

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 that I notice from my patient's report is that they have a history of GERD. This would drive my nursing practice because my patient is unable to lie flat because of the risk for irritating their symptoms more with GERD when lying down. I did not see anything in the chart in regards to their diet so I will assess my patient for anything that they eat that might exacerbate their symptoms such as spicy foods, peppermint, spearmint, intake of alcohol and since they have a history of smoking and even though my patient stated they had stopped smoking but I want to verify if that is true because some patients tend to be dishonest in their admission process so I will do some investigation in regards to that. Since my patient has GERD I would give them small and frequent meals to not exacerbate their symptoms. I would assess my patient frequently for any pain experienced with this diagnosis. I would help my patient with ambulation and moving because this will help move gastric secretions down instead of heading up. My patient does have an extensive list of GI issues so I want to make sure that they don't have issues that can progress from GERD into possible esophagitis and possibly cause more irritation such as following up with lifestyle changes and educating them in regard to needing to be adherent to this teaching and verify using the teach back method.

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

-Some expectations I have about my patient prior to taking care of them is that they are going to be in a lot of discomfort from the symptoms that I have gotten from the patient's chart. From what I am seeing such as having black and tarry stools for 2 days, Hgb and Hct is elevated which indicates that the patient is going to be extremely dehydrated so I expect their skin to very dry and as well as have dry mucous membranes. Since my patient has been on aspirin I will assess why because that can make their GI symptoms worse than what they are without have been assessing them yet I have expectation that since they have an extensive history of GI problems they have not been adherent to the education that would have been provided to them when being diagnosed with GERD, Peptic ulcer disease, and diverticulitis. I expect my patient to need more assistance and education in regard to alternatives to other medications that work with their diagnosis than aspirin. Since in the patient's chart it shows that they gave up smoking two years ago it shows they are making an attempt to get better and prevent worsening of their symptoms so I have expectations that my patient will be cooperative with the medications prescribed to them at the hospital and the orders the doctor put in such as bed rest, and being NPO.

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

-Some previous knowledge that I have that will guide my expectations would be by using prioritization. The reason I say prioritization is because my patient is going to need a lot of monitoring with their risk of dehydration so I want to make sure their IV Is patent and ready to use should we need to administer fluids. I will make sure to assess my patient's knowledge if they are fully aware of what medications they are taking and their intended use for it. Some patient's may agree to medications prescribed for them because a doctor ordered but not know the reason as to why they were prescribed so I will make sure to be their and answer any questions the patient may have. I will also assess medications the patient knows they shouldn't be using because the aspirin they are using may be from lack of knowledge or understanding. I will frequently check my patient room and make sure to notify the healthcare personnel that they are NPO and should not have any water. I will also post a sign on the door and notify any family member coming of these dietary restrictions. The patient may need to go into surgery if they experience perforation or need to do further imaging so I will educate on the reason as to why they are NPO. I will work with my patient and try and set goals for their hospital stay because being on bed rest could be very hard for them so I will work on passive range of motion to prevent further decline such as pneumonia for being stationary for too long.

Interpreting:

Interpret the following data:

Admitting medical diagnosis (definition of the diagnosis):GI bleed-a sign of a disorder in the digestive tract. The blood often shows up in the stool or vomit but Is not always obvious. Stool may look black or tarry.

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

| Abnormal Lab Values | Rationale for Abnormal Lab Values |
|----------------------------|--|
| Hgb 9.5 | A rationale for having a low Hgb level would be from a possible bleeding from an ulcer and since the patient has a history of peptic ulcer disease and presents with black tarry stools this could be the indication for this. |
| Hct 30.2% | A rationale for having a low Hct would being in severe dehydration and from the patient being NPO, presenting with nausea and vomiting this would be why this would be low. Aspirin can also alter the patients HCT levels. |
| Na 135 | A rationale for having a low sodium would be from the nausea and vomiting the patient came in with and loosing their electrolytes their vomit and possible blood in their stool. |
| K 3.4 | A rationale for having a low potassium level would be from the electrolytes leaving the patients body through continuous vomiting and a GI bleed the patient is going through. |
| Glucose 122 | A rationale for having a high glucose level would be from my patient having Diabetes Mellitus type 2 and stress the patient is experiencing which can also elevate a blood glucose. The patient's medication of Phenergan is known to cause an elevated glucose level as well. |
| PT 17 seconds | A reason for their PT to be elevated would be from the GI bleed the patient may be experiencing in their stool. Aspirin can alter the patients PT time. |
| PTT 90 seconds | A reason for their PTT to be elevated can also be due to a bleeding disorder and this could be due from the GI bleed the patient may be experiencing in their stool. |
| INR 2.2 | A rational for my patients INR being elevated could be due to dehydration and since my patient is experiencing vomiting and as well as being NPO this could be a result of that. Omeprazole can also alter the patients INR levels. |

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) |
|--|--|--|--|
| Generic:Omeprazole Trade:Prilosec | Therapeutic:Antiulcer Pharmacologic:Proton Pump Inhibitor | The indication for my patient being on omeprazole is because of their GERD and this medication diminishes the accumulation of acid in the gastric lumen. | Assessment:Assess patient routinely for epigastric or abdominal pain and frank or occult blood in the stool, emesis, or gastric aspirate *Monitor bowel function, Diarrhea, abdominal cramping, fever, and bloody stools, should be reported indicator of CDAD. *monitor for CBC periodically during therapy *may cause AST and ALT to be elevated, alkaline phosphatase and bilirubin *Monitor INR and Prothrombin time in patients taking warfarin. *may cause hypomagnesemia. Monitor for serum magnesium prior to and |

| | | | |
|---|---|------------------------------|---|
| | | | <p>periodically during therapy. Education: Instruct patient to take medication as directed for the full course of therapy. *take missed doses as soon as remembered. *may cause occasional drowsiness. *Advise patients to avoid alcohol, products containing aspirin or NSAIDS and foods that may cause an increase in GI irritation. *Advise patient to report onset of black, tarry stools and diarrhea, abdominal pain or persistent headache Safety measures: -take it on a empty stomach -avoid certain foods like citrus fruits, spicy foods, and caffeine. -inform provider about other medications the patient is using because it can cause drug and drug interaction</p> |
| <p>Generic: Metformin Trade:Glucophag,axip</p> | <p>Therapeutic:antidiabetic Pharmacologic:biguanides</p> | <p>The reason this would</p> | <p>Assessment:When combined with</p> |

| | | | |
|--|--|--|--|
| <p>ent, diagemet,glucient,Met abet</p> | | <p>be given for my patient would be because they have type 2 diabetes and this would help with the maintenanc e of blood glucose</p> | <p>oral sulfonylureas, observe for signs and symptoms of hypoglycemic reactions (abdominal pain, sweating, hunger, weakness, dizziness, headache, tremor, tachycardia and anxiety) -Patients who have been well controlled on metformin may acquire illness or lab abnormalities should be assesses for ketoacidosis or lactic acidosis. -Assess serum electrolytes, ketones, glucose, and if indicared blood pH, lactate, pyruvate,and metformin levels -if either form of acidosis is present discontinue medication. -Education: -explain to patient that metformin helps control hyperglycemia but does not cure diabetes. Therapy is usually long term -instruct patient in proper testing for blood glucose and urine ketones.</p> |
|--|--|--|--|

| | | | |
|--|--|--|---|
| | | | <p>These tests should be monitored closely during periods of stress or illness and healthcare professional notified.</p> <ul style="list-style-type: none">-explain in regards to lactic acidosis and the potential need for discontinuation of metformin therapy if a severe infection, dehydration, or severe or continuing diarrhea occurs or if medical tests or surgery is required.-symptoms of lactic acidosis (Chills, diarrhea, dizziness, low BP, muscle pain, abdominal pain, sleepiness, slow HR or pulse, dyspnea, or weakness should be reported to the provider immediately.-safety measures: Metformin should be taken with meals to help reduce stomach or bowel side effects that may occur during the first few weeks-swallow the |
|--|--|--|---|

| | | | |
|---|--|---|--|
| | | | <p>tablet hole with a full glass of water, -Do not crush, break or chew it.</p> |
| <p>Generic:Aspirin Trade:Bayer</p> | <p>Therapeutic:antiplatelet,antipyretic,non-opioid analgesic Pharmacologic:salicylate</p> | <p>The reason my patient would be on aspirin would be from inflammation disease such as diverticulitis and this can cause a reduction in inflammation</p> | <p>Assessment:Monitor for signs of DRESS (fever, rash, lymphadenopathy, facial swelling)periodically during therapy. Discontinue therapy if symptoms occur -assess pain and limitation of movement. -assess fever and note associated signs (diaphoresis, tachycardia, malaise, chills) -may cause elevated AST and ALT, and alkaline phosphatase, especially when plasma concentrations exceed 25 mg/100 mL -prolongs bleeding time for 4-7 days and in large doses may cause prolonged prothrombin time. -monitor hct periodically in prolonged high dose therapy to assess for GI</p> |

| | | | |
|---|---|---|---|
| | | | <p>blood loss.</p> <p>Education-</p> <ul style="list-style-type: none"> *Instruct patient to take with a full glass of water and remain in an upright position for 15 to 30 minutes after administration. *advise patient to report tinnitus, unusual bleeding of gums; bruising; black; tarry stools or fever lasting longer than 3 days *caution patient to avoid concurrent use of alcohol with this medication to minimize possible gastric irritation 3 or more glasses of alcohol per day may increase risk for GI bleeding. <p>Safety measures:</p> <ul style="list-style-type: none"> -daily use of aspirin can have serious side effects such as a GI bleed. |
| <p>Generic:Phenergan Trade:promethazine</p> | <p>Therapeutic:antiemetics, antihistamine, sedative/hypnotics Pharmacologic:phenothiazine</p> | <p>This would be used for my patient because they have a history of nausea and vomiting and this medication helps with diminishin</p> | <p>Assessment:Assess level of sedation after administration. Risk of sedation and respiratory depression are increased when administered concurrently with other drugs that cause CNS</p> |

| | | | |
|--|--|------------------------------|---|
| | | <p>g nausea and vomiting</p> | <p>depression *monitor for signs of extrapyramidal side effects *monitor for development of neuroleptic malignant syndrome (fever, respiratory distress, tachycardia, seizures, diaphoresis, hypertension, hypotension, pallor, tiredness, severe muscle stiffness, and loss of bladder control *assess for fall risk, drowsiness, orthostatic hypotension, and motor and sensory instability increase risk. -may cause elevated blood glucose Education *may cause drowsiness so caution patients to avoid driving or other activities requiring alertness until response to medication is known *advise patients to do frequent mouth rinses, good oral hygiene and sugarless gum or candy may</p> |
|--|--|------------------------------|---|

| | | | |
|--|---|--|--|
| | | | <p>decrease dry mouth</p> <ul style="list-style-type: none"> *advise patient to move slowly to avoid orthostatic hypotension. *caution to use sunscreen and protective clothing to prevent photosensitivity <p>Safety measures:</p> <ul style="list-style-type: none"> *Make sure you know how you react to Phenergan before you drive a car, operate machinery, or do anything else that could be dangerous if you experience drowsiness, dizziness, and blurred vision. |
| <p>Generic:Morphine Trade:Oramorph</p> | <p>Therapeutic:opiod analgesic Pharmacolgic:opiod analgesic</p> | <p>This would be indicated for my patients pain they experience.</p> | <p>Assessment:</p> <ul style="list-style-type: none"> *assess pain type after an 1 hour of administration *when titrating opiod doses, increases of 25 to 50% should be administered until there is a 50% reduction in the patient's pain rating on a numerical or visual analogue scale or the patient reports satisfactory pain relief. |

| | | |
|--|--|---|
| | | <p>*assess level of consciousness, BP, pulse, and respirations before and periodically during administration.</p> <p>*if respiratory rate is below 10 assess level of sedation.</p> <p>*physical stimulation can be enough to prevent significant hypoventilation</p> <p>*monitor for respiratory depression, especially during initiation or following dose increase</p> <p>*assess bowel function routinely.</p> <p>Increase intake of fluids and bulk and laxative to minimize constipation</p> <p>*assess risk for opioid addiction, abuse, misuse prior to administration</p> <p>Education:</p> <p>*instruct patient on how and when to ask for and take pain medications</p> <p>*May cause drowsiness or dizziness. Caution patient to call for</p> |
|--|--|---|

| | | | |
|--|--|--|--|
| | | | <p>assistance when ambulating and to avoid driving or other activities requiring alertness</p> <p>*educate that this medication has strong abuse potential</p> <p>*advise healthcare provider if pain control is not adequate</p> <p>*advise patients to move positions slowly because of orthostatic hypotension</p> <p>*encourage patients who are on bed rest to turn, cough, and deep breath every 2 hours to prevent atelectasis</p> <p>Safety measures:</p> <p>*may cause dizziness, lightheadedness and fainting when you get up quickly when getting up from a lying position.</p> |
| | | | |
| | | | |
| | | | |
| | | | |