

HDFS5043 Child Life- Discussion Post 3-CLO1

Discussion Post Question:

Course-Level Objectives Assessed in this Assignment:

- Demonstrate knowledge of current practices in the field of child life, and therapeutic techniques that enable children and their families to prepare for and cope with health care experiences.
- Plan and execute developmentally appropriate activities that are appropriate for a health care setting.

Module-Level Objectives Assessed in this Assignment:

- Construct theoretically informed therapeutic activities for pain

Prompt:

First, define assessment, citing your readings. Then, respond to one of the following cases. Choose a case based on the setting you hope to work in the future. For those of you hoping for a fast-paced setting, go with Julio's case. And for those of you hoping for something slower, where you have more time for assessments, go with Flora.

Flora

Flora is a 13 y/o white female living in Dallas with her mother, step-father, and step-brother, 2 y/o Max. Flora is presenting to your inpatient unit after a successful urgent surgery to save her leg following a traumatic car accident that occurred last night. Flora's family was in the car together during the accident. Her mother and father are both being treated at a nearby adult hospital. Flora's brother was unharmed and is being cared for by the family's neighbor until the parents are released.

As the inpatient child life specialist arriving to work at 8:30am, you do not yet know the severity of the parent's injuries or their prognosis. As you wait for updates from the medical team, you hear that Flora has woken and is in severe pain. You plan to enter her room to help her cope with the pain and begin your assessment process. As you prepare, you think through your developmental theories to anticipate what Flora might need as a 13 y/o in pain and isolated from her family following an acute trauma. Integrate at least three child life theories into your discussion of her anticipated needs.

First before I begin my plan of pain management for Flora, assessment is defined as evaluating the severity of a patients pain, mental, and emotional health. Assessment is an important value to have within this work because it determines which path of care you need to provide for the patient. Whether that be from the care team or my own assessment entering the room. Receiving information from the care team that has seen and retained knowledge about the patient could be a helpful piece of evidence for my future work. With Floras conditions, it seems as though her condition is pain, trauma, and scared due to her parents not being in the hospital with her. Based on the readings from this week, there are 3 different ways to manage the pain that Flora is experiencing. The reading from The Role of Child Life in Pediatric Pain Management, stated that pain strategies could be behavioral, physical, and complementary strategies. With Floras pain, I would utilize the the physical strategy for her pain from the car accident. After introducing myself to the patient, I would ask if there is a different position that feels comfortable for her. This could take one thing off her plate to not worry about while being overwhelmed in the hospital setting. Another form I would correlate with the physical strategy is complementary strategies for a distraction such as music therapy or other forms of activities that she enjoys (Bandstra et al., 2008). While reading Making Comfort Count article, they stated that the patient having awareness (medical play) about their condition could be beneficial for their growth within the hospital (Rosenberg et al., 2016). In Floras case, since she may be confused from the accident, she may be in shock because of the surgery. This form of pain management is related to the theories of Piaget, Bowlby, and Vygotsky. These three theorists corelate together play a vital role in the attachment to the child life specialists and how the different methods could come together to be successful.

Piaget and Vygotsky both state within their theory that his main goal for the child is to promote an understanding on Floras ability with her stress and anxiety that may be adding an extra layer to her plate. The last theory I chose was Eriksons theory because of the different ways that conflicts arise within the different developmental ages. This could help me gage an understanding on how she may respond to my care.

References

- Bandstra, N. F., Skinner, L., LeBlanc, C., Chambers, C. T., Hollon, E. C., Brennan, D., & Beaver, C. (2008). The role of child life in pediatric pain management: A survey of child life specialists. *The Journal of Pain*, 9(4), 320–329.
- Rosenberg, R. E., Klejmont, L., Gallen, M., Fuller, J., Dugan, C., Budin, W., & Olsen-Gallagher, I. (2016). Making comfort count: Using quality improvement to promote pediatric procedural pain management.