

Pediatric Grand Rounds

NURS 421 - Clinical Management of the Growing Family

Purpose of Assignment

To provide the student an opportunity to integrate knowledge from the sciences, developmental theory, and physical assessment data to the care of a pediatric patient and family in the acute care setting. The student will utilize critical thinking and independent judgments in presenting a holistic plan of care in a formal oral presentation.

Student Approach to Assignment

This Pediatric Grand Rounds presentation provided an opportunity to present my experience while working with a five-month-old infant and her family. The patient was born at 25 weeks gestation and shortly after being admitted to the Neonatal Intensive Care Unit (NICU) she started to have difficulty feeding, had a distended abdomen, and had the presence of blood in her stool. The assignment allowed me to gain more insight on her diagnosis of Necrotizing Enterocolitis (NEC) which led to Disseminated Intravascular Coagulation (DIC) and Short Bowel Syndrome. By understanding the diagnosis my patient had, I was able to coordinate a holistic plan of care that fit her and her family's needs. This presentation allowed me to showcase nursing care provided with age and developmentally-appropriate considerations. Overall, by presenting this assignment to my peers, it allowed me to educate them on Necrotizing Enterocolitis along with how I implemented care for my patient.

Reason for Inclusion of this Assignment in the Portfolio

The inclusion of this assignment into my portfolio is to demonstrate my abilities while engaging in pediatric care and allows for the application of nursing practices tied to a variety of Old Dominion University's core nursing behaviors.

❖ Communication

- *Accesses and utilizes data and information from a wide range of sources to enhance patient and professional communication.*
 - Example: As discussed during this presentation, multiple resources were utilized to create a nursing care plan for a five-month-old patient I cared for that had Necrotizing Enterocolitis (NEC). A research study published by the National Association of Neonatal Nurses emphasized that NEC can become severe quickly, making early recognition a priority and understanding the occurrence of abdominal and clinical signs of impending NEC important. Furthermore, a research study published by the Journal of Perinatology identified that lower birthweight and hispanic and black neonates are more at risk for NEC. Lastly, GuCheckNEC was designed by the University of Arizona as a measurement tool for infants at risk for Necrotizing

Enterocolitis. Through the use of the information I obtained while completing this assignment, I was able to enhance communication with the interdisciplinary team and families when providing care for patients in the Neonatal Intensive Care Unit (NICU). Overall, this assignment allowed me to plan care more effectively and provide a detailed oral presentation that was accurate and precise.

❖ Teaching

- *Provides relevant and sensitive health education information and counseling to patients, and families, in a variety of situations and settings.*
 - Example: As discussed during this presentation, I was able to provide education to the infant's parents on infection prevention, jejunostomy and gastrostomy tube care, and how to properly feed their child. Additionally, I was about to provide resources for support groups including the NEC Society, which provides information sheets, emotional and mental health support, and an online support community for families to connect with others.

❖ Professionalism

- *Demonstrates accountability for one's own professional practice.*
 - Example: While caring for the patient discussed during this presentation, I demonstrated accountability by presenting myself, a representative of Old Dominion University's School of Nursing, in an exemplary manner by ensuring I was on time, had the appropriate attire, and presented with an eagerness to learn. Additionally, while caring for the 5-month-old patient I provided necessary care based on the infant's developmental stage of trust vs. mistrust which required me to provide basic needs for the patient which included, feeding, changing diapers, cleaning, touching, holding, and talking to the infant. Furthermore, I conducted an in-depth assessment every four hours to assist in advocating for the infant as they were unable to express themselves through communication. Lastly, while providing care I remained non-judgmental and unbiased while respecting the family's cultural and religious considerations. Overall, I am accountable by providing the best possible care for the patients I work with while also ensuring patient safety.