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 noticed from the patient's history that will guide my initial nursing care is that she has HTN and has smoked 2 packs a day for 30 years. With the patient having a complete open fracture she will probably be immobile for a while. Being immobile with HTN and smoking 2 packs a day can cause blood clots to form which is a big risk factor for this patient.

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

- The expectation that I have prior to caring for this patient is that she may have a lower SpO2 than a normal patient. This can be from the past medical history of COPD, I will have to make sure to ask if she knows what her normal SpO2 range is. Another expectation that I have is she may have trouble emptying her bladder due to the enlarged prostate. This can potentially cause problems, especially with being immobile due to the fracture.

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

- Some previous knowledge that I have that will guide my expectations is knowing that patients who have COPD can trend a lower SpO2 than patients without COPD. These trends can range from 88%-92%. For my knowledge with an enlarged prostate, I know that having an enlarged prostate can cause problems with the urinary tract. This can range from having urinary retention to being incontinent. So making sure to focus on the key points of the patient's history will guide my expectations.

Interpreting:

Interpret the following data:

Admitting medical diagnosis (definition of the diagnosis): The patient fell off a ladder and had a complete open oblique fracture to the left tibia and fibula.

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

Abnormal Lab Values	Rationale for Abnormal Lab Values
WBC: 11.1	Elevated WBC, normal range is 4.5-11. This can indicate an infection may be present or starting.
BUN: 40	Elevated BUN, normal range is 7-18: This can indicate that there is a problem with the patient's kidneys.
Creatinine: 2.1	Elevated creatine, the normal range is 0.6-1.2. This can indicate that there are urinary problems along with kidney problems.

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

Diagnostic Testing	Results of Diagnostic Testing
X-ray	Complete open oblique fracture on left tibia and fibula.

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

Medication	Classification (therapeutic	Indication for use	Nursing Interventions

(generic and trade name)	and pharmacologic)	(specific to this patient)	(Assessment, Education, Safety Measures)
Metoprolol: Lopressor	**Therapeutic**: Antianginals/Antihypertensive **Pharmacologic**: Beta Blocker	Hypertension	Monitor BP, vital signs, and IOs after administration, Do not abruptly stop taking, May cause drowsiness, Notify HCP if slow pulse and difficulty breathing.
Aspirin: Disprin	**Therapeutic**: Antiplatelet, antipyretic, nonopioid analgesic **Pharmacologic**: Salicylates	Moderate to mild pain	Monitor for fever, rash, and facial swelling, prolonged bleeding, do not drink alcohol while taking
Atorvastatin: Lipitor	**Therapeutic**: Lipid-lowering agent **Pharmacologic**: Hmg coa reductase inhibitors	Manage hypercholesterolemia	Monitor creatine kinase levels, Avoid taking with grapefruit, Notify HCP if muscle pain, tenderness or weakness happens unexplained, avoid breastfeeding while taking.
Tamsulosin: Flomax	**Therapeutic**: benign prostatic hyperplasia bph agents **Pharmacologic**: Alpha adrenergic blockers	Benign prostatic hyperplasia	Monitor IOs, assess for urinary hesitancy, incomplete emptying, or dysuria and urgency,Take 30 mins after same meal each day, may cause dizziness.
Montelukast: Singulair	**Therapeutic:** Allergy, cold cough remedies, bronchodilators **Pharmacologic:** leukotriene antagonists	COPD	Monitor for suicidal thoughts/ depression, assess for rash, administer once daily, Instruct pt to take in evening or 2 hours before exercise, Contact HCP if s/s of depression and suicidal tendencies