

Montgomery College Nursing Simulation Scenario Library

Scenario File: Eating Disorder

Discipline: Psych MH

Student Level: interm./advanced

Expected Simulation Run Time: 10 min. **Guided Reflection Time:** 20 min.

<p>Admission Date: Today's Date:</p> <p>Brief Description: Name: Joyce Gender: Female Age: 27 Race: Asian American Weight: 130 lbs Height: 5'.5" cm</p> <p>Religion: Buddhist Major Support: Boyfriend of 3 years-Austin Phone: Allergies: cephalosporins Immunizations: Up to date</p> <p>Attending Physician/Team: :Nurse/nurse practitioner:</p> <p>Past Medical History: J is a 27 year old IT professional with fulltime job. She lives alone in a condo in downtown Silver Spring which she purchased 1 year ago. J started disordered eating in high school, at first to control her weight, and then the behavior became a form of coping with stress especially with academic and interpersonal concerns. She sought therapy for bulimia while in college, and was helped by short-term cognitive behavior therapy. She did not engage in bingeing and purging for over 2 years after college, but in the past year as occupational and relationship stress increased, she relapsed into the bingeing and purging several times a month.</p> <p>History of Present illness: Boyfriend found her passed out in bathroom of her apartment; toilet bowl was splattered with blood stained vomit. He called 911 when J appeared</p>	<p>Psychomotor Skills Required Prior to Simulation Observation of patients body language, facial expressions, synchrony between verbal and non verbal behavior.</p> <p>Cognitive Activities Required Prior to Simulation [i.e. independent reading (R), video review (V), computer simulations (CS), lecture (L)]</p> <p>Nursing Diagnosis:</p> <p>Collaborative Problems:</p>
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disoriented and continued to heave and complain of upper GI distress.

Joyce reports symptoms as follows:

- Intense feelings of anxiety over work stress
- Leaves work at lunchtime (her condo is about 3 blocks from her office) to binge/purge.
- Frequent work absences/tardiness.
- Cancels plans with boyfriend and friends due to fatigue and fear she will have urge to binge and will not be able to get away.
- Poor concentration, negative ruminations, cognitive distortions
- Frequent episodes of gastric reflux at night and 2-3 hours after a binge/purge episode.
- Severe ulcers of mouth and gums
- Vegetative symptoms: changes in sleeping, eating problems increase with more frequent bulimic episodes-having trouble consuming food that must be chewed thoroughly before swallowing, e.g. breads, vegetables, fruits, meats, nuts.

Social History:

J is a college graduate with a MS degree in computer science from University of Maryland.

J has several girlfriends she has met since graduate school and working. She socializes with these friends 2-3 times/month. She is an avid runner, and is in training for the Marine Corps Marathon in October.

At work J was named project manager for a new account. She must shuttle between Boston and DC at least once monthly. She may be away from home for 7-10 days working on the project. It is a good assignment which will likely improve her

position in the company, but the responsibility adds significantly to her level of stress. While on travel, occurrences of bulimia have increased to daily episodes.

Family:

Family lives in S. Korea. One sister, age 32, lives in the US, but resides in Southern California with her husband and two children. Parents visit annually in the spring. J is concerned about father's recent diagnosis with colon cancer. She fears he will not do well after surgery and radiation. J feels guilty that she is so far away from family and is not available to help. Her mother has always confided in J about her worries and sometimes relies on J to help her deal with financial and marital concerns. J sends her mother several hundred dollars monthly to keep the family budget balanced.

J has been dating Austin for 3 years. They met in graduate school. Austin is Asian-African American and J is concerned her parents will not accept him. J spends many weekends and holidays with A's family who treat her as a member of their family. J also feels guilty that she gets along better with A's mother than her own.

A has proposed to J. He does not know about her bulimia.

Primary Medical Diagnosis:

Bulimia Nervosa; Severe ulcerations of the mouth, gums and throat.

Surgeries/Procedures & Dates:

N/A

Simulation Learning Objectives

1. Apply the nursing process to initiate care of the patient with bulimia nervosa and patient's family.
2. Assess the pt with bulimia, including information obtained through communication.
3. Determine (plan) the nursing care for the patient based on assessment findings.
4. Implement the appropriate care in a safe manner.
5. Evaluate the care provided.
6. Identify the primary nursing diagnosis and/or collaborative problems.
7. Document the assessments, patient changes, and interventions completed.
8. Demonstrate therapeutic communications in care of the patient and family.

Scenario Specific Objectives

1. Identify physical and psychosocial characteristics of patient with bulimia nervosa.
2. Describe the difference between a patient with anorexia nervosa, binge eating disorder and bulimia nervosa.
3. List 2 short term and 2 long term objectives for this client.
4. Discuss nursing role for working with clients with eating disorders.

Program / Curriculum Specific Objectives

1. Provide professional and ethical care to patients.
2. Practice selected critical thinking skills.
3. Implement therapeutic communication techniques when caring for patients
4. Provide for the nutritional needs of patients with selected alterations in health.
5. Apply knowledge of psychosocial development of children, adolescents, and adult experiencing alterations in mental health.

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<p>Significant Lab Values</p> <p>Physician Orders</p>	<p>started saline wide open. Looked like she's been vomiting a lot – undigested food mostly. Could've been some bright red blood too, but hard to tell. We transported her via stretcher, and now she's alert, oriented x3, moving all extremities and says she's allergic to keflex. Vitals at (5 minutes ago) were 100/60, 98 and 18. She's had a liter in but no more vomiting. Questions? OK – later."</p>
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References, Evidence-Based Practice Guidelines, Protocols, or Algorithms Used For This Scenario: (site source, author, year, and page)

1. Videbeck, S. (2008) Psychiatric mental health nursing, Ch 18.
2. Wolfe, B. (2008) Issues of body weight and eating behavior in psychiatric and mental health nursing practice. *Journal of the American Psychiatric Nurses Association* , vol. 13: pp. 343 - 344.

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	<p>"My college roommate and I are still close. She knows all about what I went through. I know she would understand."</p> <p>"I'll follow up. I really need to get this under control. Too much is at stake."</p>	<p>"How about another friend or relative?"</p> <p>"Ok. That's good. So when you feel stressed you will either start writing in your journal and/or call Austin or your old roommate. Here is a list of a few therapists to call to schedule an appointment. Here is my card. When you have made an appointment, call or email me to let me know how it went. If you don't have any luck with these therapists, I'll provide you with additional resources."</p>	<p>"I'll do as much as I can to help Joyce follow the plan. Thanks."</p>
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Debriefing / Guided Reflection Questions for this Simulation

(Remember to identify important concepts or curricular threads that are specific to your program)

1. How did you feel throughout the simulation experience?
2. Describe the objectives you were able to achieve?
3. Which ones were you unable to achieve (if any)?
4. Did you have the knowledge and skills to meet objectives?
5. Were you satisfied with your ability to work through the simulation?
6. To Observer: Could the nurses have handled any aspects of the simulation differently?

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7. If you were able to do this again, how could you have handled the situation differently?
8. What did the group do well?
9. What did the team feel was the primary nursing diagnosis and/or collaborative problems?
10. What were the key assessments and interventions?
11. Is there anything else you would like to discuss?

Scenario Specific Questions:

Program/Curricular Specific Questions:

Complexity – Simple to Complex

Suggestions for changing the complexity of this scenario to adapt to different levels of learners:

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