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IM8 Capstone

Janet Pia

Sep, 19th 2022

PICOT Assignment 24

Question:

In critically ill children who have experienced a traumatic event or situation, How does implementing coping intervention bundle strategies compare to only implementing individual coping strategies to reduce the chance of experiencing Traumatic stress (Short or long term) while in your care as a Nurse?

Summary:

The pediatric population can be exposed to a multitude of different stressors. At birth, congenital defects can lead to lifelong treatment. During childhood physical, sexual, and emotional abuse are some of the more known, but others take time to become more apparent. Neglect can take time before it is easily noticed. Children can also experience traumatic grief at the loss of a loved one. However, these stressors happen at home and outside of the home; the child can experience violence at school from other children or domestic terrorism in a school shooting. Big picture, children can also experience natural disasters, terrorism, and wars. (Betts, 2020) McDowell states that even being admitted to the Pediatric Intensive care unit (PICU) can be considered a traumatic stressor regardless of the child's injury or illness. (McDowell 2022)

As the Nurse, we must first recognize the symptoms. McDowell states that due to children of all ages experiencing these events, the Nurse must be able to recognize the symptoms of all ages and gives us a table with many considerations.

In short, start with reviewing for Risk factors such as prior medical history, injuries, or illnesses. Observe the child's behavior, are they withdrawn, fighting all treatment, or showing signs of an irregular sleep pattern (up all night)? School-age to adolescent children can experience four

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symptom clusters. Intrusive symptoms or re-experiencing the trauma (e.g., Recurrent Recollections, Flashbacks, or hallucinations), Avoidance Behaviors (e.g., avoiding reminder of the trauma, denial or numbing "it's not that bad"), Hyperarousal (e.g., sleep disturbances, agitation or irritability, disorganized behavior, hyper-alertness, think of scared cat), Mood dysfunction or decline in cognitive function (change in school performance, emotional numbing, dissociation, think of zombie very flat with no emotions). (McDowell, 2022)

For preschoolers and toddlers, only three symptom clusters can be observed. Re-experiencing, Avoidance behaviors plus negative alterations in cognition and mood, Hyperarousal. (McDowell, 2022)

Once the Nurse has observed the symptoms, the Nurse must be able to provide interventions to mitigate further stress. The National Child Traumatic Stress Network gives us the D-E-F bundle protocol just for this purpose. "D-E-F" Stand for reducing Distress, promoting Emotional Support, and remembering the Family. This is part of their trauma-informed care "After the ABCs (Airway, breathing, circulation), consider the DEFs (Distress, Emotional support, and Family)."

The bundle protocol gives us a table and badge cards to assist care. In short, to reduce distress, you should assess and manage pain, ask about fears and worries, and consider grief and loss. To provide Emotional support, evaluate who and what the patient needs now and the barriers to mobilizing existing support. Lastly, for the Family, assess the parent's or sibling's and other distress, Gauge family stressors and resources, and Address other needs (Beyond just medical). (National Child Traumatic Stress Network, 2019)

The scope review "Early Interventions to Prevent Post-Traumatic Stress Disorder in Youth after Exposure to a Potentially Traumatic Event" compared 27 published articles that targeted children and adolescents ages 1- 20 who received mental health interventions for secondary prevention of PTSD (Post-traumatic stress disorder). The events included "burn

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injuries, falls and sporting injuries, motor vehicle accidents, sexual or physical abuse, medical events, procedures, or treatments, natural disasters, war/conflict/violence, and various accidental and unintentional injuries." (Kerbage, H., Bazzi, O., El Hage, W., Corruble, E., & Purper-Ouakil, D., 2022) After comparing these studies, it was concluded that the interventions and education for both children and family, as well as coping strategies, were efficient in reducing the development of traumatic stress.

Conclusion:

After reviewing all of the referenced materials, it can be concluded that implementing a Bundle protocol such as the D-E-F bundle protocol to reduce the traumatic stress experience while in our care is far superior to only implementing individual strategies. Caring for the whole patient (Family included) is necessary for critically ill children. Implementing one of these strategies only addresses one aspect of the big issue. Exploring children's perspectives in this process is crucial to better understand their adaptation processes and how they are affected by their social context and family relationships. (Kerbage, H., Bazzi, O., El Hage, W., Corruble, E., & Purper-Ouakil, D., 2022) There for, when providing optimal care for ill or injured children and families, nurses should always be aware of traumatic stress reactions that may interfere with the children's health and functioning in their routine clinical encounters. (National Child Traumatic Stress Network, 2019)

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Work Cited:

Primary Reference:

McDowell B. M. (2022). Caring for Critically Ill Children Experiencing Traumatic Stress. *Critical care nurse*, *42*(1), 68–73. https://doi.org/10.4037/ccn2022104

Secondary Reference:

National Child Traumatic Stress Network. Pediatric medical traumatic stress: a comprehensive guide. 2019. Accessed May 1, 2020. https:// www.nctsn.org/sites/default/files/resources/pediatric_toolkit_for_ health_care_providers.pdf

Tertiary Reference:

Kerbage, H., Bazzi, O., El Hage, W., Corruble, E., & Purper-Ouakil, D. (2022). Early Interventions to Prevent Post-Traumatic Stress Disorder in Youth after Exposure to a Potentially Traumatic Event: A Scoping Review. *Healthcare (Basel, Switzerland)*, *10*(5), 818. https://doi.org/10.3390/healthcare10050818