

Component II: Clinical Practice

Module D: Telepractice

Topic 1: Telenursing

**I. Statement of Purpose**

Provide an overview of telepractice and telehealth issues impacting the ambulatory care nurse.

**II. Terminology**

1. Telehealth nursing
2. Telemedicine
3. Decision Support Tools
4. Algorithm
5. Clinical Guideline, Guideline
6. Critical Thinking
7. Managed Care
8. Telephone Triage
9. Competency
10. Protocol
11. Civil liability protection
12. Abandonment
13. Standing order
14. Nursing informatics
15. Call or Contact Center
16. Videoconferencing
17. Nursing informatics
18. The Affordable Care Act of 2010
19. Patient Centered Medical Home
20. Consultation
21. Nurse advice line

**Acronyms**

1. AAACN-American Academy of Ambulatory Care Nursing
2. ANA-American Nurses Association
3. PCMH-Patient Centered Medical Home aka Medical Home
4. BRN-Board of Registered Nursing
5. ENA-Emergency Nurses Association

**III. Performance Standards**

1. Spell and define key terms
2. Define the key concepts of the specialty of telehealth.
3. Describe roles and area in which telehealth nurses practice.
4. Identify barriers to telehealth
5. Discuss legal issues affecting telehealth nurses.
6. Identify professional competencies required of telehealth nurses.
7. Discuss the Nursing Process application in telehealth nursing

8. Review how to attain telehealth nursing certification.
9. Identify areas of participation and advocacy for nurses in telehealth nursing

#### IV. References

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6. Briggs J (2012) Telephone Triage Protocols for Nurses 4<sup>th</sup> Edition, Wolters Kluwer.
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<http://www.ahrq.gov/qual/nurseshdbk/#evidencebased>
17. Sorrells-Jones, J., Tschirch, P., & Liong, M. A. S. (2006). Nursing and telehealth:

#### Websites

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2. American Telemedicine Association [www.americantelemed.org](http://www.americantelemed.org)
3. California Board of Registered Nursing (2011) Regulation regarding RN Tele-nursing and telephone triage available at [www.rn.ca.gov/pdfs/regulations/npr-b-35.pdf](http://www.rn.ca.gov/pdfs/regulations/npr-b-35.pdf)
4. California Division of Consumer Affairs: California Medical Board "Frequently asked questions regarding telemedicine" <http://www.dca.ca.gov/tmas/faq.shtml>

5. California Legislative Information: AB 415 Telemedicine Law 2011  
[http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab\\_0401-0450/ab\\_415\\_bill\\_2011007\\_chaptered.html](http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_0401-0450/ab_415_bill_2011007_chaptered.html)
6. California Telemedicine and e-health center [www.cteonline.org](http://www.cteonline.org)

Content Outline Theory Objectives	Suggested Learning Activities/Evaluation
<b>Objective 1</b> <b>Spell and define key terms</b> <ol style="list-style-type: none"> <li>A. Review terms listed in the terminology section.</li> <li>B. Spell the listed terms accurately.</li> <li>C. Pronounce the terms correctly.</li> <li>D. Use the terms in their proper context.</li> </ol>	Administer vocabulary pretest and post-test Crosswords, other games Lecture, discussion
<b>Objective 2</b> <b>Define the key concepts of telehealth and the specialty of telehealth</b> <ol style="list-style-type: none"> <li>A. Telehealth is defined as the “delivery of health services that integrate electronic information and telecommunications strategies to increase access, improve outcomes, and contain or reduce costs of health care.” (Espensen, Ed. AAACN Telehealth Essentials, 2009)</li> <li>B. Telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve patient care (American Telemedicine Association) The term usually refers to clinical services.</li> <li>C. Telehealth encounters involve the use of technology and are a vital component of ambulatory care coordination.               <ol style="list-style-type: none"> <li>1. Computers                   <ol style="list-style-type: none"> <li>a. House software containing and operating decision support tools and the electronic medical record.</li> <li>b. They are also used to transmit images, emails and faxes from telehealth nurses to patients and other healthcare professionals.</li> <li>c. Some computers are linked to telephone functions and provide automated reminders to patients for follow up and evaluation</li> </ol> </li> <li>2. Telephone encounters are the basic foundation of telehealth nursing. In addition, the telephone is used for remote surveillance of heart and lung sounds, pacemakers, glucometers and other electronic equipment.</li> <li>3. Videoconferencing for patient consultation and evaluation as in behavioral health encounters, monitoring of rehabilitation, cardiac or pulmonary conditions, transmission of images for remote diagnostics; or educational seminars or meetings.</li> </ol> </li> </ol>	Lecture, discussion  Online education: Review modules on Telehealth: Introduction and others at California Telemedicine and e-health at <a href="http://www.cteonline.org">www.cteonline.org</a>

<p>D. Telehealth encounters are characterized by duration shorter than face to face patient contacts.</p> <p>E. Diminishing numbers of primary care physicians, access to care, increasing medical costs, the nursing shortage, advancing technology, and coordination of care mandates has led to expansion of telehealth services. Continued expansion and innovation is anticipated.</p> <p>F. The Affordable Care Act and Patient Centered Medical home provisions in health care reform incorporate telehealth nursing practice in coordination of care and quality of care improvement measures. Hospital readmissions and healthcare costs have been shown to be markedly reduced as a result of telehealth interventions.</p> <p>G. Ambulatory care nurses have long practiced varying forms of telehealth and telehealth nursing is now recognized as nursing specialty. Schools of nursing are incorporating telehealth nursing into their curricula.</p>	
<p><b>Objective 3</b>  <b>Describe roles and areas in which telehealth nurses practice</b></p> <p>A. Telehealth nursing is conducted in a variety of rural and urban settings</p> <ol style="list-style-type: none"> <li>1. Call or contact centers</li> <li>2. Medical offices and ambulatory care clinics</li> <li>3. Poison control centers</li> <li>4. Behavioral health settings</li> <li>5. Remotely monitoring patients in their homes.</li> <li>6. In nurse managed clinics</li> <li>7. In nursing homes and rehabilitation facilities.</li> </ol> <p>B. Telehealth nursing roles include telephone triage, consultation, surveillance or monitoring, follow up and patient education. (Espensen, (Ed.) AACN Telehealth Nursing Essentials, 2009)</p> <ol style="list-style-type: none"> <li>1. Telephone triage involves determining the acuity and prioritizing of patient needs and concerns based on identification and assessment of the patient problem and recommending appropriate action.</li> <li>2. Consultation is the exchange of information between patient (or designee) and the telehealth nurse, initiated by either one, for the purpose of health maintenance, advice, patient symptoms and coordination, or patient education.</li> <li>3. Surveillance or monitoring functions in telehealth <ol style="list-style-type: none"> <li>a. Remote monitoring of biomedical equipment used by patients (pacemakers, glucometers) and physiologic conditions (heart and lung sounds)</li> <li>b. Medication compliance and effect</li> </ol> </li> </ol>	<p>Lecture, discussion</p> <p>Contact an affiliated agency to discuss and present their telehealth activities, including equipment</p>

<ul style="list-style-type: none"> <li>c. Legally mandated monitoring of at risk situations (e.g. pediatric and elderly abuse potential)</li> <li>d. Monitoring of patients in homes, nursing homes, and rehabilitation facilities</li> <li>e. Behavioral health</li> <li>4. Follow up activities               <ul style="list-style-type: none"> <li>a. Customer service evaluation</li> <li>b. Laboratory results, evaluating compliance with the patient plan of care</li> <li>c. Reminders to patients for scheduled periodic testing; (mammography, immunizations) or follow up appointments</li> </ul> </li> <li>5. Patient education and referral was once the basis of telehealth. These functions still exist but are supplanted by comprehensive assessment and care coordination               <ul style="list-style-type: none"> <li>a. Health care professional referral services</li> <li>b. Nurse “advice lines” provide education about immunizations, resources and preventative care.</li> </ul> </li> </ul>	
<p><b>Objective 4</b>  <b>Identify barriers to telehealth by consumers</b></p> <ul style="list-style-type: none"> <li>A. Communication               <ul style="list-style-type: none"> <li>1. Lack of telephone service in the geographic area</li> <li>2. Cultural issues: language and reluctance to use the telephone for obtaining medical care</li> <li>3. Physical disability; hearing impairment, visual disability</li> </ul> </li> <li>B. Technology               <ul style="list-style-type: none"> <li>1. Limitations or absence of internet connectivity in the geographic area</li> <li>2. Inability to use the internet, particularly in the elderly</li> </ul> </li> </ul>	
<p><b>Objective 5</b>  <b>Discuss legal issues specifically affecting telehealth nurses.</b></p> <ul style="list-style-type: none"> <li>A. Scope of practice and licensure               <ul style="list-style-type: none"> <li>1. California Law (AB 415, 2011) specifically states that telemedicine (telehealth) must be performed by licensed healthcare professionals. Delegation to unlicensed personnel (medical assistants, nurse’s aides) is prohibited.</li> <li>2. The California Board of Registered Nursing (BRN) requires a California RN license for anyone providing telehealth services to California addresses.</li> <li>3. Nurses practicing in poison control centers in California have civil liability protections (“Good Samaritan Law”) that protect their actions for advice and treatment other than gross negligence.</li> </ul> </li> </ul>	<p>Lecture, discussion</p> <p>Contact an affiliated agency and discuss how telehealth calls are handled.</p> <p>Obtain copies and review California law(s) and regulations governing telehealth nursing practice and scope listed as references:  AB 415</p>

<p>B. Interstate practice issues</p> <ol style="list-style-type: none"> <li>1. Frequently call centers and medical offices field calls from addresses other than those in California as a result of contracts with medical providers to perform telehealth services. Other situations involve visitors to California and “snow birds”</li> <li>2. Movement is underway by State Boards of Nursing to adopt the Nurse Licensure Compact, an interstate agreement that allows nurses to perform telehealth services at their location and the location of the provider. California has not yet done so.</li> </ol> <p>C. Medical confidentiality</p> <ol style="list-style-type: none"> <li>1. Recordkeeping and documentation is subject to the same restrictions as in any other setting.</li> <li>2. Maintaining confidentiality during a telephone encounter in some situations (i.e.: busy clinic setting) is often difficult</li> <li>3. Identification of the caller requesting treatment or requesting patient information is handled by identification of the phone number and other internal mechanisms <ol style="list-style-type: none"> <li>a. Request verification, and document in the medical record</li> <li>b. Documentation of those designees to whom the nurse may speak or provide information on behalf of the patient should be noted in the medical record in advance (i.e.: particularly in the cases of pediatric or elderly patients, or those with disabilities).</li> </ol> </li> <li>4. Restrict information left on voice mails or answering machines during follow up</li> <li>5. Passwords, confidentiality disclaimers, agreement and confirmation prompts (“I agree”, “Confirm”) in electronic records have replaced written confirmation and verbal discussion. These changes present challenges for those with health literacy issues or lack of computer skills.</li> </ol> <p>D. Patient abandonment</p> <ol style="list-style-type: none"> <li>1. The legal term “abandonment” may apply when a nurse hangs up on a telephone caller because the nurse has established a nurse patient relationship.</li> <li>2. Abandonment is considered negligence.</li> <li>3. When placing a client on “hold” or transferring to another department or person, clear advisements must be made to avoid abandonment.</li> </ol> <p>E. Mandatory reporting</p>	<p>Nurse Practice Act California BRN regulation regarding telenursing and telephone triage</p>
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<p>1. Mandatory reporting requirements apply to telehealth as with any other setting. Difficulties arise when the nurse suspects emergent situations of abuse or neglect and must report it immediately. Institutional policies may include contact with law enforcement or protective agencies for “patient welfare evaluations.”</p> <p>F. Use of written or automated guidelines, protocols, algorithms, and standing orders provides consistency, accuracy, completeness, and quality of care and limits risk but does not exclude critical thinking. (AACN Core Curriculum, 2006)</p>	
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<p><b>Objective 6</b>  <b>Discuss some of the professional competencies required in telehealth nursing</b> (AACN Core Curriculum, 2007, pp.143-144)</p> <ul style="list-style-type: none"> <li>A. Regulatory organizations and professional performance standards dictate that the nurse not only is able to perform the essential skills of telehealth nursing, but he/she is able to perform them <u>competently</u></li> <li>B. Clinical knowledge and experience of at least 3-5 years prepares the telehealth nurse to utilize critical thinking and reasoning to evaluate the patient condition and establish a plan of care.</li> <li>C. The telehealth nurse utilizes the nursing process in handling encounters.</li> <li>D. Establishing trust and a professional presence is essential to conducting successful telehealth encounters. Courtesy is required.</li> <li>E. Age specific and culturally relevant knowledge is applied to patient assessment and implementation of care coordination. Interpreter services are used when indicated.</li> <li>F. Active listening techniques are employed when communicating with the client             <ul style="list-style-type: none"> <li>1. The nurse focuses all attention on client interaction</li> <li>2. The telehealth nurse not only listens to verbal content, but also is aware of hesitations, emotional outbursts and distractions during the communication. (AACN Core Curriculum, p 141)</li> <li>3. Attention is also paid to background noise</li> </ul> </li> <li>G. Proficiency in the use of technology, software programs and nursing informatics is a cornerstone of telehealth nursing.</li> <li>H. Performance improvement in telehealth nursing             <ul style="list-style-type: none"> <li>1. Is evidence-based and utilizes measurable outcomes.</li> <li>2. Individual nursing performance can be evaluated with the following methods                 <ul style="list-style-type: none"> <li>a. Peer review</li> <li>b. Real time listening or recorded individual telephone encounters</li> <li>c. Review of data collected from software programs or electronic sources.</li> </ul> </li> <li>3. A more detailed discussion of performance improvement is found in Component IV: Systems, Performance Improvement module.</li> <li>4. Customer service objectives are applied during telephone encounters.</li> </ul> </li> </ul>	<p>Lecture, Discussion</p> <p>Review <u>Scope and Standards of Practice for Professional Telehealth Nursing</u> for competencies of professional practice.</p> <p>Have students develop measurable and evidence based outcomes for each of the competencies. Additional examples may be found at <a href="http://www.qsen.org">www.qsen.org</a></p> <p>Review Component IV Systems, Performance Improvement module.</p>
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<p><b>Objective 7</b>  <b>Discuss the nursing process application in telehealth nursing (AACN Telehealth Nursing Essentials, 2009 pp. 10-20)</b></p> <p>A. "Using the nursing process, the telehealth nurse prioritizes the urgency of the situation based on assessment data, utilizes decision support tools, and collaborates with other healthcare professionals and the patient/caregiver to develop a plan of care, implement appropriate interventions, and evaluate the outcome." (AACN, 2007, p 140.)</p> <p>B. In telehealth encounters, the patient or designee is an active partner in assessment and implementation of the plan of care.</p> <ol style="list-style-type: none"> <li>1. Assessment <ol style="list-style-type: none"> <li>a. For nurses accustomed to face to face assessment of patient problems, the transition to telehealth nursing assessment is challenging. Data collection is dependent on effective communication.</li> <li>b. Questions are open and closed ended to elicit unbiased responses.</li> <li>c. The nurse asks for clarification of statements to assure understanding and avoid misinterpretation.</li> <li>d. Agendas or expectations are identified.</li> <li>e. Non English speakers, hearing impaired or deaf patients using a telephone relay system pose unique challenges to the telehealth nurse.</li> <li>f. Use of medical terminology is confusing to most callers.</li> </ol> </li> <li>2. Discourage self-diagnosis by the caller and instead request descriptive clarification of symptoms or problems.</li> </ol> <p>C. Analysis and planning</p> <ol style="list-style-type: none"> <li>1. Following the assessment of patient symptoms or problems, the patient is triaged or care prioritized based on data collection <ol style="list-style-type: none"> <li>a. Emergent: 911 or emergency department evaluation</li> <li>b. Urgent: seek medical care within the next 4-6 hours</li> <li>c. Non urgent: ranging from seeking medical care within 24 hours, self-care, or home management.</li> </ol> </li> <li>2. Use of evidence based decision support tools (algorithms, protocols, guidelines, standing orders) is central to telehealth nursing. Their use allows for consistency and decreased liability. <ol style="list-style-type: none"> <li>a. Use of decision support tools does not supplant clinical judgment or critical thinking.</li> <li>b. Use of standing orders for medication refill, over the</li> </ol> </li> </ol>	<p>Lecture, discussion</p> <p>Role play: Chose a specific patient condition and scenario and have students conduct:</p> <ol style="list-style-type: none"> <li>1) face to face assessment</li> <li>2) telephone assessment</li> </ol> <p>Compare and contrast questions and nuances of each, tools utilized, necessary documentation, limitations, and suggestions for improvement.</p> <p><b><u>Sample Teaching Activities</u></b></p> <p>Small group break out discussions</p> <p>Role playing / interview between patient/health care provider</p> <p>Practice samples of legal documentation in a clinic setting</p> <p>Return demonstration of limited focused assessment for various clinical complaints</p> <p>Practice scenarios for in taking financial information</p> <p>Word search games or Jeopardy game</p>
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<p>counter drugs and other situations is controversial and dependent on institutional policy.</p> <p>D. Implementation, care coordination</p> <ol style="list-style-type: none"> <li>1. Care Coordination is the result of the synthesis of data and analysis of patient problem(s)             <ol style="list-style-type: none"> <li>a. Collaboration with other members of the healthcare team may be necessary to affect optimal care.</li> <li>b. Confidentiality and protected access to medical records is vital in collaboration.</li> </ol> </li> <li>2. Documentation of activities, follow up care, patient instruction and other components of the plan of care are included in the medical record.</li> </ol> <p>E. Evaluation includes customer service follow up, contact to determine compliance and resolution of patient problems, and follow up appointments. Outcomes are measurable and can be generated by technological means or performance improvement procedures.</p>	
<p><b>Objective 8</b></p> <p><b>Review how to attain telehealth nursing certification</b></p> <p>A. Medical and nursing boards have been discussing the necessity for certification in for telehealth nursing practice as a minimum requirement for employment.</p> <p>B. AACN has developed a certification exam that regularly measures the levels and attainment of a defined body of ambulatory care nursing with emphasis on telehealth nursing knowledge.</p> <ol style="list-style-type: none"> <li>1. Administered by the American Nurses Association Credentialing Center (ANCC) in cooperation with the AACN</li> <li>2. Regularly updated to maintain currency by a committee selected by AACN</li> <li>3. Upon achievement the nurse is awarded the credential “RN Board Certified ” or “RN-BC”</li> <li>4. Certification is valid for 5 years.</li> </ol> <p>C. Eligibility requirements</p> <ol style="list-style-type: none"> <li>1. Hold a current active RN license within a state or territory of the United States or the professional, legally recognized equivalent in another country.</li> <li>2. Have practiced the equivalent of two years full time as a registered nurse</li> <li>3. Have a minimum of 2,000 hours of clinical practice in a telehealth or ambulatory care setting within the last three years.</li> <li>4. Have completed 30 hours of continuing education in ambulatory care or telehealth nursing within the last 3 years.</li> </ol>	<p>Lecture, discussion</p> <p>List the criteria for certification in ambulatory care and telehealth nursing at <a href="http://www.aacn.org">www.aacn.org</a></p>

<p><b>Objective 9</b>  <b>Identify areas of participation and advocacy for nurses in telehealth nursing.</b></p> <ul style="list-style-type: none"> <li>A. Advance practice roles for nurses</li> <li>B. Development of decision support tools</li> <li>C. Contribution to informatics and technology</li> <li>D. Leadership roles in professional organizations</li> <li>E. Development of nursing curricula</li> <li>F. Participate in organizations and internal institutional committees promoting nursing informatics.</li> </ul>	<p>Discuss advances in technology and nursing practice related to telehealth.</p> <p>Internet research;  Determine schools of nursing offering curriculum in telehealth nursing and their course content</p>
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### **SAMPLE CASE STUDIES**

#### **Case Study-Adult Medicine**

Maria, a 28-year-old female, presents to your office approximately 5 weeks pregnant. Her first language is Spanish and she speaks only broken English. Her cousin came with her to translate. This is her first pregnancy. She believes she is current on her shots but has no vaccine or previous health records. She is living with a cousin and has good extended family support, but limited financial support and no transportation or phone. She is excited about the pregnancy and the prospect of being a mother. She reports having a few sexual partners with intermittent use of protection. Maria did mention that her previous doctor had her watching her diet and trying not to eat a lot of sugar but she is unclear as to why.

Vital signs: BP 124/82, Pulse 84, Resp Rate 12, Height 63", Weight 190 pounds. Blood sugar done in office was 174

- 1) Identify primary health concerns for Maria.  
(Pregnancy; potential STDs; elevated blood sugar-potential diabetes...)
- 2) What tests do you anticipate being ordered?  
(HCG, fasting blood sugar, hemoglobin A1C, CBC, Chem panel, STD screening including HIV; varicella titer, rubella titer, Hep B antibodies)
- 3) Identify Maria's barriers to receiving medical care.  
(Health literacy challenges; language barrier; lack of transportation; limited income; limited communication means i.e.-no phone)
- 4) Identify teaching needs.  
(Pregnancy; expectations, s/s of concern-when to seek care/call office, visit intervals, need for prenatal vitamins, when to repeat blood work, weight gain expectations, medications to avoid, etc.; blood sugar management – possible meds, diet, checking blood sugars at home; safe sex practices)

- 5) Develop a teaching plan, including: consideration of learning barriers, time allotted for each teaching point, learning activities, and how to measure teaching success/retention.

### **Case Study – Staff Education Need**

It has come to the attention of the office that there are inconsistencies in how blood pressures are being taken by all the medical staff. Cuff size, not taking BP on bare arm, using alternative extremity, and inability to perform proper orthostatic blood pressures are all items of concern.

You have 25 medical assistants to educate, from very new to 18 years in practice. Two of the medical assistants have already stated they are not concerned with changing anything as they feel what they are doing is working.

You have a 30-minute slot at the staff meeting later this week to perform this education.

- 1) How will you prepare for this? (Printed materials, supplies, etc.).
- 2) How will you manage the resistance?
- 3) How will you organize your teaching? (Time breakdown, learning station, lecture, demo, etc.)
- 4) How will you assess effectiveness of education?

### **Case Study – Adolescent Medicine**

Sam is a healthy 16-year-old athlete. He is having increasing reactions to bee stings including significant site swelling, site itching, and facial swelling with his most recent bee sting. Sam is being referred to an Allergist for workup and possible allergy shots for bee sting allergy. At his visit today, the PCP just prescribed an EpiPen 2-Pack to carry at all times. You have been given the job of educating Sam and his father about the EpiPen. Sam and his father are in a hurry to get back to school for practice and seem pre-occupied.

- 1) What information does Sam need to hear before he leaves the office?(How to recognize signs and symptoms of anaphylaxis; when to use EpiPen; how to use EpiPen)
- 2) What teaching tools could be used?
- 3) How will you measure the success of your teaching?

### **Case Study- Pediatric Medicine**

#### **Scenario #1**

Call received from mother of 3-year-old child, stating that she is being “so bad”. When asked what behavior the child was showing, mother stated that she was having little urinary accidents in her panties for the last week and was not getting to the bathroom in time to void. Was also having night time accidents. Child had been completely trained (day and night) for over 6 months without accidents. Child was only having urinary accidents and no trouble with bowel movements, was also complaining of “tummy pain”.

- 1) What additional questions would be appropriate to ask mother regarding her concern?
- 2) What would be your considerations for the differential diagnosis for this patient?  
Mother was encouraged to make appointment to rule out urinary tract infection as children in this age group have atypical presentation, often with urinary accidents and tummy pain. On evaluation, urinalysis showed 4+ glucose as well as bacteria. Blood glucose found child's blood sugar to be 389. Child was immediately admitted to the hospital with the diagnosis of Type I diabetes.
- 3) Upon learning that her child would be admitted to the hospital, what information about the need for hospitalization would be important for the mother to have?
- 4) What emotions might the mother be experiencing upon learning the diagnosis and what an appropriate strategy is for the ambulatory care nurse.
- 5) What information could be provided to mother regarding expected toddler behavior vs. illness symptoms?

### Scenario #2

Call from mother who reports that 15-month-old child had been seen in Urgent Care three nights previously for "bad cough". Was told there were no abnormal findings on examination at that time and he had a viral illness. Mother calls because she thinks "cough is getting worse".

- 1) What assessment questions would be important to ask to determine if this child is currently in any respiratory distress? (length of illness, fever, description of cough, s/s of increased work of breathing, color, level of activity, counted respiratory rate while on phone with Advice Nurse)
- 2) What additional information would be important to know about the child's medical history? (any concurrent medical diagnoses, immunization status)  
Child is reported by mother to be having nasal flaring and substernal retractions. Mother was able to provide a counted respiratory rate of 60. Child had been having fever 103-104 degrees for past 24 – 48 hrs. Poor feeding, only one wet diaper in last 24 hrs. Mother advised to take child to nearest Emergency Room. Child in ER had O2 saturation of 88%, respiratory rate of 64, mild dehydration, chest x-ray showing bilateral pneumonia. Started on nebulizer treatment, IV antibiotics and admitted for evaluation. Discharged home after 72 hours improved and stable.
- 3) What education to mother would have been important regarding follow-up for continued concerns after initial evaluation in Urgent Care? What parameters could be given to mother to evaluate worsening condition?