

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.

Patient take aspirin and omeprazole as his home medication. Omeprazole can be used for PUD and GERD. Aspirin can cause bleeding. Diverticulitis and smoking can also increase risk of getting a GI bleed. Patients H& H was also low.

What expectations do you have about the patient prior to caring for them? Explain. My expectation are that the occult blood test will come back positive. The patient will need an EGD to confirm where the bleed is. If the bleed in the upper region. I will need to place an NG tube on low intermitted suction.

What previous knowledge do you have that will guide your expectations? Explain. I choose putting in the NG tube to decrease the risk of aspiration. The patients has nausea and vomiting, both of them can cause increase the risk of aspiration. If the NGB drops before 8, I will need to give blood. I would think the doctor remove the order for Aspirin the bowel needs to rest for a few weeks.

Interpreting:

Interpret the following data:

Admitting medical diagnosis (definition of the diagnosis): **GI bleed**

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

| Abnormal Lab Values | Rationale for Abnormal Lab Values |
|----------------------------|---|
| HGB 9.5 | Due to blood loss from the GI bleed |
| HCT 30.2 | Due to blood loss from the GI bleed |
| Na 135 | Na is low by 1 point, this can be from the metformin |
| K 3.5 | K is low by 1 point, this can be from the metformin |
| Glucose 122 | Patients had a hx of taking metformin and is a type two diabetic |
| PTT 90 sec | Aspirin is a blood thinner; the clotting factors are elevated due to this |
| INR 2.2 | Pt taking aspirin Q6h for 2 weeks |
| | |

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

| Diagnostic Testing | Results of Diagnostic Testing |
|---------------------------------|---|
| Stool specimen for occult blood | This test is used to look for blood that is not visible to the naked eye. |
| labs | Used to see if the H&H is low and since taking is taking aspirin are the clotting factors elevated. |
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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) |
|--|---|--|---|
| Omeprazole 40mg | Proton Pump Inhibitor, antiulcer | GERD | Monitor bowel function and report diarrhea/ tarry stool to HCP |
| Metformin 500mg | Antidiabetic, biguanides | Type 2 diabetic | Monitor blood sugar, assess renal function, know the signs of lactic acidosis (chills, low BP and pulse, muscle weakness) |
| Aspirin 325mg | Antiplatelet, salicylate | Patient was using this for his | Monitor for rash, bleeding and bruising, tinnitus, |

| | | | |
|----------------|--------------------------------|-----------|--|
| | | headache. | |
| Phenergan 25mg | Antiemetics, phenothiazines | nausea | Monitor BP, pulse, RR. Can cause sedation and |
| Morphine 2mg | opioid | Pain | Assess RR, blood pressure and HR before giving. (Respiratory depression) |
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