

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 that will guide my initial care is the fact that the patient has a history of hypertension. This is something that will guide my care because an elevated blood pressure can cause damage to the blood vessels and therefore cause poor circulation. Considering that she has a fractured leg and is having surgery to repair it, it is very important that circulation is good so that there are no further complications.

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

I expect that the patient may be in pain and may be overwhelmed by everything that is happening and being told to her. It is always overwhelming being in a hospital and having so many different people coming in and out telling you a lot of different information. I would expect her to be in pain because she had fallen and broken her leg. I expect that I will have to do a lot of patient education on the importance of compliance with the medication regimens going forward because in the report it was noted that the patient self-reported that she is noncompliant and if she continues to be noncompliant the medications will not work effectively.

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

The previous knowledge that will guide my expectations is the information from the report because the report states that she cannot bear weight without extreme pain I can expect her to have a significant level of pain. Also, the fact that the patient herself has already stated she is noncompliant with her medication regimen leads me to expect that I will have to emphasize the importance of taking the medications as prescribed or even make sure to keep reminding her to take them so that she will take them as she should because I feel that if I do not she will continue to be noncompliant with her medications.

Interpreting:

Interpret the following data:

Admitting medical diagnosis (definition of the diagnosis): Fall resulting in complete open oblique fracture of the left tibia and fibula.

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

| Abnormal Lab Values | Rationale for Abnormal Lab Values |
|----------------------------|-----------------------------------------------------------------------------------------------------|
| WBC count | The WBC count is higher than the normal limit. Could indicate infection. |
| BUN | BUN is a lot higher than the normal limit. Could indicate issues with kidney function. |
| Creatinine | Creatinine is higher than normal limit. Could indicate breakdown of muscles or other muscle tissue. |

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

| Diagnostic Testing | Results of Diagnostic Testing |
|---------------------------------------------------------|----------------------------------------------------------------------------------------|
| X-ray of anterior/posterior and lateral view of the LLE | X-ray shows appearance of 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, antihypertensives Pharmacologic: | Hypertension | Monitor BP, ECG, and pulse frequently. Monitor frequency of prescription refills to |

| | | |
|--|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | beta blockers | <p>determine compliance.</p> <p>Monitor Vitals every 5-15 minutes during and after several hours of parenteral administration.</p> <p>Monitor I&O ratios and daily weights.</p> <p>Assess for symptoms of HF.</p> <p>Assess the presence, frequency and characteristics of angina periodically throughout therapy.</p> <p>Monitor BUN, serum lipoprotein, potassium, triglyceride, and uric acid levels.</p> <p>Monitor ANA.</p> <p>Monitor blood glucose levels.</p> <p>Do not confuse Lopressor with Lyrica.</p> <p>Do not confuse Metoprolol tartrate with Metoprolol succinate.</p> <p>Take an apical pulse before administering PO. Withhold and notify HCP if <50 bpm or if an arrhythmia occurs.</p> <p>Administer with meals or right after eating.</p> <p>Do not crush or chew.</p> <p>Extended- release tablets can be broken in half.</p> <p>Have a second practitioner check order and dosage calculation before administering intravenously.</p> <p>Instruct patients to take medication as directed.</p> <p>Instruct patients that abruptly stopping medication may cause life threatening arrhythmias, hypertension, or myocardial ischemia.</p> <p>Teach patients to check pulse daily and BP weekly. Instruct to report significant changes.</p> |
|--|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | | |
|--------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | <p>Inform patients that medication may cause drowsiness and caution to avoid driving or anything else that requires alertness until effects of drug are known.</p> <p>Inform patient to change position slowly to minimize orthostatic hypotension.</p> <p>Inform patients that medication may increase cold sensitivity.</p> <p>Instruct patient to inform HCP of all Rx or OTC meds, vitamins, or herbal products being taken.</p> <p>Instruct on avoiding excessive amounts of coffee, tea, and cola.</p> <p>Instruct diabetic patients to closely monitor blood glucose levels.</p> <p>Instruct on notifying HCP if slow pulse, wheezing, dizziness, difficulty breathing, light-headedness, depression, confusion, rash, fever, unusual bleeding, or bruising occurs.</p> <p>Instruct patient to notify HCP for medication regimen before surgery.</p> <p>Instruct on carrying identification always describing disease and medication regimen.</p> <p>Instruct on the need to continue additional hypertension therapies.</p> |
| Aspirin Aspirin | <p>Therapeutic: antiplatelet agents, antipyretics, nonopioid analgesics</p> <p>Pharmacologic:</p> | <p>Inflammation due to COPD</p> <p>Pain management</p> | <p>Monitor for signs of DRESS periodically during therapy.</p> <p>Discontinue therapy if symptoms occur (fever, rash, lymphadenopathy, facial swelling).</p> |

| | | |
|--|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | salicylates | <p>Patients with asthma allergies and nasal polyps or who are allergic to tartrazine are at a higher risk for developing hypersensitivity.</p> <p>Assess pain and limitations of movement. Assess for fever and not associated symptoms. Monitor hepatic function before antirheumatic therapy and if hepatotoxic symptoms occur.</p> <p>Monitor serum salicylate levels.</p> <p>May alter results of serum uric acid, urine VMA, protirelin-induced TSH, etc.</p> <p>Prolongs bleeding time for 4-7 days and may cause prolonged prothrombin time in large doses. Monitor hematocrit periodically.</p> <p>Monitor for onset of tinnitus, headache, hyperventilation, agitation, mental confusion, etc. withhold medication if symptoms occur and notify HCP.</p> <p>Use lowest affective dose for shortest period.</p> <p>Do not crush or chew enteric-coated tablets. Do not take antacids within 1-2 hours of taking.</p> <p>Administer after meals or with food to minimize GI irritation.</p> <p>Instruct patient to take medication with a full glass of water and remain upright for 15-30 minutes after administration.</p> <p>Instruct patient to report tinnitus, bleeding gums, bruising, black/tarry stool, or fever lasting more than 3</p> |
|--|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | | |
|-------------------------|-----------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | <p>days.</p> <p>Instruct patients to avoid concurrent use with alcohol to minimize GI irritation. 3 or more glasses per day of alcohol can increase the risk for GI bleeding.</p> <p>Instruct patients to avoid taking Tylenol or NSAIDs for more than a few days unless directed by HCP to prevent analgesic nephropathy.</p> <p>Instruct patient on sodium-restricted diet.</p> <p>Instruct patients to discard tablets with a vinegar-like odor.</p> <p>Instruct patient to notify HCP for medication regimen before surgery. Aspirin may need to be withheld for 1 week before surgery.</p> |
| Atorvastatin Lipitor | Therapeutic: lipid lowering agents Pharmacologic: hmg coa reductase inhibitors | Management of hypercholesterolemia | <p>Obtain a diet history, evaluate serum cholesterol and triglyceride levels before initiating, after 2-4 weeks of therapy and periodically after, monitor liver function tests before initiating and as indicated.</p> <p>Discontinue atorvastatin and do not restart if symptoms of serious liver injury occur, such as hyperbilirubinemia or jaundice.</p> <p>Monitor creatine kinase levels if patient develops muscle tenderness during therapy.</p> <p>Do not confuse Lipitor with Zyrtec. Do not confuse Atorvastatin with Atomoxetine.</p> <p>PO may be administered without regard to food.</p> <p>Instruct patient to avoid drinking more than one quart</p> |

| | | | |
|----------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | <p>grapefruit juice during therapy. Use may increase the risk of toxicity.</p> <p>Administer once daily at any time only on an empty stomach (1 hour before or 2 hours after meals)</p> <p>Instruct patients to take as directed. Take missed doses as soon as remembered unless more than 12 hours since missed dose, then just take next scheduled dose. Do not double dose.</p> <p>Inform patient that medication helps control but doesn't sure high cholesterol levels.</p> <p>Inform patient that medication should be used in conjunction with diet restrictions such as fat, cholesterol, carbs, and alcohol.</p> <p>Instruct patient to notify HCP if they have tenderness, weakness, muscle pain, especially if accompanied by fever or malaise and signs of liver injury such as fatigue, anorexia, dark urine, jaundice.</p> <p>Instruct patient to inform HCP of all Rx or OTC meds, vitamins, or herbal products being taken. Consult HCP before taking any new medications.</p> <p>Instruct patient to notify HCP of medication regimen prior to treatment or surgery.</p> |
| Tamsulosin Flomax | <p>Therapeutic: benign prostatic hyperplasia bph agents</p> <p>Pharmacologic:</p> | Decrease symptoms associated with enlarged prostate | <p>Assess for orthostatic hypotension and syncope after first dose, monitor I&Os, complete daily weights, assess for edema</p> |

| | | | |
|--------------------------|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | alpha adrenergic blockers | | <p>Notify HCP of all medications being taken both OTC and Rx: vitamins, medications, or herbal products, inform patient to change positions slowly, inform patient that medication may cause dizziness, instruct patient to use caution when operating motor vehicles, emphasize the importance of follow-up appointments. Don't confuse it with tacrolimus.</p> <p>Swallow capsule whole; do not crush, chew, or open. Administer dose 30 minutes after the same meal daily. Instruct patients to take as directed, emphasize the importance of continuing medication, even when feeling well.</p> <p>Advise patient to take as soon as remembered if doses are missed unless it is almost the time of the next dose. Do not double dose. Advise patient to read patient information with each refill and before starting tamsulosin in case of changes.</p> |
| Montelukast Singulair | <p>Therapeutic: allergy, cold, and cough remedies, bronchodilators</p> <p>Pharmacologic: leukotriene antagonists</p> | Treatment of bronchoconstriction in relation to COPD | <p>Assess lung sounds, monitor for behavioral changes, periodic testing for liver function.</p> <p>Report GI issues, report behavioral changes, report anorexia.</p> <p>Gradually decrease doses of inhaled corticosteroids with the supervision of health care professional.</p> <p>Instruct patient to take</p> |

| | | | |
|--|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | medication daily in the evening even if not experiencing symptoms. Instruct patient to be alert of sudden onset of anxiety, agitation, panic attacks, insomnia, suicidal ideations, etc. |
|--|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|