PEDIATRIC READINESS PROGRAM EDUCATION SESSION

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PRP
PEDIATRIC READINESS PROGRAM
SERVING OREGON & SW WASHINGTON

TRANSFORMING DIFFICULT SITUATIONS WITH THE PEDIATRIC POPULATIONS

PEDIATRIC READINESS PROGRAM EDUCATION 2024

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CME DISCLOSURE

None of the planners and faculty for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, reselling, or distributing healthcare products used by or on patients.

LEARNING OBJECTIVES

- The learner will be able to recognize and respond to signs of distress and identify opportunities to implement a needs-based plan of care

- The learner will be able to identify interdisciplinary communication tools for consistent and reliable delivery of care

- The learner will identify resources process and resources available within their organization to support the immediate of patients and caregivers.

USING A FAMILIAR FRAMEWORK

- Assessment – Multidisciplinary Care Planning – Intervention
  - Nursing diagnoses guide expectations for care vs.
  - Nursing "complaints" regarding "problem" patients
- Possible nursing diagnosis:
  - Risk for violence
  - Ineffective coping related to destructive behavior
  - Ineffective denial related to substance abuse

BernsteinAssessmentAndManagement2007.pdf

THE PROBLEM WITH PROBLEM PATIENTS

- Set-up for failure:
  - 'Minor' incident leads to decompensation
  - Results in caregiver-patient situations and relationships to deteriorate
  - Patients 'earn' reputation of 'being difficult' or a 'problem-patient'
  - This 'reputation' is passed on during hand-off
  - This 'reputation' predisposes 'difficult'/'problem' behavior

- "Difficult patients" have a lot in common:
  - Varying levels and intensities of "trauma"
    - Alters how support is received/accepted
  - Trauma experience must inform treatment delivery
  - Detrimental cycle:
    - Angry mood --> Non-compliance -->
    - Not being able to get their needs met

ALL have a need for control

RECOGNIZING AND RESPONDING TO SIGNS OF DISTRESS

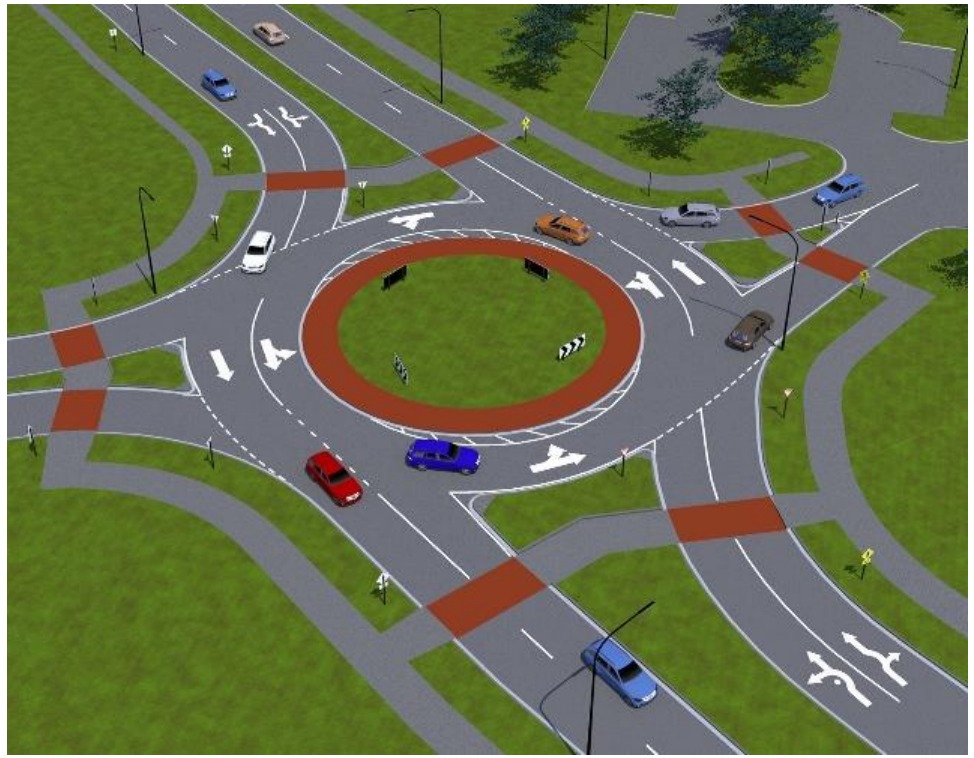
RECOGNIZING SIGNS OF BEHAVIORAL DISTRESS

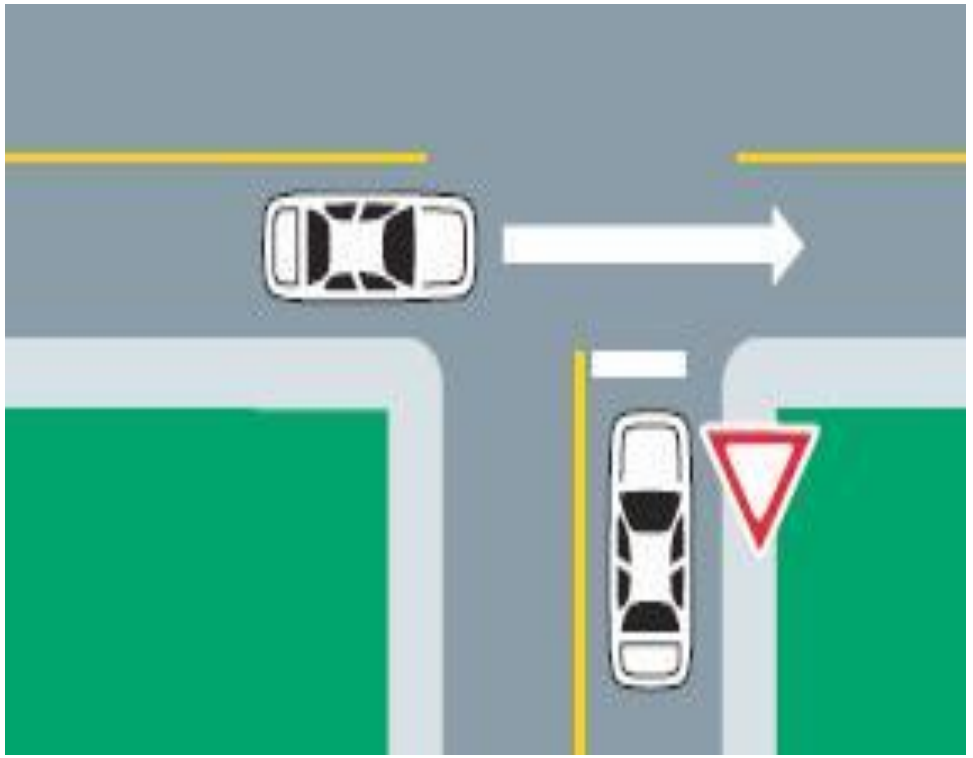
- Poor appetite or over-eating
- Hyper/hypo somnolence
- Generally somatic or “feeling sick”
- Expressing worry or anxiety
- Clinginess
- Withdrawn
- Startled or fearful responses
- Complaining
- Moodiness
- Irritability

RESPONDING TO SIGNS OF DISTRESS

- What is the need?
- Young peoples' skills are still developing
- When to change direction – a constant refrain

CONTROL IS THE CROSSROADS OF CRISIS





In the absence of imminently lethal threat, be a roundabout, not a crossroads

CARE PLANNING FOR A COLLABORATIVE APPROACH

CARE PLANNING FOR ESCALATED SITUATIONS

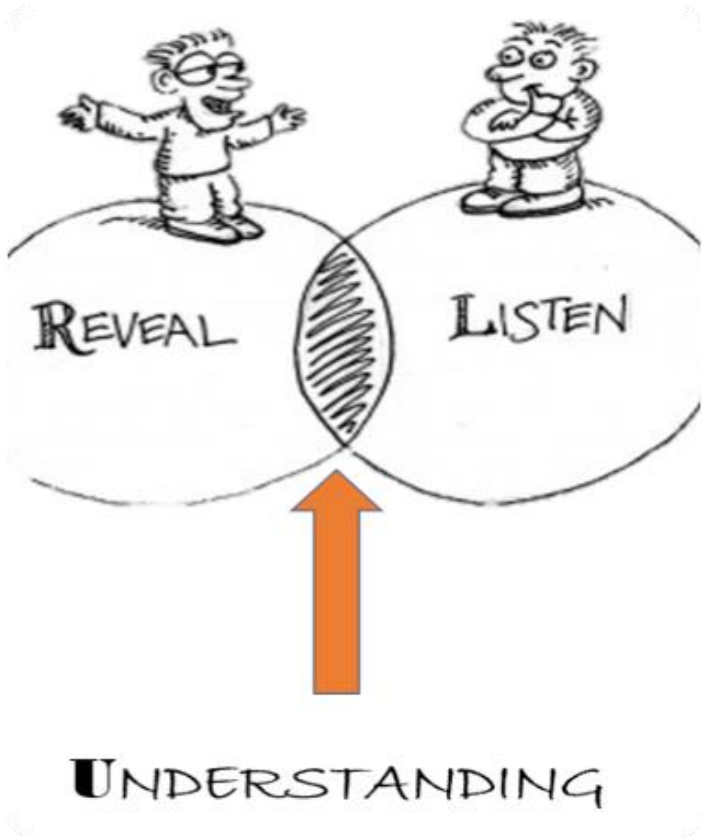
Literature is largely anecdotal

Research tends to be descriptive in nature

Distributed throughout the literature were nursing interventions deemed helpful in managing difficult patients, but patient outcomes were not explicitly identified

Successful management of difficult patient situations is largely interactional and can incorporated into what many consider basic nursing care

AT THE CORE OF CARE PLANNING IS KNOWING YOUR PATIENT…



Care planning strategies for escalation are generally:

- Non-specific
- Does not consider some contextual factors

To manage escalation, care team must acknowledge:

- Patients and situations are uniquely individual

IrwinNursesRole2006.pdf

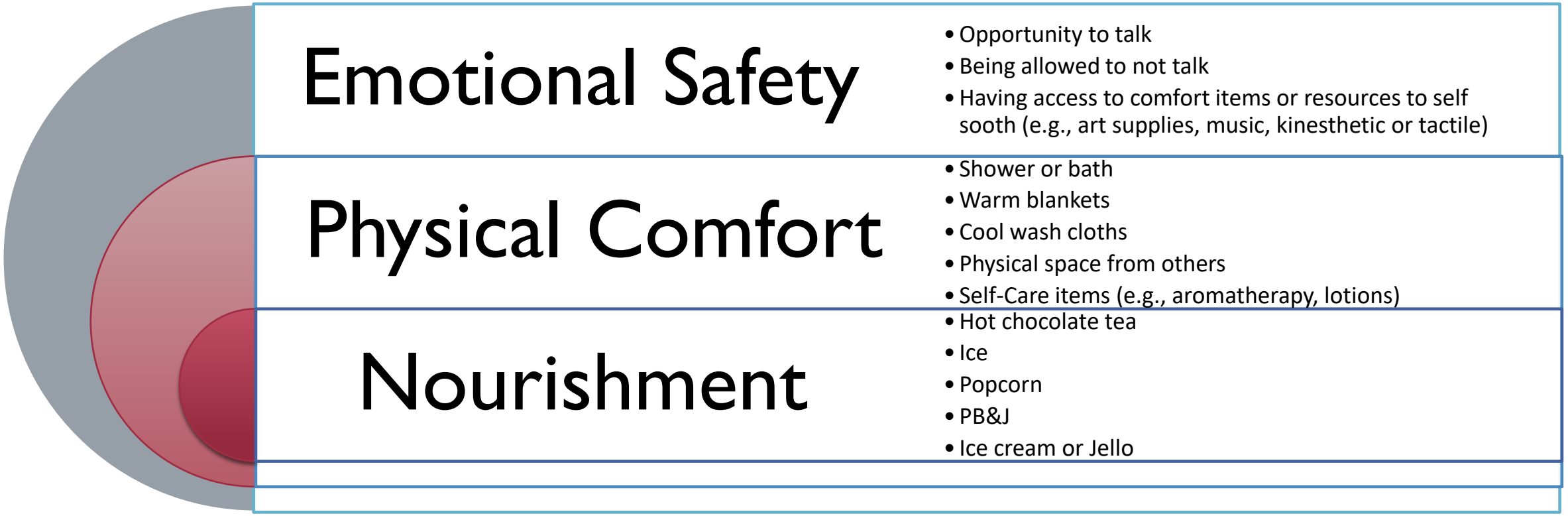
<u>The 3 most documented interventions are</u>:

1. Offering to talk to the patient (17%)
2. Low stimulus environment (13%)
3. PRN medication (10%)

HallettCarePlanning2016.pdf

CARE PLANS FOR VIOLENCE RISK

Care plans can function as a road map to meet needs in a way that is meaningful to the patient while also giving them a sense of control over their situation.



COMMUNICATION TOOLS

VIOLENCE RISK COMMUNICATION

What are your current communication conventions?
SBAR, shift handover reports, door signage, EPIC flagging
Does this reach everyone who needs to have the information?

MANAGING DANGEROUS SITUATIONS

MANAGEMENT OF IMMEDIATELY DANGEROUS BEHAVIOR

Sometimes the most compassionate thing we can do is prevent the patient from harming themselves and others – this may require restraint or seclusion, emergency medication, etc.

Just because we are starting down a particular course, doesn't mean we have to continue down that path.

Successful change of direction requires a clear and directive team leadership

Team Leadership is a skill set that can be developed but many of our newer caregivers may not feel confident in

Team response is a diminishing skill – what is your process and how do you maintain skill level

Post Event follow up

CARING FOR THE CAREGIVER AFTER WORKPLACE VIOLENCE

Immediate Post Event Follow Up

Does anyone require medical attention

Reassignment of duty away for the assaulted caregiver if they can stay at work

Release from shift with admin time for lost hours

Peer to Peer Support

Spiritual Care/Unit chaplains

CISM or other emotional debriefing process

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