

Abusive head trauma debriefing questions

1. How does this virtual simulation relate to the course?

This virtual simulation relates to the course because, in nursing and other careers involving children, child abuse is common. Head trauma or "shaken baby syndrome" occurs often. As future nurses, we need to be prepared to see a child who has been abused and recognize these signs. In pediatrics, abusive head trauma is an issue that needs to be known. For example, we need to understand what abusive head trauma (shaken baby syndrome) is, prevent it, and educate parents about abusive head trauma. Prevention of abusive head trauma should be taught to all parents because parents do not have to be "abusive" to shake their baby accidentally.

2. Name 3 ways this clinical site impacts pediatric health.

This clinical site impacts pediatric health because it helps medical professionals understand details about abusive head trauma, educate parents on prevention and signs to recognize, and handle the situation. If abusive head trauma can be prevented, this could save thousands of children's lives. Understanding the risks and knowing how to prevent trauma could reduce the number of occurrences. Teaching parents about the consequences of shaking a baby can also help them realize how serious this subject is. As healthcare workers, it is essential to recognize signs of shaken baby syndrome like irritability, vomiting, a change in demeanor, or even crying.

3. What are the health risks of the population served during today's simulation based on your observations today? There are long-term health risks for a child who has had abusive head trauma. The main risk is the death of a child who is shaken or suffered head trauma. A child who has suffered head trauma can also experience vision problems, developmental delays, physical disabilities, and even hearing loss (CDC, 2020). These risk factors are high because a parent does not have to be classified as "abusive" for them to shake their baby. If a parent is exhausted or irritable, they may be at an increased risk of losing their temper and shaking their baby. It is important to teach the parent about these risks.

4. Choose one of the health risks identified in question 3 and develop a plan of care to address this. Include a nursing diagnosis, a measurable goal, and at least 3 nursing interventions to achieve this goal. This topic's significant health risk is the risk of abusive head trauma. The nursing diagnosis is the risk of trauma. This diagnosis aims to provide teaching to the caregivers to reduce the risk of trauma. To reduce the risk of trauma, the three interventions would be; educate the parents on things they can do to prevent abusive head trauma, the signs to look for in their child if they have undergone damage, and what to avoid to prevent abusive head trauma. "Economic influences may have confounded studies of the effectiveness of prevention through educating parents about crying and shaking. Early studies reported 47% and 78% reductions in AHT admissions pre- to post-implementation" (Barr et al., 2018).

5. How will your knowledge gained during this simulation impact your nursing practice?

Through this simulation, I learned that abusive head trauma is way more common than I initially thought. Head trauma is common because not all parents are abusive; they lose their temper for a second, and irreversible damage can be done. This is a tragedy that can be prevented. It is important to teach new mothers/caregivers about the risk factors with head trauma. It is also essential to know about the consequences of an action that can be unintentional. These children can experience long-term effects and can become permanently disabled. Understanding that trauma can also be intentional is a hard pill to swallow but necessary.

Citations:

Center for Disease Control and Prevention. (2020, March 5.) *Preventing abusive head trauma in CHILDREN | CHILD abuse and Neglect | violence Prevention | Injury Center | CDC.*

<https://www.cdc.gov/violenceprevention/childabuseandneglect/Abusive-Head-Trauma.html>.

Barr, R. G., Barr, M., Rajabali, F., Humphreys, C., Pike, I., Brant, R., Singhal, A. (2018). Eight-year outcome of implementation of abusive head trauma prevention. *Child Abuse & Neglect*, 84, 106-114. <https://doi.org/10.1016/j.chiabu.2018.07.004>