Pediatric Case 1: Jackson Weber (Core)

Guided Reflection Questions

Opening Questions

How did the simulated experience of Jackson Weber's case make you feel?

It was stressful. I feel like a missed a thousand steps.

Describe the actions you felt went well in this scenario.

I feel like I handled the actual seizure well, but not the before or after part.

Scenario Analysis Questions[1]

EBP/S What priority problem did you identify for Jackson Weber?

Tonic clonic seizures, putting him at risk for aspiration, injury, or obstructed airway.

EBP 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?

He might face respiratory complications such as aspiration. He also might hurt himself or sustain a head injury.

PCC What should the nurse teach Jackson Weber's mother regarding the ongoing care of his condition?

He needs to adhere to his treatment plan in order to remain safe. This includes regular appointments and staying on top of medication.

PCC/S What seizure precautions should be taken by the nurse in anticipation of and at the onset of Jackson Weber's seizure? How might such precautions vary from hospital to hospital?

Bed padding, suction and oxygen ready to go, no objects in the bed, side lying position. Hospital policies change on moving the patient while they're seizing. Policy also changes on head protection, which affects airway patency.

PCC/S Describe strategies to empower Jackson Weber and his mother in the management of his seizures.

[1] *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/*

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Give them the education they need on keeping him safe. This allows the power to be in the patient's hands.

T&C List potential team members in Jackson Weber's care. (Explain your answer.)

Physician for writing orders, other nurses for bedside help, PT for helping with mobility, OT for helping with safe daily care, speech path for swallowing eval, case workers for medication assistance and home assistance if needed.

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

He has a history of tonic clonic seizures but he's on phenobarbital. He had a loading dose but still had a seizure. He tolerated it well but lost consciousness afterwards. Vitals consistently stable, no pain. He's on 2L NC but was on 15L NRB while seizing. Awaiting further orders.

Concluding Questions

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 assess his neuro earlier and stop second guessing myself. I was waiting for something else to go wrong, which just wasted time.

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

I would assess more diligently on a real patient and I would do things a little differently sequence wise. I would turn them on the their side earlier to allow for drainage, then proceed with oxygen and suction. I would also work a lot faster than this sim nurse. I would also demand more of a response from the HCP.

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