

## Scenario 1: Seizure disorder

1) **What priority problem did you identify for Jackson Weber?**

-Jackson Weber had an ineffective airway clearance due to the inability to clear out his secretions.

2) **What complications might Jackson Weber face if safety precautions are not taken during the seizure activity and if treatment is not implemented after the seizure?**

-Jackson's condition could have decelerated downhill. His body could have been injured if no safety precautions were taken, such as the padding. Also, he has the possibility of aspirating if not put in the correct position. If treatment is not given the seizures can occur more frequently.

3) **What key elements would you include in the handoff report for this patient? Consider the situation-background-assessment-recommendation (SBAR) format.**

**-S-** Jackson Weber is a 5-year-old Caucasian male.

**-B** He was diagnosed with generalized tonic-clonic seizures 2 years ago. Upon diagnosis, Jackson's neurologist started him on oral phenobarbital. Jackson has been seizure-free until last night, when his mother brought him to the emergency department following a 3-minute tonic-clonic seizure. She is a single mother and the sole source of financial support. Jackson has not seen his neurologist in 15 months due to his mother's work schedule.

**-A** Jackson was seen by his health care provider this morning and currently has an intravenous infusion in his left arm running D5 NS + 20 mEq KCl/L at 58 mL/hr. He has been eating well, has urine output, and vital signs are stable. His pupils are equal and reactive to light. He is able to move all extremities equally. He is awake and alert and is watching cartoons. His mother is at the bedside.

**R-** To keep monitoring the patient and keep stimulation down. Administer medications as order and all safety precautions up.

4. **Reflecting on Jackson Weber'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 definitely hurry and do my assessments. During the stimulation process, I personally felt that I was slow on checking my patient. As he began to have a seizure, I was panicking a little. I have yet to see a seizure occur in real life and during the

stimulation process showed me that I need to be quick. Having the safety precautions on and turning my patient to his side to avoid him from aspirating.

**4) Describe how you would apply the knowledge and skills you obtained in Jackson Weber's case to an actual patient care situation.**

-I would be on my toes and quickly assess my patient. Making sure the stimulation in the room was down and having all the safety precautions up. The bed in the lowest position and padding up. Education to the family and the patient on what to expect when a seizure occurs. Also, having oxygen readily available.