



Taking Your Child to Emergency at Victoria General Hospital

Your toddler falls against the corner of the coffee table, gashing her chin; your baby has a fever you cannot control; your preschooler has been unwell and is breathing differently; your child has the flu and has been vomiting all day; your child has an injured hand/arm/leg and needs an x-ray...

Any number of scenarios can bring you and your child to the Victoria General Hospital Emergency Department (ED). You are likely worried, anxious and stressed. Perhaps you haven't slept well due to your child's illness. What can you expect at the ED? How do you support your child?

If you have a few minutes before rushing your child to the ED, consider what you can bring to make your child's stay more comfortable. A favorite stuffy, blanket, book or toy; favorite snacks; pajamas; a portable DVD player and DVDs if possible. For yourself: change for parking, a book, and some food. Keep in mind that your stay in the ED can often be many hours long and you will not be able to leave your child unless there is another adult with you. If you think your child may be admitted overnight, grab a few personal items. Most importantly, remember your child's health care card.

When you enter the ED, the first person you talk to is the Triage nurse who will ask you about your child's situation and assess the urgency of his illness/injury/condition. It is important that older children explain their illness or injury themselves. The ED has a main waiting room and two patient areas. Many patients are seen in the Ambulatory side of the ED, which is much like a clinic. Patients with more serious conditions are admitted to the acute side of the ED. If your child is to be seen in the Ambulatory side of the ED, he will be called into the area and directed to the Pediatric Waiting Room. A parent or caregiver accompanies the child, and other family members are welcome as space allows. The decor in this room is child friendly and the TV is set to a children's channel. There are play tables and mounted play boards. There is a separate waiting room in this area for youth and adults. A nurse will speak to you and your child in the waiting room and when it is your child's turn to see the ERP (Emergency Room Physician), you will go into one of the examination rooms. The ERP will order any tests or procedures needed (blood test, x-ray, urine test, IV start). You might then wait in the examination room or you may be asked to return to the waiting room until these can be done. Most patients seen on the Ambulatory side are able to go home once their treatment is complete.

Some patients are transferred to the acute side and a few may be admitted to hospital overnight. The Acute side of the ED has 18 cubicles and 3 isolation rooms. This can be an overwhelming area for children as it is often very busy and there are all kinds of patients with a variety of conditions. There are 3 trauma rooms separate from this area where the most seriously injured patients are cared for. If there is a trauma situation while your child is in the ED, please realize that your wait/stay may be impacted as the nurses and doctors attend to this critical injury.

A visit to the ED can be scary for children as they meet so many new people who may have to do things that are upsetting or painful. Try to explain each event to your child before it occurs and give her a chance to understand and ask questions. Your child can look at and touch the blood pressure cuff, the thermometer, the stethoscope, the casting materials, the nebulizer mask (for breathing treatments) or other items used in his treatment and care. You know your child best, so advocate for her needs. Is she the type who needs information prior to the event in order to cope better? Is it best to minimize the information and tell her as the procedure happens? Would it be better to discuss treatment plans with the nurse or doctor outside of your child's hearing? Most conversations occur around the child so if you wish to minimize the information your child hears you need to let the staff know ahead of time. Once you understand what is going to happen, explain it to your child. If stitches, a blood test or an IV start is needed, consider how you can distract your child and help them cope with this procedure. Effective distractions for younger children include: wiggling their toes, squeezing someone's hand, looking away, blowing bubbles (or your hair as you lean over them), counting, singing a favorite song, talking about a favorite memory. Older children may respond to visualization; ask them to close their eyes and describe their room in detail or a place they'd like to visit.

Child Life Specialists work in the ED Monday-Friday from 4 pm – 11:30 pm and are available to help you and your child cope with the experience of being in Emergency. They provide activities while children wait, are able to explain various tests and procedures in age appropriate language, and can help provide distraction and support during procedures. If you do not meet a child life specialist and would like her to see you and your child, you may ask for her to be paged. The doctors and nurses of the ED are also trained and experienced in meeting the needs of children and are very supportive.

Diane Edwards
Child Life Specialist
Victoria General Hospital
December 2010