

## 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.

Something I noticed while looking over the patient's history and reading the report, is that he has a history of peptic ulcer disease, diverticulitis, and GERD. I also noticed that it said he has been taking Aspirin every 6 hours for the past 2 weeks due to him having recurrent headaches. Knowing this, I would want to make sure I would closely monitor his bowel sounds, and pain level as the overuse of aspirin and NSAIDS can cause ulcers and gastritis to occur. Since the patient has a pretty large history of GI issues, I would want to make sure I get a good GI assessment, and note any pain or distention that might be present.

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

Due to the patient having a GI bleed, I expect the patient to have low hemoglobin and hematocrit levels, as well as having IV fluids running to have make up for the blood that is being lost due to the bleed.

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

Due to the patient having a GI bleed, I know that an EGD is likely in his future. Due to this, I would expect the patient to be NPO for at least 8 hours prior to this procedure, and remain NPO until a gag reflex returns afterward to prevent aspiration.

**Interpreting:**

Interpret the following data:

Admitting medical diagnosis (definition of the diagnosis): The patient has been admitted with a GI bleed, meaning that he has bleeding somewhere within the GI tract ranging from the mouth to the rectum.

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

<b>Abnormal Lab Values</b>	<b>Rationale for Abnormal Lab Values</b>
HGB 9.5g/dl	low hemoglobin is likely a result of the patient having a GI bleed
HCT 30.2%	Low hematocrit is likely due to patient having a GI bleed as well
K 3.4	Low potassium is likely due to patient having GI bleed and losing those electrolytes such as potassium in their stool or vomit
Glucose 122	Although the glucose is not significantly high, it could be caused by the patient not getting the correct dose of insulin, stress, or infection
PT 17 seconds	Due to the patient having an active GI bleed, the clotting time is increased for his blood
PTT 90 seconds	The body is not allowing for the red blood cells to clot properly and quickly
INR 2.2	Pt is on aspirin and was a former smoker, which both effect the amount of time it takes your blood to clot.

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

<b>Diagnostic Testing</b>	<b>Results of Diagnostic Testing</b>

Medications (provide a list of all medications with classification, indication for use, and nursing interventions):

<b>Medication</b>	<b>Classification</b>	<b>Indication for</b>	<b>Nursing Interventions</b>

<b>(generic and trade name)</b>	<b>(therapeutic and pharmacologic)</b>	<b>use (specific to this patient)</b>	<b>(Assessment, Education, Safety Measures)</b>
Omeprazole (Prilosec)	Antiulcer agent, Proton Pump Inhibitor	Relieves symptoms of GERD by suppressing gastric acid production	Monitor for signs of confusion, chest and abdominal pain, educate patient that this drug should only be taken short term due to the risk of decreasing bone density.
Metformin (Glucophage)	Antidiabetic, Biguanide	Maintains blood glucose levels for pts with Type 2 Diabetes	Monitor for hypoglycemia, lactic acidosis, and abdominal bloating. Instruct pt to take at the same time every day, and may cause metallic taste in mouth
Aspirin (acetylsalicylic acid)	Antiplatelet agent, antipyretic, nonopioid analgesic, salicylates	Helps control mild to moderate pain (pt experiencing headaches)	Monitor for dyspepsia, tinnitus, and epigastric distress. Educate pt on importance of not using aspirin long term due to increased risk of PUD and gastritis.
Phenergan (Promethazine)	Antiemetic, phenothiazine	Blocks effects of histamine, decreases nausea and vomiting	Monitor pt for confusion, blurred vision, and dizziness. Inform pt that this drug may cause drowsiness so use caution when driving, and use good oral hygiene to decrease dry mouth
Morphine	Opioid analgesic, opioid agonist	Helps reduce severe pain	Monitor for respiratory distress such as decreased HR and RR. Educate pt that morphine can cause them to be sleepy, and has abuse potential