be completed within 7 days of the course – please make sure your schedule will allow this. You will have 2 attempts to achieve an 80% on the exam. BOTH attempts must be made within 7 days. If the course ends on a Tuesday, you have until the following Tuesday at 2359 to complete the exam.
- Email communications about the course will come from enau@ena.org
- Do NOT use Internet Explorer for the online modules or exam – this browser is no longer supported by Microsoft.
- For any technical issues with the online modules or exam, try the following:
 - Clear your browser history/cache
 - Use another browser (Chrome, Firefox, Edge)
 - Use another computer
 - Contact Course Operations (Monday through Friday, 8:30 am to 5pm Central Time)
 - courseops@ena.org
 - 800.942.0011

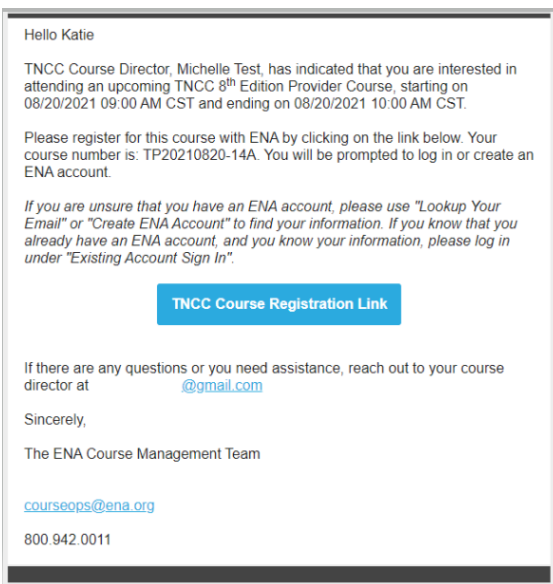
Student View in the LMS

ENPC/TNCC COURSE MANAGEMENT DIRECTIONS STUDENT VIEW

Below are screen shots and directions to help you through the features of ENA's new LMS. In this document, you are referred to as a *student*.

Let's get started!

Registering for the Course:



Your course director will send you a course registration link to the email address you provided them. The email will be 'sent from' the email address ENAU@ENA.org. Click the registration link and you will be prompted to log in. If you do not have an ENA account, you will need to create one.

Choosing Class Type:

The screenshot shows a web interface for selecting a class type. At the top, it says "TNCC 8th Edition Provider Course". Below this is a light blue bar with an information icon and the text "Please select class type below." There are four options listed, each with a description and a "Select" button:

- Full Course (RN)**: This is one and a half days of instructor-led classroom time, skills testing, and an online exam. Requires pre-course work. This option is for registered nurses (or the equivalent as defined by the student's country of practice) and is a good option for RNs taking the course for the first time. Receive 4-year verification.
- Fast Track (RN)**: This is one day of instructor-led classroom time, skills testing, and an online exam. Requires pre-course work. This TNCC only option is for registered nurses (or the equivalent as defined by the student's country of practice). Although not required, prior experience with the Trauma Nursing Process is ideal. Receive 4-year verification.
- Challenger (RN)**: No classroom time. This option includes skills testing and online exam only. Does not require pre-course work other than reading the manual. It is for registered nurses (or the equivalent as defined by the student's country of practice) with ENPC or TNCC experience and who are comfortable with self-study. Receive 4-year verification.
- Full Course (NON-RN)**: This is one and a half days of instructor-led classroom time, skills testing, and an online exam. Requires pre-course work. This option is for healthcare professionals interested in trauma patient care who are not registered nurses. No verification received.

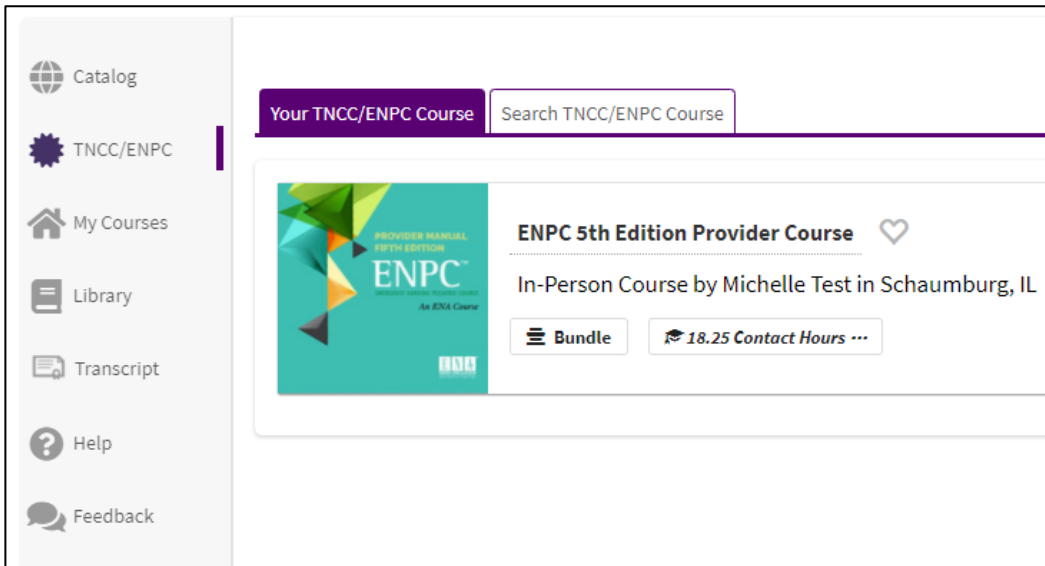
You will then be prompted to choose your class type. The options listed are Full Course (RN), Fast Track (RN) *TNCC only, Challenger (RN) and Full Course (Non-RN). Please check with your course director if you are unsure what class type to choose.

Logging Back in After Registration:

The screenshot shows the login page for ENA. At the top, there are links for "HOME" and "LOGIN". The main heading is "Login to ENA". Below this are two input fields: "Email / Username" and "Password", both marked as "REQUIRED". At the bottom right, there is a "LOG IN" button with a sun icon.

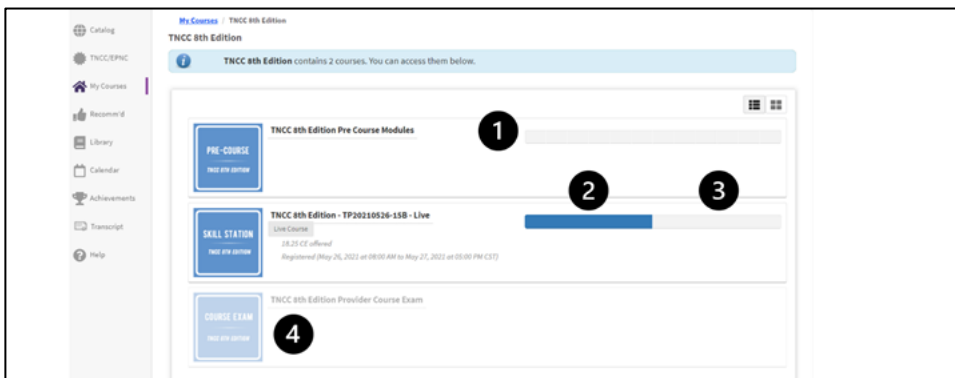
If you are looking to access your modules, evaluation, or exam after registration you will need to log back into our website. You can access your courses from your registration confirmation email, the Access Your Courses link on our website, or directly from this [link here](#).

TNCC/ENPC



After logging in, then click on the TNCC/ENPC button located on the left side bar. This will show you any of your past or upcoming TNCC or ENPC courses and allow access to your pre-course modules, course evaluation, and exam.

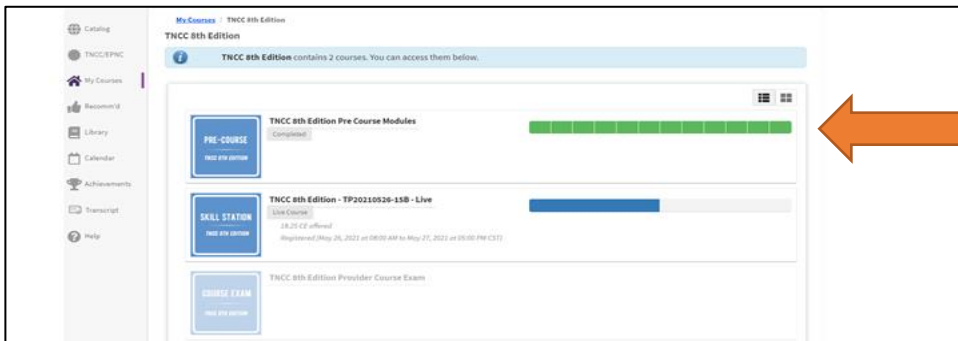
Student Overview in LMS:



The student view consists of three tiles to illustrate course progression. Completion of all tiles is required to successfully pass the course.

1. Pre-course Modules
2. Skills Station in Live, in-person or virtual course
3. Course Evaluation Survey
4. Course Exam

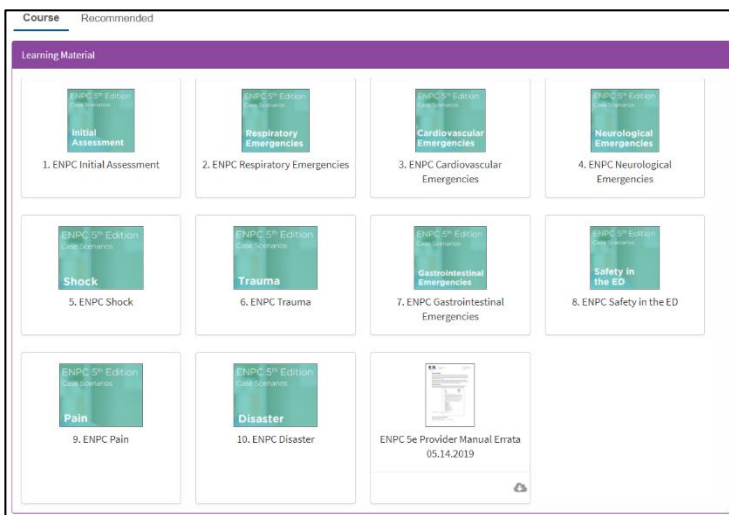
Pre-Course Module Status:



As each of the pre-course modules are completed, the bar representing that module will turn green. When all of the pre-course modules have been completed, the full line will be green and the student is eligible for the live in-person or virtual course led by the Course Director.

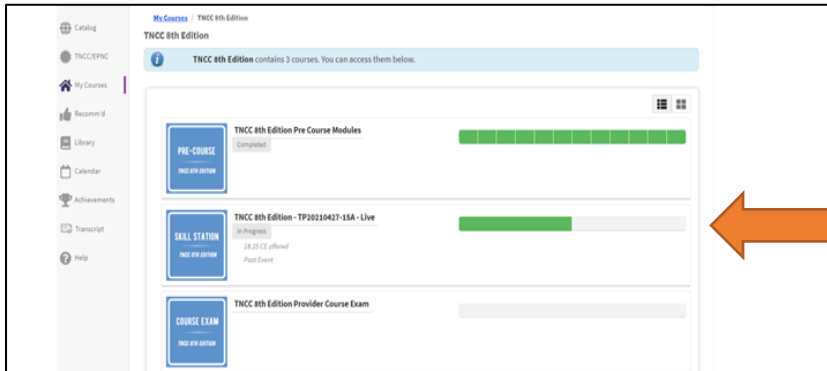
Please note: There is no evaluation to complete after the pre-course modules.

Pre-Course Modules Selections:



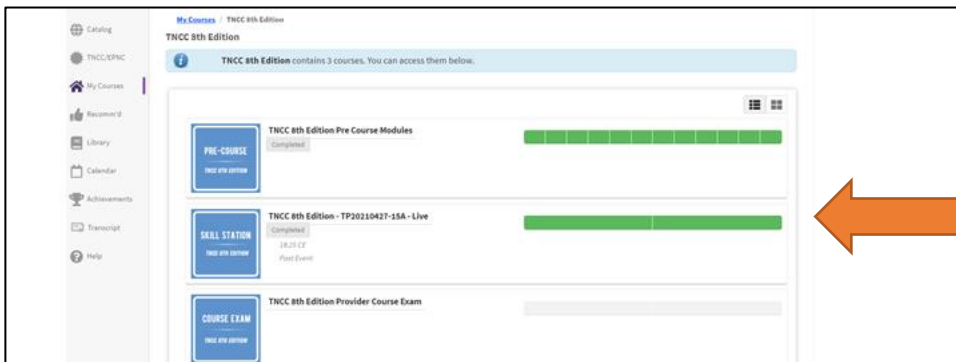
Click on the pre-course module image and all of the pre-course modules will appear. When all are completed, students will click on the 'Mark as Viewed' button at the bottom of the page. The downloadable documents are available for reference but are not required viewing.

Skills Station Scores:



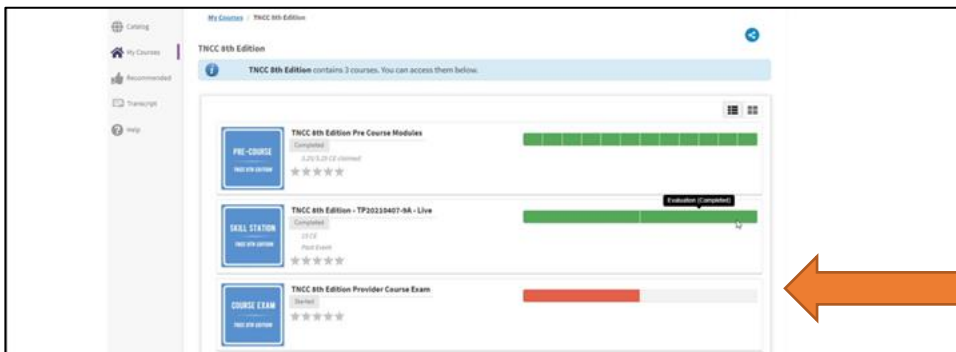
As skills station scores are entered by the Course Director, the first bar will turn green indicating that the student has passed the skill testing with a score of 70% or higher. Once the bar is green, the student has access to the required course evaluation. This evaluation must be completed before the exam can be accessed.

Evaluation:



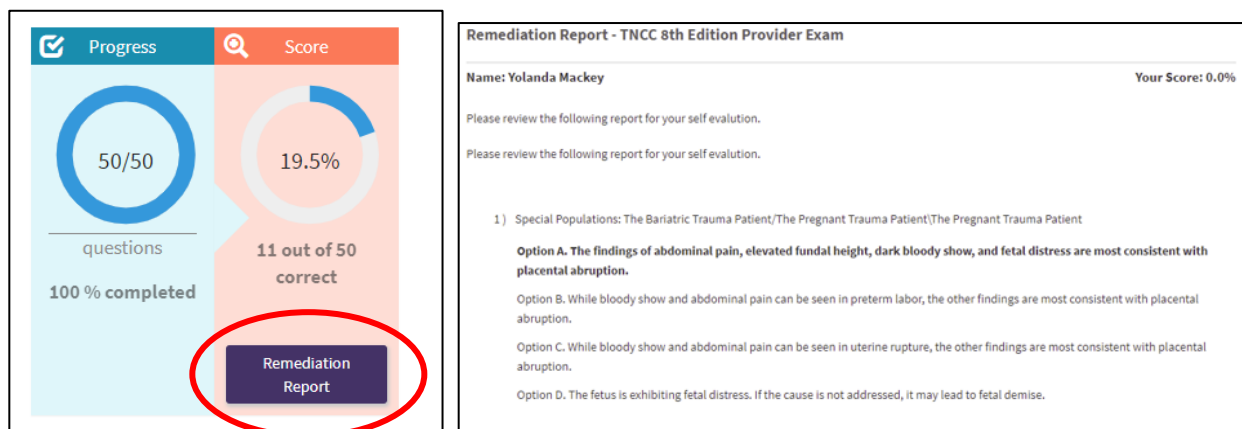
After the live in-person or virtual course, the student must complete a course evaluation. When the required evaluation has been completed, the second half of the bar will also turn green indicating that the exam can now be accessed. The names of the course instructors will automatically populate for the students to evaluate. After completing the evaluation, the learner will have access to their CE certificate.

Exam:



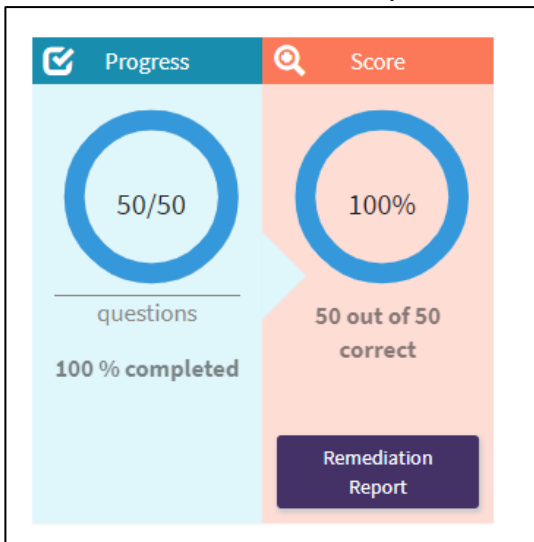
The student has two attempts to pass the exam. The two halves of the exam bar represent each attempt. The exam bar is color coded. Red indicates that the exam was failed. Green indicates that the exam was passed with a score of 80% or higher.

Failed Exam, Next Steps:



If the student fails their first attempt, they will be able to view their Remediation Report. They will then have access to the 2nd attempt or 'make-up exam'. This 2nd attempt needs to be completed within the seven-day exam window. If the student fails their 2nd attempt, they will need to enroll in a new provider course if they require the verification.

Passed Exam, Next Steps:



Once the student has passed the exam, they will again be able to view their Remediation Report. At this time, they will also have access to their provider card.

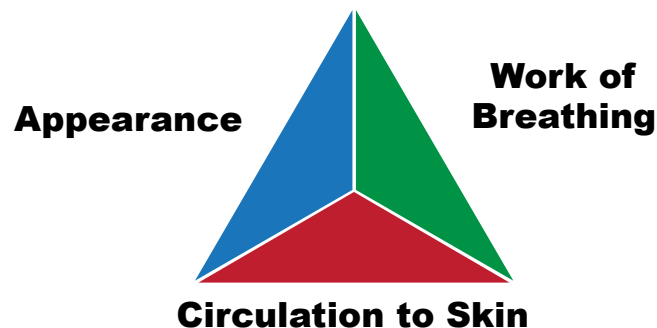
Accessing CE Certification and Provider Card:

Course Name	Contact Hours	Completion Date	Certificate
ENPC 5th Edition Provider Course - PP20210509-14A - Live	7.75	May 10, 2021	Download
Total Credits		7.75	

Students can access their CE Certification and Provider Card at any time. Click 'Transcript' on the left side toolbar and all past certificates and provider cards will be available for download.

Please contact ENA's Course Management Team at ENAU@ENA.org or 847-460-4120 if you have any questions.

Your team has been assigned the **APPEARANCE** side of the Pediatric Assessment Triangle.



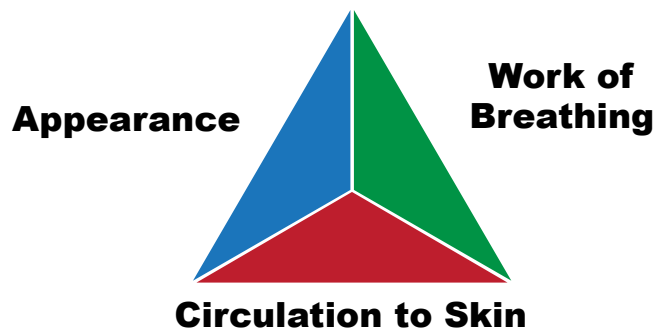
Fill in the blank:

A child's _____ with the caregiver and _____ with the environment provides information about _____ to the _____.

Describe the mnemonic TICLS with normal and abnormal findings:

Assess	Normal findings	Abnormal findings
T		
I		
C		
L		
S		

Your team has been assigned the **WORK OF BREATHING** side of the Pediatric Assessment Triangle.



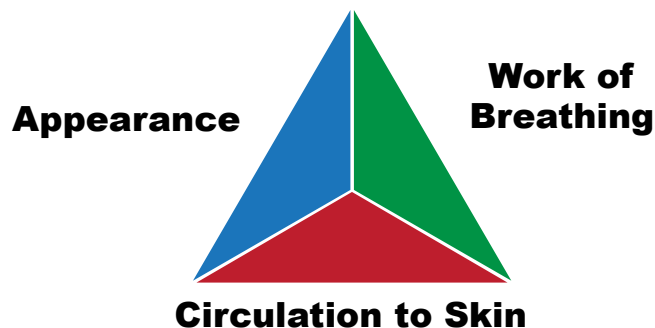
Fill in the blank:

_____ of _____ is an indication of the child's _____ and _____ status and reflects the _____ of _____.

What are signs of increased work of breathing in an infant?

What are signs of increased work of breathing in a school-aged child?

Your team has been assigned the **CIRCULATION** side of the Pediatric Assessment Triangle.



Fill in the blank:

_____ is considered a late and _____ sign of impending cardiopulmonary failure.

What are three things to observe for when assessing circulation while completing the PAT?

What are the four steps of the pediatric triage process?

1. _____

2. _____

3. _____

4. _____

Hospital A

1. **A 4-year-old male presenting with a fever and occasional cough. PAT reveals:**
 - Appearance – Alert, playing with a toy
 - Work of Breathing – Normal respirations, mild cough
 - Circulation to the Skin – Pink
2. **An 18-month-old female presenting with a fever and difficulty breathing for the past 48 hours. PAT reveals:**
 - Appearance – Alert, looking at mother
 - Work of Breathing – Moderate retractions, respirations labored and fast
 - Circulation to the Skin – Pale with flushed face
3. **A 2-week-old male presenting with increased fussiness for eight hours, a reported fever of 101 and decreased intake. PAT reveals:**
 - Appearance – Sleeping, difficult to arouse
 - Work of Breathing – Slow, shallow respirations
 - Circulation to the Skin – Pale
4. **A 9-year-old female presenting with a cough, runny nose and right ear pain for three days. PAT reveals:**
 - Appearance – Alert, playing with father's phone
 - Work of Breathing – Normal respirations, mild congestion
 - Circulation to the Skin – Pale

Hospital B

1. **An 8-year-old female presenting with a cough and difficulty breathing. Patient states, “I have asthma.” PAT reveals:**
 - Appearance – Alert, talking and drinking juice
 - Work of Breathing – Mild retractions, mildly tachypneic, occasional cough
 - Circulation to the Skin – Pink
2. **A 14-month-old female presenting with a fever and rash. Mother reports they were diagnosed with an ear infection last week and prescribed an antibiotic. PAT reveals:**
 - Appearance – Alert, interacting with older sibling
 - Work of Breathing – Normal respirations, mild cough
 - Circulation to the Skin – Pink with sandpaper rash to arms and chest
3. **A 2-year-old male who fell while walking, landing on left arm. He is refusing to use the arm PAT reveals:**
 - Appearance – Awake, holding left arm
 - Work of Breathing – Normal respirations, no increased work of breathing
 - Circulation to the Skin – Pink
4. **A 3-week-old female presenting with a cough, congestion and intermittent fevers for several days. Caregivers report she has had trouble feeding today. PAT reveals:**
 - Appearance – Alert and irritable, inconsolable
 - Work of Breathing – Severe retractions, moderate congestion and persistent cough
 - Circulation to the Skin – Pale with some mottling

Hospital C

1. **An 18-month-old male who has been fussy for a day, with a reported fever of 104 and no wet diapers in the past 8 hours. Mother states, “He won’t drink.” PAT reveals:**
 - Appearance – Fussy, holding onto mother, difficult to console
 - Work of Breathing – Fast, shallow respirations with moderate retractions
 - Circulation to the Skin – Pale
2. **A 14-month-old male with bruising to his abdomen and around his ear. His mother indicates that she found the bruising after she picked him up from the babysitter. PAT reveals:**
 - Appearance – Sleeping, wakes easily, but immediately goes back to sleep
 - Work of Breathing – Slow respirations, moderate retractions
 - Circulation to the Skin – Pale
3. **A 12-year-old female presenting after a fall while playing in a basketball game. She states, “I twisted my ankle, and I can’t walk on it.” PAT reveals:**
 - Appearance – Alert, texting a friend
 - Work of Breathing – Normal respirations, history of asthma
 - Circulation to the Skin – Pink
4. **A 4-year-old female presenting with an intermittent fever and dysuria for the past 24 hours. PAT reveals:**
 - Appearance – Alert, drinking water
 - Work of Breathing – Respirations normal, occasional dry cough
 - Circulation to the Skin – Pink

Hospital D

1. **An 11-year-old male presenting with back pain after straining to lift a heavy chair one hour ago. PAT reveals:**
 - Appearance – Alert, talkative
 - Work of Breathing – Normal respirations
 - Circulation to the Skin – Pink
2. **A 10-month-old female who reportedly ate a few of her grandmother's "blood pressure pills." PAT reveals:**
 - Appearance – Limp, unresponsive
 - Work of Breathing – Slow, shallow respirations
 - Circulation to the Skin – Pale
3. **A 2-year-old male presenting with a persistent cough and has been pulling on his left ear for three days. PAT reveals:**
 - Appearance – Alert, playing with twin sister
 - Work of Breathing – Mild congestion with retractions, hacking cough
 - Circulation to the Skin – Pink
4. **A 7-year-old female presenting with nausea and vomiting for three hours. PAT reveals:**
 - Appearance – Alert, holding a plastic bag
 - Work of Breathing – Normal respirations, no increased work of breathing
 - Circulation to the Skin – Pale

Case A

Part One

Patient: 14-day-old male

Chief complaint: “My baby feels warm. I think he has a fever.”

PAT:

Appearance: Sleeping, wrapped in a blanket

Work of Breathing: Respirations unlabored, no distress

Circulation: Normal color

What is the neonate’s PAT priority?

List common causes of fever in this age group. Think broadly.

What are your next steps?

Case A

Part Two

Airway Patent

Breathing Respirations 44, no distress, lungs clear with good bilateral air entry

Circulation Pulse regular, central and peripheral pulses equal and strong, skin pink, warm and dry, capillary refill < 2 seconds

Disability Cries when disturbed, consoles easily with parent, PERRL

Environment No rashes, no bruising/petechiae, no deformity

Full set of vital signs

T: 38°C (100.4°F) rectally

HR: 144 beats/minute

RR: 44 breaths/minute

BP: 70/52 mm Hg

Family presence Mother is 19 years old, single parent

Get adjuncts and give comfort

SpO₂: 97% on room air

History – SAMPLE

S: Breastfed neonate, feeding well until today, decreased feeding time last two feeds – falls asleep during feeding, spitting up feeds, non-bilious, four loose stools today, baby feels warmer than usual, parents have not taken the temperature, seems sleepier than usual

A: None

M: None, mother has not taken any medications

P: Born full term at 39 weeks gestation, vaginal delivery, no complications, no maternal illness

L: Last feeding was 2 hours prior to arrival, last wet diaper 4 hours ago with loose stool

E: Sleepier than usual, neonate feels warm to touch according to parents

Head-to-toe exam

Head and neck – Normal, fontanel flat, neck supple, limbs flexed, lips dry

Chest – Air entry equal and clear

Cardiovascular – S1/S2 auscultated, no murmur

Abdomen – Flat, soft, bowel sounds quiet, umbilical stump dry and healing well

GU – No abnormality, no rash, dry diaper

Limbs – No rash, no deformity

Inspect posterior No abnormalities

- Review your list of possible causes of this neonate's fever. What are the top three most likely causes of this child's fever?
- What interventions do you anticipate this child will need?
- What is the definitive disposition for this child?
- While the child is in your care, what will you be reassessing?

Case B

Part One

Patient: 2.5-year-old female

Chief complaint per EMS: “Febrile seizure.”

PAT:

Appearance- Alert and awake

Work of Breathing – Respirations unlabored, no distress

Circulation- Flushed cheeks

What is the child’s PAT priority?

List common causes of fever in this age group. Think broadly.

What are your next steps?

Case B

Part Two

Airway Patent

Breathing Respirations 28, no distress, lungs clear with good bilateral air entry

Circulation Pulse regular, central and peripheral pulses equal and strong, skin flushed, warm and dry, capillary refill < 2 seconds

Disability GCS-15, PERRL, alert and awake

Environment No rashes, no bruising/no petechiae, no deformity

Full set of vital signs

T: 38.6°C (101.5°F) rectally

HR: 140 beats/minute

RR: 28 breaths/minute

BP: 98/62 mm Hg

Family presence Mother at bedside

Get adjuncts and give comfort

SpO₂: 99% on room air

History - SAMPLE

- S:** Was found making a funny noise and shaking all over one hour ago
- A:** None
- M:** Acetaminophen last dose 4 hours prior to arrival (appropriate amount)
- P:** Recent upper respiratory tract infection two weeks ago, two ear infections in the past
- L:** Taking oral fluids, no solids for breakfast, toilet trained, no incontinence
- E:** Appeared to have recovered from URI, tugging at left ear and fever today, one episode of vomiting yesterday, two loose stools today

Head-to-toe exam

Head and neck: Neck supple, limbs flexed, irritable but settles with parent, tympanic membrane pink – no bulging

Chest – Air entry equal and clear, heart sounds normal

Abdomen – Flat, soft, bowel sounds quiet

GU – No abnormality, no rash, no URI symptoms

Limbs – No rash, no deformity, neurovascular intact

Inspect posterior No abnormalities

- Review your list of possible causes of this child's fever. What are the top three most likely causes of this child's fever?
- What interventions do you anticipate this child will need?
- What is the definitive disposition for this child?
- While the child is in your care, what will you be reassessing?

Case C

Part One

Patient: 14-year-old male with fever

Chief complaint: Fever and abdominal pain

PAT:

Appearance: Responds slowly to questions

Work of Breathing: Respirations rapid, no distress

Circulation: Pale, mottled extremities

What is the child's PAT priority?

List common causes of fever in this age group. Think broadly.

What are your next steps?

Case C

Part Two

Airway Patent

Breathing Respirations 28, no distress, air entry equal bilaterally, chest is clear to all lung fields

Circulation Pulse regular, central pulse strong, peripheral pulse is weak, skin temperature and color pale, skin cool and dry, limbs mottled, capillary refill 4 to 5 seconds

Disability GCS 14, PERRL, moves to command but slow to respond

Environment No rashes, no bruising/no petechiae, no deformity

Full set of vital signs

T: 38.8°C (101.8°F) orally
HR: 144 beats/minute
RR: 28 breaths/minute
BP: 80/40 mm Hg

Get adjuncts and give comfort

SpO₂: 94% on room air, monitor with sinus tachycardia, pain 8/10

History-SAMPLE

S: Fever for 24 hours, abdominal pain is severe, started mid abdomen now generalized abdominal pain, vomited once this am, two loose stools yesterday

A: None

M: Albuterol PRN, none x 2 months

P: Asthma

L: Decreased oral intake x 24 hours, no solids for over 24 hours,

E: Abdominal pain started 3 days ago, missed school yesterday, parent feels he child felt warm yesterday, feels hot today

Head-to-toe exam

Head and neck – Normal, neck supple, limbs flexed, no lymph nodes palpable

Chest – Air entry equal and clear

Cardiovascular – S1/S2 audible, no murmur

Abdomen – Flat, firm, tender to palpation in all quadrants, no bowel sounds

GU – No abnormality, no rash

Limbs – No rash, no deformity

Inspect posterior No abnormalities

- Review your list of possible causes of this adolescent's fever. What are the top three most likely causes of this child's fever?
- What interventions do you anticipate this child will need?
- What is the definitive disposition for this child?
- While the child is in your care, what will you be reassessing?



ENPC, 5th Edition
**Cough
Worksheets**

What do we know about young infants and their ability to breathe through their mouth?

What airway problem is associated with a short, weak neck and large occiput? _____

What nursing intervention may be required? _____

How can breath sounds be misleading because of the thin chest wall? _____

So how should you listen for breath sounds? _____

What is grunting? _____

Signs of respiratory distress in the pediatric population: _____

Croup

Cause _____

Signs/ symptoms _____

Interventions _____

Epiglottitis

Signs/ symptoms _____

Management _____

Anaphylaxis

Pathophysiology _____

Signs/ symptoms _____

Interventions _____

Asthma

Signs/ symptoms _____

Treatment _____

Why are spacers used during treatment? _____

Discharge teaching _____

Pneumonia

Causes _____

Signs/ symptoms _____

Interventions _____

Group One

Identify each step in the SIREN mnemonic and list the appropriate assessment/intervention steps with an example for each one

Step			Assessment/Intervention/Example		
S					
I					
R					
E					
N					

Group Two

Identify the assessment findings for each of the toxidromes listed and an example of a substance that would produce the toxidrome

Toxidrome	Assessment findings	Substance
Anticholinergic		
Hallucinogenic		
Sedative/Hypnotic		

Group Three

Identify the assessment findings for each of the toxidromes listed and an example of a substance that would produce the toxidrome

Toxidrome	Assessment findings	Substance
Cholinergic		
Opioid		
Sympathomimetic		

Group Four

Complete the list of one-pill killers:

1. O_____ H_____
2. B_____ B_____
3. C_____ C_____ B_____
4. A_____ A_____ A_____
5. C_____ A_____
6. A_____ I_____

Complete the table:

Drug class/toxin	Found in	Antidote
	Metoprolol	
		N-Acetylcystine
Methanol, ethylene glycol	Antifreeze, windshield washer fluid	
	Metformin, glipizide, glyburide	
Calcium channel blockers		
		Atropine, pralidoxime

The Vomiting Child Group Activity One

Please list at least six causes of vomiting in a NEONATE. Highlight at least two causes that are potentially life threatening.

List signs and symptoms of dehydration in a NEONATE.

How would you measure intake and output in a NEONATE?

If your NEONATE was being discharged, what instructions would you provide the caregiver?

Any special considerations or important things to keep in mind when caring for a NEONATE who is vomiting?

The NEONATE has a blood glucose of 40 mg/dL. What interventions do you anticipate will be needed? Include concentration and volume of dextrose in your response.

The Vomiting Child Group Activity One

Please list at least six causes of vomiting in a TODDLER. Highlight at least two causes that are potentially life threatening.

List signs and symptoms of dehydration in a TODDLER.

How would you measure intake and output in a TODDLER?

If your TODDLER was being discharged, what instructions would you provide to the caregiver?

Any special considerations or important things to keep in mind when caring for a TODDLER who is vomiting?

The TODDLER has a blood glucose of 40 mg/dL. What interventions do you anticipate will be needed? Include concentration and volume of dextrose in your response.

The Vomiting Child Group Activity One

Please list at least six causes of vomiting in a SCHOOL AGE CHILD. Highlight at least two causes that are potentially life threatening.

List signs and symptoms of dehydration in a SCHOOL AGE CHILD.

How would you measure intake and output in a SCHOOL AGE CHILD?

If your SCHOOL AGE CHILD was being discharged, what instructions would you provide the caregiver?

Any special considerations or important things to keep in mind when caring for a SCHOOL AGE CHILD who is vomiting?

The SCHOOL AGE CHILD has a blood glucose of 40 mg/dL. What interventions do you anticipate will be needed? Include concentration and volume of dextrose in your response.

The Vomiting Child Group Activity Two

You are caring for a child with suspected **INTUSSUSCEPTION**.

INTUSSUSCEPTION is commonly seen in what age groups?

What signs and symptoms do you expect to see in a child with **INTUSSUSCEPTION**? Correlate findings with the Pediatric Nursing Process components – not all letters will be used.

A:

B:

C:

D:

E:

F:

G:

H:

What information obtained while taking a history would be expected in a child with **INTUSSUSCEPTION**?

If you suspect a child has **INTUSSUSCEPTION**, what questions might you ask the caregivers during your assessment?

What should every emergency nurse know about **INTUSSUSCEPTION**?

The Vomiting Child Group Activity Two

You are caring for a child with suspected **VOLVULUS/MALROTATION**.

VOLVULUS/MALROTATION is commonly seen in what age groups?

What signs and symptoms do you expect to see in a child with **VOLVULUS/MALROTATION**?
Correlate findings with the Pediatric Nursing Process components – not all letters will be used.

A:

B:

C:

D:

E:

F:

G:

H:

What information obtained while taking a history would be expected in a child with **VOLVULUS/MALROTATION**?

If you suspect a child has **VOLVULUS/MALROTATION**, what questions might you ask the caregivers during your assessment?

What should every emergency nurse know about **VOLVULUS/MALROTATION**?

The Vomiting Child Group Activity Two

You are caring for a child with suspected **PYLORIC STENOSIS**.

PYLORIC STENOSIS is commonly seen in what age groups?

What signs and symptoms do you expect to see in a child with **PYLORIC STENOSIS**? Correlate findings with the Pediatric Nursing Process components – not all letters will be used.

A:

B:

C:

D:

E:

F:

G:

H:

What information obtained while taking a history would be expected in a child with **PYLORIC STENOSIS**?

If you suspect a child has **PYLORIC STENOSIS**, what questions might you ask the caregivers during your assessment?

What should every emergency nurse know about **PYLORIC STENOSIS**?

The Vomiting Child Group Activity Two

You are caring for a child with suspected **GASTROENTERITIS**.

GASTROENTERITIS is commonly seen in what age groups?

What signs and symptoms do you expect to see in a child with **GASTROENTERITIS**? Correlate findings with the Pediatric Nursing Process components – not all letters will be used.

A:

B:

C:

D:

E:

F:

G:

H:

What information obtained while taking a history would be expected in a child with **GASTROENTERITIS**?

If you suspect a child has **GASTROENTERITIS**, what questions might you ask the caregivers during your assessment?

What should every emergency nurse know about **GASTROENTERITIS**?

