

SECTION I: SCENARIO OVERVIEW

Scenario Title:	Respiratory distress in 5-year-old child in school setting – AACN Essentials		
Original Scenario Developer	C. Sense MSN RN CNS; D. Brady DNP RN CNS; D. Baker PhD, APRN;		
Date - original scenario	Nov 7, 2013		
Validation:	M. Miller, MA, RN, CHSE C. Sense MSN RN CNS; D. Baker PhD, APRN; M. Cosby MPA, MSN, RN		
Revision Dates:	11/13; 01/14; 02/14; 07/18 reviewed 08/24 L Catron DNP, M.A.ED, BSN, RN, CHSE		
Pilot testing:	03/14		
<u>Estimated Scenario Time:</u>	12-15 minutes	<u>Debriefing time:</u>	15 minutes
<u>Target group:</u> School Nurses			
<u>Core case:</u> 5-year-old boy, history of asthma; at school exposed to carpet cleaning material, develops shortness of breath and is taken to the health office.			
<u>Brief Summary of Case:</u> The client is a 5 year-old male student who has a 3 year history of asthma. This information is noted on the emergency card in the school office. He also has an Emergency Care Plan/Action Plan for asthma, stating rescue inhaler ProAir (Albuterol) to be used in case of emergency. He has been healthy and has had not asthma attacks at school. The student was at school today and in a classroom with carpet that was cleaned by the janitor the night before and had slight “chemical” smell. After 2 hours in the classroom he told the teacher he “could not breathe”. He was sent to the office with an adult aide who noted that he was coughing and wheezing. The office staff could not locate his inhaler and called the school nurse. The school nurse was in another classroom when her cell phone rang. Learners must recognize signs of acute asthma, develop an immediate plan to assess and treat, and determine if a 911 is required.			

EVIDENCE BASE / REFERENCES (APA Format)
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Shenoi, R. P. (2020). Drugs used to treat pediatric emergencies. <i>Pediatrics</i> 145(1). https://doi.org/10.1542/peds.2019-3450
Walker, A. & Hanna, A. (2020, March). Kids really are just small adults: Utilizing the pediatric triangle with the classic ABCD approach to assess pediatric patients. <i>Cureus</i> , 12(3), e7424. https://doi.org/10.7759/cureus.7424

SECTION II: CURRICULUM INTEGRATION

A. SCENARIO LEARNING OBJECTIVES

Learning Outcomes

1. Utilizes critical analysis/clinical decision making to interpret data & implement appropriate care.
2. Communicates in a compassionate and client centered manner.
3. Synthesizes case study data to determine need for additional medications and medical treatment
4. Utilizes effective communication protocols with emergency response personnel

Specific Learning Objectives

1. Implements pediatric assessment triangle (PAT) and respiratory assessment
2. Recognizes symptoms of acute asthma and progressing respiratory distress
3. Prioritize administration of emergency medication
4. Administer rescue inhaler medication and continuously monitors patient
5. Initiates the appropriate communication with emergency personnel, parents, and administrator
6. Manages emergent situation with school staff

Critical Learner Actions

1. Greets child in calm, open manner, initiates verbal assessment.
2. Completes PAT and focused respiratory assessment
3. Reviews Emergency Response Card and Emergency Care/Action Care Plan
4. Administers rescue inhaler
5. Determines respiratory status and need for further care; arranges for school personnel to call 911
6. Calls or delegates call to parent and administrator to notify of the situation and determine where the child will be taken
7. Reassesses and recognizes declining respiratory status
8. Administers Epi-Pen
9. Deliver SBAR verbal report and written copy of Emergency Care/Action Plan to emergency services
10. Manages emergent situation in a calm, professional manner
11. Initiate required documentation of student event and subsequent care.

AACN Essential Learner Activities Based on Learning Objectives & Actions

Domain	Sub competencies
1 Knowledge for Nursing Practice	1.2a; 1.2e; 1.3a; 1.3b; 1.3c
2 Person-Centered Care	2.1; 2.2; 2.3; 2.4; 2.5c-f; 2.6c; 2.6d; 2.7a; 2.7b; 2.9c-e;
4 Scholarship for the Nursing Discipline	4.2c
5 Quality and Safety	5.1c; 5.2c; 5.2f
6 Interprofessional Partnerships	6.1b; 6.1c; 6.1e; 6.2b; 6.2c; 6.3b; 6.3c; 6.4c;6.4d

State or Regional Core Tenet Learner Activities

QSEN Competencies

<input type="checkbox"/> Patient Centered Care	<input type="checkbox"/> Teamwork and Collaboration
<input type="checkbox"/> Patient Safety	<input type="checkbox"/> Informatics
<input type="checkbox"/> Evidence Based Practice	<input type="checkbox"/> Quality Improvement

B. PRE-SCENARIO LEARNER ACTIVITIES	
Prerequisite Competencies	
Knowledge	Skills/ Attitudes
<input type="checkbox"/> Pediatric Assessment Triangle	<input type="checkbox"/> Physical assessment skills
<input type="checkbox"/> Signs/Symptoms of acute asthma and respiratory distress	<input type="checkbox"/> Continued use of systemic assessment and use of O2 Sat if available
<input type="checkbox"/> MDI Inhaler for children	<input type="checkbox"/> Use of rescue inhaler
<input type="checkbox"/> Epi-Pen for rescue	<input type="checkbox"/> Use of Epi-Pen
<input type="checkbox"/> SBAR communication (Situation-Background-Assessment-Recommendation)	<input type="checkbox"/> Professional leadership and management of emergent situation

SECTION III: SCENARIO SCRIPT

A. Case summary

The client is a 5-year-old male student who has a 3-year history of asthma. This information is noted on the emergency card in the school office. He also has an Emergency/Action Care Plan for asthma, stating rescue inhaler ProAir (Albuterol) to be used in case of emergency. He has been healthy and has had not asthma attacks at school. The student was at school today and in a classroom with carpet that was cleaned by the janitor the night before and had slight “chemical” smell. After 2 hours in the classroom he told the teacher he “could not breathe”. He was sent to the office with an adult aide who noted that he was coughing and wheezing. The office staff could not locate his inhaler and called the school nurse. The school nurse was in another classroom when her cell phone rang. Learners must recognize signs of acute asthma, develop an immediate plan to assess and treat, and determine if a 911 is required. Inhaler was not used immediately and the asthma progressed quickly. Inhaler was ineffective. School nurse administers epi-pen. Student improves slowly. EMT arrives and care is handed to EMT. School nurse calls the parent.

B. Key contextual details

- School Nurse Office setting with access to student files and medications
- Student with known history of asthma, Emergency Action Care Plan and Medications

C. Scenario Cast

Patient/ Client	<input checked="" type="checkbox"/> High fidelity simulator Sim Jr,	
	<input type="checkbox"/> Mid-level simulator	
	<input type="checkbox"/> Task trainer	
	<input type="checkbox"/> Hybrid (Blended simulator)	
	<input checked="" type="checkbox"/> Standardized patient (age range (5-8))	
Role	Brief Descriptor	Standardized Participant or Learner
RN 1	School Nurse	Learner
RN 2	School Nurse	Learner
School Secretary	Voice on Phone	Computer Programmer
EMT	Voice on Phone	Computer Programmer

D. Patient/Client Profile				
Last name:	Tagene		First name:	William
Gender: Male	Age: 5 yr	Ht: 40 "	Wt: 40 lbs.	Code Status: Full
Spiritual Practice: none		Ethnicity: Middle Eastern		Primary Language spoken: English
1. History of present illness				
3 year history of asthma with 2-3 acute asthma attacks per year; last one at age 4, has not required hospitalization.				
Primary Medical Diagnosis		Late preterm infant		

2. Review of Systems	
CNS	Alert appropriate 5 year old
Cardiovascular	None no murmur
Pulmonary	States he "cannot breath" , audible wheeze with cough
Renal/Hepatic	NA
HEENT	No cold symptoms; normal
Gastrointestinal	normal
Endocrine	NA
Heme/Coag	NA
Musculoskeletal	Use of auxiliary muscles
Integument	Pale
Developmental Hx	WNL
Psychiatric Hx	
Social Hx	Cared for at home by mom and dad; has 1 older brother age 7.
Alternative/ Complementary Medicine Hx	none

Medication allergies:	None	Reaction:	
Food/other allergies:	Dust, pollens & environmental allergies	Reaction:	

3. Current medications	NONE Drug	Dose	Route	Frequency
	ProAir (Albuterol)	2 inhalations Asthma Exacerbation: 4-6 puffs	Inhal	Q 4-6 hrs. Q 20 min for 3 doses

CSA REV template (10/18;8/2024)

ALL DATA IN THIS SCENARIO IS FICTITIOUS

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4. Laboratory, Diagnostic Study Results NON					
Na:	K:	Cl:	HCO3:	BUN:	Cr:
Ca:	Mg:	Phos:	Glucose:	HgA1C:	
Hgb:	Hct:	Plt:	WBC:	ABO Blood Type:	
PT	PTT	INR	Troponin:	BNP:	
Ammonia:	Amylase:	Lipase:	Albumin:	Lactate:	
ABG-pH:	paO2:	paCO2:	HCO3/BE:	SaO2:	
VDRL:	GBS:	Herpes:	HIV:		
CXR:	ECG:				
CT:	MRI:				
Other:					

E. Baseline Simulator/Standardized Patient State
(This may vary from the baseline data provided to learners)

1. Initial physical appearance	
Gender: Male	Attire: jeans and tee shirt, sneakers

2. Initial Vital Signs Monitor display in simulation action room:			
x	No monitor display	Monitor on, but no data displayed	Monitor on, standard display

BP:	HR: 140	RR: 50	T: 98.4 F	SpO ² :
CVP:	PAS:	PAD:	PCWP:	CO:
AIRWAY:	ETCO ² :	FHR:		
Lungs: Sounds/mechanics	Left: Wheezes-→ stridor		Right: Wheezes--→stridor	
Heart:	Sounds:	normal		
	ECG rhythm:	Sinus Tach		
	Other:			
Bowel sounds:	normal		Other:	

3. Initial Intravenous line set up					
	Saline lock #1	Site:			IV patent (Y/N)
	IV #1	Site:	Fluid type:	Initial rate:	IV patent (Y/N)
	IV #2	Site:	Fluid type:	Initial rate:	IV patent (Y/N)

4. Initial Non-invasive monitors set up

x	NIBP		ECG First lead:		ECG Second lead:
x	Pulse oximeter		Temp monitor/type		Other:

5. Initial Hemodynamic monitors set up

	A-line Site:		Catheter/tubing Patency (Y/N)	CVP Site:	PAC Site:
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6. Other monitors/devices

	Foley catheter	Amount:	Appearance of urine:		
	Epidural catheter		Infusion pump:	Pump settings:	

Environment, Equipment, Essential props

Recommend standardized set ups for each commonly simulated environment

1. Scenario setting: (example: patient room, home, ED, lobby)

School office setting; gurney and 2 chairs, small table. Thermometer, BP cuff, School nurse supply cabinet. School nurse supply cabinet where medications are stored (label various medications with various student’s names including a “stock epi-pen” and ProAir Inhaler with MDI labeled with William Tagene name.

2. Equipment, supplies, monitors

(In simulation action room or available in adjacent core storage rooms)

	Bedpan/ Urinal		Foley catheter kit	Straight cath. kit	Incentive spirometer
	IV Infusion pump		Feeding pump	Pressure bag	Wall suction
	Nasogastric tube		ETT suction catheters	Oral suction catheters	Chest tube insertion kit
	Defibrillator		Code Cart	12-lead ECG	Chest tube equip
	PCA infusion pump		Epidural infusion pump	Central line Insertion Kit	Dressing Δ equipment
	IV fluid Type:		IV fluid additives:	Blood product ABO Type: _____	# of units: _____

3. Respiratory therapy equipment/devices

	Nasal cannula		Face tent	Simple Face Mask	Non re-breather mask
	BVM/Ambu bag		Nebulizer tx kit	Flow meters (extra supply)	

4. Documentation and Order Forms				
Health Care Provider orders		Med Admin Record	H & P	Lab Results
Progress Notes		Graphic record	Anesthesia/PACU record	ED Record
Medication reconciliation		Transfer orders	Standing (protocol) orders	ICU flow sheet
Nurses' Notes		Dx test reports	Code Record	Prenatal record
<p>Actual medical record binder, constructed per institutional guidelines</p> <ul style="list-style-type: none"> Actual medical record binder, constructed per institutional guidelines Binder with emergency procedures guidelines for school personal Binder has all emergency care plans for students (that nurse is aware of) 			<p>Other: See below Describe:</p> <ol style="list-style-type: none"> 1) Student Emergency Contact Card: has parents phone numbers, addresses and back up people phone numbers, addresses and permission to pick up student from school; Protocols for Treatment of Hyper/Hypoglycemia in school setting. 2) MD order sheet for schools found crumpled up in back pack. MD order sheet has sliding scale for insulin administration and also carbohydrate to insulin ratio for meals. Includes name and dose of Insulin for bedtime dose. Includes Glucagon dosing for PRN (as needed) dosing for severe hypoglycemia. Will be placed in medical record binder at end of case. 3) Emergency Procedures for urgent issues for school personal 	

5. Medications (to be available in sim action room)							
#	Medication	Dosage	Route	#	Medication	Dosage	Route
	ProAir Inhaler	2 puffs Q 4-6 hrs prn Asthma Exacerbation: 4-8 puffs Q 20 minutes 3 doses	Inhaler with MDI				
	Epi-pen	0.3 mg	IM into outside thigh				

CASE FLOW / TRIGGERS/ SCENARIO DEVELOPMENT STATES

Initiation of Scenario : School Nurse RN is called into health office at school from another classroom to assess a 5-year-old boy who is complaining of not being able to breathe and has audible wheezes and is coughing, and the smell from the carpet is irritating him. The school secretary says they can't find an inhaler for the student. When nurse arrives she uses the PAT (Pediatric Assessment Triangle) to assess the patient and to obtain an immediate history. Secretary hands her the emergency card and the Emergency Care /Action Plan. RN proceeds with treatment. Scenario ends when Paramedics arrive to assume care.

STATE / PATIENT STATUS	DESIRED LEARNER ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
<p>1. Baseline Sitting up on gurney in the school office. States he "can't breathe"</p> <p>Child increases respiratory distress and says "I'm having a harder time breathing. The carpet smell is bothering me."</p> <p>Uses interrupted speech in one –two word sentences/ monotone</p>	<p>Operator Trend vital signs over 3 minutes: HR 140 - 150; RR 40 – 50 (trend up over 2 min) O2 sat 93-91 trend down over 2 min. Breath sounds: wheezing (volume level on simulator 5) Supra/sub sternal, intercostal retractions.</p>	<p>Learner Actions Asks how things are going in calm voice, engaging child Observes environment Initiates assessment questions Reviews the Emergency Plan</p> <p>Assesses use of accessory muscles, asks operator about this; assesses struggling respiratory sounds, and increase in HR RR.</p>	<p>Debriefing Points: What did the school secretary say that concerned you? How did you adjust your communication tone and technique to obtain the information you need from the boy when he seemed panicked? What physical assessment findings concerned you most?</p>

STATE / PATIENT STATUS	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
<p>2. Starts with stridor and gets; voice become staccato to demonstrate increasing respiratory distress.</p> <p>Responsive to directions for pursed lip breathing.</p> <p>Complains “I am having a harder time breathing of increased difficulty breathing even after use of inhaler</p>	<p>Operator: Continue with strider and wheezes, increase volume on strider on sim program.</p> <p>HR 150-160; RR 50-55 (trend up over 2 min) O2 sat 91-90 trend down over 2 min.</p>	<p>Learner Actions: Obtains inhaler with MDI</p> <p>Assists client to sit up Coaches client with pursed lip breathing</p> <p>RN determines need for inhaler and locates the inhaler in the medication cabinet. RN administers ProAir with MDI</p> <p>reassessment of respiratory rate, pulse, skin signs/color and capillary refill</p> <p>Delegates secretary or someone else to initiate phone call to 911, Parents, Administrator</p> <p>Repeats inhaler treatment/administration; continues to calm the student.</p> <p>RN uses SBAR to communicate with 911 dispatcher; requests an ETA (estimated time of arrival).</p>	<p>Debriefing Points:</p> <p>What did you do to help calm and focus the child?</p> <p>Strategies for calming and focusing distressed child</p> <p>Expected outcomes following inhaled medication</p> <p>Tell us about your assessment and the criteria for further intervention</p>

STATE / PATIENT STATUS	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
<p>3.</p> <p>Continues to have wheezes; stridor increases</p> <p>“I am having a harder time breathing”</p> <p>If Epi Pen not administered trigger to encourage epi pen administration: “I really need my Epi Pen now”</p> <p>4.</p> <p>1 min after epi pen</p> <p>“I feel a little better, it is starting to open up.”</p>	<p>Operator:</p> <p>Continue current VS setting Increase severity of cardiac and respiratory findings to RR 55-60 and HR 160-170</p> <p>Trend vital signs over 2 minutes: HR 120; RR 40 O2 sat 94 trend down over 2 min.</p>	<p>Learner Actions:</p> <p>Patient not improving Emergency Department and explains need for respiratory precautions</p> <p>RN notes that emergency care states he has environmental allergies. Administers stocked-Epi Pen in response to student complaint of having difficulty breathing per protocol.</p> <p>Reassess VS and Lung sounds, color starts to improve from pale to pink; respiratory effort/accessory muscle use Checks with admin support of status of contacting Paramedics and parents.</p> <p>RN uses SBAR for hand off report to Paramedics .</p>	<p>Debriefing Points:</p> <p>Were there key aspects of the assessment data helped you determine the level of transport you requested?</p> <p>Where there other treatments you wanted to consider?</p> <p>What key assessment findings let you know the medication was effective.</p> <p>When would you consider a second dose?</p> <p>What are 3 significant learnings you can take forward into your clinical practice.</p>

<p>If no Epi Pen: Student lethargic, not responding; Paramedics arrive, end scenario and address issues of failure to treat in debriefing. Consider redo of scenario.</p>	<p>If epi pen not given: Student become lethargic, Trend vital signs over 2 minutes: HR 70; RR 20 O2 sat 84 trend</p>		<p>Debrief with Tone of Advocacy/Inquiry: Advocacy: I am concerned that you did not administer the Epi Pen given the students clear respiratory distress. Can you help me understand your thought process related to this? What would you do differently if faced with a similar situation next time?</p>
<p>Scenario End Point: EMT arrives and hand off occurs/ RN should verbalize the necessary documentation for school records;</p>			
<p>Suggestions to <u>decrease</u> complexity: Remove Epi-Pen; make it not available Suggestions to <u>increase</u> complexity: Include acute, anaphylactic exacerbation reaction to the carpet cleaner with Saturation to 80%</p>			

Additional Notes for Debrief

Quick PAT assessment and assessment of immediate MOI (mode of injury/onset) are critical in management of pediatric emergencies

Focused secondary assessments are used to pinpoint the intervention required.

Asthma inhalers use can be repeated as needed for rescue

Epi-Pen can be used to relief asthma signs and symptoms in acute situations

This scenario could include a significant acute, anaphylactic exacerbation reaction to the carpet cleaner

Clear, concise communication is critical.

School staff was not aware of what to do or how to locate the inhaler. Indicates need for teaching and further planning

APPENDIX A: HEALTH CARE PROVIDER ORDERS

<p>Patient Name: William Tagene</p> <p>DOB: March 1, 2009</p> <p>Age: 5 year old</p> <p>MR#: 56789</p>	<p>Diagnosis: Asthma</p>
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† No Known Allergies
 † Allergies & Sensitivities

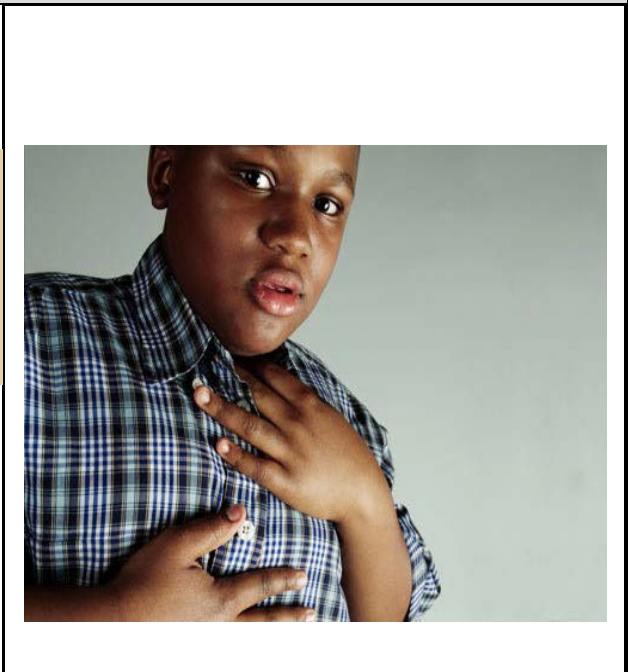
Date	Time	HEALTH CARE PROVIDER ORDERS AND SIGNATURE
	9:00 AM	PROAIR HFA, 2 inhalations every 4-6 hours as needed for cough, wheeze, shortness of breath
		PROAIR HFA, 4-8 inhalations 20 minutes for 3 doses as needed for acute asthma exacerbation

Signature	

APPENDIX B: Digital images of manikin and/or scenario milieu

Pediatric Assessment Triangle
<https://doi.org/10.7759/cureus.7424>

The diagram is a triangle with a cartoon child in the center. The left side is labeled 'APPEARANCE' and lists 'TICLS: Tone, Interactivity, Consolability, Look (gaze), Speech (cry)'. The right side is labeled 'WORK OF BREATHING' and lists 'Grunting, Nasal flaring, Stridor, Accessory muscle use'. The bottom is labeled 'CIRCULATION' and lists 'Pallor, Mottling, Cyanosis, Bleeding'.



ALBUTEROL (al BYOO ter ole) treats lung diseases, such as asthma, where the airways in the lungs narrow, causing breathing problems or wheezing (bronchospasm). It is also used to treat asthma or prevent breathing problems during exercise. It works by opening the airways of the lungs, making it easier to breathe. It is often called a rescue or quick-relief medication.

<https://www.wellrx.com/prescriptions/proair%20hfa/>

APPENDIX C: DEBRIEFING GUIDE

General Debriefing Plan			
<input type="checkbox"/> Individual	X Group	<input type="checkbox"/> With Video	X Without Video
Debriefing Materials			
<input type="checkbox"/> Debriefing Guide	<input type="checkbox"/> Objectives	X Debriefing Points	X QSEN
QSEN Competencies to consider for debriefing scenarios			
X Patient Centered Care	X Teamwork/Collaboration	<input type="checkbox"/> Evidence-based Practice	
X Safety	<input type="checkbox"/> Quality Improvement	<input type="checkbox"/> Informatics	
Sample Questions for Debriefing			
<ol style="list-style-type: none"> 1. How did the experience of caring for this patient feel for you and the team? 2. Did you have the knowledge and skills to meet the learning objectives of the scenario? 3. What GAPS did you identify in your own knowledge base and/or preparation for the simulation experience? 4. What RELEVANT information was missing from the scenario that impacted your performance? How did you attempt to fill in the GAP? 5. How would you handle the scenario differently if you could? 6. In what ways did you check feel the need to check ACCURACY of the data you were given? 7. In what ways did you perform well? 8. What communication strategies did you use to validate ACCURACY of your information or decisions with your team members? 9. What three factors were most SIGNIFICANT that you will transfer to the clinical setting? 10. At what points in the scenario were your nursing actions specifically directed toward PREVENTION of a negative outcome? 11. Discuss school nurse roles and responsibilities during an emergency 			
Notes for future sessions:			