Scenario

6 month old baby not eating past few days, diarrhea, low fever. Tachycardic, resp rate inc., lethargic

(need vital range sheet, baxter, IO/IV supplies, Broselow tape, PALS card

Baby presents in parent’s arms. No history volunteered.

When asked, parent admits to baby not eating past few days, diarrhea 6-7 times per day x2 days, low grade fever.

T 39.5 tympanic, HR 218 RR 48 BP 70 sys, SpO2 95%. Cap refill <2 sec central and peripheral pulses. Pulses thread but evident.

Baby lethargic but responds appropriately when roused –

Dry mucous membranes, looks dry

Patient weighs 8 kg (offer only when asked)

Nurse to notify MD, start IV fluids and give bolus 20mL/kg/hr and then reassess…..

forward to one hour later: HR 192 RR 38 – pt. interacting with parent, more alert.

cap refill < 2s. All pulses stronger

**Observer 1 Checklist: Pediatric Dehydration**

Learning Objectives:

1. Complete assessment in infant: ABCD
2. Recognize dehydration in pediatrics
3. Utilize resources in sick pediatric patient
4. Initiate intravenous and fluid resuscitation in pediatric patient using Baxter pump
5. Identify and demonstrating understanding of Broselow tape to determine IV catheter size

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Y** | **N** | **Comments** |
| Hand hygiene |  |  |  |
| Undresses patient |  |  |  |
| Assesses Airway and Breathing:  Checks Resp rate |  |  |  |
| Assesses Circulatory status:  Checks HR, cap refill, peripheral vs central pulses |  |  |  |
| Assessed Neuro status:  AVPU or GCS |  |  |  |
| Notified MD of pt. status |  |  |  |
| Initiated IV using appropriately sized IV catheter |  |  |  |
| Utilized Baxter pump |  |  |  |
| Infused bolus at correct rate |  |  |  |
| Reassessed pt. after bolus completed |  |  |  |
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**Observer 2: Team Communication Checklist**

Objectives:

1. Demonstrates clear communication with team members including closed loop communication
2. Demonstrates understanding and use of team resources

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| --- | --- | --- | --- |
| **Team Members** | **Y** | **N** | **Comments** |
| Communication is concise, clear and specific |  |  |  |
| Sought assistance from other nurses: specifically asked nurse to complete one task at a time and ensured was complete |  |  |  |
| Notified MD of hydration status promptly giving report using SBAR tool |  |  |  |
| Communicated with family member:  plan of care, answered questions, |  |  |  |
| Additional observations |  |  |  |

**Observer 3: Team dynamics**

1. List examples of effective communication you observed during this scenario (including closed loop communication).
2. Have you observed times in which communication was unclear and you did not observe closed-loop communication? If so, provide examples and explained how the closed loop communication would have improved the scenario.
3. Were appropriate resources utilized well and in a timely fashion?

Give examples.

**Observer 4: Assessment Observations of RN 1**

1. Were key assessment and interventions organized and prioritized appropriately?
2. Describe collaboration efforts of RN 1 with RN 2
3. Describe the interactions with RN1 and physician
4. Describe the interactions with RN1 and family member.