



## ERRATA:

### COMPETENCY BASED ORIENTATION AND CREDENTIALING PROGRAM FOR THE REGISTERED NURSE CARING FOR THE PEDIATRIC PATIENT IN THE PERIANESTHESIA SETTING – 2022 EDITION

#### Chapter 10: Pediatric Emergence Agitation and Delirium

##### Answers to Case Study #1 (page 141)

**Page 141** ANSWERS are in bold print:

**Case study #1:** SW is a 4-year-old male who underwent a tonsillectomy and adenoidectomy. When he begins to awaken from anesthesia, he begins to cry, kick, and thrash about. He does not make any eye contact with his caregiver or follow any directions. He requires frequent orientation to his bed, the unit, and his provider.

1. Based on this assessment, what is his score on the PAED scale?
  - a. 4
  - b. 10
  - c. 14
  - d. **20**
  
2. Is his score indicative of EA/ED?
  - a. **Yes**
  - b. No
  
3. What actions would you use to determine your PAED score?
  - a. No eye contact
  - b. Crying, kicking, and thrashing about
  - c. Does not follow directions
  - d. **All of the above**
  - e. None of the above

*(continued)*

## **Chapter 16C: Psychosocial Challenges in the Pediatric Environment - Trafficking**

### **Answers to Case Study #1 (page 258)**

**Page 258** ANSWERS are in bold print:

**Case study #1:** 12-year-old Hispanic female admitted through the emergency department (ED) with acute abdominal pain and crying. Vital signs revealed B/P 92/64, HR 128, RR 32, and Temp 37.6. When the ED nurse tried to elicit assessment questions, the child did not speak but looked at the man who accompanied the child. Urine HCG was positive. After an abdominal CT scan, a left ectopic pregnancy was confirmed. Since the ED was very busy, the patient was transferred to the preoperative unit to wait for her surgery.

The preoperative nurse questions the man who is with the little girl and becomes suspicious that the man could be the trafficker because of all but the following:

- a. The man is very well-spoken and well-dressed
- b. The man is well-rehearsed and does not allow the patient to speak
- c. The man says he is the child's uncle, and the father is away
- d. The man shows compassion, and the child responds to the man's warm concern.**

The preoperative nurse admitted the child and began to assess the patient and realized this may be a trafficking situation when the 12-year-old Hispanic child:

- a. Cannot provide her home address
- b. Appears depressed and anxious
- c. Avoids eye contact with flat affect
- d. All of the above**

When performing the preoperative physical assessment, the nurse notes the following "red flags" of trafficking:

- a. Evidence of violence
- b. Marks of branding, burnings and choking
- c. Scarring to genitalia and areas of trauma
- d. All of the above**

*(continued)*

## **Chapter 16C: Psychosocial Challenges in the Pediatric Environment - Trafficking**

### **Answers to Case Study #2 (page 259)**

**Page 259**      ANSWERS are in **bold** print:

**Case study #2:** A 13-year-old male admitted to preoperative care through the emergency department (ED) for debridement of extensive third degree burns across arms, chest, and neck. He speaks no English and is accompanied by an adult male. The patient appears exhausted and frightened. A translator is obtained for the patient.

The preoperative nurse suspects the child may be trafficked because:

- a. The child does not answer any questions and defers to the adult
- b. Although the burns are older and infected, the story regarding the injury is suspicious
- c. Burns appear to have been caused by hot grease, something to which the patient should not have been exposed
- d. All of the above**

Which of the following PACU assessment elements would lead the PACU nurse to become concerned?

- a. The patient is very difficult to arouse
- b. The child does not respond to the name on his chart when called
- c. Patient tells the translator typically he works an 18-hour shift, sleeping about 2 hours a night
- d. All of the above**

What should the prudent PACU nurse do?

- a. Contact the adult with the patient to come to PACU
- b. Contact the person responsible for Child Protection services**
- c. Discharge the patient home per physician's orders