

## Pediatric Emergencies and Life in the ED with Jason Moburg

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In this episode, listen in as Jason Moburg, a Family Nurse Practitioner, discusses emergency medicine in pediatrics, covering topics like his experience working in the emergency department and why he believes preventative medicine and education are so important, as well as some tips on how to keep your kids safe this summer.



Featured Speaker:

**Jason Moburg, APRN, DNP, FNP-BC**

Jason Moburg Family Nurse Practitioner in the Emergency Department at Children's Mercy Hospital in Kansas City. Jason has practiced in a variety of settings over the years including adult critical care, pediatric critical care and urgent care and nursing leadership. His graduate work centered around the childhood obesity epidemic and this remains an area of interest for him. He is passionate about empowering children to make healthy choices, educating parents in an understandable way that engages them in their child's care and focuses on injury and illness prevention with the families for which he provides care. When he is not in the ED, Jason is the father of four busy teenagers and enjoys spending time with his family hiking, fishing, playing with their dogs and taking in sporting events. He is an Eagle Scout and is active with Gladstone Troop 180 along with his wife and three sons, one of whom is already an Eagle Scout as well.

Transcription:

Trisha Williams (Host 1): Hi guys. Welcome to the second season of the Advanced Practice Perspectives. I'm Trisha Williams.

Tobie O'Brien (Host 2): And I'm Tobie O'Brien. This is a podcast created by Advanced Practice Providers for Advanced Practice Providers. Our goal is to provide you with education and inspiration. We will be chatting with pediatric experts on timely key topics and giving you an inside look at the various advanced practice roles at Children's Mercy.

Host 1: We are so glad that you're joining us today. So sit back, tune in and let's get started. Today, we are pleased to have Jason Moburg on the podcast. Jason is a Family Nurse Practitioner in the Emergency Department at Children's Mercy Hospital. We are so happy that you're here today with us, Jason, welcome to the podcast.

Jason Moburg, APRN, DNP, FNP-BC (Guest): Thanks for having me.

Host 1: You bet. Tell us a little bit about yourself.

Jason: Well, I've been a nurse for 22 years now, went back to get my doctorate about seven years ago at the UMKC, just across the street from Children's Mercy. And then took a job in the Emergency Department almost three years ago.

Host 2: Awesome. So what were your years of experience in nursing? Where were you mostly during those times?

Jason: I had about 15 years of ICU experience. A friend of mine one day just asked me, have you ever thought about working with kids? And I really hadn't ever thought about that in the past, but my wife and I do have four children and I love being around kids and activities with kids. And so I talked to my cousin who actually works at Children's Mercy also, and I got a job in the PICU before I went back to school to get my doctorate.

Host 2: Great. Jason will tell me what spurred you on to get your DNP.

Jason: Well, I was in management for quite a while, about five years and enjoyed that piece of things like more about the learning about administration, the hospital budgets, FTEs, all the ins and outs of running a hospital. But I really missed being at the bedside, being with the patients. And I spoke to my wife and we talked about it for almost a year before I decided to go back to school and I've always wanted to do advanced practice. And at first I wanted to do my possibly PICU where I was already located, but as I got deeper into my program, I realized I really want to do more preventative medicine rather than more heroic type measures like in the PICU. I kind of like the one-on-one meeting parents initially when their child's injured.

Host 1: I read in your bio that you have a huge interest in weight management, is that correct? And preventative health in that aspect?

Jason: That was the focus of my, my thesis in school was talking about actually teenage females and their self-esteem when it comes to their weight. I worked with several providers on the Children's Mercy campus. And I just basically walked through about a year of these kids starting the program. Meeting other children and then participating in the, the activities and watched their self-esteem increase even with not so much weight loss, but just people there to help them to speak through the difficulties of being overweight as a child. And it was a pretty rewarding experience.

Host 1: That sounds very rewarding. So it leads to my curiosity about you working in the emergency department and how you connect the dots with your need for preventative medicine and fulfilling that professional growth to working in the emergency department when they come in with an illness or an injury,

Jason: Yeah, it actually started when I was in the PICU. I, I'm not sure if you're familiar too much with the PICU, but there's a lot of just super sick kids there.

Host 1: It's my old stomping grounds.

Jason: Yeah.

Host 1: It's my old yeah.

Jason: But yeah. Yeah. So, you know, it's, you know, sometimes, you know, life situations, things like that. And I had two children back to back. One was a 10 year old female who tried to commit suicide

and tried to hang herself and I took care of the family and the child for about three weeks before she finally passed away. Two weeks later, the nurse manager and charge nurse asked me to be part of another family, a really sad story where a four year old had, had not had his proper asthma medication and pretty much had a hypoxic event at home. And was again end of life. And it was basically a organ donation situation. Just so happens during that time period, one of my kids is a 10 year old girl and one of my boys, a four year old male. So, really kind of set things in motion for me to realize that maybe a higher power was telling me I shouldn't be in the PICU.

I should be someplace where I could help kids before they get to that point. And that to me was the emergency department.

Host 2: Those are really hard stories. And especially when you have kids that age and it really gets to you and can make a pretty big impact on your life. So, so it sounds like being in the emergency department, you are going to interact with a lot of those sorts of families. Like of course you're asthmatics and you have the opportunity to do lots of education I'm guessing. So tell us what some of your favorite sort of encounters are in the ED.

Jason: You know, it's fun working there because I get to do different end of the spectrum and clear from, you know, even like a motor vehicle crash, down to someone who can't give Tylenol appropriately to their child, you know, so, and I really take a lot of, it's really rewarding to talk to families and give them some basic information about, you know, how to give Tylenol, ibuprofen correctly, or how to feed a baby, you know, the appropriate amount of food and how to do that.

You know, and just very basic things that some of the families that we service downtown don't have access to, you know, proper medical care, primary care providers, those kinds of things. And they do turn to us to, to help with some of that.

Host 1: I've never thought of the emergency department in that way. I guess I look, I looked at it as the motor vehicle crashes and the patients that come in that are acutely ill, not that you can help them from a primary care standpoint, but it sounds like you really, really can. So I find that interesting, I think about stitches and x-rays and, you know, casting and things as well, when I think about the emergency department. Are there any specific things that you like to do or, you know, thrive on doing, you know, like when you get a procedure, it's like, oh yeah.

Jason: Yeah, I always liked procedures. I like sutures. I like, you know, kids are always putting things to interesting places in their ears, noses, mouths, things like that. So -

Host 1: This we know in ENT.

Jason: Get those out, you know exactly. Yeah. So I try to prevent them from going to see you guys to help get those out of there. And that's the kind of parents are always upset and, you know, think it doesn't happen to anybody else, but there's always two or three a day you see like that, which are, you know, the procedure part is always fun. And you know, some of our, my colleagues there. You know, they, they do LPs, they do, you know, G-tube placements and they, they do some pretty, pretty cool stuff down there. And, you know, depending on our, your experience level and your comfort level, you know, you can do and, you know, get certified in all kinds of different procedures.

Host 1: I find it fascinating that gamut in which advanced practice providers can really practice just based on different credentialing and things from all the way from doing, you know, like you said, LPs to foreign body removals, to history and physicals. It's just like, there's no limit really to what we can do as advanced practice providers. So I find that fascinating.

Jason: Yeah, no. And, and the best part is the environment I work in with our emergency trained physicians, the pediatricians that are work down there, other advanced practice nurses, I mean, they were part of one big team and they it's been very comforting as a new, new grad coming into an environment like that, to have some of these docs, take me aside and say, hey, let me show you how to do this, or think through this, or, you know, use this resource, those kinds of things.

And it's been, and it's only gotten better over the past three years with the pandemic, with changes at the hospital, things like that. It's just made our group even closer and more close knit. And I think we provide better care because of it.

Host 2: Absolutely. It sounds like it. It, it is really nice to have a team that you can work so closely with. I will echo that for sure. Well, Jason, as we head into the summer, we would love to pick your brain about some summer tips. Summer emergency department type tips for our providers and maybe any families that are listening as well. But last year we had the opportunity to visit with Cassandra Newell and she was great and gave us some, some good tips on some different things like sunscreen and bug spray. But I just was curious if since you have four kids and you work in the ED, if there's any big sort of overarching themes that you always like to educate families on when you interact with them during the their ED visit regarding summer safety?

Jason: Yeah. I asked some of my colleagues about this before our podcast today. There were three major areas they talked about. One was helmet safety. Second one was playground injuries, and third was water safety. So those are the three big, I think summer hot button things we see in the ER and number one, bicycle helmets.

I'm not sure why bicycle helmets haven't really taken, hold or taken off. I mean, none of us get in the car and don't buckle a seatbelt. You know, it's become habit to do that with everything. But unfortunately if I go through my neighborhood and see 10 kids on a bike, maybe one or two isn't wearing a helmet.

Host 2: Oh, yeah, same here. It's like in my neighborhood, they know that I'm the healthcare provider of the neighborhood because no one else's kids are wearing helmets, but mine.

Jason: Yeah, you have, and you're not the cool parent believe me. Yeah. And I'm not sure why it hasn't but it prevents so many simple injuries. And I, I, I always tell parents, you know, if you can, if you're on a device that you can go as fast as you can run, you should probably be wearing a helmet, rollerblades, razor scooters, anything like that.

Host 1: That's really good advice. The water safety is a big one for me. Like some lessons, aren't an option in our family. You had to learn how to swim. It's safety, it's lifesaving. So that's a big one in my household as well.

Jason: Yeah, definitely. And I think with our proximity to lake of the Ozarks too, you know, we have lake safety and also just residential pool safety. And I think I mean, I'll just use my family, as an example, my wife's a nurse also. And we took all four of our kids to the pool about probably 10 years ago. And you know, you're carrying five bags and a cooler and everything else, and the kids are running to the pool when all of a sudden our three-year-old jumps in. Well Cooper couldn't swim and had no life jacket on. And luckily a mom was sitting right there by the pool and pulled him out. But I mean, a lot of the public pools now, and even, you know, residential pools and corner family pools don't have lifeguards. So you almost got to talk before you go and say, okay, who's in charge of being a lifeguard first mom or dad or older brother, whoever's going to be to watch the younger kids. So that's a pretty scary situation. And that's something that's I think, again, easily preventable.

Host 2: Right. And I think using each interaction with our families as an opportunity to kind of provide this insight is, you know, we just can't do it enough. I think it's super important.

Jason: Definitely.

Host 1: I agree. I think one of the things that I with my PICU. I have a 10-year PICU experience as well, Jason and I think about lawnmower safety and the traumas that I would have to go to because, you know, grandpa had, you know, little Johnny on his knee during, on the riding lawnmower and little Johnny fell off and grandpa ran over Johnny's foot. And I just, I see that in my neighborhood and I just want to pull over and say, get off of the lawnmower.

Jason: You also see the teenagers that are out there and mowing the grass for mom or dad who are wearing flip flops or bare feet. And it's just, that drives me nuts as well. Cause trip and pull that mower over your foot.

Host 1: I would agree. Close toed shoes on bicycles as well. I was a three or a product of a three-year-old. I was a three-year-old child and was on the back of my sister's bike and did not have shoes on. And it was before they had the safe guards on the bicycle chains and the bicycle chain wrapped around my big toe and took my toe almost completely off.

So toed shoes on bicycles. Well, it was really gross. So closed toed shoes. I think that there's so many little tips that we can get in for emergency safety. You know, a helmet, bicycles, water safety lawnmowers you know, all of those things are excellent. What was the third one that you had mentioned, Jason? Sorry, I forgot that one.

Jason: Playground equipment. If I think if any ER provider would tell you, if you could get rid of all the trampolines and monkey bars it'd be a much safer world, it's just, we have so many injuries, you know, trampolines flying off, you know, people falling off the monkey bars, that kind of stuff that happens.

I mean all the time. So, you know, you want your kids to be kids, but just be safe about it, make sure you're watching them. And sometimes what helps the most, is if a family can just tell us just the mechanism of an injury, if they bring them into the ER, maybe f from a fall or something like that, we can better diagnose and make it better for them, the kiddo that comes in.

