

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.

Something I noticed from this patient's history was that are a 2ppd x30 year smoker, they have COPD, and have HTN. While doing nursing care, I would want to monitor their respiratory rate very closely, due to the likelihood of them being on narcotics or opioids after their leg surgery. This is important because of the fact that these classes of drugs have a tendency to decrease respiratory rate, which can cause respiratory failure, which is a life-threatening situation. Another thing I would implement in my nursing care would be looking for signs and symptoms of blood clot formation. Due to this patient having hypertension, the risk for developing blood clots is increased, as well as the limited mobility.

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

Prior to caring for this patient, I would expect them to have a lower baseline SpO₂ due to their COPD and smoking history. Also, I would expect them to have an irregular heart rate that would be due to them having atrial fibrillation, and possibly high blood pressure, if uncontrolled by the medications they are currently taking for HTN.

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

Some of the previous knowledge that I have that will help guide me with my expectation would be to try to keep the head of bed elevated to hopefully help maintain adequate oxygen levels. I would also want to implement the use of the 6 P's such as pulses, pain, pressure, paralysis, paresthesia, and pallor to assess for any abnormal findings which could lead to compartment syndrome due to her fractured tibia and fibula.

Interpreting:

Interpret the following data:

Admitting medical diagnosis (definition of the diagnosis): Complete open oblique fracture of left tibia and fibula. This means that the two bones of the left lower leg are protruding through the skin and are broken completely through each bone rather than only halfway or a quarter way across. Oblique means that the fracture line is at a downward slant across the bone rather than it being crushed or straight across.

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

Abnormal Lab Values	Rationale for Abnormal Lab Values
WBC	Increased WBC would be caused by the patient's body trying to heal the injury in the left lower leg, as well as stress
RBC	Increased RBC could be caused by the body trying to compensate for the blood loss since the fracture was open
BUN	Elevated BUN would be caused the patient's immobilization due to the leg injury, as well as dehydration due to not being able to get fluids in because of the pain level
Creatinine	Increased creatinine levels could signify possible damage to the kidneys that could have occurred during her fall

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	Complete open oblique fracture to left tibia and fibula

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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 (Lopressor)	Antihypertensive/ beta blocker	Helps to lower BP and HR → Patient has history of HTN	Monitor for bradycardia, blurred vision, and pulmonary edema Educate – check pulse daily and BP biweekly May cause drowsiness so avoid driving
Aspirin (acetylsalicylic acid)	Antiplatelet agent/ salicylates	Decreases risk of MI and helps with pain	Monitor for GI bleeding, dyspepsia Educate –take with full glass of water and remain in upright position for 15-30 minutes after administration Avoid taking with NSAIDS
Atorvastatin (Lipitor)	Lipid lowering agent/ hmg coa reductase inhibitors	Patient has history of hypercholesterolemia	Monitor for chest pain, heartburn, bronchitis Educate –Avoid drinking more than 1 quart of grape juice each day Should be used in conjunction with diet restrictions
Tamsulosin (Flomax)	Benign prostatic hyperplasia bph agent/ alpha adrenergic blockers	Pt has history of enlarged prostate	Monitor for orthostatic hypotension, headache Educate – Continue taking even if feeling well, change positions slowly to minimize orthostatic hypotension Avoid driving due to potential dizziness
Montelukast (Singulair)	Allergy, cold, cough remedies/ leukotriene antagonist	Helps with airway edema (h/o COPD)	Monitor for suicidal behavior, weakness, tremors Educate –take in evening or at least 2 hours before exercise Encourage pt to understand s S&S of worsening

			depression, anxiety, and irritability