

Application of caring process with pediatric patients

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The case being used for this paper involves a fourteen year old patient who I worked with at the hospital during my clinical rotation.

The patient presented to the hospital emergency department two days before I arrived as a level 1 trauma after falling off of a skateboard and hitting the back of their head. The mother reported a loss of consciousness of at least 1 minute and the child was assessed with a GCS score of 13 by paramedics. The patient vomited on route to the hospital and reported a throbbing headache described as being punched in the head. The patient had a previously untreated concussion approximately 5 years earlier and has a history of epilepsy. The patient was off meds for epilepsy approximately 18 months ago after not having a seizure for over 2 years.

An initial CT scan in the ER did not show any injury to the brain and the patient was originally scheduled to be discharged the following day. During the night the patient's headaches increased and he developed bradycardia. A second CT scan was conducted the following morning that revealed a 2x3 cm. contusion on the right frontal lobe. Neurosurgical and cardiac consults were ordered to determine treatment moving forward. The patient also expressed anxiety related to fear of falling again in the future. The patient was with his parents from out of town. Being in the hospital in an unfamiliar town may have contributed to his anxiety on top of the fear he was feeling about falling again in the future.

The patient's primary medical condition was a concussion caused by hitting his head during the fall. A concussion is trauma to the brain that is caused when the brain strikes the inside of the skull due to a violent impact or blow. This resulting in bruising and swelling of the brain. Some of the signs and symptoms of a concussion include the following: Headache,

dizziness, nausea & vomiting, Loss of consciousness, altered mental status, fatigue, and amnesia around the event (Kyle & Carman, 2020). Some cases can lead to a condition known as *Post Concussion Syndrome* which is a persistence of the symptoms beyond the normal recovery period (Harding, 2020).

During my time at the hospital there was some improvement in the patient's condition, specifically the bradycardia had improved by approximately fifteen points on average. By the end of my shift his Heart rate was in the mid-fifties.

Caritas 4 in pediatric practice

Jean Watsons Caritas process #4: Developing and sustaining a helping/trusting authentic caring relationship. For me this Caritas process applies to how we work with patients, families, and co-workers. Creating that trusting caring relationship can have many advantages for the nurse, patient, and everyone else involved in the patients care.

If you develop a trusting relationship with the patient it will have the benefit of placing them more at ease during their stay which in turn can have physical benefits for the patient such as lowering blood pressure and heart rate. The patient will be more willing to work with a nurse that they feel a sense of trust in. If the parent has developed that sense of trust with the nurse they may be more active in the child's care and more receptive to the treatments and education being offered. Finally if that trusting relationship is cultivated with co-workers it will make them more willing to help you when the need arises. Ultimately application of this process will result in a more healing environment for the patient and a cohesive, helping work environment for you and your co-workers.

This Caritas process would be relevant in every case as far as I'm concerned, but has particular relevance in this case. Because the patient is already in an anxious, scared space due to the fear of falling again and likely because of being away from home I think that if you could establish that trust with the patient it would help bring down the anxiety level, and make the stay in the hospital a little easier.

Nursing application of Caritas 4

I would start the process by doing what we are taught to do with every patient. I would introduce myself and identify the patient. The second step would be to find out the child's mental state: are they calm, angry, anxious, afraid, etc. I would also want to find out the status of the child's family at the hospital: is there always a parent or family member present with the patient or are their times when the patient is alone and when are those times.

When working with the patient I would be sure to be honest with them and explain all procedures to the patient in language they can understand when appropriate. I would be sure to find out how the patient likes to be addressed and make sure to follow their wishes. I would encourage them to tell me about their fears and to ask me any questions whenever they feel ready to (Tonin et al., 2017). I would try to support them by talking to them about times where I had similar thoughts or feelings and how I dealt with them.

Finally I would review my approach with each patient and make adjustments for each situation and for where my approach failed to produce the desired results.

References

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