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Scenario 3: Dehydration

1) List in order of priority your initial nursing actions identified for Eva Madison based on physical findings and family interaction. Introduce self to patient and family, identify patient and family, check vital signs and leave pulse ox on for continuous continuous monitoring, checked pain level with FACES scale, assess mucous membranes, listen to heart and lungs, identify patient, ask for allergies, assess IV site, start D5 ½ NS at 62 ml/hr, obtain stool culture and UA, educate parent and patient on condition.

2) What complications might Eva Madison face if her symptoms are not recognized and treated in a timely manner? If Eva's symptoms are not recognized and she is treated, it can lead to greater complications such as hypovolemic shock, and seizures if sodium and potassium get too low.

3) What measures should be initiated to decrease anxiety in Eva Madison's mother while simultaneously caring for Eva? Teaching the mother why you are doing certain interventions and how they will help Eva can decrease the mothers anxiety, as well as teaching her along the way about Eva's condition and things that she can do to help comfort Eva.

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? I thought most of the actions were appropriate, but I would like to have added more time teach and comfort Eva's mother because she is a part of family centered care.

5) Describe how you would apply the knowledge and skills you obtained in Eva Madison's case to an actual patient care situation. After this SIM experience I will make sure to check the mucous membrane of patients that are experiencing dehydration.

Scenario 5: Anaphylaxis

1. List in order of priority your initial nursing actions identified for Charlie Snow based on physical findings and family interaction. Introduce self, identify patient and family member, got vital signs, and pain level with the FACES score, obtained a legal consent from the aunt, asked about any health problems, asked patient about difficulty breathing, listened to lungs, put the non-rebreather mask on so O2 went back up above 94%, phoned provider for orders, asked patient for allergies, identified, and started NS bolus, administered epinephrine, diphenhydramine, ranitidine, and methylprednisolone as ordered, re-checked breathing, provided education to patient and family member.

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2) What complications might Charlie Snow face if symptoms are not recognized and treated in a timely manner? If anaphylaxis is not treated it can lead to blocked airway and death.

3) What key elements would you include in the handoff report for this patient? Consider the situation-background-assessment-recommendation (SBAR) format. I would make sure and include that patient is allergic to peanuts, that his aunt is at the bedside and parent are not here, I would also include the medications that were given and oxygen orders.

4) Reflecting on Charlie Snow's case, were there any actions you would do differently? If so, what were these actions, and why would you do them differently? I would make sure to get vitals as soon as possible and call the HCP as soon as I could in order to get the medicine to help the anaphylaxis as soon as possible.

5) Describe how you would apply the knowledge and skills that you obtained in Charlie Snow's case to an actual patient care situation. I would use the fact that I learned to not just wait on the HCP, but to instead call and make sure I have the things/medicine I need in order to treat my patient. Also, I will remember to always get a consent signed when parents are not there.