

Debriefing Guide

Pediatric Case 1: Brittany Long (Core)

Opening Questions

1. How did the simulated experience of Brittany Long's case make you feel?

This simulation took me a while to get used to it. There were many parts of the simulation that was available for the client, which she did not need, so errors occur more quickly. I took my time and read over the MAR before starting the simulation, especially the provider's orders, to prevent mistakes. The simulated experience on Brittany Long's case made me feel confident in determining my initial focused assessment needed to be to make Brittany comfortable. By the end of the simulation, I feel more prepared in what I have to do in a real-life client setting and pediatric clients with sickle cell anemia.

2. Describe the actions you felt went well in this scenario.

The actions I believe I did well was my nursing intervention because they are age-appropriate for Brittany. I also entered the room and introduced myself. I washed my hands and verified the client and the adult in the place, assessed the client, and asked for her pain level using the FACES scale. She reported a 3/5 and appeared to be in pain. I got her vitals and checked her legs. I offered the client a drink and a stuffed animal, which she accepted. I then phoned the provider for further orders. I also felt like her pain management went well because her pain began as a 3/5, and after the intervention, it was 0/5.

Scenario Analysis Questions¹

3. What is the relationship between fluid and oxygen therapy in the treatment of sickle cell anemia?

Dehydration is often a precipitating factor in sickle cell crisis. Assessment for signs and symptoms of dehydration is critical, particularly in young children, whose fluid stores rapidly deplete. If oral fluids are not meeting the child's fluid requirements, IV fluids are necessary. Hydration is essential to prevent further VOC and complications of SCD and to provide relief of pain. Acute chest syndrome can develop in children with sickle cell

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crisis. Immobile clients are at higher risk for this complication. We must be monitoring the oxygen, informing the child and parents on the use of incentive spirometry, proper hydration, early recognition of a crisis, and educating them on how these are imperative in preventing respiratory complications and failure.

4. What complications might Brittany Long face if her symptoms are not recognized and treated promptly?

Complications that Brittany Long will face if her symptoms are not recognized and treated on time include developing ulcers in her leg, restrictive lung disease, retinopathy respiratory failure, and delayed puberty. Also, necrosis can occur since blood flow may be interrupted or reduced. Clients with SCD are at high risk for acute and chronic complications that result in disability or death. A severe vaso-occlusive crisis, the most common complication of SCD, results from tissue ischemia related to vascular occlusion. Vaso-occlusive is excruciating pain-usually of sudden onset. Tissue ischemia, inflammation, and infarction from vessel occlusion lead to organ damage can also occur if not treated promptly.

5. Based on the latest evidence-based practice, what methods of pain management did you use, and what other ways considered for Brittany Long?

Brittany Long's pain management included ibuprofen in the emergency room and morphine when she got to the floor for pain. PCA pump is also available if she has severe discomfort. Mild to moderate sickle cell crisis medication consists of NSAIDs and oral opioids. Other methods for pain management include applying heat to the extremity to help improve circulation and blood flow. Physical therapy helps reduce strain and restore fluid movement that helps alleviate pain. Relaxation techniques, such as deep breathing, decrease the effects of stress on her mind and body. Guided imagery helps the body lower circulating stress hormones; distraction techniques ease the pain when focusing her attention on something else.

6. What should discharge teaching provided to assist Brittany Long's mother with her home care?

Her mother needs to be aware of possible warning signs of infection, such as fever or shortness of breath. Watch out for swelling of her hands, feet, or belly. Look for signs of dehydration, check legs for ulcers as well as the eyes for yellowing. Her mother should encourage the client to be active and drink plenty of fluids. Her mother should have analgesics on hand for pain management. Her mother also needs to be educated on the use of incentive spirometry. If the client is immobile, she is at a higher risk for complications, so monitoring her oxygen is essential.

7. Reflect on ways to improve safety and quality of care based on your experience with Brittany Long's case.

Having direct protocols in place for the vaso-occlusive crisis is a way to improve safety and quality care, following guidelines for every client who comes in with one and ensures that they are seen in a timely fashion and medicated for pain. Other ways to improve safety and quality of care for Brittany Long include managing her discomfort and ensuring she has assistance if she needs to use the bathroom. Keeping her bed in a low position and giving her a toy to make her feel comfortable improves quality care for the client. Encouraging relaxation techniques, such as deep breathing, is another way to improve quality care by reducing discomfort without medication use.

8. Identify additional individuals who should include on Brittany Long's care team.

Additional individuals on Brittany Long's care team include her family and friends, a social worker, a physical therapist, and a pharmacist. Family and friends are available for support and comfort to help her get through her illness. She can benefit from having a social worker for advice, support, and resources to help solve her problems. A physical therapist will teach her and her family how to prevent and manage her condition, such as techniques to promote the ability to move, reduce pain, restore function, and prevent disability. A pharmacist will prepare and dispense her prescriptions and ensure her medication and disease are correct and counsel her on the safe and appropriate use of the drug.

9. What key elements would you include in the handoff report for this patient? Consider the situation-background-assessment-recommendation (SBAR) format.

Brittany Long is a five-year-old African American with sickle cell disease. She came to the emergency room with an acute vaso-occlusive pain crisis and had Tylenol and ibuprofen, a bolus of normal saline administered per doctor's order, and 2 mg morphine. The client is comfortable and expects a reduction of pain within 20 minutes. Her vital signs are typical. Her level of discomfort is currently 0/5 after receiving morphine, continuous pulse ox and O2 NC, and right lower leg are warm. Continue monitoring pain and vital signs and continue providing education about sickle cell disease and what to do in crisis and prevention.

10. Discuss quality-of-care indicators for the management of children with sickle cell disease.

Children with sickle cell disease are at risk for severe morbidities and early mortality; thus, routine healthcare maintenance, timely assessment for pain and fever, comprehensive planning, penicillin prophylaxis, and acute or chronic care are vital for the client's health. Parents should learn physical assessment skills to avoid vaso-occlusive

complications, treat pain, and administer prophylactic antibiotics. Survival of children with Sickle Cell Disease has been improved widely through the prevention of bacterial infections. Preventive measures include screening, protective vaccinations, teaching caregivers to recognize early signs of illness, and prompt treatment of suspected infections. Well-child visits for growth monitoring, immunizations, and counseling on preventive health measures must supplement specific information about Sickle Cell Disease.

Concluding Questions

- 1. Reflecting on Brittany Long's case, were there any actions you would do differently? If so, what were these actions, and why would you do them differently?**

The action I would do differently is to assess Brittany Long's IV site. I would have given her a dose of morphine before speaking with the provider since it was already available since she complained of pain. I would have listened to her lungs since Sickle Cell Disease clients can result in lung injury, breathing difficulty, and low oxygen. I should have auscultated her lungs because children with Sickle Cell Disease are also known to have abnormal pulmonary function tests. I did not get the chance to assess for the presence of any infectious process since clients with Sickle Cell Disease are susceptible to infections.

- 2. Describe how you would apply the knowledge and skills obtained in Brittany Long's case to an actual patient care situation.**

Being able to experience Brittany Long's case virtually, I now have a better understanding of what to look for in a client with sickle cell disease, especially in pediatric clients. I now know that the priority assessment would be chest and respirations, then examine the extremities and give pain medications and fluids as ordered. I also know that oxygenation, IV therapy, and pain management are essential to patient care. Pain management should include four stages: assessment, treatment, reassessment, and adjustment. I know that I need to perform a rapid assessment to determine pain characteristics, location, intensity, and associated symptoms. I can apply this newly acquired information to real-life patient care.