

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.

The first thing that I noticed is that the patient has a history of COPD and has been smoking 2 packs a day for 30 years. I would assess her respiratory status (SpO2, respiratory rate, if they require oxygen, breath sounds). What other details did you notice? MD

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

My expectations for this patient is that she will be in extreme pain and would be a high fall risk. Keeping the patient comfortable would be extremely important. Patient would require surgery so I would make sure she is prepped and ready to go; as well as the last time she took her medications. I would also follow up with her healthcare provider on her kidney function. Good! MD

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

I have knowledge on respiratory, endocrine, and musculoskeletal system, as well as basic patient care. This knowledge will help me to be a patient advocate and make the best decisions for my patient care. Wonderful! MD

Interpreting:

Interpret the following data:

Admitting medical diagnosis (definition of the diagnosis): open oblique fracture of the left tibia and fibula- **Good! MD**

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

Abnormal Lab Values	Rationale for Abnormal Lab Values
WBC 11.1	LLL fx, COPD exac.
BUN 40	Noncompliant with meds, hx of HTN
Creatinine 2.1	Noncompliant with meds, hx of HTN
	Awesome! MD

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

Diagnostic Testing	Results of Diagnostic Testing
Left leg x-ray	Open oblique fracture of left tibia and fibula
CBC	Elevated WBC
CMP	Elevated BUN and creatinine
	Good! MD

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)
You need to fill this table in with home medications. MD			
Metoprolol, Lopressor	Therapeutic- Antihypertensives, Pharmacologic- beta blockers	History of HTN	Bradycardia, HF, blurred vision. Monitor blood sugar, important to prevent an MI

Aspirin, Ecotrin	Therapeutic- antiplatelet agents, pharmacologic- salicylates	Risk for blood clots after the fracture	Can be for moderate pain, monitor for bleeding, anemia, and tinnitus, Important to be careful not to cut yourself or fall
Atorvastatin, Lipitor	Therapeutic- lipid-lowering agents, pharmacologic- hmg coa reductase inhibitors	To monitor hypercholesterolemia	Monitor cholesterol levels, assess for CP, rash, diarrhea, should not be taken with a high fat diet
Tamsulosin, Flomax	Therapeutic- benign prostatic hyperplasia bph agents, pharmacologic- alpha adrenergic blockers	History of HTN and enlarged prostate	Monitor BP and for symptoms of BPH, I/O, only take pill whole, follow up visits important
Montelukast, Singulair	Therapeutic- bronchodilator, pharmacologic- leukotriene antagonist	History of COPD, smokes 2 packs/day for 30 yrs	Can cause anxiety, cough, epistaxis, assess lung sounds and allergy symptoms, encourage to cough and deep breathe