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.

- Since the patient has a GI bleed, I immediately check the patient's history. The patient has a history of Peptic Ulcer disease which is an erosion of the GI mucosa. With PUD, a common complication is hemorrhage (GI bleed). This occurs from an erosion of the ulcer through a major blood vessel. This information guides my initial care on treatment and prevention of further complications. An initial nursing implementation would be to monitor vital signs and start IV fluids.

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

- I expect the patient to be in pain and possibly be in fear. I expect the pain to have decreasing vital signs and have symptoms of fluid loss that may appear as hypoglycemia. Since the patient is diabetic, I can also expect to monitor his glucose levels closely, especially due to the added stress, NPO status, and fluid loss.

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

- Knowing the importance of hemorrhage will guide my expectation to think critically. Since I know the signs and symptoms of a GI bleed, I can expect to call the HCP and get

fluids started immediately. I know emergency management consists of fluid replacement, blood replacement, supplemental oxygen, and strict intake and output. By knowing the patient's history and labs, I know what to prioritize. On the report sheet, it indicates he has an SL IV in his right forearm, this information allows me to prioritize checking the patency of the IV and ensuring it is still intact since I will be anticipating IV fluids.

Interpreting:

Interpret the following data:

Admitting medical diagnosis (definition of the diagnosis): Roberto Melena is admitted with a diagnosis of a GI bleed. This means he has active bleeding in his digestive tract which can be fatal if not treated promptly.

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

Abnormal Lab Values	Rationale for Abnormal Lab Values
HGB	The patient's Hgb is low at 9.5 g/dl. This could be a result of anemia. The patient does have RBCs within normal range, but 4.9 is on the lower end of normal, this would be a lab to continue to monitor to see if anemia is present. Diabetes is also a risk factor of anemia, and the patient has type 2 diabetes. Sugar can attach to hemoglobin in the bloodstream, and the patient was experiencing a symptom of hypoglycemia, this could also result in a lowered Hgb.
HCT	Robert Melena had a low Hct at 30.2%, this could be from his history of dark stools, also known as melena. The patient has an upper gastrointestinal bleed that is causing blood loss would result in a lowered hematocrit. Aspirin can prolong bleeding time which is a factor as well.
NA	The patient's sodium was low at 135; this could be a result of the stool loss, bleeding, and vomiting. The output of fluid can cause a decrease in electrolytes, like sodium. The patient is on an NPO status, which could play a factor in the low level because of a lack of sodium intake.
K	The patient's potassium was low at 3.4, this could be a result of the patient's history of vomiting, GI bleeding, and loss of stool. The fluid loss can cause electrolyte loss. The patient has a history of GERD, Diverticulitis, and Peptic ulcer disease. If these diseases cause pain to the patient, it will decrease his desire to eat which can also decrease essential nutrients and vitamins.
Glucose	The patient had an elevated glucose at 122 mg/dL, this is hyperglycemia. From the patient's history, he may not be eating due to esophageal pain or acid reflux so he may be not taking insulin as needed. This paired with his symptoms of vomiting, bleeding, and stool loss can lead to stress on the body and the need for additional insulin. The patient is 6'1 and 220 pounds, if this is

	considered overweight, then that is another risk for hyperglycemia.
PT	The patient's prothrombin time test is elevated at 17 seconds. Prothrombin is a vitamin K-dependent protein, and the patient's potassium was decreased to 3.4. The patient has a GI bleed and has a vitamin K deficiency that can cause prolonged PT, which would be why it is elevated, and the blood is taking longer to clot. Aspirin is an anticoagulant that can increase prothrombin time as well. The patient was taking aspirin every 6 hours for two weeks straight, which would lengthen his clotting time.
PTT	The patient's PTT is elevated at 90 seconds. This could be directly elevated to the patient's GI bleed. The vitamin K deficiency and excessive use of Aspirin also causes an elevated PTT.
INR	The patient's INR is elevated to 2.2 seconds, his blood is taking longer to clot due to the excessive bleeding. Diarrhea and vomiting can also increase the INR, and the patient has a history of black tarry stools and vomiting. The extended use of the anticoagulant (Aspirin) will cause increased INR levels as well.

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

Diagnostic Testing	Results of Diagnostic Testing
Stool Specimen for Occult Blood	A test that identifies hidden blood in the stool.

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)
Omeprazole	Treats GERD and duodenal ulcers. It promotes esophageal healing and decreases HCl acid and can treat erosive esophagitis.	This medication can treat the patient's GERD and peptic ulcer disease.	Assess for epigastric or abdominal pain, blood in stools, diarrhea, and emesis. Monitor bowel function, stools, and vital signs to indicate a fever. Administer on an empty stomach, before meals, and with water. Educate on reporting the

			onset of black, tarry stools, or if the stool contains mucus or pus.
Metformin	Used to control type 2 diabetes mellitus by decreasing hepatic glucose production and intestinal glucose absorption. Metformin works as a maintenance of blood glucose.	This medication can control the patient's Diabetes Mellitus Type 2.	Assess serum electrolytes, ketones, glucose, and blood pH. Monitor for signs of symptoms of hypoglycemia such as; cool, clammy skin, weakness, dizziness, headache, and more. Roberto has cool and pale skin. Monitor A1c and assess renal function before therapy. Educate on symptoms of hypo/hyperglycemia, lactic acidosis, and ketones in urine. S
Aspirin	Works as an antiplatelet, antipyretic, salicylate, and nonopioid analgesic. It can treat inflammatory diseases like rheumatoid arthritis, or osteoarthritis. Aspirin can reduce pain, fever, and prevent transient ischemic attacks and MIs.	This patient was taking Aspirin for pain relief for migraines.	Assess for occurrences of fever, rash, lymphadenopathy, and facial swelling. Assess pain and any limitation of movement. Monitor Hct and serum salicylate periodically. Monitor for bleeding or GI blood loss. Educate the patient to avoid alcohol, use of acetaminophen, or NSAIDs for more than a few days. Educate patient to report tinnitus, any unusual bleeding, or black tarry stools.