

# PEWS TRAINING – CASE STUDY 2

## Case Study 2 - Instructor Summary Card

### Vomiting and Abdominal Pain

- **Emily, aged 9 months, has symptoms of intussusception.**
- Intussusception is an abdominal emergency. It occurs when one portion of the bowel slides into the next, much like the pieces of a telescope. When this happens, the flow of fluids through the bowel can become blocked, the intestine can swell and bleed, and the blood supply to the affected part of the intestine can be cut off. Eventually, this can cause part of the bowel to become ischaemic or die.
- **Symptoms** can include:
  - pain that may be intermittent or spasmodic
  - abdominal swelling
  - vomiting bile (a bitter-tasting yellowish/green fluid)
  - passing stools mixed with blood and mucus, known as ‘redcurrant jelly’ stool
  - grunting due to pain
- As the illness continues, the child may gradually become weaker. He or she may develop a fever and appear to go into shock, a life threatening medical problem in which lack of blood flow to the body’s organs causes the heart to beat quickly and blood pressure to drop.

Some babies with intussusception may just appear drowsy without vomiting, have stool changes, or have abdominal swelling.

**Aim:** to recognise a deteriorating patient and refer appropriately to senior clinician

**Learning Outcomes:**

- Obtain adequate history
- Obtain appropriate vital signs at appropriate time intervals
- Refer appropriately
- Communicate effectively

**Equipment:**

- Instructor summary card
- Instructor prompt card
- Completed medication chart
- PEWS chart 4-11 months
- Any other charts as clinically appropriate
- ISBAR/escalation poster
- Sepsis 6 poster

## PEWS TRAINING – CASE STUDY 2

### Instructor Prompt Card (1 of 2)

#### Facilitating the desktop case study:

1. Explain aim/learning outcomes for the practical discussion
2. Divide the class into smaller groups (max 6 - you may need additional trainers)
3. Present the initial information and give the candidate group the paperwork
4. Facilitate the candidate(s) to discuss an ABCDE assessment and complete the observation chart
5. The group should identify additional PEWS criteria that may be clinically relevant and include these in the Total PEWS Score
6. Encourage discussion around the clinical requirements of the child and the appropriate escalation pathway
7. When the nurse alerts the senior nurse or doctor, place two players back to back to simulate communication via the phone
8. Allow the scenario to build on itself prompting other players to enter as called for or prompt as necessary
9. Debrief & summarise learning clearly

#### Present the case history below:

##### Scenario history

Emily, aged 9 months

##### Initial candidate briefing

Emily was referred by her GP to the Emergency Department with a history of vomiting/abdominal pain. She was admitted to your ward and is awaiting further surgical review.

Emily's mother has called you to review Emily as she has just vomited yellow fluid. Emily is drawing up her legs in pain and is quite pale.

*'As the nurse, you should carry out your assessment on Emily now'*

# PEWS TRAINING – CASE STUDY 2

## Instructor Prompt Card (2 of 2)

### Part A- Initial assessment, recording observations and calculating PEWS score

- Candidate/ candidate group should complete ABCDE assessment
- Complete Paediatric Observation Chart
- Calculate Total PEWS score
- Refer appropriately using ISBAR to frame the conversation

#### If the candidate(s) need prompting:

##### 1. What other signs would you look for in this patient?

Concern	RR	RE	O <sub>2</sub> T	HR	AVPU	SpO <sub>2</sub>	CRT	BP	Total PEWS Score
√ (1)	40	N	RA	150 (1)	A	96%	>3 (1)	98/70	3

- Vital signs (understand the trends for this patient) note: colour – mottled, temp – 36.1
- Blood Glucose level (provide result if tested)
- Urine output (nappy dry, bloody stools last night)

##### 2. Who would you notify and why?

Prompt: Would you consider the low score reassuring? What is your level of concern? Timeframe?

### PART B – ISBAR communication

Facilitator should place candidates back to back to simulate phone conversation

### PART C - Medical candidate briefing

Updated clinical presentation of the child to be given to the candidate

- Doctor should complete ABCDE assessment
- Refer appropriately using ISBAR to frame the conversation

#### If the doctor needs prompting

##### 1. What other signs would you look for in this patient?

- Vital signs (understand the trends for this patient)  
RR \_\_\_ RE \_\_\_ O<sub>2</sub>T \_\_\_ SpO<sub>2</sub> \_\_\_% HR \_\_\_ CRT \_\_\_ BP \_\_\_/\_\_\_ AVPU \_\_\_ Temp \_\_\_
- Urine output (give relevant information)
- Blood Glucose level (provide information if requested)

Note: PEWS \_\_\_

*Any additional notes for prompting / discussion here*

##### 2. What is your management plan?

### PART 4 - Summary

- What did the group think went well?
- Are there any suggestions for improvement in their roles?
- Summarise learning for the group