

Initially, I didn't know what to expect from PPH SIM. I figured we would act out scenarios like in the past; anything other than that was beyond me. We haven't had a psych lecture this module so in the beginning I was a little nervous. In the past, we were assigned a specific scenario the day prior. However, I think not doing that this go round was beneficial. In reality, the chances of knowing exactly what you're going to walk into at 0700 the next day are probably none to none. After the first scenario, I felt a lot better about this sim rotation; I was also a little more awake. When it was my turn, I got assigned the alcohol withdrawal scenario. My patient was a fifty-seven year old male who was experiencing a withdrawal episode. He lives with his sister and her three children and is currently unemployed. He has been experiencing some financial issues and feels as though his sister doesn't want him around anymore. All of which potentially contribute to his past alcohol abuse. His current EMAR includes orders for acetaminophen and lorazepam. Immediately I know I must perform an assessment using the Clinical Institute Withdrawal Assessment of Alcohol Scale. During the simulation he appears upset and he constantly tries to bargain with me about obtaining a pack of cigarettes for him to smoke. My secondary nurse and I decide to offer a nicotine patch instead for the craving to which he accepts. I continue with the CWA-Ar and he scores enough to receive two milligrams of lorazepam. In the end, he receives both medications and is relieved of his symptoms. I do wish I could change a few things such as offering the nicotine inhaler versus the patch, and questioning the acetaminophen order. I also thought it was interesting how you mentioned his current withdrawal episode could most like be from the nicotine craving. Overall, I think the simulation went really well and wasn't as scary as I thought it was going to be!