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. Since this patient is experiencing a GI bleed as well as NPO, it will be important to assess the hydration status of the patient to avoid dehydration. Frequently assess and compare electrolyte values as well as hang a bag of fluids to further avoid issues. In addition, keeping an eye on potassium will be important to monitor with fluid loss.

What expectations do you have about the patient prior to caring for them? Explain. I expect that this patient will need further diagnostic testing such as an EGD to determine the source of the bleeding. I expect this patient will be concerned about their health and have questions to ask regarding his health status.

What previous knowledge do you have that will guide your expectations? Explain. He was diagnosed with a GI bleed and his lab values regarding his blood and electrolytes are low. This information tells me the severity of the bleed and hydration status. He also has quite a few complications within his history so there is a potential for further issues.

Interpreting:

Interpret the following data:

Admitting medical diagnosis (definition of the diagnosis): GI bleed – any type of bleed that originates in the GI tract.

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

Abnormal Lab Values	Rationale for Abnormal Lab Values
HGB 9.5g/dl (low)	A low number of iron-rich proteins are present, at risk for blood loss.
HCT 30.2% (low)	A low number of RBC's are present, at risk for blood loss.
Na 135 meq/L (low)	Too low of sodium in blood or too much water in blood, at risk for dehydration.
K 3.4 meq/L (low)	The amount of potassium in the blood is low, at risk for dehydration.
Glucose 122mg/dL (high)	Glucose is high and is at a level for prediabetes, blood sugars must be monitored as patient is type 2 diabetic.

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

Diagnostic Testing	Results of Diagnostic Testing
Occult blood stool sample	Present in physician's order, diagnostic to be performed and results to be determined.

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 PO daily	Antiulcer, proton pump inhibitors	GERD	Assess for abdominal pain, educate on osteoporosis, and use increased safety measures regarding importance of short-term use.
Metformin 500mg PO daily	Antidiabetics, biguanides	Type 2 diabetes mellitus	Assess for stable blood sugars, educate on side effects in the GI

			tract, and use increased safety measures for increased lactic acidosis.
Aspirin 325mg PO every 6 hours PRN	Antiplatelet agents, antipyretics, nonopioid analgesics, salicylates	Migraine headaches	Assess for bleeding disorders, educate on the increased risk for adverse reactions especially GI bleeds, use increased safety precautions with patients with history of GI bleeding or ulcer disease.
Phenergan 25mg IM every 6 hours	Antiemetics, antihistamines, sedative, hypnotics, phenothiazines	Nausea and vomiting	Assess for diminished nausea and vomiting, educate on the risk for high blood pressure, and use increased safety precautions with symptoms of sedation.
Morphine 2mg IV every 4 hours	Opioid analgesics, opioid agonists	Pain management	Assess for decrease in severity of pain, educate on addiction risks for opioids, and use increased safety precautions with history of substance abuse.