

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.

- Open fracture of left tibia and fibula also c/o pain, Hx of HTN, A-fib and COPD with 2ppd X 30 yrs.

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

- I expect for them to have shortness of breath and most likely be on a low amount of chronic oxygen, have an elevated blood pressure d/t history of HTN and general pain from fracture. For the pt to be on fall precautions d/t recent fall resulting in a fracture. I expect for their pulse to be slightly irregular d/t Hx of A-fib but not tachycardic d/t metoprolol. Having a Hx of an enlarged prostate (BPH) the pt c/o need for frequent attempts to urinate as well as when attempting to pee struggling and having little output. Area of infection to be red and irritated as well as warm to touch due to current infection as evidenced by current WBC of 11.1.

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

-Aware of Hx of COPD and 2ppd X 30yrs, enlarged prostate that could cause trouble with urinary output, aware of current open fracture to left tibia and fibula. Aware of Hx of HTN with

concurrent A-Fib that is being treated with prescribed metoprolol. Aware of Hx of enlarged prostate (BPH). Current infection because of recent CBC and elevated WBC. Pt stated noncompliance of current prescribed medication regiment.

Interpreting:

Interpret the following data:

Admitting medical diagnosis (definition of the diagnosis): Complete open oblique fracture of the Left tibia and fibula. (The Tibia and Fibula have completely broken in half at an slanted angle and now protruding through the skin)

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

Abnormal Lab Values	Rationale for Abnormal Lab Values
BUN of 20	Hx of enlarged prostate causing kidney dysfunction
Creatinine of 2.1	Hx of HTN
WBC of 11.1	Bacteria in open wound causing infection

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

Diagnostic Testing	Results of Diagnostic Testing
X-Ray A/P and Lat view	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	Antihypertensive Beta Blocker	High Blood pressure	Monitor BP and pulse, assess for s/s of HF and any forming angina. Educate pt to notify

			provider is pulse slows, dyspnea, wheezing, cold hands, and feet as well as dizziness and lightheadedness. Safety measure is assessing blood pressure and pulse as well as s/s of HF before administration
Aspirin	Antiplatelet agent Salicylates	A-Fib	Assess for s/s of bleeding prolonged for 4 to 7 day, watch for s/s of Dress (fever, rash, facial swelling and; lymphadenopathy) education on to prevent concurrent use of alcohol. Assess for areas of prolonged or unusual bleeding so as bleeding mucus membranes and positive occult blood in stool.
Atorvastatin - Lipitor	Lipid Lowering agent – hmg coa reductase inhibitors	Hypercholesterolemia	Assess LFT prior to starting treatment and then monitor CK levels during treatment. Educate to notify provider of unexplained muscle pain, tenderness, or weakness especially when they also have a fever or c/o malaise. Safety measure is checking labs ahead of time before administration of medication
Tamsulosin - Flomax	Peripherally acting antiadrenergic	Enlarged Prostate (BPH)	Assess for s/s of BPH, monitor for s/s of orthostatic hypotension and make sure to monitor I/O for daily weight as well. Safety measure is to make sure to monitor blood pressure and to also change positions slowly to help with any orthostatic hypotension.
Montelukast - Singulair	Bronchodilator - Leukotriene antagonist	COPD	Assess- lung sounds and respiratory function prior to and during treatment, monitor behavior and watch for the formation of a rash. Educate on to take meds daily and also in the evening
