

## Module Report

Tutorial: Real Life RN Nursing Care of Children 4.0

Module: Cystic Fibrosis Community Care



Individual Name: Lucy Siranides

Institution: Margaret H Rollins SON at Beebe Medical Center

Program Type: Diploma

### Standard Use Time and Score

	Date/Time	Time Use	Score
Cystic Fibrosis Community Care	9/19/2023 12:59:47 PM	39 min	Satisfactory

### Reasoning Scenario Details

Cystic Fibrosis Community Care - Use on 9/19/2023 12:20:55 PM

#### Reasoning Scenario Performance Related to Outcomes:

\*See Score Explanation and Interpretation below for additional details.

Body Function	Strong	Satisfactory	Needs Improvement
Cardiac Output and Tissue Perfusion	100%		
Cognition and Sensation	100%		
Excretion	100%		
Ingestion, Digestion, Absorption & Elimination	100%		
Mobility	100%		
Oxygenation	88.9%	11.1%	

NCLEX RN	Strong	Satisfactory	Needs Improvement
Health Promotion and Maintenance RN 2013	100%		
RN Management of Care	100%		
RN Health Promotion and Maintenance	100%		
RN Psychosocial Integrity	100%		
RN Pharmacological and Parenteral Therapies	75%	25%	

RN Reduction of Risk Potential	100%		
RN Physiological Adaptation	100%		

QSEN	Strong	Satisfactory	Needs Improvement
Safety	50%	50%	
Patient-Centered Care	100%		
Evidence Based Practice	100%		
Quality Improvement	100%		

## Individual Report – Score Explanation and Interpretation

### Reasoning Scenario Information:

Reasoning Scenario Information provides the date, time and duration of use, along with the score earned for each attempt. A Reasoning Scenario Performance score of Strong, Satisfactory, or Needs Improvement is provided for each attempt. This information is also provided for the Optimal Decision Mode if it has been enabled.

### Reasoning Scenario Performance Scores:

<b>Strong</b>	Exhibits optimal reasoning that results in positive outcomes in the care of clients and resolution of problems.
<b>Satisfactory</b>	Exhibits reasoning that results in mildly helpful or neutral outcomes in the care of clients and resolution of problems.
<b>Needs Improvement</b>	Exhibits reasoning that results in harmful or detrimental outcomes in the care of clients and resolution of problems.

### Reasoning Scenario Performance Related to Outcomes:

A clinical reasoning performance score related to each outcome is provided. Outcomes associated with student responses are listed in the report. The number across from each outcome indicates the percentage of responses associated with the level of performance of that outcome.

### NCLEX® Client Need Categories:

<b>Management of Care</b>	Providing integrated, cost-effective care to clients by coordinating, supervising, and/or collaborating with members of the multi-disciplinary health care team.
<b>Safety and Infection Control</b>	Incorporating preventative safety measures in the provision of client care that provides for the health and well-being of clients, significant others, and members of the health care team.
<b>Health Promotion and Maintenance</b>	Providing and directing nursing care that encourages prevention and early detection of illness, as well as the promotion of health.
<b>Psychosocial Integrity</b>	Promoting mental, emotional, and social well-being of clients and significant others through the provision of nursing care.
<b>Basic Care and Comfort</b>	Promoting comfort while helping clients perform activities of daily living.
<b>Pharmacological and Parenteral Therapies</b>	Providing and directing administration of medication, including parenteral therapy.
<b>Reduction of Risk Potential</b>	Providing nursing care that decreases the risk of clients developing health-related complications.

<b>Physiological Adaptation</b>	Providing and directing nursing care for clients experiencing physical illness.
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### Quality and Safety Education for Nurses (QSEN)

<b>Safety</b>	The minimization of risk factors that could cause injury or harm while promoting quality care and maintaining a secure environment for clients, self, and others.
<b>Patient-Centered Care</b>	The provision of caring and compassionate, culturally sensitive care that is based on a client's physiological, psychological, sociological, spiritual, and cultural needs, preferences, and values
<b>Evidence Based Practice</b>	The use of current knowledge from research and other credible sources, upon which clinical judgment and client care are based.
<b>Informatics</b>	The use of information technology as a communication and information gathering tool that supports clinical decision making and scientifically based nursing practice.
<b>Quality Improvement</b>	Care related and organizational processes that involve the development and implementation of a plan to improve health care services and better meet the needs of clients.
<b>Teamwork and Collaboration</b>	The delivery of client care in partnership with multidisciplinary members of the health care team, to achieve continuity of care and positive client outcomes.

### Body Function

<b>Cardiac Output and Tissue Perfusion</b>	The anatomical structures (heart, blood vessels, and blood) and body functions that support adequate cardiac output and perfusion of body tissues.
<b>Cognition and Sensation</b>	The anatomical structures (brain, central and peripheral nervous systems, eyes and ears) and body functions that support perception, interpretation, and response to internal and external stimuli.
<b>Excretion</b>	The anatomical structures (kidney, ureters, and bladder) and body functions that support filtration and excretion of liquid wastes, regulate fluid and electrolyte and acid-base balance.
<b>Immunity</b>	The anatomic structures (spleen, thymus, bone marrow, and lymphatic system) and body functions related to inflammation, immunity, and cell growth.
<b>Ingestion, Digestion, Absorption and Elimination</b>	The anatomical structures (mouth, esophagus, stomach, gall bladder, liver, small and large bowel, and rectum) and body functions that support ingestion, digestion, and absorption of food and elimination of solid wastes from the body.
<b>Integument</b>	The anatomical structures (skin, hair, and nails) and body functions related to protecting the inner organs from the external environment and injury.
<b>Mobility</b>	The anatomical structures (bones, joints, and muscles) and body functions that support the body and provide its movement.

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<b>Oxygenation</b>	The anatomical structures (nose, pharynx, larynx, trachea, and lungs) and body functions that support adequate oxygenation of tissues and removal of carbon dioxide.
<b>Regulation and Metabolism</b>	The anatomical structures (pituitary, thyroid, parathyroid, pancreas, and adrenal glands) and body functions that regulate the body's internal environment.
<b>Reproduction</b>	The anatomical structures (breasts, ovaries, fallopian tubes, uterus, vagina, vulva, testicles, prostate, scrotum, and penis) and body functions that support reproductive functions.

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### **Decision Log**

Information related to each question answered in a scenario attempt is listed in the report. A brief description of the scenario, question, selected option and rationale for that option are provided for each question answered. The words "Optimal Decision" appear next to the question when the most optimal option was selected.

The rationale for each selected option may be used to guide remediation. A variety of learning resources may be used in the review process, including related ATI Review Modules.

ATI Real Life Student Packet  
N201 Nursing Care of Special Populations  
2023

Student Name: Lucy Siranides

ATI Scenario: Cystic Fibrosis Community Care

**To Be Completed Before the Simulation**

\*Blue boxes should be completed using textbook information. What do you expect to find? This information should be collected before you start the ATI simulation\*

Medical Diagnosis: Cystic Fibrosis (CF)

NCLEX IV (8): Physiological Integrity/Physiological Adaptation

**Anatomy and Physiology**  
**Normal Structures**

- The CF gene is found on chromosome 7, which makes a protein called *CF transmembrane conductance regulator (CFTR)*
- Under normal conditions CFTR regulates sodium and chloride movement in and out of epithelial cells
- **Respiratory System:**
  - Structures: nose, mouth, pharynx, epiglottis, larynx, trachea, carina, bronchi, bronchioles, alveolar ducts, alveoli
  - Air inhaled via nose or mouth, goes through the pharynx, past the epiglottis, down the trachea where it reaches the carina and goes into the R and L bronchi to the bronchioles and then to the alveolar ducts and alveoli (site of gas exchange, O<sub>2</sub> into blood and CO<sub>2</sub> exhaled)
  - R lung lobes → upper, middle, lower
  - L lung lobes → upper, lower
  - The lung parenchyma comprises a large number of thin-walled alveoli, forming an enormous surface area, which serves to maintain proper gas exchange
  - Defense mechanisms protect the airway distal to the larynx from infection...mechanisms that create a mechanical barrier to microorganisms entering the tracheobronchial tree include air filtration, epiglottis closure over the trachea, cough reflex, mucociliary escalator mechanism, and reflex bronchoconstriction; immune defense mechanisms include secretion of immunoglobulins A and G and alveolar macrophages
- **Pancreas:**
  - The pancreas is a long, tapered, lobular, soft gland located behind the stomach and anterior to the first and second lumbar vertebrae

NCLEX IV (7): Reduction of Risk

**Pathophysiology of Disease**

- Autosomal recessive, multisystem disease characterized by altered transport of sodium and chloride ions in and out of epithelial cells
- Primarily affects the lungs, GI tract (pancreas and biliary tract), and reproductive tract
- First signs and symptoms typically occur in childhood, but some patients are not diagnosed until they are adults
- Severity and progression of disease vary
- With early diagnosis and improvements in therapy, the prognosis of patients w/ CF has significantly improved (survival rate in 1970: 16yrs; Present: 37.5yrs)
- The CFTR protein localizes to the epithelial surface of the airways, GI tract, and ducts of the liver, pancreas, and sweat glands
- Mutations in the CFTR gene change this protein in such a way that the channels (of sodium and chloride) are blocked
- As a result, cells that line the passageways of the lungs, pancreas, intestines, and other organs make secretions that are low in sodium chloride content (thus low in water content), making mucus abnormally thick and sticky
- This mucus plugs up the ducts in these organs, causing scarring in the organs and resulting in organ failure
- The high concentration of sodium and chloride in the sweat of the patient w/ CF result from decreased chloride reabsorption in the sweat duct
- CF can affect both the upper and lower respiratory tracts; progresses from being a disease of the small airways to involving that larger airways w/ destruction of lung tissue
  - The mucus lining the airways becomes dehydrated and tenacious due to defects in chloride secretion and potassium absorption
  - Cilia become overwhelmed w/ thick secretions and as a result, cilia motility is decreased, allowing mucus to adhere to the airways; at the same time, the bronchioles become obstructed w/ the thick mucus, leading to scarring of the airways, air trapping, and hyperinflation of the lungs
  - With CF, there is a persistent, chronic airway infection that cannot be cured (*Pseudomonas* is the most common organism in adults); antibiotic resistance can develop after multiple exposures to antibiotics

- The hormone-secreting part of the pancreas is the islets of Langerhans. The islets account for less than 2% of the gland
- They consist of 4 types of hormone-secreting cells: alpha, beta, delta, and F cells
- Alpha cells: make and secrete the hormone glucagon
- Beta cells: make and secrete insulin and amylin
- Delta cells: make and secrete somatostatin
- F (or PP) cells: secrete pancreatic polypeptide
- Glucagon: released by alpha cells in response to low blood glucose levels, protein ingestion, and exercise; it increases blood glucose, providing fuel for energy by stimulating glycogenolysis (breakdown of glycogen into glucose), gluconeogenesis (formation of glucose from noncarbohydrate molecules), and ketogenesis; glucagon and insulin function in a reciprocal manner to maintain normal blood glucose levels
- Insulin: main regulator of metabolism and storage of ingested carbohydrates, fats, and proteins; insulin facilitates glucose transport into cells, transport of amino acids across muscle membranes, and the synthesis of amino acids into protein in the peripheral tissues; however, the brain, nerves, lens of the eye, hepatocytes, erythrocytes, and cells in the intestinal mucosa and kidney tubules are not dependent on insulin for glucose uptake; after a meal, insulin is responsible for how we use and store nutrients (anabolism); an increased blood glucose level is the major stimulus for insulin synthesis and secretion; low blood glucose levels, glucagon, somatostatin, hypokalemia, and catecholamines usually inhibit insulin secretion

- Lung inflammation is associated w/ chronic infection; it can narrow airways and cause a decrease in lung function (an increase in inflammatory mediators contributes to disease progression)
- Over a long period, pulmonary vascular remodeling occurs because of local hypoxia and arteriolar vasoconstriction
- During exacerbations, there may be erosion of the capillaries and hemoptysis can occur (can be fatal)
- Mucus plugging of the pancreatic exocrine ducts causes pancreatic insufficiency; this results in atrophy and progressive fibrotic cyst formation
  - The pancreas's exocrine function may be completely lost; because of this, the pancreas does not make enough pancreatic enzymes, such as lipase, amylase, and proteases (trypsin, chymotrypsin), to allow for the absorption of nutrients - malabsorption of fat, protein, and fat-soluble vitamins (A, D, E, K) occurs
  - Fat malabsorption results in steatorrhea (large, oily, frequent bowel movements)
  - Protein malabsorption results in the failure to grow and gain weight
  - Osteopenia and osteoporosis are common - they are related to malnutrition, malabsorption of vitamin D, low testosterone levels and chronic infections
  - Pancreatitis may occur
  - CF-related diabetes (CFRD) is caused by the underdevelopment of pancreatic islet cells (in utero) and destruction of islet cells over the person's lifetime
  - The pancreas in people w/ CF makes insulin, but they make it too late to fully respond to carbohydrate intake
- Persons w/ CF often have other GI problems, including gastroesophageal reflux disease (GERD), gallstones, and cirrhosis (develops over time)
  - Mucus deposits in the ducts can damage the liver and gall bladder
  - Liver enzymes may become chronically increase
  - Portal hypertension can occur
  - Distal intestinal obstruction syndrome (DIOS) results from an intermittent obstruction, often in the terminal ileum at the point of the ileocecal junction - caused by thickened, dehydrated stool and mucus
  - DIOS develops because of chronic malabsorption related to exocrine dysfunction, under- or over-dosing of pancreatic replacement enzyme supplements, dehydration, and swallowing of mucus

**To Be Completed Before the Simulation**

Anticipated Patient Problem: Ineffective Airway Clearance

Goal 1: ATI will maintain optimal gas exchange as evidenced by clear lung sounds bilaterally, an SpO<sub>2</sub> ≥ 93%, and a respiratory rate WNL for the client's age prior to discharge.

Goal 2: ATI will be proficient in using effective airway clearance therapies (i.e., cough and deep breathe) to clear secretions, as evidenced by decreased work of breathing (no accessory muscle use) and improved pulmonary function (SpO<sub>2</sub> ≥ 93%) during my time of care.

<b>Relevant Assessments</b>	<b>Multidisciplinary Team Intervention</b>
(Prewrite) What assessments pertain to your patient's problem? Include timeframes	(Prewrite) What will you do if your assessment is abnormal?
Assess SpO <sub>2</sub> q2hr and PRN.	Administer bronchodilators, mucolytics, antibiotics, etc. as prescribed.
Assess respiratory rate, rhythm, depth, and use of accessory muscles q2hr and PRN.	Position in semi- or high-Fowler's to facilitate breathing and lung expansion as tolerated.
Auscultate lung sounds q4hr and PRN.	Educate on/encourage cough and deep breathing and incentive spirometry q1hr PRN.
Assess sputum/secretions (color, consistency, odor) q2hr and PRN.	Encourage activity as tolerated and position changes to mobilize secretions q2hr.
Assess skin color for paleness and/or cyanosis q4hr and PRN.	Administer or maintain oxygen therapy as prescribed.
Assess cough for effectiveness q2hr and PRN.	Instruct the use of abdominal muscles to cough up secretions more effectively q2hr.

**To Be Completed Before the Simulation**

Anticipated Patient Problem: Imbalanced Nutrition: Less Than Body Requirements

Goal 1: ATI will intake  $\geq 75\%$  of meals and snacks during my time of care.

Goal 2: ATI will have a BMI and weight WNL for the client's age prior to discharge.

<b>Relevant Assessments</b>  (Prewrite) What assessments pertain to your patient's problem? Include timeframes	<b>Multidisciplinary Team Intervention</b>  (Prewrite) What will you do if your assessment is abnormal?
Assess nutritional status qshift.	Encourage 4-5 small, high-calorie meals w/ preferred foods per day during my time of care.
Monitor weight daily.	Provide Ensure nutritional drinks and high-protein snacks qshift and PRN.
Assess preferred foods and dietary habits on admission and PRN.	Administer all fat-soluble vitamins with meals and enzymes PRN.
Assess food and fluid intake after meals and snacks.	Educate on the amount of calories and protein required for each meal/each day qshift and PRN.
Assess the abdomen for bloating, fullness, bowel sounds, and/or palpable stool mass q4hr and PRN.	Encourage adequate hydration and high fiber intake qshift and PRN.
Monitor stool patterns for frequency, odor, consistency, and the presence of oil or grease qshift and PRN.	Avoid gas producing foods such as carbonated beverages during mealtimes.

**To Be Completed During the Simulation:**

## #1 Actual Patient Problem: Ineffective Airway Clearance

Goal: C.S. will maintain optimal gas exchange as evidenced by clear lung sounds bilaterally, an SpO<sub>2</sub> ≥ 93%, and a respiratory rate WNL for the client's age prior to discharge. Met:  Unmet:

Goal: C.S. will demonstrate proper use of chest physiotherapy and respiratory treatments (i.e., mucus clearing device) prior to discharge. Met:  Unmet:

## #2 Actual Patient Problem: Deficient Knowledge

Goal: C.S. will demonstrate knowledge of cystic fibrosis and its effects on the body via teach-back prior to discharge. Met:  Unmet:

Goal: C.S. will understand their resources (i.e., support group, home health, physician) and have no further questions at the time of discharge. Met:  Unmet:

## Additional Patient Problems:

#3 Imbalanced Nutrition: Less Than Body Requirements

#4 Anxiety

Below will be your notes, add more lines as needed. **Relevant Assessments:** Indicate pertinent assessment findings. **Multidisciplinary Team Intervention:** What interventions were done in response to your abnormal assessments? **Reassessment/Evaluation:** What was your patient's response to the intervention?

Patient Problem	Time	Relevant Assessments	Time	Multidisciplinary Team Intervention	Time	Reassessment/Evaluation
2 & 4	3/11 1300	Developed cough 3wks ago; sweat chloride test positive	3/11 1400	Contacted family, scheduled home health appointment	3/11 1430	(Mother) stated "We are anxious for you to come up and help us understand all of this."
2	3/12 1030	(Mother) stated "We probably seemed overwhelmed when we were in the office..." (Father) stated "It was just a lot of information very quickly."	3/12 1030	Offered education on any possible questions the family may have	3/12 1030	(Mother) stated "That's a relief."
1	3/12 1035	Coarse crackles in lungs bilaterally; Stated "I play softball, and I have to run a lot. So I cough a lot. I cough every day...I find it hard to breathe when I have to run a lot."	3/12 1055	Schedules additional appointment	3/12	Mother and father shook heads in agreement to follow-up appointment
1 & 2	3/13 1000	Stated "I'm going back to school tomorrow. I'm gonna tell all my friends about my cystic fibrosis."	3/13 1010	Provided handouts; Educated on overview of cystic fibrosis (the body makes thick secretions that get stuck in the air passages of the lungs)	3/13 1020	(Father) stated "Thank you. You made it so clear about what cystic fibrosis is and how it affects the body."

2 & 3	3/13 1055	(Mother) stated "My biggest concern now is Courtney's diet."	3/13 1055	Offers to schedule an appointment for the next visit	3/13 1055	(Mother) stated "That would be great."
2 & 3	3/17 1530	Stated "I know I take vitamins in the morning, but that Creon that I take with meals is so hard to swallow."	3/17 1535	Educated on alternative methods for taking Creon (can sprinkle contents of capsule in applesauce)	3/17 1540	Stated "Yes. I like applesauce, that will work great."
2 & 3	3/17 1540	(Mother) stated "Can we talk about her diet? She's so skinny. I'm not sure what to do."	3/17 1545	Educated that 150% of a normal diet is required (need more calories to account for more energy expended trying to breathe)	3/17 1555	Shook heads in understanding
2 & 3	3/17 1600	Stated "It's just...I'm not hungry. I don't like lots of foods."	3/17 1600	Educated on eating multiple times a day, taking Creon w/ meals/snacks, asked about food preferences	3/17 1605	Stated "Okay. I'll go get a pen and paper so I can make a list of my likes and dislikes."
1 & 2	3/30 1530	(Mother) stated "She's on two different respiratory medications. That seems like a lot. I don't understand what these do."	3/30 1530	Educated on Levalbuterol (Xopenex) and Dornase alfa (Pulmozyme); Asked if any further questions	3/30 1545	(Mother) stated "No, I think I understand."; Stated "I understand."
1 & 2	4/3 1530	Stated "I think I'm coughing even more."; Able to expectorate, sputum yellow	4/3 1535	Education on chest physiotherapy (percussion, vibration, and postural drainage)	4/3 1550	(Mother) stated "We are going to fo everything possible to make sure that Courtney stays healthy."
1 & 2	4/7 1530	Stated "I got tired from running the bases...I cough afterwards."	4/7 1535	Educated and encouraged continuing playing softball, educated to stop if needed when difficult to breathe	4/7 1540	Stated "I'm so glad I get to keep playing!"
2 & 4	4/12 1400	(Mother) stated "We understand that cystic fibrosis puts her at risk for other health concerns. What are those?"	4/12 1400	Educated on possibility of delayed growth, delayed puberty, diabetes, gastroesophageal reflux and osteoporosis	4/12 1415	(Mother) stated "I've read about some of that. It's very overwhelming to consider."
1 & 2	4/12 1430	Stated "I had to come home before dinner to do my therapy. Do I have to do my therapy today?"	4/12 1430	Educated on importance of following physiotherapy regimen for optimal health	4/12 1440	Shook heads in agreement
2 & 4	4/17 1530	Stated "What are you gonna teach us today?"	4/17 1530	Inquired if there were any further questions before discharge and provided information on support groups and who to call if questions occur	4/17 1545	(Father) stated "We can't thank you enough for all the education you provided our family." (Mother) stated "We will definitely be attending these meetings."

**To Be Completed After the Simulation**

\*The orange boxes should be filled out with your simulation patient's actual results, assessments, medications, and recommendations\*

**NCLEX IV (7): Reduction of Risk**

Actual Labs/ Diagnostics  
 - Sweat Chloride Test → Positive  
 - Genetic testing (N/A for ATI)

**NCLEX II (3): Health Promotion and Maintenance**

Signs and Symptoms  
 - Productive cough  
 - Weight loss  
 - Decreased appetite  
 - Coarse crackles in lungs bilaterally  
 - Cough increase w/ activity and when supine

**NCLEX II (3): Health Promotion and Maintenance**

Contributing Risk Factors  
 - Hx of frequent colds  
 - Productive cough w/ yellow sputum  
 - Weight loss/decreased appetite  
 - Underweight/small for age  
 - Family hx (N/A for ATI)

**NCLEX IV (7): Reduction of Risk**

Therapeutic Procedures  
Non-surgical  
 - Medications  
 - Chest physiotherapy  
  
Surgical  
 - Endoscopic sinus surgery (ESS) (N/A for ATI)

**NCLEX IV (7): Reduction of Risk**

Prevention of Complications  
 (Any complications associated with the client's disease process? If not what are some complications you anticipate)  
 - Underweight/malnourished  
 - Adherence to medication regimen and treatments  
 - Osteoporosis  
 - Gastroesophageal reflux  
 - Diabetes  
 - Delayed puberty  
 - Delayed growth

**NCLEX IV (6): Pharmacological and Parenteral Therapies**

Medication Management  
 - Pancrelipase (Creon) 3 capsules PO w/ meals, 1-2 PO w/ snacks  
 - Azithromycin (Zithromax) 5mg/kg/day PO @ 1200  
 - Dornase alfa (Pulmozyme) 2.5mg via nebulizer qday  
 - Levalbuterol (Xopenex) 2.5mg via nebulizer 4x/day  
 - Vitamin E 400 international units PO qday  
 - Multivitamin 2 tablets PO qday

**NCLEX IV (5): Basic Care and Comfort**

Non-Pharmacologic Care Measures  
 - Respiratory chest physiotherapy (percussion, vibration, and postural drainage)  
 - Mucus clearance device

**NCLEX III (4): Psychosocial/Holistic Care Needs**

Stressors the client experienced?  
 - Diagnosis and related health issues  
 - Change in activity level → softball  
 - Leaving activities to complete therapies/take medications  
 - Size of medications

**Client/Family Education**

Document 3 teaching topics specific for this client.  
 • Education on cystic fibrosis (3/13)  
 • Education on diet and Creon (3/17)  
 • Education on chest physiotherapy (4/3)

**NCLEX I (1): Safe and Effective Care Environment**

Multidisciplinary Team Involvement  
 (Which other disciplines were involved in caring for this client?)  
 - Family/parents  
 - Home Health  
 - Primary Care Physician  
 - School Nurse  
 - Pharmacy  
 - Insurance  
 - Softball Coach

Patient Resources

- Home Health/Physician  
 - Support groups for child and parents

**Reflection Paper**

Directions: Write reflection including the following:

1. What was your biggest “take away” from participating in the care of this client?

My biggest “take away” from participating in the care of this client was how important education is for both the client and the family. The parents of Courtney seemed anxious and eager to obtain more information about their daughter’s new diagnosis and what that meant for the three of them. The nurse, Molly, was extremely helpful as she provided clear and detailed explanations and was constantly making sure that any and all questions the family had were answered. Nurse Molly also was sure to provide resources for all of the family members by explaining that there are support groups for both parents and child and that if they had any further questions in the future they could always contact the home health agency or Courtney’s primary care physician. After nurse Molly completed her assignment with the Smith family, they all seemed much more confident in how to manage Courtney’s health and had an understanding of Courtney’s new diagnosis of cystic fibrosis.

2. What was something that surprised you in the care of this patient?

Something that surprised me in the care of this client was how calm and mature Courtney was throughout the entire process. Courtney, a 10-year-old girl, was purely interested in learning more about her diagnosis. She listened intently as nurse Molly shared information, answered questions that nurse Molly asked, and showed great effort in being involved in her care. For example, she visited the school nurse to inform him about her being diagnosed with cystic fibrosis and when she would be back for her medication, she asked nurse Molly if she could listen to her own heart and lungs, and took the liberty of writing down her food preferences for her mother. In my opinion, Courtney handled a situation that some children would view as scary and intimidating with grace and courage.

3. What is something you would do differently with the care of this client?

Something I would do differently with the care of this client is provide credible online resources and/or handouts with additional information about cystic fibrosis that are made specifically for children. Nurse Molly did an incredible job giving the family an overview of Courtney’s new diagnosis, but I believe that Courtney was very involved in her own care and would have appreciated even more information. While it is important not to overwhelm the family as they had already been before, I believe it could be beneficial to have the resources there for when Courtney is ready and wanting to learn even more or if additional, more specific questions arose in the future.

4. How will this simulation experience impact your nursing practice?

This simulation experience had an impact on my nursing practice by informing me what cystic fibrosis is, how it involves multiple body systems, and how each complication is individually handled. In addition to that, this simulation was my first experience with a pediatric client, and I learned how to communicate with a client of school-age. This simulation also conveyed the importance of speaking to and educating both the client and the family so that care and management is optimal.

5. Discuss norms or deviations of growth and development that was experienced during the simulation, including developmental stage.

During this simulation, it was evident that Courtney was small for her age, suggesting that she was falling behind in physical development. Courtney’s parents expressed that she did not have a strong appetite and was a “very picky eater”. Both of Courtney’s parents commented on how “skinny” she is and their concerns about that. Along with this, Courtney’s diagnosis of cystic fibrosis could cause other health issues such as delayed growth and delayed puberty. Cystic fibrosis may also be one of the reasons Courtney is underweight and not wanting to eat an adequate amount of food. However, other than these facts, Courtney seems to be developing normally for a school-age child in terms of mental and personal-social development. For example, Courtney was interested in learning more about her diagnosis and was looking forward to being able to share her new knowledge with her friends and teacher.