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 report is that the patient is taking aspirin 325mg PO every 6 hours PRN. This is not good with the patient's history of peptic ulcer disease, GERD, and diverticulitis. Aspirin is also not good for the patient to be taking with an active bleed.

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

I expect the patient will be NPO and will most likely need an EGD done to locate the bleed. I expect the patient may have blood in his stool. I expect the patient may be vomiting and nauseous.

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

The previous knowledge I have that guides my expectation is that the patient will be in pain for the GI bleed. The patient may be nauseous and vomiting due to the GI bleed. I also expect the patient's hematocrit and hemoglobin will be lower due to the bleeding. The patient may need to be given blood depending on how much he loses. I also expect the patient may not have changed the lifestyle changes that were needed in order to keep the peptic ulcer disease maintained which may have led to the GI bleed.

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Interpreting:

Interpret the following data:

Admitting medical diagnosis (definition of the diagnosis): GI bleed which is caused when major blood vessels are eaten away at.

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

Abnormal Lab Values	Rationale for Abnormal Lab Values
HGB 9.5g/dl	This is due to the patient bleeding
HCT 30.2%	This is due to the patient bleeding
Na 135	This is due to the body losing fluid
K 3.4	This is due to the body losing fluids
Glucose 122	The patient is NPO due to the GI bleed
PT 17 seconds	This is due to the bleeding that is occurring. This affects the clotting and the aspirin the patient was taking affects this also.
PTT 90 seconds	The bleeding is affecting the clotting of the blood, and the aspirin was also affecting this.
INR 2.2	This is most likely due to the patient taking aspirin so frequently

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

Diagnostic Testing	Results of Diagnostic Testing
Stool specimen for occult blood	Pending

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	Antiulcer agent, proton pump inhibitor	GERD, Duodenal ulcers, reduce risk of GI bleed	Assess for abdominal pain, occult blood in the stool, monitor bowel function, monitor CBC, give before

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			meals
Metformin 500mg	Antidiabetics, biguanides	Management of type 2 diabetes	Take medication at the same time every day, follow prescribed diet, review for signs of hypoglycemia and hyperglycemia, report diarrhea
Aspirin 325mg	Antiplatelet agents, antipyretics, nonopioid analgesics, salicylates	Mild to moderate pain	Assess pain, assess for fever, prolongs bleeding time for 4-7 days, monitor for headache and tinnitus
Phenergan 25mg	Antiemetics, antihistamines, sedative/ hypnotics, phenothiazines	Treatment of previous nausea and vomiting	May cause drowsiness, change positions slowly, report sore throat, fever, jaundice, or uncontrolled movements
Morphine 2mg	Opiod analgesics, opioid agonists	Severe pain	Change positions slowly, may cause drowsiness or dizziness, monitor pain levels