PEDIATRIC PAIN MANAGEMENT

VIDEO FAMILY MEMBER INCLUDED

Estimated Time: 30 minutes • Debriefing Time: 30 minutes

Scan to Begin

NURSING | LEVEL: 2B

Patient Name: Paula C. Adams

SCENARIO OVERVIEW

Paula C. Adams is a 7-year-old female who presented to the ED with severe abdominal pain that had worsened over the last 24 hours. Paula's mom stated they were rear-ended by another car yesterday. Paula was seat-belted in the back, but was not in a booster seat. The mom stated Paula had no complaints immediately following the accident, but this morning the pain was worse. A bedside FAST scan was negative, but a STAT abdominal CT scan with contrast is still pending. The student(s) should administer morphine for increased pain and attempt to educate Paula and Paula's mom on using a booster seat. As this is happening, Paula becomes nauseous and the student(s) needs to call the provider for orders.

This is Level 2B: This simulation includes **QR Code: Mom**. These are videos of the patient's mom that can be used when an actor is not available.

LEARNING OBJECTIVES

1. Obtain vital signs and interpret for a pediatric patient

2. Perform a focused pain assessment on a pediatric patient

3. Perform a focused abdominal assessment

4. Recognize and respond to abnormal findings

5. Safely administer medications to a pediatric patient

6. Document accurately

7. Demonstrate appropriate therapeutic communication

8. Demonstrate appropriate interprofessional communication

9. Apply principles of family dynamics to nursing care

CURRICULUM MAPPING

WTCS NURSING PROGRAM OUTCOMES

- Demonstrate appropriate written, verbal, and nonverbal communication in a variety of clinical contexts

- Provide patient centered care by utilizing the nursing process across diverse populations and health care settings

- Minimize risk of harm to patients, members of the healthcare team and self through safe individual performance and participation in system effectiveness

- Integrate social, mathematical, and physical sciences, pharmacology, and pathophysiology in clinical decision making

- Lead the multidisciplinary health care team to provide effective patient care throughout the lifespan

- Use information and technology to communicate, manage data, mitigate error, and support decision-making

NURSING FUNDAMENTALS

- Use appropriate communication techniques

- Use the nursing process

- Adapt nursing practice to meet the needs of diverse patients in a variety of settings

- Provide nursing care to patients experiencing comfort alterations

- Maintain a safe, effective care environment

NURSING HEALTH PROMOTIONS

- Apply principles of family dynamics to nursing care

- Use principles of teaching/learning when reinforcing teaching plans

- Examine adaptations of nursing care for patients from infancy through adolescence

- Plan nursing care for the ill child

- Promote safety/accident prevention for patients from infancy through adolescence

NURSING | LEVEL: 2B

SIMULATION LEARNING ENVIRONMENT & SET-UP

ENVIRONMENT

Inside room: Patient lying in bed, a mannequin/picture to simulate the patient's mom in a chair at the patient's bedside with **QR Code: Mom** attached

Inside or outside room: Hand sanitizer and/or sink

Outside room: Computer or form(s) for documentation

PATIENT PROFILE

Name: Paula C. Adams

DOB: 06/17/20XX

Age: 7

MR#: 0104

Gender: Female

Height: 123 cm (48 inches)

Weight: 25 kg (55 lbs)

Admitting Diagnosis: Abdominal pain following a car crash (V43.62XA)

Medical History: None

Code Status: Full code

Ethnicity: Caucasian

Allergies: Amoxicillin (hives)

EQUIPMENT/SUPPLIES/SETTINGS

Patient

- Hospital gown
- No moulage
- ID band present with QR code
- Allergy band with Amoxicillin on it

Monitor Settings

- No monitor
- Simulator vitals: BP 112/74, P 122, RR 20, O2 97% on RA, T 37.1C (98.8), Pain: 6/10

Supplies

- General

    o Phone

    o Pediatric pain scale (**QR Code: Pain Scale** is a pediatric FACES pain scale that is available if your facility does not have one.)

- Medications (realistic labels are available by scanning the QR code)

    o Acetaminophen PO – 325 mg tablets

    o Morphine PO – 15 mg tablets

        ▪ The order is for 7.5 mg, so the student(s) will need to cut this in half.

    o Ondansetron SUBL – 4 mg

NURSING | LEVEL: 2B

QR CODES

START	PATIENT	REPORT	PATIENT ID
ABDOMEN	PAIN SCALE	ACETAMINOPHEN PO	MORPHINE PO
ONDANSETRON SUBL	MOM		

NURSING | LEVEL: 2B

TEACHING PLAN

PREBRIEF

The facilitator should lead this portion of the simulation. The following steps will guide you through Prebrief.

- Scan the **QR Code: "Scan to Begin"** while students are in Prebrief.

- "Meet Your Patient" (on iPad) and explain how the iPad works in the simulated learning environment including:

  o Explain how to use the iPad scanner and QR codes. Remind students that there are multiple QR codes in the simulation, but they should only scan them if they think it will provide data necessary for their assessment and evaluation of the patient.

  o For some scenarios, it may be helpful to tell students where the QR Code are located. For others, you may want students to "find" the QR Codes during their assessments. This is your choice.

  o As the facilitator, you should be aware that throughout the simulation some QR codes are necessary to the programming of the iPad content. Directions for which QR codes are required (to be scanned) in each state are listed under each state of the documentation below. The QR codes are also in **BOLD** type.

  o Level tab – This tab "tells" the content in the iPad to change to what is needed for the next state of a simulation. It is used a few times in this scenario after the provider is notified to display new orders (those just given over the phone) and lab results, etc…

  o Medication QR Codes – The student(s) must scan **QR Code: Patient ID** prior to scanning any medication. That scan is valid for 2 minutes and then it "times out." The student(s) will need to scan **QR Code: Patient ID** again to give more medications.

  o MAR Hyperlinks – On the MAR all medications are underlined and hyperlinked to DailyMed, which is a medication reference housed by the National Library of Medicine. Students can click on these links during the simulation for up-to-date medication content, labels, and package insert information.

- Discuss the simulation "Learning Objective(s)" (on iPad) as well as any other Prebrief materials

- Get "Report" on iPad

  - o Possible Facilitator Questions

    - What is clinically significant in this shift-to-shift report?

    - What focused assessments do you plan to complete based on report?

    - How will you modify your approach for a pediatric patient?

    - What are your priorities for this patient?

    - What education could you provide to Paula and Paula's mom regarding child safety?

- View "Patient" video on iPad

  - o Possible Facilitator Questions:

    - What verbal and behavioral cues do you notice regarding Paula's pain and coping status?

- Advance to the "Patient Profile" screen (on iPad). This will act as a simulated patient chart.

- Students can view the tabbed content on the iPad (see below) prior to entering the patient's room and throughout the simulation as needed.

  - o You should give student some time (5 minutes) to review this content now, prior to entering the patient's room.

NURSING | LEVEL: 2B

H&P

Name: Paula C. Adams

MR#: 0104

DOB: 06/17/20XX

Date of Admission: Today

CHIEF COMPLAINT: Abdominal pain

HISTORY OF PRESENT ILLNESS: Car accident victim.

PAST MEDICAL/SURGICAL HISTORY: Gestational age at birth 40 3/7 weeks following a normal spontaneous delivery. Normal developmental progress. Up to date immunizations.

MEDICATIONS: None

ALLERGIES: Amoxicillin (hives)

SOCIAL HISTORY: Normal

FAMILY MEDICAL HISTORY: Non-contributory

REVIEW OF SYSTEMS:

Obtained from patient and patient's mother

GENERAL: 48 inches tall. 55 lbs (25 kg). Current state of health described as good. Patient states she feels "achy" everywhere, but mostly in her abdomen.

INTEGUMENT: Denies itching, dryness, rashes, pigmentation changes. Describes some minimal chest and abdominal bruising where the seat belt was located.

HEAD: Denies injury, change in level of consciousness, or headaches.

EYES: Denies change in vision. Does not wear glasses.

EARS: Denies hearing loss, tinnitus, vertigo, or ear pain.

NOSE: Denies nasal discharge, or epistaxis.

THROAT: Denies bleeding gums, mouth pain, oral cavity sores or growths, difficulty swallowing, sore throat, or hoarseness.

ENDOCRINE: Normal growth.

RESPIRATORY: Denies hemoptysis, productive cough, shortness of breath or wheezing. Denies history of pulmonary disease or disorders.

CARDIOVASCULAR: Denies chest pain or pressure. Patient states the bruised area hurts when touched. Denies history of cardiac disease or disorders.

GASTROINTESTINAL: Denies nausea or vomiting. Denies changes in stools. Patient complains of abdominal pain which is worse when touched.

GENITOURINARY: Denies changes in urinary habits. Denies hematuria or pain during urination.

MUSCULOSKELETAL: Normal ROM, Denies pain in back, hips legs, or arms.

HEMATOPOIETIC: Denies easy bruising or bleeding. Denies anemia or prolonged bleeding. Denies history of previous transfusions or blood dyscrasias.

NERVOUS SYSTEM: Denies dizziness, syncope, vertigo, or weakness.

PHYSICAL EXAMINATION:

VITALS: HR 110, RR 22, BP 108/70, Temp 37, O2 99% on RA, Pain 6/10

HEENT: Normal

NEURO: Alert and oriented x3, PERRLA

CARDIAC: Normal. Chest has some minimal bruising where the shoulder part of a seat belt would be. Somewhat tender when palpated.

RESPIRATORY: Clear

GI: Abdomen soft. Bruised and tender when palpated. Bruising pattern is similar to a "seat belt sign." FAST abdominal scan is grossly negative for fluid or free air. Normal bowel sounds. LBM 1 day ago.

GU: Last void this morning.

EXTREMITIES: Motor and sensation intact.

ASSESSMENT:

1. Car accident approximately 24 hours ago

2. Moderate abdominal and minimal chest bruising evident – seat belt sign.

3. Abdominal pain

RECOMMENDATIONS/PLAN:

4. Tylenol and Morphine PRN

5. NPO

6. VS every hours

7. CT Scan of Abdomen STAT

Electronically Signed – Dr. Paulson

NURSING | LEVEL: 2B

ORDERS

Orders

Date	Time	Order
Last Night	0330	NPO, OK to give meds with sips of water only
		Vitals Q1 hour
		Bedside ultrasound using FAST protocol
		CT Scan of Abdomen STAT
		Tylenol PO - 325 mg Q4-6 prn for pain
		Morphine Sulfate PO - 7.5 mg Q4-6 prn for pain
		Call with changes in vitals, increased pain, increased abdominal girth, and/or increased abdominal rigidity ------------------ Dr. Paulson

Continue >

NURSING | LEVEL: 2B

MAR

Patient Name: Paula C. Adams
DOB:06/17/20XX Weight(kg):25
MR#: 0104
Provider: Dr. Paulson
Allergies: Amoxicillin (hives)

Order	Prev. Dose
Acetaminophen PO - 325 mg Q4-6 prn	0430
Acetaminophen PO - 325 mg Q4-6 prn	
Morphine Sulfate PO - 7.5 mg Q4-6 prn	

Continue >

DAILY RECORD

Vitals

DATE: Today

TIME: 30 minutes ago

BP: 110/76

P: 102

RR: 20

T: 37.1°C

O2: 97% on RA

Pain: 6/10

VITALS

The iPad shows the "enterable" vitals screen.

PROGRESS NOTES

No reports available.

LABS-DIAGNOSTICS

No reports available.

IMAGING

Abdominal CT Scan with contrast pending.

LEVEL 1

The iPad read, "The iPad is set to Level 1."

SCANNER

Use this to scan available scenario QR codes.

EXIT

The iPad reads, "Are you sure you want to exit? All data will be lost."

- If "No" is selected, the iPad will return to the tabbed content.

- If "Yes" is selected, the iPad will let the student(s) exit and prompt them to complete an embedded 3-5 minute survey.

STATE 1

PATIENT ASSESSMENT

- Patient Overview

    o Patient is whiny and mildly complaining of abdominal pain.

- Expected Student Behaviors

    o Perform appropriate hand hygiene

    o Introduce themselves

    o Verify the patient (can scan **QR Code: Patient ID**)

    o Obtain vitals

        ▪ May enter vitals on the iPad, but they are not tied to any iPad programming

    o Perform a focused pain assessment (Scan **QR Code: Pain Scale**)

        ▪ This is the pediatric FACES pain scale.

    o Perform a focused abdominal assessment: abdominal "seat belt" bruising (Scan **QR Code: Abdomen**)

    o Recognize and respond to abnormal findings

    o Communicate therapeutically to the patient and her mom

- Technician Prompts

    o Patient is very whiny, even lightly crying occasionally because her "belly" hurts.

    o Patient responses can include:

        ▪ "My belly hurts."

        ▪ "Why can't I go home?"

        ▪ "I don't want my mom to leave me here!"

- Possible Facilitator Questions

    o Analyze the vital signs: are they within normal limits for her age?

        ▪ Normal vitals for an 7-year-old female: HR 70-110; RR 16-22; BP 102-115/60-74

- How will you assess Paula's pain?

    - Explain how to use the FACES scale.

    - Why is it important to use a valid, reliable, consistent tool in pain assessment?

    - What nonverbal indicators of pain do you notice?

    - What behavioral indicators of pain do you notice?

    - What questions will you ask to assess pain experience history from the mom?

        - "What word does your child use to describe pain?"

        - "Does your child tell you or others when they are in pain?"

        - "How does your child usually react to pain?"

        - "What usually works best to take away your child's pain?"

    - Analyze the findings from your physical assessment: do you have any concerns?

    - How often should the patient be reassessed/monitored? Why?

- Tabbed iPad Prompts & Content

    - **QR Code: Mom**

        - The first scan will show a video of Paula's mom explaining what happened in the car accident.

        - Every other scan in this level shows a video of the mom stating, "I don't understand your questions. I think I gave you everything you need."

        - Facilitator Note: If students ask detailed questions about the Paula's pain experience history, can give them the answers below (perhaps even provide a printed version) stating that Paula's mom answered the questions earlier:

            - "What word does your child use to describe pain?"

                - Answer: "Owie."

            - "Does your child tell you or others when they are in pain?"

                - Answer: "Yes."

- "How does your child usually react to pain?"

  - Answer: "She is "very dramatic" and gets really whiny."

- "What usually works best to take away your child's pain?"

  - Answer: "Tylenol."

- "Has Paula ever had a rectal suppository?

  - Answer: "Never."

- If any medications are scanned in this level, the student(s) will see a message on the iPad that reads, "Complete patient assessment prior to medication administration."

- After **QR Code: Abdomen** is scanned, the Level 1 tab will automatically change to a Level 2 tab (students are not prompted about this).

LEVEL 1 / 2

- When the Level 1 tab is tapped, the iPad reads, "The iPad is set to Level 1."

- After **QR Code: Abdomen** is scanned, the Level 1 tab will automatically change to a Level 2 tab (students are not prompted about this).

- When the Level 2 tab is tapped, the iPad reads, "The iPad is set to Level 2."

STATE 2

MEDICATION ADMINISTRATION

- Patient Overview

    - Paula begins to really complain about her "belly" pain. She rates her pain at an 8/10 or equivalent on a pediatric FACES pain scale. She does not like the idea of taking a pill, but will after some convincing by the student(s). The Abdominal CT Scan results appear under the Imaging tab (students are not prompted about this, but they should know to watch for them.)

- Expected Student Behaviors

    - Appropriately assess pain (Scan **QR Code: Pain Scale**)

    - Review Abdominal CT Scan under the Imaging tab prior to medication administration.

    - After appropriately assessing pain and viewing CT Scan results, decide whether to administer:

        - Acetaminophen PO (Scan **QR Code: Acetaminophen**) or Morphine PO (Scan **QR Code: Morphine PO**)

            - Student(s) must scan **QR Code: Patient ID** prior to medication administration.

                - If not scanned, the iPad will read, "ERROR: No patient information identified."

            - If the student(s) scans **QR Code: Acetaminophen**, they will see a message on the iPad that reads, "ERROR: This medication cannot be given at this time." (Facilitator Note: it was last given at 0430.)

            - When the student(s) scans **QR Code: Morphine PO**, they will see a realistic medication label.

                - The ordered dosage is for 7.5 mg.

            - Communicate therapeutically to the patient

    - Document appropriately

- Technician Prompts

- o The patient is half whining and half crying. Seems slightly short of breath because of the pain. She gets more anxious when she has to take a pill. She is also asking for her mom and wants to wait for the medication until she gets back. After some convincing by the student(s), she agrees to the medication.

- o Patient responses can include:

  - ▪ "It hurts really bad!"

  - ▪ "I hate taking pills!"

  - ▪ "I want my mom first!"

- **Possible Facilitator Questions**

  - o Will you administer the medications as ordered? Why or why not?

    - ▪ If yes: Which pain medication is best for Paula and why?

    - ▪ If no: What are your concerns about administering medications at this time?

    - ▪ Facilitator note: at this time, you can discuss how other medications can be safely administered to Paula even if the CT results aren't back, such as Fentanyl IV, Morphine IV or Toradol IV, but this would require calling the provider for new orders.

  - o What non-pharmacological interventions can be implemented to provide comfort to a school-aged child such as Paula? (Answer: repositioning; "splinting" the injured area; parental touch; breathing techniques; distractions like video games, music, watching a movie; using a favorite doll or toy.)

  - o How will you address Paula's concerns about her mom not being there?

- **Tabbed iPad Prompts & Content**

  - o **QR Code: Mom**

    - ▪ Each time the mom is scanned in this level, the iPad shows an image of Paula's mom that reads, "Sorry I had to step out for a moment. I will be back in a few minutes."

  - o MAR

    - ▪ The MAR will change after **QR Code: Morphine PO** is scanned to reflect that the morphine was just given.

o   After **QR Code: Morphine PO** is scanned, the Level 2 tab will automatically change to a Level 3 tab (students are not prompted about this).

IMAGING

Imaging		
Patient Name	**DOB**	**MR#**
Paula C. Adams	6/17/20XX	0104
Allergies	**Height (cm)**	**Admission Weight (kg)**
Amoxicillin	123	25

Imaging Report

DESCRIPTION: CT scan of the abdomen with contrast to evaluate abdominal pain following blunt trauma.

EXAM: CT scan of the abdomen with contrast.

REASON FOR EXAM: Abdominal pain.

COMPARISON EXAM: None.

TECHNIQUE: Multiple axial contrast-enhanced images of the abdomen were obtained.

DISCUSSION: The liver, gallbladder, pancreas, spleen, adrenal glands, and kidneys are within normal limits. There is no bowel wall thickening. No evidence of small or large bowel obstruction. No pockets of focal fluid or free air noted.

IMPRESSION: Findings are grossly normal. Results discussed with Dr. Paulson.

LEVEL 2 / 3

- When the Level 2 tab is tapped, the iPad reads, "The iPad is set to Level 2."

- After **QR Code: Morphine PO** is scanned, the Level 2 tab automatically changes to a Level 3 tab (students are not prompted about this).

STATE 3

NAUSEA & PROVIDER NOTIFICATION

- Patient Overview

    - Paula's mom returns (students are not prompted to this on the iPad). Shortly after receiving the morphine PO, Paula begins to complain of a "bellyache." She says she going to "throw up." Within a few minutes, she starts to wretch. If the student(s) do not call the provider and get an order for ondansetron IV within 5 minutes, Paula begins to vomit. When scanned, Paula's mom keeps asking, "Aren't you going to do anything for her?"

- Expected Student Behaviors

    - Recognize change in patient condition: nausea/vomiting related to morphine vs. anxiety

    - Provide SBAR report to the provider

    - Communicate therapeutically to the patient and her mom

- Technician Prompts

    - The patient is nauseous and begins to wretch after a few minutes. She will eventually start to vomit. Paula should acknowledge that her mom has returned to the room.

    - Patient responses can include:

        - "Mom, I'm so glad you're back. Where did you go? They made me take a pill when you were gone!"

        - "My stomach feels weird."

        - "Mom, I think I'm going to throw up."

    - When the provider is called (technician or facilitator is playing this role):

        - Student(s) should communicate using SBAR format.

            - Ensure assessment findings and the vitals they provide are accurate.

        - Give student(s) the following order:

            - Zofran – 4 mg sublingual, one-time dose

- Student(s) should repeat orders back using closed-loop communication.

- Possible Facilitator Questions

    o What do you think is causing Paula's current state?

    o How will you address Paula's concerns?

    o How will you address Paula's mom's concerns?

    o How does the SBAR format facilitate interprofessional communication?

- Tabbed iPad Prompts & Content

    o **QR Code: Mom**

        ▪ Every time the mom is scanned in this Level, the iPad plays a video that states, "Aren't you going to doing anything for her?"

    o Level 3/4

        ▪ When the Level 3 tab is tapped (students are not prompted to this), the tabbed iPad content will read, "Have you called the provider?"

            - If "No" is selected, the iPad will read, "You need to call the provider to advance to Level 4."

            - If "Yes" is selected, the iPad will read, "The iPad is now set to Level 4. You have new orders to review."

MAR

MAR

Patient Name: Paula C. Adams
DOB:06/17/20XX Weight(kg):25
MR#: 0104
Provider: Dr. Paulson
Allergies: Amoxicillin (hives)

Order	Prev. Dose
Acetaminophen PO - 325 mg Q4-6 prn	0430
Acetaminophen PO - 325 mg Q4-6 prn	
Morphine Sulfate PO - 7.5 mg Q4-6 prn	now
Morphine Sulfate PO - 7.5 mg Q4-6 prn	

Continue >

LEVEL 3 / 4

- When the Level 3 tab is tapped (students are not prompted to this), the tabbed iPad content will read, "Have you called the provider?"

  - If "No" is selected, the iPad will read, "You need to call the provider to advance to Level 4."

  - If "Yes" is selected, the iPad will read, "The iPad is now set to Level 4. You have new orders to review."

STATE 4

NEW ORDERS & BOOSTER SEAT SAFETY

- Patient Overview

  - Paula continues to wretch/vomit until a minute or so after the ondansetron IV is administered. Paula's mom had to step out to make some phone calls because her husband can't find a sitter so he can go to work tonight. As Paula begins to feel better, she is worried because her mom had to step out and may not be able to stay with her tonight.

- Expected Student Behaviors

  - Administer ondansetron

    - Student(s) must scan **QR Code: Patient ID** prior to medication administration.

      - If not scanned, the iPad will read, "ERROR: No patient information identified."

    - If the student(s) scans **QR Code: Acetaminophen** or **QR Code: Morphine PO**, they will see a message on the iPad that reads, "ERROR: This medication cannot be given at this time!"

    - When the student(s) scans **QR Code: Ondansetron SUBL**, they will see a realistic medication label.

  - Provide education to mom and/or Paula on booster seat safety

  - Communicate therapeutically to the patient

  - Document appropriately

- Technician Prompts

  - The patient is half whining and half crying. Seems slightly short of breath because of the pain. She gets more anxious when her mom talks about going to work, money problems or going home to take care of Paula's siblings.

  - Patient responses can include:

    - After Ondansetron administration:

      - "My belly feels better, but I'm sad."

      - "I don't want my mom to leave me here by myself."

- ▪ After the student(s) ask about using a booster seat.

    - • "Car seats are for babies!"

    - • "I'm seven and I'm not a baby so I don't need a car seat."

    - • "My mom and dad said that I don't have to be in a stupid car seat, so I'm not gonna do it."

- • Possible Facilitator Questions

    - o How often should the patient be reassessed/monitored? Why?

    - o How will you address Paula's concerns?

    - o Are there any safety concerns you want to address with Paula's mom and/or Paula? How will you address those concerns?

- • Tabbed iPad Prompts & Content

    - o **QR Code: Mom**

        - ▪ Each time the mom is scanned in this level, the iPad shows an image of Paula's mom that reads, "Sorry my husband is having trouble finding a sitter for our other kids tonight so he can go to work. I have to go make some phone calls."

ORDERS

Orders

Date	Time	Order
Last Night	0330	NPO, OK to give meds with sips of water only
		Vital Q1 hour
		Bedside ultrasound using FAST protocol
		CT Scan of Abdomen STAT
		Tylenol PO - 325 mg Q4-6 prn for pain
		Morphine Sulfate PO - 7.5 mg Q4-6 prn for pain
		Call with changes in vitals, increased pain, increased abdominal girth, and/or increased abdominal rigidity ------------------- Dr. Paulson
Today	now	Zofran sublingual - 4 mg single dose

Continue >

NURSING | LEVEL: 2B

MAR

Order	Prev. Dose

Patient Name: Paula C. Adams
DOB:06/17/20XX Weight(kg):25
MR#: 0104
Provider: Dr. Paulson
Allergies: Amoxicillin (hives)

Order	Prev. Dose
Acetaminophen PO - 325 mg Q4-6 prn	0430
Acetaminophen PO - 325 mg Q4-6 prn	
Morphine Sulfate PO - 7.5 mg Q4-6 prn	now
Morphine Sulfate PO - 7.5 mg Q4-6 prn	
Ondansetron Sublingual- 4 mg single dose	

Continue >

LEVEL 4

- The Level tab automatically disappears after **QR Code: Ondansetron SUBL** is scanned. (students are not prompted to this)

EXIT

After **QR Code: Ondansetron SUBL** is scanned, the exit tab changes and the iPad reads, "Scenario objectives have been met. Are you sure you want to exit the game?"

- If "No" is selected, the iPad will return to the tabbed content.

- If "Yes" is selected, the iPad will let the student(s) exit and prompt them to complete an embedded 3-5 minute survey.

DEBRIEF

Nothing needed from the iPad.

QUESTIONS

1. How did you feel this scenario went?

2. What were the main issues you had to deal with when caring for Paula?

3. Review understanding of learning objective: obtain vital signs and interpret for a pediatric patient.

   a. What abnormal findings did you observe in the vital signs and pain assessment?

   b. How does assessing pain differ from the pediatric population to the adult population?

4. Review understanding of learning objective: perform a focused pain assessment on a pediatric patient.

   a. What concerns did you find during your initial assessment and evaluation?

   b. How did those concerns relate to the patient's overall state at the time?

5. Review understanding of learning objective: perform a focused abdominal assessment.

   a. What concerns did you find during your initial assessment and evaluation?

   b. How did those concerns relate to the patient's overall state at the time?

6. Review understanding of learning objective: recognize and respond to abnormal findings.

   a. What abnormal findings did you find in the vital signs and/or physical assessment? How did you respond to these findings?

7. Review understanding of learning objective: safely administer medications to a pediatric patient.

   a. Describe how your explanation of the medication and its administration differs from the pediatric population to the adult population.

   b. Would you change how you administered the medication? What?

8. Review understanding of learning objective: document accurately.

   a. What is important to document about your focused assessments and care?

9. Review understanding of learning objective: demonstrate appropriate therapeutic communication

   a. What "cues" did you notice that indicated therapeutic communication was needed with Paula? How about her mom?

   b. Describe any differences you found between how you communicated with Paula verses how you communicated with her mom.

   c. Were your communication techniques effective?

   d. If you could "do over," how would you change your therapeutic communication with Paula and/or her mom?

10. Review understanding of learning objective: demonstrate appropriate interprofessional communication

    a. Describe the information you included for SBAR communication with the provider.

    b. Was this communication effective? Why or Why not?

    c. How does the SBAR format facilitate good interprofessional communication?

    d. If you could change anything about your SBAR communications, what would it be and why?

11. Review understanding of learning objective: Apply principles of family dynamics to nursing care

    a. Did you have any concerns about the family dynamics occurring in this case?

    b. Did you have any concerns about Paula's safety?

    c. How will you address those concerns?

12. Tie the scenario back to the nursing process in a large group discussion. Concept mapping can be used to facilitate discussion.

    a. List 3 priority nursing problems you identified for Paula.

    b. Create a patient centered goal for each nursing problem you identified.

    c. Discuss focused assessments for each nursing problem.

    d. Discuss nursing interventions for each nursing diagnosis.

    e. Re-evaluate the simulation in terms of the nursing process; what was actually accomplished? What could be improved in the future?

13. Summary/Take away Points

   a. "Today you cared for a pediatric patient with abdominal pain who also was experiencing some family dynamic issues. What is one thing you learned from participating in this scenario that you will take with you into your nursing practice?" (Each student must share something different from what the others' share.)

Note: Debriefing technique is based on INASCL Standard for Debriefing and NLN Theory Based Debriefing by Dreifuerst.

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SURVEY

Print this page and provide to students.

Students, please complete a brief (2-3 minute) survey regarding your experience with this ARISE simulation. There are two options:

8. Use **QR Code: Survey**

    a. Note: You will need to download a QR Code reader/scanner onto your own device (smartphone or tablet). There are multiple free scanner apps available for both Android and Apple devices from the app store.

    b. This QR Code will not work in the ARIS app.

SURVEY

9. Copy and paste the following survey link into your browser.

    a. https://ircvtc.co1.qualtrics.com/SE/?SID=SV_6Mwfv98ShBfRnBX

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Wong-Baker FACES pain scale used with permission from the Wong-Baker FACES Foundation.

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