Child Nursing Case Studies

Contents
Case Presentations / Problem Based Learning Approach ......................................................1
Trigger 1: Mohammed ..............................................................................................................3
Trigger 2: Jessica ......................................................................................................................4
Trigger 3: Jack ..........................................................................................................................4
Trigger 4: Sophie ......................................................................................................................5
Trigger 5: Mona ........................................................................................................................5

This case study was originally used as part of a set of five for a child nursing module, spread one a week over five weeks. You can access all the case studies by clicking on the links below. The module was held online, using a number of discussion tools such as online chat, web conferencing and asynchronous forums. The trigger materials, all 1-2 minute video clips, were developed within the 3D virtual environment Second Life.

Mohammed – https://curve.coventry.ac.uk/cu/items/053d0720-be9f-05db-622b-c8b2f81dac6a/1/
Jessica – https://curve.coventry.ac.uk/cu/items/ef28be0e-fecd-8074-5b15-ea493ac87b64/1/
Jack – https://curve.coventry.ac.uk/cu/items/95bd8767-0d34-2b54-8b81-ac2a041961dc/1/
Sophie – https://curve.coventry.ac.uk/cu/items/9151c435-9522-8d2d-ea8c-438f4dda2b91/1/
Mona – https://curve.coventry.ac.uk/cu/items/02a14675-ac49-e180-b652-3a18c4c811c8/1/

Case Presentations / Problem Based Learning Approach

Trigger:

Each week you will be provided with information about an individual clinical case and how the child presented (the trigger) as a stimulus

Situation:

As a healthcare professional who comes into contact with ill/injured children and young people you are presented with a case presentation. A problem based learning approach will be utilised to assist in the development of transferable key skills such as decision making, critical thinking and clinical reasoning.

Feedback:
As a result of your analysis of the case presentation, select one aspect of the assessment that you would undertake in order to develop a provisional or definitive diagnosis (these aspects will be discussed and divided between ‘the group’ during the online chat on each Tuesday commencing 17th June 2008). You should then present your individual evidence base in the form of a summary of the evidence, within the asynchronous discussion forum, by Friday 20th June 2008.

The Facts:

Identify the facts to start a cyclical problem solving process:

Online chat/web conference
- Appraisal of the problem
- Identifying what you do not understand
- Structuring hypotheses and then questions

Individually
- Information/evidence gathering
- Analysis of the information/evidence

Discussion forum
- Action planning for further investigation
- Suggesting and evaluating possible solutions
- Decision making about the ‘best’ solution/response

(Price, 2003 cited in Coleman et al, 2007, p. 3)

Make a list of the main facts in this trigger

Hypotheses: What may these facts mean?

‘Hypotheses are speculative statements about the truth of a particular situation’. A working hypothesis may involve identifying what assessment is required, to determine the possible pathophysiology and what might be useful in a given situation (Coleman et al, 2007, p. 4). Here you should also consider the advantages and disadvantages of the assessment (Price, 2003 cited in Coleman et al, 2007). ‘Using a PBL approach enables you to ‘investigate’ the truth about the situation identified in the trigger, and the potential advantages and disadvantages of particular courses of action or inaction in theory to inform your future practice’ (Coleman et al, 2007, p. 4)

Questions developed from the hypotheses
You will develop these from your hypothesis, taking into account your current knowledge. Exploring your current knowledge enables you to identify what your individual learning needs are and then to build upon your knowledge and understanding by developing questions that will facilitate you to discover new information and facts, rather than regurgitating what you already know (Coleman et al, 2007, p.5)

**Trigger 1: Mohammed**

https://curve.coventry.ac.uk/cu/items/053d0720-be9f-05db-622b-c8b2f81dac6a/1/

A two week old baby boy, Mohammed, has been brought to A & E by his parents with a two day history of shortness of breath and ‘off his feeds’. He appears lethargic, has a heart rate of 165, respiratory rate of 50, oxygen saturation 88% in air.

**Trigger 1: Fixed Resource Material**

Read the following to help you answer your questions. (You may also wish to search and review other up to date research and evidence based literature and seek other relevant resources to provide you with answers to your questions) (Coleman et al, 2007, p.5)


**Trigger 2: Jessica**

https://curve.coventry.ac.uk/cu/items/ef28be0e-fecd-8074-5b15-ea493ac87b64/1/

You are called to see a three year old girl, Jessica, presenting with high grade fever of short duration (less than 24 hours), she was previously well. She is accompanied by her mother and baby brother and appears clingy and quiet. Her mom says that ‘there is something just not quite right, she isn’t behaving normally’. Her mother is very concerned.

**Trigger 2: Fixed Resource Material**

Read the following to help you answer your questions. (You may also wish to search and review other up to date research and evidence based literature and seek other relevant resources to provide you with answers to your questions) (Coleman et al, 2007, p.5)


**Trigger 3: Jack**

https://curve.coventry.ac.uk/cu/items/95bd8767-0d34-2b54-8b81-ac2a041961dc/1/

You are called to see Jack a 9 year old boy, by his head teacher. He has a 10 minute history of reduced consciousness; previously well at the beginning of the school day. His parents have been notified and are on the way.

**Trigger 3: Fixed Resource Material**

Read the following to help you answer your questions. (You may also wish to search and review other up to date research and evidence based literature and seek other relevant resources to provide you with answers to your questions) (Coleman et al, 2007, p.5)
Devlin, A. (2003) Paediatric neurological examination, Advances in Psychiatric Treatment, 9, 125-134


**Trigger 4: Sophie**

https://curve.coventry.ac.uk/cu/items/9151c435-9522-8d2d-ea8c-438f4dda2b91/1/

Sophie is 5 years old and has developed a widespread rash over the last few hours. She is accompanied by her mother, who is very worried and wants some answers asap.

**Trigger 4: Fixed Resource Material**

Read the following to help you answer your questions. (You may also wish to search and review other up to date research and evidence based literature and seek other relevant resources to provide you with answers to your questions) (Coleman et al, 2007, p.5)


Welch, S.B & Nadel, S. (2005) Treatment of meningococcal infection, Archives of Disease in Childhood, 88, 6-8-614

**Trigger 5: Mona**

https://curve.coventry.ac.uk/cu/items/02a14675-ac49-e180-b652-3a18c4c811c8/1/

A fourteen year old girl, Mona, presents with a two month history of weight loss, lethargy and fainting. Her mother has been very concerned and has finally managed to persuade her to seek medical advice.

**Trigger 5: Fixed Resource Material**

Read the following to help you answer your questions. (You may also wish to search and review other up to date research and evidence based literature and seek other
relevant resources to provide you with answers to your questions) (Coleman et al, 2007, p.5)


Baker, J.L. Gull, S; Jesudason, E C; Abernethy, L J; Losty, P D (2004) Appendicitis masquerading as malignancy. CASE REPORT. Archives of Disease in Childhood. 89(5):481-482,