URN: 9833360 |**PATIENT:** HERMIONE GRANGER

DOB: 15 APRIL 2016 | **PAEDS, USQ HOSPITAL**

SITUATION:

Miss Hermione Granger, a 5-year old girl, was brought in by ambulance accompanied by her mother following a collision with a car whilst riding her bicycle. The collision was at low speed. The injuries she sustained include a suspected fracture of her left tibia and fibula, multiple grazes across her legs and feet, left hip, and shoulder. She has a 5cm laceration on her left elbow. Hermione was wearing her helmet but has sustained a small graze above her left eyebrow.

BACKGROUND

Miss Hermione Granger has no past medical and surgical histories. She lives at home with her parents and a younger brother. Miss Hermione Granger was born at 38 weeks gestation with no neonatal complications. Her immunisation is up to date.

ASSESSMENT

Her Glasgow Coma Scale (GCS) is 15, moving right upper and lower limbs with mild weakness, mild weakness in left upper limb and severe weakness in left lower limb. Both her pupils equal and reactive to light. Her vital signs are as follows: Heart Rate 130 bpm Respiration 30 bpm Blood Pressure 120/60 mmHg SaO_2 99%. She was crying due to the injuries she sustained. All blood investigations were done, and results were unremarkable. CT Trauma done and was normal (Fig 1) including her left tibia and fibula (Fig 2).

RECOMMENDATION

Continue neurological observations. Miss Hermione Granger will be kept Nil by Mouth (NBM) until she is awake. She has had IN Fentanyl STAT administered prior to CT Trauma and a second dose during the procedure. Miss Hermione Granger has analgesia prescribed as well as intravenous therapy.

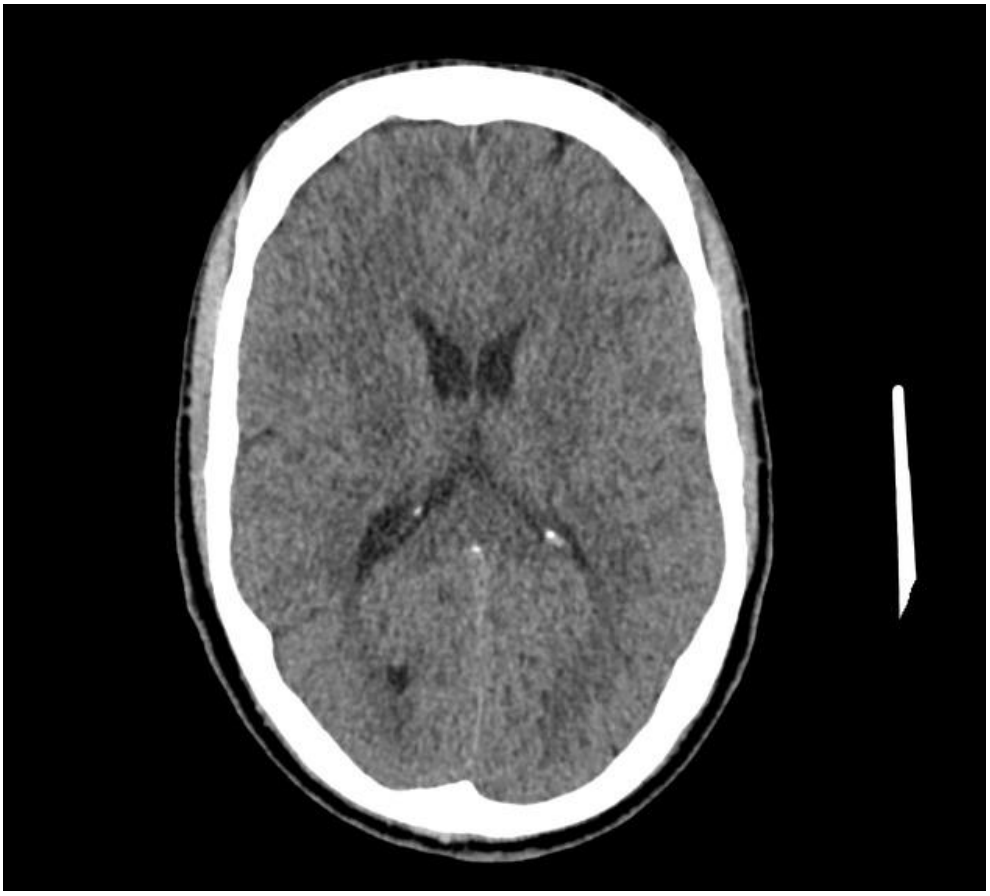


Figure 1: Ct Head

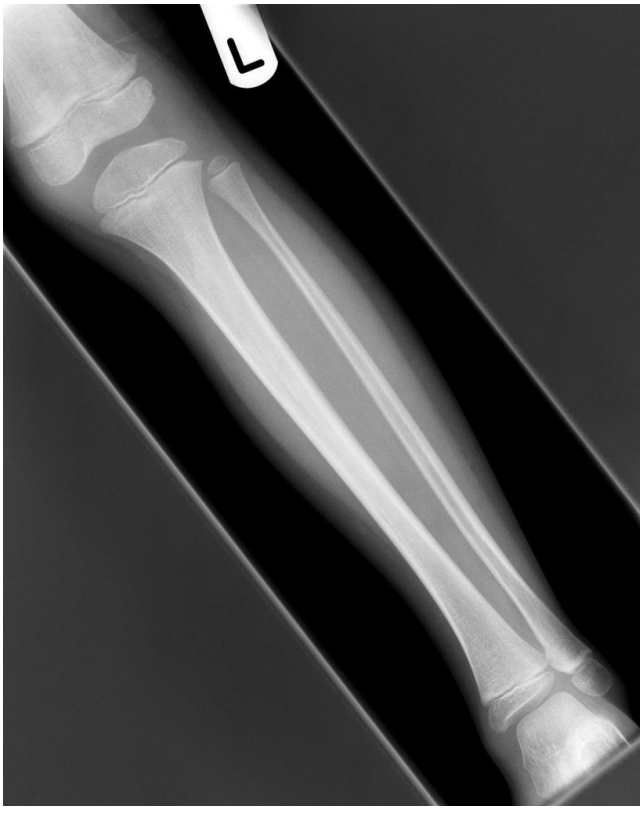
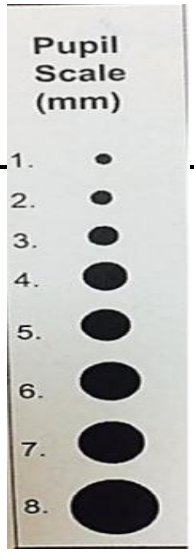


Figure 2: Left Tibia and Fibula

Paediatric Neurological Observation Record: Glasgow Coma Scale												**NAME:** HERMIONE GRANGER **DATE OF BIRTH:** 15 APRIL 2016 **URN:** 9833360 **GENDER:** Female
A fall in GCS of 2 or more points requires review by Medical Officer			Date									
			Time									
	< 1 year	**> 1 year**										
Eyes open	Opens spontaneously	Opens spontaneously	**4**	X	X							
	Opens to voice	Opens to voice	**3**									C= Eyes closed by swelling
	Opens to pain	Opens to pain	**2**									
	No response	No response	**1**									
Best verbal response	Cues/babbles/cries appropriately	Uses appropriate words/ phrases	**5**	X	X							T= Endotracheal Tube OR Tracheostomy
	Irritable cry/ grimace	Uses inappropriate words/ phrases	**4**									
	Cries only to pain	Persistent crying and/ or screaming	**3**									
	Grunts	Moans to pain	**2**									
	No response	No response	**1**									
Best motor response	Moves spontaneously	Obeys commands	**6**	X	X							
	Withdraws to touch	Localises to pain	**5**									
	Withdraws to pain	Withdraws to pain	**4**									
	Abnormal flexion	Abnormal flexion	**3**									
	Extension	Extension	**2**									
	No response	No response	**1**									
Glasgow Coma Scale Score			**15**	15	15							
Pupils	Right	Size		4	4							+ Reactive - No reaction S Sluggish C Closed
		Reaction		+	+							
	Left	Size		4	4							
		Reaction		+	+							
Limb movement	Arms	Normal power										Record (R) right (L) left Separately if there is a difference
		Mild weakness		RL	RL							
		Severe weakness										
		No response										
	Legs	Normal power										
		Mild weakness		R	R							
		Severe weakness		L	L							
		No response										
Fontanelle	Sunken	Dehydrated										C= Crying √ present
	Soft	Normal		X	X							
	Tense	Raised ICP										
	Bulging	Raised ICP										
			Initial	LN	LN							

Affix patient identification label here

URN: 9833360
Family name: GRANGER
Given names: HERMIONE
Address:
Not a valid prescription unless identifiers present
Date of birth: 15 APRIL 2016 Sex: ☐ M ☒ F
First prescriber to print patient name and check label correct: ____

Attach ADR sticker
See front page for details

As required PRN medicines

Weight (kg): 18 kg
Date weighed: ____
Ward/unit: PAEDS

Not a valid order unless legible

Date	Medicine (print generic name)		
	Ibuprofen		
Route	Dose	Hourly frequency	Max PRN dose/24 hrs
PO	126mg	8H PRN	400mg/24H
Pharmacy/additional information			
Indication		Dose calculation (eg. mg/kg per dose)	
Analgesia		7mg/kg	
Prescriber signature	Print your name	Contact/pager	
(signature)	L.Mellick	X6328	

Date / Time / Dose / Route / Sign

Continue on discharge? Yes / No
Dispensed? Yes / No Qty:____
Duration:____ days
Date:
Pharmacist:

Date	Medicine (print generic name)		
Route	Dose	Hourly frequency	Max PRN dose/24 hrs
		PRN	
Pharmacy/additional information			
Indication		Dose calculation (eg. mg/kg per dose)	
Prescriber signature	Print your name	Contact/pager	

Date / Time / Dose / Route / Sign

Continue on discharge? Yes / No
Dispensed? Yes / No Qty:____
Duration:____ days
Date:
Pager:

Date	Medicine (print generic name)		
Route	Dose	Hourly frequency	Max PRN dose/24 hrs
		PRN	
Pharmacy/additional information			
Indication		Dose calculation (eg. mg/kg per dose)	
Prescriber signature	Print your name	Contact/pager	

Date / Time / Dose / Route / Sign

Continue on discharge? Yes / No
Dispensed? Yes / No Qty:____
Duration:____ days
Print your name:

Date	Medicine (print generic name)		
Route	Dose	Hourly frequency	Max PRN dose/24 hrs
		PRN	
Pharmacy/additional information			
Indication		Dose calculation (eg. mg/kg per dose)	
Prescriber signature	Print your name	Contact/pager	

Date / Time / Dose / Route / Sign

Continue on discharge? Yes / No
Dispensed? Yes / No Qty:____
Duration:____ days
Prescriber's signature:

Date	Medicine (print generic name)		
Route	Dose	Hourly frequency	Max PRN dose/24 hrs
		PRN	
Pharmacy/additional information			
Indication		Dose calculation (eg. mg/kg per dose)	
Prescriber signature	Print your name	Contact/pager	

DO NOT WRITE IN THIS BINDING MARGIN

DO NOT WRITE IN THIS BINDING MARGIN

Cut off section

Paediatric Medication chart number ____ of ____

Facility/service: USQ HOSPITAL
Ward/unit: PAEDS
Additional charts: ☒ IV fluid ☐ Inhalation ☐ BGL/insulin ☐ Palliative care ☐ Acute pain ☐ Chemotherapy ☐ IV heparin ☐ Other

Once only medicines

Date prescribed	Medicine (print generic name)	Route	Dose	Dose calc eg. mg/kg per dose	Date/time to be given	Prescriber signature	Prescriber Print your name	Given by	Date/time given	Pharm
	Fentanyl	IN	27 mcg	1.5mcg/kg		(signature)	L.Mellick	(signature)	(signature)	
	Fentantl	IN	13.5mg	0.75mcg/kg		(signature)	L.Mellick	(signature)	(signature)	

Telephone orders (to be signed within 24 hours of order)

Date time	Medicine (print generic name)	Route	Dose	Dose calc eg. mg/kg per Dose	Frequency	Check initials N1	Check initials N2	Prescriber name	Pres. sign	Date	Record of administration Time / given by	Time / given by	Time / given by

Medicines taken prior to presentation to hospital

(prescribed, over the counter, complementary) Own medicines brought in? ☐ Y ☐ N

Medicine and formulation	Dose and frequency	Duration	Medicine and formulation	Dose and frequency	Duration

Not for administration

GP: Community pharmacy:
Sign: Print: Date: Medicines usually administered by:

Paediatric NIMC (paediatric) Paediatric

Cut off section

Allergies and adverse drug reactions (ADR)
☐ Nil known ☐ Unknown (tick appropriate box or complete details below)

Medicine (or other)	Reaction / type / date	Initials
NKA		

Sign (signature) Print L.Mellick Date

Family name: GRANGER
Given names: HERMIONE
Address:
Not a valid prescription unless identifiers present
Date of birth: 15 APRIL 2016 Sex: ☐ M ☒ F
First prescriber to print patient name and check label correct:

Weight (kg): 18 kg
Date weighed:
Height (cm): 100 BSA (m²):
Gestational age at birth (wks): 38

Not a valid order unless legible

Regular medicines

Year 20____ Date and month →
PRESCRIBER MUST ENTER administration times

Date	Medicine (print generic name)		Tick if slow release	Times
	Paracetamol			
Route	Dose	Frequency and NOW enter times →		0600
PO	180mg	Q6hourly		1200
Pharmacy/additional information				1800
Indication	Dose calculation (eg. mg/kg per dose)			2400
Analgesia	10mg/kg			
Prescriber signature	Print your name	Contact/pager		
(signature)	L.Melick	X6329		

Continue on discharge? Yes / No
Dispensed? Yes / No Qty:____
Duration:____ days
Date:
Pharmacist:

Date	Medicine (print generic name)		Tick if slow release
Route	Dose	Frequency and NOW enter times →	
Pharmacy/additional information			
Indication	Dose calculation (eg. mg/kg per dose)		
Prescriber signature	Print your name	Contact/pager	

Continue on discharge? Yes / No
Dispensed? Yes / No Qty:____
Duration:____ days
Date:
Pager:

Date	Medicine (print generic name)		Tick if slow release
Route	Dose	Frequency and NOW enter times →	
Pharmacy/additional information			
Indication	Dose calculation (eg. mg/kg per dose)		
Prescriber signature	Print your name	Contact/pager	

Continue on discharge? Yes / No
Dispensed? Yes / No Qty:____
Duration:____ days
Print your name:

Date	Medicine (print generic name)		Tick if slow release
Route	Dose	Frequency and NOW enter times →	
Pharmacy/additional information			
Indication	Dose calculation (eg. mg/kg per dose)		
Prescriber signature	Print your name	Contact/pager	

Continue on discharge? Yes / No
Dispensed? Yes / No Qty:____
Duration:____ days
Prescriber's signature:

Pharmaceutical review:

Recommended administration times

Guidelines only

Morning	Mane	0800			
Night	Nocte			1800 or 2000	
Twice a day	BD	0800		2000	
Three times a day	TDS	0800	1400	2000	
Regular 6 hourly	6 hrly	0600	1200	1800	2400
Regular 8 hourly	8 hrly	0600	1400	2200	
Four times a day	QID	0800	1200	1800	2200

Tick if slow release
SR = Sustained, modified or controlled release formulation.
If scored tablet, then half can be given.
Dose must be swallowed without crushing.

Reason for not administering

Codes MUST be circled

Absent	(A)
Fasting	(F)
Refused—notify prescriber	(R)
Vomiting	(V)
On leave	(L)
Not available—obtain supply or contact prescriber	(N)
Withheld—enter reason in clinical record	(W)
Self administered	(S)
Parent/Carer administered	(P)

Regular medicines

Year 20____ Date and month →
PRESCRIBER MUST ENTER administration times

Date	Medicine (print generic name)		Tick if slow release
Route	Dose	Frequency and NOW enter times →	
Pharmacy/additional information			
Indication	Dose calculation (eg. mg/kg per dose)		
Prescriber signature	Print your name	Contact/pager	

Date	Medicine (print generic name)		Tick if slow release
Route	Dose	Frequency and NOW enter times →	
Pharmacy/additional information			
Indication	Dose calculation (eg. mg/kg per dose)		
Prescriber signature	Print your name	Contact/pager	

Date	Medicine (print generic name)		Tick if slow release
Route	Dose	Frequency and NOW enter times →	
Pharmacy/additional information			
Indication	Dose calculation (eg. mg/kg per dose)		
Prescriber signature	Print your name	Contact/pager	

Date	Medicine (print generic name)		Tick if slow release
Route	Dose	Frequency and NOW enter times →	
Pharmacy/additional information			
Indication	Dose calculation (eg. mg/kg per dose)		
Prescriber signature	Print your name	Contact/pager	

Continue on discharge? Yes / No
Dispensed? Yes / No Qty:____
Duration:____ days

Pharmaceutical review:

INTRAVENOUS FLUID ORDER FORM

IV FLUID CALCULATION IN CHILDREN	
Rehydration	**Maintenance**
0.9% Saline 20mg/kg repeated as necessary	0.9% Saline & 5% Dextrose 100ml/kg for first 10kg of body weight 50ml/kg for second 10kg of body weight 20ml/kg for every kg of body weight thereafter **Up to 2500mls/kg

NAME: HERMIONE GRANGER
DATE OF BIRTH: 15 APRIL 2016
URN: 9833360
GENDER: Female

Year: 20

First prescriber to print patient's name and check label is correct:
Hermione Granger Weight (kg):18kg Height (cm): 100.cm

Date/Time ordered	Line/ Route	Volume	**Medical Officer Prescription** Fluid Type and Additives (amount per bag or syringe)	Rate ml/hr	Prescriber signature/ Print name	Date/ Time Start	Rate ml/hr	Nurse 1/ Nurse 2	Time stop	Volume infused
	IV	1000 mls	0.9% Normal Saline & 5% Dextrose	58.3mls/hr	L.Mellick		58.3mls/hr			

WHAT YOU NEED TO DO

- After reading the case study and reviewing all the charts in this workbook, respond to the task questions using the link below.

PRESENTATIONS REQUIREMENTS

- Question 1 to 5 must be written using formal academic sentence structure (compete paragraphs that are grammatically correct, with in-text referencing, and **no dot-points**, **figures, or tables**)
- Question 1 to 5 must be written in **third person**
- An introduction and conclusion paragraph are **not required**
- Referencing: USQ APA 7th (https://usq.pressbooks.pub/apa7/) and references need to be current**, the last 7 years**

Question 1

The initial assessment of the child's overall condition is of crucial importance. The initial assessment of an unwell child includes the paediatric assessment triangle: appearance, breathing and circulation to skin; primary survey that focuses on basic life support, patient assessment and immediate management; secondary survey with a detailed history of the event and physical examination; and ongoing assessment. **Discuss and justify** with evidence-based literature **one (1)** reason for this (2 marks)

Question 2

Intranasal delivery has been used for several different purposes including vaccinations. **Discuss and justify** with evidence-based literature **two (2)** reasons that **contraindicate** the use of this route in patients (4 marks)

Question 3

Describe and justify using peer-reviewed evidence **three (3) nursing interventions** that should be implemented to reduce the risk of complications to this patient (9 marks)

Question 4

Identify and discuss <u>one (1)</u> priority problem for Miss Hermione Granger during her admission to the Paediatrics Ward. **Justify** the priority with peer-reviewed evidence (3 marks)

Question 5

Coping with stress reactions is common after a serious illness, injury, or a hospital stay. Even though it is the child who is ill or injured, the whole family can be affected. It's normal for the parents to feel overwhelmed trying to help the family and themself to cope. **Discuss and justify** with evidence-based literature **three (3)** nursing interventions that could help alleviate stress experienced by parents in this situation (9 marks)

Reference

LAB ASSESSMENT MARKING RUBRIC						
REMINDER: Each question on the case study has been allocated with individual marks- please refer to questions in case study						
Marks (1.5 mark)	**1.5 marks**	**1.2 marks**	**0.9 mark**	**0.6 mark**	**0.3 mark**	**0 mark**
Academic writing	High level of academic writing. Correct terminology and professional language. Skilful use of language that conveys meaning with clarity and fluency. No errors in tense, spelling, punctuation, or grammar.	Good level of academic writing. Generally, uses Correct terminology and professional language. Uses language that effectively conveys meaning with clarity and fluency. Minimal errors (2-4) in tense, spelling, punctuation, or grammar.	Satisfactory level of academic writing. Uses correct terminology and professional language for some of the responses (answers). Uses straightforward language that generally conveys meaning. Occasional errors in tense, spelling, punctuation, or grammar that reduce readability.	Limited level of academic writing. Incorrect terminology and professional language frequently throughout the responses (answers). Language used means it is frequently difficult to determine meaning. Frequent errors in tense, spelling, punctuation, or grammar that reduce readability.	Unsatisfactory level of academic writing. Uses incorrect terminology and professional language throughout the responses (answers). Uses language that often does not convey meaning or is difficult to determine meaning. Frequent errors in tense, spelling, punctuation, or grammar that interfere with effective communication. Serious problems with mechanics of language.	No submission.
Marks (1.5 mark)	**1.5 marks**	**1.2 marks**	**0.9 mark**	**0.6 mark**	**0.3 mark**	**0 mark**
Referencing	All aspects of APA referencing are technically correct in reference list and in-text referencing High level of academic sources used. Minimum of 10 peer reviewed journals accessed in addition to other sources to support work.	Most aspects of APA referencing are technically correct in reference list and in-text referencing. Generally high level of academic sources used 8-10 peer reviewed journals accessed in addition to other sources to support work.	Infrequent errors in APA referencing in reference list and/or in-text referencing. Mostly academic sources used with some non-academic sources. Some peer-reviewed journals accessed in addition to other sources to support work.	Frequent errors consistent in APA. referencing in reference list and/or in-text referencing. Mostly non-academic academic sources used. Limited number of peer reviewed journals accessed in addition to other sources to support work.	Serious issues with referencing in reference list and/or in-text referencing. Has not used APA referencing. Has used all non-academic sources to support work AND/OR Very limited number of peer reviewed journals accessed in addition to other sources to support work.	Absent referencing No evidence of use of sources to support work.
					Total mark	