

Jessica Bower, Stevi Ward, Leah Shelley – Glomerulonephritis

Student Developed Simulation Scenario Storyboard	
<p>Identified Problem/Scenario Topic and Related Resources:</p> <p>Acute glomerulonephritis (AGN) in a 10-year-old child following a recent streptococcal throat infection.</p> <p>Linnard-Palmer, L., & Haile Coats, G. (Year). <i>Safe maternity & pediatric nursing care</i> (3rd ed.). Publisher.</p> <p>Deglin, J. H., Vallerand, A. H., & Sanoski, C. A. (Eds.). (2025). <i>Davis's drug guide for nurses (19th ed.) [Mobile app]</i>. F. A. Davis Company. Skyscape.</p>	<p>Scenario Key Points:</p> <ul style="list-style-type: none"> • Recent history of strep (2 weeks ago, untreated) • Presents with cola colored urine, periorbital edema and mild HTN • Elevated labs: BUN/creatinine, hematuria, proteinuria
<p>Case Summary:</p> <p>Patient is a 10-year-old male admitted to peds unit with acute post-streptococcal glomerulonephritis.</p> <p>Symptoms: facial puffiness, decreased urine output, dark tea/cola colored urine, low grade fever mild headache, pale, and fatigue</p> <p>History: recent sore throat (positive strep culture, not fully treated)</p> <p>Assessment: preorbital edema, elevated BP, urinalysis, administer meds, educate</p>	<p>Expected Interventions of Students: (Minimum of 5 required.)</p> <ul style="list-style-type: none"> • Focused assessment (vital signs, edema, urine characteristics) • Maintain strict I&Os and daily weights • Educate parent/patient on fluid and sodium restriction • Administer ordered diuretic medication • Provide comfort and emotional support • Communicate findings to provider • Encourage rest

<p>Supplies:</p> <ul style="list-style-type: none"> • Vitals (BP cuff, temp, pulse ox) • Urine collection/sample • MAR and lab results 	
<p>Medications: (Include drug name, dosage, route, and concentration for scenario)</p> <ul style="list-style-type: none"> • Furosemide 2mg/kg as a single dose PO • Acetaminophen 10mg/kg per dose every 6 hours as needed 	<p>Support Person: (Only complete if you want a support person)</p> <p>Who is the person to the patient? Mother</p> <p>Questions/Responses for Support Person:</p> <p>“How did he get this? We thought it was just a sore throat and went away, what does this have to do with his urine?”</p> <p>“His sore throat a few weeks ago was likely strep, and sometimes the body’s immune response to that infection can inflame the kidneys. This irritation makes the kidneys leak blood and protein into the urine, which is why it looks brown, but with monitoring most children recover well.”</p>
<p>NCLEX Questions</p> <p>1. A child with acute glomerulonephritis is most at risk for which complication?</p> <ol style="list-style-type: none"> a. Hypotension b. Pulmonary edema c. Hyperglycemia d. Hypokalemia <p>Answer: B – Pulmonary edema</p> <p>Rationale: Fluid overload and hypertension are common due to decreased renal filtration.</p> <p>2. Which nursing intervention is priority for a child admitted with acute glomerulonephritis?</p> <ol style="list-style-type: none"> a. Encourage increased fluids b. Weigh the child daily c. Administer high protein diet d. Monitor blood glucose <p>Answer: B – Weight the child daily</p>	

Rationale: Daily weights give the most accurate assessment of fluid balance.

Debriefing Questions:

- 1. What assessments indicated fluid overload, and how did you prioritize interventions?**
- 2. How would you explain the connection between the child's untreated strep infection and current symptoms to the parent?**

