The iSupport Case Studies

These four case studies aim to demonstrate how these rights-based standards could be applied in clinical practice. The case studies aim to demonstrate a range of clinical contexts and procedures, whilst recognising that it would not be possible to represent the broad range of children’s individual needs, competence, abilities, preferences, experiences and cognitive and emotional developmental levels.

The first example within each case study is a demonstration of practice without the application of the rights-based standards and the second shows specific parts of the standards applied and referenced, for example (2c, 1a). Whilst the first example within each case study results in a procedure being completed, this is often at the detriment of a child’s short and long-term well-being as their interests are not prioritised over those of the parent/carer, professional or institution.
Case Study 1

Without application of the standards:-

Susie is a 6 year old girl who needs to have a laceration to her knee glued after an accident. Susie is on the examination table and is a bit upset, the nurse in the clinic sits next to her on a chair, and her father is next to her on the other side. The nurse explains that the cut needs to be cleaned and then have glue applied. The nurse gets the equipment out and tells Susie it is really important to keep still and that the procedure will only take a minute and will not hurt much. The nurse then checks that Susie has had some oral analgesia. The nurse asks Susie’s father if he can hold her knee and give her a big hug to help her keep still. The nurse tells Susie that she is going to start, Susie sits still but starts to cry. The nurse starts to clean the laceration and Susie cries out “stop it hurts”, the nurse stops for a moment and tells Susie that she is nearly done and she needs to try and keep still, Susie’s father holds her leg with a little more force and says “it is nearly done you have to be brave now”. Susie is sobbing and crying “please let go, it is hurting me, ow, ow, ow”. The nurse finishes cleaning the laceration and applies the glue. When the procedure is finished the nurse asks Susie if she is okay, and says that she was really brave. The nurse tells Susie and her dad what she did and what they need to do next when they leave the hospital/clinic. The nurse then leaves the room.

With the application of the 'Rights-based standards':-

Susie is a 6 year old girl who needs to have a laceration to her knee glued after an accident. Susie is on the examination table and is a bit upset, the nurse in the clinic sits next to her on a chair, and her father is next to her on the other side. The nurse asks Susie some questions about what she was doing to cut her knee and spends time talking about the games she likes to play and asks the name of the toy dog Susie has tucked under her arm (2b). The nurse then explains to Susie that the cut on her knee needs to be cleaned and then have glue applied (3a). The nurse asks Susie if she has had a procedure like this before; Susie hesitates, the nurse gives her time to respond (2b, 2c) and Susie then whispers “no I haven’t, I am a bit scared” (2c, 3c, 4e,). The nurse says she understands that Susie feels scared (3c), she will be really gentle and she will explain everything that is going to happen (3a). The nurse then checks with Susie and her father that Susie has had some medicine (analgesia) and that it is working to make her sore knee feel better. The nurse explains to Susie and her father how the laceration will be cleaned, who will do it, what Susie is likely to feel whilst it is being cleaned and how long it should take (3a, 3b). The nurse asks if Susie has any questions and makes sure she knows that whatever she wants to ask or say is okay (4c, 2d). Susie says “I do not want to know anymore, I am really scared” (4c, 4d).
The nurse suggests to Susie that they practice on her toy dog first, and together they clean the dog’s knee and put some steristrips on. Susie enjoys doing this. The nurse acknowledges that Susie now looks settled and calm (5d). She asks Susie and her father if they want to ask any more questions about Susie’s procedure (3b). She asks Susie’s father if he is happy to stay whilst Susie’s cut is being cleaned and steristripped (1g, 3d). He is happy to stay and wants to know what he can do to help (1g, 3d). The nurse then explains that Susie may find it helpful if she chooses what she wants to do to help sit still and be distracted whilst her laceration is being cleaned and steristripped (1f, 1g, 2d, 4a, 4c, 4d, 5b). Susie, chooses that she will spot things with her father in a book she sees(4a, 4c, 4d). The nurse agrees with Susie that someone will hold her leg gently above the knee just to help her keep still (1g, 3a, 4a, 4c, 4d, 5b) and asks whether Susie would prefer this to be her father or another nurse (6c). Susie says that she wants “dad to hug me and hold my leg” (2d, 4a, 4c, 4d, 5b, 6a, 6d). The nurse starts to clean the laceration and Susie starts to move her leg and cries out “stop it hurts”, the nurse stops (2c, 3c, 4g, 5c, 5e) and checks with Susie that she is okay and goes through again what needs to be done to help support her through the procedure (1g, 2a, 3c, 4a, 4b, 4c, 4d). Susie says “please just get it done quickly”, (2c, 2d, 4a, 4c), the nurse checks with Susie that it is okay to start again, that she is okay still being held on her leg by her father and reassures her that she will stop if Susie asks her to (1f, 2a, 2b, 4a, 4c, 4g, 6a, 6c). The nurse then checks are you ready? Susie says “yes” and focuses on the videos and talks to her father while he holds her leg as Susie agreed (2c, 2d, 4a, 4c, 4d, 4e, 5d). The nurse finishes cleaning the laceration, while Susie stays still and calm and then the nurse applies the glue. When the procedure is finished the nurse checks with Susie if she is okay, and says that she did really well to sit still and that she and her father make a great team (2c, 3d). The nurse tells Susie and her dad what she did and what they need to do next when they leave the hospital/clinic (3a, 3b, 3d). She then checks if Susie and her father have any questions (2c, 3a, 3b), Susie says “I do not have anything to ask”. The nurse leaves the room and notes down the completion of the procedure in the health care records, that Susie used a book as a distraction which worked well and that she had agreed to her leg being held supportively by her father (7a, 7b).
Case Study 2

Without application of the standards:-

Ashan is a 10 year old boy with autism who has a learning disability. Previous visits to the hospital have been challenging for him, he has resisted procedures and experienced restraint in the form of his mother and health professionals holding him against his will which has made him more distressed. He has an appointment to have a blood test at the hospital. Ashan’s mother has been told that he can have extra time at his appointment but he is still scared of the hospital. He has to wait for his turn in the busy waiting room and he and his mother are both anxious. When he enters the room Ashan becomes very agitated and distressed and his mother tries to calm him down by reassuring him that they can go home soon and can get a hot chocolate. Mum is keen to get the ‘bloods’ taken quickly so they can leave the department as she knows Ashan will settle as soon as he leaves the hospital. The phlebotomist tries to reassure Ashan, that it will be done really quickly and that he is okay. Ashan’s mother sits on a chair and pulls Ashan gently onto her knee and places her arms around his middle to keep him still. Ashan is very vocal and continues trying to move. The phlebotomist calls for assistance and a nurse enters the room, says hello to Ashan’s mother and starts talking calmly to Ashan saying that if he can sit still it will be over soon. Ashan remains on his mother’s knee and the nurse helps by holding his arm still for the phlebotomist, Ashan continues to shout “ow, ow it hurts”. The blood test is completed quickly and Ashan is told “well done” and he immediately tries to leave the room. There is no time for the phlebotomist, nurse or mother to discuss the procedure as Ashan wants to leave immediately and go home. Ashan and his mother leave the room.

With the application of the ‘Rights-based standards’:-

Ashan is a 10 year old boy with autism who has a learning disability. Previous visits to the hospital have been challenging for him, he has resisted procedures and experienced restraint in the form of his mother and health professionals holding him against his will which has made him more distressed. He has an appointment to have a blood test at a local clinic. His mother has discussed the planned procedure with staff at the clinic and has booked a double appointment and informed them Ashan requires additional support (2f, 4e, 5a, 5b)*. Ashan’s mother knows that pictures support Ashan’s understanding and she has spent time with him at home going through his social story (a picture book of what will happen when he comes to the clinic) (3a, 3b). As Ashan has struggled previously, the staff at the clinic have agreed that they can provide a quiet space and a longer appointment to facilitate Ashan’s procedure being completed within a positive environment (1f, 1g, 5a, 5b).
As Ashan arrives at the clinic the nurse and phlebotomist that Ashan has seen a picture of in his book, greet him (2a, 2b) and they go to the room he has been shown and recognises as part of his picture book (3a). The lights are dimmed in the room as this helps Ashan feel less anxious (4a, 4c). The picture book story includes some of the toys and distractions that Ashan has chosen to help him while he is there having his blood test (4a, 4c, 4f). The timeline within the story allows Ashan to predict the things that will happen and the nurse and phlebotomist discuss each picture with him (2a, 2b, 3a). Ashan wants to quickly move onto the next stage so he can get to the end which is his favourite treat of a hot chocolate in the hospital coffee shop (2c, 3a, 3d). Ashan sits on a chair, with his mother sitting next to him and Ashan gets his electronic tablet ready with his favourite cartoon playing through his headphones (4c, 4f, 5d). The phlebotomist and nurse wait until Ashan looks ready for the procedure to start (2b, 5d), and his mother indicates that now is a good time to start (2f, 4f). Ashan is held by his mother on his arm, in the position that Ashan has practiced at home, and that has been agreed with the staff (6a, 6c, 6d). When Ashan indicates that he is uncomfortable and getting upset, by starting to wriggle and make noises that his mother knows means he is anxious, Ashan’s mother tells the professional that Ashan is getting upset (2f). The phlebotomist stops the procedure (4g, 5c, 5e) as soon as it is safe to do so, and encourages Ashan to move and get comfortable again (2b, 3c), with his mother holding his arm (6a, 6c, 6d). The phlebotomist begins the blood test again and although Ashan ‘pulls back’ as the needle is inserted he remains calm and distracted by the cartoon on his electronic tablet (5d, 6c). When the blood test has been completed and the picture before the hot chocolate is reached, Ashan is pleased and keen to leave. Everyone smiles and gives Ashan the sign for ‘finished’ in Makaton (sign language) (2a, 3a). He signs back ‘goodbye’. The nurse then records the procedure in Ashan’s health care records with information about the preparation, reasonable adjustments which worked well and how Ashan was held supportively by his mother (7a, 7b). Ashan’s mother notes down on an iSupport preparation sheet what worked well for her son this time to help her tell this information to future professionals involved in conducting procedures with Ashan.

*In some clinical contexts local anaesthetic cream could be sent with the appointment letter and applied at home.*
Without application of the standards:-

Nala is a 4 year old girl who has injured her wrist and has been referred for an X-ray from accident and emergency. She has not had an X-ray before and while sitting in the busy waiting room for her procedure she starts crying quietly and saying to her mother and father that she is scared the machine will ‘zap her’ arm. Her mother and father tell her that she needs to be brave and it will be okay. When the radiographer calls Nala from the waiting room, she asks her who she would like with her while she has her X-ray taken. Nala chooses her mother. She has also brought her favourite teddy with her and the radiographer says teddy can come too. Nala is very pleased about this. Her parents have told her to be brave so she quietly walks into the room. When she enters the room the radiographer asks her mother to confirm Nala’s date of birth and her address and checks Nala had oral analgesia before coming to the department. As Nala enters she looks worried and clings to her mother’s side. The radiographer asks Nala to sit with her mother on a chair. The radiographer asks Nala to choose what lead apron her mother should wear and Nala chooses a blue one. The radiographer explains what will happen and that Nala needs to stay really still while the picture is being taken. Nala sits quietly on her mother’s knee and winces as the radiographer positions her arm. She cries quietly as the machine moves towards her and she wriggles on her mother’s knee and says “it is going to zap me”. Her mother tells Nala that she needs to be brave and quiet and that it will only take a minute and then turns to the radiographer to say that her daughter is always a bit dramatic. The mother places her arms around Nala’s middle to keep her still and the radiographer tells Nala that the machine will not zap her. The radiographer goes behind the screen and takes the picture, Nala manages to keep her arm still but is crying a lot and is saying “it really hurts, can you stop?”. The radiographer tells Nala from behind the screen that they are nearly done, keep still and the x-ray picture is taken. Nala is given a sticker as she leaves the room.

With the application of the ‘Rights-based standards’:-

Nala is a 4 year old girl who has injured her wrist and has been referred for an X-ray from accident and emergency. She has not had an X-ray before and while sitting in the busy waiting room for her procedure she starts crying quietly and saying to her mother and father that she is scared the machine will ‘zap her’ arm. Her mother and father tell her that she needs to be brave and it will be okay. The radiographer calls Nala from the waiting room and bends down to say hello as Nala walks slowly over to her (2a).
The radiographer introduces herself (2a) and asks Nala who she would like to come with her while she has her X-ray taken (4a, 4d). Nala chooses her mother (2c, 4a). The radiographer asks Nala and her mother to follow her into the room so she can take a picture of Nala’s sore arm. Her parents have told her to be brave so Nala walks quietly into the room. As Nala enters she looks worried and clings to her mother’s side. The radiographer asks Nala to sit with her mother on a chair and looking at Nala’s teddy bear, she bends down to ask Nala who she has brought with her today (2a, 2b, 2c). Nala pauses then quietly says that her bear is called “Mr Bear”, the radiographer says hello to Mr Bear and asks if Nala and Mr Bear have ever had an X-ray before (2b, 2c, 2d, 4e). Nala says “no”. The radiographer sits down next to Nala and asks her if she knows when her birthday is, Nala is not sure and looks to her mother who answers the question for her as well as confirming their address (1g, 2b, 3c). The radiographer checks with Nala’s mother that Nala has had some analgesia before being sent to the department and asks Nala how her arm is feeling now, Nala says “it is feeling a bit better” (2c, 3c). The radiographer explains to Nala that she needs to take a picture of her sore arm and that the machine will move to take the picture. She explains that there will be a light but the special camera will not touch her arm at all (3a, 3b). The radiographer then checks with Nala’s mother if she might be pregnant, which she is not, so the radiographer tells Nala that her mother will have to put a special coat on (3a) and asks Nala to choose the colour of lead gown her mother should wear (4a, 4c). The radiographer explains to Nala that she needs to sit really still otherwise the picture taken will be blurry (3a). Nala is given the choice to sit on the chair by herself or sit on her mother’s knee (4a, 4b, 4c, 4d). She chooses to sit on her mother’s knee and the radiographer begins to set up for the examination. Moving the x-ray tube is noisy and Nala starts to become frightened, especially when the radiographer asks her if she can touch her sore arm. Nala pulls away and begins to cry and wriggle and shouts “I don’t want it, it is going to zap me” (2c). The radiographer stops moving the x-ray machine and gives Nala a few moments to cuddle up to her mother (4g, 5c, 5d). The radiographer acknowledges to Nala that it is alright to feel a little worried as she has not had an x-ray before and that the machine does sound a bit noisy (2b, 3c). She then quietly asks Nala if they should take a picture of Mr Bear first so that Nala can see what having an x-ray is like (3a, 3b). With the help of Nala, the radiographer sets up to take a picture of teddy, making sure he is sitting nice and still with his arm out (3a, 3b). The radiographer shows the x-ray tube moving and how it does not touch Mr Bear (3a,3d). They all walk behind the lead equivalent screen and the radiographer pretends to take an X-ray picture. Nala is comforted that the machine doesn’t ‘zap’ teddy (3a, 2b).
Nala returns to sit on her mother’s knee with Mr Bear, but she is still very nervous about the radiographer touching her arm and pulls it away when the radiographer reaches out to position her arm. The radiographer pauses (2c, 3a, 4d, 5c, 5e). Nala’s mother says to her daughter that the picture needs to be taken and that the lady has already spent lots of time with her. The radiographer says to the mother that it is okay, it is important that Nala is happy to have her X-ray taken (1e, 2c, 2f, 3c, 4f, 4g, 5a, 5c, 5d). The radiographer then explains that she doesn’t really need to touch her arm if Nala can help by moving her arm herself (2b, 2e, 3b, 4a). The radiographer shows Nala what she needs to do with her arm and Nala is able to reach it out into the correct position (posterior-anterior (PA)) (3a, 3b). The radiographer asks Nala to keep her arm still for one minute while she takes the picture and reminds Nala that the machine will move, just like it did for Mr Bear (3b). A diagnostic PA wrist is achieved, but a fracture is noted by the radiographer which will make it difficult and painful for Nala to turn her wrist into the lateral position. The radiographer makes the decision to modify her technique to a horizontal beam lateral as this only requires Nala to remain in the PA position (5a). The radiographer lets Nala and her mother know that the picture is good and that she just needs to take one more x-ray picture but that Nala does not need to move at all (4b, 4d). The radiographer tells Nala that she is doing really well to stay still just like a statue. Though not as successful as a true lateral, the image produced is diagnostic for Nala’s injury. Once both images are completed, the radiographer tells Nala how amazing she was to sit still even though she was a bit scared and offers her a choice of stickers for her and for Mr Bear. The radiographer notes down on the health system the procedure completion and what had helped Nala cope with her procedure (7a).
Case Study 4

Without application of the standards:-

Miguel is a 11 week old baby who has a high temperature, poor feeding, vomiting and lethargy. His mother has brought him to the emergency department. He is seen by a doctor who is concerned that he may have sepsis and/or meningitis. It is decided that he should have blood tests and a lumbar puncture as soon as possible, followed by intravenous antibiotics. The doctor suggests it would be best if his mother leaves the room as it is likely that Miguel will be upset during the procedures. Before Miguel’s mother leaves the doctor gains verbal consent for the procedures to go ahead. Miguel’s mother leaves Miguel in the care of the doctor (who will perform the procedures) and two nurses. One of the nurses positions Miguel whilst the other nurse and the doctor get the equipment ready. One nurse holds Miguel in the correct position for a lumbar puncture whilst the doctor and the second nurse perform the lumbar puncture and then the blood tests. The room is noisy during the procedure with lots of conversation. Miguel is very upset during the procedure. When the procedure is finished, the nurse who held Miguel picks him up and cuddles him. His mother is invited back into the room and cuddles him to comfort him further. Miguel’s mother is asked to wait in the room while his samples are processed.

With the application of the ‘Rights-based standards’:-

Miguel is a 11 week old baby who has a high temperature, poor feeding, vomiting and lethargy. His mother has brought him to the emergency department. He is seen by a doctor who is concerned that he may have sepsis and/or meningitis. It is decided that he should have blood tests and a lumbar puncture as soon as possible, followed by intravenous antibiotics. The doctor explains what the procedures will involve and why they are necessary, explains that Miguel will likely become upset and asks if the mother feels able to stay to comfort and be with her baby during the procedures as this could help him (3d, 2f, 4f, 5a, 5b, 5d). The doctor gives the mother time to consider the information and if she feels able to stay with her son or would prefer to leave the room during the procedures. Following a few minutes, Miguel’s mother gives informed consent for Miguel to undergo these procedures. Miguel’s mother opts to stay in the cubicle, but tells the doctor she does not want to see any of the equipment (4f). There is a doctor (who will perform the procedures) and two nurses in the room. Miguel’s mother cuddles her son while the equipment is prepared.
One of the nurses stays with Miguel’s mother to offer support (support nurse). The other nurse and the doctor get the equipment ready. The support nurse checks that Miguel has had sucrose administered, local anaesthetic is applied and appropriate oral analgesia has been administered (1b, 1f, 4f). The support nurse holds Miguel in the correct position for a lumbar puncture whilst the doctor and the procedure nurse perform the lumbar puncture (6b), Miguel is screaming loudly. The support nurse tells Miguel’s mother that she is doing really well and his mother remains calm and continues to talk to Miguel in a soothing voice (5d). Miguel’s position is then changed by the support nurse who is holding him to make it easier for the doctor to insert an intravenous catheter, to take blood tests and for the procedure nurse to administer the intravenous antibiotics that have been prescribed (1b, 1f, 6b). On completion of the procedures the support nurse encourages Miguel’s mother to pick him up and cuddle him. As he is too poorly to take a feed, Miguel’s mother is encouraged to continue to cuddle him skin to skin and offer non-nutritive sucking* (5d). The doctor and support nurse give feedback to Miguel’s mother about what will happen now while they wait for the results of the tests (3d). The support nurse gives Miguel’s mother time to talk through the procedure, Miguel’s mother says it was upsetting to watch her son cry so much, but she is glad she stayed with him (6e). The doctor makes an entry in Miguel’s health care records clearly explaining the indications for the procedure, how that procedure was carried out, what was explained to the mother, and what the results of the procedure are. The support nurse makes an entry into Miguel’s health care records explaining why a restraining hold was necessary, how this was undertaken, what the result of this was, and what role Miguel’s mother had during the procedure (7a, 7b). The doctor and the nurses ask Miguel’s mother if she has any further questions and once these have been answered they leave the cubicle (3d). Miguel is then admitted to the hospital with his mother.

*non-nutritive sucking is where a baby sucks without receiving any nutrition, for example on a dummy/pacifier, their thumb or your clean (gloved) finger.