

## 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.

The patient was admitted with a diagnosis of GI bleed. He has a history of n/v and black tarry stools for the past 2 days. He is taking ASA q6h for the past 2 weeks for recurrent headaches. His skin is pale and cool to the touch. His vital signs are stable. He will want to prep the patient for surgery. He does have a PMH of diverticulitis, PUD and is also a type 2 diabetic. Also it states that the recently quit smoking 2 packs/day x 22 years.

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

That he will need prepped for surgery. Will want to do frequent vital signs to monitor any changes that may occur in relation to the GI bleed, will also want to perform a focused neuro assessment as well as palpating all of the pulses.

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

Want to monitor for signs of dehydration, electrolytes and metabolic alkalosis due to vomiting. Phenergen has sedative effects will want to be mindful of older adults due to sedation and drowsiness side effects. Patient will be NPO to prevent vomiting. Reflux of HCL acid and pepsin secretions cause irritation and inflammation to the esophagus; Repeated exposure can lead to

esophageal strictures. Will want a bone scan to check for osteoporosis due to omeprazole. Patient will probably need follow up EGD's throughout the years to monitor his esophagus. May want to test for Hylori and treat with atb with PPI. Will want to do a focused GI assessment after to check for return of bowel function. May also check neuro assessment (will need surgery to control the bleeding.)

**Interpreting:**

Interpret the following data:

Admitting medical diagnosis (definition of the diagnosis):

GI bleeding is a sign of a disorder in the digestive tract. The blood often shows up in stool or vomit but can be hidden blood.

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

<b>Abnormal Lab Values</b>	<b>Rationale for Abnormal Lab Values</b>
RBC is low	GI bleed (on ASA)
Hgb is low	GI bleed (on ASA)
Hct is low	GI bleed (on ASA)
Potassium is low	Vomiting and Metformin can cause low potassium
Glucose is high	Bleeding/infection/inflammation
PT is high	Liver is not making the right number of clotting proteins, so clotting takes longer
PTT is high	Blood is taking longer to clot than it should
INR is high	GI bleed, increased risk of bleeding due to ASA

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

<b>Diagnostic Testing</b>	<b>Results of Diagnostic Testing</b>
Stool specimen	Checks for hidden blood in stool

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

<b>Medication (generic and</b>	<b>Classification (therapeutic and</b>	<b>Indication for use (specific to</b>	<b>Nursing Interventions (Assessment, Education,</b>

<b>trade name)</b>	<b>pharmacologic)</b>	<b>this patient)</b>	<b>Safety Measures)</b>
Prilosec (Omeprazole) 40mg PO daily	Antiulcer and PPI	GERD	Assess for epigastric or abdominal pain and frank or occult blood in stool, emesis or gastric aspirate. Monitor bowel function. Take on empty stomach before breakfast (1 hr before breakfast.) Avoid alcohol, and products containing ASA or NSAIDS and foods that may cause an increase in GI irritation. Report black tarry stools, diarrhea, abdominal pain, or persistent headache, and fever to HCP.
Metformin (Glucophage) 500mg PO daily	Antidiabetics and Biguanides	Type 2 diabetes	Assess s/sx of hypoglycemia, assess for ketoacidosis or lactic acidosis, assess serum electrolytes, ketones, glucose, and blood pH (if indicated), lactate, pyruvate, and metformin levels. Assess renal function. Take medication at the same time each day, take missed doses asap. Do not double dose. This medication helps control hyperglycemia and does not cure DM. Follow a healthy diet and exercise. Monitor blood sugar (<70 initiate hypoglycemia protocol). Can cause a metallic taste in mouth. Carry a fast-acting sugar with you at all times. Need routine follow ups with HCP.
Aspirin 325 mg PO q6h PRN	Antiplatelet, antipyretic, nonopioid analgesic, salicylates	Recurrent headaches	Monitor for s/sx of DRESS (fever, rash, lymphadenopathy, facial swelling.) Assess pain and limitation of movement; note type location and intensity before and 60 min after administration. Monitor for tinnitus, headache, hyperventilation, agitation, mental confusion, lethargy, diarrhea and sweating (hold

			<p>medication and notify HCP asap) Monitor hepatic function. Give after meals or with food or an antacid to minimize gastric irritation. Do not crush or chew. Do not take antacids within 1-2 hr of enteric coated tabs. Take with full glass of water and remain in upright position for 15-30 min after administration. Follow low sodium diet.</p>
Phenergan 25mg IM q6h PRN	Antiemetic, antihistamine, sedative/hypnotics, phenothiazines	Nausea and vomiting	<p>Assess risk for falls, assess anticholinergic effects, assess allergy sx before and periodically throughout course of therapy, assess nausea and vomiting before and after administration, give IM. Cleanse skin with alcohol pad for 30 sec prior and let air dry.</p>
Morphine 2mg IV q4h PRN	Opioid analgesic and opioid agonists	pain	<p>Assess pain, type, location, intensity. Assess level of consciousness and VS before and after. If RR rate &lt;10 / min asses for sedation. Assess bowel function (can be constipating.)</p>