

### Scenario 3: Dehydration

- 1) List in order of priority your initial nursing actions identified for Eva Madison based on physical findings and family interaction. The priority for Eva was to rehydrate her. Assess her pain level, breathing pattern and lung sounds, vital signs, check her mucous membrane, make her comfortable, obtain the stool and urine cultures and administer the dextrose 5% in 0.45% normal saline at 62mL/hr and educate them on everything that was going on.
- 2) What complications might Eva Madison face if her symptoms are not recognized and treated in a timely manner? Severe dehydration.
- 3) What measures should be initiated to decrease anxiety in Eva Madison's mother while simultaneously caring for Eva? Explaining to mother and child everything that is being done to Eva and why. Answer all their questions and involve them and provide comfort measures to the child like a stuffed animal and let the mother be involved in the care of her child by letting her participate in some way in the procedures.
- 4) Reflecting on Eva Madison's case, were there any actions you would do differently? If so, what were these actions, and why would you do them differently? Yes, I would do things differently in the manner of being more fluent in my skills. I felt like I was all over the place and forgetting some things. I just want the mother and patient see that I know what I am doing and be more at a flow and not all over the place creating more anxiety on the mother and child.
- 5) Describe how you would apply the knowledge and skills you obtained in Eva Madison's case to an actual patient care situation. This created a great visual for me as to what to do and what to look for in a patient with dehydration. I am so used to focusing on just the patient's needs that in this scenario or involving children that the family member is as a priority. We need to involve them and find ways to do that. It is something I need to work on so the way the simulation would explain to the patient and family member helped me know how to choose my words and talk more professionally.

### Scenario 4: Sickle Cell

- 1) What is the relationship between fluid and oxygen therapy in the treatment of sickle cell anemia? Oxygen therapy may prevent the vaso-occlusion and disruption of tissue oxygenation that often lead to painful crises. Fluid therapy is given routinely as adjunct treatment, regardless of the individual's state of hydration with the aim of slowing or stopping the sickling process and thereby alleviating pain.
- 2) What complications might Brittany Long face if her symptoms are not recognized and treated in a timely manner? Stroke, blood clots can block blood flow to the brain. Seizures, weakness or numbness of her legs, loss of consciousness. Acute chest syndrome can develop high blood pressure in their lungs causing shortness of breath and fatigue. Organ damage, block blood flow to the organs depriving them from blood and oxygen. Blindness and gallstone.
- 3) Document the patient teaching that you would provide for Brittany Long and her family before discharge, including disease process, nutrition, signs and symptoms of crises, prevention of infection and dehydration, and pain management. Sickle cell anemia is the abnormal hemoglobin causes red blood cells to become rigid, sticky and misshapen. Both mother and father must pass the defective form of the gene for the child to be affected. If only one parent passes the sickle cell gene to the child, that child will have the trait. Instruct the parent the importance of fluids. Many foods are also a source of fluid, particularly soups, flavored ice pops, ice-cream, sherbet, gelatin, and pudding. Nutrition wise they should

consume fruits and vegetables and pair them with grains and proteins such as eggs, fish, chicken, meats, beans, tofu, nuts and seeds. They also need plenty of calcium rich foods like milk, yogurt and cheese. Signs and symptoms of crises include severe chest pain, back, or abdominal pain. Fever of 38.5°C or higher, cough, dyspnea, tachypnea, retractions, decline oxygen, severe unrelieved headaches, severe vomiting, jerking or twitching of the face, legs, or arms, seizures, inability to move an arm or leg, change in vision and stutter or slurred speech. Prevent infections by avoid being around other individuals who are sick, and handwashing is a must. To prevent dehydration by providing lots of liquids and liquid form foods like listed above. Record their intake and manage their weight daily. Pain management is an especially difficult problem and often involves experimenting with various analgesics, including opioids, and schedules before relief is achieved. Parent are scared for their child to become addicted so inform them that it is rare, it is just finding the right dose that works for the child.

4) Reflecting on Brittany Long's case, were there any actions you would do differently? If so, what were these actions, and why would you do them differently? Like I have said before, I need to find my groove and not be all over the place. I felt the more I did the simulation the easier the flow became. I noticed the things the RN really focus on before contacting the provider to see what else can be done to ease the child condition.

5) Describe how you would apply the knowledge and skills that you obtained in Brittany Long's case to an actual patient care situation. Informing the patient and family on what they doctor ordered and answering all their questions and concerns. Normal findings and when to contact the nurse for further evaluation. Make them feel they are in good care. Provide comfort for both the patient and family member by providing answers and stuff animals or anything the child is interested to ease their anxiety and pain.