

Instructor Pediatric Simulation Guide

Simulation Objectives

1. Identify the root cause or pattern behind vaccine hesitancy during a clinical encounter to ensure a personalized approach to the conversation.
2. Educate patient regarding childhood immunizations.
3. Demonstrate collaborative team-based care of the pediatric patient with asthma exacerbation by providing concise and effective communication to co-workers, physicians, patients and family, ancillary staff, utilizing SBAR format when necessary.
4. Recognize use of the Nursing Process throughout the entirety of the patient care cycle / any critical thinking process.

Review the Pediatric Pre-Simulation assignment with the students.

Next, split the students into two groups. The first group will go into a separate debrief room to complete an online immunization simulation which can be found following this link:

<https://www.can-sim.ca/accessjama/phac2e-vac-hesitancy/#/>

Students will complete the Immunization Simulation Assignment after completing the simulation as a group.

The second group will stay in the original debrief room and complete the Asthma Escape Room simulation. Instructions are found below.

The groups will the switch places with the first group completing the Escape Room and the second group completing the online simulation.

After both groups complete both activities. Complete the following debrief:

Escape Room Debrief

1. Deliver and SBAR report on your patient care (Students can complete the PostSim Assignment as the same time).
2. Share your experience with today's escape room. (Talk about the patient's presentation, assessment findings, and medication needs).
3. It is so important to develop a foundation of interdisciplinary team practices into your future nursing careers. What were some elements of teamwork that supported the team performance in the escape room?
4. Did delegating/not delegating a team leader play a role in your escape room time?

Immunization Debrief

1. Review Immunization Simulation Assignment questions.
2. Discuss how this experience was for you.
3. How can you use the information you learned in your care of pediatric patients or adult patients?

Instructor Escape Room Guide

Pieces of SBAR report form provided to students as they enter the escape room.

SBAR Report

Situation: Wheezing, increased shortness of breath, known asthma

Hal's initial vital signs: HR110, BP 120/70, RR30, SpO2 92% on room air, Temp 37C

Background: Patient is an eight-year-old male who was brought to Urgent Care by his mother with symptoms of a persistent cough and difficulty breathing since this morning. Mom states the child has asthma and has been experiencing shortness of breath for the past two days after a mild, short illness. The mother has switched him to albuterol nebulizer treatments and is compliant with Advair DISKUS use, but reports he is still wheezing. This is his third urgent care visit in the past two months but has never been admitted to the hospital.

Home medications: Advair DISKUS 100/50 mcg: 1 inhalation twice daily, ProAir HFA 90mcg: 2 puffs every 4-6 hours as needed for wheezing or coughing, Albuterol 0.63 mg: 1 vial nebulized 3 or 4 times daily as needed for exacerbation

Allergies: Peanut allergy

Code status: Full Code

Information was placed in 8 manila folders

Students work on puzzles together using each one of their tasks to engage

Puzzle 1: Envelopes: Will open the Prebriefing Report in Red Folder

Puzzle 2: Decode 2 questions. Instructions are in Password encrypted Google Doc that the students use the codes to open the Google Doc for scenario update and standing orders. Find area with chosen standing orders. O2 states find diagnosis card

Diagnosis Card: Finds Diagnosis envelope hidden around the room. Open Green Folder

Puzzle 3: Crossword Puzzle on the counter in Green Folder: Will decipher code to where the medication is located

Medications in overhead cabinet: Contain a note to select the correct medical diagnosis envelope. Open Yellow folder

Dosage calculation: Need calculator, pencil, paper. Complete dosage calcs & choose envelope with correct answer instructing student to administer neb tx with SpO2 monitoring. Open Blue folder.

Physician Orders: In the blue folder the student will see orders to admin albuterol, cont O2 monitoring, and med. Then find card in room with assessment findings.

Medication 1: Albuterol 0.6mL (5 mg/mL) at 0.083% concentration in 3 mL of normal saline via nebulizer every 20 minutes x 3 doses. **Medication 2:** Prednisolone 1 mg/kg PO once STAT

Assessment Finding Card: If chosen correctly, see Purple Folder.

Purple Folder: Hal's H&P, Lab, X-ray results. Certificate of Escape room completion.

Instructions

You and your peers have been tasked with saving Hal. This is going to require teamwork and effective communication. You will work through the nursing process while solving puzzles and riddles. Your “piece of the puzzle” correlates to giving reports and completing documentation. These tasks are non-transferrable which means whoever receives the report envelope has to give a report. Feel free to look around the room, but you must stay within the boundaries of the room to save Hal, or run out of time! You will be working to escape this room. Please do not use any force with the equipment, boxes, or Hal. You will be successful in your “escape from nursing school” when all ordered medications have been safely administered. You are racing the clock! You will yell, “stop the clock” to indicate successful completion. You have 1 hour to save this patient by properly administering medications and escaping the room, or poor Hal will get worse. Good luck!

Riddle on the hand foam or door:

Riddle me this.... Your patient has had a persistent cough that has lasted for more than a day. Today it changed into something different that makes me worry about airway. The classic presentation may surprise you and make you want to brace...The lab may need to be sent to determine if isolation precautions must be put into place.

(Upon donning isolation gowns, the students find another clue that supports their continued care or assessment needs.) **Clue: Introduce yourself to your patient.**

Assessment:

Puzzle 1: Print, laminate, and place one option on the front of each envelope, placing corresponding answers inside each envelope:

On the patient is the following prompt: **Every nurse knows assessment is the first step in the nursing process. Choose the correct option and follow the answer found inside!**

Assess patient, verify allergies, and encourage him to cough and deep breathe. Take VS every 10 minutes. The provider will be here soon and you can bring up concerns with the provider then.	Incorrect, try again!
Assess patient, verify allergies, and encourage him to cough and deep breathe. Place SpO2 monitor, start oxygen, and initiate appropriate standing orders. You would call the PCP into room ASAP for concerns of tachycardia, tachypnea, and wheezing.	Correct! You may now open the RED folder!
Assess patient, verify allergies, and encourage him to cough and deep breathe. Call Xray to come and take a chest x-ray.	Incorrect, try again!

RED FOLDER: Prebriefing report:

Hal Huggins is an eight-year-old male who was brought to the Urgent Care by his mother for coughing and difficulty breathing. He was previously diagnosed with asthma by his pediatrician four months ago and was prescribed albuterol via a metered dose inhaler to use as needed. His mother reports that his asthma had worsened lately and that he was having difficulty sleeping since he had a cold almost a week ago. Additionally, the family home is undergoing some renovations, which involved tearing down two walls. She has kept Hal home from school today because of his coughing and wheezing all morning. The mother reports the peak expiratory flow value was between 50-80%. She also adds that he is up to date with all his immunizations. Currently, he has some nasal secretions and is breathing open-mouthed with some audible expiratory wheezes. ****Progress to PUZZLE 2 for More INFO****

Puzzle 2: (Print and laminate card with questions and instructions)

This puzzle contains hidden codes that will be used for an encrypted password to a Google Doc for standing orders. No special characters will be used in the password.

<p>Question #1: Find clues when collecting these two: The higher one is the sicker Hal will be; extremes of the other shows another problem is occurring.</p> <p>What are two STAT labs that should be ordered on your patient?</p>	<p>Answer: (do not show) CBC/CMP</p>
<p>Question #2: What are three priorities to be completed within the first 5 minutes of the patient's visit?</p> <ol style="list-style-type: none"> 1. Obtain chest x-ray per standing order 2. Obtain labs per standing order 3. Place patient on supplemental O2 4. Obtain urinalysis per standing order 5. Talk to Mom about patient's PMH 	<p>Answer: (do not show) 3, 1, 2</p>

Google Doc Info: (Password CBCCMP 312): (Attach the standing order document to this update)

Scenario update: One of the staff has already placed him in a room due to persistent coughing. He is anxious and in between breaths has indicated that he ran out of his inhaler just this morning. His mother states that he also has a peanut allergy. His pupils are equal, round and reactive to light, and approximately four mm in diameter. His capillary refill is about two seconds. His skin is warm, dry and pale. There are no intercostal or substernal retractions. His weight is noted as 23.1 kg or 51 pounds.

Use the attached standing orders and as a team decide what is pertinent for this patient.

You have contacted the provider based on your assessment. Standing orders were chosen and results are pending. Find the area marked with the standing order(s) your team decided were pertinent to Hal.

URGENT CARE STANDING ORDERS

Order as deemed appropriate:	
Suspected Infection, unspecified	CBC, CMP
Suspected fracture, unspecified	X-ray (specify site)
Aggravated Cough	Chest X-ray
Suspected chest injury, lung infection	Chest X-ray
Suspected urinary tract infection	Clean Catch Urinalysis
Oxygen supplementation	SpO2 <92%
Chest Pain (suspected cardiac)	EKG

Diagnosis: Asthma Exacerbation

Choose the envelope that is labeled with the correct nursing diagnosis.

Anxiety related to perceived threat of death.	Incorrect, try again!
Ineffective airway clearance related to increased production of mucus and bronchospasm. Impaired gas exchange related to altered delivery of inspired O2.	Correct! You may now open the GREEN folder!
Impaired gas exchange related to alveolar-capillary membrane changes as evidenced by shortness of breath, low SPO2, and bacteria found in sputum culture.	Incorrect, try again!

Planning: The client will be free of cyanosis and other signs and symptoms of hypoxia. The client will demonstrate improved ventilation and adequate oxygenation of tissues by normal ABGs. The client will be free of symptoms of respiratory distress.

Green Folder: Crossword Puzzle

As a team, you are required to complete the following crossword puzzle as one of the tasks. The answers to the crossword puzzle are associated with a cipher that will help you identify a keyword associated with where the needed medications are held.

Overhead Cabinets	Correct! You may now find your medications.
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You have found the medications, but you are missing the supplies. To successfully medicate your patient, you need to select the correct diagnosis based on your patient assessment. Select the correct envelope with your tentative medical diagnosis.

Pneumonia	Incorrect, try again!
Asthma exacerbation	Correct! You may now open the Yellow folder!
COVID-19	Incorrect, try again!

Interventions: 1. Improving Breathing Pattern & Gas Exchange, 2. Maintaining Patent Airways & Reducing Airway Inflammation, 3. Medical Administration and Pharmacologic Support, 3. Preventing Exacerbation of Asthma 4. Reducing Anxiety & Improving Coping, 5. Promoting Rest & Energy Conservation, 6. Providing Patient Education & Health Teachings

Yellow folder: (have calculator/piece of paper and pencil)

Complete the following medication math questions to seek additional clues needed to save Hal.

- Hal weighs 51 pounds. Convert his weight to kilograms.
- Based on Hal’s weight how many milligrams of Prednisolone will he need if the provider orders Prednisolone 1 mg/kg?

Calculate the amount of the drugs based on the child's body weight (in kilograms).

Ordered: Prednisolone 23 mg IM stat

On hand: Methylprednisolone acetate USP 40 mg per mL

Choose the correct nursing diagnosis envelope.

Print, laminate, and place one option on the front of each envelope, placing corresponding answers inside each envelope

25.5 25.5	Incorrect, hurry your patient is worsening. Try again!
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0.64	
23.2 23.2 0.58	Correct! You may now administer medications via nebulizer with SpO2 monitoring. Open the BLUE folder.
21.4 51 1.2	Incorrect, hurry your patient is worsening. Try again!

Blue folder: Physician orders

Administer Albuterol with continuous SpO2 monitoring	Medication 1: Albuterol 0.6mL (5 mg/mL) at 0.083% concentration in 3 mL of normal saline via nebulizer every 20 minutes x 3 doses
After the patient's wheezing continues, and while he has rising oxygen levels, he still has diffuse crackles in his lungs. The provider has ordered a second medication.	Medication 2: Prednisolone 1 mg/kg PO once STAT Reassess patient 15-30 minutes after administration. Find the Card with your assessment findings and read the back for further instructions.

Evaluation: Improved breathing

Worsening crackles in lungs, bilaterally. SpO2 is low on room air. No improvement of respiratory distress.	Incorrect, try again!
Slight crackles in lungs, bilaterally. SpO2 stable on room air. No signs of cyanosis or respiratory distress.	Correct! You may now open the PURPLE folder!
Absent lungs sound, bilaterally. SpO2 is critical on room air. Patient should be transported to the ER for further evaluation and treatment.	Incorrect, try again!

Purple Folder: Access to Hal's Lab & Xray results. Physician's note. Escaped the room.

Instructor Escape Room Guide

Pieces of SBAR report form provided to students as they enter the escape room

SBAR Report

Situation: Wheezing, increased shortness of breath, known asthma

Hal's initial vital signs: HR110, BP 120/70, RR30, SpO2 92% on room air, Temp 37C

Background: Patient is an eight-year-old male who was brought to Urgent Care by his mother with symptoms of a persistent cough and difficulty breathing since this morning. Mom states the child has asthma and has been experiencing shortness of breath for the past two days after a mild, short illness. The mother has switched him to albuterol nebulizer treatments and is compliant with Advair DISKUS use, but reports he is still wheezing. This is his third urgent care visit in the past two months but has never been admitted to the hospital.

Home medications: Advair DISKUS 100/50 mcg: 1 inhalation twice daily, ProAir HFA 90mcg: 2 puffs every 4-6 hours as needed for wheezing or coughing, Albuterol 0.63 mg: 1 vial nebulized 3 or 4 times daily as needed for exacerbation

Allergies: Peanut allergy

Code status: Full Code

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Diagnosis Card: Finds Diagnosis envelope hidden around the room. Open Green Folder

Puzzle 3: Crossword Puzzle on the counter in Green Folder: Will decipher code to where the medication is located

Medications in overhead cabinet: Contain a note to select the correct medical diagnosis envelope. Open Yellow folder

Dosage calculation: Need calculator, pencil, paper. Complete dosage calcs & choose envelope with correct answer instructing student to administer neb tx with SpO2 monitoring. Open Blue folder.

Physician Orders: In the blue folder the student will see orders to admin albuterol, cont O2 monitoring, and med. Then find card in room with assessment findings.

Medication 1: Albuterol 0.6mL (5 mg/mL) at 0.083% concentration in 3 mL of normal saline via nebulizer every 20 minutes x 3 doses. **Medication 2:** Prednisolone 1 mg/kg PO once STAT

Assessment Finding Card: If chosen correctly, see Purple Folder.

Purple Folder: Hal's H&P, Lab, X-ray results. Certificate of Escape room completion.

Post escape room debriefing: Deliver and SBAR report on your patient care. Share your experience with today's escape room. (Talk about the patient's presentation, assessment findings, and medication needs). It is so important to develop a foundation of interdisciplinary team practices into your future nursing careers. What were some elements of teamwork that supported the team performance in the escape room? Did delegating/not delegating a team leader play a role in your escape room time?

Laminate each one on a card to give to student

<p>S</p>	<p>Situation: 8-year-old with wheezing, increased shortness of breath, known asthma</p>
<p>B</p>	<p>Background: Patient is an eight-year-old male who was brought to Urgent Care by his mother with symptoms of a persistent cough and difficulty breathing since this morning. Mom states the child has asthma and has been experiencing shortness of breath for the past two days after a mild, short illness. The mother has switched him to albuterol nebulizer treatments and is compliant with Advair DISKUS use, but reports he is still wheezing. This is his third urgent care visit in the past two months but has never been admitted to the hospital.</p>
<p>A</p>	<p>Assessment: <u>Review of symptoms:</u> <i>-General appearance:</i> Well-nourished child. Appears stated age. Appears anxious and in moderate respiratory distress <i>- Cardiovascular:</i> Sinus tachycardia <i>- Respiratory:</i> Wheezes in lower lobes <i>-Gastrointestinal:</i> Active bowel sounds <i>-Genitourinary:</i> Denies dysuria, frequency, or incontinence <i>-Neurological:</i> Alert and oriented to person, place, and time. Pupils equal, round, reactive to light and accommodation. No neurological deficits. Slightly agitated. <i>-Pain:</i> Denies pain. <i>Vital Signs: HR110, BP 120/70, RR30, SpO2 92% on room air, Temp 37C</i></p>
<p>R</p>	<p>Recommendation: Perform assessment, utilize standing orders as desired, treat patient as ordered.</p>

laminated card to be located on the door or by hand foam

Riddle me this.... Your patient has had a persistent cough that has lasted for more than a day. Today it changed into something different that makes me worry about airway. The classic presentation may surprise you and make you want to brace...The lab may need to be sent to determine if isolation precautions must be put into place.

On the patient is the following prompt:

Every nurse knows assessment is the first step in the nursing process. Choose the correct option on the envelope on my bed and follow the answer found inside!

Front side of envelope

In sealed envelope

<p>Assess patient, verify allergies, and encourage him to cough and deep breathe. Take VS every 10 minutes. The provider will be here soon and you can bring up concerns with the provider then.</p>	<p>Incorrect, try again!</p>
<p>Assess patient, verify allergies, and encourage him to cough and deep breathe. Place SpO2 monitor, start oxygen, and initiate appropriate standing orders. You would call the PCP into room ASAP for concerns of tachycardia, tachypnea, and wheezing.</p>	<p>Correct! You may now open the RED folder!</p>

Assess patient, verify allergies, and encourage him to cough and deep breathe. Call Xray to come and take a chest x-ray.	Incorrect, try again!
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In RED folder:

Hal Huggins is an eight-year-old male who was brought to the Urgent Care by his mother for coughing and difficulty breathing. He was previously diagnosed with asthma by his pediatrician four months ago and was prescribed albuterol via a metered dose inhaler to use as needed. His mother reports that his asthma had worsened lately and that he was having difficulty sleeping since he had a cold almost a week ago. Additionally, the family home is undergoing some renovations, which involved tearing down two walls. She has kept Hal home from school today because of his coughing and wheezing all morning. The mother reports the peak expiratory flow value was between 50-80%. She also adds that he is up to date with all his immunizations. Currently, he has some nasal secretions and is breathing open-mouthed with some audible expiratory wheezes.

****Progress to PUZZLE 2 for More INFO****

Puzzle 2: (Print and laminate card with questions and instructions)

Front of card:

This puzzle contains hidden codes that will be used for an encrypted password to a Google Doc for standing orders. No special characters will be used in the password.

Back of Card

Question #1: Find clues when collecting these two: The higher one is the sicker Hal will be; extremes of the other shows another problem is occurring.

What are two STAT labs that should be ordered on your patient?

Question #2: What are three priorities to be completed within the first 5 minutes of the patient's visit?

- 1. Obtain chest x-ray per standing order**
- 2. Obtain labs per standing order**
- 3. Place patient on supplemental O2**
- 4. Obtain urinalysis per standing order**
- 5. Talk to Mom about patient's PMH**

*******NEED THIS IN A PASSWORD PROTECTED GOOGLE DOC******* (Password CBCCMP 312): (Attach the standing order document with this update)

Scenario update: One of the staff has already placed him in a room due to persistent coughing. He is anxious and in between breaths has indicated that he ran out of his inhaler just this morning. His mother states that he also has a peanut allergy. His pupils are equal, round and reactive to light, and approximately four mm in diameter. His capillary refill is about two seconds. His skin is warm, dry and pale. There are no intercostal or substernal retractions. His weight is noted as 23.1 kg or 51 pounds.

Use the attached standing orders and as a team decide what is pertinent for this patient.

You have contacted the provider based on your assessment. Standing orders were chosen and results are pending. Find the area marked with the standing order(s) your team decided were pertinent to Hal.

URGENT CARE STANDING ORDERS

Order as deemed appropriate:	
Suspected Infection, unspecified	CBC, CMP
Suspected fracture, unspecified	X-ray (specify site)
Aggravated Cough	Chest X-ray
Suspected chest injury, lung infection	Chest X-ray
Suspected urinary tract infection	Clean Catch Urinalysis
Oxygen supplementation	SpO2 <92%
Chest Pain (suspected cardiac)	EKG

Front of Cards (Will post these cards randomly around the room)

CBC, CMP

Chest X-Ray

Oxygen

X-Ray

EKG

Clean Catch UA

Back of cards

CBC, CMP
You have selected the correct standing orders!

Chest X-Ray
You have selected the correct standing orders!

Oxygen
You have selected the correct standing orders! Now find the correct nursing diagnosis envelope

X-Ray
Ooops! Try again!

EKG
Maybe! But you'll have to validate reasoning

Clean Catch UA
Ooops! Try again!

Print, laminate, place on front of envelope

Print, Laminate, place in sealed env

<p>Anxiety related to perceived threat of death.</p>	<p>Incorrect, try again!</p>
<p>Ineffective airway clearance related to increased production of mucus and bronchospasm. Impaired gas exchange related to altered delivery of inspired O₂.</p>	<p>Correct! You may now open the GREEN folder!</p>
<p>Impaired gas exchange related to alveolar-capillary membrane changes as evidenced by shortness of breath, low SPO₂, and bacteria found in sputum culture.</p>	<p>Incorrect, try again!</p>

Green folder

As a team, you are required to complete the following crossword puzzle as one of the tasks. The answers to the crossword puzzle are associated with a cipher that will help you identify a keyword associated with where the needed medications are held.

Sign in the overhead cabinet where the medications are:

You have found the medications, but you are missing the supplies. To successfully medicate your patient, you need to select the probable physician diagnosis based on your patient assessment. Select the correct envelope with your tentative medical diagnosis.

Front of envelope

inside sealed envelope

Pneumonia	Incorrect, try again!
Asthma exacerbation	Correct! You may now open the Yellow folder!
COVID-19	Incorrect, try again!

Yellow Folder:

Complete the following medication math questions to seek additional clues needed to save Hal.

1. Hal weighs 51 pounds. Convert his weight to kilograms.
2. Based on Hal's weight how many milligrams of Prednisolone will he need if the provider orders Prednisolone 1 mg/kg?
3. Calculate the amount of the dose based on the child's body weight.

Ordered: Prednisolone 23 mg IM stat

On hand: Methylprednisolone acetate USP 40 mg per mL

Choose the envelope with the correct answers.

Front of envelope

inside each envelope

<p>25.5 25.5 0.64</p>	<p>Incorrect, hurry your patient is worsening. Try again!</p>
<p>23.2 23.2 0.58</p>	<p>Correct! You may now administer medications via nebulizer with SpO2 monitoring. Open the BLUE folder.</p>
<p>21.4 51 1.2</p>	<p>Incorrect, hurry your patient is worsening. Try again!</p>

BLUE Folder:: **Physician orders** (Written on the front of the folder)

<p>Administer Albuterol with continuous SpO2 monitoring</p>	<p>Medication 1: Albuterol 0.6mL (5 mg/mL) at 0.083% concentration in 3 mL of normal saline via nebulizer every 20 minutes x 3 doses</p>
<p>After the neb treatment, the patient's wheezing continues, and while he has rising oxygen levels, he still has diffuse crackles in his lungs. The provider has ordered a second medication.</p>	<p>Medication 2: Prednisolone 1 mg/kg PO once STAT</p> <p>Reassess patient 15-30 minutes after administration. Find the Card with your assessment findings and read the back for further instructions.</p>

Laminate and print. Have each one hanging somewhere in the room for the student to find

Front of the card

Back of the card

<p>Worsening crackles in lungs, bilaterally. SpO2 is low on room air. No improvement of respiratory distress.</p>	<p>Incorrect, try again!</p>
<p>Slight crackles in lungs, bilaterally. SpO2 stable on room air. No signs of cyanosis or respiratory distress.</p>	<p>Correct! You may now open the PURPLE folder!</p>
<p>Absent lungs sound, bilaterally. SpO2 is critical on room air. Patient should be transported to the ER for further evaluation and treatment.</p>	<p>Incorrect, try again!</p>

Purple Folder: Place inside Hal's Lab & Xray results. Physician's note. Escaped the room.

History and Physical

Patient: Michael Huggins

Presenting complaint: Wheezing, increased shortness of breath, known asthma

Code Status: Full code

History of present illness: Patient is an eight-year-old male who was brought to Urgent Care by his mother with symptoms of a persistent cough and difficulty breathing since this morning. Mom states the child has asthma and has been experience shortness of breath for the past two days after a mild, short illness. The mother has switched him to albuterol nebulizer treatments and is compliant with Advair DISKUS use, but reports he is still wheezing. This is his third urgent care visit in the past two months but has never been admitted to the hospital.

Past medical history: Patient was born prematurely at 32 weeks. He was on a ventilator in the NICU for two to three weeks. He has a history of reactive airway disease as an infant.

Medications: Advair DISKUS 100/50 mcg: 1 inhalation twice daily

ProAir HFA 90mcg: 2 puffs every 4-6 hours as needed for wheezing or coughing

Albuterol 0.63 mg: 1 vial nebulized 3 or 4 times daily as needed for exacerbation

Allergies: Peanut allergy

Review of symptoms:

- General appearance:* Well-nourished child. Appears stated age. Appears anxious and in moderate respiratory distress
- *Cardiovascular:* Sinus tachycardia
- *Respiratory:* Wheezes in lower lobes
- Gastrointestinal:* Active bowel sounds
- Genitourinary:* Denies dysuria, frequency, or incontinence
- Neurological:* Alert and oriented to person, place, and time. Pupils equal, round, reactive to light and accommodation. No neurological deficits. Slightly agitated.
- Pain:* Denies pain.
- Vital Signs:* HR110, BP 120/70, RR30, SpO2 92% on room air, Temp 37C

Assessment and Plan:

1. Asthma exacerbation
 - a. Albuterol 0.6mL (5 mg/mL) at 0.083% concentration in 3 mL of normal saline via nebulizer every 20 minutes x 3 doses
 - b. Prednisolone 1 mg/kg PO once STAT
2. Possible respiratory infection
 - a. Crackles noted bilaterally upon exam
 - b. Rule out respiratory infection by obtaining a CXR and laboratory test CBC and CMP

Signed electronically L, Fogelman, CNP

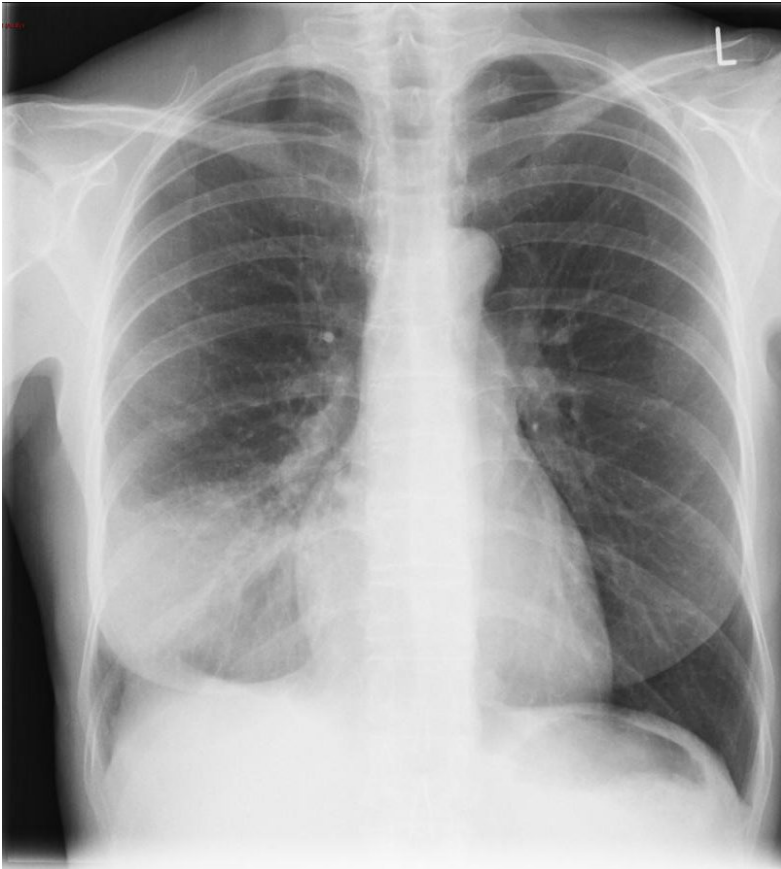
WDT Urgent Care
RADIOLOGICAL SERVICES
5555 5TH AVENUE RAPID CITY, SD 57701
605-718-5555

PATIENT: Huggins, Michael

DOB: 12/05/2013

ORDERING PHYSICIAN: L. FOGELMAN, CNP

ACCT #: RC-XXXXXXX



CR OF THE CHEST TWO VIEWS

Exam Date: 12/03/2021

CLINICAL HISTORY: Non-productive cough.

COMMENTS:

PA and lateral views of chest reveals no evidence of pneumothorax or hemothorax.

Patchy airspace consolidation in the right lower lobe is noted.

The mediastinum and pulmonary vessels appear normal. Aorta is tortuous.

Degenerative changes are noted in the thoracic spine.

IMPRESSION:

1. Right lower lobe pneumonia.

Electronically Signed by: L. FOGELMAN, CNP.

WDT Urgent Care
CLINICAL LABORATORY SERVICES
5555 5TH AVENUE RAPID CITY, SD 57701
605-718-5555

PATIENT: HUGGINS, MICHAEL
ORDERING PHYSICIAN: L. FOGELMAN, CNP

DOB: 12/05/2013
ACCT #: RC-XXXXXXX

BLOOD COUNT

TIME/COMPONENT	NORMAL	ABNORMAL	REF RANGE	UNITS
0800 WBC		11,223	4,300-10,800	mm ³
RBC	4.2		4.2-5.9 million	mm ³
Hbg	13.0		12.1-15.1	g/dL
Hct	46.7		37-48	%
Neutrophil	88.1		45-70	%
Lymphocyte	6.6		20-40	%
Platelet	226,000		150,000-400,000	mm ³

METABOLIC PANEL

TIME/COMPONENT	NORMAL	ABNORMAL	REF RANGE	UNITS
0800 ALBUMIN	3.7		3.5-5.0	g/dL
BUN	18		7-20	mg/dL
CREATININE	1.2		0.8-1.2	mg/dL
CALCIUM	10.0		8.5-10.2	mg/dL
CO ²	21		20-29	mmol/L
CHLORIDE	103		101-111	mmol/L
GLUCOSE		105	64-100	mg/dL
POTASSIUM	5.0		3.7-5.2	mEq/L
SODIUM	144		136-144	mEq/L
BILIRUBIN	0.4		0.1-1.2	mg/dL
PROTEIN	6.8		6.3-7.9	g/dL
ALT	19		7-55	IU/L
ALP	60		45-115	IU/L
AST	29		8-48	IU/L

Congrats! You have escaped the Pediatric Escape Room!



Please take a quick restroom/water break and return to the conference room for the debriefing.