

### 3 2 1 Reflection about my scenario

#### 3 things I learned in my scenario

1. Prioritizing steps  
how to handle unexpected events.
2. To put a pressure dressing if wound is bleeding.
3. Putting pt in Trendelenburg if they are dizzy due to volume overload.

#### 2 things I already knew about my scenario

- Surgery changes the 1<sup>st</sup> dressing
- Call surgeon for excessive bleeding

#### 1 question I still have about my scenario

How did Cardio Negaly play a role in pt's symptoms?

---

### 3 2 1 Reflection for simulation week in general

#### 3 things I learned during simulation this week

- How to administer D50
- How to look at prioritization
- There maybe unplanned events / who to call

#### 2 things I already knew before coming to simulation

- Hypoglycemia signs
- "Normal" vital signs, ORIF procedure

#### 1 question I still have about any topic of the simulation week.

How fast to complete steps and in what order.

# IM4 Simulation Patient Worksheet

This section is to be completed prior to Sim Day 1:

Student Name: Crystal Vargas

Initials CV Admit Date: \_\_\_\_\_ Post op Date: \_\_\_\_\_

Diagnosis: ⓐ Hip fx.

Current problem: Admission for ORIF

Patient Story: Hx of osteoporosis, residing at local assisted living center.

## Pathophysiology

Interpreting clinical data collected, what is the primary/current medical problem? State the pathophysiology of this problem in your own words.

Medical Problem	Pathophysiology of Medical Problem
<p>ⓐ Hip fx Osteoporosis</p>	<p>Osteoporosis causes loss of bone (porous bone) that makes bones brittle, causing fractures easily. Affecting older women most often.</p>

## A. Recognize & Analyze Ques – (Problem Recognition)

To prevent a complication based on the primary medical problem, answer each question in the table below.

Question	Most Likely	Worst Possible
Identify the most likely and worst possible complications.	hip dislodgment DVT	Osteomyelitis
What interventions can prevent them from developing?	prevent hip adduction No hip flexion > 90 degrees	Changing dressing PNU checks.
What clinical data/assessments are needed to identify them early?	Peripheral Neurovascular checks.	labs
What nursing interventions will the nurse implement if the anticipated complication develops?	Notify surgeon of severe pain.	prophylactic antibiotics

## Pharmacology

List each medication & IV fluids for your patient and any ordered during scenario. Use the CSON medication sheet.

**B. Prioritize Hypothesis & Generate Solutions (Nursing Management of Care)**

After interpreting clinical data collected, identify the nursing priority goal for your shift and three priority interventions specific for your patient. For each intervention write the rationale and expected outcome. Recommend you write in pencil, there may be changes or additions after you review your patient's chart.

<b>Nursing Priority</b>	prevent infection   pain mgmt	
<b>Goal/Outcome</b>		
<b>Priority Intervention(s)</b>	<b>Rationale</b>	<b>Expected Outcome</b>
<ol style="list-style-type: none"> <li>1. Post ORIF pain mgmt</li> <li>2. Infection / VS checks</li> <li>3. blood clot</li> </ol>	<ol style="list-style-type: none"> <li>1. Pain level assessments to administer analgesics as prescribed.</li> <li>2. frequent pin site care skin assessment</li> <li>3. elevation, ambulation PNV assessment</li> </ol>	<ol style="list-style-type: none"> <li>1. pain mgmt</li> <li>2. prevent infection post procedure.</li> <li>3.</li> </ol>

**Education Priorities / Discharge Plan**

Identify three priority educational topics that need to be included in a teaching plan to prevent complications and prepare this patient for discharge.

<b>Teaching About Illness or Care</b>	<b>Rationale</b>	<b>How are you going to teach?</b>
<ol style="list-style-type: none"> <li>1. Diet / ROM exercises</li> <li>2. S/s of infection</li> <li>3. Asisted devices</li> </ol>	<ol style="list-style-type: none"> <li>1. Nutrition plays a big part of healing</li> <li>2. to prevent or catch infection on time so does not lead to sepsis.</li> <li>3. prevent further injuries.</li> </ol>	<ol style="list-style-type: none"> <li>1. teach foods about foods high in Calcium &amp; Vit D Supp.</li> <li>2. Tell HCP of Fever, pain, temp of extremity that is not "white"</li> <li>3. teach pt the correct way to use walker / cane.</li> </ol>

### D. Evaluate Outcomes After the Scenario

Which findings have you collected that are most important and need to be noticed as clinically significant?

Most Important Assessment Findings	Clinical Significance
BP - Dropping loss of blood from site Neuro status - Confused	- loss of fluid - Decrease perfusion - - loss of volume will drop BP. - Needed fluid replacement quickly.

**Evaluation** - After implementing the plan of care, interpret clinical data at the end of your shift to determine if your patient's condition has improved, has not changed, or has declined.

Most Important Data	Improved	No Change	Declined
After change of position, fluids	✓		
Blood pressure	✓		

What other interventions must be considered by the nurse?

Overall Status	Additional Interventions to Implement	Expected Outcome
	Redraw labs & transfusion Continue to monitor LOC	

**End of Shift SBAR to oncoming Nurse** (to the observers of your scenario)

<b>Situation</b>	CRIF today BP dropped to 89/78, latest BP 99/ ↑ Blood loss - PBC - 1 unit infusing. Next VS & transfusion
<b>Background</b>	Hx of osteoporosis, ⊕ Hip fracture, Cardiomegaly on XRAY. No chronic illness.
<b>Assessment</b>	Unexpected blood loss @ surgical site. Low BP, Resp, Cardiac, PNV assessments. ↑ HR Hct H 7/21, tolerating trans well - VS stable
<b>Recommendation</b>	VS check, bandage reinforcement, redraw labs. when PBC finish. Antibiotic on hold until PBC finished.

# Adult/Geriatric Medication Worksheet – Current Medications & PRN from 12pm prior day to 12pm current day

Allergies: *NKA*

Primary IV fluid and rate: 100ml/hr

Patient specific reasoning for IV fluids (including type isotonic, hypotonic, hypertonic, hypertonic): hypertonic

Generic Name	Dosage with route and schedule	IVP-List diluent solution, volume, and rate of administration IVPB- List concentration and rate of administration	Patient specific therapeutic reasoning	Patient specific teaching with reasoning
Dextrose 5% in 1/2 normal saline with 20 mEq potassium chloride per liter	IVF	Continuous infusion at 100 mL/hr	<i>Prophylactic hydration</i>	<ol style="list-style-type: none"> <li><i>1. Prevents dehydration</i></li> <li><i>2. KCL Keeps Nutrients in the body</i></li> <li><i>3.</i></li> </ol>
Famotidine	20mg BID	IVP-	Prophylactically Ulcer	<ol style="list-style-type: none"> <li>1. Do not take this medication with other products that contain famotidine or other H2 blockers (cimetidine, nizatidine, ranitidine).</li> <li>2. If dosage is missed do not double up</li> <li>3. Report any black or bloody stools.</li> </ol>

*Handwritten notes:*  
 - *Prophylactically Ulcer*  
 - *Handwritten scribbles and marks*

# Adult/Geriatric Medication Worksheet – Current Medications & PRN from 12pm prior day to 12pm current day

Allergies:

Primary IV fluid and rate: 100ml/hr

Patient specific reasoning for IV fluids (including type isotonic, hypotonic, hypertonic): hypertonic

				3. Consumption of 3 or more alcoholic drinks/day may increase risk of liver damage
Generic Name	Dosage with route and schedule	IVP-List diluent solution, volume, and rate of administration IVPB- List concentration and rate of administration	Patient specific therapeutic reasoning	Patient specific teaching with reasoning
Morphine	3 mg IVP every 3 hours PRN		Pain	<p><b>1. Black Box Warnings</b>                      Infumorph not recommended for single-dose intravenous, intramuscular or subcutaneous administration due to associated risk of overdose                      Improper or erroneous substitution of infumorph 200 or 500 (10-25 mg/mL, respectively for regular duramorph (0.5 or 1 mg/mL) could result in serious overdose leading to seizures, respiratory depression and, possibly fatal outcome</p> <p><b>2. Please ask for help when getting up, let feet dangle for a few minutes before getting up.</b></p>

# Adult/Geriatric Medication Worksheet – Current Medications & PRN from 12pm prior day to 12pm current day

Allergies:

Primary IV fluid and rate: 100ml/hr

Patient specific reasoning for IV fluids (including type isotonic, hypotonic, hypertonic): hypertonic

Ketorolac	15 mg IV push every 6 hours x 4 doses, first dose now	IVP-	NSAID	3. Frequent BP checks will occur as medicine can lower BP.
<p><b>1. Black Box Warnings</b>  <b>Cardiovascular risk</b>          Nonsteroidal anti-inflammatory drugs (NSAIDs) may increase risk of serious cardiovascular thrombotic events, myocardial infarction (MI), and stroke, which can be fatal          Risk may increase with duration of use          Patients with existing cardiovascular disease or risk factors for such disease may be at greater risk          NSAIDs are contraindicated for perioperative pain in setting of coronary artery bypass graft (CABG) surgery          Patients treated with NSAIDs following heart attack reported to be more likely to die in first year of heart attack compared to patients not treated with NSAIDs after first heart attack</p>				

# Adult/Geriatric Medication Worksheet – Current Medications & PRN from 12pm prior day to 12pm current day

Allergies:

Primary IV fluid and rate: 100ml/hr

Patient specific reasoning for IV fluids (including type isotonic, hypotonic, hypertonic): hypertonic

				<p>Gastrointestinal risk NSAIDs increase risk of serious GI adverse events, including bleeding, ulceration, and gastric or intestinal perforation, which can be fatal GI adverse events may occur at any time during use and without warning symptoms Elderly patients are at greater risk for serious GI events Additional Warnings Major surgery: Contraindicated for prophylactic analgesic CABG: Contraindicated for treatment of perioperative pain in the setting of CABG surgery Labor and delivery: Contraindicated because it may adversely affect fetal circulation and inhibit uterine contractions Breastfeeding women: Contraindicated because of potential adverse effects of prostaglandin-inhibiting drugs on neonates Use with other NSAIDs: Contraindicated in patients currently receiving aspirin or</p>
--	--	--	--	--

# Adult/Geriatric Medication Worksheet – Current Medications & PRN from 12pm prior day to 12pm current day

Allergies:

Primary IV fluid and rate: 100ml/hr

Patient specific reasoning for IV fluids (including type isotonic, hypotonic, hypertonic): hypertonic

				<p>other NSAIDs, because of a cumulative risk of inducing serious NSAID-related adverse effects</p> <p>Renal risk: Contraindicated with advanced renal impairment and in patients at risk for renal failure due to volume depletion</p> <p>Gastrointestinal: Contraindicated with active peptic ulcer disease, recent GI bleeding or perforation, or history of peptic ulcer disease or GI bleeding</p> <p>Bleeding risk: Inhibits platelet function; contraindicated with suspected or confirmed cerebrovascular bleeding, hemorrhagic diathesis, incomplete hemostasis, and high risk of bleeding</p> <p>Demonstrated hypersensitivity: Contraindicated with previously demonstrated hypersensitivity to ketorolac or allergic manifestations to aspirin or other NSAIDs</p> <p>Injectable: Contraindicated for intrathecal or epidural</p>
--	--	--	--	---

# Adult/Geriatric Medication Worksheet – Current Medications & PRN from 12pm prior day to 12pm current day

Allergies:

Primary IV fluid and rate: 100ml/hr

Patient specific reasoning for IV fluids (including type isotonic, hypotonic, hypertonic): hypertonic

				administration, due to its alcohol content. Hypersensitivity reactions, ranging from bronchospasm to anaphylactic shock, have occurred, and appropriate counteractive measures must be available when administering the first dose of ketorolac injection
LR	500ml 30ml/h.	Hypertonic	Volume expansion	1. Call HEP if SOB or breath 2. Wet Compensated blood products. 3.
				1. 2. 3.

Medication reference: Medscape