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Pediatric Pneumonia: Student Simulation

<p>Identified Problem/Scenario Topic and Related Resources:</p> <p>Pediatric Respiratory Distress d/t Pneumonia</p> <p>Textbook Chapter 30</p>	<p>Desired Overall Goals:</p> <ol style="list-style-type: none"> 1. Recognize Risk Factors for Pediatric Pneumonia 2. Identify Respiratory Distress 3. Intervene Appropriately 4. Respiratory Distress Resolves
<p>Case Summary:</p> <p>A 7 year old male patient comes to the ER with his mother. Mother reports a history of influenza in the last week, fever, copious amounts of green sputum, cough, shortness of breath, decreased intake, and fatigue. CXR reveals bilateral lung infiltrates, indicating a secondary infection of pneumonia.</p>	<p>Expected Interventions of Students:</p> <ol style="list-style-type: none"> 1. Receives bedside report 2. Assesses patient - VS and focused assessment. 3. Recognize decreased O2 sats, nasal flaring, retractions, tripodding. 4. Performs nasopharyngeal suctioning 5. Administer appropriate oxygen therapy 6. Encourage deep breathing 7. Call rapid response team 8. SBAR communication 9. Administer prescribed breathing treatment, antibiotics, and antipyretics 10. Communicate effectively with family 11. Educate family appropriately
<p>Initiation of Scenario:</p> <p>Patient in bed, stable condition. Hand off report received. Fluids are running at 71ml/hr. Patient reports shortness of breath and has an increased fever.</p>	<p>First Frame: Nurses introduce themselves to the patient and mother. Begin focus respiratory assessment and VS. VS change: decreased SpO2 and increased temperature. Patient sitting on side of bed in a tripod position with nasal flaring and retractions. Patient has difficulty clearing secretions.</p>
<p>Second Frame: Perform nasopharyngeal suctioning, administer oxygen through NC or non-rebreather, and encourage cough and</p>	<p>Third Frame: Physician orders breathing treatment of albuterol and consult to pediatric pulmonologist. Readback performed, patient</p>

deep breathing. Primary nurse calls for help, the charge nurse calls the physician, and gives the SBAR report.	identified and medications administered appropriately.
Scenario End Point: Patient responds to breathing treatment and respiratory distress resolves. Nurse communicates and educates the family on medications, pneumonia and its prevention.	Debrief Questions: 1. What signs and symptoms did you notice as respiratory distress? 2. What was a risk factor for getting a secondary infection of pneumonia?

Patient Report: A 7 year old male came into the ER yesterday with his mother. Mother reports he had the flu about a week ago. Mother reports fever, copious amounts of green sputum, cough, shortness of breath, decreased intake, and fatigue. Patient has an IV in his left forearm with NS running at 71 mL/hr. He hasn't picked at it. Patient is resting in bed with his mother beside him. His last set of vitals were okay. I did his head to toe assessment. I don't really remember it. The doctor ordered a chest X-Ray and a culture of his secretions. It's in the chart. I think he has pneumonia.

Additional Information/Medical History:

Patient data:

DOB: 10/31/XX

MR#:2345678

Prior medical history: Influenza a week ago

Allergies: NKA

Social history: Lives at home with mother, father and 9 other siblings in a small studio apartment in town. Lives right down the road from their public school. Father works as a janitor at the school, mother is a stay at home mom. Mother is a 2 pack per day smoker just to relieve the stress her 9 children give her.

Physician's Orders

Name: Ben Cryin Date Ordered: XX/XX/XX ORD PHYS: Dr. FeelGood Attending: Dr. FeelGood Age: 7 years old	Status: Signed Room:1031 DOB:10/31/XX Date:XX/XX/XX
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Date/Time	XX/XX/XX XXXX
	Admit to PICU
	Diagnosis: Viral Pneumonia
	VS Q2h
	Activity: as tolerated
	Diet: Regular diet as tolerated
	I&O Q2h
	IV: Left forearm. NS at 71 mL/hr
	Medications: Amoxicillin, Tylenol, (albuterol, after call provider)
	Oxygen to maintain stats above 93%
	Yanker suction PRN
	Dr. FeelGood

HGB/HCT	Admission
HGB	20 g/dL
HCT	55%

CMP	Admission
Na	127 mEq/L
Cl	100 mEq/L
K	3.7 mEq/L
BUN	25 mg/dL
Creatinine	0.5 mg/dL
Blood Glucose	90 mg/dL
Blood pH	7.35

