

This simulation relates to the course by providing information on abusive head trauma in children. The simulation went in depth on the different types of hemorrhages associated with abusive head trauma and how they are caused. In addition to the different types of hemorrhages, this simulation also provided information on diagnosis and management of abusive head trauma.

One way this clinical site impacts pediatric health by providing general information about the different types of hemorrhages associated with abusive head trauma. Being able to identify the type of hemorrhage is important in the diagnosis and treatment of the hemorrhage. Another way this clinical site impacts pediatric health would be explaining some causes of retinal hemorrhages in children. Among these causes include motor vehicle accidents, CPR, birth trauma, and osteogenesis imperfecta type 1 (DeSignore et al., 2017). Understanding possible causes of retinal hemorrhages is important when a nurse is considering whether or not to consider the cause of retinal hemorrhage to be due to physical abuse (DeSignore et al., 2017). Another way this clinical site impacts pediatric health is by providing information regarding physical abuse of children. By providing this information, a physician can interpret whether or not they believe the child is at risk for physical abuse or not (DeSignore et al., 2017). If the child is considered to be a risk for physical abuse, the physician may also provide a screening to other family members or siblings who may also potentially be a victim of physical abuse (DeSignore et al., 2017).

The population served during today's simulation was children. One health risk of children based on the observations I made today would be abusive head trauma and its effects. Some detectable forms of abusive head trauma include intracranial, retinal hemorrhages, and ocular morbidity (DeSignore et al., 2017). Because abuse is difficult to diagnose without using radiographic findings or a confession from the abuser, understanding the risks for abuse is extremely important. Some risk factors that may increase a child's likelihood for being abused include having a physical disability, having a mental illness, family stress, domestic violence within the family, living with a single parent, being unemployed, or living in poverty (Child Abuse, 2018).

A nursing diagnosis for abusive head trauma would be: risk for trauma related to environment as evidenced by evidence of physical abuse of the child (Martin, 2007). A measurable goal is that the child will not experience abuse or maltreatment by parents or other offenders (Martin, 2007). One nursing intervention that could be used to achieve this goal would be to assess the abuser for violent behavior or abusive patterns (Martin, 2007). This intervention can help to determine warning signs of child abuse. A second nursing intervention that could be used to achieve this goal would be to collect and maintain documentation of all objective observations made by the nurse (Martin, 2007). The documentation of these observed conditions can be used if there is legal action taken in regards to the child abuse. A third nursing intervention that could be used to achieve this goal would be to inform the parents of follow-up care the child will need to evaluate the child's progress (Martin, 2007). This helps promote emphasis on the child's overall care and prevention of future recurrent abuse.

The knowledge I gained during this simulation will allow me to become a better caregiver. Now that I am more aware of the risk factors and signs of child abuse, I feel more prepared to give my patients the best possible care. This simulation taught me what can cause

abusive head trauma and what can come as a result of that. Because of this simulation, I have learned to pay closer attention to detail in regards to the wellbeing of my patients.

## References

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