Abusive Head Trauma Virtual Simulation

Debriefing Questions

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

   According to the course catalog description of this course found in the syllabus, students will explore nursing care for infants, children, and adolescents (King, 2020). The material covered in this virtual clinical primarily concerns the infant population; abusive head trauma typically occurs in children younger than one year (DelSignore et al., 2017). Furthermore, understanding how to recognize and respond to abusive head trauma cases is in alignment with the course learning objectives stated in the syllabus (King, 2020). For instance, one objective provides that the student should be able to meet the age-appropriate needs of pediatric clients by mastering professional behaviors within legal and ethical standards (King, 2020). Healthcare professionals, including nurses, have a legal and ethical obligation to report suspected abuse (Child Welfare Information Gateway, 2019, as cited in Ricci et al., 2021). With consideration to the above, this clinical experience has direct relevance to the course.

2. Name **3** ways this clinical site impacts Pediatric health.

   This clinical experience improves student understanding of abusive head trauma in three discrete domains: identification, response, and prevention. Regarding identification, the course discusses common findings associated with abusive head trauma. Broadly, these include traumatic injury of the brain, spine, eyes, and skeleton (DelSignore et al., 2017). Specific examples include subdural and retinal hemorrhage. Per the course, subdural hemorrhage and retinal hemorrhage are observed, respectively, in 77-89% and 50-95% of abusive head trauma cases (DelSignore et al., 2017). Concerning response, while diagnostics and referrals will depend on the individual case when abuse is suspected, the involvement of external social services agencies is always indicated to protect the child's health (Del Signore et al., 2017). Finally, regarding prevention, a key finding is that crying is a frequent precipitant in cases of abusive head trauma (DelSignore et al., 2017). Thus, it is critical to ensure parents and expecting parents have access to education that empowers them to effectively console crying infants (DelSignore et al., 2017; Alshahrani et al., 2018).

3. What are the health risks of the population served during today's simulation based on your observations today?

Some specific risks related to abusive head trauma raised in the course include subdural hemorrhage, retinal hemorrhage, skull fracture, and hypoxemic ischemic injury (DelSignore et al., 2017). Furthermore, victims of abusive head trauma may experience lasting physical and cognitive effects, including epilepsy, cerebral palsy, speech and language impairment, developmental delays, and behavioral problems (Del Signore et al., 2017). In one study, researchers observed that a lack of subsequent dysfunction occurs in less than 35% of abusive head trauma survivors (Jacobi et al., 2010, as cited in Alshahrani et al., 2018). It should not escape attention that the risk of mortality is considerable; abusive head trauma accounts for approximately half of all serious and fatal traumatic brain injury cases in children under two years old (Cartocci et al., 2021). According to Duncea et al. (2017), as many as 40% of abusive head trauma victims die because of their injuries.

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.

The selected health risk for this plan of care is subdural hemorrhage. I have chosen "decreased intracranial adaptive capacity related to traumatic brain injury as evidenced by diagnostic imaging consistent with hemorrhage" as a nursing diagnosis (Gulanick & Myers, 2017). An appropriate and measurable goal for this patient is that their intracranial pressure will be less than or equal to ten mmHg as measured by ventriculostomy catheter before the end of their hospital stay. One immediately obvious nursing intervention relevant to the client's goal is for the nurse to monitor for and report intracranial pressure readings greater than 10 mmHg lasting longer than 5 minutes (Gulanick & Myers, 2017). A second intervention appropriate for the stated goal is that the nurse will keep the client's head of bed elevated 30 degrees (Gulanick & Myers, 2017). Finally, the nurse should administer mannitol as ordered (Gulanick & Myers, 2017).

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

Given a significant risk of associated morbidity and mortality, an important impression this course has left me with is that prevention of abusive head trauma is far better than dealing with a case of abusive head trauma after it has happened (DelSignore et al., 2017). Fortunately, research has brought light to associated factors that allow healthcare providers to mitigate the risk of abusive head trauma through educational interventions (DelSignore et al., 2017). Specifically, we know that parental inability to effectively console a crying infant is a frequent precipitating factor (DelSignore et al., 2017). Because abusive head trauma occurs across

socioeconomic, ethnic, and geographic demographics, making preventative education standard strikes this student as an effective and low-cost way to reduce its incidence (DelSignore et al., 2017). While I do not intend to work in pediatrics or an emergency setting per se, I also acknowledge that it is possible, if not likely, that I will encounter clients who are parents or expect to become parents. In such cases, I intend to refer clients to available resources such as parenting skills classes.

References

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Cartocci, G., Fineschi, V., Padovano, M., Scopetti, M., Rossi-Espagnet, M. C., & Gianni, C.
   (2021). Shaken baby syndrome: Magnetic resonance imaging features in abusive head
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DelSignore, L., Silvera, M., & Mantagos, J. (2017, November 2). *Abusive head trauma* [Online
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Duncea, R. M., Apostol, I., Calota, R. G., & Belis, V. (2017). Forensic and clinical diagnosis in
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Gulanick, M., & Myers, J. L. (2017). *Nursing care plans: Diagnoses, interventions, & outcomes*
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Debriefing Journal Rubric

Minimum Words: 100 per question

CRITERION	POOR	FAIR	GOOD
-Concise and Complete *Total Weight- 3 points*	- Content is incomplete. - Major points are not clear and /or persuasive **Weight-1 point**	- Content is not comprehensive and /or persuasive. - Major points are addressed, but not well supported. - Research is inadequate or does not address course concepts. **Weight- 2 points**	- Content is comprehensive, accurate, and persuasive. - Major points are stated clearly and are well supported. - Content and purpose of the writing are clear. **Weight- 3 points**
Thoughtful Reflection- How will this affect your practice or will it? *Total Points- 10 points*	- Paper lacks many elements of correct formatting. - Paragraphs are inadequate or excessive in length. -Unspecific as to how simulation meets learning objectives. **Weight- 1 point**	- Paper follows most guidelines. - Paper is under word length. -Lacks some specifics as to how simulation meets learning objectives. **Weight-5 points**	- Paper follows designated guidelines. - Paper is the appropriate length as described for the assignment. -States clearly as to how simulation meets learning objectives. **Weight-10 points**
APA Format Correct spelling/Grammar. **At least 1 scholarly reference required.** *Total Weight- 10 points*	-Lack of APA format. -Paper contains numerous grammatical, punctuation, and spelling errors. - Language **uses jargon or conversational tone** -Lack of APA citation use and Reference page if references used. **Weight- 1 point**	- Inappropriate APA format. - Paper contains few grammatical, punctuation and spelling errors. - Language lacks clarity or includes **the use of some jargon or conversational tone**. -Inappropriate APA citation use and Reference page if references used. **Weight- 5 points**	-Correct APA format. -Rules of grammar, usage, and punctuation are followed; spelling is correct. - Language is clear and precise; sentences display consistently strong, varied structure -Correct APA citation and reference page if references used. **Weight- 10 points**
Paper submitted to dropbox within 72 hours of the simulation experience. *Total Weight- 2 points*			-Paper submitted to dropbox on time. **Weight- 2 points**

Total Points: _____