**Hope Dykes**

# Debriefing Guide

## Pediatric Case 3: Sabina Vasquez

**Opening Questions**

1. How did the simulated experience of Sabina Vasquez's case make you feel?

   This simulation made me feel frustrated and helpless. I am frustrated that I cannot see patients in real-life. I am frustrated that this simulation provides limited options for distractions and communication with the patient. It did not offer an opportunity for a translator. If Sabina's mother speaks broken English, a translator will be necessary. I felt sad that, in real-life, children with untreated asthma can suffer from a large variety of complications. Pneumonia is one of these complications, along with status asthmaticus, hypoxia, coma, and death. Some parents do not know what signs to look for in regards to their children's attacks. Early treatment is essential.

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

I enjoyed the ability to give Sabina a stuffed dog as a comfort measure. There were multiple medication orders in this simulation, which provided the opportunity for more practice. I was able to read and administer six different medications from Sabina's orders. These simulations provide an option for hand-washing, checking allergies, and several ways to check vitals. I was able to observe and auscultate the patient's lungs. This simulation also provided some diagnostic x-ray results that showed an interpretation of asthma with effusion in the right lower lobe. The heart rate and oxygenation improved after I placed a nonrebreather mask onto the patient.

## Scenario Analysis Questions[1]

1. List in order of priority your initial nursing actions for Sabina Vasquez based on physical findings and family interaction.

First, I assessed her breathing and airway per the nursing priority checklist. Her SpO2 was at 92% within a few minutes of her arrival. Using the airway, breathing, and circulation prioritization prompted me to put a higher concentration of oxygen on her. I replaced her nasal cannula with a nonrebreather mask per physician's orders. Sabina's heart rate was over 140 when she arrived, so the tachycardia prompted me to call the physician right away after taking some vitals. He ordered a STAT albuterol nebulizer, so that came next. Then, I administered her antibiotics and acetaminophen to fight her presumed pneumonia and reduce her fever.

2. What complications might Sabina Vasquez face if her symptoms are not recognized and if care is not initiated in a timely manner?

Sabina could face serious complications or death if her mother does not manage her symptoms properly. In mild cases, untreated asthma leads to fatigue and stress on the body. During severe asthma attacks, Sabina is not moving oxygen

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throughout her body, and tissues are dying. Sabina's lung could collapse, or she

could go into respiratory arrest. If she goes without oxygen for too long, she could

experience status asthmaticus. Status asthmaticus is an asthma attack that does

not respond to treatment. When the body goes without oxygen, carbon dioxide

levels increase. Sabina could experience hypoxia, which can lead to seizures,

damage to motor skills, coma, or brain death.

3. What actions should be taken to ensure the delivery of appropriate information
   to Sabina Vasquez's mother?

   I could not find an option for a medical translator in the simulation. However, in a

real-life scenario, I would ask about or check the patient's chart for a primary

language. I would provide all written materials in English and Spanish, and I would

use whatever method of translation the hospital provided. Taking this action

ensures that the patient and her mother are getting accurate information to keep

the patient safe. After Sabina's mother had read the document, I would ask her to

explain it to me, using the translator and performing a teach-back method. For

example, I might ask her to show me how to put medication into a nebulizer and

properly administer it to Sabina.

4. Recognizing the acuity of the situation, how would you include Sabina Vasquez
   and her mother in the decision-making process?

   I would use a translator to explain treatments in the most simple, direct

forms of communication. I would ask Sabina's mother for permission to treat her.

Then, I would proceed with oxygenation and nebulization quickly. During

treatment, I would educate Sabina's mother about recognizing and treating

asthma attacks as early as possible. I would explain why Sabina needed

antibiotics and what is happening to her lungs. Imaging, like chest x-rays, would

help me visually explain pneumonia that has started in Sabina's body. Short, simple choices, like whether Sabina would like apple juice or orange juice after her medications, are appropriate.

5. Reflect on ways to improve safety and quality of care based on your experience with Sabina Vasquez's case.

   Asking if English is the patient's primary language would be a first step in providing safety and quality of care. Having the ability to provide atraumatic care through appropriate distractions for Sabina would improve outcomes for the patient and her family. I would give the patient and her mother choices in the treatment options as much as possible. I would provide discharge teaching throughout the encounter from admission until the patient left. I would involve outside team members, like those in respiratory care, to improve patient safety. Child life specialists are another valuable resource to help the patient understand treatments.

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

   S: Sabina Vasquez is a 5-year old female who is with her mother. We are using a translator to ensure the best care. At 1905, I switched her to a nonrebreather to maintain O2 at 94% and added albuterol 2.5mL via nebulization. She is tolerating the mask well. At 1920, I gave her acetaminophen, cefuroxime, azithromycin through her IV. She has continuous D5 in 0.45NS running at 61mL/hr. in her left arm.

B: Sabina has a history of asthma. For the past few days, she has been fighting an upper respiratory infection. The physician is admitting her with a diagnosis of pneumonia with effusion in the right lower lobe.

A: Her vitals are: R 28, T 103.0F, P 145, BP  121/81, O2 93% on 2L via NC. She rates her pain at a one on the FACES pain scale.

R: We are currently pushing oral fluids as tolerated. We are now pushing oral fluids as tolerated. When Sabina can tolerate liquids well, change her IV to a saline lock. Please continue to monitor her oxygen status, and put Sabina back onto a nasal cannula when appropriate.

7. As you begin to think about discharge planning for Sabina Vasquez and her family, what teaching needs to be provided?

At discharge, I recommend Sabina's mother make a follow-up appointment with a primary care provider in one week to make sure she follows the plan of care. These plans include taking antibiotics and treating difficulty breathing with an inhaler or nebulizer at home. I will make sure Sabina's mother knows how to watch for early signs of difficulty breathing. As soon as Sabina starts to struggle, her mother will give her a treatment through an inhaler. If she does not improve, her mother can give a nebulizer treatment and take her to the hospital. If Sabina's temperature continues to be high after acetaminophen, she will need to call her primary care physician or emergency department.

## Concluding Questions

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

If I cared for Sabina in real life, I would have called a translator before I began my care.  This action ensures that Sabina and her mother could

understand what care I was providing. I would have offered distractions based on Sabina's interests. If she likes books, I will give her something to read. I might have turned on the TV in the room. The first time I completed the simulation, I waited to call the doctor. I gave all of the medications in Sabina's orders. I should have called the physician as soon as I completed her vitals to get a STAT prescription for albuterol. This action would have improved her breathing and oxygenation.

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

I learned I should call the doctor as soon as I complete vitals in emergent situations. Sabina's heart rate was very tachycardic, and her oxygen was very deficient. When I called the physician, she ordered an albuterol nebulization STAT. I administered this medication quickly to prevent further tissue damage to organs and prevent cell death. This simulation helped me recognize what orders a physician will place in situations where asthma is not well controlled. Also, I will know to look for pneumonia in uncontrolled asthmatic patients. I will remember some other risks for poorly controlled asthma attacks, including hypoxia and status asthmaticus.