

Debriefing Guide

Pediatric Case 2: Jackson Weber

Opening Questions

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

This simulation experience of Jackson Weber made me slightly more confident since it is my second time doing a simulation. I thought it was going well at first since I took the time and looked over Jackson's MAR and everything else on the tablet. There are many segments in the simulation that are easily accessible that the client does not need, so mistakes occur frequently. During Jackson's episode, I could not do anything except to wait until the seizure stopped. It is challenging to be able not to do anything for the client while he is seizing. After the simulation, I feel more prepared to help a client in a real-life clinical setting.

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

The actions I believe I did well were entering the room, introduced myself, and washed my hands. I also identified the client, relative, and got legal consent from the client's mom. I got his vitals, assessed his eye movements and pupils. I educated both client and mother. I did a respiratory assessment, checked for normal breathing, and placed a nonrebreathing mask then a nasal oxygen cannula. I also did a cardiac evaluation, checked his pulse at the brachial artery, and listened to his heart. I assessed the client's neurologic status after his seizure to make sure he did not have problems. I then phoned the provider to discuss the client and to see if the provider had new orders.

Scenario Analysis Questions

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

Jackson Weber has a diagnosis of generalized tonic-clonic seizures. His mother brought him to the emergency department after a three-minute tonic-clonic seizure. The priority problem for Jackson is managing his seizure and his safety. An issue for clients with seizures is not knowing when the next seizure will happen or where it will happen. A vital nursing action would be adhering to seizure precautions to prevent the client from getting injured while having a seizure. Seizure precautions include turning the client onto their side, not holding the client down, clearing the environment around the client having the seizure, and timing how long the seizure lasts (Ricci et al., 2017).

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?

Ignoring safety precautions during seizure activity and overlooking the implementation of treatment after the seizure will cause severe complications for Jackson Weber. Safety precautions are essential for clients to avoid injuries. If the padded side rails are not up, Jackson can fall off the bed and add further complications, such as fracturing or breaking his bones. Not removing loose items around Jackson may lacerate him. Not putting him onto his side while having a seizure can cause him to aspirate on his saliva or vomit and obstruct his airway. Implementing treatment after the seizure is vital because seizures can become more problematic and occur more frequently if not treated immediately (Ricci et al., 2017).

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

The nurse should teach Jackson Weber's mother regarding the ongoing care of his condition are seizure management and precautions. These include managing medications and implementing safety measures. Jackson's mother needs to make sure to administer his medication as instructed. Since Jackson is taking phenobarbital, his mother needs to monitor for adverse reactions and monitor his blood medication levels. Jackson's mom should keep in mind that some safety measures include protecting his head from banging against the floor, turning him on his side to prevent aspiration, loosening any restrictive clothing, and staying with Jackson while he is having an episode. The nurse should also encourage Jackson's mom to include the school nurse in providing for his safety in the school setting (Ricci et al., 2017).

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?

Tonic-clonic seizures occur without warning, so the nurse needs to prepare safety precautions before it happens. Seizure safety measures protect the client from harm and bring down environmental stimuli that may set off a seizure. The nurse needs to make sure that the bed has padded side rails, and the bed should be at the lowest position to prevent the client from falling while having a seizure. The nurse should make sure that proper equipment, such as oxygen and suction, are available at the client's bedside. The nurse should also make sure to check for a patent airway. The client should be wearing an ID bracelet that establishes his condition. Precautions vary from hospital to hospital, depending on the type and duration of a seizure (Ricci et al., 2017).

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

Some tactics to empower Jackson Weber and his mother in managing his seizures include avoiding possible triggers that cause his seizures, getting proper sleep, and adhering to his medication regimen. Jackson's mother should encourage and support him by getting more information about seizures, staying positive whenever he has a negative feeling towards his condition, and assisting him in talking about his situation openly. His mother should also motivate him to participate in activities that he enjoys or would enjoy doing. They can even join a support group to share and learn coping strategies about his condition. Also, getting educated on seizure home precautions can empower Jackson's mother to safely take him home without unnecessary equipment (Ricci et al., 2017).

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

In Jackson Weber's care, potential team members include his family and friends, a social worker, a radiologist, neurologist, and a pharmacist. Family and friends are available for support and comfort to get him through his illness. He can benefit from having a social worker for advice, support, and resources to solve his problems. Going to a radiologist can help detect abnormalities in the brain that explain why he is having seizures. Neurologists are also beneficial because they specialize specifically in the brain and nervous system. A pharmacist will prepare and dispense his prescriptions and ensure his medication and disease are correct and counsel him on the safe and appropriate use of the drug (Ricci et al., 2017).

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

Jackson Weber is a five-year-old Caucasian male diagnosed with generalized tonic-clonic seizures two years ago. He has been seizure-free until last night. Jackson's mom brought him to the emergency department due to a tonic-clonic seizure that lasted for three minutes. Jackson has not been able to see his neurologist for fifteen months due to his mother's work schedule. His neuro and vital signs are stable. The client had another episode and is unresponsive. He has no injuries and had a 50 mg phenobarbital elixir before the seizure. He currently has an intravenous infusion in his left arm running D5 ½ NS + 20 mEq KCL/L at 58 mL/hr.

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?**

The action I would do differently is to turning Jackson Weber onto his side during his seizure to avoid aspiration and airway obstruction. I could not figure out how to put the client in a recovery position in the simulation. I should have performed a neurological assessment right after I assessed his vitals. I would have evaluated Jackson's pain level using the FACES scale. I made a mistake in thinking I can skip the pain assessment because I did not believe he was in pain. When giving him oxygen, the oxygen rate was 2 L/min, instead of 10 L/min for the oxygen mask with a reservoir.

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

Being able to experience Jackson Weber's case virtually, I now have a better understanding of what to look for in a client with generalized tonic-clonic seizures, especially in pediatric clients. I now know that I always need to do a pain assessment, even if I believe the client is in pain. I should also double-check for the appropriate oxygen rate for the client. This simulation has made me feel more confident in the safety precautions that I need to take when a client is undergoing a seizure. I also know that I need to be more cautious, aware, and quick to implement clients' treatments.

Reference

Ricci, S. S., Kyle, T., & Carman, S. (2017). *Maternity and pediatric nursing* (3rd ed.).
Wolters Kluwer.