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 I noticed from the patient's report was that her WBCs were elevated at 11,100. This will help guide my assessment on the patient's left lower leg injury, which will tell me took for any signs of infection. The signs of infection would be pain, swelling, redness, presence of an odor, drainage, etc. Then I would be able to notify the healthcare provider of the suspected infection and administer any medications that they would order.

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

I expect that the patient will need a good amount of education on a couple different topics. This would be because the patient decides to do dangerous activities at their age without the proper training, and could ask someone who is trained to do this kind of outside work. She would also need education on smoking cessation, adherence to medication regimen, and signs of infection.

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

I knew before that smoking can cause the healing process to slow down, or completely not heal at all. This will be a big problem if she does end up having an infection, so it will guide me in my

education on smoking cessation. I wouldn't just let her know that it is bad for your lungs and can cause cancer; I would also mention that it could affect her leg in the long-run.

Interpreting:

Interpret the following data:

Admitting medical diagnosis (definition of the diagnosis): Left leg pain/injury

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

Abnormal Lab Values	Rationale for Abnormal Lab Values
WBC 11.1 x 10^3 u/L	Infection; smoking
BUN 40 H	Impaired kidney function, dehydration, trauma
Creatinine 2.1 H	Kidney damage/failure/infection or reduced blood flow; dehydration, or blocked urinary tract

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

Diagnostic Testing	Results of Diagnostic Testing
X-Ray: Anterior/Posterior and Lateral view of the left lower leg	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	Antanginals,	Hypertension	Monitor BP, ECG, and pulse

(Lopressor)	antihypertensives, beta blockers		frequently during therapy. Monitor I/Os, vital signs, and daily weights. Assess for signs and symptoms of HF (dyspnea, rales/crackles, weight gain, peripheral edema, jugular venous distention). Assess frequency and characteristics of anginal attacks. Instruct to take med as prescribed. Teach how to take pulse and notify HCP for any abnormalities. May cause drowsiness and change positions slowly to not have orthostatic hypotension. Reinforce lifestyle changes to lower BP.
Aspirin (Acetylsalicylic acid)	Antiplatelet agents, antipyretics, nonopioid analgesics, salicylates	Mild to moderate pain	Pts who are allergic to tartrazine are at an increased risk for developing hypersensitivity reactions. Monitor for signs and symptoms of DRESS (fever, rash, lymphadenopathy, facial swelling). Assess pain – type, location, and intensity, before and 60 min after administration. Assess for fever, diaphoresis, tachycardia, malaise, and chills. Monitor for toxicity.
Atorvastatin (Lipitor)	Lipid-lowering agents, hmg coa reductase inhibitors	Hypercholesterolemia	Obtain diet history – fat consumption. Evaluate serum cholesterol and triglyceride levels before medication and during. Avoid grapefruits during therapy. Instruct pt to take med as prescribed. Reinforce lifestyle changes along with medication. Advise pt to let HCP know of any

			abnormalities.
Tamsulosin (Flomax)	Peripherally acting antiadrenergics	Benign prostatic hyperplasia	Assess pt for symptoms of BPH (urinary hesitancy, feeling of incomplete emptying, interruption of urinary stream, impairment of size and force of urinary stream, terminal urinary dribbling, straining to start flow, dysuria, urgency). Assess pt for first dose orthostatic hypotension and syncope. Monitor I/O, daily weight, and edema. Rectal exams to determine size of prostate. Instruct pt to take med as prescribed. May cause dizziness and change positions slowly to not have orthostatic hypotension. May cause abnormal ejaculation and impaired fertility. Follow-ups are important.
Montelukast (Singulair)	Allergy, cold and cough remedies, bronchodilators, leukotriene antagonists	COPD	Assess lung sounds and respiratory function. Assess allergy symptoms. Monitor for changes in behavior. Assess for rash – may cause Stevens-Johnson syndrome. Instruct pt to take med in the evening or 2 hrs before exercise even if not experiencing signs of asthma. Advise that med is not for acute asthma attacks. Encourage pt and family to be alert for behavior changes, or respiratory distress. Notify HCP if pregnant or breastfeeding.
