Component V: Education
Module A: Patient Education
Topic 1: Teaching and Learning Principles and Methods

I. **Statement of Purpose**

Examine patient teaching needs, barriers, learning theories, styles and strategies to assure provision of optimal patient and family health education.

II. **Terminology**

1. State Nurse Practice Act
2. Informed Consent
3. Health Literacy
4. Readability
5. Comprehension
6. Learning Styles
7. Telephonic
8. Protocols
9. Readiness
10. Self-Help Group
11. Support Group
12. Focus Group
13. Patient-Centered Care
14. Learning Styles
15. Learning Outcomes
16. Educational Objectives
17. Education Process
18. AHA Bill of Rights
19. Learning Theories

**Acronyms**

1. ANA (American Nurses Association)
2. NLN (National League for Nursing)
3. PHN (Public Health Nurse)

III. **Performance Standards**

1. Spell and define Key Terms.
2. Review the definition of Education Process and explore general goals of patient education in the ambulatory care environment.
3. Review the history of patient education for the Registered Nurse and the current driving factors for patient education.
4. Evaluate how to assess and determine health literacy in a patient or patient population for the purpose of appropriate educational planning.
5. Explore different styles of educational delivery and situations for use of each style.
6. Differentiate basic Learning Theories and their roles in developing appropriate educational information.
7. Evaluate learning styles and the roles they play in patient education.

8. Explore and illustrate how to develop Educational Objectives.
9. Determine the best teaching methods for presenting educational information considering all patient and teacher variables.
10. Discuss how to develop a simple teaching plan, and create a teaching plan for a specific health education experience.
11. Identify factors and barriers affecting patient readiness for education.
12. Identify teaching strategies to use in specific situations to be able to effectively and appropriately transmit information to the patient.
13. Determine how to successfully evaluate the level of retention of educational information by the patient.
14. Explore sources to determine credible website information for use in planning both educational teaching materials and for use by the patient, and potential problems if poor web sources are utilized.

## IV. **References**

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**Websites**

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2. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1466931/
3. http://english2.slss.ie/resources/SMOG_Readability_Formula_G._Harry_McLaughlin_(1969).pdf
4. http://www.ucsfhealth.org/education/evaluating_health_information

| Content Outline Theory Objectives | Suggested Learning Activities/Evaluation |
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| **Objective 1**<br>**Spell and define Key Terms**<br>A. Review terms listed.<br>B. Spell and pronounce the terms accurately.<br>C. Use the terms in their proper context. | Administer vocabulary pre-test and post-test.<br><br>Discuss learning gaps and plan for applying vocabulary.<br><br>Games: word searches, crossword puzzles, Family Feud, Jeopardy, bingo, spelling bee, hangman, and Concentration. |
| **Objective 2**<br>**Review the definition of Education Process and explore general goals of patient education in the ambulatory care environment.**<br>A. Define the Education Process<br>B. Education Process comparison to Nursing Process (similarities, differences)<br>C. General goals and benefits of patient education in the ambulatory setting<br>D. Compare and contrast the Education Process to the Nursing Process | Read the chapter: The Overview of Education in Healthcare, in *The Nurse As Educator* (Bastable), or read about the education process in another nursing textbook<br><br>Discuss in small groups broad goals of patient education for the ambulatory care setting.<br><br>List 3 benefits of patient education (empowerment; increased and improved self-care; improved communication between patient and clinician/practice; reduced illness/deterioration; cost savings to organization/insurance<br><br>Discuss 3 risks of poor or lack of patient education on patient outcomes (deterioration/illness; death; lack of trust in medical practice and subsequent loss of patients to those more caring/attentive; increased cost to insurance companies/practice) |
| **Objective 3**<br>**Review the history of patient education for the Registered Nurse and the current driving factors for patient education**. | Read the chapter: *Legal Aspects of Ambulatory Nursing Care,* and the section on *Patient* |

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| A. Florence Nightingale's role in education<br>B. PHN's role in community education for disease prevention in the early 1900's<br>C. NLN, ANA and International Council of Nurses long identifying patient education of high importance in Nursing.<br>D. Legal Mandates<br>1. Informed Consent (Patient Self Determination Act of 1990)<br>2. Patient's Bill of Rights<br>3. Court Cases/Rulings supporting patient's right to, and organization's responsibility to provide appropriate information and education.<br>E. Nurse Practice Act of CA (and all states inclusive) identifies teaching within the scope of nursing practice.<br>F. Office/Organization Policies affecting patient education | *Education in Ambulatory Care,* in AAACN Core Curriculum<br><br>Read the chapter: Ethical, Legal, and Economic Foundations of the Educational Process in *The Nurse As Educator* (Bastable)<br><br>Discuss in groups the history of patient education and 3-5 legal ramifications/mandates for patient education<br><br>Research and summarize one article ruling in favor of a patient in which the medical practice was held responsible for wrong-doing due to lack of providing adequate patient education/information. |
| **Objective 4**<br>**Evaluate how to assess and determine health literacy in a patient or patient population for the purpose of appropriate educational planning.**<br>A. Define Health Literacy<br>B. Clues to determining low health literacy<br>1. Voices low level of education or struggles throughout school career<br>2. Social history reflects low priority given to education vs. survival or other<br>3. Difficulty completing, or avoidance of, office paperwork<br>4. Record of poor compliance with medications or treatment plan<br>C. Health Literacy Universal Precautions<br>D. Newest Vital Signs (created by Pfizer; available in English and Spanish)<br>E. http://www.pfizerhealthliteracy.com/asset/pdf/NVS_Eng/files/nvs_flipbook_english_final.pdf<br>F. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1466931/<br>G. Other tools available to determine Health Literacy<br>H. Define Readability (ease of reading written/printed material)<br>I. Determining Readability<br>1. Consider purpose of written materials | Show DVD*: Helping Your Patients Understand* (AMA, 3/2003; 23 minutes)<br><br>Perform an online search for health literacy and determine 1) The average literacy grade level for an adult in the U.S. 2) The percent of the population considered illiterate. 3) Group discussion addressing the question: Considering the grade level and uniqueness of medical jargon, how likely is it that the average adult would understand a typical medical conversation with a nurse or doctor?<br><br>Show DVD on health literacy such as *Health Literacy: Help Your Patients Understand*, AMA, 2003<br><br>Read the chapter on *Literacy in* |

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| 2. Office or health system requirements<br>3. Consider language level, layout, design, font<br>4. Consider background of individual or group (education level, socioeconomic level, and physical or emotional challenges)<br>5. Software programs available which can quickly calculate readability (SMOG Analysis<br>J. Readability vs. Comprehension | *the Adult Client Population* (Bastable)<br><br>List 5 considerations for determining health literacy<br><br>Print off "Newest Vital Signs" assessment form and administer to five people of varied socioeconomic and cultural backgrounds; bring information to class to discuss outcomes of the assessment.<br><br>Search/print and summarize verbally for class one article regarding health literacy and challenges for assessing and overcoming barriers.<br><br>Review and briefly summarize three literacy assessment tools (excluding Newest Vital Sign).<br><br>Discuss in small groups the additional challenges of determining health literacy for special populations such as children, hearing impaired, visually impaired and similar populations.<br><br>Visit:http://english2.slss.ie/resources/SMOG_Readability_Formula_G._Harry_McLaughlin_(1969).pdf and determine the readability of a teaching pamphlet from a medical office |
| **Objective 5**<br>**Explore different styles of educational delivery and situations for use of each style.**<br>A. Verbal<br>1. Face-to-face or 1:1<br>2. Role-playing<br>3. Self-help groups<br>4. Focus groups | Give scenarios of educational situations and discuss which style of education would be most appropriate for each scenario (ex: new 7-year-old diabetic needing to learn to check blood sugars and give injections; 78-year-old hearing- |

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| 5. Support groups<br>6. Group appointments<br>7. Recordings/audio<br>8. Telephonic<br>B. Electronic<br>1. Computer<br>a. Internet search sites, availability, validity, access<br>b. E-mail, health system online communication programs<br>c. Facebook<br>d. DVDs/movies/videos<br>e. Future Trends<br>2. Phone<br>a. Formal Telephone Triage (regulations, standards, resources)<br>b. Office reminder prompts for appointments<br>c. Texting<br>d. Internet<br>e. Twitter<br>f. Future Trends (possible phone reminders to check blood sugar, take pills, etc.)<br>C. Paper<br>1. Individualized plans<br>2. Action plans (ex: Asthma, Diabetes)<br>3. Pamphlets<br>4. Graphs<br>5. Posters<br>6. Diagrams<br>7. Check lists | and visually-impaired individual needing education and assistance in organizing daily medications; 45-year-old lawyer with new hypertension).<br><br>Discuss 5 benefits and/or drawbacks of computer-based education<br><br>Name a scenario in which a group education appointment may be beneficial over an individual appointment (weight loss; bereavement) and discuss why this could be advantageous.<br><br>Name a scenario in which an individual education appointment could be advantageous over a group setting and discuss why (literacy-impaired individual; hearing-impaired individual, need for immediate education)<br><br>Design a checklist to help an individual with medication administration times |
| **Objective 6**<br>**Differentiate basic Learning Theories and their role in developing appropriate educational information.**<br>A. How are Learning Theories beneficial?<br>B. Basic Learning Theories<br>1. Behaviorist<br>2. Cognitive<br>3. Social Learning<br>4. Psychodynamic<br>5. Humanistic | Read the chapter: *Applying Learning theories to Healthcare Practice* (Bastable)<br><br>Compare Learning Theories. Which is best for the passive learner? Active learner? What motivators for learning does each theory utilize? For each theory, which type of activities or situations will transfer learning? |
| **Objective 7**<br>**Evaluate learning styles and the roles they play in patient education.**<br>A. Define Learning Style | Read the chapter: Determinants of Learning (Bastable)<br><br>Discuss the benefits of |

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| B. VARK Model (Visual, Aural, Reading, and Kinesthetic/Tactile)<br>C. Right Brain/Left Brain/Whole Brain Thinking (Sperry)<br>D. Field-Independent/Field-Dependent Perception (Witkin, Oltman, Raskin and Carp)<br>E. Dunn and Dunn Learning Styles (Environmental, Emotional, Sociological, Psychological and Physical)<br>F. Kolb's Experiential Model and Learning Style Inventory<br>G. Myers-Briggs Type Indicator [MBTI] Assessment | considering learning style when preparing to educate<br><br>Find three articles or web sources for different learning styles, and demonstrate how to teach a learner from each style, how to take and record blood sugar or how to give an insulin injection. |
| **Objective 8**<br>**Explore and illustrate how to develop Educational Objectives.**<br>A. Define Educational Objective<br>B. Office- or Health System-driven objectives (may have predetermined information to be communicated)<br>C. Assess learning needs and wants; *know your learner.*<br>D. Prioritize needs for developing objectives<br>E. Basic to complex concepts<br>F. Write SMART objectives (**S**pecific, **M**easurable, **A**chievable, **R**ealistic, and **T**imely)<br>G. New Bloom's Taxonomy<br>1. Objectives consider the cognitive, affective, and psychomotor domains<br>2. New Taxonomy assumes more patient knowledge and responsibility for learning<br>H. Erikson's Stages Transtheoretical Model<br>I. Evaluate own strengths and weaknesses in educating | Read the chapter: *Behavioral Objectives*( Bastable)<br><br>Contrast the difference in objectives and outcomes<br><br>Read and summarize New Bloom's Taxonomy<br><br>Identify a sample learner and need, and discuss in groups appropriate objectives for this learner |
| **Objective 9**<br>**Determine the best teaching methods for presenting educational information considering all patient and teacher variables.**<br>A. Learner Health Literacy<br>B. Readiness of Learner(s)<br>C. Learner needs/wants<br>D. Learner barriers<br>E. Learning style<br>F. Individual/group/networking<br>G. Organization protocols<br>H. Pre-existing material availability/appropriateness<br>I. Ability of other educators to re-enforce teaching efforts<br>J. Available resources<br>K. Patient-/learner-centered education<br>L. Active Learning Experiences (integrate learning and consider attention span). Examples: group discussion, exercises, simulations, games A/V, return demonstration, use of models (skeletons; syringes) | Pick different active learning experiences and discuss or demonstrate use of the best learning tools for that situation (exercise, DVD, game, return demo, etc.)<br><br>Discuss how the teacher's (RN's) teaching style affects how to determine best information<br><br>Discuss 3 benefits and 3 drawbacks to using pre-existing material (saves time, saves money, readily available; may not address specific learner needs, no consideration for specific patient's health |

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| M. Learning Contracts<br>N. RN teaching style | literacy, is generally designed for a specific population) |
| **Objective 10**<br>**Discuss how to develop a simple teaching plan and create a teaching plan for a specific health education experience.**<br>A. Benefits of creating a teaching plan (clarifies goals, material, methods and evaluation tools for education; provides legal documentation that the individual's educational needs are being addressed; helps teacher stay on target during teaching process) ASSURE Model (Heinch, Molenda, Russell, Smaldino (1996))<br>B. Complete preparation work (assess health literacy, learning style, barriers, special patient needs, and the needs/wants of learner)<br>C. List teaching objectives (if possible and appropriate, mutually created objectives)<br>D. List teaching needs/objectives from highest to lowest priority<br>E. List desired outcome of learning and how to evaluate if learning occurred. Example: return demonstration immediately? Evaluating in 1 month if behavior change has happened? (ex: more compliant with medications, improved blood sugars, etc.) Asking family for feedback after 7 days?<br>F. Decide on appropriate teaching method (verbal, electronic, etc.)<br>G. Decide on and list appropriate teaching tools (diagrams, models, games, posters, handouts, exercises, etc. ) assuring appropriateness of educational material, health literacy, size, readability, good appeal, varied activities, based upon patient/patient population's gender, culture, age, abilities.<br>H. Evaluate length of time available for teaching (10 minutes, or formal 1:1 time of 1 hour, or class setting of 2 hours, etc.)<br>I. Create outline for teaching based on objectives, teaching method, teaching tools, and desired outcome.<br>1. Assign time to each activity<br>2. Vary activities to address attention span<br>3. Over-plan to assure enough material for allotted time or re-enforcement of teaching as needed | Read Section on *Development of Teaching Plans in* Bastable<br><br>Research the ASSURE Model (article or credible web site) and write a short summary of the model (including each anagram) and its benefit in creating a teaching plan.<br><br>With a 10-minute teaching period available, discuss how to evaluate literacy and patient considerations (culture, gender, age) to be able to teach a new adult diabetic how to recognize signs and symptoms of high and low blood sugar.<br><br>Create a teaching plan for a 1-hour class educating parents of children just diagnosed with asthma (What do they need to know? How to best present information? Consider barriers such as anxiety.)<br><br>Develop a teaching plan for a 10-year-old child who will be undergoing surgery for appendicitis. (Who is your audience? What are the varied needs of parent and child in amount of information needed and tools to transmit that information?)<br><br>Develop a teaching plan for a client without transportation and low on finances who has not been compliant with taking diabetic medication or getting labs or checking their blood sugar. |

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| **Objective 11**<br>**Identify factors and barriers affecting patient readiness for education**.<br>A. Emotions (grief process, empowerment, perceived loss of control, overwhelmed by disease/condition, anxiety)<br>B. Motivation (eager/ready to implement change; lack of energy/support)<br>C. Distractions (lack of support, poor health, limited resources, family discord)<br>D. Physical Impairments (vision, hearing, inability to read/write)<br>E. Knowledge (lacking background knowledge to learn needed/desired information)<br>F. Health system barriers<br>1. Clinicians with limited time, lots of demands<br>2. Lack of qualified teachers in offices<br>3. Limited resources<br>G. Age Considerations<br>1. Children<br>a. Jean Piaget's Cognitive-Development Theory<br>b. BF Skinner's Operant Conditioning Theory<br>c. Integrate play<br>2. Adults<br>a. Need to understand why they need to learn<br>b. If patient doesn't perceive information as applicable, won't buy-in<br>3. Elderly<br>a. Undergoing changes in psychosocial stages, abilities, and physiologic changes that all affect learning<br>H. Gender considerations<br>1. Social gender expectations<br>2. Gender differences in educational strengths<br>3. Gender differences in emotional responses to situations<br>I. Cultural considerations<br>1. Language barriers<br>2. Information/expectations not congruent with cultural traditions (ex: cupping, acupuncture are culturally acceptable but not medically acceptable universally)<br>3. Negotiating treatment/expectations between teacher/learner to an acceptable level to accommodate learner's culture yet still accomplish medical safety/goals (LEARN Model)<br>J. Religious Considerations<br>1. Religious 'rules' vs. medical rules (ex: blood | Read the chapters on : *Socioeconomic, and Cultural Attributes of the Learner* and *Special Populations* (Bastable)<br><br>Discuss strategies for making your current or future ambulatory care setting place a higher priority on patient education<br><br>Research a specific culture and identify three potential barriers/roadblocks to education; how might a compromise or more suitable style of care or education benefit someone from that culture?<br><br>Research a specific religion and identify three potential barriers/roadblocks to education; how might a compromise or more suitable style of care or education benefit someone from that religion?<br><br>In small groups discuss what you view as your most comfortable age range to educate. Why? What do you view as your least comfortable age range to educate? List three potential tools which would enhance your comfort working with this age group.<br><br>Identify in your current or future ambulatory setting the most common causes of anxiety as they relate to a patient's health care and education. In small groups, brainstorm some ways to limit anxiety and |

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| transfusion not acceptable in all religions)<br>2. Perception of condition affected by religious beliefs (ex: may not believe in getting medical care)<br>3. Gender of teacher and learner may need to be adjusted if religiously (or culturally) not permissible for different sexes to be alone together<br>4. Dietary restrictions can affect medical condition or medical recommendations<br>5. Religious services/meetings need to be accounted for when scheduling teaching (ex: honor their Sabbath day; offer classes/teaching to learner on different night or time if conflict with religious services)<br>K. Socioeconomic considerations<br>1. Poverty may make survival higher priority than continued medical compliance<br>2. Transportation, financial concerns for impoverished can make it difficult to follow through with care or make appointments<br>3. Sense of entitlement (among any socioeconomic group)<br>4. Time constraints – working hard so not available for education/follow-through (any class)<br>5. Upper social class sometimes perceives no need for education as they feel smart enough to figure out medical needs/treatment without help | prepare a patient for learning. How effective will the teaching be if these patient concerns are not eliminated or addressed? |
| **Objective 12**<br>**Identify teaching strategies to use in specific situations to be able to effectively and appropriately transmit information to the patient.**<br>A. Aligning Self with Patient<br>B. Family Involvement<br>C. Postponing Education<br>D. Addressing Apathy (Motivational Interviewing)<br>E. Limiting Feelings of Threat; Shame-Free Environment<br>F. Working with Demanding Behavior<br>G. Shame-Free Environment<br>H. Community Education | Discuss a situation where postponing education may be appropriate<br><br>In small groups, identify age groups where family involvement would typically be beneficial. Why? Discuss 3 challenges if including a family in the patient-care process. Brainstorm ways to limit these challenges.<br><br>Research teaching strategies useful in working with patients with demanding behavior, then role-play a scenario with an individual in a group educational setting who insists on their own agenda. |

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| | Discuss some benefits of Community Education for health promotion or disease prevention; research and write a 1-page paper outlining when community versus individual education would be beneficial, and the key information which needs to be communicated to the community. (Examples: addressing high community teen pregnancy rate or high rate of teen sexually-transmitted diseases in the community; promoting flu vaccination to prevent an outbreak; hand-washing in the school setting to help combat disease transmission)<br><br>Discuss teacher and healthcare attitudes which can help limit shame and create a supportive learning environment. |
| **Objective 13**<br>**Determine how to successfully evaluate the level of retention of educational information by the patient.**<br>A. Meeting predetermined objectives/able to carry out own care<br>B. Evaluation tools (written, standardized, etc.)<br>C. Health Improvement<br>D. Patient/Family feedback | Research evaluation tools and determine which two would be most useful in your ambulatory care setting.<br><br>Identify a patient or patient group with a specific learning need (new diabetic, new asthmatic child, pre-eclamptic pregnant woman, etc.). Once the teaching has been completed, discuss best ways to determine the retention of the teaching and benefit to the patient's health. |
| **Objective 14**<br>**Explore sources to determine credible website information for use in planning both educational teaching materials and for use by the patient, and potential problems if poor web sources are utilized.**<br>A. Sources for evaluating Web Site validity<br>1. http://www.ucsfhealth.org/education/evaluating_health | Review sources for evaluation of website validity<br><br>Discuss a time where a patient has read incorrect information from a website; how hard was it to sway them from the |

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| information<br>2. Journal of Hospital Librarianship article for Evaluating Health Information Web Sites for Credibility<br>3. Consider source, longevity of source, reliability of source, author of source<br>B. Consequences of poor web site sourcing<br>1. Misinformation for patient; possible ill health consequences<br>2. Liability for RN educator and/or organization if provide misinformation to patients that could result in declining health or death; loss of reputation and loss of revenue if sued. | information that was not correct? ( Example: link of autism to immunizations<br><br>Use the following Case Studies to identify patient teaching strategies that the nurse would apply in each scenario. |

## 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 got 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?