

## Pediatric Case 7: Brittany Long (Core)

### Guided Reflection Questions

#### Opening Questions

How did the simulated experience of Brittany Long's case make you feel?

Although this case might have just been a simulation, this easily could happen in real life. Children do suffer from this type of anemia and do experience crisis episodes, unfortunately. I felt bad for how much pain she was in, but I knew I could provide some comfort and relieve some of her pain, so I felt good with that. Simulations are always fun and a great learning experience. I learned of things that I had forgotten to do so I enjoyed the whole simulation experience.

Describe the actions you felt went well in this scenario.

I felt that the initial assessment went well. I was able to remember universal competencies and begin my focused assessment. I gathered a baseline of her VS and assessed pain so that I could plan my care accordingly. One thing I wish I could have remembered to do was provide her comfort by offering her a toy or offering some type of juice. I knew she was in a lot of pain, so that became one of my first priorities. No child should have to endure such pain if some relieve measures can be taken.

#### Scenario Analysis Questions\*

**EBP** What is the relationship between fluid and oxygen therapy in the treatment of sickle cell anemia?

Fluid is important in treating sickle cell anemia due to the low blood volume. We want to make sure and provide fluids to keep the blood volume up so that there could be sufficient blood flow to the brain. In giving fluids we are trying to avoid a Hypovolemic shock. Replacing electrolytes is also important to keep that balance. Dehydration is another "trigger" for sickle cell anemia, so providing fluids and electrolytes will prevent this. Hypoxia can also trigger sickle cell anemia. We want to make sure to provide sufficient oxygen to avoid further complications such as a crisis. Keeping an increased O<sub>2</sub> saturation level is crucial. This will prevent metabolic acidosis from occurring.

**EBP** What complications might Brittany Long face if her symptoms are not recognized and treated in a timely manner?

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\* The Scenario Analysis Questions are correlated to the Quality and Safety Education for Nurses (QSEN) competencies: Patient-Centered Care (PCC), Teamwork and Collaboration (T&C), Evidence-Based Practice (EBP), Quality Improvement (QI), Safety (S), and Informatics (I). Find more information at: <http://qsen.org/>

Complications that she could incur are other acute exacerbations in addition to VOC. Splenic Sequestration crisis, Aplastic crisis, and Hyperhemolytic crisis are all crisis she can experience alone or with one another. If not treated promptly, painful manifestations can occur. Acute Chest Syndrome is another complication the patient could encounter. This will cause a fever, cough, chest pain, tachypnea, dyspnea, wheezing and decreased O2 saturations.

**EBP** What methods of pain management did you use and what other methods should be considered for Brittany Long, based on the latest evidence-based practice?

Pain analgesics are ordered. These include Tylenol and Ibuprofen for mild to moderate pain. And Morphine for severe pain. If in a hospital setting, these pain meds are usually not PRN meds. They should be administered around the clock to help relieve all the pain experiencing. Some nonpharmacologic ways to help with pain management can be warm compresses to help dilate those blood vessels to get some blood flow going. Finding ways to distract the child can also get their mind off their pain. You could use toys that the patient is interested in or watching their favorite cartoon or even listening to their favorite song/music can help distract their minds.

**PCC/I** What discharge teaching should be provided to assist Brittany Long's mother with her home care?

The number one thing we want to avoid is hypoxia from occurring in the body. Education that I would provide to the mother would be to keep the child well hydrated. I would give her ideas on types of fluids she could provide the child. For example, her favorite juice, popsicles, watermelon, low sodium soups, and to not withhold any fluids at night. I would educate the mother on what signs to watch out for in case the child did become dehydrated. These would include, dry mucus membranes, a low urine output, unexplained weight loss, mottled skin. In warmer weather, make sure to keep the child well hydrated. I would also educate on the importance of the child staying up to date on all their vaccinations. And any psychosocial/emotional support that the patient themselves or the family needed to help manage the care for sickle cell anemia.

**S/QI** Reflect on ways to improve safety and quality of care based on your experience with Brittany Long's case.

Safety measures that can take place are safely managing her pain. Knowing the right dose for her weight is important especially if administering opioid pain medications. We do not want to overdose the patient on drugs such as Morphine, which is usually the drug of choice given in the hospital setting. Good quality care is managing the pain as soon as possible. We do not want the child sitting there and suffering from pain if something can be done about it.

**T&C/I** Identify additional individuals who should be included on Brittany Long's care team.

A child life specialist can become involved in ways to distract the child if the child seems afraid or uncooperative in treatment. Parent of course should be involved as much as they want to in order to promote a better outcome. If Brittany continues to suffer from crisis episodes, an RT could possibly get involved to support oxygen measures. Case management could become involved in helping Brittany's mother with the appropriate resources she may need to better manage Brittany's treatment care. A therapist that could provide counseling or other support groups for emotional support.

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

Situation: Reason for today's visit: C/O RLL pain. Patient self-reports pain at a 10 on scale. Little to no appetite.

Background:

Brittany Long

Admin date: 3/6/22

Female, 5 YOA, DOB: 12/10/2016, African American descent

Height: 116 cm

Weight: 16 kg

NKDA

HX: Anemia- Sickle Cell

Hospitalizations at 3 YOA for fever, at 4YOA for VOC r/t Sickle Cell Anemia

No "triggers" for VOC

Home meds: Acetaminophen, Ibuprofen to manage crisis episode. Folic Acid supplementation

Assessment:

VS checked- emphasis on respiratory rate and oxygen saturation levels.

Pain rate assessed using Faces Pain Scale.

Assessed RLL making sure not to touch since patient did not want anyone to touch d/t being in so much pain.

Provided pertinent education when provided the opportunity to caregiver present.

Recommendation:

Continuous Pulse Ox and O2 supplementation, if needed, to keep O2Sat >94%

Encourage PO fluids

IVF: D5 1/2NS at 52 mL/hr

Meds to manage mild to moderate pain: Acetaminophen Elixr 240 mg PO q6hrs

Ibuprofen Elixr 160 mg PO at 0900 and then q6hrs

For severe pain- Morphine 2.4 mg IV X1 dose

Docusate 100 mg PO qday- liquid

**Q1** Discuss quality-of-care indicators for the management of children with sickle cell disease.

Making sure they receive all the necessary screenings pertinent to the disease.

Treatment demonstration programs to improve access, coordination, and quality of care.

Educating health care providers about the disease, and treatment management.

Providing education to the community about the disease.

### Concluding Questions

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?

One important thing that I forgot to assess before med administration of the morphine was to assess the IV line. Usually, facilities have policies in place, and I got caught up in the simulation that I didn't assess the line or pre/post flush after giving the morphine. I also could have provided the patient or caregiver more education regarding the disease and or treatment.

Describe how you would apply the knowledge and skills that you obtained in Brittany Long's case to an actual patient care situation.

After the simulation was over, it provided me with things that I did well and things that I had forgotten to do. I think it was a great learning experience and I will take into consideration the things that I missed during simulation.