

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.

PMH – indicating that Sam (patient) has a HX of enlarged prostate. This information will be important to inquire how the patient would like to be identified/called/cared for. Patient has an open fracture so it will be important to monitor WBC and assess for s/s of infection, we will want to encourage fluids and high calorie diet. A high calorie diet will be important due to the fractured extremity and the patient's respiratory rate will be increased due to pain levels. Patient will be needing a higher caloric intake to make up for the increased respiratory rate. Will also want to perform good hand hygiene and wear appropriate PPE as needed. Will want to keep an eye on VS also.

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

Patient will need a lot of education. Education will be based around diet, smoking, using call light for assistance, education on new medications, pain, s/s of adverse reactions due to medications. Patient will also need education on selfcare, mental health, and physical mobility, and self-image. And when to notify the HCP.

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

Assessment skills, medication pass, communication skills, Empathy, 6 medication rights, prioritizing care

Interpreting:

Interpret the following data:

Admitting medical diagnosis (definition of the diagnosis):

ORIF: Open reduction and internal fixation. It is a correction of bone alignment through a surgical incision. Screws, plates, sutures, or rods are used to hold the broken bone together.

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

Abnormal Lab Values	Rationale for Abnormal Lab Values
WBC (11.1)	Elevated- normal is 4,500 to 11,000 WBC per microliter. Patients WBC is 11.1×10^3 microliter. This indicates an infection due to open fracture. Patient will need an antibiotic to kill off the infection. Practice good hand hygiene to prevent worsening infection. Will want to take the patients temperature. Will also want to keep an eye on this lab.
BUN (40)	Elevated – normal is 6 to 24 mg/dL. Could indicate dehydration or a sign of kidney failure/damage to due extreme elevation. Want to push fluids on this patient. An elevated BUN can also indicate a urinary tract infection (this patient does have a HX of enlarged prostate). Will want to keep an eye on this lab.
Creatinine (2.1)	Elevated – normal is 0.6 to 1.1 mg/dL for women. An elevated Cr level may reflect to kidney damage/failure, infection, or reduced blood flow or loss of body fluid (dehydration.) can also reflect a blocked urinary tract. Patient has a HX of enlarged prostate. Will want to keep an eye on this lab.

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

Diagnostic Testing	Results of Diagnostic Testing
A/P and lateral view of LLE (left leg XRAY)	“There appears to be a complete open fracture of left tibia and fibula.” The reason: LLE pain

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 25mg PO BID	Antihypertensive	HTN	HR,BP,EKG, I&O's, daily weight, assess for s/s of heart failure, weight gain, peripheral edema, jugular vein distention, assess frequency and characteristics of anginal attacks periodically during therapy, take with meals, change positions slowly, take medication as ordered, avoid activities that require alertness (due to drowsiness), inform patient to notify HCP if slow pulse, wheezing, cold hands, dizziness, lightheadedness, confusion, depression, rash, sore throat, unusual breathing, or bruising that may occur. Encourage regular exercise, healthy eating, monitor sodium intake, smoking cessation,
Aspirin 81 mg PO daily	Antiplatelet agents, anti-pyrectics, non-opioid analgesics. (PT is using this for cardiac related issues due to being on 81mg)	Afib	Monitor for s/s of DRESS (fever, rash, lymphadenopathy, facial swelling), assess pain and limitation of movement; note type, location, and intensity before and 60min after administration, assess fever and signs of diaphoresis, tachycardia, malaise, and chills, monitor hepatic function & serum salicylate levels. ASA has a long bleeding time (hold

			extra pressure), monitor PT/INR, administer with food or with antacid to minimize gastric irritation; take with full glass of water and remain upright for 30 min after; monitor s/s of bleeding, report tinnitus; avoid alcohol, sodium restricted diet
Atorvastatin 10mg PO daily	Lipid lowering agent	Hypercholesteremia	No grapefruit, monitor cholesterol and triglyceride levels, take medication as ordered, moderate exercise, healthy eating, drinking water, notify HCP if unexplained muscle pain, tenderness, or weakness accompanied by fever, malaise, or s/s of liver injury (fatigue, anorexia, right abdominal discomfort, dark urine, jaundice) occurs, contraceptive prevention
Tamsulosin 0.4mg PO daily	Peripherally acting antiadrenergic.	Enlarged prostate (BPH)	Assess for symptoms of BPH (urinary hesitancy, incomplete bladder emptying, interruption of urine stream, dribbling, etc), assess orthostatic hypotension and syncope, I&O's, daily weight, edema, rectal exams to assess prostate
Montelukast 10mg PO daily	Leukotriene antagonist	COPD	Lung sounds, respiratory function, allergy symptoms, monitor for changes in behavior (can cause depression or suicidal thoughts), assess for rash