

## Debriefing Guide

### Pediatric Case 2: Jackson Weber

#### Opening Questions

1. How did the simulated experience of Jackson Weber's case make you feel?

Jackson Weber's lab results indicate that he has not been taking his phenobarbital as prescribed. His phenobarbital level was at an 8mcg/mL and should have been 15-30mcg/mL. Jackson's mother reports his last visit to the neurologist was 15 months ago. Phenobarbital is a CIV prescription, so it cannot be filled more than six months after the previous appointment. The vSim mentions in a couple of ways that Jackson's mother is single and the sole financial supporter for the family. Copays for appointments and phenobarbital can make this medication challenging to obtain. This vSim made me feel helpless due to limited options. In a real scenario, I could reach out to case management and social services to help his mother pay for medications.

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

This simulation made me feel more pressed for time than the previous scenario. The added sense of urgency made it feel more life-like. I had to remember to turn the patient, call for help, administer oxygen, and remove risks for injury surrounding the patient. There were more provider's orders in the electronic health record (EHR), which gave me a chance to read and figure out what interventions were appropriate. One example of this was an oxygen order for 2L via nasal cannula if Jackson's SpO2 dropped below 93%. The EHR had another order to place Jackson on a nonrebreather mask at 100% supplemental oxygen at 12-15LPM if his O2 saturation dropped below 86%.

### Scenario Analysis Questions

1. What priority problem did you identify for Jackson Weber?

The priority problem for Jackson Weber was making sure that his airway and breathing were maintained. The provider put in an order for oxygen administration via nasal cannula if the client's SpO2 dropped below 93%. Jackson's oxygen dropped to 88% during his seizure, and I administered the oxygen as soon as his seizure activity subsided.

His labs indicated a low level of phenobarbital. This value shows that Jackson was not receiving his seizure medications as prescribed. I would also consider this lack of medicine a priority because until Jackson gets his phenobarbital, he will continue having seizures. I would ask Jackson's mother if she had a theory on why his levels are so low. I could involve other providers to ensure Jackson had his medications available.

2. What complications might Jackson Weber face if safety precautions are not taken during the seizure and if treatment is not implemented after the seizure?

If someone does not turn Jackson onto his side during the seizure, there is a chance of aspiration on vomit or mucous, which can lead to death. Keeping the side rails up keeps Jackson from rolling onto the floor during a seizure, which has the potential for serious injury. Placing Jackson's patient bed in its lowest position is also a good safety measure for seizure patients to prevent falls. After the seizure, Jackson will need oxygenation as his brain recovers. He will likely go into a deep sleep during his recovery period, and he should be watched but not bothered (John's Hopkins Medicine, 2020).

3. What should the nurse teach Jackson Weber's mother regarding the ongoing care of his condition?

The nurse should teach Jackson's mother about the importance of taking prescribed medications at the same time every day as ordered. If Jackson does not receive his medicine as specified, he will continue to have seizures. His mother should watch him closely when he is swimming. Jackson should always wear a helmet and padding if he is riding a bike. If Jackson does have a seizure, his mother needs to turn him onto his side and remove any toys or items around him that could cause injury. She should lower him carefully to the floor and avoid putting anything into his mouth. If Jackson's seizures last longer than one minute, his mother should call 911.

4. What seizure precautions should be taken by the nurse in anticipation of and at the onset of Jackson Weber's seizure? How might such precautions vary from hospital to hospital?

Bed rails should be raised and padded to prevent injury during a seizure. Nurses should remove all loose items from the bed and keep wires and tubes to a minimum. The nurse should place the bed as close to the floor as possible.

Some high-risk items for seizure patients might include books or small toys that could be rolled onto if a seizure occurred. Hospitals might have a cart of things that could be placed next to the bed just for seizure patients. This cart might include movies, video games, and animal-shaped pillows that can cheer these patients up. Another opportunity might be to use wireless monitors for continuous O2 monitoring to reduce the number of cords.

5. Describe strategies to empower Jackson Weber and his mother in the management of his seizures.

Jackson can still participate in many activities. His mother will need to watch Jackson closely if he is swimming or climbing. He will need to wear a helmet and pads if he is on a bike, and he will need to wear a medical alert bracelet while participating in these activities. The two of them can make decisions about what physical activities are important and develop a care plan with the nurse. Support groups that can help with emotional problems and embarrassment are available to Jackson and his mother. Financial assistance is available for Jackson's mother to make sure he can receive his medications as ordered.

6. List potential team members in Jackson Weber's care. (Explain your answer.)

Case management will work with Jackson's mother to get her the medication she needs to keep him from having seizures. A nurse will call the child life specialist to educate Jackson about what is going on in simplified terms. The nurse can help make a follow-up appointment with Jackson's neurologist for follow-up care after discharge. The provider can make sure that Jackson has a new, one-time prescription for phenobarbital before he leaves. The pharmacy will ensure that

Jackson receives the medications on time that he needs to control and prevent his seizures. A respiratory therapist can help maintain Jackson's O<sub>2</sub> levels during and after seizures.

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

S: Jackson Weber is a 5-year old Caucasian male with a known history of tonic-clonic seizures and a prior prescription for phenobarbital. The patient received 50mcg of phenobarbital oral elixir at 0700. He has D5/0.45NS with 20mEqKCl/L running at 58mL/hr. in his left arm.

B: His mother brought him into the emergency department last night following a 3-minute seizure. He had another seizure at 0706 this morning. He has not experienced any seizures in the past two years. His mother reports she is his sole financial support and has been unable to get him into his neurologist in about 15 months.

A: His vitals are: R 16, T 98.0F, P 111, BP 117/79, O<sub>2</sub> 97% on 2L via NC. He rates his pain at a 0 on the FACES pain scale. He has D5/0.45NS with 20mEqKCl/L running at 58mL/hr. in his left arm. His phenobarbital level was an 8mcg/mL.

R: I recommend a consultation with case management to ensure Jackson's mother can get him to appointments and keep him on his medications.

### Concluding Questions

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

I would ask the mother more questions about Jackson's medication regimen. My questions would include, "When was Jackson's last dose of phenobarbital?" "Does he take his medication at the same time every day?" and "Has he missed any doses recently?". These questions can lead to a conversation about hurdles that the mother may be facing. It might be just a child care issue, or it might be a financial problem. She may not understand the importance of continued medication since Jackson has been seizure-free for so long. Education may be all that she needs from a nurse. She might benefit from a support group since she is a single mother dealing with these issues alone.

2. Describe how you would apply the knowledge and skills you obtained in Jackson Weber's case to an actual patient care situation.

This simulation will help me remember to keep bed rails up, bed lowered, and loose items out of the patient's bed. The activity included several teaching points for the mother and patient. Some of these education points include a medical alert bracelet, supervision while doing risky behaviors like climbing and swimming, and wearing helmets and pads on a bike. Taking the medication at the same time every day is essential, too. One of the things I forgot to do the first time I completed the vSim was a call for help. Turning the patient on their sides is the first thing we learned in seizure management. In school, we learned to remove items and lower the patient slowly, but calling for a second person was a point I had missed. I will remember this for future patients.