

Pediatric Case 7: Brittany Long (Core)

Guided Reflection Questions

Opening Questions

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

- The simulation felt fun. I could see it being a fun game to play if it wasn't for a grade. I did feel a bit stuck on occasion, and the awkward silences where I was standing at the side of the bed, thinking I had done what I needed to do, was hilarious. Overall, it was very enjoyable.

Describe the actions you felt went well in this scenario.

- When I gave my patient the morphine and it brought down her pain from a 6 to a 0, that felt really good. I remembered to wash my hands, check the wristbands and allergies, educate the patient and family. Overall, it went well.

Scenario Analysis Questions*

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

- In sickle cell anemia, the red blood cells, which are sickled, pile up like a bad car wreck, blocking the vessels, usually in distal extremities. This causes the warmth, swelling, and pain. The fluid helps to open the vessels and help the blood travel to the effected extremity, and the supplementation of oxygen helps ensure each red blood cell that can get past the blockage is loaded with oxygen to deliver to the tissues past the blockage. Together, these help to alleviate pain and prevent damage to the tissues.

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

- Her limb, without blood and oxygen, can die. If she had a blockage in her brain, this could present as a stroke. If the blockage is in her lung, this is a pulmonary embolism and is deadly.

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?

- I first used the stuffed dog as a distraction. After, since her pain was a level 6, I gave her morphine. That dropped her pain to a 0. With severe pain medications are often necessary, but lower doses of medications or non-opioid medications can be used with nonpharmacologic techniques such as guided imagery, blowing bubbles, and distraction.

* 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/>

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

- She could use education recognizing when her daughter is beginning to get into a sickle cell crisis and try to get it resolved before it becomes very painful. As a general rule, everyone should drink plenty of water and stay hydrated, but in people with sickle cell anemia, it's even more important and can help prevent a crisis. A common thought is that someone who becomes tolerant to pain medications and need more are becoming addicted to the pain medication. She could likely benefit from education that this is not the case, and this can help her keep her daughter's pain managed.

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

- I washed my hands when necessary, checked her identity and allergies upon meeting her and before dispensing medication, and the bed (I assume) stayed at the floor level. I was very safe with Brittany.

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

- Primary care physician, pain management specialist, child life, respiratory therapy, hematologist.

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

- 5 year old female, diagnosed with sickle cell disease at 6 months of age, admitted for sickle cell crisis with the right leg affected. It is warm, swollen, and very painful. She has a peripheral IV in her left arm running D51/2 NS at (rate). She received a bolus of NS at 0715, her labs indicated hypovolemia, and that seems to be helping. I gave her 2.2mg morphine at 0700 and that took the pain from a 6 to 0. Her mother is at her bedside, she is on ½ L oxygen nasal cannula, and she has a stuffed dog to pet. She takes small sips of juice, but is uninterested in food. She is not ambulatory at this time, though once symptoms resolve that could change.

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

- Timely assessment, treatment of pain and fever, transfusions, management of disease process and preventing morbidities and mortality.

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?

- If I did it again, I would have given the proper amount of morphine, since I gave 2.2 units instead of 2.4. The morphine still worked, but it was the only thing I got wrong. I'll definitely pay closer attention to that in the future.

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

- I'll be more careful in giving medication, and will do more patient education. There were several awkward silences, and in retrospect, I think those were meant for me to give education to the patient and her mother. Also, if the patient has sickle cell, I'll have a better idea of how to treat them and ease their pain.