



Shaken Baby Syndrome

Simulated Clinical Experience (SCE™) Overview

Location: Emergency Department

History/Information:

It is January and a four-month-old male infant is brought by ambulance to the hospital Emergency Department (ED) after an emergency medical service (EMS) call was placed by his mother. Mom reported that she came home from work when the babysitter called and said the patient had vomited three times and was very sleepy. She called EMS when he stopped breathing in the babysitter's arms. According to the babysitter, "He just fainted in my arms." He had been running a low-grade fever and had a runny nose for several days. The paramedics report finding the baby apneic with the mother attempting mouth to mouth breathing. At that time, the infant was limp, unresponsive, cyanotic and bradycardic. The paramedics began airway management with oxygen, and were unable to start a peripheral IV saline lock, and transported the infant to the ED. The patient was born at 34 weeks by Cesarean section due to maternal pregnancy induced hypertension secondary to advanced maternal age of 42 years. He was kept in the Neonatal Intensive Care Unit (NICU) for 3 weeks due to feeding difficulties. He has seen the healthcare provider three times for extreme irritability and recurrent vomiting after feedings. The mother said the healthcare provider told her the infant was "colicky." This infant is a first child in the family. The parents are working professionals and when they are working, he is cared for by an 18-year-old female babysitter. Immediately upon arrival to the ED the healthcare provider starts a left femoral vein IV.

Healthcare Provider's Orders:

Bolus of 20mL/kg of 0.9% NS IV over 30 minutes
After bolus, initiate IV fluid maintenance D5/0.2% NS at 30mL/hour
Respiratory syncytial virus (RSV) rapid antigen test
CBC, Electrolytes, BUN, Creatinine, Glucose, Blood Culture
Chest x-ray
O₂ nasal cannula 2LPM to keep oxygen saturation greater than 96%
Continuous pulse oximetry
Continuous cardiac monitor

Learning Objectives

1. Relates significance of the patient's symptoms and assessment findings in the care of an infant with shaken baby syndrome (APPLICATION).
2. Records assessment findings, procedures and patient outcomes accurately (APPLICATION).
3. Evaluates the patient response to interventions (EVALUATION).
4. Modifies nursing care as appropriate (EVALUATION).
5. Uses history information and assessment data to plan and provide care for the acutely ill infant (SYNTHESIS).
6. Anticipates diagnostic orders and therapies, including medications, for the acutely ill infant (COMPREHENSION).
7. Prioritizes the implementation and approach to the nursing care of an infant with shaken baby syndrome (ANALYSIS).

Questions to Prepare for the Simulated Clinical Experience

1. Describe the pathophysiology of shaken baby syndrome.
2. What assessment findings are consistent with shaken baby syndrome?
3. Discuss the etiology and pathophysiology of respiratory syncytial virus.
4. Discuss the signs and symptoms of meningitis in the infant?
5. Identify the risk factors of the child and caregiver associated with child abuse.
6. Discuss the nursing management of the pediatric seizure patient.
7. What is the healthcare provider's responsibility in reporting suspected child abuse?
8. Identify the components necessary to include in the nursing assessment of an abused child.
9. Describe the nursing management of a patient with increased intracranial pressure.
10. What is the nurse's role in the lumbar puncture procedure?

References

- Carbaugh, S. (2004). Preventing shaken baby syndrome. *Advanced Neonatal Care, 4*(2), 118-119.
- Carbaugh, S. (2004). Understanding shaken baby syndrome. *Advanced Neonatal Care, 4*(2), 105-116.
- Fulton, D. (2000). Shaken baby syndrome. *Critical Care Nursing Quarterly, 23*(2), 43-50.
- Joanna Briggs Institute for Evidence Based Nursing and Midwifery. (2005). *Best practice: Vital signs, 3*(3). Retrieved May 30, 2005 from http://www.joannabriggs.edu.au/best_practice/bp8.php
- Lewis, K. (2002). When the story does not match. *Paediatric Nursing, 28*, 508-513.
- McGee, S. (2007). *Evidence-based physical diagnosis* (2nd ed.). Philadelphia: Saunders.
- McKinney, E. S., James, S. R., Murray, S. S. and Ashwill, J. W. (2005). *Maternal-child nursing* (2nd ed.). St. Louis: Saunders.
- Smith, J. (2003). Shaken baby syndrome. *Orthopaedic Nursing, 22*(3), 196-205.
- Springhouse. (2007). *Best practices: A guide to excellence in nursing care* (2nd ed.). Philadelphia: Lippincott.
- Wheeler, P. (2003). Shaken baby syndrome: introduction to the literature. *Child Abuse Review, 12*(1), 401-415.