## Unit Profile – Children’s Emergency Services

### Nurse Manager
Kelly Baird-Cox  
232-3750/Pager 34115

### Clinical Nurse Supervisor
Deb Koesler  
232-5331/Pager 6118

### Educational Nurse Coordinator
Stefanie Beatty  
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936-1049/Pager 30571

### Brief Description of the Unit
Children’s Emergency Services (CES) is a primary entry point for children 0-17 years of age admitted to C.S. Mott Children’s Hospital, a verified Level One pediatric trauma center and tertiary facility with referrals from across the state. CES was separated from the Adult ED in December 2011 and moved to a state of the art pediatric exclusive department of 33 beds including an 8 bed observation area and 2 resuscitation bays located in the new Children’s hospital. Expert CES nurses partner with pediatric board certified emergency medicine faculty, and a large interprofessional team to provide expert family centered care for over 25,000 children who present each year with injuries and illness across the range of acuity from minor to critical care. The department provides CES nurses financial support for ENPC, TNCC, PALS, ACLS, CPEN and CCRN as well as in-depth orientation and continuing education.

### Common Medications (categories of drugs)
1. Intravenous, intramuscular, intranasal, topical, and oral pain medications  
2. Insulin, including insulin drips  
3. Antibiotics (oral, IV, IM, topical)  
4. Antiemetics (Zofran, Phenergan...etc)  
5. Antirejection (cellcept, tacrolimus)  
6. Cardiac (digoxin, epinephrine, Lasix...etc), including drips  
7. Electrolyte replacement  
8. Anticonvulsants  
9. IV fluids  
10. Respiratory (albuterol, xopenex, atrovent, racemic epinephrine...etc)
| Common Patient Procedures | 11. Immunizations  
12. Sedation  
13. Steroids  
14. Antipyretics  
15. Blood Products |
|---------------------------|---|
| 1. Laceration repair  
2. Peripheral IV start  
3. Urinary catheterization  
4. Reduction of bones including splitting and crutch walking  
5. Enemas  
6. NG tube placement  
7. Suctioning (nasopharyngeal, oral, tracheal, endotracheal)  
8. Assist with resuscitation (intubation, chest compressions, fluid/blood/medication administration)  
9. Lumbar Puncture  
10. Conscious sedation  
11. Transportation/monitoring of patients for diagnostic imaging (CT, MRI, US, XRAY...etc)  
12. Blood draws via central lines, arterial lines, arterial sticks, and venipuncture |

| Common Unit Practices | 1. Rounding Standards-patients are rounding on hourly by the RN/paramedic team that is caring for the patient for comfort and safety, potentially more often if the patient’s status requires  
2. Communication Standards (i.e. SBAR)-SBARC is used for change of shift report, and also for ED to inpatient/OR report  
3. Shift to Shift Rituals-Team Huddle/Change of Shift meeting takes place every 4 hours. Staff are updated on the status of the department. Assignments are given. RN to RN report will then take place with a hand off at the bedside. |

<p>| Common medical | 1. Everything that you would see on any of the other units’ profiles 😊 |</p>
<table>
<thead>
<tr>
<th>diagnoses</th>
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<tbody>
<tr>
<td>Common precautions and safety measures</td>
<td>1. Isolation precautions (droplet, respiratory, contact, protective)</td>
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<td>2. Sitter for suicidal/homicidal/psychiatric patients</td>
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<td>3. Seizure precautions</td>
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<td>4. Restraints when necessary</td>
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<td>5. Cardio/pulmonary monitoring</td>
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<td>6. Hourly rounding</td>
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<td>7. Use of SANS phone system for monitor alerts/call lights/incoming trauma or critical patient alerts/code blue/staff assist</td>
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