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Research Article

EXPERIENCES OF PARENTS OF TODDLERS ABOUT PEDIATRIC EMERGENCY SERVICES

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ABSTRACT

Pediatric emergency is the condition in which a child suffer from various psychological, physical and emotional disturbances due to any emergency condition like poisoning, lack of supervision of parents in home, accidents etc. and it can occur anytime and anywhere. Young children aged 1–4 are at great risk of injury as they explore their environment. The major development task for toddlers is beginning the development of autonomy and self-control so toddlers typically become more independent as the months pass. Toddlers are extremely attached and dependent on the parents. **Objectives:** -To assess the experiences of parents of toddlers about pediatric emergency services. **Methods:** This was a Qualitative Phenomenological study about experiences of 10 parents of children's under gone in pediatric emergency in selected rural areas of Pune city. Semi-structured interview questionnaire was used for assessment of experiences. All parents were asked about open ended questions and voice cum video recording done for each sample. **Results:** -The collected data for final study was transcribed and translated into English language. Translated data read carefully again and again by the researcher and codes taken out, from these codes total 8 themes prepared. Then similarities and dissimilarities of codes checked under each theme so total 33 codes emerged. The themes were, 'Emergency and Child condition', 'Mental state of parents', 'Stat action', 'Utilized health centers', 'Transport', 'Treatment', 'Economic condition', 'Emergency services and views'. **Conclusion:** Most of samples utilized rural health services and services from private hospitals. Most of samples were checked and referred from government and private hospitals and few of them were treated at private hospitals. In emergency services and view some samples experienced no emergency services at government hospitals and one of them don't know about emergency services at government hospitals but some of them said services is good but they refer out if not handled.

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INTRODUCTION

A child's age, size and stage of physical, emotional and intellectual development plays a major role in their responses to every experience, especially a crisis. Children represent the largest population of hospital emergency department patients. Improvements in providing appropriate emergency medical treatment for children are being made nationwide. And yet, according to the Consumer Product Safety Commission, "Less than 10% of the nation's hospitals have pediatric emergency departments". [1]

The major development task for toddlers is beginning the development of autonomy and self-control in intellectual development they are beginning to think and reason, although in a way that is different from adult cognition. Toddlers can become terrified in critical condition. While receiving the care in critical unit they are fear full because of new place where

they see, hear, smell, separation from parents, pain and unable to move freely. [4]

REVIEW OF LITERATURE

Accidental injuries in and around the home are one of the leading causes of serious harm and death in young children

Children under the age of five are most likely to have an accident at home. Boys are generally more likely to be injured than girls. Most serious accidents that affect young children at home and outside home are caused by falls from a height, burns and scalds from fire, hot water or hot objects, choking or suffocating and road traffic accidents. If children are with these accidents does not receive immediate treatment then it leads to permanent physically damage or even death of a children.[14]

A retrospective study was conducted in different hospitals of Lahore and the results was found that 22 poisoned children under age 15 years were studied in that kerosene was the most

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poisonous substance nearly affecting 27% of poisoned population. Corrosives and unknown poisoning encountered the second highest position (23%). While organophosphate poisoning ranked on 9% was followed by petrol and naphthalene. Young children under 5 years (59%) were more at risk to be poisoned accidentally as compared to 5-10 years (23%) and 11-15 years (18%). socioeconomic status reveals that underprivileged children (55%) were more prone to accidental poisoning. [16]

A study conducted to assess the Pediatric care in rural hospitals emergency departments. Main findings from the study analysis shows that Rural hospitals had a lower ED visit volume and were less likely to be teaching hospitals or to have a children's hospital in their county. They were also less likely to be Level I (highest) or Level II Trauma Centers. All rural hospitals reported admitting pediatric patients, but few had an inpatient unit specifically for children. Almost all rural hospitals would send children needing intensive care to another hospital compared to three-quarters of urban hospitals. Rural hospitals had less access to physicians specially trained in emergency medicine or in pediatrics or both. Rural hospitals had a lower overall pediatric supply score than urban hospitals and lower scores in four categories (of six categories queried): vascular access supplies, airway management supplies, pediatric trays, and miscellaneous supplies. [42]

A study was conducted to assess the parent's experiences following children's moderate to severe traumatic brain injury and results shown that the final sample consisted of 42 parents from 37 families. While assessing the experiences of parents four main parent themes were found: (a) grateful to still have my child (b) grieving for the child I knew (c) running on nerves and (d) grappling to get what your child and family need. [44]

A study was conducted on parent's experience of the transition with their child from a pediatric intensive care unit to the hospital ward. Parents of children in pediatric intensive care units have many needs and stressors, but research has yet to examine their experience of their child's transfer from pediatric intensive care units to the hospital ward. Results of this study shown that ten parents were interviewed following transfer from pediatric intensive care units to a hospital ward at a children's hospital in Canada. Parents' experience involved a search for comfort through transitions. The themes were: 'being a parent with a critically ill child is exhausting', 'being kept in the know', 'feeling supported by others', and being transferred. [45]

A study was conducted on to improving pediatric emergencies one rural hospital. This study tells the story of a child Austin. He was not breathing but had a heartbeat as he fall down while playing with his siblings and when he arrived at that rural hospital no one performed chest compressions and he was not intubated for over an hour. No nasogastric tube was placed and the respiratory therapist was bag-mask ventilating him with an adult sized mask. After an hour, the emergency staff felt that he was stable enough to transfer by ground to another larger, yet still rural hospital. His mother, a nurse at another hospital, knew immediately that he needed to be flown to the Children's Hospital and fought to expedite the transfer. Unfortunately, this kind of "hands off" approach to pediatric patients is found in areas where medical staff doesn't frequently care for this part

of our population and found far too often. No one wants to see a child hurt or fighting for their lives, and unfortunately this kind of patient usually results in one of two responses. [48]

MATERIALS AND METHOD

In this study the research approach adopted was Qualitative approach and design adopted was Phenomenological. A total of 10 parents of toddlers [1-3years] were selected, by using purposive sampling technique. The data were recorded in semi structured questionnaire divided in three parts. It consisted of consent form, demographic variables such as age, incident happened, kind of emergency condition experienced, gender, educational level of parents, occupation, income, type of family and number of emergency condition experienced. And Semi-structured interview questionnaire for assessing experiences.

The data was statically analyzed by Summative and Narrative technique that include coding of data, theme, Similarities and dissimilarities of code, final coding of data and Narration of samples under themes and codes.

RESULT

Coding of data

In this step of all answers listed as provided by samples. Total 292 codes emerged from all answers. All answers again readout carefully and checked for any important words remain or not.

Theme

In this step after coding, main themes prepared from all collected codes with remembering the purpose of question. 8 themes emerged from the codes and answers. Themes were-emergency and child condition, mental state of parents, state action, utilized health center, transport, treatment, economic condition and emergency services and views.

Similarities and dissimilarities of coding's under each theme

In this step codes were analyzed for similarities and dissimilarities under each theme.

Final coding of data under themes

In this step finally 33 codes emerged under 8 themes.

Narrations of samples under themes and codes

Theme 1: Emergency and child condition

Accident: Accident is the most common condition in children's to sick them in this coding some samples explained about their experiences.

S1 said that "...He met with an accident. He was hit by bike..."
S4 said that "...My son was 2 years old. He had fallen down while walking outside home and started bleeding his nose. My sister's son also having same problem..."

Poisoning: one samples explained about their child's emergency condition.

S6 said that "...My son had a snake bite. We all were sitting and chatting. He went to take bicycle. There was a snake under bicycle while he was taking his bicycle snake bite him..."

Theme 2: Mental state of parents

Afraid and Tension

S4 said that "...I was afraid and so much tensed in that condition..."

S5 said that "...I was afraid. My son was breathless and i was thinking whether he will get treatment or not because of that view i was afraid..."

Crying

S2 said that "...All started crying and were saying that how this happened. All of us went to the hospital and then doctor told to do x-ray and without x-ray we cannot say anything. They asked us if we can afford hospital charges..."

Theme 3: Stat Action

Relax and calm

S4 said that "...We took him to the primary means government hospital we made him lay down at home and kept handkerchief on his nose..."

First aid

S6 said that "...In the emergency condition we tied his leg tightly and took him to the hospital..."

Theme 4: Utilized health Center's

Private hospital

S6 said that "...I took him to the private hospital as it was nearby our village..."

S8 said that "...I took him to a clinic. There is a small private clinic nearby..."

Primary health center:

S5 said that "...I took him to the government hospital (primary health center)..."

Theme 5: Transport:

Vehicle borrowed from others:

S1 said that "...No, It was someone else's vehicle. We do not have our own vehicle..."

Walking and hiring vehicle:

Sample S4 said that "...We did not have vehicle. Neither took from anyone else. We went to S.T. stand walking and by bus we reached hospital in one and half hour..."

Theme 6: Treatment:

Admitted and treated:

S9 said that "...We took him to private hospital and he was admitted immediately. As soon as we went there they were ready and then they put stitches to his forehead. They did dressing of my hand. They discharged us on the next day. About follow up doctor said that we have to visit for dressing after every two days. He was told to give medicine..."

Checked and Referred

S3 said that "...they admitted in hospital and checked him. They told that his nostril is weak and take him to other hospital. So we took him to city in other hospital..."

Theme 7: Economic condition

Money borrowed from others

S1 said that "...We did not have money. My sister works in an office; she took money from her boss. She gave money back to her boss. After two – three days from accident she withdraws money and returned back to her boss..."

Theme 8: Emergency services and view

No emergency services

S1 said that "...No, there is no facility available. Patients are not taken in emergency over there, so we do not have any idea about it. It is a good hospital but they do not take emergency cases..."

Don't know

S8 said that "...I don't know about services in the government hospital. I have never been there..."

CONCLUSION

On the basis of the findings of the present study, it can be concluded that the experiences of parents were different in much more aspects of services provided in rural areas. From emerged 8 themes results shows that parents have undergone through a lots of situations like financial issues, transport issues, availability of services in rural areas and many more. This study helpful to assess the availability of services in rural areas by parents experiences.

Scope of study

The finding of this study suggest that this type of interventions will be helpful for long term based studies to find out health care infrastructure, emergency services in government and private hospitals and helps to find out the cause of mortality and morbidity in rural areas. It helps to give scope to student to conduct qualitative studies. It helps to focus on emergency services providing to children's in health centers in rural areas.

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