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 history that will guide my initial nursing care are the lab values. Since the patient has an active GI bleed lab values play a valuable role. The Hgb and Hct were both low because of the active bleed. Since there is an active bleed the PT, PTT, INR lab values are also important. Those lab values show coagulation and the patients results showed a high PT,PTT, and INR values. This means that the patients body is taking longer to clot than normal. The potassium was also a little low which could indicate dehydration.

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

- Some expectations that I have for my patient is that he will be in pain because of the GI bleed and will get an ordered a pain medication. I also expect for my patient to get an order for IV fluids. Since he will be NPO he will need electrolytes to keep him hydrated. He is also had vomiting for the past two days which increases his risk even more for dehydration.

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

- The GI bleed can cause a lot of pain which is why I expect the patient to get pain medication. This medication will help the body not be under as much pain and help the healing process. Since the patient is NPO and isn't getting any fluid he is at an increased risk for dehydration. This means getting IV fluids in him before he does become dehydrated and it causes more problems.

Interpreting:

Interpret the following data:

Admitting medical diagnosis (definition of the diagnosis):

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

Abnormal Lab Values	Rationale for Abnormal Lab Values
WBC	Decreased WBC (9.1). Could mean there is an infection present.
Hgb	Decreased Hgb (9.5). Due to GI bleed.
Hct	Decreased Hct (30.2%). Due to GI bleed.
K	Decreased K (3.4). Patient might be becoming dehydrated.
Glucose	Increased glucose (122). Type 2 Diabetic.
PT	Increased PT (17 seconds). Delayed clotting.
PTT	Increased PTT (90 seconds). Delayed clotting.
INR	Increased INR (2.2). Delayed clotting.

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

Diagnostic Testing	Results of Diagnostic Testing

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 (Losec)	**Therapeutic:** Antiulcer agent **Pharmacologic:** PPI	History of PUD	Can cause CDIFF, bone loss, and hypomagnesemia.
Metformin (Axpinet)	**Therapeutic:** Antidiabetic **Pharmacologic:** Biguanides	Type 2 diabetic	Too much can cause hypoglycemic shock.
Aspirin (Bayer)	**Therapeutic:** Antiplatelet, nonopioid analgesics **Pharmacologic:** Salicylates	History of migraine headaches	Taking too many can cause ulcers and can increase risk for GI bleed.
Phenergan (Promacot)	**Therapeutic:** Antimetics, antihistamine **Pharmacologic**: Phenothiazines	For N/V	Monitor for neuroleptic malignant syndrome
Morphine	**Therapeutic:** Opioid analgesics **Pharmacologic:** Opioid agonists	For pain	Asses LOC, BP, pulse and respirations after administration
