

## 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 the patient's report was that he has been taking Aspirin every 6 hours for the past 2 weeks for recurrent headaches. This will help guide me with my nursing care because it will tell me where the GI bleed is most likely coming from. Constant use of aspirin breaks down the gastric mucosa that protects the stomach and causes peptic ulcers. Aspirin is also an antiplatelet med, so I do not want the patient to still be taking this medication if we are worried about where the bleeding is coming from. This will also guide my nursing education when the patient is discharged, so I can recommend other medications that are safer to use for headaches at home.

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

I expect my patient to be having intense abdominal pain due to the GI bleed and morphine being ordered every 4 hours as needed for pain. I also expect my patient to be getting ready for some sort of procedure to figure out where that GI bleed is coming from, and that is why they were put on NPO. My patient will need to have close monitoring because we want to know if they are vomiting or defecating any blood, along with VS due to the possibility of severe hypotension. I

also expect to keep an eye on her blood tests from lab due to the HGB and HCT already being low.

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

I have previous knowledge from one of my clinicals where a patient came in with a GI bleed with bloody stools. So I understand that the patient is losing blood from somewhere, so we have to keep an eye on vital signs and HGB, HCT, platelets, PT, PTT, and INR to determine if the patient is declining.

**Interpreting:**

Interpret the following data:

Admitting medical diagnosis (definition of the diagnosis): GI bleed

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

<b>Abnormal Lab Values</b>	<b>Rationale for Abnormal Lab Values</b>
HGB 9.5 g/dl L	Blood loss; iron deficiency – anemia
HCT 30.2% L	Active bleed; low RBCs – anemia
Na 135 L	Excessive vomiting
K 3.4 L	Excessive vomiting; Diabetic ketoacidosis
Glucose 122 H	Not adhering to regimen for type 2 diabetes mellitus, stress and pain on body
PT 17 seconds H	Use of Aspirin or other antiplatelet medications
PTT 90 seconds H	Use of Aspirin or other antiplatelet medications; active bleed
INR 2.2 H	Use of Aspirin or other NSAIDS; low vitamin K

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

<b>Diagnostic Testing</b>	<b>Results of Diagnostic Testing</b>
Stool Specimen for Occult Blood	TBD

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

<b>Medication (generic and trade name)</b>	<b>Classification (therapeutic and pharmacologic)</b>	<b>Indication for use (specific to this patient)</b>	<b>Nursing Interventions (Assessment, Education, Safety Measures)</b>
Omeprazole (Prilosec)	Antiulcer agents, proton pump inhibitor	GERD	Assess routinely for epigastric or abdominal pain and frank or occult blood in the stool, emesis, and gastric aspirate. Monitor bowel function. Diarrhea, ABD cramping, fever, and blood stools should be reported to HCP because these are signs of C diff. Monitor CBC, AST, ALT, alkaline phosphates, and bilirubin. Monitor serum magnesium levels. Educate pt to take medication as ordered. May cause occasional drowsiness or dizziness. Avoid alcohol, aspirin, NSAIDs, and foods that cause GI irritation. Report black, tarry stools, diarrhea, ABD pain, or persistent headache to HCP.
Metformin (Glucophage)	Antidiabetics, biguanides	Type 2 diabetes mellitus	Observe for signs of hypoglycemia (abd pain, sweating, hunger, weakness, dizziness, headache, tremor, tachycardia, anxiety). Assess serum electrolytes, ketones, glucose, and blood pH, lactate, pyruvate, and metformin levels. Assess for ketoacidosis or lactic acidosis. Monitor serum glucose and glycosylated hemoglobin periodically. Assess renal function. Monitor serum folic acid and vitamin B12m levels. Instruct pt to take med as prescribed and don't double dose. Follow prescribed diet, med, and exercise regimen to prevent hyper and hypoglycemia.
Aspirin	Antiplatelet agents, antipyretics,	Pain	Pts who have asthma, allergies, and nasal polyps or who are

	nonopioid analgesics, salicylates		allergic to tartrazine are at an increased risk for developing hypersensitivity reactions. Monitor for signs and symptoms of DRESS. Assess pain and for presence of a fever. Monitor hepatic function. Monitor serum salicylate levels. Monitor hematocrit periodically. Monitor for the onset of tinnitus, headache, hyperventilation, agitation, mental confusion, lethargy, diarrhea, and sweating. Take with a full glass of water and stay upright for 15-30 minutes after administration. Take medication as prescribed.
Phenergan (Promethazine)	Antiemetics, antihistamines, sedative/hypnotics, phenothiazines	Treatment and prevention of nausea and vomiting	Monitor BP, pulse, and respiratory rate frequently in patients receiving IV doses. Assess level of sedation after administration. Monitor pt for onset of muscle spasms or uncontrolled movements. Assess for fall risk. Assess for adverse anticholinergic effects (delirium, acute confusion, dizziness, dry mouth, blurred vision, urinary retention, constipation, tachycardia). Assess allergy symptoms (rhinitis, conjunctivitis, hives) before and periodically throughout course of therapy. Assess for nausea and vomiting. Monitor CBC and serum glucose levels. May cause drowsiness. Take medication as prescribed.
Morphine (Arymo ER)	Opioid analgesics, opioid agonists	Severe pain	Assess type, location, and intensity of pain. Assess level of consciousness, BP, pulse, and respiratory rate before and periodically during administration. Assess bowel

			function routinely. Assess risk for opioid addiction, abuse, or misuse prior to administration. May increase plasma amylase and lipase levels. Discontinue gradually in order to not cause withdrawal symptoms. Take medication as prescribed and know when to take it for pain. May cause drowsiness or dizziness. Change positions slowly. Avoid concurrent use of alcohol.