Multiple Pediatric Clients in a Clinic Setting

You are working in a large urban pediatric walk-in clinic that offers well-baby care, provides immunizations, and is an educational resource for child health topics. In addition, the clinic also accommodates walk-in clients and offers basic diagnostic testing and emergency care. The staff includes a pediatrician, a graduate student who is working toward an advanced practice nursing (APN) degree, an experienced RN, an experienced LPN, a pediatric social worker, a new graduate nurse (GN), and a nursing assistant. Today, you are the charge nurse. This morning, in addition to scheduled appointments, there is an immunization clinic. You receive two phone calls, and there is one walk-in client.

1. Which member(s) of the staff (pediatrician, APN student, RN, LPN, pediatric social worker, GN, and/or nursing assistant) should perform each of these tasks and duties to ensure that the general work flow of the clinic is efficient and that each team member is being used in the most effective manner? (More than one staff member may be appropriate to list for some tasks.)
   1. Perform well-baby physical examinations, including assessment of growth and developmental milestones
   2. Perform triage for walk-in clients
   3. Give routine immunizations
   4. Obtain weight and height measurements
   5. Ensure that the play therapy area is stocked and organized
   6. Stock the treatment rooms with linens and supplies
   7. Perform a physical assessment of walk-in clients
   8. Supervise the APN student

2. A mother brings her 12-month-old child to the clinic for an influenza vaccination. The nurse tells the mother that the child is also due for doses of measles-mumps-rubella, varicella, and hepatitis A vaccines. The mother declines the nurse's advice because "he has already had enough of those." What is the priority action?
   1. Encourage a follow-up appointment and notify Child Protective Services
   2. Assess the mother's concerns and current level of knowledge about immunization
   3. Emphasize the benefits of immunization; explain the purpose and schedule
   4. Respect the mother's decision and alert the pediatrician to the situation

3. Before giving a child an immunization, you note that the child is flushed and warm, is acting fussy, and has rhinorrhea. What is the priority action?
   1. Notify the pediatrician and obtain an order for an antipyretic
   2. Assess the child for additional symptoms of febrile illness
   3. Advise the mother that fever is a contraindication and reschedule the appointment
   4. Give cool fluids to reduce fever and apply an anesthetic cream to the injection site

4. A parent calls in for advice because her 18-month-old toddler has stumbled and bumped his head on the coffee table. Which symptom is cause for the greatest concern?
   1. A swelling the size of a golf ball that is tender to the touch
   2. Two episodes of vomiting a small amount of undigested food
   3. Continuous crying for 2 hours, unrelieved by familiar comfort measures
   4. Gaping 4-cm laceration on the forehead, with bleeding controlled by pressure
5. A parent calls in for advice because "Missy is 5 years old and she just won't sleep in her own bed. For the past 4 months, she wakes and comes to sleep with me and my husband. She cries and cries if we take her back to her own room." What is the priority action?
   1. Send the mother a brochure of things she can try to assist the child to sleep independently
   2. Advise the mother that this is a normal behavior that will eventually pass with time
   3. Suggest that the child be put back into her own bed and allowed to cry herself to sleep
   4. Schedule an appointment with the APN student for assessment and management

6. Six-year-old Billy woke last night with dyspnea, restlessness, wheezing, and cough. Mother and child spent the night in a reclining chair. His mother declares, "He is having an asthma attack." What is the priority nursing diagnosis?
   1. Disturbed Sleep Patterns related to difficulty breathing
   2. Impaired Gas Exchange related to thickening of bronchial wall and mucous
   3. Caregiver Role Strain related to duration of a chronic health condition
   4. Fatigue related to inadequate tissue oxygenation

7. As you approach Billy, which presentation would concern you the most and require immediate intervention?
   1. Alert and irritable, lying recumbent on the examination table
   2. Awake and nervous, sitting upright and crying, skin pale and dry
   3. Agitated, sweating, and sitting upright with shoulders hunched forward
   4. Asleep in a side-lying position breathing through open mouth

8. Which assessment finding for Billy is the most urgent and requires immediate intervention and notification of the pediatrician?
   1. Sudden increase in respiratory rate and decreased breath sounds
   2. Rattling cough productive of frothy, clear, gelatinous sputum
   3. Prodromal itching localized over the upper back
   4. Restlessness and wheezing auscultated at the end of expiration

9. As you care for Billy and address his asthmatic condition, in what sequence should the following orders be implemented?
   1. Administer intravenous (IV) methylprednisolone (Solu-Medrol).
   2. Contact the hospital about admission for 23-hour observation.
   3. Give nebulized albuterol (Proventil) every 30 minutes.
   4. Teach about measuring peak expiratory flow rate to determine personal best.
   5. Obtain a chest radiograph and a complete blood count (CBC).
   6. Administer humidified oxygen to maintain saturation above 90%.
   7. Schedule a radioallergosorbent test.

10. Billy is going to be transferred from the clinic to the hospital for 23-hour observation of his asthmatic condition. Which member(s) of the health care team (pediatrician, RN, LPN, and nursing assistant) should perform each of these tasks needed to safely transfer this client? (More than one staff member may be appropriate to list for some tasks.)
   1. Give a report to the attending physician at the hospital
   2. Give a report to the charge nurse at the receiving hospital
   3. Ensure that client records are complete and prepared for transfer
   4. Help the parent and child to collect personal items
   5. Determine that the client's condition is stable enough for transport to hospital
   6. Assess the response to treatment and summarize the client's condition
   7. Check the patency of the IV line and convert to saline lock as needed
   8. Assist the client to transfer to the ambulance stretcher

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11. In the afternoon, several clients come to the clinic for walk-in care. Prioritize the following clients in the order in which they should be seen to ensure safe care and efficiently manage client load.

1. Daisy is 4-years-old; she is alert and irritable with pale, sweaty skin. An elderly neighbor who was temporarily watching Daisy reports that she was running around and playing and then she got “grumpy.” Daisy has diabetes, but the neighbor “was not sure how to give her the insulin.”

2. Sarah is 11-months-old; she is dirty and crying, and her right arm is swollen and red. Sam is Sarah’s 2-year-old brother; he is dirty and hungry and signals you to pick him up. Ms. A, their mother, is 19 years old and single. She is thin and disheveled and seems somewhat confused. She is having trouble answering your questions. Ms. A says, “Those kids play too rough! The older one is always pushing the baby off the bed.”

3. Terry is 7-months-old; he rubs at his ears, acts fussy, refuses to suck, and has a temperature of 101.2°F (38.4°C). He has had three episodes of otitis in the past. Social history includes being bottle-fed and having parents who are both smokers.

4. James is 3-years-old. He awakened last night with a sore throat, difficulty swallowing, and a fever. He is flushed, anxious, and drooling. You observe a thick, muffled quality to his voice and slow, quiet breathing. You note that James looks sick.

12. What is the priority diagnosis for James?
1. Hyperthermia related to an infectious process and decreased fluid intake
2. Ineffective Airway Clearance related to swelling of tissues
3. Anxiety related to respiratory difficulties and the clinic environment
4. Impaired Swallowing related to discomfort in the throat

13. What is the priority action for James?
1. Visually inspect the throat with a tongue blade and auscultate the lungs
2. Administer humidified oxygen and have the child sit upright on a parent’s lap
3. Notify the pediatrician and prepare intubation equipment
4. Reassure the parents that the symptoms will readily resolve with breathing of cool moist air

14. The APN student and the physician are at the bedside. Which additional team members would be the best combination to provide the initial care for James?
1. The experienced RN and the experienced LPN
2. The experienced RN and the nursing assistant
3. The experienced RN and the GN
4. The experienced LPN and the GN

15. The pediatrician examines James and determines that he should be taken immediately to the Children’s Hospital emergency department (ED). The child is breathing slowly and quietly; humidified oxygen is being administered. What is the priority action?
1. Instruct the parents to drive the child to the hospital immediately and call the ED
2. Contact a private ambulance service and prepare the client for transport
3. Call 911, ask for advanced emergency medical services (EMS), and monitor the child
4. Assist the pediatrician to intubate the child and then arrange for transport

16. Daisy has type 1 diabetes. She is currently alert but irritable. She looks pale and her skin is clammy. What is the priority action for Daisy?
1. Locate the mother to obtain a history and permission to treat
2. Administer supplemental oxygen, alert the physician, and establish IV access
3. Ask the child to describe how she feels and use simple questions to obtain a history
4. Perform blood glucose testing and then give the child a carton of milk

17. Daisy’s mother arrives at the clinic, and she is relieved to find Daisy happy and smiling, but the mother bursts into tears and begins to yell at the elderly neighbor and the nursing staff for “not taking care of her!” What is the best way to handle her anger and tears?
1. Remind the mother that the child is okay and that the neighbor was doing what she thought was best based on the information that she had
2. Allow the mother to express her feelings and then take the neighbor aside and explain that the mother is just temporarily upset
3. Teach the mother about ways to communicate the child’s needs to all caregivers and help her make a list of specific instructions
4. Direct the mother to a private room and encourage her to ventilate feelings, then gently assess her ability to care for the child
18. What is the priority nursing diagnosis for Terry, who is rubbing at his ears, acting fussy, and refusing to suck, and has a temperature of 101.8°F (38.8°C)?
   1. Acute Pain related to accumulation of fluid behind the tympanic membrane
   2. Imbalanced Nutrition: Less than Body Requirements related to refusal to feed
   3. Deficient Knowledge about risk factors for recurrent ear infections in infants
   4. Hyperthermia related to infection, inflammation, and dehydration

19. For 7-month-old Terry, which task would be appropriate to assign to the LPN?
   1. Teach parents that passive smoking and bottle feeding contribute to ear infections
   2. Explain the concept of “watchful waiting” for 72 hours for uncomplicated otitis
   3. Gently irrigate ears to remove cerumen, for assessment of the tympanic membrane
   4. Administer an antihistamine, a decongestant, a steroid, and an antibiotic as prescribed

20. The pediatrician writes an order for PRN ibuprofen (Advil) 100 mg by mouth every 6 hours for Terry (weight, 7 kg). According to your drug information book, the appropriate dosage range is 20 to 40 mg/kg/24 hr in four divided doses. What is the priority action?
   1. Give the medication as ordered, because it is within the appropriate dosage range
   2. Contact the pediatrician, because the dosage is lower than the recommend dosage range
   3. Call the pharmacist about special circumstances related to dosage alterations
   4. Calculate the dosage, then ask another RN to recheck the order and the math

21. The GN is preparing to give an antibiotic tablet to 7-month-old Terry. She checks a drug reference book, crushes the tablet, and then mixes it into 3 oz of applesauce. As the supervising nurse, what is your priority action?
   1. Accompany the nurse into the room and observe while she administers the drug
   2. Allow her to proceed independently and ask her to report on the outcome
   3. Suggest that she reconsider the client’s circumstances and developmental needs
   4. Suggest that she recheck the drug reference book before administering the drug

22. What is the priority nursing diagnosis in caring for the A family? (Refer to question 11 for a description of the A family’s circumstances.)
   1. Imbalanced Nutrition: Less than Body Requirements related to socioeconomic status
   2. Deficient Knowledge about the developmental needs of children
   3. Risk for Injury to the children related to lack of appropriate parenting
   4. Risk for Impaired Parenting related to mother’s youth and judgment

23. Which member(s) of the health care team (RN, LPN, nursing assistant, pediatric social worker) should perform each of these tasks in caring for Sarah, Sam, and Ms. A? (More than one staff member may be appropriate to list for some tasks.)
   1. Perform an initial physical assessment of the infant and toddler
   2. Obtain a history of the infant’s injury, including the sequence of events
   3. Observe the children for behavioral signs of abuse
   4. Report any findings to Child Protective Services if appropriate
   5. Assist by holding one child while the other is being examined
   6. Accompany the infant to the radiology department
   7. Administer an oral pain medication to the infant
   8. Assist the toddler to eat an age-appropriate meal

24. The social worker has just informed Ms. A that Child Protective Services has been notified and that a representative will arrive shortly to speak with her about the family’s situation. Ms. A starts to cry and threatens to leave. What is the priority action?
   1. Obtain an “against medical advice” (AMA) form and have her sign it
   2. Notify the pediatrician of the mother’s intent to leave
   3. Inform the mother that the police will be notified if she leaves
   4. Encourage Ms. A to remain and to express feelings and fears