

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 that I notice from the patient's past medical history that they smoke 2 packs a day for 30 years. This will help influence my patients nursing care because my patient is at risk for osteoporosis or weaker bones in general due to them smoking for that amount of time so I am going to be giving them a diet high in calcium and Vitamin D so they can work a long side each other and help with strength. My patient is having a procedure done on their left lower leg so this may place a factor when it comes to healing. When a patient gets surgery done, they may be immobile for the first initial days and with the history of smoking my patient is at greater risk for pneumonia since they are being sedentary so I will be sure to encourage coughing and deep breathing to allow for lung expansion and not allow fluids to sit in their lungs. I will be sure to check my patients circulation more frequently because smoking could cause atherosclerosis causing their to be build up of fat a long side their vessels. I will make sure to get my patient up and moving as soon as possible to prevent risk of acquiring a DVT and allowing them to build strength in their bones as well.

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

My expectations about the patient prior to caring for them is that they are not going to be compliant to treatment in order for them to get better. In the chart it shows that the patient reports to being noncompliant with medications already. My patient is about to endure ORIF of her left lower leg which means patient is going to have to be compliant with the treatment which may result in traction of the leg. Patient may have to be reinforced instructions such as coughing and deep breathing to allow for lung expansion and preventing atelectasis. My patient will have to adhere to the instructions after having ORIF such as try and elevate the leg above the heart, they may have to be non-weight bearing depending on the providers instructions after the surgery. If my patient doesn't stick to the precautions, It may cause them to have a further decline in their recovery such as possibly not having them heal well or a prolonged recovery. Since my patient isn't adherent to their medication regimen this does worry me because surgery is way more invasive and requires the patient to me adherent to their post-op instruction to have a successful recovery and could possibly return to full functional capacity.

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

Some previous knowledge that I have that will guide my expectations are being able to set reminders for the patient. What I mean by reminders is set encouragement to the patient and educate about the importance of being adherent to the post-op instructions every chance that I get and as well let the assistive personnel remind the patient of doing certain task like cough and deep breath since they aren't allowed to teach the patient I will set the initial education and answer any questions that they have then after the assistive personnel can reinforce. I will also assess what my patient's teaching style is as well they may not be adherent to learning based off verbally explaining instructions so I will assess if they do better with visuals or any audio lessons. Since my patient wasn't adherent to medications they were prescribed to before I will get into more depth and investigate why they didn't take them as prescribed and see if maybe It had something to do with social determinant of health like financial struggles for example and see what the reason was for not going a long with the prescription. Since every patient is different, I will work with them to set realistic goals that are fit for them and let them feel included in their plan of care and see the picture that were painting for their recovery.

Interpreting:

Interpret the following data:

Admitting medical diagnosis (definition of the diagnosis):Fracture-is a partial or complete break in the bone. Bone fractures are often caused by falls, trauma, or as a result of a direct blow or kick to the body.

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

Abnormal Lab Values	Rationale for Abnormal Lab Values
BUN (40)	A rationale for having an elevated BUN value would be having

	urinary track obstruction from the patient enlarged prostate which can cause urine back flow. A medication that the patient takes which can elevate their BUN levels as well which is Metoprolol.
Creatinine (2.1)	The rationale for having an elevated BUN value would be high is high blood pressure and this due to the patient having a condition of hypertension. With having hypertension, the blood vessels become damaged and this effects the kidneys which filters the blood they don't receive the oxygen and nutrients to function.
WBC 11.1 X 10 ³ μ/L	Smoking may be a sign of high white blood cell count. This could be because the body is under stress trying to handle stress caused by the inflammation and damage by tobacco.

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

Diagnostic Testing	Results of Diagnostic Testing
X-ray	Appears to be a complete open oblique fracture of the left tibia and fibula

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)	Therapeutic: antianginals, antihypertensive Pharmacological: beta blockers	The indication for my patient taking metoprolol would be because they have a history of hypertension and the therapeutic use	Assessment- *monitor BP, ECG, and pulse frequently during therapy *Monitor intake and output and daily weights

		<p>for this medication is decreasing their blood pressure and heart rate.</p>	<p>*assess for signs and symptoms of heart failure Education *may cause BUN levels, serum lipoprotein, potassium, triglyceride, uric acid levels, ANA titers, blood glucose levels, serum alkaline phosphatase, LDH, AST, and ALT levels to rise Education- *I will instruct my patient to take medications as directed and to take it at the same time everyday even if they don't feel good *do not skip or double up on missed doses *if stopping med abruptly may manifest into life threatening arrhythmias, hypertension, and myocardial ischemia *educate patient to notify the health care professional if slow pulse, difficulty breathing, wheezing, cold hand and feet, dizziness, light-headedness, confusion, depression, rash, fever, sore throat, unusual bleeding or bruising occurs. *educate patient to check their pulse daily</p>
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			<p>and BP biweekly</p> <ul style="list-style-type: none"> *Avoid driving or other activities that require alertness until response to the drug <p>Safety Measures-</p> <ul style="list-style-type: none"> *Dizziness, lightheadedness, or even fainting may occur when they get up so advise patient to move slowly. *avoid drinking alcohol while using the extended-release capsules. *check blood sugar because this medication may mask the symptoms of low blood sugar.
Aspirin (acetylsalicylic)	<p>Therapeutic:antiplatelet agents, antipyretics, non-opioid analgesics</p> <p>Pharmacological:salicylates</p>	<p>The indication for my patient taking aspirin would be to reduce pain and swelling and reduce the risk of having a stroke and heart attack. My patient has heart problems and circulatory such as Hypertension and atrial fibrillation so this medication would reduce the risks that would come with these diagnosis.</p>	<p>Assessment-</p> <ul style="list-style-type: none"> *Monitor for signs and symptoms of DRESS (fever, rash, lymphadenopathy, facial swelling) during therapy *assess pain and limitation of movement; location, and intensity before and 60 min after administration *assess fever and note associated signs (diaphoresis, tachycardia, malaise, chills) *monitor hepatic function *may alter results of serum uric acid, urine vanillylmandelic acid (VMA), protirelin-

			<p>induced thyroid-stimulating hormone (TSH), urine hydroxyindoleacetic acid (5-HIAA) determinations, and radionuclide thyroid imaging</p> <p>*monitor for the onset of tinnitus, headache, hyperventilation, agitation, mental confusion, lethargy, diarrhea, and sweating</p> <p>Education-</p> <p>*Educate patient to avoid concurrent use of alcohol with this medication to minimize gastric irritation.</p> <p>*Advise patient to avoid taking concurrently with acetaminophen or NSAIDS for more than a few days</p> <p>*Aspirin is going to have to be withheld for 1 week before surgery</p> <p>*Take with a full glass of water and to remain in an upright position for 15-30 min after administration</p> <p>Safety Measures-</p> <p>*This medication may increase the risk for bleeding problems , including stomach ulcers or bleeding. I will watch for black, tarry stools, severe or continuing stomach pain, unusual</p>
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			<p>bleeding, bruising, weakness, vomiting of blood.</p> <p>*Do not contain other medications that take aspirin, ibuprofen, or naproxen with this medication</p> <p>*Be careful when the patient is brushing or flossing teeth because of the risk of infection or bleeding</p> <p>*check patients skin for serious reactions when taking this medication such as red rash, or swelling of the face, lips or lymph nodes in the neck</p>
Atorvastatin (Lipitor)	<p>Therapeutic:lipid lowering agents</p> <p>Pharmacological:hmg coa reductase inhibitors</p>	<p>The indication for my patient taking Atorvastatin would be because this medication lowers total and LDL cholesterol and triglycerides. My patient has hypercholesteremia so this would help reducing the risk of myocardial infarction and stroke sequelae.</p>	<p>Assessment-</p> <p>*Monitor liver function</p> <p>*assess for serious liver injury, hyperbilirubinemia, or jaundice occurs</p> <p>discontinue atorvastatin</p> <p>*may cause high alkaline phosphatase and bilirubin levels</p> <p>*if patient develops muscle tenderness during therapy check the creatine kinase (CK) levels and if they are higher than 10 times the upper limit of normal or myopathy occurs I will discontinue therapy.</p> <p>*monitor for signs and symptoms for of immune-mediated</p>

			<p>necrotizing myopathy (proximal muscle weakness and high CK)</p> <p>Education-</p> <ul style="list-style-type: none">*Take missed doses as soon as remembered, if more than 12 hrs since missed dose*Do not double missed doses*Advise patient to avoid drinking more than one quart of grapefruit juice per day while taking this medication*This medication is to be taken with diet therapy (fat, cholesterol, carbohydrates, alcohol) exercise and cessation of smoking*Advise patient to notify their healthcare provider if unexplained muscle pain, tenderness, or weakness, especially if it comes with fever or malaise*Advise patient to notify their healthcare provider if they have signs of liver injury such as fatigue, anorexia, right upper abdominal discomfort, dark urine, and jaundice <p>Safety Measures-</p> <ul style="list-style-type: none">*limit alcoholic beverages because of the risk for liver problems
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			*A hypersensitivity reaction is an overreaction of your immune system so assess for allergy symptoms
Tamsulosin (Flomax)	Therapeutic:n/a Pharmacological:peripherally acting antiadrenergics	The indication for my patient taking Tamsulosin would be to decrease their Benign prostatic hyperplasia (urinary urgency, hesitancy, and nocturia). This would help out my patient because they have a history of enlarged prostate.	Assessment- *Assess patient for orthostatic hypotension and syncope. *monitor for intake and output and daily weights. *Assess for edema daily (report weight gain as well) *Rectal exams prior to and periodically throughout therapy to assess prostate size *Assess patient for symptoms of BPH (urinary hesitancy, feeling of incomplete bladder emptying, interruption of urinary stream, impairment of size and force of urinary stream, terminal urinary dribbling, straining to start flow, dysuria, and urgency) Education- *Educate patient to take medication at the same time each day (if dose missed as soon as remembered unless almost time for the next dose) *May cause dizziness and educate patient to avoid driving or other activities requiring

			<p>alertness until response to medication is known</p> <ul style="list-style-type: none"> *caution patient to change positions slowly due to the risk of orthostatic hypotension *Inform patient that tamsulosin may cause abnormal ejaculation <p>Safety Measures-</p> <ul style="list-style-type: none"> *This medication can cause dizziness, lightheadedness, or fainting may occur after you take this medication make sure to get up slowly may help (if patient gets dizzy lie them down) *Notify healthcare provider if prolonged erection occurs
Montelukast (singulair)	<p>Therapeutic:allergy, cold and cough remedies, bronchodilators</p> <p>Pharmacological classification:leukotriene antagonist</p>	<p>The indication for my patient taking montelukast would be for antagonizing the effects of leukotriene which mediate airway edema, smooth muscle contraction and altered cellular activity. This medication would be specific for my patient in regards to their COPD</p>	<p>Assessment-</p> <ul style="list-style-type: none"> *Assess lung sounds and respiratory function *Assess for allergy symptoms such as (rhinitis, conjunctivitis, hives) *monitor closely for changes in behavior that can include depression or suicidal thoughts *Assess for rash (may cause steven johnson syndrome) <p>Education-</p> <ul style="list-style-type: none"> *encourage patient and family to be alert for anxiety, agitation, panic attacks, insomnia, irritability,

			<p>impulsivity, hypomania, mania, worsening of depression and suicidal thoughts</p> <p>*if dose is missed take it at the next scheduled time.</p> <p>*Do not double time</p> <p>Safety Measures-</p> <p>*This medication may cause patients to be agitated, disoriented, irritable or display other abnormal behaviors.</p> <p>*This medication may cause people to have suicidal thoughts and become depressed</p>