PEDIATRIC PAIN MANAGEMENT

LIVE FAMILY MEMBER REQUIRED

Estimated Time: 30 minutes • Debriefing Time: 30 minutes

Scan to Begin

NURSING | LEVEL: 2A

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 has worsened over the last 24 hours. Paula's parent stated they were rear-ended by another car yesterday. Paula was seat-belted in the back, but was not in a booster seat. Parent 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 at the beginning of the scenario. The student(s) should assess Paula's pain and decide whether to administer medications. During the assessment, they notice that parent is verbally inappropriate/abusive. As this is happening, Paula becomes nauseous and the student(s) needs to call the provider for ondansetron orders. Therapeutic communication with Paula and her parent is key to this scenario as the student addresses family dynamic issues.

This is Level 2A: This simulation requires a "Live Family Member" to play the patient's parent.

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

- Provide nursing care for patients experiencing comfort alterations

- Use the nursing process

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

- 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

- Adapt nursing interventions for maladaptive patterns of behavior

- 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

SIMULATION LEARNING ENVIRONMENT & SET-UP

ENVIRONMENT

Inside room: Patient lying in bed, parent (an actor) at the patient's bedside

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.)

- o Teddy bear/doll

- o iPhone/iPad or something to play music, watch movies or play videos

- 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: 2A

QR CODES

START	PATIENT	REPORT	PATIENT ID

ABDOMEN	PAIN SCALE	ACETAMINOPHEN PO	MORPHINE PO

ONDANSETRON SUBL

NURSING | LEVEL: 2A

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:

  - 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.

  - 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.

  - 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.

  - 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...

  - 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.

  - 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 the 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 parent 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.

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.

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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:

1. Tylenol and Morphine PRN

2. NPO

3. VS every hours

4. CT Scan of Abdomen STAT

Electronically Signed – Dr. Paulson

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: 2A

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

  - Patient is whiny and mildly complaining of abdominal pain. Paula's parent is equally anxious.

- Expected Student Behaviors

  - Perform appropriate hand hygiene

  - Introduce themselves

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

  - Obtain vitals

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

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

    - This QR code displays the pediatric FACES pain scale.

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

  - Recognize and respond to abnormal findings

  - Communicate therapeutically to the patient and her parent

- Technician Prompts

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

  - Patient responses can include:

    - "My belly hurts."

    - "Why can't I go home?"

    - "I don't want my parent to leave me here!"

- Actor Prompts

  - Parent is very concerned about Paula's pain, and anxious about being in the hospital with upcoming work shifts at work, and concerned how to take care of the other kids at home.

- o Parent responses can include:
    - Various descriptions of the accident: "We were in a car accident yesterday. Someone rear-ended us and then our car hit another car and the air bags went off. It was really scary, but we were all ok. A few hours later Paula said she was achy so we gave her some Tylenol. Then, this morning she woke up in a ton of pain. She wouldn't stop crying because her belly hurt and there is even a little bruising where her seat belt was."
    - "I'm not sure what we're going to do. We both have to work and we have other kids at home. How are we supposed to do this?"
  - o If students ask detailed questions about the Paula's pain experience history, give these answers:
    - "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."
- 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
  - o 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 parent?

  - • "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 assessment: do you have any concerns?

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

- • Tabbed iPad Prompts & Content

  - o 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."

  - o 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). Paula's parent become frustrated and tell her to "quit being a baby" and "suck it up." The Abdominal CT Scan has resulted under the Imaging tab (students are not prompted about this.)

- 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 and her family member

  - 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 her parent talks about going to work, money problems or going home to take care of Paula's siblings.

- o Patient responses can include:

    - ▪ "It hurts really bad!"

    - ▪ "I hate taking pills!"

    - ▪ "I'm sorry mom/dad."

- Actor Prompts

    - o Parent is frustrated and anxious.

    - o Parent responses can include:

        - ▪ "Paula, you're not a baby any more. Take the pill!"

        - ▪ "Quit being such a baby and suck it up."

        - ▪ "If I can't get to work, what are we going to do for money? We are barely getting by as it is?"

        - ▪ "I have other kids to take care of at home. Does she really need to be here?"

- 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 pain medications can be used while waiting for the CT results such as IV Morphine, Fentanyl intranasally or IV Toradol, which would still be safe if the patient has to have emergent surgery

    - 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 Do you have any concerns based on Paula's parent's comments and/or demeanor?

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

- Tabbed iPad Prompts & Content

  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).

- When the Level 3 tab is tapped, the iPad reads, "Have you called the provider?"

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

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

NURSING | LEVEL: 2A

STATE 3

FAMILY DYNAMIC ISSUES, NAUSEA, & PROVIDER NOTIFICATION

- Patient Overview

    - Paula's parent continues to berate Paula for being a "baby" about not wanting to take pills and the pain. Paula gets more anxious. As the student(s) try to work with the parent, 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 within 5 minutes, Paula begins to vomit.

- Expected Student Behaviors

    - Recognize maladaptive behavior pattern and respond professionally

    - 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 family member

- Technician Prompts

    - The patient is anxious because of her parent's behavior and then becomes nauseous and begins to wretch after a few minutes. She will eventually start to vomit.

    - Patient responses can include:

        - As the parent continues to berate her for not wanting to take the pills:

            - "I'm sorry mom/dad."

            - "I will try to be better."

        - As she begins to feel nauseous and her parent threatens her with "the dark" if she doesn't stop complaining about everything:

            - "My stomach feels weird."

            - "Please don't make me be in the dark, mom/dad! Please!"

            - "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.

    - Concerns about family dynamics should be addressed

  - Give student(s) the following order:

    - Zofran – 4 mg sublingual, one-time dose

    - Consult Pediatric Social Worker

      - Facilitator Note: The "Consult Pediatric Social Worker" order DOES NOT appear with the new orders displayed on the iPad in State 4. You can discuss possible reasons for this with students including:

        - The Provider forgot to enter the order.

        - The Provider may be calling the Social Worker to initiate the consult.

        You can ask students how to handle a missing order including clarifying orders with the Provider.

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

- Actor Prompts

  - Parent seems angry/upset that Paula initially refused to take the pills and berate her for being a "baby." She/he will also minimize Paula's nausea and tell the student(s), "She is just being overly dramatic."

  - Parent responses can include:

    - "Paula, why are you such a baby? I'm sure there are other kids here your age that don't act this way."

    - "Quit being such a baby and suck it up."

    - "Does baby need her binkie?" (in a 'baby' voice)

    - After Paula becomes nauseated, parent responses can include:

      - "She is just being overly dramatic."

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- "Paula, do you want me to shut the lights off and close the door? I will put you in the dark if you don't knock it off!"

- Possible Facilitator Questions

  o How will you address Paula's concerns?

  o How will you address the parent's behaviors?

  o How could you modify your approach given the parent's reaction?

  o What do you think could be causing Paula's current state of nausea?

  o As a nurse, what concerns are you required to report to the appropriate authorities?

- Tabbed iPad Prompts & Content

  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."

    ▪ When the Level 4 tab is tapped, the iPad reads, "The iPad is set to Level 4."

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 >

NURSING | LEVEL: 2A

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."

- When the Level 4 tab is tapped, the iPad reads, "The iPad is set to Level 4."

STATE 4
NEW ORDERS

- Patient Overview

  - Paula continues to wretch/vomit until a minute or so after the ondansetron is administered. Paula's parent had to step out to make some phone calls because they can't find a sitter so they can go to work tonight. As Paula begins to feel better, she is worried because her parent had to step out and may not be able to stay with her tonight. Paula also verbalizes concerns about how upset her parent is with her. This gives the student(s) an opportunity to talk with Paula about any concerns they have related to her parent.

- 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, "This medication cannot be given at this time."

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

  - Communicate therapeutically to the patient and address her concerns

  - Document appropriately

- Technician Prompts

  - Paula continues to wretch/vomit and about a minute after the ondansetron is administered. Then, she is teary and expresses concern that her mom/dad may not be able to stay the night and that her parent is upset with her.

  - Patient responses can include:

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

    - "I hate it when my mom/dad is upset with me. I try to be good."

- ▪ "I don't want to be here all alone."

- ▪ "I hate the dark."

- Possible Facilitator Questions

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

  - o How will you address Paula's concerns?

  - o Do you have any concerns about Paula's statements? If so, how will you address them therapeutically?

- Actor Prompts

  - o Just as the student gives the ondansetron, the parent sarcastically states, "I have to go make some phone calls because her father/mom can't find a sitter so he/she can go to work tonight. Apparently, I have to do everything!"

  - o Then the parent leaves the room and doesn't return for the rest of the simulation.

- Tabbed iPad Prompts & Content

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 >

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? If yes, how?

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 parent?

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

   c. Were your communication techniques effective?

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

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. How did you address your concerns?

   c. Do you believe this is a case of child abuse or neglect? Why or why not? Explain.

   d. What are your professional mandates for reporting suspected child abuse and/or neglect as a nurse?

   e. Can you be held liable if you don't report suspected child abuse or neglect?

   f. What resources do you have available as a nurse in this type of situation?

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

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 concerning family dynamics. 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.

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:

1. 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

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

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

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