Simulation Prebriefing

Questions to answer in the prebriefing are based on Tanner's Clinical Judgment Model:

Directions: Provide in-depth, thorough answers to each of the following questions. Answers should be added directly into this document. Details from the patient's chart can be located on Edvance360 in the Simulation Resources folder labeled Scenario # 1 or Scenario # 2. The prebriefing questions related to noticing and interpreting should be typed and submitted via Dropbox labeled with the simulation name (Prebrief Scenario # 1, Prebrief Scenario # 2) by **0800** the day of your simulation. The prebriefing assignment can be found in the Simulation Resources on Edvance360.

Report:

Review the patient's information in the chart provided on Edvance360 in the Simulation Resources. Utilize the handoff report sheet while reviewing the chart. Fill in the appropriate information from the chart in the corresponding sections of the handoff report sheet. This will be checked for completion immediately prior to starting each simulation scenario.

Formulate additional questions for the off-going nurse to clarify unclear information or missing details. These questions can be written on the back of your handoff report sheet.

Noticing:

What is one thing you notice from the patient's history or report that will guide your initial nursing care (maybe it is specific labs, their diagnosis, or past medical history, etc.)? Explain.

- One thing I noticed was the patient's history of enlarged prostate. While looking at the labs, I noticed the patient's BUN level was 40, which is significantly elevated. This increased level could indicate an issue with the kidneys and an enlarged prostate could indicate a kidney problem, a urinary tract infection, fluid retention, or more.

What expectations do you have about the patient prior to caring for them? Explain.

- One expectation I have is that my patient may have a cough, wheezing, or shortness of breath. My patient has a history of COPD, has smoked 2 packs per day for thirty years, and has/is taking Montelukast. Montelukast is a leukotriene antagonist that can be used for asthma, allergies, colds, or cough. These findings lead me to believe my patient will have shortness of breath, and possibly a cough.

What previous knowledge do you have that will guide your expectations? Explain.

- Some previous knowledge I have is that my patient has hypertension. They are taking Metoprolol twice a day which is an antihypertensive drug, but I also know she is noncompliant with her medication regimen. I can expect my patient to have elevated

blood pressure when I am assessing vitals. I also know my patient has a history of atrial fibrillation, so I can expect to see a fast and irregular heartbeat. I can also expect pain, swelling, and maybe tenderness, bone exposure, or broken skin in the left leg since I am aware my patient has a left lower complete open oblique leg fracture.

Interpreting:

Interpret the following data:

Admitting medical diagnosis (definition of the diagnosis):

- The patient had a fall from five feet off the ground and cannot bear weight on the left leg. This means she most likely suffered a dislocation, tear, or fracture of that extremity.
- The patient has a complete open oblique fracture of the left tibia and fibula from a fall five feet off the ground. This means she has a complete bone break in her leg, the break goes across and then down to be oblique, and it caused a break or open wound in the skin.

Laboratory data (give rationale for all abnormal lab results):

Abnormal Lab Values	Rationale for Abnormal Lab Values
WBC	Normal range is 4,500 to 11,000 (4.5-11.0) and the WBC is over 11,000. This could indicate infection
RBC	Normal range is 3.5-5.5 for a female, and 5.12 is high. This could indicate low oxygen levels, possibly from the patient's COPD
BUN	Normal range is 6-24, and 40 is considered high. This could indicate impaired kidney function.
Creatinine	Normal range is 0.7-1.3, and 2.1 is considered high. This could indicate a blocked urinary tract, which could be from the patients enlarged prostate. A symptom of high creatinine is also elevated blood pressure, and the patient has hypertension.

Diagnostic testing (explain what diagnostic tests were done with results):

Diagnostic Testing	Results of Diagnostic Testing
X-ray	Anterior/Posterior and Lateral view of the left lower leg. This means, the X-ray showed the front and back of the leg to determine any fractures.
X-ray Impression	A complete open oblique fracture of the left tibia and fibula. This means the patient has a complete bone break in her leg, the break goes across and then down to be oblique, and it caused a break or open wound in the skin

Medications (provide a list of all medications with classification, indication for use, and nursing interventions):

Medication (generic and trade name)	Classification (therapeutic and pharmacologic)	Indication for use (specific to this patient)	Nursing Interventions (Assessment, Education, Safety Measures)
Metoprolol 25mg PO twice a day	Beta blocker	Can treat hypertension and prevent MI	Monitor ECG, pulse, BP, during therapy and after Monitor vital signs every 5-15 during and for several hours after parenteral administration Monitor intake and outputs and daily weights Assess for angina Educate to take medicine as ordered, do not skip or double up on doses, take BP and pulse daily, may cause drowsiness and patient may need to avoid driving Educate to move positions slowly and call HCP if fever, sore throat, confusion, depression, rash, or more occur
Aspirin 81mg PO daily	Salicylates	Can treat mild to moderate pain, preventative for transient ischemic attacks and MI	Monitor for signs and symptoms of fever, rash, lymphadenopathy, facial swelling Assess for pain or fever Monitor hepatic function, serum salicylate levels, and bleeding Take after meals or with food or antacid, do not crush or chew, take with a full glass of water and remain upright for 15-30 minutes after

			administration Avoid alcohol and eat a sodium-restricted diet
Atorvastatin 10mg PO daily	Hmg coa reductase inhibitors	Adjunctive management of primary hypercholesterolemia.	Grapefruit juice can increase the risk of rhabdomyolysis Assess liver function tests If patient develops muscle tenderness during therapy, monitor creatine kinase levels and immune-mediated necrotizing myopathy May need to perform muscle biopsy
Tamsulosin 0.4mg PO daily	Alpha-adrenergic blockers	Can treat benign prostatic hyperplasia, can decrease symptoms of urinary urgency, hesitancy, and nocturia	Assess for first-dose orthostatic hypotension and syncope. Assess for feeling of incomplete bladder emptying, straining to flow before and after administration Take intake and output, daily weight, and assess for edema daily Educate on changings positions slowly, never to double doses, and to continue taking the medicine even when you do not feel well. Take it after a meal and swallow capsule whole
Montelukast 10mg PO daily	Leukotriene antagonists	Bronchodilators can be used for a cough or smooth muscle constriction	Assess for behavior that could indicate depression or suicidal thoughts. Assess for rash and allergy symptoms. Assess lung sounds and respiratory function prior to administration. Educate on signs and symptoms of agitation, panic attacks, insomnia, suicidal ideation Take two hours before exercise, patient should also always carry rapid-acting therapy for bronchodilation

			with them