Pediatric Nursing Care - A Concept-Based Approach 1st edition Linnard-Palmer Solutions Manual

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Chapter 2: Care Across Clinical Settings

Case Study Questions

1. What typically occurs during a "morning huddle" in the outpatient setting? Who attends the huddle?

Answer: The morning huddle is a scheduled time each morning when the healthcare team discusses the day's schedule and patient needs. The information is presented in an organized fashion while the patient's statuses and needs are reviewed. The entire healthcare team should attend the huddle.

2. How can the staff best prepare for Stuart's arrival in the outpatient setting? What will the parents' role be for his visit?

Answer: Answers may vary. The staff should initially prepare for Stuart's arrival by having a morning huddle. The examination room should also be checked to make sure the drawers and cabinets are locked. Ideally, he would be brought right back to the examination room when he arrives. His immunizations should be prefilled and all necessary supplies should already be gathered to hasten his interaction with the healthcare team. It would also be best if multiple members of the team were available to assist during his visit. The parents should be able to participate as much or as little as they want. This includes holding their child during immunizations. The parents also should receive education and resources during this visit.

3. Which team members should be present for his visit?

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Answer: The healthcare provider, the nurse, and the family should be present for this visit. More than one nurse may be needed to expedite the care.

4. Which of the following represents the best course of action to ensure that Stuart's examination can proceed safely?

A. Perform a safety sweep of the examination room to ensure there are no hazardous items that could cause injury if Stuart becomes combative.

B. Ensure the presence of emergency airway supplies such as suction, valve/bag/mask resuscitative equipment and oxygen, as well as a crash cart and back board.

C. Call staff together for a "huddle" to discuss how to address the change in the approach originally developed for the visit.

D. Ask Stuart's mother to reschedule the visit for a time when both parents can be present

Answer: A

Rationale: Because of Stuart's history, is would be best to perform a safety sweep of the examination room in case he becomes combative. For this case, it is unlikely that Stuart will require emergency equipment. While a huddle may be necessary, this does not ensure that Stuart's examination will proceed safely. It would be inappropriate to ask Stuart's mother to reschedule the visit.

5. Which of the following should the nurse consider as the priority in caring for this client?

A. Confirming a diagnosis of ear infection without being able to see inside the ear

B. Adequately medicating for pain based on a child's subjective report of pain

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C. Empiric use of antibiotics to treat an infection that cannot be confirmed

D. Educating the patient about the consequences of putting fingers or other objects in his ears

Answer: B

Rationale: The nurse should first provide medication for the child's pain. The mother reports the child saying he is in pain, and the child is exhibiting symptoms of ear pain such as agitation and sticking his fingers in his ears. Once the pain is treated, the healthcare team may be able to examine the ear more thoroughly. It is not appropriate to diagnose an ear infection without visualizing the eardrum, to administer antibiotics without a confirmed infection, or to educate a developmentally delayed child about the consequences of putting fingers or object in his ears.

6. Process #1: Recognizing Cues

What is the overall concern by the school nurse?

Answer: Unimmunized students

How might the school nurse collect data and confirm his concerns about the lack of evidence of current and mandated immunizations?

Answer: Verify the school records and ask for updated immunization records to be turned in to the school office or uploaded.

7. Process #2: Analyzing cues

How might the school nurse determine accuracy of the school health records?

Answer: Answers may include verifying the dates and verifying the healthcare provider.

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What barriers might be in place preventing records being updated and accurate, and what barriers might the teens have in receiving recommended immunizations?

Answer: Answers may include inadequate filing system or data loss or breach in school. The teens might be unable to receive recommended immunizations due to lack of transportation, lack of primary care physicians, lack of parental involvement, and so on.

8. Process #3: Prioritizing hypotheses/nursing diagnosis

What might be a hypothesis of the problem of under-immunization?

Answer: Answers may vary. A hypothesis may be the lack of access to healthcare has led to the under-immunization of students.

9. Process #4: Generate solutions

What might be a creative means in which the school nurse, school administration, and local public health department create a solution for the problem of under-immunization?

Answer: Answers will vary. Solutions may include an immunization fair, incentives for turning in updated health records, offering certain immunizations at school, and so on.

10. Process #5: Take action/implement interventions

What actions can the school take to ensure compliance with required childhood immunizations?

Answer: Answer may vary. The school can digitize their records and set up alerts for outdated immunizations. This can prompt the school, student, and family to obtain the needed immunization.

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11. Process #6 Evaluate outcomes and determine next steps

How might the school evaluate their success?

Answer: The school should annually review their health records and determine that they are up to date. A measure of success would be the percentage of unimmunized students would decrease yearly.

Concept Checkpoints

Question 1: Which of the following represents an important "teaching moment" in an outpatient clinic in which anticipatory guidance can prevent a common safety issue for children?

A. At a clinic visit for her sick toddler, a mother with three children younger than 5 years of age drops her purse and her prescription medication tablets spill on the floor.
B. At a well-child visit, a 12-year-old boy gets rambunctious in the waiting area and is told by his father to sit still.
C. At a well-child visit, a child scheduled to receive routine vaccinations is found to have a low-grade fever.
D. At a clinic visit for a sick child, a father states that he has been dosing his 3-year-old daughter with 5 mL of children's acetaminophen syrup for fever every 5 hours.

Answer: A

Rationale: Poisoning is a safety concern with children, particularly toddlers due to their curiosity. The loose prescription medication in the mother's purse presented a "teaching moment" to help

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prevent poisoning in children. None of the other situations presents the need for a "teaching moment."

Question 2: A nurse in a primary care office is referring an otherwise healthy child to a pediatric endocrinologist for assessment of subnormal growth. Which of the following communication practices is most appropriate for her to use, and why?

A. Morning huddle, to communicate what the potential concerns are for this patient
B. SBAR, to explain the key points of the patient's circumstance during handoff
C. CUS, to ensure heightened awareness of the key issues for this child
D. STAT reporting, to ensure continuity of the child's overall status

Answer: B

Rationale: Using the SBAR during handoff would be the most appropriate method of communication to ensure the sharing of key patient information. SBAR is the sharing of the patient's situation, background, assessment, and recommendations. The handoff form of communication is used during the transfer of patient from one provider to another, such as between the primary care provider and the pediatric endocrinologist. Morning huddles are used to discuss the schedule and patients' needs among a team each morning, not when transferring the care of a patient. CUS (concerned, uncomfortable, safety issue) is often used when a member of the nursing staff has a red-flag issue that needs to be communicated promptly, not when transferring the care of a patient. STAT reporting is not a type of effective communication used in healthcare.

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