

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 chart that will guide my care is the use of aspirin and the hemoglobin levels. The hemoglobin level is severely low which shows me there is a bleed somewhere. The use of aspirin is also concerning because it is a blood thinner. The tarry stools is also concerning because this could mean an intestinal bleed.

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

I expect this patient to have blood in their stool or emesis due to the possible bleed in their stomach or intestinal tract. Also to have a high heart rate and low blood pressure due to the bleeding and the demands the body needs to meet because of the possible bleed. I also expect this patient to have pain in their abdomen.

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

Some previous knowledge I have is from our notes. I know to start fluid replacement immediately to replace what is being lost. Also, to check vital signs every 15 minutes to be sure the patient is still stable, especially blood pressure and heart rate. Lastly, you'll also

want to assess for signs of shock, specifically their input and output to check kidney function.

Interpreting:

Interpret the following data:

Admitting medical diagnosis (definition of the diagnosis):

GI: admitted for a problem that is GI related in nature.

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

| Abnormal Lab Values | Rationale for Abnormal Lab Values |
|----------------------------|--|
| HGB 9.5 g/dl | This shows loss of blood from somewhere |
| HCT 30.2% | This also shows loss of blood |
| Glucose 122 | Infection may be occurring, body is trying to meet the needs to live and adapt to the bleeding |
| PT 17 seconds | Taking the body more time to form clots |
| PTT 90 seconds | Taking body more time to form clots |
| INR 2.2 | Blood is clotting too slowly, high risk of bleeding |
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Diagnostic testing (explain what diagnostic tests were done with results):

| Diagnostic Testing | Results of Diagnostic Testing |
|---------------------------|--------------------------------------|
| Stool specimen | NA |
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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) |
|--|--|--|---|
| Phenergan proemethazeen | Antiemetic, antihistamine sedative phenothiazines | N/V | Mon BP, pulse, resp. rate frequently, assess fall risk, may cause tissue necrosis if injected wrong, supervise ambulation |

| | | | |
|-------------------------|--|-----------------|---|
| | | | closely |
| Morphine | Opioid analgesics Opioid agonists | Pain | Assess pain, assess vitals, especially respiratory, assess bowel function |
| Omeprazole Prilosec | Antiulcer agent PPI | GERD and ulcers | Assess GI, admin before meals in the morning, DNC |
| Metformin Glucophage | Antidiabetic Biguanides | Diabetes | Assess for hypoglycemia, take with meals, temporarily d/c in patients who are having surgery or NPO |
| Aspirin | Antiplatelet agent, antipyretic, nonopioid analgesic Salicylates | Migraines | Assess pain, mon for signs of bleeding, DNC, use lowest effective dose for shortest period of time |
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