

Answer each of the questions in the study guide before you come to class. A fillable answer sheet is available as a separate download in the pre-course modules or you can create your own. The expectation is that you will be prepared to discuss when called upon.

Chapter 1: Children Around the World

1. What are the most common pediatric presentations where you work?
2. What health promotion initiatives are needed in your area?

Chapter 2: Preparing for Pediatric Emergencies

1. How can health promotion and injury prevention topics be incorporated into the routine assessment and care of pediatric patients in the emergency department?
2. How do you incorporate patient- and family-centered care concepts into your care of pediatric patients?
3. Does your facility have a Pediatric Emergency Care Coordinator?
4. What opportunities exist at your facility to improve pediatric readiness and care for pediatric patients?
5. Does your facility receive children needing a higher level of care, or does your facility typically transfer children requiring a higher level of care? Are there formal transfer agreements in place? What are the responsibilities of the transferring and receiving facilities?
6. In most cases, consent for evaluation and treatment of minors must be obtained from the parent or legal guardian. In your jurisdiction, are there exceptions as to when a minor needs a parent/guardian to provide consent? What is your facility's policy for obtaining consent when a minor is unaccompanied by their legal guardian?

Chapter 3: Pediatric Differences

1. How can understanding the stages of development help you when caring for pediatric patients of varying ages?
2. What are some signs of pain that can be observed in children who are nonverbal?
3. Why is it important to incorporate caregivers in the assessment and care of the pediatric patient?
4. Where does your facility keep pediatric-size equipment? Is there any equipment that you do not currently have that would help optimize the assessment and care of pediatric patients?
5. What options are available at your facility to manage procedural pain? How easy are they to obtain and use?
6. How comfortable are you caring for pediatric patients today?
7. What do you hope to learn in this course that would increase your confidence in caring for this population?

Also see:

Pediatric Differences pre-course module

Chapter 4: Prioritization

1. What findings in the pediatric patient in the following areas would indicate a need for a higher priority and/or more urgent need for care?
 - a. Appearance
 - b. Breathing
 - c. Circulation
 - d. Vital Signs
 - e. Other

2. What are three situations where a child with **no** abnormalities in the PAT might be given a higher triage acuity?
3. What triage system is used at your facility? Does it include pediatric considerations?

Also see:

Pediatric Assessment Triangle pre-course module, Initial Assessment group discussion, all PNPs

Chapter 5: Initial Assessment

1. Why is it important to follow a standardized process for patient assessment?
2. Why do you think the Pediatric Nursing Process (PNP) systematic approach does not call for a full set of vital signs to be obtained right away?
3. In most situations, there are multiple clinicians caring for a critically ill patient and multiple things are happening at the same time. Why do you think this course puts so much emphasis on the PNP systematic approach if that's not how it works in the "real world?"
4. What is the procedure at your facility for rapid administration of warmed fluids to a pediatric patient? What equipment and/or supplies are used? Who is allowed to insert an intraosseous needle?

Also see:

Pre-course modules (PNP step-by-step and PNP video demo), Initial Assessment group discussion, and all PNPs

Chapter 6: The Neonate

1. What is the most important and effective intervention for neonatal resuscitation? What are some troubleshooting steps to ensure this intervention is as effective as possible?
2. What assessment findings in the neonate may indicate hypoglycemia?
3. What assessment findings in the neonate may indicate underlying congenital heart disease?
4. What equipment does your facility have for newborn stabilization and care (incubators, warmers, phototherapy lights, other)? Do you know how to use this equipment? If not, how can you learn?
5. What are the "safe haven" laws or other options for safe newborn surrender in your state/country? Does your facility have policies or protocols related to newborn surrender?

Also see:

PNP medical scenario

Chapter 7: The Child in Need of Stabilization

1. What is the definition of shock? Describe shock in your own words.
2. How can you differentiate compensated, decompensated/hypotensive, and irreversible shock?
3. List three pediatric differences relevant to shock. Describe the clinical significance of each difference.
4. How can a lactate level be used to identify and manage shock?
5. What are the four types of shock? Name one cause for each type.
6. Name one goal-directed therapy for each type of shock.
7. What are the most likely causes of pediatric cardiac arrest?
8. You find a child who is unresponsive with no signs of normal breathing and no palpable pulse. What are your initial actions?
9. Do you have a pediatric resuscitation team? Who responds?

Also see:

PNP resuscitation scenarios

Chapter 8: The Child with a Cough

1. What are three ways to differentiate respiratory *distress* and respiratory *failure* in the pediatric patient?

2. What assessment findings can be used to differentiate between the following common pediatric respiratory illnesses?
 - a. Bronchiolitis
 - b. Croup
 - c. Asthma
 - d. Pneumonia
3. What are three important discharge teaching topics for children with asthma?
4. Chest radiographs are not obtained as often in pediatric patients as in adults. Why do you think that is the case?
5. What standardized scoring systems are used at your facility to assess severity of respiratory illness in pediatric patients?
6. What protocols are available at your facility for care of pediatric patients with respiratory illnesses?

Also see:

The Child with a Cough group discussion, PNP respiratory scenarios

Chapter 9: The Child with an Injury

1. What age-specific developmental characteristics put children at increased risk of injury?
 - a. Infants
 - b. Toddlers/preschoolers
 - c. School-age
 - d. Adolescents
2. What additional information would be helpful for predicting the types and severity of injuries for the following complaints?
 - a. Fall
 - b. Motor vehicle collision
 - c. Bicycle crash
3. What are the dangers of logrolling a patient with an unstable spine or pelvic injury? What transfer devices or techniques are available to minimize motion of the unstable spine or pelvis?
4. What discharge education is provided for a child with a mild traumatic brain injury?
5. What are the car seat laws in your area?
6. Does your facility have a process for providing car seats to families when theirs are damaged in motor vehicle collision?
7. Does your facility have pediatric cervical collars and pelvic binders? What alternatives are available if you do not?

Also see:

The Child with an Injury group discussion, PNP injury scenarios

Chapter 10: The Child with a Fever

1. In what patient populations is the presence of a fever (regardless of other symptoms) an urgent concern?
2. What are some red flags that cause increased concern in the pediatric patient with a fever?
3. What characteristics can help distinguish a febrile seizure from other types of seizures?
 - a. Febrile seizure
 - b. Other types of seizures
4. What methods are used at your facility to measure temperature in pediatric patients?
5. Does your facility have a protocol for identifying and managing pediatric sepsis?

Also see:

The Child with a Fever group discussion, PNP medical scenario

Chapter 11: The Child with Vomiting

1. What are three potentially life-threatening causes of vomiting in the pediatric patient?
2. What are three non-gastrointestinal causes of vomiting in the pediatric patient?
3. What associated symptoms may indicate a surgical abdomen in the pediatric patient?
4. How would you teach a parent to provide oral rehydration therapy (ORT) to their child?

Also see:

The Child with an Abdominal Concern group discussion, PNP scenarios

Chapter 12: The Child with Abdominal Pain

1. What are four genitourinary emergencies that may present with abdominal pain?
2. When is it advisable to give a child oral food or fluids? When is it best to keep a child NPO?
3. How do you obtain a urine sample from a child who is not toilet trained? How do you obtain a urine sample from a child who is toilet trained?
4. What questions can you ask to obtain an accurate sexual health history?
5. At your facility, can you guarantee an adolescent patient that sensitive test results (pregnancy, sexually transmitted infection cultures) will not be shared with their guardian?

Also see:

The Child with an Abdominal Concern group discussion

Chapter 13: The Child with a Rash

1. How do you screen for the possibility of an infectious disease?
2. What prompts initiation of isolation precautions at your facility? How do you isolate potentially contagious children?
3. When assessing the pediatric patient with a rash, what findings could indicate a more serious underlying cause?
4. What assessment findings can be used to differentiate between the following causes of pediatric rashes?
 - a. Roseola infantum
 - b. Molluscum contagiosum
 - c. Varicella (chicken pox)
 - d. Rubeola (measles)
5. Do you know how to find the infectious disease rates and trends in your area? What infectious diseases are reportable? (Hint: Your local health department is a great resource.)

Chapter 14: The Child with an Altered Mental Status

1. What are the two most common causes of altered mental status in a child?
2. What questions can you ask to help determine the cause of pediatric altered mental status?
3. What toxidromes are you most familiar with?
4. How do you treat pediatric hypoglycemia? What concentrations of intravenous dextrose do you have readily available?
5. What unique seizure activity in children is easily missed if you do not know what to look for?
6. Does your facility have a pediatric diabetic ketoacidosis (DKA) order set? At what point do you add dextrose to maintenance intravenous fluids for a child being treated for DKA?

Also see:

The Child with an Altered Mental Status group discussion

Chapter 15: The Child with a Behavioral Health Concern

1. What pediatric behavioral health resources are available in your area?
2. How does your facility provide a safe and therapeutic environment for pediatric behavioral health patients? Are there any opportunities to enhance the care you provide for this population?

3. How do you screen for suicidal ideation? What suicide precautions are required by your facility's policy?

Also see:

Behavioral Health and Crisis group discussion

Chapter 16: The Child with a Suspicious Presentation

1. What strategies should be considered when caring for a child who may have experienced maltreatment?
2. Does your facility have any processes in place for identification and/or reporting of suspected human trafficking? What resources can you offer?
3. What is your process for reporting child maltreatment?
4. Has a colleague ever attempted to minimize your concern for a patient with a suspicious presentation? Have you ever been discouraged from reporting child maltreatment by a colleague? What was your response?

Chapter 17: The Child, Family, and Healthcare Team in Crisis

1. Describe an interaction with a patient or family member that resulted in escalation/agitation/violence.
2. Describe an interaction with an upset patient or family member that deescalated the situation.
3. What resources are available to you through your workplace to help cope with compassion fatigue, burnout, or secondary traumatic stress?
4. Does your facility incorporate "The Pause" after a patient death?
5. How would you describe moral injury?
6. What does resilience mean to you?
7. How does your work give you purpose?

Chapter 18: The Child with Special Healthcare Needs

1. There are a multitude of rare pediatric conditions that will increase the need for healthcare services. What conditions have you become familiar with after caring for children with special healthcare needs? What resources did you use to learn more about care implications associated with the condition?
2. Are you comfortable relying on families as experts for their children with special healthcare needs?
3. What medical devices have you encountered while caring for children with special healthcare needs? How would you troubleshoot a device that was not functioning properly?
4. What is the difference between "person first" and "identity first" language?
5. What documentation influences how you think about the patient or family before you even meet them?