

Scenario #	HS6	Sex	Male
Name	Pediatric Asthma/Pneumonia	Allergies	Shellfish, Eggs, Iodine
Location	Pediatric floor	Immunizations	UTD
Admission Date	Today – from ED	Ethnicity	Asian
Scenario Date/Time	6 hours after admission	Weight	28 kg
Patient Name	Lee, Jung	Height	4’
DOB/Age	08/16/XX Age 7	Religion	Buddhist

MDs	M. Palmer
Past Medical History	
<ul style="list-style-type: none"> - RAD x 5 years - Adenoidectomy at age 5; Pneumonia age 5 - Umbilical cord hernia repair at age 1 - 5 hospitalizations for asthma and RAD over past 2 years 	
Current Medical History	
<ul style="list-style-type: none"> - Low grade fever x 3 days - Productive cough – yellowish/green sputum - Intermittent audible wheezing x 1 day 	
Diagnostics	
<ul style="list-style-type: none"> - CXR – Left peri-hilar infiltrate to lower lobe 	
Social History	
<ul style="list-style-type: none"> - 2nd grade student - Plays soccer, baseball, basketball - Likes skateboarding and surfing - 5 year old brother, 2 year old sister, 9 year old sister - Mother has primary custody and states that father is “problematic” (optional complexity). 	
Diagnosis:	
<ul style="list-style-type: none"> - Reactive Airway Disease (RAD) versus Pneumonia 	

Scenario #	HS6
Scenario Name	Pediatric Reactive Airway Disease (Asthma)

Scenario Specific Student Learning Objectives: Status Asthmaticus
Students participating in this simulation experience will:

1. Demonstrate assessment skills appropriate/essential for the pediatric patient with a diagnosis of Asthma/Pneumonia.
2. Identify patient health problems and effectively prioritize nursing actions.
3. Demonstrate medication administration competency.
4. Demonstrate competency performing respiratory nursing interventions including oxygen administration.
5. Demonstrate appropriate teaching for the pediatric asthmatic patient
6. Communicate patient data to physician or other healthcare professional using SBAR.
7. Maintain a family centered plan of care.

	HPS Staging	Ready for Student Use
HPS Manikin type, high or mid fidelity	Lying flat Talks only in 2-3-word sentences Street clothes on	
Environment	Quiet concerned parents who do not talk to each other	
Safety	Bed low & rails down. (Optional: Armband off and allergy band off).	Armband and Allergy bands readily available.
Hospital Equipment	No supplemental oxygen in place. O2 sat monitor in place.	O2 n/c & mask O2 sat monitor Hand Held Nebulizer
IV	Intravenous Fluid: Dextrose 5%, 0.45% NS with 20 mEq KCl/L to run at 75 mL/h	IV pole Saline lock (inserted)

Medications		<p>methylprednisolone (Solu-Medrol) 16 mg IV q 12 hour</p> <p>azithromycin (Zithromax) 350 mg PO x 1 (10 mg/kg) loading dose; then 175 mg PO Daily x 4 days (5mg/kg)</p> <p>budesonide (Pulmicort). 0.3 (mg) via HHN twice daily.</p> <p>Montelukast chewable tablet 5 mg (Singulair) PO Daily</p>
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		albuterol Albuterol 2.5 mg four times a day by nebulization, over approximately 5 to 15 minutes diluted with 2.5 mL of sterile normal saline solution
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Actors	Mother - quiet, will outburst that this is all dad's fault, forcing the child to play without taking meds Father - knowledge deficit, wants child "back in the game."
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	HPS Actions	Desired Student Actions	Prompts
0-5 mins	T – 100.8 P – 146 RR- 30 B/P – 96/72 O2 sat – 89% Tripoding 2-3 word sentences Coughing Wheezing bilateral – worse in L lung	√ VS √ O2 Sat Perform a focused respiratory assessment – should comment on air movement, inspiratory or expiratory wheezing (or both) and work of breathing. Include RR, O2 sat, and BP Recognize the need for increased oxygen administration Demonstrate correct techniques for oxygen administration Elevate head of bed. Explain procedures and medications to the patient and family using an appropriate communication framework	
5-10 mins	RR - ↑ 44 O2 sat – 87% HR - 160 Wheezing gets worse Father very vocal Mother starts to soothe	Increase oxygen flow rate Check orders Administer HHN Start IV Meds (depending on skill level. These meds may or may not be marked as given on the MAR)	
10-20 mins	HR - ↑ 186 RR - ↓ 34	Continuous monitoring of patient VS and result of breathing treatment	

	<p>Parents fight over who helps hold nebulizer (optional focus on family dynamics).</p> <p>Wheezing diminishes O2 sat – 94% if HHN done</p>	<p>Explain why heart rate ↑</p> <p>Manage parents Explain MD orders</p> <p>Reassure pt and parents</p> <p>Re-assess after HHN tx</p>	
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Suggestions for Debriefing:

- General feelings of the participants.
- Ask for a summary of the scenario and interventions.
- Respiratory assessment:
- Identification of appropriate health problems and priority actions
- Pathophysiology when appropriate.
- Medication administration safety.
- Use of nebulizer and supplemental oxygen.
- Developmentally appropriate care for 7 year olds.
- Communication of patient data to physician or other healthcare professional (SBAR).
- When to call for additional support (RRT or Code).
- PALS if appropriate.
- Consider the family dynamics in the plan of care.
- Summary/Take home points.