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.

I notice that this patient has a diagnosis of a GI bleed. From this information, I know that GI bleed patients are at risk for a lot of complications, and they need to be monitored very closely. I will assess them first before any other patient and have vitals running continuously for every 15/30 mins. I also notice that their HGB and HCT are low which means that they are losing blood. Their potassium and sodium are also low, from vomiting for 2 days. Their PTT and INR are also elevated which means that they are actively bleeding.

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

I expect this patient to be on IV fluids to replace electrolytes and fluid that they have lost from vomiting for 2 days. I also expect to be closely monitoring his blood sugar closely because in report it says that his skin is pale and cool to the touch which can be signs and symptoms of hypoglycemia. He also has a history of migraines, and he has been treating them daily so I will expect that he will need his migraine treated with pain medication. I will also expect their vomit to be bloody or have a "coffee ground" appearance due to the active bleed they have going on. I expect that the doctor will order an EGD to determine where the bleed is coming from and I will expect to administer RBC's depending on how severe the bleed will be. I might expect an order

for an NG tube just to get rid of all the access emesis in the stomach to prevent any complications of aspiration.

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

My previous knowledge that I have about GI bleeds and type 2 diabetes will guide my expectations to what this patient's day will look like. I know that GI bleed patients can change very quickly so I need to monitor them closely. I also know that GI bleeds can lead to other things such as hypovolemic shock. To monitor for this I will watch the BP, HR and urine output closely. GI bleeds can also lead to hemorrhage so I need to monitor changes in vital signs specifically BP and to keep the IV fluids running to prevent dehydration.

Interpreting:

Interpret the following data:

Admitting medical diagnosis (definition of the diagnosis):

This patient's diagnosis is a GI bleed. This means that he has either an ulcer or another factor that is causing bleeding in his gastrointestinal tract.

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

Abnormal Lab Values	Rationale for Abnormal Lab Values
HGB	Gi Bleed-losing blood
HCT	Gi bleed-losing blood
K	Electrolyte loss from vomiting
PT	Active Bleed-more at risk of bleeding
PTT	Active Bleed-more at risk of bleeding
INR	Active bleed-more at risk of bleeding
Na	Electrolyte loss from vomiting
Glucose	Type 2 diabetes

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

Diagnostic Testing	Results of Diagnostic Testing
Stool for Occult Blood	Test of stool to see if blood is present and not visible- no results yet

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 Prilosec	Antiulcer agent Proton pump inhibitor	GERD	Monitor Bowel Function: c.diff risk Assess for epigastric pain
Metformin Glucophage	Antidiabetic biguanides	Type 2 diabetes	Assess for DKA or lactic acidosis while ill Monitor labs to evaluate effectiveness
Aspirin Acetylsalicylic acid	Antiplatelet salicylates	Pain	Monitor S/S DRESS Assess pain & fever
Phenergan promethazine	Antiemetics, antihistamine phenothiazines	Nausea/Vomiting	Monitor HR, BP, RR Level of sedation Assess for risk of falls Monitor S/S of extrapyramidal side effects
Morphine	Opioid analgesics	Pain	Assess pain Assess LOC, BP, HR, RR during administration Assess S/S of addiction

2024