

1. How should you respond to the nurse?

Incorrect Option: Relational inquiry approach.

Feedback: This is not the correct option. Relational inquiry approach is important as it can help you understand the individual's situation more fully, focus on what is important to them, and collaboratively work with the individual. However, which approach should take priority? Reflect on the oppressive language used by the nurse during the report. What is a better response?

Incorrect Option: Trauma-informed approach.

Feedback: This is not the correct option. A trauma-informed approach involves integrating an understanding of the need for safety, choice and control, and empowerment. However, which approach should take priority? Reflect on the oppressive language (verbal and non-verbal) used by the nurse during the report. What is a better response?

Correct Option: Anti-racist approach.

Feedback: Correct! The focus of an anti-racist approach is acknowledging and working to address power inequities and systemic bias predicated on race as well as unearned privilege that is afforded to non-racialized people.

2. How should you respond to the patient's non-verbal communication?

Incorrect Option: Begin physical assessment.

Feedback: This is not the correct option. The patient's non-verbal behaviours do not align with their verbal behaviours creating mixed messages. It is important to further investigate and address the patient's non-verbal communication. What is a better response?

Incorrect Option: Acknowledge history of depression.

Feedback: This is not the correct option. You should not assume that the patient's behaviour is related to their history of depression. What is a better response?

Correct Option: Explore their feelings.

Feedback: Correct! The patient's non-verbal behaviours have meaning. It is important for the nurse to explore the patient's feelings, using a relational inquiry approach, to understand the patient's situation more fully, focus on what is important to them, and collaboratively work with the patient focusing on their needs.

3. How should you respond to the patient's comment?

Incorrect Option: Encourage patient to talk with parents.

Feedback: This is not the correct option. The patient mentioned they felt their parents did not understand. What is a better response that will establish a trusting therapeutic relationship?

Incorrect Option: Ask the patient to explain what happened.

Feedback: This is not the correct option. Asking the patient to re-explain the incident and disclose their experience can risk re-traumatizing the patient through repeated disclosure. What is a better response that will establish a trusting therapeutic relationship?

Correct option: Refer to confidentiality.

Feedback: Correct! Emphasizing to the patient that confidentiality will be maintained follows a trauma-informed approach, which involves integrating an understanding of the need for safety, choice and control, and empowerment.

4. What is your next action?

Incorrect Option: Educate about arthritis flare-ups.

Feedback: This is not the correct option. Reflect on the patient's medical history of idiopathic juvenile arthritis being followed long-term by the children's hospital. You still need to complete your assessment. What should be your next action?

Incorrect Option: Encourage patient to rest.

Feedback: This is not the correct option. You still need to complete your assessment. What should be your next action?

Correct option: Ask permission to touch for assessment.

Feedback: Correct! Prior to starting the physical assessment, ask permission to touch. Additional steps to inform a trauma-informed assessment include: giving the patient choice regarding how to proceed, explaining what you are doing throughout the procedure, and ensuring privacy during your assessment.

5. What is your priority action based on the assessment findings?

Incorrect Option: Recheck vitals in 15 minutes.

Feedback: This is not the correct option. Although there is a change in vital signs from the report, what should be your priority action? (Note: the current vital signs are: P 101 bpm, BP 98/61 mm Hg, RR 22 bpm, O2 sats 96% on room air)

Incorrect Option: Assess pain.

Feedback: This is not the correct option. Consider how to determine if this change in vital signs is significant. What should be your priority action? (Note: the current vital signs are: P 101 bpm, BP 98/61 mm Hg, RR 22 bpm, O2 sats 96% on room air)

Correct Option: Check baseline values.

Feedback: Correct! The vitals indicate mild tachycardia and mild hypotension. It is important to check the patient's baseline values to determine if vital signs are deteriorating.

6. What is your priority action related to these cues?

Incorrect Option: Increase IV fluids.

Feedback: This is not the correct option. Reflect on the changes in the patient's vital signs. What should be your next action?

Incorrect Option: Lower head of bed.

Feedback: This is not the correct option. Reflect on the changes in the patient's vital signs. What is your priority action?

Correct Option: Call for help.

Feedback: Correct! The patient's blood pressure is decreasing and his heart rate is increasing. Calling for additional help is the priority in this situation. After calling for help, you can increase the IV fluids to help elevate his blood pressure, and lower the head of the bed to assist with circulation, increase venous return to the heart, increase cardiac output, and improve organ perfusion.

7. What is the next priority action?

Incorrect Option: Assess GCS.

Feedback: This is not the correct option. The Glasgow Coma Scale is lower on the priority of the Primary Survey. Reflect on the changes in the patient's vital signs. Which action should take priority?

Incorrect Option: Ask parent to leave.

Feedback: This is not the correct option. Parents should be provided the option to stay in the room. Reflect on the changes in the patient's vital signs. Which action should take priority?

Correct Option: Contact critical care response team.

Feedback: Correct! The patient is going into hypovolemic shock and needs immediate assistance. The priority action is to call the critical care response team to help stabilize the patient and control the bleeding before bringing the patient back to the operation room.

8. What are your respiratory assessment findings?

Incorrect Option: Clear air entry.

Feedback: This is not the correct option. The lung sounds are not clear. Try again.

Incorrect Option: Inspiratory wheezes.

Feedback: This is not the correct option. There are no wheezes. Try again.

Correct Option: Fine crackles.

Feedback: Correct! Fine crackles are audible in the lower lobes during late inspiration and sound like hair rubbing together. Atelectasis occurs when there is partial collapsing of alveoli of the lungs that occurs with majority of clients post-operatively.

9. What is your next action?

Incorrect Option: Inform patient to call if pain increases.

Feedback: This is not the correct option. The patient has received pain medication and did not report any current pain. Reflect on the respiratory assessment findings and interventions required.

Incorrect Option: Reposition patient in supine position.

Feedback: This is not the correct option. Repositioning the patient into supine is not indicated. Reflect on the interventions required according to the assessment findings.

Correct Option: Encourage deep breathing and coughing.

Feedback: Correct! Encouraging deep breathing and coughing exercises and using the incentive spirometry will help remove excess secretions in the lungs, open the alveoli, and increase lung volume.

10. What is your next action?

Incorrect Option: Assess presence of flatus.

Feedback: This is not the correct option. Flatus is part of assessment, however, what is a more important action based on your inspection findings?

Incorrect Option: Encourage activity.

Feedback: This is not the correct option. Activity promotes circulation, however what is a more important action prior to discussing activity based on your inspection findings?

Correct option: Mark the bleeding on dressing (with pen).

Feedback: Correct! It is important to monitor any bleeding that is noted on a patient's surgical dressing. One method to do this is to mark the bleeding with a pen. If the bleeding increases, you will notice it move outside the marked area. This can assist when documenting abdominal assessment findings.

11. How should you respond?

Incorrect Option: Allow for privacy.

Feedback: This is not the correct option. You still need to complete the patient's assessment. What is a better response to this person?

Incorrect Option: Provide patient status update.

Feedback: This is not the correct option. Further information is required before you can disclose about the patient. What is a better response to this person?

Correct Option: Ask about relationship to patient.

Feedback: Correct! Before disclosing information about a patient, the nurse needs to determine the relationship of each person involved with the patient, and if the patient agrees to disclose their personal health information with this individual. It is important to maintain the client's privacy and confidentiality.

1. What was your emotional experience like while participating in this simulation? This simulation made me uncomfortable at many points throughout the process of completion. I have a son that is darker skinned than me with curly coarse hair and I would be shocked if I received report in that manner and then upon assessment to find my patient in such state. There were multiple moments in this simulation that I did not agree with.

2. What did you learn about an anti-racist approach to a nursing assessment? I learned that this approach existed in the workplace. I hope that I do not have to have that conversation with a coworker.

3. What did you learn about assessing a pediatric patient, clinical deterioration, and hypovolemic shock? Pediatric patients crash fast and the importance of assessing every aspect of the patient before coming to a conclusion along with the timely manner of calling for help.

4. How do you incorporate family members/care partners into the care of a pediatric patient? With a patient able to speak their own feelings like our patient here, I would give him the option to communicate or If they would like me to communicate for them. I would explain very simple form what is happening and what is going to happen.

5. Not everyone works their way through this scenario perfectly. What can you take away from the incorrect decisions/responses you may have made? Being allowed to go through responses and correct yourself showed me what and how things look when the wrong assessment is made.

6. How will you apply what you have learned to your future clinical practice? I will work to gain my pediatric patients trust first in order to provide the best care possible or my patients care.

7. What questions remain unanswered for you in relation to this simulation? I do not believe I have any questions in relation to this simulation.